NHS South Yorkshire ICB Research & Innovation Forum
Thursday 3rd November 2022, Sheffield Hallam University
Event summary

1.   Background

NHS South Yorkshire ICB and Yorkshire & Humber AHSN held a first workshop on the afternoon of Thursday 9th June to bring together key research leads from ICS partner organisations, including healthcare providers as well as academic and research institutions.

The ambition was for the workshop to act as the starting point for an ongoing regional network on research, innovation and improvement. Discussions at the workshop aimed to influence the future development and formalisation of a network, which would in turn form part of a strategic Research & Innovation group for the statutory ICB in South Yorkshire.

[Background to the ICB Research & Innovation Forum](#)

Building on strong attendance and engagement from key individuals and organisations throughout the South Yorkshire Research & Innovation community, a second event was held on **Thursday 3rd November** in Sheffield. This paper summaries the content and discussion feedback from the event.

> If you have any colleagues working in organisations who influence the research and innovation environment in South Yorkshire, please contact (or pass on the details of) the ICB Innovation Hub team: sy.innovation@yhahsn.com

2.   Introduction and presentations

2.1 Dr David Crichton – ICB update and role in research (presentation)

Dr David Crichton, Medical Director at NHS South Yorkshire ICB (ICB), chaired the event. David opened the session by providing a background to the forum, including information about the initial event in June. The presentation then covered the establishment of the ICB as a statutory body in July 2022, executive personnel and governance structures of the organisation. It then covered details of the ICBs legal duties including those on research, as well as considerations in developing a research strategy. The slides from the presentation are linked above.

2.2 Dr Neville Young – AHSN update

Yorkshire & Humber AHSN's Director of Enterprise & Innovation, Dr Neville Young, presented an overview of the AHSN and the wider Yorkshire & Humber region. The important challenge of health inequalities was highlighted, before underlining the AHSNs position to support the ICB in its role to promote and embed research activity in South Yorkshire (SY).

2.3 Tom Lindley – ICB approach to health inequalities

A core priority of the recently established ICB/Ss is to understand and address health inequalities across their respective regions. Tom provided an important overview of the work to date undertaken by the ICB in this area. This included the research and policy background for the focus on inequalities, followed by the SY population health profile. Whilst many challenges persist in the region, such inequalities are often preventable and the ICB must seize the opportunity to positively impact the wider determinants of health through research and innovation activity involving broad and diverse stakeholders.

3.   Workshop 1

3.1 Questions – overview

Workshop 1: Strengthening our research and innovation community

Q1: Review the current South Yorkshire Asset Map - what is missing from this, are there any organisations we could add in?

Q2: What are our current strengths and weaknesses across the research and innovation community in South Yorkshire?

Q3: How could we improve this current state? What are the tangible steps we can and should take, over what time frame?

Q4. How can we engage closer to our frontline delivery staff to develop research and innovation opportunities?

3.2 Participant feedback on workshop questions (Q1-Q4)

Q1 - Asset Map – is anything missing?

- [The Deep End](#)
- Organisations which pull in underserved communities and collect their views such as civic institutions (Local Authorities) and Voluntary and Community Sector Organisations (VCSE)
- More detail on the seams between health and social care organisations and civic/community organisations.
- When looking to engage communities, we often imagine as huge gap between academics and health care organisations, and the people that were trying to engage – there is actually a range of organisations in the middle (the voluntary sector, local authorities) which are in contact with these people on a day-to-day basis. These can be catalysts for better engagement in the sense of medication adherence or getting people to services by addressing the causes of deprivation (for instance, sometimes you're not going to be adhering to your medication until you've seen the debt counsellor or housing services.)
- Part of what ICSs might be doing is helping both clinicians (in the acute sector) and academics to understand the economy of voluntary and civic organisations that help people in addressing the wider factors including deprivation which affect care outcomes.
- Health Determinants Research Collaboration (Doncaster and Bradford)
- SY Combined Mayoral Authority Data Analytics Office
- School of Public Health – The University of Sheffield
- Data Connect – The University of Sheffield
- NMAHP CAWG – Nurse, Midwifery & AHP Clinical Academic Working Group

Q2 – strengths and weaknesses across the R&I community

There we a number of challenges currently being experienced by research and innovation organisations in the region:

- Complexity of finding a route in and ways to navigate the system as it currently stands
- The need for better ways of connecting up and understanding where to start and where to get support from (particularly from an industry perspective).
- The need for a shared understanding of what innovation actually is; often the focus is on tech and digital things, but innovation is actually much broader (perhaps we use the same word to describe slightly different things.)
- Budgets - having the finance to support good research and good quality evaluation is a real challenge as we collaborate across the system to fund the work we want to do together.
- Having realistic timelines – knowing what's enough from a research perspective (not letting perfect be the enemy of good). We sometimes have really high standards we hold ourselves to account for evaluation, which probably aren't always needed to help us know whether something's having an impact and scale it up. How can we have a shared understanding of what we need to know in order to say this is something that's worth scaling up and doing more of.
- Regulatory challenges - how we support people to navigate quite a complex regulatory environment and whether we can grow our regional expertise to provide some of that guidance and support?
- Some lack of awareness of each other and the key assets in SY
- Data discovery, access, linkage, and quality challenges
- Discovery of and access to information and research governance
- Public engagement – the need to make it clear to communities how they can be involved in, and benefit from, research and innovation activity.

However, strengths included:

- People are a real strength in our region; some particular individuals are instrumental in connecting up the system.
- A shared culture across people in wanting to be open and willing to work in new ways. So many people being in a room for the event was testament to that.
- Emerging forums (like this Research & Innovation group) that are bringing people together to draw connections that help navigate the complexity of the system. This is a real strength that can build on the existing academic and clinical expertise in the region.

- The ICB itself can be a strength by offering ways to bring together and connect clinical leadership, research and innovation
- The opportunity to make the strength of our workforce one of the region's biggest assets - something that can help us do more research that leads to embedding innovation for positive impact across the region.

Q3 – How can we improve the current state?

- Empowering staff and organisation by giving the space and time to get involved in research/innovation activity
- Evidence-led commissioning and delivery of care and embedding this into our practice
- Creating new shared data systems
- Breaking down preconceived ideas about research and innovation
- Engaging communities to understand local needs/priorities to make sure that initiatives represent them, that they feel that it's relevant to them and it's going to improve things in their localities
- Conduct research in areas of high needs but looking at where there are gaps in evidence that we can plug in order to provide a more comprehensive offering.
- Increasing patient access in all sectors (primary care and the community as well as secondary care) by looking at not just hospitals and GP practices, but also pharmacies, optometrists, dentists.
- By looking at the health of communities, whilst not forgetting now we're an integrated care system and are truly encompassing the wider involvement of social care and the local authority.
- Enabling cross partnerships and joint working to identify priorities; very often priorities in one sector will be shared by another sector.
- Increasing and improving access – ensuring the approach to addressing diversity is inclusive rather than exclusive.
- Research can be quite Sheffield centric. There is a need to think about not only the rest of South Yorkshire, but also areas and places of excellence outside South Yorkshire to tap into in order to improve research.
- The current model of remunerating services is based on the population (per capita) as opposed to the actual need; in areas where there is high inequality more work is required to engage patients, bridge that gap and reduce health inequalities. But we do not take this into consideration in the funding for these areas. There is opportunity to look at how we can be a bit more innovative in a way that we allocate funding for the GP practices for the services within these areas.
- Developing accessible (public, online) asset registers
- Identify system navigators and connectors of the research/innovation/clinical workforce
- Join up different asset categories/professional communities
- Where desirable, formalise relationships between partners.
- Find virtuous circles that leverage each sector's incentives (across NHS, academia, communities, VCSE and politicians)
- A data strategy that works towards access to fair, up-to-date, real-time data access
- Creation of overarching agreements on IP governance publications (e.g. SWYFT has a partnership with academic institutions – data bridges.
- Ensuring easy access to data on relevant national indicators
- Put scarce resources where they have biggest impact (e.g. Marmot)

Q4 – Engaging closer with frontline staff to develop R&I opportunities

- Time - a major barrier for staff.
- Data - education and training around data is required, and data quality/completeness are important for making data more useful.
- Culture and attitudes in organizations – being able to embed research activities within people's job roles, and particularly around research and wellness, engagement, leadership, and providing opportunities for funding.
- Research internships – replicate these but change to an 'innovation internship'? Engage staff by incentivizing them through protecting the time they've got to do research and creating the space for them to do it.
- Infrastructure – creating the platforms/space/facilities for staff to identify challenges or research questions. Having the systems and capacity to act on these through research activity.

- Learn from organisations or groups that have successfully involved staff (for example Health Observatories) – what are the achievements and successes that could be implemented elsewhere?
- Identify system navigators or connectors of the research/innovation/clinical workforce
- Join up different asset categories/professional communities (create a directory of different skillsets and interests)
- Academic mentoring - ScHARR has done this quite formally for clinicians in the acute sector through its Clinical Research Academy (however less formal arrangements are possible)
- Research prioritisation by ICB and the communities themselves – ScHARR could support low-intensity versions of James Lind Alliance-style research prioritisation exercises that triangulate between research gaps identified in the literature, research needs identified by clinicians, and those identified by patients and the public.

4.   Workshop 2
4.1 Questions – overview

Workshop 2: Developing the ICBs Research & Innovation Strategy

1. **What does good look like**
2. **What do we need to avoid doing?**
3. **How long is a reasonable timeframe to span out strategic ambitions across - 1, 3, 5 years for example?**
4. **Who should we be engaging with through this process**
5. **By the end of this process, our research and innovation strategy will.....**

Q1 – What does good look like?

- The strategy needs to give a mission, a clear story and a set of principles about where we want to get to that really reflects the strategies that already exist. We don't want to duplicate all the work that's already there.
- It needs to be a strategy that people buy into – and to do that it needs to reflect existing priorities (reflect existing strategies in any new strategy).
- We need to avoid being too granular - it really needs to give a set of principles that guide our activity, but it's doesn't dictate what people are meant to be doing.
- To have a movement building effect rather than an operational delivery plan associated with it. But, giving some clarity about different roles of people within the system about how they might contribute to delivering on this overall strategy.
- A usable, live and communicable strategy that people can understand, rather than a static document that sits on a website.
- The process to developing the strategy is as important as the document that comes out at the end. It would be wrong to focus on the output, rather the outcome of collaboration on shared priorities that is going to be important.
- Enabling capacity building is critical for people who are working within the healthcare and social care environments - particularly around providing integrated care.
- The importance of solutions being patient centred and co-produced across all people who are involved. Not only inclusion across all different industries, but within that people at all the different levels.
- Focusing on the needs of communities to deliver research with ongoing benefits
- Being data driven - showing us the national indicators by which the system is judged and encouraging us to work to them.
- Not just taking a biomedical approach, but including social care, industry, government and understanding the value that public and patients and cross-sectoral working bring

4.2 Feedback on each question

Q2 – What do we need to avoid doing?

- Focusing only on research and innovation to support digital solutions, which are often devised by industry and rolled out very fast. There is not the infrastructure for people who are delivering them, and for the patients who are having to navigate them. There needs to be a more inclusive, joined-up approach to how all organisations work together to deliver these improvements.
- A need to avoid doing what everyone else does, both in the sense of being top-down and in the sense of doing research that is already ongoing or has already been done ('research waste'). Start with place-based needs but use academic partners to identify generalisable principles.
- We need to avoid a focus on implementing digital solutions that increase workload without buy-in or adequate adoption support.

Q3 – how long is a reasonable timeframe to span out strategic ambitions across?

- Some of what good looks like depends on how much time you want to take in developing it. A movement building, relationship building exercise will take longer, but could have some really positive outcomes.
- We need to make sure that we do this thinking along the same timelines as the wider works happening at the ICP strategy level - so there's a connection across the two and they feel like they can support each other.
- The timeframe this should last as long as possible – ideally a time horizon beyond five years so there is real opportunity to genuinely do work together towards the mission and vision we want to set out. However, recognising that our context is likely to change over that time horizon (why it should be a live document that changes over time).
- So really a five year time horizon is quite reasonable. This allows the necessary time to: identify local priorities, confirm local priorities and match funding (systematic reviews and prioritisation exercise), develop grant applications, for funding bodies to consider; and to set up research activities.
- Knowledge exchange (evaluation done as 'consultancy') can often be delivered rapidly (6-12 months)

Q4 – Who should we be engaging with throughout this process?

- Members from the SY asset map
- Managers
- Clinicians
- Patients and the public (including diverse and seldom heard 'plus' voices)
- Researchers (academia)
- Industry
- Cross-sector representation from local authorities and politicians (councillors, MPs)

Q5 – By the end of this process, our Research & Innovation strategy will...

- Less is more; having focused areas of development rather than be all encompassing.
- The strategy needs to be not only inspiring, but an enabler, and the facilitator of research and innovation across South Yorkshire
- Facilitate pathways for equity of access for all patients and all communities
- Reduce the bureaucracy around research
- Be mindful and take account of other strategies in the region
- Link into the CORE20PLUS5 - having those potentially as the priorities and cross cutting themes
- Encourage cross sector working
- Recognise EDI (equality, diversity and inclusion) of our communities
- Reflect access to information data and knowledge mobilisation
- Provide the environments in which different partners, different communities of practice can exchange complementary expertise in how you deliver frontline care
- Identify and improve awareness of regional funding priorities through access to, and involvement in, collective forums (e.g. grant funding panel discussions)
- Help build forums in different clinical priorities to develop detailed research priorities which are responsive to local needs and which will attract research funding because they meet national priorities as well as the needs of research funders.
- Help to tell a story about how research and innovation is going to drive better outcome for out population in terms of recognised – and easily measured – indicators.
- Tell us how we build capacity in terms of releasing people from their clinical jobs to come and meet with academics to develop initiatives together.

5.   Summary and next steps
5.1 Conclusions

Key themes from the discussions summarised by chair, Dr David Crichton:

- ➢ **Wellbeing** - the need to focus on the *wellbeing* of patients (not just 'health'). The biggest impacts on health outcomes are the wider determinants – the NHS and the SY ICB will be looking (and is committed to looking) broader than it has traditionally done on all factors influencing a person's overall wellbeing.
- ➢ **Health inclusion** – the ICB has done some positive work in target communities (e.g. Gypsy Roma traveller community) but increased involvement, involving groups of individuals that we hadn't previously involved in research, is necessary.
- ➢ **Pace** – traditional research often takes a long time, but there may be lessons from rapid evidence generation throughout the pandemic. This period may set a new benchmark for the speed of gathering the necessary understanding on priority issues.
- ➢ **Layers a scale** – initiatives can be locally focussed, whilst also supporting wider priorities on a regional and national scale. Working with other ICSs and systems is key to this.
- ➢ **Places** - South Yorkshire has now developed an identity with strong places. It is important to now build on that and escalate upwards.
- ➢ **Iteration** - the strategy might not be perfect in its first form, but it will be a **live document** that we can develop further for that three and five years. It's about committing to it's development and using the opportunity of future forums to take it forward. Use the forum and network participants to shape this process with opportunities to feed into the strategy throughout.
- ➢ **A changing landscape** – important to be mindful of the upcoming election (less than two years away at most), political reorganisation and funding pressures from central government.

5.2 Future events

In line with the indicated preference of quarterly events, the next SY Research & Innovation Forum will take place in February 2023. This event will focus on the theme of cardiovascular disease (CVD). Further information and invitation details will be released in advance of the next event.

If you have colleagues or partners involved in the identification, diagnosis, treatment or management of CVD in SY, please pass on the details of the ICB Innovation Hub team (syb.innovation@yhahsn.com) to request invitation details for this event.

APPENDIX 1: Post-event links

Event feedback document

Yorkshire & Humber Asset Map