Applied Research Collaboration, Kent Surrey Sussex, Implementation Strategy

1. Executive Summary

To ensure that Applied Research Collaboration (ARC) Kent Surrey Sussex (KSS) research is implementable our primary focus is to ensure that the voice of the people accessing or delivering health and social care services are at the heart of ARC KSS research questions and activity. We will actively engage with the front line, system leaders, users of our services and their communities so that we understand needs, gaps, and opportunities, and ensure our ARC KSS research activity addresses the needs of our populations, including hard to reach groups, across Kent Surrey Sussex. We will:

- Use people's (users of services and front line staff) stories to develop research questions that address locally recognised needs and will improve implementation of our research findings because they are meaningful to, and embedded in the needs of our population.
- Actively engage with system leaders and budget holders early to align priorities and need, engaging leaders in the work we produce.
- Understand relevant research, studies, projects, innovative practice, existing models of care and their evidence base - what works, and what good looks like locally, nationally, and internationally.
- Feedback and disseminate our findings to provide challenge and inform ARC research activities locally and nationally.
- Improve health and social care outcomes to the public through implementing and integrating research activity, outcomes, and new models of care that:
    - are recognised by end users as needs and priorities and co-produced with them
    - improve quality and safety
    - are evidence based
    - reduce unwarranted variation
    - are cost effective and sustainable.

2. Background and context

As described in the ARC KSS application (2018) we recognise that implementation is most impactful when research is relevant, therefore to ensure the research ARC KSS undertakes is relevant, its themes have been co-developed with key stakeholders and are recognised as priority areas of need within the Health & Social Care system in the region. As a commitment to the importance of its work remit, ARC KSS has attracted system wide co-funding support from across the KSS Health and care system, including a commitment to implement affordable findings.

The ARC KSS approach to implementation is based on what has worked best in KSS over the last 10 years. The work of Etienne Wenger, University of Brighton, on Communities of Practice has been successfully translated in KSS. The KSS approach has been led by the work of the KSS Academic Health Science Network (AHSN) and comprises of four key elements:

1. **Catalysing co-design.** Clinical co-production has been at the heart of the most successful KSS implementation projects in recent years, but the AHSN has brought a new focus on co-design with citizens in Living Labs. In dementia and end of life services, citizens have identified what matters to them most and service changes have been implemented with this in mind.

2. **Clinical and Care Collaboratives.** We will capitalise on the KSS AHSN "spread and adoption" implementation channel through Clinical Collaborative programmes, bringing together key stakeholders to review ARC research-based solutions, agree a consensus view of actions and goals and critically agree how change will be monitored through existing or new data acquired at source. Good data drives successful implementation and is a vehicle to make change sustainable.

ARC KSS themes include working with new areas in social care and schools, and through building on existing collaborations such as the School for Social Care Research we will develop and sustain good relationships and build methods and frameworks to engage and work in these areas.

3. **Developing change capability.** KSS has a national exemplar for rolling out learning and developing change capability at ICS level, and will use this as a model alongside the ARC research capacity development programme.

4. **Measuring progress.** ARC KSS will introduce measurement to track the dissemination of knowledge and its penetration within ICS work programmes. This will focus on how many pieces of supported evidence have changed practice and to what extent- the range of spread and adoption and number of people benefitting. We will report on each of our theme's activities against a scale of:
a. Integrated, joint working with the ARC
b. Coordinated working between the ARC and ICSs
c. ICS work informed by ARC KSS outputs
d. ARC KSS support to disseminate/implement appropriate ICS related work

We will report this activity through publishing number of events, number of people spoken to, and numbers of priorities that emerge for ARC KSS consideration.

The ARC KSS has agreements in place to contribute regularly at existing fora where clinical and managerial change champions attend and will extend this to social and community care settings. With regular face to face slots we will present the findings of studies that we think demand a change in practice to decision makers who are already aware of the key studies the ARC KSS is undertaking.

Where commitment to implement is secure, our Implementation Team will support the mobilisation efforts of ICS workstream teams to deliver their sustainability and transformation plans.

Implementation will be led by Dr Des Holden, and will be co-ordinated by Implementation managers supporting the ARC KSS core themes.

3. ARC KSS Implementation approach

We will continue to develop this strategy and process through engaging key stakeholders including the AHSN, senior representatives from local health and care organisations, research partners, and through public and patient engagement. Our emerging approach draws on implementation science,

as well as significant practical experience of implementation of research findings from the AHSN.

Our Implementation approach has a number of elements:
- Engage with users of services and front line staff to understand need and co design solutions.
- Engagement with and influence on health and social care practice, with a focus on local service transformation.
- Ensure senior decision makers are fully informed of ARC activities at all stages, thus ensuring they are aware of the questions being investigated and are well placed to pull implementable solutions into practice.
- Ensure research themes consider implementation feasibility barriers and enablers, at the earliest stages of research design.
- Targeted support to facilitate the implementation of a number of strategically important research findings with high impact to meet the needs of local populations.
- Developing a culture receptive to research and innovation and the conditions, which support research adoption within local health and care organisations, and communities, including through the ARC capacity building objectives.

3.1 Public and Community Involvement and Engagement

Implementation managers will ensure Public and Community Involvement and Engagement (PCIE) informs all stages of ARC supported research activity, and implementation decisions. Implementation managers will work closely with the KSS ARC PCIE team to engage our communities and with existing national, regional and local user groups, communities of practice, and third sector to ensure research is co-produced and relevant to local people's health needs. Each theme will also have dedicated public advisors who will support the theme and sit on the KSS ARC Public Council to represent the public and the communities of that theme to the council.

3.2 Communities of Practice

Implementation managers will engage with existing collaboratives and Communities of Practice (CoP), and where needed will introduce CoP for prioritised topics, populated by selected researchers, front line staff, regional stakeholders and service-users.

Each CoP will be enabled to formulate questions for new research activity, and examine new models of care, service improvements, and research projects/programmes and their usefulness to their practice.

Implementation Managers will support collaboratives and CoP, to facilitate:

- active groups implementing emerging findings in ways for which practitioners, researchers and users have full ownership,
- developing a growing population of well-primed staff steeped in this way of working and being actively helped to spread the change and method.

3.3 Ensure implementation feasibility is considered within ARC research themes

Implementation managers will work with stakeholders and ARC supported researchers to ensure all research projects consider how findings could be implemented at an early stage of development.

This will include a range of approaches, including:

- public, patient, front line engagement to identify needs and gaps in health and social care provision, and development of relevant research questions
- catalysing co design of research interventions with patients and members of the public to ensure new service models are acceptable and meet patient needs
- inclusion of health economics analysis and affordability implications of interventions
- collaboration with commissioners and practitioners to understand how interventions may be best integrated within current contracts and patient pathways
- early and ongoing discussions with system leaders and ICSs to ensure that research is addressing local priorities and they are ready to pull relevant findings into practice.

3.4 Actively support prioritised research findings

To have measurable impact in the local health and care economy over the period of the ARC, we will prioritise a number of key research outcomes (evidence-based interventions) and actively support their implementation. These research findings are likely to come from our ARC's research themes and other ARCs. We have developed criteria and a process for prioritisation and selection that involves key stakeholders and has patient and public involvement. See appendix 1. Following selection of promising evidence-based interventions, we will:

- provide practical support for implementation (advice, tools and resources, project support, communities of practice and collaboratives)
- influence system-level transformation planning and commissioning processes (e.g. via service specifications and aligned incentives which support research implementation)

To maximise early success and scale of impact, we will work initially with services that have a track record of close collaboration with academic colleagues and have experience of implementation of research findings. We will leverage existing capability in quality improvement and implementation science across all ARC partners, working in close collaboration with Health and Social care improvement and transformation teams.

3.5 Dissemination of other high-quality activities

In addition to prioritising a number of key research outcomes (evidence-based interventions) and actively support their implementation, the ARC Implementation team will also support local researchers to disseminate findings and information from activities that meet ARC criteria of co design, robust research methodology, and evidence of impact. This support could include dissemination through the AHSN, through CoP, networks and collaborations and ARC communications. We will also provide an online web presence to share static knowledge (documents, etc) and dynamic interactions (discussion groups, self-help, etc).

3.6 Develop research culture and change capability

We will work with research partners including the KSS Clinical Research Network to deliver ARC research, and spread awareness of studies, as well as build upon their existing research training infrastructure to build capacity in the region. We will build on the KSS AHSNs work in KSS to support innovation uptake, including NHSE's Innovation and Technology Payment, other local and national innovations, and digital health. The AHSN has strong relationships with a wide range of health and care providers across Kent, Surrey and Sussex which provide a strong foundation for the engagement required to support research implementation.

There is variability in our systems research awareness and abilities, particularly within social care, and we will work to embed research systematically and embed frameworks that support research across the entire health and social care system.

3.7 Measuring impact and alignment with stakeholder strategic needs

Implementation team engagement with stakeholders will enable ARC KSS to inform service transformation and influence policy at different levels. We will work with ARC theme leads and their teams, regional stakeholders and service-users to prioritise the main outputs of each theme's projects every six months. The ARC will introduce measurement to track the dissemination of knowledge and its penetration within ICS work programmes. This will focus on how many pieces of ARC supported evidence have changed practice and to what extent- the range of spread and adoption and number of people benefitting. We will report on each of our theme's activities against a scale of:

Implementation Managers will track the utilisation of research and knowledge within aligned ICS work programmes. We will report on each of our theme's activities against a scale of:
a. Integrated, joint working with the ARC
b. Coordinated working between the ARC and ICSs
c. ICS work informed by ARC outputs
d. ARC support to disseminate/implement appropriate ICS related work

3.8 Communication

We will utilise regional and national ARC communication systems to share news of our activities and progress with our stakeholders, promote ARC events, disseminate relevant research findings, raise awareness about communities of practice, implementation priorities, and engage the public and our communities. We will work closely with our AHSN colleagues, and other stakeholders to share information widely drawing upon established networks too.

4. Additional Resources

4.1 PhD and Post Doctorate

Each Theme will have PhD and Post Doctorate positions to support research and engagement within the themes. Implementation managers will work closely with PhD and Post Doctorate colleagues, feeding in knowledge and insights from the system, communities of practice, PCIE forums to ensure the ARC supported research is relevant, and implementation is considered from the start of any research activity.

4.2 Network Resource

The Implementation managers will be actively involved in relevant networks- clinical, research, and academic, and the AHSN to share relevant information and resource across the system, understanding and exploiting opportunities for collaboration.

4.3 Funding

The Implementation managers will work collaboratively with stakeholders to support strong applications for relevant research funding opportunities, including ARC funded research and large

research bids. Implementation managers will ensure principles of co design, PCIE, are embedded in applications, and will involve other ARC KSS theme leads as relevant for their expertise, such as public health, health economics, and digital.

Implementation managers will assist with prioritise match funding opportunities in line with this implementation strategy ethos.

5 Objectives and deliverables

5.1 Governance

The implementation strategy group will meet three monthly and will include the ARC KSS Implementation Lead, Implementation managers for the core themes, HSCE and PCIE representatives, and is responsible for the delivery of this implementation strategy.

Implementation managers will present studies they are supporting to this group. A process will be developed to facilitate decision making around prioritising research for implementation and dissemination, which will include factors such as co-production, alignment to local priorities, and value for money (appendix 1). The implementation strategy group will decide which studies to support for implementation and dissemination.

The implementation strategy group will work alongside the ARC KSS ORCA capacity building strategy group; the theme lead forum; the public council and regional PCIE forums. The implementation strategy group will report into the ARC KSS Executive 6 weekly and the ARC KSS Board 12 weekly meetings.
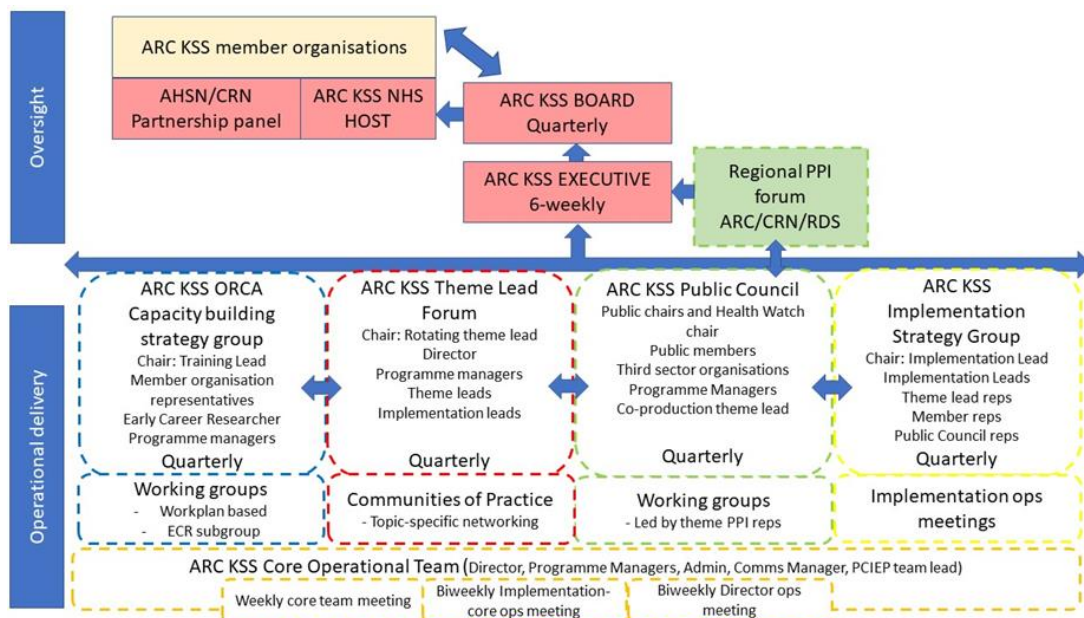
5.2 Outputs

In terms of our *overall objective*, we recognize that it is difficult to measure changes in quality but will seek to understand value added, and the numbers of patients/users benefitting from our research. Ultimate success for ARC KSS will mean more systematic and rapid adoption of research

findings within local health and care providers, supported by contracts and service specifications. This will be achieved by supporting and implementing quality research findings embedded in local needs.

We will achieve this through:

- Representation at least one key operational and/or one strategic forum per theme, per ICS.

- Facilitating engagement with users and the health and care system through events, workshops, communities of practice, collaboratives, and implementation hubs.
    - Each theme will undertake at least three key engagement activities each year of the ARC.
    - We will report this activity through publishing number of events, number of people spoken to, numbers of priorities that emerge for ARC consideration.

- Developing and/or implementing at least one study per core sub theme, that is co-designed with people receiving and giving care, to deliver high quality, safe, and equitable health and social care improvement and user satisfaction, each year of the ARC.
    - Impact will be described based on adoption of findings into frontline care pathways with estimates (underpinned by methodology) of number of people likely to have benefitted.

- Developing and/or implementing at least one study per core theme, that responds to operational and strategic need identified through local and national engagement, and is designed to influence practice at different levels, each year of the ARC.
    - Impact will be described based on adoption of findings into frontline care pathways with estimates (underpinned by methodology) of number of people likely to have benefitted.

- Ensuring all ARC studies have health and social care economics embedded in their evaluation, and demonstrate value for money applied to local, and where relevant national implementation.

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Appendix 1

IMPLEMENTATION DECISION FRAMEWORK

Project aligns with KSS ARC THEME PRIORITIES *
Core themes, cross cutting themes and sub themes
AND/OR
NEEDS ARTICULATION
Voice of users, front line staff, system leaders

NO →

YES

Project includes PCIE & HSCE involvement, and IMPLEMENTATION Plan

NO → Resolvable issues → NO →

YES

Project/findings have THEME APPROVAL
Theme lead, Implementation lead, Public advisor
Methodological rigour (not feasibility/pilot), peer review, fit with other research, VFM, service fit
AND
TOPIC SPECIALIST SUPPORT
Community of practice, Local System leads, VFM, service fit

YES ←

NO → Resolvable issues → NO →

Consider other comms/ dissemination

YES

YES

IMPLEMENTATION
Implementation/dissemination of findings (interim where relevant, and final), locally, regionally and/or nationally- including scale and spread

* as per ARC KSS application 2018