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Building healthier futures together

Applied health research for health equality and better outcomes in Kent, Surrey and Sussex

2026 - 2031

June 2026

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Introduction

The National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) is a partnership between the NHS, universities, local government organisations, social care, charities, community groups, patients, carers and industry.

Funded by the NIHR, we undertake applied health and care research, which means we study what works in real life - then help organisations use that learning to improve health and care. This matters because it can improve people's health, improve services and reduce differences in health service access and outcomes.

The ARC KSS programme started in October 2019. Since then, we have grown into a wide network of partners across Kent, Surrey and Sussex, and we also work with others across the Southeast and nationally.

We work with our partners to run research studies, share evidence and build skills through training and support. Working with all partner organisations and the public, we help build a joined-up research system where day-to-day decisions, policy and practice are shaped by strong evidence - so health and care services improve over time. Our goal is simple: help people make decisions based on evidence, so improvements happen faster and reach the people who need them most.

Our legacy video shows some of the difference our work has made over the last 6 ½ years.

Our vision

Over the next 5 years, we will generate and use evidence to improve health, wellbeing and care, while continuing to help more people to gain the skills, support and confidence to take part in research and use findings in day-to-day decisions.

As we move into our next phase, NIHR and government have asked us to work more closely with other ARCs and to deliver larger-scale research that is relevant nationally.

Our core values stay the same: partnership and collaboration, public and community involvement and engagement, and research that meets the needs of our local population.

In addition, as part of the national research infrastructure, we will help attract additional investment, support innovation, and work with industry.

We will also strengthen our role in knowledge mobilisation (making sure research findings are shared in useful ways and put into practice), improve research inclusion (helping more people and communities to take part in research), and develop new research leaders (supporting people to lead research and improvement work). To do this, we will build closer links with other partners, including the NIHR Research Delivery Network, NIHR Health Determinants Research Collaborations, other ARCs, the Secure Data Environment and the Health Innovation Network KSS.

In practice, this means we will:

- **Partner with communities** to shape research around real priorities, experiences and needs.
- **Generate and mobilise evidence** so partners can improve services more quickly and effectively.
- **Tackle inequalities** by focusing on people and places that have historically been underserved.
- **Build capacity and champion innovations that can operate at scale**, by supporting people to develop skills and ideas across the region that can spread across the NHS.

We will do this by:

1. Increasing the amount of good-quality, locally led research.
2. Enabling a diverse range of communities and the public to engage in and shape research - including people who are underserved.
3. Conducting relevant research that meets our communities' needs.
4. Helping our partners use research to deliver improvements in care.
5. Undertaking quick reviews (rapid evidence synthesis) that bring together results from lots of research studies, so services can make decisions and act quickly when needed.
6. Supporting researchers from diverse backgrounds to deliver the above.

Our regional priorities

- Addressing health and care **inequalities**
- Increasing the **quantity and quality** of health and care **research**, especially in under-represented areas
- Increasing the number of **research leaders**/principal investigators
- Increasing the numbers and diversity of **participant recruitment** to studies
- Supporting **service delivery and commissioning**
- Increasing **research inclusion**
- Strengthening **academic and practice partnerships**
- Developing and supporting **research infrastructure**
- Working with industry to **turn new ideas into practical solutions**

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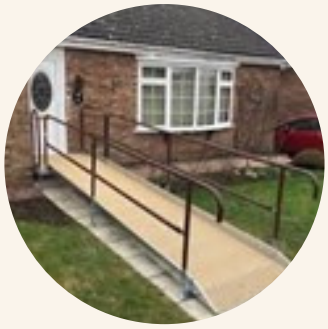
Working actively with more than 35 partners

NHS

Local government

Universities

Social/community services



Primary care/health hubs

Voluntary sector/community groups

Who funds and hosts us

ARC KSS is funded by the NIHR. Sussex Partnership NHS Foundation Trust (SPFT) hosts the programme (it holds the NIHR contract and provides the management support to run ARC KSS). We work across Kent, Surrey and Sussex and with other ARCs and partners nationally across England to deliver research and turn evidence into improvements for local communities.

Our leadership

Director: Professor Stephen Peckham (University of Kent) and **Co-Director**: Professor Clara Strauss (Sussex Partnership NHS Foundation Trust).

Assistant Chief Operating Officer: Victoria Hare and **Head of Research Strategy and Impact**: Mel Rees-Roberts.

Our senior leadership team sets the direction for ARC KSS and makes sure we deliver our programme safely, on time and to a high standard. They work with our themes (outlined below), partners and public members to agree priorities, remove barriers, manage risks and budgets, and make sure we share learning and put evidence into practice across Kent, Surrey and Sussex.

They are supported by a strong, operational team who play key roles in coordinating programmes, supporting partnerships and making sure the ARC runs effectively.

Governance (how we make decisions and stay accountable)

Our governance structure helps us make clear decisions, track delivery and stay accountable to the NIHR, our host Trust and the public.

- **ARC KSS Board** – sets direction and provides oversight. An independent chair leads the Board, which meets three times a year. We hold the Board in public and share minutes for transparency.

- **Executive Group and Programme Management Office (PMO)** – oversee day-to-day delivery, including progress, risks and reporting across projects.

- **Theme and workstream steering groups** – bring together partners and experts to prioritise work, guide delivery and support knowledge mobilisation and capacity building.

- **Public Involvement Network (PIN)** – keeps public need at the heart of decisions, with public representatives contributing across our groups, influencing priorities and decision-making and feeding back learning to the wider network.

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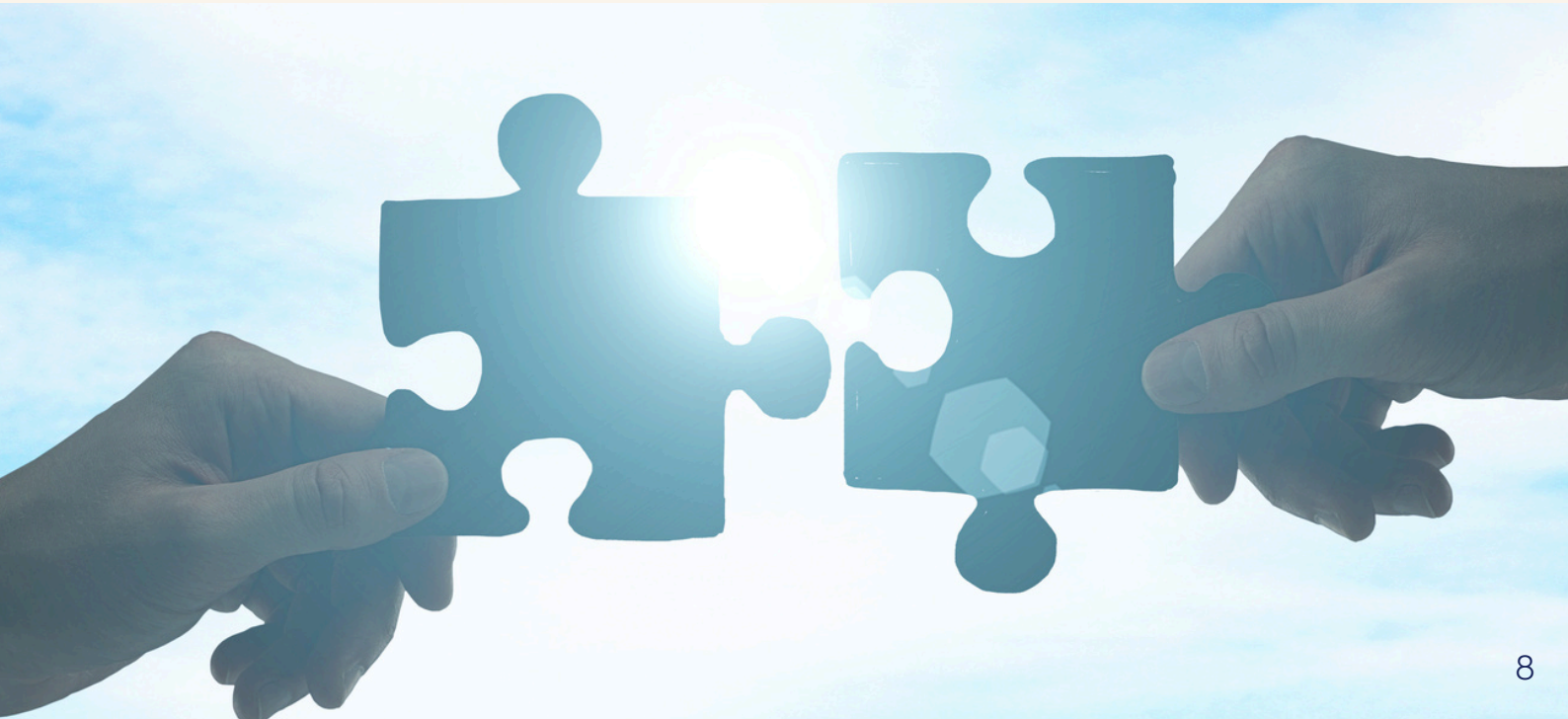
National partnerships and scalability

Leads: Dr Madalina Toma (University of Kent) and Dr Melanie Rees-Roberts (University of Kent)

Our role is to build and maintain partnerships with other Applied Research Collaborations (ARCs) and other parts of the National Institute for Health and Care Research (NIHR), as well as with health and care services, universities, system leaders and community partners.

Across all of our themes, we make sure our regional research meets local needs and supports national priorities in applied health and care research - improving patient outcomes, reducing health inequalities, strengthening the health and care workforce, and making services more efficient and sustainable.

Together, we agree what matters most, avoid repeating work that others are already doing, and develop bigger, joint projects that can be used in more places. We also help teams plan from the start how findings will be implemented (put into everyday practice in health and care services) and scaled up (expanded so they work for more people and in more organisations), so our research is more likely to make a real and lasting difference.



Our research themes

Mental Health Innovation and Implementation

Lead: Professor Kathryn Greenwood (University of Sussex)
Co-Lead: Dr Claire Rosten (Health Innovation Kent Surrey Sussex)

Many people struggle to get mental health support. Stigma, low confidence and everyday practical barriers can delay help and treatment. Some communities across Kent, Surrey and Sussex are affected more than others - especially people living with disadvantage, people in some coastal areas, and rural communities that services and research do not always reach.

What we are doing

We focus on people who face extra barriers to mental health care - patients, carers and communities across Kent, Surrey and Sussex, including: people at high risk of mental ill-health at key life transitions; people with 2 or more physical health conditions; people from ethnic minority communities; lesbian, gay, bisexual, transgender, queer and other sexuality and gender minority people (LGBTQ+); and other underrepresented populations. We set priorities and test improvements with people with lived experience and partners across the system: NHS mental health services, educational settings, primary care, local councils and voluntary and community organisations.

We use evidence and local data to understand what helps, then test with a specific focus on tools to support implementation in real service (community and mental health teams, third sector and education settings). We share clear, practical messages so NHS teams, and community partners can act quickly to reduce inequalities.

This work helps people get better mental health support, supports the NHS workforce, and helps more people access high-quality care.

Early Years and Parenting

Lead: Professor Michelle Lefevre (University of Sussex)
Co-Lead: Dr Jeri Damman (University of Sussex)

The first years of a child's life shapes their health, learning and wellbeing for years to come. Families who face disadvantage, complex needs, language barriers or difficult experiences often find it hardest to get the right support at the right time. When early help does not reach families, needs can escalate and widen inequalities for children and parents.

What we are doing

Our programme, 'Flourish: Family Help in the Early Years' brings together existing evidence and analyses local data to identify what helps families and where support could be improved. We test and evaluate practical approaches with parents and practitioners in real communities, focusing on reducing inequalities.

We work in the places families already turn to, for example: universal perinatal and early years services (such as health visiting and early years settings), targeted early help, and children's social care and safeguarding services - alongside local councils, early years family hubs and voluntary and community organisations. Together, we map local support, co-design improvements with families and services, and turn learning into practical tools and training for the workforce.

Our aim is earlier, fairer support for families - and better health, development and wellbeing for children.

Primary and Community Healthcare

Lead: Professor Carrie Llewellyn (Brighton and Sussex Medial School)
Co-Lead: Professor Dunx Shrewsbury (Brighton and Sussex Medical School)

Primary and community care is the NHS "front door", but services face growing demand, workforce pressure and tight budgets. In Kent, Surrey and Sussex, a mix of affluence and deep deprivation - especially in some coastal and rural areas - creates very different needs across places. Some groups also face extra barriers to care, including lesbian, gay, bisexual, transgender, queer and other sexuality and gender minority people (LGBTQ+), older trans and non-binary adults and women who struggle to access the support they need.

What we are doing

We work with communities, patients and frontline professionals to test and evaluate new models of neighbourhood-based care. We focus on what improves access and experience, supports the workforce and reduces inequalities, including work on greener ways of delivering care and on priorities such as women's health and the health of older trans and non-binary adults.

To do this, we take a systems and patient-led approach. We map how neighbourhood services work in practice and evaluate Integrated Neighbourhood Team models with Primary Care Networks and local partners, using mixed methods to understand patient experience, access and workforce wellbeing. We co-design improvements with communities and the voluntary sector, and work with partners such as Integrated Care Boards, Health Innovation Kent Surrey Sussex and Greener Practice to support greener ways of delivering care. We share learning in practical formats so successful approaches can spread.

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Health in Places: Wider Determinants of Health

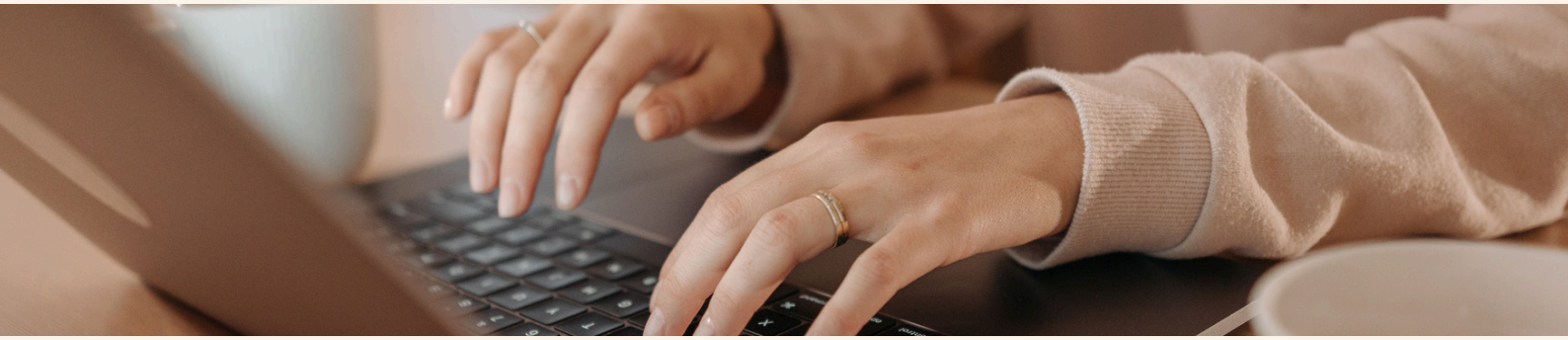
Lead: Professor Lindsay Forbes (University of Kent)
Co-Leads: Dr Natalie Edelman & Dr Sarah Hotham (University of Kent)

Where we live affects our health – through housing, jobs, transport, air quality and access to services and community support. Kent, Surrey and Sussex includes coastal and rural areas where inequalities can be severe, and services can be harder to reach. Understanding the causes of poor health helps the region focus on prevention and decide where to take action.

What we are doing

We use health, social and environmental data to understand what drives inequalities in different places, and we work with local government and communities to co-develop and evaluate innovative ways of tackling these. We build public health research skills and culture across local government so partners can use evidence to shape policy and improve health in neighbourhoods, especially in coastal and rural areas.

We start by agreeing priorities with communities and local decision-makers, then combine data insights with lived experience to design and test what works in real settings. We share learning through practical briefings and local networks, so evidence influences planning, prevention and investment decisions.



Data-Driven Insights into Health Inequalities

Lead: Dr Elizabeth Ford (Brighton and Sussex Medical School)
Co-Lead: Dr Mel Rees-Roberts (University of Kent)

Some communities experience poorer health because problems get missed, diagnosed late, or treated too late. Kent, Surrey and Sussex have rich NHS data that can help services spot patterns, understand who misses out, and act earlier. Using data well matters because it can support fairer decisions, target resources to where they are most needed, and reduce avoidable harm.

What we are doing

We use real-world NHS data to show where inequalities appear, what drives them, and where services can intervene earlier. We work with partners and public advisers to focus on priorities such as delays in diagnosis, women's health inequalities, childhood obesity and young people's mental health. We strengthen local data skills and work with national partners to build advanced health data systems that support better, fairer decisions.

We combine secure data access with strong public involvement and clear governance, so analysis stays trusted and useful. We develop and test tools that help teams spot gaps, track change over time and target action where it makes the biggest difference.

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Research support

Research Capacity Building

Lead: Dr Julie MacInnes (University of Kent)

Research Capacity Building means helping people and organisations develop the skills and support they need to do and use research. This matters in Kent, Surrey and Sussex because services face high demand and varied needs - so we need more local people who can find evidence, test what works and turn learning into better, fairer care.

Our focus is capacity development: growing early, mid and senior career applied health and social care researchers through training, guidance and mentorship. We support people to progress (including help with funding applications and writing retreats), strengthen research culture with partners, and widen participation so research is accessible and inclusive.

This builds a stronger, more diverse workforce that can lead improvements in health and care - locally and nationally.

Knowledge Mobilisation and Rapid Evidence Synthesis

Knowledge Mobilisation Fellowships (KM)

Leads: Lucie Hooper (Health Innovation Kent Surrey Sussex) and Dr Julie MacInnes (University of Kent)

Knowledge Mobilisation (or knowledge sharing) focuses on *getting the right evidence, to the right people, at the right time*, to support better service, change and decision-making.

Our work responds directly to the challenges facing the region, including unfair differences in health, and different needs across rural, coastal and urban communities.

A core part of our approach is placing KM Fellows in teams working on services change, innovation and quality improvement. These Fellows act as trusted go-betweens, helping services find and use evidence, connect with researchers, and sharing across organisations. Alongside this, we build and support regional groups where people can learn from each other and spread what works across Kent, Surrey and Sussex.

We support the KM Fellows and organisations to plan how their work will make a difference from the start by:

- shaping research questions around what services and communities need
- building relationships with the people who will use the findings, and
- supporting active links between researchers, people working in services, decision-makers and communities.

Rapid Evidence Synthesis

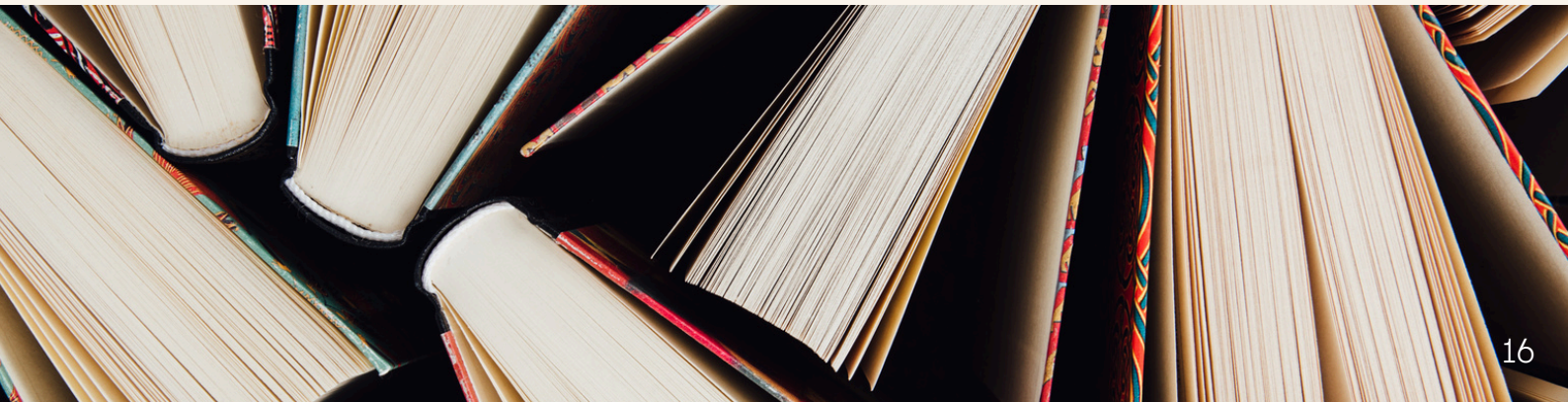
Lead: Lucie Hooper (Health Innovation Kent Surrey Sussex)

Rapid Evidence Synthsies (or Reviews) bring together findings from many studies and data sources, including both published and unpublished work, so decisions are based on the best available evidence.

Working with Health Innovation Kent Surrey Sussex and health and care partners, we help agree the biggest priorities and where evidence can add the most value, so local decisions are better informed.

We produce quick evidence summaries and evaluations to answer partners' questions, share findings in practical formats (including executive summaries and plain-English summaries), and track what changes as a result.

By bringing together leaders, researchers and communities, we help partners share knowledge, learn from each other, and spread effective ideas across the region and nationally.



Public and Community Involvement and Engagement (PCIE)

Lead: Dr Anna-Marie Bibby-Jones (Sussex Partnership NHS Foundation Trust)
Operational Lead: Pippa Shaw (Sussex Partnership NHS Foundation Trust)

Public and Community Involvement and Engagement (PCIE) means working with patients, carers, the public and local communities to shape our research - not just take part in it. PCIE runs through all our work ensuring that community voices and organisations help influence what we do and how we do it. This matters because it helps us focus on local priorities, design research that is fair and accessible, and improve the chance that findings lead to real-world change.

The public, community members and organisations that support them get involved by setting priorities, co-designing and co-delivering projects, reviewing materials and sharing findings. We work to include those who are often excluded from research through our Public Involvement Network (PIN). Our public and community representatives also contribute to ARC groups, helping to keep our work accountable to public need.

We support people to get involved in ways that work for them, including through training and peer support.

Our PCIE approach helps ensure our research is relevant, inclusive and likely to improve services and reduce inequalities.

Research Inclusion

Lead: Professor Kish Bhatti-Sinclair (University of Chichester)
Co-Lead: TBC

Equality, Diversity and Inclusion (EDI) runs through everything we do. Our aim is to make sure research is accessible, relevant and fair and helps to reduce health and social inequalities.

Research inclusion means making sure that research involves and reflects the whole population - not just people who find it easiest to take part. This is important because we want evidence that represents the real diversity of Kent, Surrey and Sussex, so services can make fair decisions, and improve care for everyone.

We work to make sure people have a fair opportunity to take part in research by identifying and addressing barriers such as low awareness, inaccessible systems and unequal access to opportunities. We collaborate with partners across the NHS, local authorities and wider research networks to improve access and support participation.

We also build evidence to understand who is most at risk of being excluded from research and why. This helps us develop practical ways to make research more inclusive.

By improving systems, strengthening partnerships and supporting wider participation, we help make research more representative, more equitable, and more useful for the communities we serve.

Research Methodology

Lead: Dr Bernadette Egan (University of Surrey)
Co-Lead: Dr Matthew Glover (University of Surrey)

Research methodology is how we plan, run and analyse research so the results are trustworthy. It includes choosing the right study design, using good data, and checking that findings are accurate and fair. Our methodology team provides expert advice and guidance on study design, so our research has the greatest potential for meaningful impact. Robust methods matter because they help us answer the right questions, avoid bias, make the best use of time and money, and give services confidence to act on the evidence.

We support teams across ARC KSS to choose the right methods, plan robust studies, and design research that meets local needs and can scale nationally.

We work closely with all other themes to increase quality, value for money and real-world usefulness. This includes shaping large projects, offering expert advice after funding is awarded, and supporting the sharing and implementation of findings.

By bringing together specialist methodologists and collaborating nationally, we keep ARC KSS research robust, relevant and capable of delivering lasting impact on health and care across the country.

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