



**NIHR** | Applied Research  
Collaboration

# Impact Summary

## 2026





**NIHR Applied Research Collaboration:** East of England



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# Foreword

**The health and care landscape is constantly evolving. With changing government priorities, growing demand on services from an ageing and expanding population, and the diverse needs of our communities, it is now more important than ever that research responds to these challenges and opportunities.**

The National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) East of England is uniquely placed to respond to these needs. We do this through our strong partnerships, diverse expertise, and commitment to producing research that delivers meaningful impact.

It is in this context that I took up the role of Director of ARC East of England in April 2026, and I am proud to introduce my first Impact Summary in this role. I look forward to working with our partners, public contributors and research teams to build on the ARC's achievements and ensure our research continues to make a meaningful difference to the communities we serve.

Since the launch of ARC East of England in 2019, we have delivered 288 research projects, collaborated with more than 400 organisations and community partners, engaged over 2,300 public contributors, and generated £77 million in external research funding. I am proud of everything that we have achieved to date and excited about the opportunities ahead as we begin our renewed funding period.

Professor Stephen Morris,  
Director of NIHR ARC  
East of England



This impact summary showcases a range of projects completed during 2025/26, as well as ongoing work across our research themes. The summary demonstrates how we work together to understand and respond to the health and care needs of our population across the region, including those from marginalised communities. It highlights how we collaborate with partners to understand and address the challenges facing health and care services, while responding to national health and care priorities. By generating evidence that informs policy, system planning, and decision-making, our research supports improvements in health and care outcomes and helps to build more equitable and sustainable services.

I thank Professor Wendy Wills, my predecessor, for her leadership of the ARC. I am also pleased to welcome Professor Alejandro Quiroz Flores as Co-Director as we begin the next chapter of ARC East of England.

As we enter the next phase of our programme, we are committed to building on our previous successes by strengthening partnerships, supporting future research leaders, and delivering impactful research evidence.





Image above: Community members and researchers walking through Peterborough

# Our mission

The National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) East of England is an NIHR-funded programme. We are a partnership hosted by Cambridgeshire and Peterborough NHS Foundation Trust, working alongside five regional universities (Universities of Cambridge, East Anglia, Essex, Hertfordshire, and Anglia Ruskin), Health Innovation East, NHS Trusts, Integrated Care Systems, local authorities, patient-led organisations, charities, and industry partners.

Through these partnerships, we bring together wide-ranging expertise to address urgent health and care needs across the East of England. We aim to work closely with communities that are often underserved in research, helping to reduce health inequalities and ensuring our work reflects the realities of the people and services it impacts. We also support key Government priorities through research to improve health and care across our region and beyond.

Building on the achievements of our first funding period (2019 to 2026), the collaboration has secured further investment to continue our work through a second phase, running from April 2026 to March 2031.

Learn more about us on our website at <https://arc-eoe.nihr.ac.uk>.





# Our impact and achievements





**I am very proud to see our ARC continue to demonstrate extraordinary value by working together with NHS, universities, local government, and communities to address the challenges that matter most to patients and populations. CPFT is proud to host this partnership that not only generates high-quality research, but also translates research into meaningful improvements in care, outcomes, and experience. The ARC's work is helping us all build a stronger evidence base for joint decision-making, develop future leaders in research and innovation, and ensure that new knowledge has a real and lasting impact on the health and wellbeing of the people we serve."**



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**Steve Grange**

Chief Executive Officer, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

# Year at a glance



**112**  
research  
studies across  
our research  
themes



**200+**  
collaborating  
organisations  
across ARC  
East of England



**£15.3 million**  
awarded to deliver the next  
phase of ARC East of England



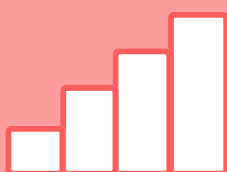
**1,800**  
people  
have  
attended  
ARC East  
of England  
events



**80+**  
members of the  
ASCENT network



**21**  
fellows joined  
the programme



**29%**  
of former fellows  
exploring PhD  
opportunities



**Over 20**  
industry and  
commercial  
collaborations





8

PhDs awarded  
this year  
through ARC  
East of  
England-  
supported  
research



**£14.1 million**  
in external research funding  
secured



**Won**  
multiple  
research  
awards and  
accolades



**5,474**  
participants  
are actively  
involved in  
across our  
research  
studies



**Media**  
coverage  
across  
multiple  
outputs,  
including  
Financial  
Times and  
the BBC



84

peer reviewed  
publications



14

public involvement  
impact case studies  
produced



# **Responding to communities' needs**



Listening to the needs, preferences and experiences of our communities is central to ARC East of England's research. By understanding what matters most to local people, we generate evidence that helps shape responsive health and care services that are fair for all.

## **Improving healthcare access for Gypsy, Roma and Traveller communities**

### **★ Sickness to prevention**

Gypsy, Roma and Traveller (GRT) communities experience some of the poorest health outcomes in England, with life expectancy up to 10 years lower than the general population. Low trust in health services, experiences of discrimination, communication barriers, and limited recognition of GRT within health systems contribute to inequalities in access to care.

To help address these barriers, we have brought together community members, health professionals and decision-makers through a cross-system partnership to identify solutions and strengthen GRT involvement in healthcare decisions and research. The group has grown to more than 260 members and has been described by partners as "a catalyst for meaningful change".

Through collaboration, shared learning, and co-production, the group has helped ensure that GRT voices are heard in healthcare planning, including discussions around the NHS 10-Year



Health Plan. The partnership also developed an Urgent Actions Framework, setting out nine whole-system workplans to improve healthcare access for GRT communities. The framework has informed local strategies and national policy discussions, including submissions to the UN Committee on Economic, Social and Cultural Rights and the All-Party Parliamentary Group for Health inquiry on access to primary care.

The work is already influencing change across health systems. Local NHS organisations have begun introducing policies that directly recognise GRT communities, strengthening equality frameworks, improving ethnicity recording, reviewing interpretation services and identifying cultural competency training needs for staff.

The work has increased awareness of the barriers faced by GRT communities and supported practical actions to improve the accessibility and cultural responsiveness of services.

By addressing barriers faced by GRT communities, this work can provide practical actions to address longstanding inequalities in access to care, improve access to services and cultural responsiveness of services.

The research team continues to build on this work to support improvements in healthcare access, equity and culturally competent care for GRT communities.

Read more about the study  
by scanning the QR code:



## Supporting schools to respond to self-harm

### ★ Analogue to digital

Self-harm among young people is a major public health concern, with up to 34% of 15-year-olds reporting a history of self-harm. Many young people in England do not receive mental health support early enough. School staff are often the first to identify when a student is struggling but may lack the confidence and knowledge to respond. As a result, opportunities for early intervention and support may be missed.

To address this need, SORTS (Supportive Response to Self-harm) was developed as an innovative online training programme and toolkit designed to improve school staff's understanding of self-harm, ability to identify students who self-harm, and confidence in supporting students. The training was co-produced with the

Charlie Waller Trust and informed by young people, school staff, and mental health experts.

Since its launch, the SORTS e-learning module has been used in more than 600 schools across England and Wales, with over 3,700 staff completing the training, demonstrating its national reach and sustained impact. SORTS has increased school staff's awareness of self-harm and confidence in supporting students who self-harm. The programme is recommended by the Mayor of London's Healthy Schools London programme, has been adopted by a London council, and received a University of Cambridge Research Impact and Engagement Award in 2025.

With additional funding, SORTS will be evaluated across a larger number of schools and develop new modules tailored to at-risk groups, including LGBT+ and neurodivergent students. SORTS continues to be shared with more charities in education and youth mental health to expand its reach.

Read more about the study  
by scanning the QR code:



## Developing a music therapy approach to help people with dementia

### ★ Hospital to community

In the UK, one in six hospital beds is occupied by a person with dementia. Being admitted to hospital can be highly distressing, as unfamiliar surroundings often increase confusion and anxiety, which can lead to physical assaults on staff and patients. There is a growing need for effective non-pharmacological







Image above: MELODIC study team

interventions, such as music therapy, to manage the behavioural and psychological symptoms of dementia.

In response to this, we worked with Cambridgeshire and Peterborough NHS Foundation Trust and co-produced the MELODIC music therapy intervention with 138 patients, family carers, NHS staff, music therapists, and national dementia charities. MELODIC uses personalised musical care plans based on patients' preferences and life histories to reduce distress during everyday care. This was piloted on two NHS mental health wards in different regions of the UK.

The pilot demonstrated that MELODIC can be embedded into routine NHS care with a music therapist present and appropriate training. This offers a scalable approach to improving patient experiences and supporting staff.

Findings showed that it reduced distress for patients and improved their relationships with the staff. The project resulted in the development of a music therapy manual, providing a structured and evidence-based guide to deliver personalised music interventions in practice.

By promoting person-centred, non-pharmacological support in dementia care, MELODIC has the potential to reduce reliance on antipsychotic medication, which can increase the risk of falls and mortality.

The findings provide key implementation insights and a foundation for rolling out this music therapy model across more NHS Trusts. The team is looking for further funding for future research.

Read more about the study by scanning the QR code:



**“  
My husband  
had  
dementia  
and was  
very  
stressed,  
and having  
the music  
therapy  
was  
enabling  
him to  
engage  
with  
people.”**

Anonymous,  
Family member  
participant of the  
MELODIC study





# **Responding to national health and care priorities**



ARC East of England is committed to addressing the most urgent health and care challenges. By aligning our research with national priorities, we are generating relevant and timely evidence that supports effective and sustainable responses to these challenges.

## Improving care for mothers and newborn babies experiencing enforced separation in prison

### ★ Sickness to prevention

Each year, around 200 pregnant women are in prison, many of whom have experienced poverty, trauma, abuse, or addiction. Separation at birth can cause severe mental distress, trauma, suicidal ideation, and disrupted bonding, yet there is no standardised guidance to support mothers through this process. This research addresses an important gap in women's health.

In partnership with Birth Companions and women with lived experience of motherhood in prison, we explored the impacts of enforced separation on imprisoned mothers and the professionals involved in their care. This is the first study of its kind to examine the experiences of mandatory separation for mothers, babies, and those supporting them.

Our research identified gaps in support for imprisoned mothers and contributed to national discussions on maternal care in prisons, including recognition of maternal separation as a safeguarding concern. The findings were presented in

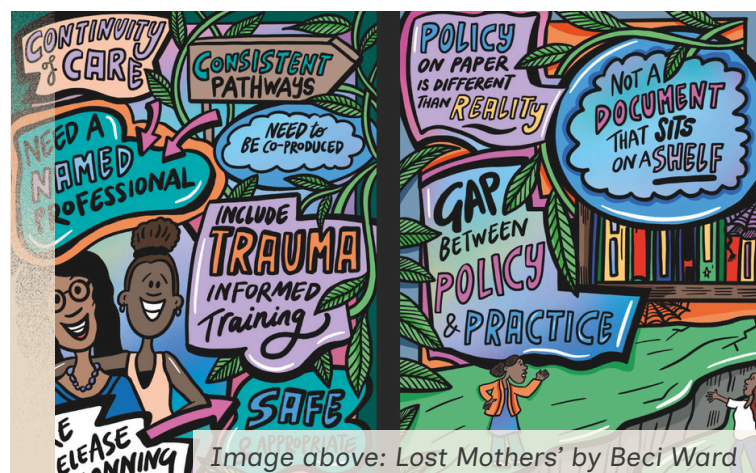


Image above: Lost Mothers' by Beci Ward

the House of Commons, informed a new framework for the sociology of loss, and inspired the UK-wide play Scenes from Lost Mothers, which was directed by Clean Break Theatre Company. Its impact has been recognised through a Criminal Justice Alliance Award for Research Excellence and national media coverage.

The research has the potential to drive systemic reform, including a proposed "1001 days impact assessment" and it provides a foundation for trauma-informed practice across the criminal justice system.

The project will continue to share findings through policy engagement, practitioner training, and public-facing work. This includes the publication of academic papers, policy briefings and other creative dissemination methods, including a short film based on the play.

Read more about the study  
by scanning the QR code:



## Understanding the wider influences on childhood obesity

### ★ Sickness to prevention

Childhood obesity is a public health concern, with an estimated 3.8 million

children and young people living with obesity in the UK. As improving children's health becomes a key government priority, understanding the factors that contribute to obesity is essential for reducing health inequalities and informing effective interventions.

In response to this, we conducted research to understand the impact of hot food takeaway outlets and regulations to limit their spread on childhood obesity to help inform local and national strategies for reducing obesity.

We analysed neighbourhoods across Essex, Hertfordshire and Leicestershire to identify areas where high numbers of takeaway outlets, limited access to healthy food, child poverty and children living with obesity occur together. Takeaway outlets were concentrated in more deprived areas, and inequalities in childhood obesity widened between Reception and Year 6

We brought together a national database of takeaway planning policies in England and linked it to local data on takeaway outlets, employment, household food purchases and diets. We compared neighbourhoods before and after policies were introduced and found that exclusion zones slowed takeaway growth, while caps on takeaway numbers did not. Exclusion zones may also improve children's diets without harming employment and may

encourage more sit-down dining businesses. The research informed the All-Party Parliamentary Group on Obesity policy paper and was presented at its parliamentary launch.

By providing evidence on associations between takeaway outlet density and children's weight, our research can help local and central government make informed planning and regulatory decisions that shape local food environments.

We are continuing to analyse linked policy and survey data. The research team are currently seeking access to national child measurement data to assess the impact of these planning policies on childhood obesity at a national level.

Read more about the study  
by scanning the QR code:



## Identifying treatment preferences to improve care for people with cystic fibrosis

### ★ Sickness to prevention

Cystic fibrosis (CF) affects over 10,000 people in the UK and remains a lifelong, life-limiting condition. Despite major improvements in treatment and care, people with CF can face a considerable daily treatment burden, affecting daily activities, social participation and quality of life. Reducing this burden is a







key priority for people with CF and aligns with the UK Government's Rare Diseases Framework.

Our CF research portfolio explores how treatment burden affects quality of life. We led the economic evaluation of the CF-STORM trial, examining treatment simplification. We are also exploring how patient research priorities have changed (VALU-CF) and whether online yoga can improve pain, breathlessness and wellbeing.

Our research has strengthened the evidence base on CF treatments and treatment burden. VALU-CF data were used in NICE's evaluation of CFTR modulators, medicines that target the underlying cause of CF, including the following medicines: Kaftrio, Symkevi and Orkambi, showing how patient-preference evidence can inform treatment assessment. CF-STORM, one of the largest UK CF trials, involved over 590 people across 40 hospitals. It showed that some people established on Kaftrio could stop certain nebulised treatments without a meaningful

decline in lung function, reducing daily treatment burden, with estimated NHS savings of around £5,000 per patient over a year. The findings have gained international recognition and could support treatment simplification for eligible people with CF.

Our research improves understanding of the personal and economic value of CF treatments, supporting NHS funding decisions and investment in interventions that matter most to people with CF.

CF-STORM findings have been presented internationally, including at the European Cystic Fibrosis Conference, with clinical and health-economic results published as conference abstracts in the Journal of Cystic Fibrosis. Full peer-reviewed manuscripts are currently under review.

Read more about the study  
by scanning the QR code:







# Responding to health and care systems



ARC East of England works with health and care organisations to generate and apply evidence that addresses real-world challenges facing services and communities. Through high-quality research and collaborative partnerships, we support health and care systems to be more resilient, effective and fit for the future.

## Understanding community nurses' contributions to end-of-life care

### ★ Hospital to community

It is widely recognised that community nurses are struggling to meet the growing demand for end-of-life care. However, policymakers and service commissioners lack a clear understanding of the care they provide, making it harder to ensure timely, safe, and patient-centred care at home. Understanding this is essential as care increasingly shifts to home and community settings.

In response, we conducted a UK-wide survey of 1,471 community nurses to determine how much of their daily work involves end-of-life care and whether safety-critical visits are being deferred or cancelled. This is the first national study to quantify community nurses' end-of-life care workload and identify safety-critical gaps in care.

We have found that nurses in community and district nursing services spend almost a quarter of their time caring for people in their last year of life. However, workforce pressures are



affecting care delivery, with more than one in ten nurses reporting that end-of-life visits had been deferred or cancelled and over half reporting providing care below the standard they were professionally satisfied with.

By identifying gaps in care and the pressures facing the workforce, these can be used to inform system-wide workforce planning, commissioning, and investment decisions to support person-centred care at home.

To date, we have shared the findings and recommendations through a national workshop at the Palliative Care Congress, engaging policymakers from NHS England and Wales and national nursing leads in the Department of Health and Social Care (DHSC). The team is producing a video to accompany the paper, helping to raise awareness of the study and its findings to inform workforce planning and improvements to community nursing services.

Read more about the study  
by scanning the QR code:



## Bringing people together to improve care homes

### ★ Hospital to community

Care homes play a key role in supporting older people and those with complex health and care needs. However,

research in care homes has often been carried out in silos, making it difficult to share learning, identify priorities and improve care consistently across the sector. Addressing these challenges is essential to help health and care systems respond to the growing needs of an ageing population.

To help address this, the Cross-ARC Care Home Network was established in 2017, led by NIHR ARC East of England. The network brings together researchers, care providers, health and care professionals, policymakers and public contributors from across the UK. Through webinars, grant-writing workshops, shared learning events and practical resources, it has helped strengthen research capacity and create a more joined-up approach to care home research.

One notable outcome is the DACHA Study (Developing research resources and Minimum Data Set for Care Homes' Adoption and Use), a £2+ million NIHR-funded project involving five ARCs and a wide range of partners. Developed from connections made through the Care Home Network, DACHA shows how shared challenges can be turned into large-scale research. Over four years, the study developed research resources for care homes, created a repository of

care home trial data, analysed information from more than 5,600 residents and successfully linked care home, NHS and social care datasets.

The network continues to generate new opportunities. Recently, a grant-writing workshop brought together partners who are now developing the CHOICE-ACP study on advance care planning around hospitalisation for care home residents and a new funding application exploring the impact of climate change on care homes. It has also shared learning, developed resources and strengthened partnerships across the sector to improve care for residents.

Read more about the study by scanning the QR code:



## Developing research skills within the health and care workforce

### ★ Sickness to prevention

The NHS is the largest employer in the UK, and more than 1.5 million people work in social care. As frontline professionals, the health and care workforce is uniquely placed to identify challenges, generate research evidence, and drive improvement. To do this, they need the skills, confidence, and support to lead and use research.







Image above: Our 14<sup>th</sup> cohort of fellows and leaders

Our Research and Impact Fellowship Programme equips health and care staff with the skills and experience to lead research and impact projects within their organisations. In 2025/26, 21 fellows from 14 organisations across the region, including NHS trusts, local authorities, care homes, hospices and a charity, completed projects on priorities such as reducing avoidable emergency department attendance, early cancer prediction and the misuse of weight-loss medications among people with eating disorders.

The Fellowship Programme has helped participants develop research skills and apply evidence to service improvement. Fellows delivered tangible benefits for patients, staff and services, including delivering oral care training for nurses and healthcare assistants caring for older adults, resulting in increased confidence

among participants and improved oral care practices within the hospital. Other fellows have developed resources to support the use of virtual reality in healthcare settings, end-of-life care, and hospital preparation for people living with Parkinson's. Fellows have also shared their work through conference presentations and publications, including an opinion piece in *The Pharmaceutical Journal*, helping to raise awareness beyond their own organisations.

Feedback from fellows shows that the programme has increased their research knowledge, confidence and use of evidence. Several fellows are preparing doctoral funding applications. By building staff skills, the programme has supported service improvement.

Read more about the study by scanning the QR code:



**“Often, people are so busy within their work in health and social care. People have so many great ideas from seeing life on the frontline, so being able to take a step back, reflect on that, and do research on life is important.”**

Teresa Gibbon,  
Former Fellow

# Find out more about the NIHR ARC East of England:



<https://arc-ee.nihr.ac.uk>



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NIHRARCEoE





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