

Collaboration for Leadership in Applied Health Research and Care North West Coast



Researching Innovation, Reducing Health Inequalities

Universities, local authorities, NHS organisations and the public working together to research innovation and deliver projects that will improve public health, wellbeing and quality of care across Cheshire, Merseyside, South Cumbria and Lancashire

Introduction

With so many factors affecting health and wellbeing beyond the power of healthcare, only a collaborative approach can hope to tackle inequalities.

For decades, healthcare professionals and politicians have battled to bridge the gap in health status between groups, populations and individuals that results from unequal distribution of social, environmental and economic conditions and the effect these have on people becoming ill and being able to prevent or treat illness.

Despite these efforts, it is an unpalatable truth, and one that is hard to excuse in the 21st century, that a child born in parts of the North West of England could expect to enjoy a healthy life for 17 years less than another child born just streets away. This is the reality of the health inequality in the region, where the chasm between standards in the richest and poorest wards is at its widest in the UK.

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC) brings together NHS organisations, local authorities and academic leaders from the Universities of Liverpool, Lancaster and Central Lancashire to accelerate the translation of research findings into service improvements, generate wealth and engage industry, and maximise the potential for applied research within the partner organisations to improve care.

The NIHR CLAHRC NWC's overarching key areas are:

- ensuring our work is based upon the best available evidence
- knowledge exchange supported by engagement and effective implementation.



In addition, we have four programme themes:

- delivering personalised health and care
- improving mental health
- improving public health and reducing health inequalities
- managing complex needs.

The sort of work that could be undertaken might develop a tool for selecting drugs in multiple medication scenarios, develop technology that can find biomarkers, or tools which make independent living easier, or could target specific groups like teenagers shifting from paediatric to adult care or those needing complex home or community care.

CLAHRC NWC will seek to collaborate with other CLAHRCs nationally, and the North West Coast Academic Health Science Network (NWC AHSN) regionally, on shared projects, supported by a complementary multi-disciplinary team including engineers, lab scientists, psychologists and sociologists as well as the people who talk to patients and the people who understand how the health service is designed.



Professor Mark Gabbay, Director of CLAHRC North West Coast, says:

““ CLAHRCs are all about applied research that will make a difference to the quality of the patient experience and health. They are geared towards the end result for the patient, not towards the lab.”

“Every piece of work will engage stakeholders of public involvement - patients or service users, carers or members of the public from local communities. We will always relate it back to what it feels like as a service user.”

“This isn't going to be a bunch of university people saying, 'do it this way', it will be a true collaboration from the beginning. ””

1. Evidence Synthesis Collaboration

Evidence Synthesis is a strength in the North West Coast, with groups specialising in examining the world's literature on a particular research area, testing the published research against a set of criteria, summarising and publishing it. They have come together around the CLAHRC NWC and when a question arises the first thing we will do is find out what we already know so we can apply it.

The programme, supported by the North West Coast Evidence Synthesis Collaboration will ensure there is the best use of available evidence to meet the needs of the CLAHRC NWC when considering health inequalities.

It will encourage, facilitate and support specific requests for evidence synthesis from stakeholders, partners and themes to inform policy and/or develop future research projects. It will also work to address delivery issues through best use of available evidence in an environment that encourages the development of research and leadership skills to implement appropriate change.

All forms of data will be considered for use in the synthesis of evidence and the full range of synthesis methods will be encouraged (e.g. quantitative, qualitative, realist etc.)

Theme Leader:

Professor Rumona Dickson

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and Implementation Group
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2. Knowledge Exchange, Engagement, and Effective Implementation

We will maximise the engagement of and knowledge exchange with stakeholders to drive the programme of research and implementation to effect real step changes in health and care.

We will integrate knowledge exchange through all areas of our work, develop and deliver effective implementation with inbuilt evaluation, and support new projects initiated by our stakeholders.

A key area of our work will be to embed engagement into all activity of the CLAHRC NWC, involving active participation of partners, patients, the public and professional stakeholders such as front-line clinicians and local authority public health officers in processes of co-production and delivery of our programmes, from planning, through design to delivery and implementation. This will ensure that all applied research and implementation activities delivered by CLAHRC NWC are designed to facilitate use by care providers and users.

Theme Leader:

Professor Mike Pearson

Professor of Clinical Evaluation,
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3. Improving Public Health and Reducing Health Inequalities

We will play a central part in supporting local authorities across the north west coast in their new statutory responsibilities to improve the health of their population and inequalities in access to, and outcomes of high-quality healthcare.

We aim to embed evidence based policies, practices and services to reduce health inequalities in the work of the new local public health systems by promoting and supporting resilient communities. This work will begin with reviews of evidence on effective interventions to improve the social, economic and environmental components of resilience.

We will also work to ensure that the research and implementation activities delivered by CLAHRC NWC contribute to reducing inequalities in healthcare. To do this we are developing a health inequalities audit and monitoring system based on existing tools and approaches to be implemented across the region.

Theme Leader:

Professor Jennie Popay

Professor of Sociology and Public Health at Lancaster University and Co-Director of the Liverpool and Lancaster Collaboration for Public Health Research
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4. Improving Mental Health

Our focus in this area is to understand and reduce the burden of mental ill health and wellbeing by delivering effective interventions involving the NHS, local authorities and the third sector.

We will identify neighbourhoods with low mental wellbeing and high need for mental health services and, within these areas, factors that are associated with risk of mental illness (common psychiatric disorders, alcohol abuse, perinatal mental ill-health, severe mental illness).

We will evaluate a range of community-based mental health interventions for North West Coast residents including those with common psychiatric disorders; people suffering from the psychological consequences of stroke; people misusing alcohol; women with perinatal mental health problems; and people with mental illness living in the community.

Ultimately, we will implement new community-based interventions, developed on the basis of our earlier survey and evaluation projects, with a view to reducing mental health inequalities. These interventions will be targeted at geographical areas with poor mental wellbeing, and will include anti-stigma campaigns, and educational interventions aimed at primary health care staff.

Theme Leader:

Professor Richard Bentall

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5. Managing Complex Needs

Through this theme, we will implement a step change in the delivery of care for people with complex needs arising from long-term conditions (LTCs). This will result in services that are more person-centred, cost effective and that will improve quality of life for patients and their ability to undertake gainful employment.

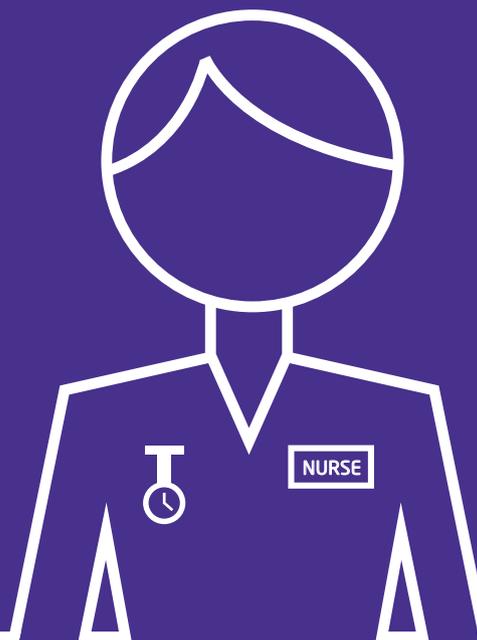
Initially, the theme will focus upon musculoskeletal and neurological conditions as exemplar LTCs that may run throughout life, and which are associated with the development of complex physical, psychological and social needs arising from the diseases themselves or as a consequence of therapy. Both conditions have a serious negative impact on health and quality of life, need long-term therapy with a variety of medicines (each with many potential major side effects) and require care to be delivered between hospitals and the community.

Lessons learnt about the organisation and delivery of services for these conditions will directly inform changes needed in service delivery for other complex neurological and rheumatological LTCs that will then be addressed.

Theme Leader:

Professor Tony Marson

Professor of Neurology at the University of Liverpool and Honorary Consultant Neurologist at the Walton Centre
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6. Delivering Personalised Health and Care

Through this theme, we will work to improve self-care by patients, improve access to care in the community, and allow its integration in complex chronic conditions with a personalised approach.

We will provide NHS practitioners and patients with innovations in personalised medicine, medical devices and diagnostic tools that genuinely add value but not cost.

Research will focus on individual variability in drug response, both safety and efficacy, with a view to evaluating the mechanisms, and identifying strategies to personalise healthcare in order to optimise drug efficacy and minimise toxicity.

The theme will also have continuous activity to evaluate and optimise the effectiveness of assistive technologies which have the capacity to improve outcomes for patients and to help deliver more efficient healthcare across the wider healthcare system as piloted in the TSB-funded DALLAS programme, and specifically the Liverpool-based "More Independence" (Mi) project.

Theme Leader:

Professor Munir Pirmohamed

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If you would like to work with us and make a difference to the lives of millions of local people, please get in touch.