NIHR | Applied Research Collaboration Wessex

Applied Research Collaboration Wessex 2026-2031

From neighbourhood need to system change

A neighbourhood, equity-led model for delivering applied health and care research at scale

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Led by

University Hospital Southampton NHS Foundation Trust *in partnership with* ***University of Southampton*** *and a broad cross-sector partnership across Wessex*

A Neighbourhood-based Future for Health and Care

ARC Wessex has been designed as a **neighbourhood-based, equity-led system transformation model** for applied health and care research.

ARC Wessex is not offering a traditional view of themes, projects, knowledge mobilisation and implementation. Instead, it presents a neighbourhood-based model for how applied research can reliably lead to adoption and scale. Key distinctive features:

- Place-first design aligned to NHS England neighbourhood policy
- System challenges addressing flagships and agile programmes rather than theme workstreams
- Themes reframed as research expertise to collaborate on shared problems
- Delivery through a Collaboration Hub designed for adoption and scaling
- Governance explicitly linked to system transformation and prioritisation
- Equity and inclusion embedded across the research-to-impact lifecycle

This reflects the way the bid was constructed and how the programme is intended to operate in practice. At its heart is a common ARC challenge:

> ***"How to move from high-quality applied research to consistent, real-world adoption and scale across neighbourhoods, systems, and nationally."***

Working within Neighbourhoods

ARC Wessex is aligned to national policy priorities focused on reducing health inequalities, strengthening neighbourhood health, and shifting care:

- from hospital to community
- from analogue to digital
- from treatment to prevention

It draws on the Marmot principles and Core20PLUS5 approach to addressing inequalities and is aligned to the NHS 10 Year Plan in England and to wider UK policy priorities

ARC Wessex aims to design and deliver research with real world impact. We want to support inclusive research that is connected to people's daily lives and closer to home, within:

- People's homes and community settings
- Primary care and GP practices
- Schools and youth settings
- Digitally connected environments

The Illustrative neighbourhood map above showing how ARC Wessex connects place, research expertise and system partners. This "place first" orientation shapes everything else in the ARC design.

Five National Flagship Programmes Addressing System Challenges

ARC Wessex is organised around **five National Flagship Programmes** - large programmes focused on major system challenges and designed to generate learning that can be adopted and scaled nationally:

- Obesity Across the Lifecourse
- Tackling Addiction in Communities
- Tackling Challenges in Multiple Long-Term Conditions (MLTC)
- Dementia Care at Home
- Data for Care Where We Live

These were selected through region-wide consultation and mapped directly to:

- NHS/ICS transformation priorities
- Health inequalities across coastal, rural, urban populations
- Areas where Wessex already has demonstrable research and system strength
- Potential for national generalisability and cross-ARC collaboration

Each flagship operates across multiple neighbourhood settings and cuts across traditional service and research boundaries.

Combining Long-term Flagships Programmes with Agile Response

ARC Wessex combines five long-term National Flagship Programmes with agile projects designed to respond to emerging system, policy and community priorities:

- Flagship Programmes addressing major system challenges with scalable, long-term impact
- Agile projects responding rapidly to new and evolving priorities

Health and care systems do not stand still. National priorities, crises and policy shifts require research responses that cannot always be anticipated within flagship structures. ARC Wessex has therefore been designed to be both durable and responsive.

Agile projects sit within the same ARC model and are supported through:

- The Collaboration Hub
- Interdisciplinary thematic expertise
- Governance and prioritisation mechanisms
- Partnerships across health, care, community and industry locally and nationally (see Acknowledgements)

This enables ARC Wessex to respond quickly to emerging needs while maintaining focus and coherence across the programme. In practice, this means the ARC can:

- Deliver sustained flagship transformation work
- Respond rapidly to new NHS, government or system priorities
- Collaborate with other ARCs on national priorities
- Integrate new partners and research activity without destabilising the programme

Interdisciplinary Research Expertise Across Themes

ARC Wessex brings together five areas of interdisciplinary research expertise:

- **Healthy Communities & Prevention** (youth engagement, early prevention, life course, inequalities)
- **Mental Health** (addiction, gambling, digital harms, neurodevelopment, workforce)
- **Living Well with Long-Term Conditions** (MLTC complexity, polypharmacy, frailty, personalised care)
- **Integrated Health & Social Care** (neighbourhood care, digital care)
- **Data & Technology** (everyday data, AI, connected care, digital inclusion, governance)

These themes represent complementary areas of research strength that contribute to the National Flagship and Agile Programmes.

Each flagship sits within a home theme, while drawing on expertise from across all five and operating across shared neighbourhood settings. This enables system challenges to be addressed through integrated, interdisciplinary collaboration rather than through single-theme activity.

Why this model is different from the previous ARC

In the previous ARC, we delivered a wide range of high-quality applied research projects that generated valuable evidence, tools and learning. Across the ARC network nationally, a shared challenge has been how best to support consistent adoption and scale within complex health and care systems.

Projects often reached successful completion, but implementation and spread depended on wider system factors, including:

- workforce capability

- organisational readiness
- inclusion of communities
- commissioning alignment
- and capacity to implement and scale interventions.

These elements can take time to develop and are not always aligned with research timelines.

ARC Wessex has therefore been designed to strengthen system readiness alongside research delivery from the outset through:

- Co-production and research inclusion with communities and services
- Research capacity development embedded within the system, not just academia
- Early integration of knowledge mobilisation and implementation planning
- Partnerships with health and care systems, local government, voluntary and community organisations, and industry from project inception
- Collaboration Hub that supports through to adoption and scale

This evolution towards building system readiness in parallel with research is a defining feature of ARC Wessex.

The Collaboration Hub: Enabling Adoption and Scale

A central feature of ARC Wessex is the Collaboration Hub, the coordinated infrastructure that supports research to move from neighbourhood need through to adoption and scale. It brings together five enabling capabilities:

1. **Research Inclusion & Engagement** – co-production, underserved groups, community researchers
2. **Research Capacity Development** – internships, fellowships, residencies, system-connected workforce
3. **Methods & Analytics** – evaluation, health economics, equity dashboards, data linkage
4. **Knowledge Mobilisation** – usable outputs, commissioning briefs, tools, resources
5. **Implementation & Scaling** – partnership with health and care systems, innovation partners and national bodies

Together, these capabilities support the full journey from neighbourhood need to evidence generation, to usable outputs, implementation and sustained scale, while building system capacity alongside research delivery.

The Hub is embedded within ARC governance and delivery structures, ensuring that inclusion, mobilisation and implementation are integral to how the ARC operates.

Governance Aligned to System Transformation

The ARC governance structure is designed to support this model and ensure alignment with system priorities:

- Strategic Partnership Board with representation from health and care systems, local government, voluntary and community organisations, academia and the public
- Scientific & System Transformation Council to guide programme priorities and ensure system value

- Patient and Public Involvement, Engagement and Participation (PPIEP) Council providing independent oversight
- Project Management Board overseeing delivery and coordination
- Close integration with Health Innovation Wessex to support implementation and scale

Programme prioritisation is informed by system need, equity and inclusion considerations, and implementation feasibility.

Scaling across neighbourhoods with national relevance

Scaling is designed in from project inception through:

- Working with neighbourhoods that share similar characteristics and challenges across the country (for example urban deprivation, coastal ageing, rural isolation and digital exclusion)
- Equity-sensitive knowledge mobilisation and implementation approaches
- Collaboration with national partners, the wider ARC network, system leaders and industry across prevention through to treatment
- Clear articulation of replication pathways for both horizontal and vertical spread

This approach builds on previous Wessex experience in scaling tools, digital innovations, workforce models and public health platforms nationally.

Putting inclusion and capacity at the heart of the ARC

Research inclusion, PPIEP, and research capacity development are embedded within both the Collaboration Hub and the ARC's governance structures. This includes:

- Community researchers and inclusive co-production approaches
- Researcher-in-residence and research champion schemes
- Internships, pre-doctoral, doctoral and leadership development pathways
- Ongoing attention to equity, diversity and inclusion, including participation from underserved groups
- Integration with the NIHR Academy and the national ARC research capacity development network

Together, these elements ensure that inclusion and workforce development are integral to how ARC Wessex delivers system transformation.

Summary

ARC Wessex takes ideas from neighbourhood need to system change.

"Neighbourhood, equity-led system transformation

enabled by the Collaboration Hub

delivered through National Flagship and Agile Programmes

powered by Themes"

Through this approach, ARC Wessex will generate learning and practical approaches that are transferable across ARCs and nationally, strengthening a health and care system that is there when people need it, reduces avoidable harm from major conditions, and enables fairer outcomes across communities.

Acknowledgements

ARC Wessex is the result of a collaborative effort across health, care, academic, community and system partners in the Wessex region. Our partner organisations include:

- Portsmouth Hospitals University NHS Trust
- Isle of Wight NHS Trust
- Hampshire Hospitals NHS Foundation Trust
- Hampshire and Isle of Wight NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- Dorset Integrated Care Board
- Hampshire & Isle of Wight Integrated Care Board
- Bath and North East Somerset
- Swindon and Wiltshire Integrated Care Board
- Hampshire County Council
- Health Innovation Wessex
- Bournemouth University
- University of Winchester
- University of Portsmouth
- Health Sciences University
- Wessex Health Partners
- Bournemouth, Christchurch and Poole Council
- Southampton City Council
- Portsmouth City Council
- Action Hampshire
- Help & Care
- Dorset Voluntary and Community Sector Assembly

The model described in this document reflects the collective thinking and contribution of the Theme Leads, Flagship Leads, Collaboration Hub Leads, public contributors, and partner organisations who shaped the ARC proposal and will shape its delivery from 2026–2031.

Collaboration Hub Leadership

ARC Co-Director Cathy Bowen

- Research Inclusion & Engagement (Mel Hughes, Caroline Tiza) and PPEIP (Sarah Fearn, Sally Dace, Annie-Marie Hankinson, Chris Stock)
- Methods & Analytics (Corine Driessens, Ngianga Ii Kandala)
- Knowledge Mobilisation (Jenny Roddis, Kate Lippiett)
- Implementation & Scaling (Phillipa Darnton)
- Research Capacity Development (Lindsey Cherry, Kinda Ibrahim)

Theme Leadership

ARC Co-Director Michael Boniface

- Healthy Communities & Prevention (Nisreen Alwan, Sara Morgan)
- Mental Health (Sam Chamberlain, Sam Cortese, Valeria Parlatini)
- Living Well with Long-Term Conditions (Mari Carmen Portillo, Dorit Kunkel)
- Integrated Health & Social Care (Lee-Ann Fenge, Ruth Bartlett, Sara Mckelvie)
- Data & Technology (John McBeth, Michael Boniface, Chiara Dall'Ora)

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ARC Wessex is designed as a shared platform for collaboration, and this document reflects the collective ambition of the partnership rather than the work of any individual or organisation.