East of England
Population Health Research Hub
EoE PHResH

HEALTHIER FUTURES FOR THE EAST

Research and Practice in Action

18 MARCH 2025
ROBINSON COLLEGE
CAMBRIDGE

The Health Foundation

Contents

Acknowledgement of Contributions

This report draws on the insights, evidence, and reflections shared by speakers and contributors throughout the symposium. All data, figures, and key messages included are based on the presentations and discussions delivered by experts across academia, health and care services, and policy. We are grateful for their generous contributions and collaborative spirit in shaping this collective understanding of health in the East of England.

About The East of England Population Health Research Hub

In respond to the recommendation from The Academy of Medical Science, the East of England region iniaited regional workshops and developed a position paper in 2017 to establish regional hub of engagement between public health practitioners and researchers. With the generous support from Pulbic Health England and The Health Foundation, the **East of England Population Health Research Hub (EoE PHResH)** was subsequently established to strengthen collaboration between population health researchers and practitioners across the region. Its mission is to generate and apply evidence that informs health and social care delivery, improves population health, and tackles health inequalities.

Through a strategic Steering Committee and five dedicated workstreams, PHResH has explored how regional partnerships can build research and evaluation capacity within local authorities, enhance interdisciplinary approaches, and improve the use of evidence in policy and practice. Key achievements include:

- **Capacity Building:** Over 570 participants engaged in training webinars, bespoke evaluation consultation to practitioners, and an online resource library. The network helped support NIHR HDRC funding bid.
- **Interdisciplinary Focus:** Policy and research workshops focused on critical topics such as healthy life expectancy and children's mental health, driving regional collaboration and national alignment.
- **National Engagement:** PHResH played a leading role in establishing the Public Health Research Hubs Network (PHERN), promoting knowledge exchange and joint funding efforts across regions.
- **Systems Thinking and Collaboration:** A systems model informed the development of Healthy Futures East and fostered academic-public sector exchange.

Building on the foundation of PHResH, three collaborative roundtables in 2024 led to the launch of Healthy Futures East—a cross-sector initiative designed to address the East of England's most pressing health challenges. The next phase will focus on leveraging established networks to drive practical improvements in service delivery and health outcomes, embedding systems thinking to guide strategic action, building capacity to generate and apply actionable insights, and securing sustainable funding and a dedicated team to ensure long-term impact.

Dr Danielle Cannon
Head of Strategy
Cambridge Public Health

March 2025

Executive Summary

In March 2025, the East of England Population Health Research Hub organized a symposium funded by The Health Foundation, that brought together regional public health leaders, academics, funders, and practitioners from local authorities, the NHS, Integrated Care Boards, and others, to collectively explore system-wide challenges, reflect on the journey in building evaluation and research capacity, fostering place-based partnerships, promoting knowledge mobilisation, and exploring how systems leadership can drive holistic and collaborative solutions. A shared ambition emerged to take a systematic approach to build a more collaborative, preventive, data-informed health system that brings deep impacts to the region. Key insights discussed are set out below.

The East of England health care system

The East of England is a region with diverse socio-economic, geographic, and ethnic landscapes. Its population is growing and ageing, with an associated increase in the prevalence of multiple long-term conditions. The region also has disparities in health outcomes.

At the same time, health systems in the region are facing various system-wide challenges, including limited budget. These challenges place additional strain on an already stretched frontline workforce, contributing to access barriers, inconsistent patient experiences, and long waiting times. As a result, the resilience and long-term sustainability of the system are under increasing pressure.

Systems leadership is instrumental in driving progress through an integrated approach. Connecting prevention and treatment while supporting collaboration across healthcare, local government, and community partners is essential. Meaningful improvements depend on understanding the root causes of problems, linking fragmented knowledge, and working together to co-design solutions grounded in evidence and relevance. Integrating wider health determinants—such as sustainability and environmental health—into policy and planning will also strengthen long-term outcomes.

The East of England is home to world-renowned academic institutes and health organisations, with institutions that contribute to both national and international health agendas. Local public health leaders are well placed to shape priorities, direct resources, and co-develop place-based models of care that promote equity and improve population health. Building a more coordinated and sustainable infrastructure will further support the region in making the most of its assets through effective partnership.

Persistent barriers and emerging challenges for the East of England

Collaboration among academic institutions, healthcare providers, and local authorities is essential for translating research into meaningful improvements in health and care. Discussions highlighted both persistent barriers and emerging opportunities for cultivating evaluation culture and embedding research more deeply into decision-making.

Persistent Barriers to Embedded Evaluation

Despite a growing appetite for evidence-informed practice, several systemic barriers continue to limit progress:

- **Limited Capacity and Resources:** Time, staffing, and funding constraints make it difficult for professionals in local authorities and healthcare to prioritise evaluation within their day-to-day work.
- **Cultural and Perceptual Barriers:** Evaluation is still too often seen as optional or a threat—raising fears of scrutiny rather than seen as a tool for service improvement.
- **Fragmented Systems:** Siloed working across academic, policy, and practice communities weakens coherence, limits learning, and reduces the impact of research investments.

Strategies to Build Capacity and Foster a Learning Culture

Discussions highlighted the need to move beyond isolated projects and invest in system-wide capacity for research and evaluation. Key strategies include:

- **Investing in People and Skills:** Structured training, mentorship, and user-friendly evaluation tools can support practitioners to build confidence and competence in applying evidence.
- **Embedding Evaluation into Everyday Practice:** Shifting from ad-hoc assessments to routine long-term outcome-focused evaluation.
- **Fostering a Culture of Learning and Improvement:** Framing evaluation as a tool for collective learning rather than performance monitoring.

Bridging Research and Policy for Real-World Impact

Although the East of England has a strong research base, the challenge lies in translating knowledge into practical impact. Discussions identified several ways to close this gap:

- **Improving Knowledge Mobilisation:** Timely, accessible, and tailored actionable insights into local priorities.
- **Aligning Research with Demand:** Moving from a model where academia "pushes" findings to one where research is "pulled" by local policy and service needs ensures greater relevance and ownership.
- **Using Data More Effectively:** Harnessing real-time data and analytics to support adaptive decision-making and inform service improvement.

Ensuring Sustainability Through Stronger Networks and Funding

A consistent theme was the need for more sustainable models of collaboration and investment. Participants called for:

- **Coordinated and Collaborative Approaches:** Developing a mechanism to communicate the needs of evidence and research activities. Avoiding duplication and support collaboration through robust value alignment and co-creation.
- **Innovative Funding Mechanisms:** Exploring shared funding models, including pooled resources and partnership-based investments, to provide long-term support for research infrastructure.
- **Scaling What Works:** Designing projects with clear pathways for sustainability and wider adoption, moving beyond pilots to embedded, scalable solutions.

Embracing Complexity through Systems Leadership

Systems leadership is essential to address the fragmentation and inefficiencies across health and care services in the East of England. Disconnected care pathways—highlighted through challenges like discharge planning—demonstrate the need for a whole-systems approach that transcends organisational silos.

Key Insights:

- **Systems Thinking Is Essential:** Optimising services in isolation creates unintended consequences. Leadership must foster shared accountability and enable collaboration across boundaries.
- **Leadership Development:** Building systems leadership requires structured training across all levels, drawing on frameworks such as the NHS Leadership Academy, The King's Fund, and the World Economic Forum.
- **Regional Transformation Opportunity:** The New Hospital Programme offers a platform to redesign care models around prevention, integration, and innovation. Key focus areas include:
    - Digital transformation
    - Health optimisation
    - Acute care improvement
    - Shifting care into the community
- **Case Study – Hypertension:** Despite regional strength in hypertension (HBP) treatment, over 151,000 undiagnosed cases persist. Success factors included senior buy-in, Population Health Management (PHM) tools, local implementation groups, and a regional toolkit. Future focus: data integration, equity, and sustainable funding.
- **Mental Health Integration:** Currently under-embedded in care pathways, mental health must be treated as a core component of health services to avoid widening inequalities.
- **AI and Innovation:** AI has potential to reduce system strain, but must be co-designed with frontline staff to ensure relevance and adoption.
- **Next Steps – Think & Do Tanks:**
    - A Think Tank will drive strategic leadership design.
    - A Do Tank will pilot models in real-world settings, promote peer learning, and build momentum for system-wide change.

Summary of Recommendations

1. Prioritise a Shared Health Challenge

Leverage Symposium momentum to engage stakeholders in identifying priority health challenges and processes where Healthy Futures East can add the most value. Areas such as cardiovascular health, food systems, mental wellbeing, healthy ageing, and health inequalities could offer a starting point for shared inquiry. Consider opportunities to better integrate prevention within care pathways, ensuring efforts are coordinated and shaped by what matters most to local communities and partners.

2. Rethinking Evaluation – towards a Continuous Learning Ecosystem

Build on existing initiatives to support workforce development—particularly by fostering reflective practice, continual learning, and facilitate an evidence-based decision making culture. This could draw on regional strengths, such as members of the existing PHResH network and the expertise of its partners.

3. Enhance Evidence and Knowledge Mobilisation

Support more connected and accessible knowledge by:

- Creating mechanisms to connect the right people in local authorities/NHS/ICBs for potential funding resources and expertise collaboration.
- Exploring the possibility to develop digital and AI-enabled tools to provide the mapping of needs with available expertise across time and space.
- Creating space for shared learning through fellowships, secondments, or knowledge exchange models

4. Foster Collaboration Through Systems Thinking

Adopt a systems approach by bringing people together across boundaries through a "Think-and-Do Tank" model — supporting co-creation, experimentation, and peer learning in real-world settings. Explore opportunities for doctoral awards and engage committed, promising PhD students or fellows to carry forward this mission in collaboration with key stakeholders.

Conclusion

Delivering integrated, equitable care requires systems leadership, cross-sector collaboration, and long-term investment in people, data, and infrastructure. They are all essential to build an ecosystem that nurtures a culture of continuous learning, shared accountability, and innovation—ensuring holistic and scalable approaches for local adaptation and lasting impact. The East of England is well-positioned to realise this transformation.

These suggestions are intended as starting points to help shape a learning ecosystem that supports better health outcomes and greater equity, grounded in partnership and shared purpose. A coordinated programme with dedicated key stakeholders will ensure all initiatives support each other, enhancing collaboration among policymakers, funders, practitioners, and regional academic experts.

Introduction

The East of England is home to world-class academic institutions, strong research collaborations, and leading healthcare organisations, offering a rich foundation for academic-service partnerships. Recognising this potential, PHResH was established in response to recommendations from the *"Health of the Public in 2024" Report* by the Academy of Medical Science. It serves as a platform to connect researchers, practitioners, decision-makers, local authorities, and funders to co-design, communicate, and apply responsive research and population health evaluations. Building on this foundation, the emerging Healthy Futures East initiative aspires to further integrate research and practice, fostering deeper collaborations to tackle regional health challenges.

With generous support from the Health Foundation, the *Healthier Futures for the East: Research and Practice in Action* Symposium was held at the Crausaz Wordsworth Building, Robinson College, University of Cambridge on 18 March 2025. It brought together public health leaders, academic experts, NHS and ICB representatives, health infrastructures, and service providers from across and beyond the region to explore ideas and pathways toward a healthier future for the East of England.

Purpose of this Report

This report synthesises insights from the symposium and informs the future development of Healthy Futures East. Given the complex and interconnected public health challenges in the region, a systems approach is essential to developing holistic solutions that align efforts across sectors. The symposium provided a platform to:

- **Examine** system-wide health and care challenges in the East of England.
- **Reflect** on ways to build research and evaluation capacities, foster place-based partnerships, and enhance knowledge mobilisation.
- **Explore** how systems leadership can drive collaborative and sustainable solutions.

By capturing the key discussions and recommendations, this report aims to guide future actions, leveraging collective expertise and momentum generated by the symposium to drive meaningful and continual improvements in population health across the region.

Participant Profile

The event featured 15 speakers and panel chairs from the Health Foundation, OHID, NHS, ICB, the PHERN network, NIHR Applied Research Collaborative (East of England), the University of Essex, and Cambridge Public Health.

It was attended by over 90 participants, including academic and regional public health leaders, service colleagues from local authorities and the NHS, health infrastructure partners, and funders. The preparation process also enabled us to reconnect with more than 340 stakeholders in the lead-up to the event.

Where do participants come from?

Universities and Academic Institutions

- Anglia Ruskin University
- University of Bedfordshire
- University of Cambridge
- University of East Anglia
- University of Essex
- University of Hertfordshire
- University of Suffolk

NHS and Public Health Bodies

- NHS East of England
- NIHR ARC (EoE)
- Office for Health Improvement and Disparities, Department of Health and Social Care
- The Association of Directors of Public Health for the East of England (ADPH EoE)
- Integrated Care Board/Integrated Care System colleagues
- Local Authorities

Research and Innovation Networks

- Cambridge Public Health
- East of England Population Health Research Hub
- Greater Essex HDRC
- Health Equity Evidence Centre
- Health Foundation
- Health Innovation East
- PHERN Network members from other regions
- Research Delivery Network
- Research Support Service Speciality Centre

Voluntary and Community Sector

Health and Care Systems in the East of England

Background and Context

The UK healthcare system is undergoing major structural changes, creating both challenges and opportunities for professionals, patients, and communities. In the East of England (EoE), these challenges are further compounded by health inequalities, an ageing and the need to meet the needs of a diverse population spread across urban, rural, and coastal areas. Key issues include rural access, mental health, and long-term condition management.

As of March 2025, the EoE health and care system consisted of **6 Integrated Care Systems (ICSs)**, responsible for coordinating health and social care at a local level. The region includes **12 counties or unitary authorities** and **23 NHS trusts**, including the Ambulance Trust, delivering a wide range of services to meet the complex and evolving health demands of its growing population.

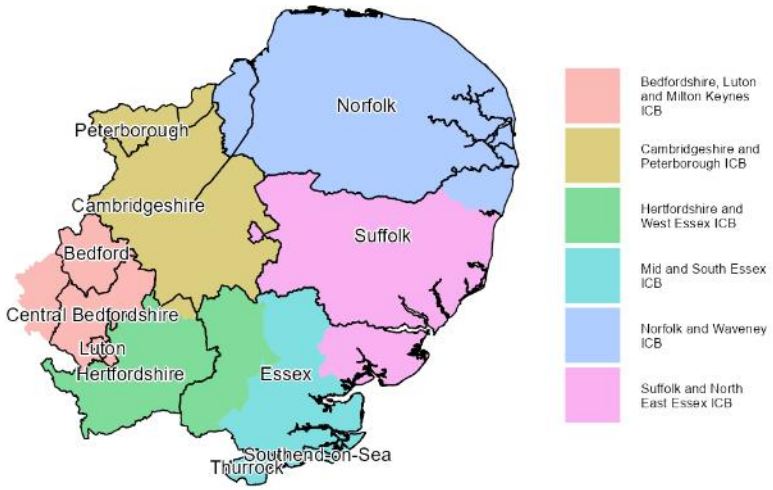


Figure 2: Health and Care Systems in the East of England (March 2025)
(Sources: The Health of People in the East of England, Healthy Futures for the East Symposium – Dr Sian Evans)

List of Higher Education Institutions in the East of England

- Anglia Ruskin University
- University of Bedfordshire
- University of Cambridge
- University of East Anglia
- University of Essex
- University of Hertfordshire
- University of Suffolk

Current State of Collaboration in the East of England

A diversity of networks, collaboratives and health infrastructure partners are currently supporting collaboration in the East of England and beyond (as of April 2025):

Organisation	Geographical Coverage	Key Mission
NIHR ARC EoE	*EoE**	*NIHR ARC EoE brings together health and social care professionals, researchers, and the communities they serve. It aims to ensure future research meets a wide range of health and social care needs.*
NIHR East of England Research Delivery Network	*EoE**	*RDN gives researchers and delivery teams the practical support they need in our region so that more research takes place, and more people can take part.*
NIHR Research Support Service Specialty Centre	*Newcastle**	*The RSS supports researchers at any stage of their career to develop competitive funding applications for health, public health and social care research.*
Health Innovation East	*EoE**	*Health Innovation East, the innovation arm of NHS in the region, comprises a team of almost 70 clinicians, data scientists, life sciences industry experts and skilled programme leaders passionate about helping the best innovations in health and care reach people, places and problems where they bring most benefits.*
Greater Essex HDRC	*Greater Essex**	*Partnership between Essex County Council, Southend and Thurrock Councils, University of Essex and Anglia Ruskin University. Focused on exploring 'what works' in influencing the wider determinants of health - enabling local authorities to use research to inform decisions.*
Regional Public Health Academic Forum – REACH (Emerging)	*EoE*	*The Regional Eastern Academic Collaboration for Public Health aims to promote synergy between public health research institutions and practitioners within the region, maximise collaborative efforts, and integrate the existing wealth of expertise.*
Health Equity Evidence Centre (HEEC)	*EoE*	*The Health Equity Evidence Centre aims to generate solid and reliable evidence about what works to address health and care inequalities. HEEC's approach empowers policymakers and practitioners with the right insights, aiding them in making informed and evidence-informed decisions for all. By adopting innovative methodologies, they efficiently map successful strategies and identify data-driven intelligence to construct a comprehensive evidence base.*
LAPHRN-Local Authority Public Health Academic Research Network	*London and Southern Essex*	*Established, hosted and administered by NIHR ARC North Thames, this Network aims to identify, share, support and progress opportunities for generating robust academic research in local authority settings.*
PHERN Network	*England*	*PHERN is an England-wide Network fostering collaboration among regional public health practitioners and researchers, enhancing evidence-based policy and practice, and reducing health inequality in the England.*

NIHR School of Public Health Research (SPHR) *9 leading centres of academic public health research excellence across England (PHRESH, University of Bristol, University of Cambridge, fuse, IMPERIAL, LILAC, London School of Hygiene and Tropical Medicine, University of Exeter, University of Sheffield)*	*England**	*Established in April 2012, the NIHR School for Public Health Research (SPHR) is a partnership between nine leading centres of academic public health research excellence across England. The School aims to build the evidence base for equitable, inclusive and cost-effective public health practice by bringing together England's leading public health research expertise into one virtual organisation.*
Norfolk Initiative for Coastal and Rural Health Equalities (NICHE Anchor Institute)	Norfolk	NICHE was established to support Norfolk and Waveney Integrated Care System to co-create projects that will help to recruit, develop and retain the health and social care workforce and improve services to meet the needs of the local communities it serves.
The Eastern Partnership for Innovations in Integrated Care (EPIIC)	EoE	EPIIC aims to tackle health inequalities through a new coalition. They aim to share evidence of where and how integrated care has been introduced and signs of improvement for health inequalities. Through knowledge exchange, they seek to understand what is needed for scaling up and long-term sustainability of these localised initiatives across our region in partnership with Integrated Care Systems in the East of England.
Eastern Academic Research Consortium (ARC) University of East Anglia University of Essex University of Kent University of Sussex	EoE/South East	The consortium acts to harness and amplify its strengths, identifying and building on areas of need and opportunity for the region, and common strengths for its universities. It has become a meeting place for academics and stakeholders, with a programme of events that has brought together more than 1,000 participants, and has resulted in over £10m of funding in the past five years, including a recent £1.5m grant to support its technicians in engaging with industry, and a £3m grant to develop resilient coastal communities.
ARISE Initiative	EoE/Southeast coast	ARISE is a ground-breaking research project, funded by UKRI, which seeks to develop resilience within the UK's coastal seas and communities. At the end of the project, they will have a powerful and practical toolkit which local councils and other organisations can use to address the challenges facing our coast.

Remarks: *Collaboratives in italics* are participants of the Symposium.

**Regional/local branch of a national network.*

(Note: This list is not exhaustive, as there are many other clinical networks and Communities of Practices serving the region.)

Healthier Futures for the East: Research and Practices in Action

"It's an ecosystem. The interdependencies are more than just each organisation doing it on its own…. What can we do together?"

Professor Aliko Ahmed

Regional Director of Public Health for East of England (NHS & OHID)

The symposium was opened by an introduction by Co-director of Cambridge Public Health, Professor John Clarkson, with welcoming remarks by the Regional Director of Public Health for East of England (NHS & OHID), Professor Aliko Ahmed. The opening highlighted structural changes in the healthcare systems, key regional health challenges, diversity of regional assets, and opportunities to deepen academic and service collaboration.

The symposium comprised three thematic sessions, each with several short presentations followed with panel discussions with key highlights as follows:

Theme I: Health and Care in the East of England

The East of England is a rapidly growing and diverse region facing complex health challenges—including an ageing population, stark health inequalities, and rising levels of chronic disease. While life expectancy is high, many communities experience prolonged poor health and limited access to care. This session explores the region's evolving health needs and the shared ambition for collaborative, preventative, and systems-based approaches to improve population health and reduce disparities.

Health of people in the East of England

Speaker: Dr Sian Evans

The East of England is home to 6.77 million people[1], encompassing urban, rural and coastal communities. The population is ageing, with notable rise in those aged 65 or above[2]. The 2023 annual report of the Chief Medical Officer highlighted the trend towards higher proportion of older adults in more coastal and rural areas, where there are greater challenges to ensure access to health and care services [3]. While life expectancy in the region is higher than national average, the previous trend of

[1] Source: ONS mid year population estimates 2023 (East + Milton Keynes) Estimates of the population for England and Wales - Office for National Statistics,

[2] Source: ONS Population estimates for regions in England and Wales by sex and age; Historical time series, statistical region

[3] Source: Chief Medical Officer's annual report 2023: health in an ageing society - GOV.UK

year on year increases in life expectancy has slowed in recent years, with a decline observed during the Covid-19 pandemic. There are health inequalities , with a 9.4-year life expectancy gap for men and 8.3-year women between the most and least deprived areas within the East of England[4].

Chronic conditions such as cardiovascular disease, diabetes, and respiratory illnesses are leading causes of mortality and poor health in the region[5]. Many of these conditions are influenced by modifiable risk factors, including smoking, obesity, high blood pressure, and air pollution, underscoring the need for prevention efforts. While smoking rates have declined[6], disparities remain. For example, adults in routine and manual occupations are twice as likely to be smokers compared to those in other occupations in the region. Obesity continues to be a considerable challenge[7]. Nevertheless, the decline in smoking rates demonstrates that positive change is possible.

Addressing these issues requires a collaborative, preventative approach across public health, healthcare, and local authorities to tackle widening inequalities and improve long-term population health outcomes.

The scale of the challenge to meet health needs in the East of England

Speaker: Mr Jatinder Garcha

"The NHS is in a critical condition, but its vital signs are strong"

Lord Ara Darzi Report 2024

The NHS remains one of the world's leading healthcare systems, delivering high-quality care. However, it faces significant health challenges, including record-high waiting lists, workforce exhaustion, and financial constraints. Local NHS services are under increasing pressure, with general practice handling 3.1 million appointments monthly and A&E departments seeing over 226,000 patients, often with long wait times. To address these issues, the government is developing a 10-year plan focusing on three strategic shifts:

1. Expanding digital solutions
2. Strengthening community-based care, and
3. Prioritising prevention to reduce system strain

[4] Source: ONS, IMD 2019 via OHID CHIME tool, region is East of England statistical region

[5] Source: GBD compare, statistical region

[6] Source: Annual Population Survey via OHID Fingertips, statistical region

[7] Source: NCMP and IMD 2019, OHID obesity data slides via Fingertips

Systemic transformation is essential for meaningful healthcare improvements. Currently, the NHS operates under the Department of Health and Social Care, with NHS England overseeing national strategy and regional Integrated Care Boards (ICBs) managing local services. Proposed reforms aim to streamline governance by reducing duplication and abolishing NHS England within 2 years.

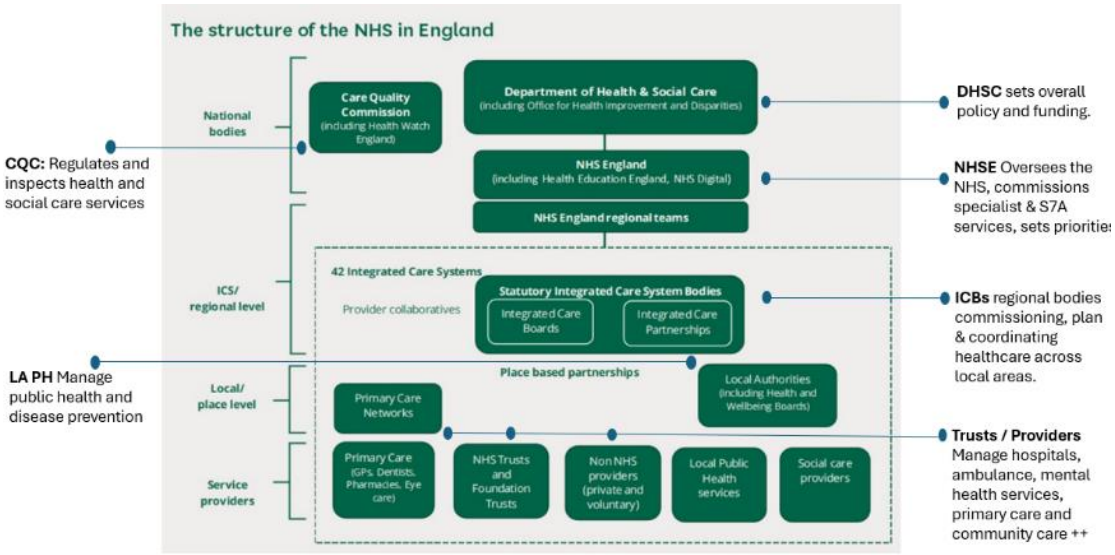


Figure 3: The Structure of the NHS in England

(Adapted from The Scale and challenge to meet health needs in the East of England, Healthy Futures for the East Symposium – Mr Jatinder Singh Garcha)

The NHS continues to provide high-quality care, but significant challenges remain, with many individuals facing barriers to access and inconsistent experiences. Financial constraints are a pressing issue, as many systems operate in deficit, limiting flexibility for improvements. Embracing digital solutions and taking a preventative approach is widely recognised as key to enhancing resilience and sustainability. However, digital transformation must ensure inclusivity, particularly for older adults and non-English speaking communities. Preventive measures, such as cancer screening, remain underutilised and require further optimisation. This presents an opportunity for the voluntary and community sectors to bridge gaps in access and support a more inclusive, preventive health and care system. To drive meaningful change, the NHS must look beyond its own structures, leveraging external expertise, intelligence, and evidence to support transformation.

Rethinking health and care: a systems approach

Speaker: Professor John Clarkson

"Systems that work do not just happen – they have to be planned, designed and built"

(Creating systems that work: Principles of engineering systems for the 21st Century, Royal Academy of Engineering, 2007)

Given the pressures facing the health and care system and its inherent complexity, the Royal Academy of Engineering, in collaboration with key healthcare institutions, explored how engineering principles could enhance healthcare quality improvement. Recognising that effective systems must be deliberately planned, designed, and built rather than emerging spontaneously, a more accessible framework focusing on 4 key areas: Systems, Design, Risk and People, was developed to support healthcare professionals in delivering quality improvement and service design.

Figure 4: A systems approach to designing and improving various areas of health and care
(Source: What has engineering design to say about healthcare improvement? doi:10.1017/dsj.2018.13)

Emphasis should be placed on dedicating equal effort to defining problems before developing solutions (Figure 5: Double Diamond Model). Risk management in healthcare extends beyond failure prevention to performance optimisation, ensuring both safety and efficiency. People are at the centre of healthcare systems, with design considerations aimed at supporting diverse patient and provider populations to improve accessibility and usability.

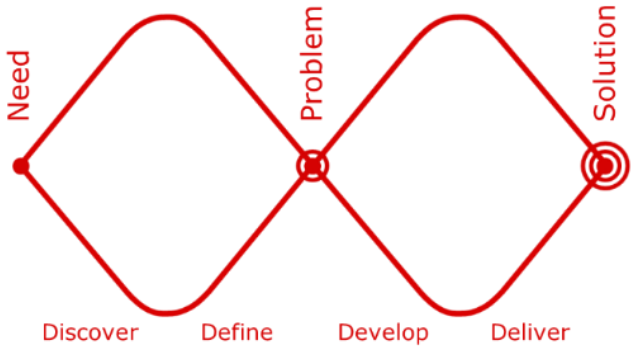


Figure 5: Double diamond model by Design Council

(Source: The Design Council)

To put things in perspective, a dynamic process to balance systems, design, risk and people perspectives is essential for problem-seeking and problem-solving, which are inextricably, interconnected processes. The hexagon model further reinforces the importance of prioritising project definition before jumping to solutions, aligning with a structured stage-gate process covering initiation,

co-design, delivery and sustainability. The goal is to find good solutions to the right problems, avoiding misdirected efforts.

Further resources and toolkits are available to apply systems thinking to healthcare improvement. Full reports on *Engineering Better Care*, and *Improving Improvement* are available.

Panel Discussion I: Regional system-wide challenges in health and care

Panel: Professor John Clarkson (Chair), Professor Aliko Ahmed, Dr Sian Evans, Dr Danielle Cannon

An open discussion around key system-wide challenges highlighted the need and urgency for a collaborative yet systematic approach to addressing the scale and scope of health challenges.

Highlights of discussion were as follows:

1. **Strengthening Prevention and Systems Thinking**
   Currently, patients often reach a severe state before interventions are offered. Health systems primarily focus on treating conditions, with insufficient emphasis on prevention in health protocols. This underscores the need to shift from reactive to proactive care by identifying high-risk patients early. Preventive measures should be systematically embedded to lower overall healthcare costs and alleviate workforce strain.

2. **Breaking Down Silos: Integrating Health and Treatment Pathways**
   Preventive efforts are currently separate from treatment pathways, leading to gaps in care and making early interventions difficult to implement. Data integration would help provide a comprehensive picture of patients' needs and inform jointed-up decision-making. This presents a valuable opportunity for institutions, organisations, and funding bodies to co-create an aligned, long-term health strategy and adopt an integrated approach that links prevention, treatment, and rehabilitation.

   Given the complexity of multi-sectoral collaboration, careful framing is crucial to engaging policymakers, funders, academia, and organisations in aligning strategies and securing funding support for long-term planning.

3. **Harnessing Innovation with Practical Implementation**
   The integration of Artificial intelligence (AI) and digital tools is seen as beneficial and is playing an instrumental role in shaping new health systems. Nevertheless, balancing innovation with practical implementation is essential to ensure efficiency and usability for frontline staff. A well-thought-out plan is necessary to enhance practical implementation, inclusivity, and long-term sustainability.

4. **Integrating Wider Determinants of Health into Policy-making**

   Health outcomes are influenced by environmental factors such as access to healthy food, green spaces, and air quality. Concerns were raised about the disconnection between health and other sectors, such as agriculture and urban planning, etc. While there is commitment to environmental health, further incentives and mechanisms are needed to promote cross-sector collaboration, embed sustainability principles, and integrate food security and biodiversity considerations into policy.

5. **Workforce to bridge research and practice**

   An effective workforce is critical in translating research evidence, system-wide strategies into practical applications in direct patient care. This underscores the need to strengthen the link between research insights and real-world clinical application. Relevant workforce planning and training should also align with system-wide health objectives.

6. **Navigating Structural Changes and Policy Transitions**

   At the time of the symposium, the UK government had just announced the abolition of NHS England. Concerns were raised about how this affects ongoing system-wide planning and integration efforts. There were also concerns about potential disruption of integrated care as a long-term strategic focus. Nevertheless, despite the restructuring, efforts to improve patient outcomes and integrated care continue as planned, and there was no directive to halt existing initiatives.

   Overall, there is a need to clarify that NHS itself remains intact, but NHS England is being restructured to streamline governance efforts for greater efficiency and synergy. There is potential to remove barriers that have historically hindered system-wide collaboration. It provides a timely opportunity to systematically reflect on how we can leverage this transition to enhance patient care and integrated service delivery.

Theme II: From Past to Future: A Reflection for Healthier Futures for the East

Collaboration enables expertise and knowledge from the research sector to be applied in health and care settings. Efforts have focused on building evaluation and research capacity within local authorities and NHS settings; How can we deliver impacts through place-based partnerships? How can we take a structural approach to translate evidence into impacts? Members from PHResH, the NHS, the Health Foundation, and Fuse came together to reflect on this journey and highlight key lessons for the future.

Evaluation and Research in Local government: a lesson from PHResH

Speakers: Dr Helen Green, Professor Andy Jones

Evaluation working group chairs from PHresH and Research and Impact Lead from NHS reflected on their journey building up evaluation and research capacity in local government and NHS settings. The East of England has strong academic institutions, excellent health infrastructure and a thriving research landscape. Nevertheless, further efforts remain instrumental to learn from other regional and national evaluation experiences, embed evaluation culture into daily routines, and translating research into impacts amongst cross-sectors stakeholders.

Some of the key challenges discussed were outlined below:

Barriers to Effective Evaluation

1. **Competing Priorities and Limited Capacity:** Local authority professionals struggle to integrate evaluation due to time constraints, lack of expertise, and limited resources.
2. **Perception of Evaluation as a Luxury:** Evaluation is not embedded in routine practices and is often seen as a secondary task rather than a critical tool for policy and service improvement.
3. **Fear of Scrutiny:** Many stakeholders hesitate to engage in evaluation due to concerns about exposing failures, which can create resistance to learning-driven assessment.
4. **Over-reliance on Individual Efforts:** Evaluation often depends on passionate individuals working beyond their core roles, making it unsustainable without institutional support.

Opportunities to strengthen Evaluation Capacity in Local Authorities

1. **Investing in Training and Expert Support:** Structured training, workshops, and mentorship programs are needed to build evaluation skills and confidence among local authority professionals.
2. **Enhancing Access to Resources and Funding:** Stakeholders require better signposting to funding opportunities, tailored evaluation tools, and ongoing consultation (e.g., drop-in clinics) to sustain evaluation efforts.
3. **Focusing on Outcome-focused Data:** Instead of relying solely on process-based activity metrics mandated by national frameworks, *prioritising outcome-focused data* is crucial for meaningful evaluation and service improvement.
4. **Building Sustainable Support Systems:** Providing long-term expert support, mentorship systems, and structured learning opportunities can empower local authorities to embed evaluation into everyday decision-making.

Bridging Research and Practice for Greater Impact

Speaker: Dr Philippa Brice

It is well known that research is essential for improving health and care services and outcomes, offering new interventions, opportunities and insights for evidence-based decision-making. Research and innovation is also central to achieving NHS priorities for the future, such as shifting care from hospitals to the community, focusing on prevention, and leveraging digital technologies.

The East of England has a firm foundation for health and care improvement and transformation, with significant high-quality research activity taking place across multiple organisations and settings, and varied geographies and populations. There is also important supportive infrastructure for research, not least the excellent NIHR Regional Research Delivery Network. Despite this valuable research landscape, challenges to effectively translating research into health benefits remain, most notably:

- **Capacity constraints:** Healthcare staff, even those with research responsibilities, are overwhelmed by clinical demands with little time to spare for research
- **Siloed working:** Lack of co-ordination and other barriers make it difficult to work effectively across different healthcare services, settings and organisations

To ensure that systems can fully utilise evidence to improve patient care, experiences and outcomes, it is essential to effectively translate research into impact. Some critical steps that could help achieve this are:

- **Clearer communication:** Aligning different understandings of research, innovation, and evaluation to enable productive planning and discussion
- **Cultural change:** Making research an integrated part of everyday practice for all health and care professionals, rather than a specialist activity, and investing in support to help research meet different needs and questions.
- **Cross-sector collaboration:** Fostering productive partnerships between academia, public health, and local authorities to support evidence-informed policymaking.

There is often a disconnect between academic research and frontline needs; we need to bridge the gap between research and practice by ensuring it aligns with real-world priorities and challenges. Improving knowledge mobilisation – ensuring that research findings reach the right people, at the right time—can enhance the impact of academic work on policy and practice. Going further, there also needs to be a more fundamental shift from passive dissemination of findings to policy and decision-makers to an active 'pull' model, where research relevant to needs and issues is encouraged and integrated into commissioning and improvement processes within health and public health systems.

Surfacing Deep Impact through Place-based Partnerships

Speaker: Ms Sharlene McGee

The Health Foundation is committed to improving health and reducing health inequalities across the UK by addressing the broader determinants of health. One of their approaches focuses on embedding health considerations into economic and local government policies, ensuring long-term, systemic change. By integrating health into business-as-usual practices, they work to reshape local economies with well-being at the centre, fostering sustainable, healthier communities. Cross-sector collaboration

is a key priority, as the Foundation seeks to bridge economic development and health policy, working closely with local governments, economic teams, and employers.

The Economies for Healthier Lives programme is a strong example of how health can be integrated into economic strategies. It supports five local areas—Glasgow, Salford, Leeds, Liverpool, and Havant—in embedding health into local economic planning.

In Glasgow, a Capital Investment Health Impact Assessment (HIA) tool was co-designed with the Glasgow Centre for Population Health. This involved working with economic development teams who were initially hesitant but eventually became key supporters. The tool assesses the potential health impacts of capital projects before they are implemented. It has gained strong institutional backing, with training provided to elected officials and chief executives. The current challenge is maintaining this integration over time and tracking its long-term impact.

In Liverpool, a data-driven employment support initiative was developed to help individuals with long-term health conditions overcome barriers to employment. This approach uses new analytical methods and has helped strengthen local data-sharing partnerships. However, incorporating these insights into broader regional policy has been slow, highlighting the difficulties of working across siloed structures.

Key lessons from these initiatives include:

- The importance of engaging the right partners early on, especially across economic and health sectors.
- The need for strong political and financial backing to ensure sustainability.
- The value of using data and evidence-based tools to improve decision-making and increase the likelihood of policy adoption.
- Aligning health with broader policy and funding structures—particularly in devolved contexts—can create new opportunities but also add complexity.
- Pilot projects should be designed with clear plans for scaling and institutionalisation to ensure initial successes lead to lasting, systemic change.

Knowledge Mobilisation: Bridging Research and Policy

Speaker: Professor Peter Van der Graff

Fuse has developed a structured four-step model to help translate research into policy and practice more effectively. The steps include:

1. **Raising awareness** through tools like social media and policy briefs.
2. **Facilitating dialogue** between researchers and policymakers via dedicated engagement events.
3. **Tailoring and localising evidence** to make it relevant and usable in practice.
4. **Supporting implementation** by embedding research into long-term policy through relationship-building and strengthening local capacity.

Despite this structured approach, several challenges remain:

- **Lack of academic incentives** for applied research often discourages researchers from engaging in policy-relevant work.

- **Limited training and mentorship** for those working between research and policy creates gaps in skills and confidence.
- **Challenges embedding knowledge mobilisation into their structures**: often due to weak institutional support or a lack of leadership commitment.
- **Disconnection between theory and practice:** shared frameworks are often resisted in favour of developing bespoke models—a challenge sometimes called the "toothbrush problem" (everyone wants their own, but no one wants to use someone else's).

For research and evaluation to truly inform policy, they must align with what decision-makers need—**knowing who the key players are, what kind of evidence they require, and when they need it**. Political scientists can help by analysing past and present policy processes, offering insights that bridge the gap between research and implementation.

Ultimately, evidence-informed public health decision-making depends on **structured collaboration**, **ongoing engagement**, and **long-term commitment** between researchers and policymakers. Strengthening training, mentorship, and institutional incentives will be essential to making knowledge mobilisation a routine—and impactful—part of public health practice.

Panel Discussion II: What and these experiences bring to a Healthier East of England?

Panel: Dr Sian Evans (Chair), Dr Helen Green, Professor Andy Jones, Dr Philippa Brice, Ms Sharlene McGee, Professor Peter Van der Graaf

An open floor panel discussion offered additional insights for the development of future actions:

A. Moving towards a Sustainable Evaluation Culture:

1. **Fostering Open Communication Around Evaluation**

   Addressing Resistance Through Trust and Support: Resistance often stems from unfamiliarity or fear of judgment. Position evaluation as a tool for learning and improvement rather than performance management or scrutiny. Pre-evaluation sessions can help build trust, clarify purpose, and ease concerns before implementing frameworks.

   Building Relationships Before Evaluation:
   Jumping straight into evaluation without first building relationships can lead to resistance. Taking time, even within tight timelines, to establish trust with stakeholders ensures smoother evaluation processes.

   Investing in relationship-building allows for more honest discussions, reducing defensiveness and increasing the likelihood of meaningful insights emerging from evaluation activities.

2. **Shifting Evaluation Towards Continuous Learning**

   - **Reframing the Narrative:** The language used in evaluation significantly influences stakeholder engagement. Shifting from “Does it work?” to “How does it work?” or “How can we improve it?” fosters a more open, collaborative mindset.

- **Normalising Learning from Failure:** Evaluation should be seen as a tool for progress rather than a mechanism for accountability. Cultivating a culture where failures are viewed as learning opportunities encourages innovation and improvement.
- **Leadership as a Catalyst for Change:** Strong leadership support is essential in embedding a learning-driven approach, ensuring evaluation is integrated into decision-making as a means of continuous growth.

3. **Embedding Evaluation as a Core Practice**
    - **Building a Culture of Learning:** Embedding a culture of evaluation requires shifting perspectives. Evaluation must be developed as an organisation norm during early service planning stages, rather than an individual responsibility or an isolated afterthought activity.
    - **Securing Sustainable Resources:** Position evaluation as investment rather than an optional expense. Secure sustainable funding and resources for dedicated evaluation roles within organisations, reducing reliance on voluntary efforts.
    - **Balancing flexibility and structure:** Effective evaluation requires a balance between flexibility and structure. While an open approach allows for adaptation and responsiveness to emerging needs, a structured framework ensures consistency and progress. This balance helps maintain rigour while allowing evaluation efforts to evolve based on practical challenges and stakeholder input
    - **Leadership Commitment for Long-term Impact:** Encourage local authorities to move beyond short-term project cycles and integrate evaluation into long-term decision-making for sustained improvements.
    - **Embedding Evaluation in Integrated Care Boards (ICBs):** Despite significant investment in NHS services (£14 billion annually in the East of England), the extent of evaluation remains unclear. The challenge is not just generating research but ensuring its practical application in policymaking. Embedding evaluation into ICB decision-making processes is essential for assessing health impacts and improving service delivery. By integrating evaluation into routine decision-making, local authorities and healthcare providers can maximise the impact of their investments.

    By embedding evaluation into everyday decision-making, strengthening partnerships, and ensuring adequate resources, local authorities can enhance their ability to assess, improve, and sustain impactful public health interventions.

B. Balancing Healthy and Unhealthy Competition

Competition in academia can be both beneficial and detrimental. While healthy competition drives innovation, unhealthy competition often stems from resource scarcity and unclear roles within partnerships.

- **Scarcity of Resources:** Limited funding and opportunities create a competitive environment where academics struggle for survival rather than collaboration.
- **Lack of Role Clarity:** Unclear responsibilities lead to conflicts and inefficiencies. Clearly defined roles within partnerships can help mitigate unnecessary competition.

Addressing these structural issues through transparent collaboration and clearly defined responsibilities can help mitigate inefficiencies and foster a more cooperative research environment.

C. Sustaining Research Networks through Funding Strategies

Long-term sustainability of research networks requires strategic funding approaches. Fuse, for example, transitioned from initial infrastructure funding to a subscription-based model, where universities contribute annual fees to sustain operations. Leveraging existing research infrastructure—such as Applied Research Collaborations and Public Health Networks—can support the development of pilot projects that evolve into larger funding applications. Taking an incremental approach, demonstrating value through early-stage projects increases the likelihood of securing multi-source, long-term investment.

Research and Practice in Action:

Regional NIHR Applied Research Collaboration East of England

NIHR Applied Research Collaborations (ARCs) are regional partnerships across England supporting applied health and care research that addresses local needs while contributing to national priorities. ARC East of England is hosted by Cambridgeshire and Peterborough NHS Foundation Trust and involves five universities, NHS trusts, local authorities, and the regional Health Innovation Network.

Core Functions of NIHR ARC East of England:

1. **Applied Health and Care Research:**
   Multidisciplinary research teams across partner universities lead diverse projects focused on real-world impact in health and care.
2. **Public and Community Engagement:**
   Strong emphasis on co-production through advisory boards, governance participation, and partnerships with regional and national bodies to ensure research is relevant and inclusive.
3. **Research Capacity Building:**
   Significant investment in fellowships and training for early-career researchers, PhD students, and postdocs. The fellowship programme has seen strong uptake and impact across the region.
4. **Knowledge Mobilisation and Implementation:**
   Led by academic experts and in collaboration with Health Innovation East, efforts focus on embedding implementation strategies early in research projects to enhance uptake and real-world application.

NIHR ARC East of England exemplifies collaborative, system-wide research efforts that are deeply embedded in the local context, aiming to improve health outcomes through inclusive, applied, and implementable research.

Professor Stephen Morris
Deputy Director
NIHR Applied Research Collaborative East of England

Theme III: Systems Leadership for Healthy Futures East

This session explored the role of systems leadership in navigating the complexity of modern healthcare. Using real-world examples from the East of England, including hospital discharge planning, the New Care Model, and the regional cardiovascular disease programme, the discussion highlighted the importance of cross-sector collaboration, aligned incentives, and data-driven decision-making. It underscored how effective systems leadership—grounded in shared purpose, structured learning, and integrated approaches—can drive meaningful, sustainable improvements across patient pathways and population health outcomes.

Systems Leadership

Speaker: Professor John Clarkson

Healthcare systems are inherently complex due to the interactions between various individual components. While individual processes may seem manageable on their own, the overall system becomes highly complex as patients move through different stages of care. One key challenge is **knowledge fragmentation**: even experts at local and national levels can struggle to explain how the system operates in practice, revealing gaps in shared understanding.

A significant area of concern is the **discharge process**, which often operates as a serial system with minimal pre-emptive planning. This lack of planning leads to delays and increases the risk of patient deterioration. Additionally, there is often **blame-shifting** between social care and acute trusts. However, both are constrained by their respective systems: care packages are forfeited when patients are admitted to hospitals, leaving them without support upon discharge. Similarly, social care is forced to reallocate resources based on its funding model, which creates bottlenecks when patients need to return home.

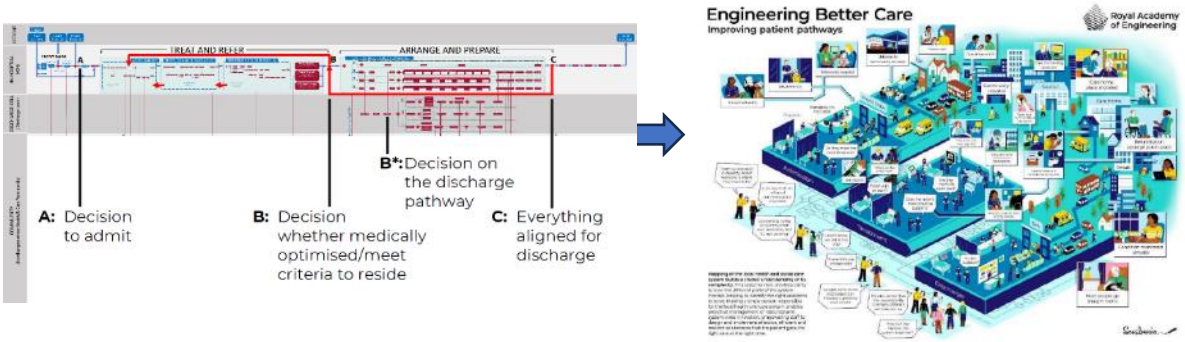


Figure 6 & 7: Taking a systems approach to improve patient pathways – using discharge planning as an example

(Source: Royal Academy of Engineering)

Another challenge is the **lack of alignment among stakeholders** in the healthcare system. Different parts of the system, while all focused on patient care, often operate in different directions, reducing overall efficiency. This underscores the need for **consolidated responsibility and governance**. A more integrated approach could help align objectives and improve collaboration across the system. Furthermore, **over-optimisation** of individual components can harm the system as a whole. Efforts to

streamline one part of the system can cause inefficiencies in other areas, making it impossible to optimise the entire system.

Effective Systems Leadership requires structured learning pathways to develop systems thinking skills, recognising leadership at multiple organisational levels, and fostering a cross-boundary approach where leaders influence teams beyond their direct control.

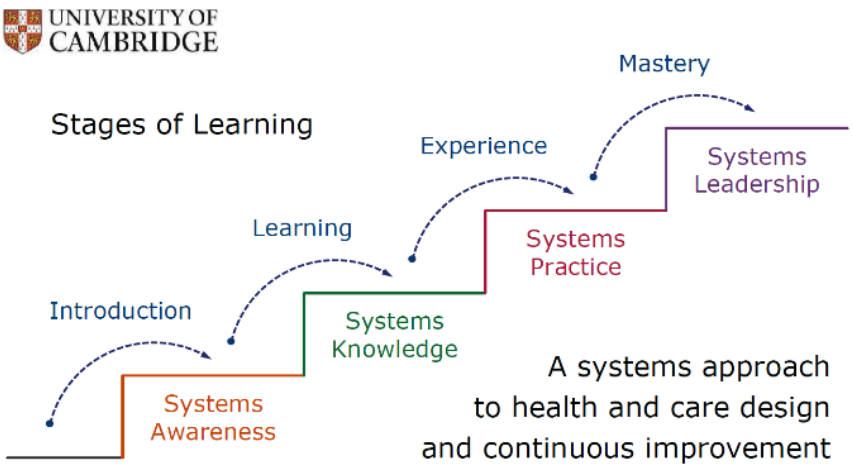


Figure 8: Structured Learning Pathways to for effective systems leadership

(Source: Systems Leadership, Healthier Futures for the East Symposium – Professor John Clarkson)

"The Systems Leader, at any stage of a change cycle, works with and between their team (s) and other teams at equal, lower, and higher system levels to ensure a smooth delivery programme, with no surprises or adverse consequences."

Adapted from Systems Leadership, Healthy Futures East Symposium.
(Source: Prof. John Clarkson)

Several established models that provide insights into systems leadership:

The **World Economic Forum** defines Systems Leadership as a combination of collaborative leadership, coalition building, advocacy, and systems insight.

The framework from **NHS Leadership Academy** emphasises personal development, relationship-building, capacity building, and innovation.

The **King's Fund** provides real-world perspectives from leaders navigating complex, multi-stakeholder environments.

Fundamental questions for developing systems leaders are:

(1) What are the key steps in systems leadership development?

(2) Who should undertake this journey, recognising that not everyone needs to reach mastery?

(3) How can individuals effectively progress through these steps?

(4) How do we assess and validate leadership development?

By addressing these questions, organisations can establish more structured and effective leadership pathways. Ultimately, systems leadership is essential for transforming complex healthcare systems, requiring a holistic approach that supports leadership at all levels and encourages cross-boundary collaboration. This ensures more integrated and efficient systems that better serve patients and communities.

A New Care Model in the East of England

Speaker: Ms Kit Connick

The East of England is undergoing a significant transformation in its healthcare model, driven by financial investment from the New Hospital Programme. This initiative aims to address key regional challenges, including an ***aging population***, ***rising co-morbidities***, ***persistent health inequalities***, and preventable long-term conditions, while also bridging the projected acute care gap of 3,000 beds by 2036.

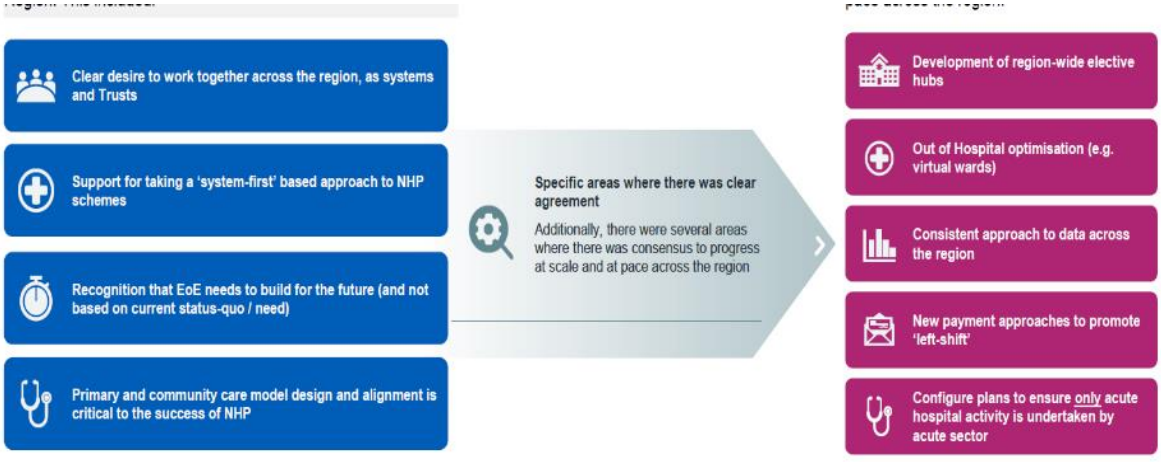


Figure 9: Maximising New Hospital Programme Investment in the East of England

Source: East of England New Care Model – Ms Kit Connick

To meet future demand, a new model of care is being developed to support a shared ambition to 1: systematically focus on prevention in prioritised areas, 2. improve outcomes through science, and 3. save money with improved efficiencies.

They were supported by three region-wide collaboratives, namely: Specialised Commissioning, Cancer Alliance and the ICB collaborative.

Four key themes are:

1. **Digital Transformation** – Integrating IT systems to improve patient access and care coordination.
2. **Health Optimisation** – Implementing large-scale, standardised prevention interventions to reduce disease burden.
3. **Acute Illness Management** – Standardising urgent care models for more consistent service delivery.
4. **Left Shift in Care** – Moving care from hospitals to community-based settings to enhance efficiency and patient outcomes.

Collaboration is crucial for success, requiring Integrated Care Boards (ICBs), provider organisations, and regional partners to ***align efforts, standardise approaches, and scale effective models***. The initiative calls for collective ownership, encouraging stakeholders to provide feedback and drive the project forward.

This transformation presents an opportunity to create a more sustainable, efficient, and patient-centered healthcare system, ensuring long-term resilience in the face of growing demand.

A Systems Approach to the CVD programme in Practice

Speaker: Ms Helena Baxter

The East of England ranks second nationally for hypertension treatment, but 151,000 cases remain undiagnosed. There is significant variation in care quality across Integrated Care Boards (ICBs) and GP practices (40.6% to 92% achievement rates). (Remarks: Changes in BP recording methods have impacted data accuracy.)

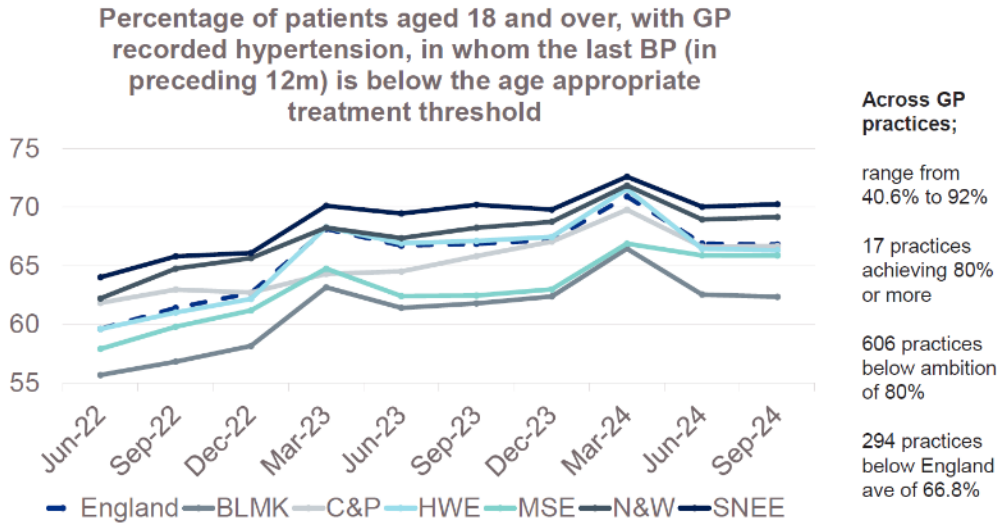


Figure 10: Percentage of Adults with Hypertension Below Age-Appropriate BP Threshold in the Last 12 Months

(Source: A Systems Approach to the CVD Programme in Practice, Healthier Future for the East Symposium – Ms Helena Baxter)

Challenges in addressing hypertension include:

- **Resource constraints** (workforce shortages, financial limitations).
- **Short-term funding** that limits sustained impact.
- **Primary care pressures** that hinder hypertension prioritisation.
- **Inefficiency in Pilot Programs -** duplication of effort with multiple pilots but limited evaluation.
- **Barriers to Engagement** – Difficulty in reaching hard-to-reach populations for cardiovascular disease prevention.

Strategic responses and actions taken are highlighted below:

1. **Securing Senior Leadership Commitment** Gaining agreement from senior leadership across the region and Integrated Care Boards (ICBs) to prioritise hypertension management.
2. **Recommendations to improvement hypertension management:**

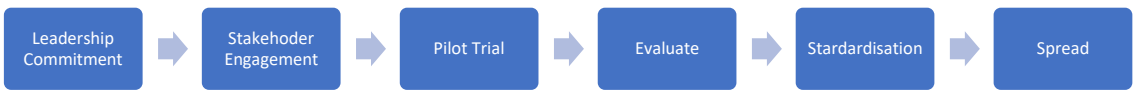
    1. ***Region-Wide Communications Campaign:*** Launch a campaign to raise awareness about hypertension management.
    2. ***Engage ICB and ICP Chairs:*** Support collaboration and prioritise efforts across organisational levels.
    3. ***PHM for Case-Finding:*** Use Population Health Management (PHM) to identify high-risk individuals, NHS Health Checks (NHSHC), and annual checks for those with severe mental illness (SMI) and learning disabilities (LDA).
    4. ***Evaluate PHM Approaches:*** Assess the effectiveness of different PHM approaches to determine best practices.
    5. ***Blood Pressure Optimisation Toolkit:*** Develop regional guidelines and a toolkit to improve BP management.
    6. ***Identify Gaps and Inequalities:*** Apply PHM to identify gaps, inequalities, and opportunities for improvement.

3. **Task and Finish Groups**

    Establish task-and-finish groups to co-develop the specifics with ICBs, clinical leads, medicines optimisation leads, communications leads, and other key stakeholders.

4. **Collaboration and Standardisation**

    Foster collaboration by sharing good practices and learning, while avoiding duplication. Standardise approaches where possible, but maintain flexibility for local adaptation to meet specific needs.



The CVD Management Programme showcased a practical example of a strategic approach to engage leadership buy-in, conduct a pilot, evaluate outcomes to crystalise best practices, standardise good approaches and scale to enhance efficiency.

5. Future Actions

A reflection on the programme's journey brings about different actions:

- **Improve Data and Evaluation:** There is a pressing need for robust impact assessments to evaluate the cost-effectiveness and scalability of interventions.
- **Enhance GP System Integration:** Ensure that blood pressure checks, whether conducted by pharmacists, community programmes, or other means, result in properly recorded and managed cases.
- **Targeted Community Outreach:** More strategic efforts should be made to engage populations who are less likely to seek out blood pressure monitoring on their own.
- **Sustained Funding Model:** Shift from short-term, reactive funding to long-term, integrated investments in preventive care and health management.
- **System-wide Coordination:** Ensure alignment between healthcare and social care services to prevent inefficiencies arising from fragmented responsibilities.

By addressing these challenges with a strategic, data-driven, and collaborative approach, the East of England can continue to lead in hypertension management and cardiovascular disease prevention.

Panel Discussion III: Priority questions in focus – solving complex issues with systems leadership

Pane: Dr Danielle Tucker (Chair), Professor John Clarkson, Ms Kit Connick, Ms Helena Baxter, Professor Stephen Morris

Integrating Physical and Mental Health in New Care Model

Concerns were raised about the limited integration of mental and physical health in current care models. Mental health is often addressed only in crisis situations or in relation to severe mental illness (SMI), rather than being consistently embedded across broader healthcare pathways. Given the strong link between physical and mental health, a holistic approach is essential to ensure comprehensive care.

To prevent worsening health inequalities, mental health must be incorporated from the outset in new care models. While initiatives like the NHS Long Term Plan and Core20PLUS5 have helped prioritise health inequalities, mental health remains underemphasised. A shift from reactive to proactive care was recommended, ensuring that mental health is fully integrated into long-term condition management and prevention strategies.

Artificial Intelligence in Healthcare

Members present also discussed the potential for AI in improving healthcare efficiency, particularly in system-wide decision-making and reducing individual cognitive burden. While acknowledging concerns around job displacement, AI has good potential to be leveraged for better integration, coordination, and efficiency across departments.

Nevertheless, comments also highlighted that technology is often pushed into the system without sufficient input from frontline healthcare providers about the real-world problems they need solved. Stronger dialogue between AI developers and healthcare professionals would be beneficial to ensure that AI applications address genuine needs rather than just being another technological trend.

System Leadership and Cross-Organisational Collaboration

Challenges of working across organisational boundaries, particularly in a rapidly changing healthcare landscape. A dual approach was proposed:

- A "Think Tank" to conceptualise and develop frameworks for system leadership.
- A "Do Tank" to apply these ideas in practice, fostering learning and sharing insights.

Comments also highlighted the importance of identifying key individuals who drive change, regardless of seniority, and focusing on a few high-impact priorities rather than trying to tackle everything at once.

In conclusion, the discussion called for clear strategic focus, better collaboration, and a commitment to embedding mental health within all aspects of healthcare, while leveraging technology and system leadership to drive meaningful change.

Recommendations

Based on the insights discussed in the Symposium, a new programme (Healthy Futures East) will be established which will continue to build on the momentum of key stakeholders and develop actionable steps and implementation plans to deliver outcomes and impacts. Recommended actions are set out below for further consideration and exploration:

1. **Prioritising A shared Health Challenge**
   Building on the momentum generated in the symposium, we will engage key stakeholders and interested partners to identify and prioritise a specific health challenge in the East of England where the Healthy Futures East) can add the most value. Areas such as cardiovascular health, food systems, mental wellbeing, healthy ageing, and health inequalities could offer a starting point for shared inquiry. We will consider opportunities to better integrate prevention within care pathways, ensuring efforts are coordinated and shaped by what matters most to local communities and partners.

   Goal: Identify and prioritise key health challenges for HFE

   Potential Areas:

   - **Cardiovascular Disease Prevention:** Address linked drivers like obesity, diabetes, active transport, low-traffic neighbourhoods.
   - **Food Systems and Nutrition:** Tackle both over-nutrition and under-nutrition through systemic interventions.
   - **Mental Health:** With a focus on young people, workforce resilience, and links to physical health.
   - **Healthy Ageing:** Promote independence and wellbeing in older adults.
   - **Health Inequalities:** Strengthen targeted action for underserved communities.
   - **Workforce Planning:** Align workforce capacity with future system needs.

   Key questions to consider include what cross-cutting system issues HFE can realistically address and where HFE can add the most value.

   By engaging key stakeholders and partners to identify and prioritise specific health challenges, we can ensure that Healthy Futures East adds the most value. This approach will integrate prevention within care pathways, coordinating efforts based on the priorities of local communities and partners, ultimately leading to more effective and targeted health interventions.

2. **Rethinking Evaluation – Towards a Continuous Learning Ecosystem**

   Building on existing initiatives on building evaluation and research capacity, HFE might consider developing a programme to foster reflective practice, continual learning and embed the culture of evidence-based decision-making in practice.

   Goal: To create a sustainable ecosystem that promotes reflective learning and evidence-based decision-making through community building, mentorship, and structured learning aligned with regional priorities.

- Build a community of practice with trust, shared purpose, and peer support
- Create mentorship, training, and knowledge exchange platforms to build capability across sectors
- Engage key stakeholders to develop Task and Finishing Groups/Workstreams, to cultivate an ecosystem with a reflective learning mindset and evidence-based decision making
- Develop a programme that develops reflective practitioners with the integration of key evaluation principles
- Align structured learning programmes with identified regional priorities

By nurturing a community of practice built on trust and shared purpose, and by offering mentorship and training opportunities, we hope to support capability development across sectors. Through ongoing engagement with key stakeholders and aligning learning initiatives with regional priorities, we can begin to foster an ecosystem of reflective practitioners who contribute to evidence-informed decision-making and continuous learning. Together, these efforts may help lay the foundation for more sustainable and meaningful change across organisational boundaries.

3. Enhancing Evidence and Knowledge Mobilisation

The symposium revealed a key challenge in the East of England health and care landscape: fragmented knowledge, mismatched timelines, and limited capacity to turn evidence into action. Different actors often work in isolation, causing a lack of coordination. The research process is slower than policymaking, making alignment difficult. Additionally, knowledge gaps, conflicting evidence, and vested interests hinder the ability to translate evidence into effective public health policy.

Goal: To address knowledge fragmentation, mismatched timelines, and limited capacity for turning evidence into action by creating a structured approach to knowledge mobilisation and evidence-informed public health policy.

- Creating a mechanism to connect the right people in local authorities/NHS/ICB for potential funding resources and expertise collaboration.
- Exploring the possibility to develop digital and AI-enabled tools to provide the mapping of needs with available expertise across time and space.
- Creating space for shared learning through fellowships, secondments, or knowledge exchange models

4. Foster Collaboration Through Systems Thinking

It is hoped this approach will enhance collaboration, resource mapping, and alignment between real-world priorities and research expertise, leading to a sustainable model for evidence-informed public health policy.

Goal: To drive meaningful progress in population health across the East of England by fostering collaboration through systems thinking.

- Promote cross-sector collaboration to address health challenges holistically through a "Think-and-Do Tank" model.
- Explore opportunities for doctoral awards and engage committed, promising PhD students or fellows to carry forward this mission in collaboration with key stakeholders.
- Encourage ongoing communication and knowledge sharing among diverse stakeholders.
- Create structures and processes that support joint decision-making and coordinated actions.

By fostering collaboration through systems thinking, we can integrate efforts across sectors, facilitate interdisciplinary dialogue, and develop collaborative frameworks. This approach will enable targeted actions on priority issues while ensuring coordinated and comprehensive efforts. Working collaboratively and thinking systemically will support more joined-up, preventative approaches to health and care, ultimately contributing to fairer and healthier futures for our communities.

Next Steps

We aim to design further activities to help visualise key insights, barriers, and opportunities to foster a shared understanding among all participants. Follow-up activities can help us map the needs, goals and values of different stakeholders. By aligning them with shared priorities can help ensure that their interests are considered. Documenting and communicating the process, including the mission, key milestones, and opportunities for engagement, will keep our stakeholders informed and involved.

We will be hosting focused group discussions to support the co-development of ideas and shaping potential programs with key stakeholders. Finally, insights from these sessions will help us establish dedicated workstreams or Task and Finish Groups to take forward identified priorities and provide the necessary structure and focus to achieve our goals.

"The Symposium was more than a meeting—it was the start of building relationships and trust in a complex system. I hope everyone leaves with ideas and energy for how we can come together again to support a healthy future for the East."

Steering Committee Member

East of England Population Health Research Hub

Professor Mariachiara Di Cesare

Director of the Institute of Public Health and Wellbeing

University of Essex

Annex

Annex I: Symposium Agenda

AGENDA

10:00

Introduction
Professor John Clarkson
Co-Director, Cambridge Public Health

Welcoming remarks
Professor Aliko Ahmed
Regional Director of Public Health for East of England (NHS & OHID)

10:05
Chair
Professor John Clarkson

Theme 1: Health and care in the East of England

Given the restructuring of care systems and shifting priorities: Where do we currently stand? What are the key issues? Who are the stakeholders within the system? What is needed to develop an appropriate solution?

The health of people in the East of England
Dr Sian Evans
Associate Director of Local Knowledge and Intelligence Service, Office for Health Improvement and Disparities, Department of Health and Social Care

The scale of the challenge to meet health needs in the East of England
Mr Jatinder Garcha
Regional Director of Strategy and Commissioning - Public Health
NHS England East of England

Rethinking health and care: A systems approach
Professor John Clarkson
Co-Director, Cambridge Public Health, University of Cambridge

Service and academic collaboration: An overview of PHResH
Dr Danielle Cannon
Head of Strategy, Cambridge Public Health, University of Cambridge

Panel discussion: System challenges in health and care in the East of England

11:15

Break

11:35
Chair
Dr Sian Evans

Theme 2: From past to future – A reflection for healthier futures for the East

Collaboration allows expertise and knowledge from the research sector to be applied in health and care settings. What lessons can we draw from the region? What are the implications for fostering effective collaboration?

PHResH Evaluation Working Group reflections on needs, collaboration and session feedback
Dr Helen Green
Consultant in Public Health, Population Health Management and Quality, NHS England – East of England

Public health evaluation in local government: Lessons from PHResH Evaluation Working Group drop-in clinics

Professor Andy Jones
Chair of Evaluation Workstream, PHResH

Reflections on research and building capacity in the NHS

Dr Philippa Brice
Associate Director for Research and Impact, NHS Cambridgeshire & Peterborough Integrated Care Board

Surfacing deep impact: How to better understand how place-based partnerships can improve health

Ms Sharlene McGee
Policy Manager, Healthy Lives Team, Health Foundation

Knowledge mobilisation: Experience beyond the East

Professor Peter van der Graaf
Associate Director for Fuse, the Centre for Translational Research in Public Health

Panel discussion: What can these experiences bring to a Healthier East of England?

13:00 **Lunch**

13:45

Chair
Dr Danielle Tucker

Theme 3: Systems leadership for Healthy Futures East

A new model of care: The East of England approach

Ms Kit Connick
Managing Director of the East of England Provider Collaborative, Cambridgeshire & Peterborough NHS Foundation Trust

A Systems Approach to the CVD programme in practice

Ms Helena Baxter
Head of Cardiovascular, Diabetes and Renal Clinical Networks and Transformation, NHS England East of England

Systems Leadership

Professor John Clarkson
Co-director, Cambridge Public Health

Working with NIHR ACR East of England

Professor Steven Morris
Deputy Director, NIHR Applied Research Collaboration East of England

Panel discussion: Priority questions in focus – solving complex issues with systems leadership

14:55 **Close**

Professor Di Cesare Mariachiara
Director of the Institute of Public Health and Wellbeing, University of Essex

Annex II:

SPEAKER BIOS

Professor John Clarkson

John is Professor of Engineering Design at the University of Cambridge. He is also a co-Director of Cambridge Public Health where he brings a systems engineering perspective to health and care, co-leading the technology and systems theme. His work focuses on collaborating with engineers, public health researchers and NHS teams to design more effective and resilient health and care systems, and to inform better treatment strategies.

Professor Aliko Ahmed

Aliko is the Regional Director of Public Health for East of England (NHS and OHID). He has three decades of working experience as a hospital clinician, academician, and public health practitioner. He is passionate about health equity for all of society – and works through collaborative partnerships to facilitate, coordinate, optimise support and delivery of population health outcomes. He is a Senior Fellow and convenor of the Public Health Policy Forum at Chatham House and an Associate Director of Cambridge Public Health.

Dr Sian Evans

Sian is a consultant in public health with the Office for Health Improvement and Disparities (OHID) where she is Associate Director of the Local Knowledge and Intelligence Service in the East of England. She has extensive experience in population health intelligence to inform national and local decision-making. Prior to joining OHID, Sian worked with the Eastern Region Public Health Observatory having previously completed her public health training in Lanarkshire and Leeds. She is a PHResH Steering Committee Member.

Mr Jatinder Garcha

Jatinder is a seasoned leader in the healthcare sector, leading regional commissioning of screening, immunisation, and health services for individuals in contact with the health and justice systems. He is partnering with the Regional Director of Public Health to drive the strategic shift from a treatment-focused model to one prioritising the prevention of ill health, aligning with government objectives. With over 20 years of experience, Jatinder has successfully led large-scale, high-profile change programmes. His extensive expertise also encompasses service redesign, transformation, and the commercial development of out-of-hospital care pathways.

Dr Danielle Cannon

Danielle is Head of Strategy for Cambridge Public Health (CPH). She supports the CPH Co-Directors, manages the co-ordination team and operationalises the centre's long-term vision and strategy. Danielle has a PhD in BioPhysics from the University of Cambridge, studying amyloid aggregation. She previously worked at Wellcome, where she managed the Cell Biology portfolio and a subset of the population health portfolio. She also led on large projects and strategic initiatives including the UK Biobank, Wellcome Centres competition and Health Data Research UK.

Dr Helen Green

Helen is a Consultant in Public Health with NHS England East of England's Public Health Directorate working on population health and quality. She has experience working in East Suffolk and North Essex Foundation Trust as the continuous improvement strategic lead and supporting regional Integrated Care Boards with developing their population health management capacity and capability. She was previously the chair of the East of England Population Health Research Hub's evaluation working group, bringing together expertise to support evaluation capacity building. Helen has a PhD in epidemiology, with a background working in public health surveillance nationally and internationally.

Professor Andy Jones

Andy currently holds a part-time Public Health Chair at the University of Hertfordshire and works with the health care charity Future Care Capital, as well as acting as a freelance evaluation consultant. His expertise includes the pragmatic evaluation of public health interventions, the environmental determinants of health, and the impact of service access on health outcomes. He led the evaluation workstream of East of England PHResH.

Dr Philippa Brice

Pippa is Associate Director for Research & Impact at NHS Cambridgeshire and Peterborough Integrated Care Board, leading the Research Office in strategic activity to maximise the system benefits of research, evidence and innovation, and providing specialist R&D support for primary care and wider community settings. She is a Non-Executive Director of Healthwatch Cambridgeshire and Peterborough, a trustee of the Research & Development Forum, and a Patient and Public Voice member of the UK National Screening Committee. Pippa was previously Deputy Director of the PHG Foundation.

Ms Sharlene McGee

Sharlene McGee has worked at the Health Foundation since 2021 as a Policy Manager in the Healthy Lives team. Her work focuses on the links between economic inequalities and poor health outcomes. She leads on work to support local government to improve health through economic development – in employment, in infrastructure investment, and through local anchor networks. Sharlene has previously worked on policy campaigns seeking to build inclusive workplaces and address financial insecurity faced by disabled people and unpaid carers.

Professor Peter van der Graaf

Peter is an Associate Professor in Public Health at Northumbria University, and Associate Director for Fuse, the Centre for Translational Research in Public Health, a partnerships between 6 North East and North Cumbria universities. He is Knowledge Mobilisation Lead in the NIHR ARC NENC and a member of PHIRST Fusion, supporting local authorities with intervention evaluations. His research focuses on knowledge mobilisation, collaborative research partnerships, and evaluating public health initiatives, including peer research on child healthy weight and system-led improvement approaches. Peter is also a member of the Public Health Engagement in Research National Network (PHERN).

Ms Kit Connick

Kit has had a long-standing and successful career in the NHS in a range of executive leadership roles in provider organisations and most recently in Cambridgeshire & Peterborough Integrated Care System. Kit has been accountable for a broad portfolio covering internal organisational operational delivery and system-wide strategic and cultural change programmes. She is committed to improving integration and collaboration, making sure that the needs of the population are listened to and reflected in our decision making and planning.

Ms Helena Baxter

Helena has over 20 years experience in leading service improvement and transformational change in the NHS. She is a qualified Programme Manager, a Green Belt in Six Sigma and has trained in Lean methodology and Theory of Constraints. She was an acute medical nurse for many years before becoming a Specialist Nurse in Tissue Viability. Helena is passionate about service improvement and re-design being clinically led. She worked predominantly in acute Trusts with clinicians across all specialties before moving to NHS England to lead the clinical networks in the East of England.

Professor Stephen Morris

Stephen is the RAND Professor of Health Services Research at the University of Cambridge, Co-Director of the Cambridge Centre for Health Services, and Head of the Primary Care Unit within the Department of Public Health and Primary Care. He is Deputy Director of the NIHR ARC East of England. Professor Morris is an experienced health economist, with expertise in health technology assessment and the economics of service and delivery interventions applied to a range of health service innovations.

Dr Danielle Tucker

Danielle is the Programme Director of Healthy Futures East, and the Academic Knowledge Mobilisation Lead at the NIHR ARC East of England. She is a Reader at Essex Business School, University of Essex, where she has served as Director of Impact and Enterprise since 2022. Her research interests focus on evaluating complex change management initiatives for health and social care organisations. She is particularly interested in the flow of information and ideas across boundaries, partnership working and collaboration arrangements, for example, integrated care.

Professor Mariachiara Di Cesare

Chiara is Professor in Population Studies and Global Health at the University of Essex. She is part of the Greater Essex Health Determinants Research Collaboration and is a steering committee member of PHResH. Chiara played a key role in the scientific response to COVID-19, including using wastewater-based epidemiology to track outbreaks. Her research focuses on cardiovascular health, obesity, and health inequalities, with a strong emphasis on translating evidence into policy. She is currently a member of the Independent Expert Group of the Global Nutrition Report and a member of the expert group of the World Heart Federation.

SYMPOSIUM PLANNING COMMITTEE

In alphabetical order:

Professor Aliko Ahmed, Dr Danielle Cannon, Ms Sharon Chow, Professor John Clarkson, Professor Mariachiara Di Cesare, Dr Sian Evans, Dr Helen Green, Professor Gordon Harold, Professor Andy Jones, Professor Nora Pashayan, Dr Danielle Tucker, Dr Helen Watts, Ms Becky Wolfe

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