



PEOPLE POWERED
RESEARCH

NHS CAMBRIDGESHIRE AND PETERBOROUGH R&D

RESEARCH

ANNUAL REPORT 2024-25



Bedfordshire, Luton
and Milton Keynes
Integrated Care Board



Cambridgeshire &
Peterborough
Integrated Care Board



Hertfordshire and
West Essex
Integrated Care Board

CONTENTS

1. Executive summary	3
2. Enabling NHS research	5
3. Regional research overview	7
4. Wider care settings R&D	9
5. Cambridgeshire & Peterborough	11
6. Bedford, Luton & Milton Keynes	19
7. Hertfordshire & West Essex	23



EXECUTIVE SUMMARY

The research functions across the three Integrated Care Boards within the Central East Geography (NHS Bedfordshire, Luton and Milton Keynes; NHS Cambridgeshire and Peterborough; and NHS Hertfordshire and West Essex) undertook a range of activities in 2024-25 to support statutory responsibilities to **facilitate and promote research and the use of research evidence** on matters relevant to health and care services. These are briefly outlined in this report, along with research performance metrics for NHS and wider settings from each system.

Research functions also contributed to both regional and national work to inform, shape and support NHS research and improve access and inclusion for underserved groups and communities.

NHS Cambridgeshire and Peterborough is one of a very small number of ICBs nationally to support a specialist Research and Development (R&D) Office for all research taking place in primary care, community and residential settings ie. outside hospitals. This includes research in non-NHS settings such as schools, care homes, hospices and prisons, as well as a range of primary care and community based services. Focus on these wider care settings is now growing with the recent advent of the 10 Year Plan and the ambition to deliver the three 'future shifts' for the NHS: from hospital to community; from analogue to digital; and from sickness to prevention.

ICBs are ideally placed to ensure that local research supports all three shifts, as well as the production of high-quality evidence to inform future care, commissioning and collaboration for health. This will be enabled by an ongoing focus on **people powered research**: acting as system navigators and facilitators to help grow and accelerate commercial and non-commercial research; to maximise the benefits of health and care research for patients and the public; and enable more health and care professionals and providers to engage constructively with research opportunities and evidence.

This short annual report on research activity in 2024-25 has been prepared by the NHS Cambridgeshire & Peterborough ICB Research Office, also on behalf of the research functions across NHS Bedfordshire, Luton and Milton Keynes ICB and NHS Hertfordshire and West Essex ICB

November 2025

Research matters

for health and care systems



Patients and the public

Research improves disease prevention, diagnosis, care, patient experiences and outcomes



Health & care professionals

Involvement in research increases job satisfaction and retention



Service providers

Research and innovation increase efficiency, effectiveness and safety



Decision-makers

Good data and evidence help identify problems and select the best solutions for population needs



 PEOPLE POWERED
RESEARCH



WHO BENEFITS?

FACILITATING NHS RESEARCH

Research can be used to refer to many activities in health and care, from systematic investigation to the creation of new knowledge. It is sometimes conflated with clinical audit, service evaluation, quality improvement, pilots or innovation projects, but these are distinct from research, though it may help develop the knowledge, tools or ideas that drive some forms of service innovation. Research is often termed 'research and development' (R&D) because it should underpin future development of healthcare systems.

The [UK Policy Framework for Health and Social Care Research](#) definition of research, as used by Department of Health and Social Care (DHSC) and NHS England (NHSE), is the **attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods**. This specifically excludes audits and evaluations, but may refer to a wide variety of research from discovery science and clinical trials to research into NHS services and care pathways, policy and commissioning, public health and social care.

The policy framework also sets out the principles of good practice in the management and conduct of health and social care research in the UK. These protect and promote the interests of patients, service users and the public by describing ethical conduct and standards for proportionate, assurance-based management of high-quality health and social care research.

The [National Institute for Health and Care Research \(NIHR\)](#) is funded by the DHSC to fund, enable and deliver research in the health and social care system, including through support for NHS research. NHS R&D leaders and teams have organisational responsibility for enabling and ensuring future improvement and innovation by supporting the delivery of high-quality, impactful, inclusive research activity.

NHS R&D functions facilitate research development and delivery through a range of specialist activities, ensuring that all studies meet necessary legal, regulatory, and ethical standards to protect participants and providers; and providing oversight of study setup, safety, and data integrity. R&D supports research design, including patient and public engagement; applications for funding; research management including contracts, agreements, finances and reporting; and research training and capacity building.

NIHR portfolio research (high quality studies that meet DHSC criteria) is also supported by the Research Delivery Network (RDN), locally via the NIHR East of England RDN. Governance is overseen by the Health Research Authority (HRA) and in some cases the Medicines and Healthcare products Regulatory Agency (MHRA) on behalf of DHSC.

Integrated care systems and research

Set out under the [Health and Care Act 2022](#), ICBs have a legal duty in respect of research (14Z40) to facilitate or otherwise promote:

- (a) **research on matters relevant to the health service, and:**
- (b) **the use in the health service of evidence obtained from research**

Supporting the delivery of high-quality health and care research is an investment in the future, generating vital evidence that NHS policy-makers and commissioners will need to support their decision-making around service delivery and transformation, including to reduce health inequalities. It also offers immediate benefits; NHS workforce involvement in research has been shown to improve job satisfaction and reduce staff turnover¹, whilst research-active NHS organisations have lower overall mortality rates² and better patient and carer experiences³, including improved performance in primary care practices⁴.

Guidance from NHS England on [Maximising the benefits of research](#) for Integrated Care Systems explains what good research practice looks like, and on [Managing Research Finance](#) clarifies how ring-fenced research funding should be used by NHS organisations, including ICBs. ICB Boards will be expected to review ICS research performance metrics, including research activity by provider organisations, twice yearly from 2026-27 onwards.

All three Integrated Care Boards have also been active participants in the DHSC and NHS England Research Engagement Network (REN) development programme, which seeks to improve research inclusion for underserved groups and boost the diversity of research participation through additional resources and projects. Representative research data can help us better understand and intervene to reduce health inequalities.

1: Rees, MR and Bracewell, M (2019) - Postgraduate Medical Journal 95(1124), 323–327.

2: Boaz, A et al. (2015) BMJ Open 5(12): e009415.

3: Newington L et al. (2021) BMC Health Serv Res 21: 400.

4: Gibson J et al. (2024) Br J Gen Pract 27: doi: 10.3399/BJGP.2024.0111

Research in the NHS is vital for generating the next generation of treatments
and improving health outcomes
NHS England, 2025



OVERVIEW 2024-25

RESEARCH PERFORMANCE

Whilst research performance (in terms of recruitment of participants) was generally lower in 2024-25 compared with the previous year, probably reflecting changes to NHS research systems and other national factors, overall local performance remained good:



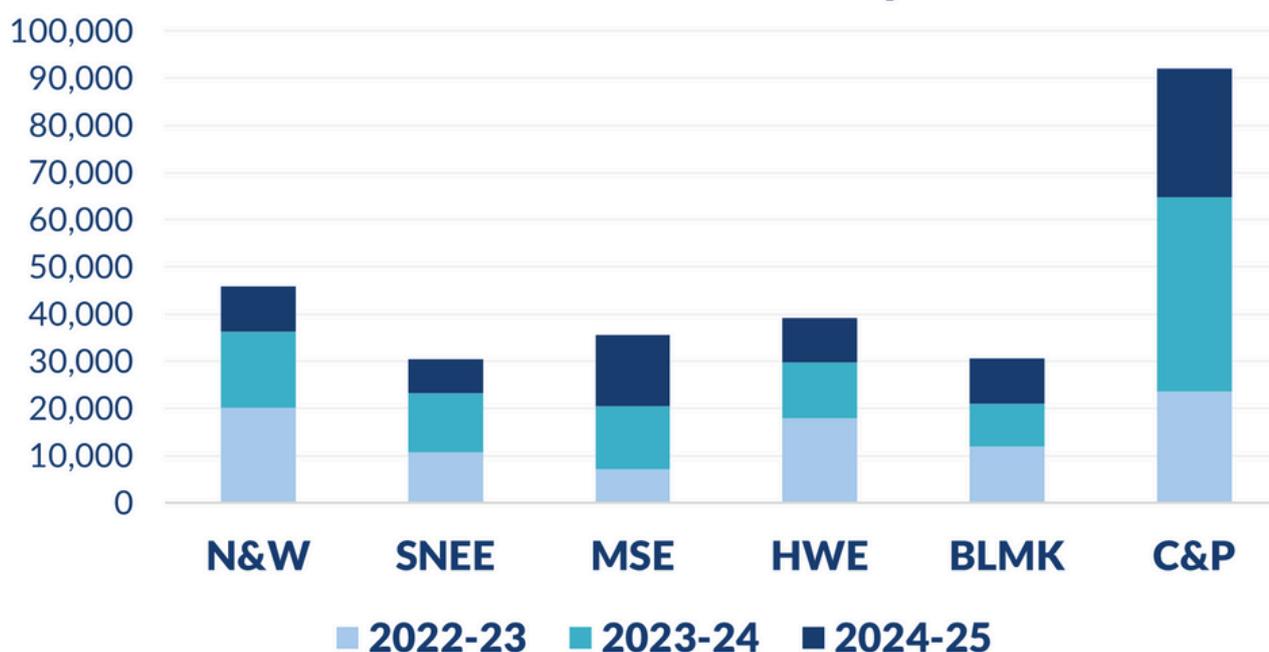
Most research activity takes place in acute Trust settings, and research support services and funding are typically configured in line with this traditional mode of operation. For many forms of clinical research, a hospital is the best environment. However, there is increasing recognition that elements of such research could sometimes be moved out of hospitals into the community; for example, initial patient recruitment procedures or post-intervention follow-up monitoring. There is also growing interest in improving and expanding research outside hospitals and across wider health and care settings.

Research in these areas could be particularly relevant in generating valuable evidence for future primary care and population health commissioning, and local strengths in supporting these areas are likely to prove highly beneficial. New funding incentives (including for Trusts) will also reflect NIHR intentions to support this 'hospital to community' shift for research, so our systems need to be ready to make the most of this.

Levels of research in 2024-25 were lower than normal, but in a comparative view across the East of England, research performance across the three systems was fairly robust:

Integrated Care System	2022-23	2023-24	2024-25
Cambridgeshire & Peterborough	23,612	41,148	27,297
Bedfordshire, Luton & Milton Keynes	11,955	9,119	9,527
Hertfordshire & West Essex	17,840	11,950	9,412
Mid and South Essex	7,097	13,380	15,128
Suffolk & North East Essex	10,720	12,571	7,063
Norfolk & Waveney	20,226	15,981	9,688
Total system research recruitment	91,450	104,149	78,115

Research recruitment by ICS



Direct comparisons between ICS areas have limited utility, as population sizes and numbers and sizes of NHS Trusts vary. Cambridgeshire and Peterborough benefits from exceptional research activity at Cambridge University Hospitals NHS Foundation Trust. Cambridgeshire and Peterborough and Norfolk and Waveney ICBs also have larger research office functions than the other ICBs in the East of England, and a longer historical record of work to directly support research outside hospitals.

ICS	2024-25 total
N&W	45,895
SNEE	30,354
MSE	35,605
HWE	39,202
BLMK	30,601
C&P	92,055

WIDER CARE SETTINGS

R&D SUPPORT

Research governance concerns setting and maintaining standards to ensure the ethical and scientific quality of research, and to safeguard participants. Rigorous regulatory requirements must be met and best practice followed in the performance of research for NHS organisations and professionals to be protected by NHS indemnity schemes.

NHS Trusts often have dedicated R&D offices of variable size, but research taking place in wider care settings typically lacks access to specialist R&D expertise. The NIHR funded C&P ICB R&D function operates across Cambridgeshire, Peterborough, Bedfordshire and Hertfordshire to support the set-up and initiation of primary care, community care and social care research, including commercial and population health studies and those taking place in wider settings such as schools, prisons or hospices.

Oversight processes differ from those for service provision, and aim to enable robust but swift and responsive set-up, so that NHS research studies recruit on time and to target whilst also minimising risks, to ensure that everyone involved (sites, investigators and participants) is properly safeguarded. Specialist R&D helps researchers navigate regulatory submission processes efficiently, acting as a central point of coordination and confirmation of capacity and capability for research. This offers assurance to provider and commissioning organisations, including individual primary care practices, enabling them to make informed decisions around safely hosting research studies at their sites.

Research governance covers a wide range of activities across the research lifecycle from design through to submission of national regulatory approvals, typically including:

- Research design and risk mitigation
- Regulatory advice, support and troubleshooting
- Integrated Research Application Service (IRAS) submission support
- Checking adherence to the national Research Governance Framework for Health and Social Care⁵
- Ensuring adherence to regulatory requirements from the Health Research Authority (HRA) and or Medicines and Healthcare products Regulatory Agency (MHRA)
- Working to national target timelines for study set-up and amendments
- Facilitation of wider NIHR infrastructure support
- Researcher suitability assessments and Human Resources pre-engagement checks
- Training, advice and troubleshooting

5: The Research Governance Framework outlines principles of good governance that apply to all research within the remit of the Secretary of State for Health and Social Care.

Research governance activity	2022-23	2023-24	2024-25
Primary care studies - review & set-up	20	28	24
Community care studies - review & set-up	14	12	14
Non-NHS studies - review & set-up	10	7	2
Study amendments completed	58	80	75
Honorary Research Contracts ⁶ issued	3	5	2
Letters of Access ⁷ issued	30	45	47

The pipeline of local health and care research varies year to year, as does the complexity of governance requirements as research is rolled out increasingly across different health and care settings and using new approaches and technologies. Of note, even though the number and sizes of research studies in the region were lower in 2024-25 than the preceding year, the governance requirements were not significantly different, reflecting high levels of study amendments and access requirements for researchers.

The Cambridgeshire and Peterborough R&D function works with regional and national colleagues to develop solutions adapted to the unique needs of research delivery in different settings and evolving regulatory requirements.

The R&D function is funded by the National Institute for Health and Care Research (NIHR) East of England Regional Research Delivery Network (RDN).



6: Honorary Research Contracts are issued to researchers whose planned activity impacts patient care in some way, following R&D Office approval that they are suitably qualified and safe to undertake the proposed research. HRCs confer organisational NHS indemnity for the researcher undertaking agreed activities.

7: Letters of Access are provided to researchers who need to interact with patients or identifiable patient data (but not impact patient care), following R&D Office approval that they are suitably qualified and safe to undertake the proposed research. They do not confer NHS indemnity.



RESEARCH 2024-25

CAMBRIDGESHIRE & PETERBOROUGH

NIHR R&D support for wider care settings

The NHS Cambridgeshire and Peterborough ICB hosted Research Office incorporates the specialist research governance function for primary care, community care and wider care settings described on the preceding pages, funded by the NHS National Institute for Health and Care Research via the NIHR East of England Research Delivery Network (RDN).

Additional funding is generated via Service Level Agreements with local NHS organisations, notably to provide additional research support set-up and oversight for non-NIHR portfolio studies for Cambridgeshire Community Services NHS Trust (CCS). These are research projects that either have not sought or are not deemed eligible for RDN support, according to Department of Health and Social Care eligibility criteria, but still require proper oversight to operate in health and care settings.

Enabling research across integrated care systems

Besides these operations, the C&P Research Office also provides a specialist research hosting and support function for primary care, community care and wider care settings; and supports regional and national development efforts to promote and support patient and professional involvement in research. In 2024-25, research staff contributed to a range of working groups, committees and initiatives to help enable best practice and funding in research, including:

- NHS England **ICB Research Leadership** group
- NHS England **Research Metrics** working group
- **NHS R&D Forum** - healthcare R&D professional membership body (trustee)
- **UKRD** - NHS R&D leadership community
- NHS R&D Forum **ICB working group** (co-chair)
- NHS R&D Forum **Primary Care and Commissioning** working group
- NHS R&D Forum **Wider Care Settings** working group
- NIHR East of England RDN **Commercial Research Mentorship** scheme (mentor)
- Peterborough **Vaccine Innovation Hub** (chair)

Promoting research access and inclusion

In 2024-25, C&P ICB secured a total of £79,000 from the NHS England Research Engagement Network (REN) development programme for Integrated Care Systems to continue previous work with local system partners to improve research access for underserved groups. This included:

- Funding Peterborough Council on Voluntary Services (PCVS) to continue supporting the **Peterborough Community Research Champions**, alongside the NIHR East of England RDN. The Champions led a range of research outreach events including for the local Chinese, Bengali and Nepalese communities as well as mothers with babies and young children and people experiencing homelessness and poverty, as well as promoting specific research such as the Digital Assets Study survey.
- Funding **Healthwatch Cambridgeshire and Peterborough** to provide dedicated research slots in their regular cross-regional Health & Care Forum public engagement meetings held in Peterborough, Cambridge and South Cambs, Fenland and East Cambs, and Huntingdon. This led to new primary care practices signing up for NIHR Research Site Initiative (RSI) scheme and GP practice Patient Participation Group (PPG) representatives signing up for the NIHR Be Part of Research (BPoR).
- Commissioning Professor of Social Policy Margaret Greenfields and colleagues at Anglia Ruskin University (ARU) to lead collaborative development of a suite of new **Inclusion Health Guides for Research Ethics Committees**. RECs provide vital oversight for research, to ensure that participants will be fairly and ethically treated. However, previous C&P ICB funded work with ARU found a lack of understanding of the particular needs of specific groups was acting as a barrier to best practice in research inclusion. The new guides provide general tips and advice along with detailed guidance on research with refugees and asylum seekers; Gypsy, Roma, Traveller, Showmen, and Boater communities; unhoused people; and those with impaired capacity



“Research only delivers when it includes everyone, and our champions have shown how to make studies truly representative by embedding community voices at every stage – from design to decision-making”

Farsh Raoufi, MBA - for PCVS

C&P ICS RESEARCH HOSTING

The Research Office hosts and manages a portfolio of NIHR funded grants in primary care, community and social care, population health and wider health and care research on behalf of C&P ICB. Hosted research is led by Higher Education Institute (HEI) partner organisations which act as research Sponsors, but may require an NHS host. For University of Cambridge studies we also act as co-sponsor, sharing responsibilities for proportionate, effective arrangements for study oversight and reporting.

As research design and delivery in primary care, community and wider care settings can differ significantly from that in hospitals, hosting by a specialist ICB-based Research Office offers direct benefits to researchers, which is why C&P ICB hosts some studies for universities based outside the local area. Supporting valuable research relevant to local system priorities in this way offers the scope to accelerate knowledge mobilisation and pathways to impact, so that our commissioners, health and care professionals, patients and populations can benefit faster.

The total value of the hosted research portfolio managed by the Research Office during 2024-25 exceeded £15m across eleven studies:

	<p>Glucose Lowering through Weight Management Prof Amy Ahern - University of Cambridge</p>
	<p>Screening for Atrial Fibrillation with ECG to reduce stroke Prof Jonathan Mant - University of Cambridge</p>
<p>COACHES</p>	<p>Child and Adolescent Mental Health Services Referrals and Outcomes for Adolescents and Children with Social Workers Prof Robbie Duschinsky - University of Cambridge</p>
<p>TRAVELLER</p>	<p>Building a community of practice in the travelling community Prof Ewen Speed - University of Essex</p>
	<p>Programme to develop and test a brief telehealth primary care intervention for chronic breathlessness Prof Anna Spathis - University of Cambridge</p>

<p>PREDICT Kidney</p>	<p>Risk Stratified Surveillance after Surgery for Kidney Cancer: Development, validation and feasibility testing of a New Prediction Tool to promote informed decision making Dr Hannah Harrison & Dr Juliet Usher-Smith University of Cambridge</p>
	<p>CoOrdinated Care Of Rare Diseases Prof Steve Morris - University of Cambridge</p>
	<p>Supporting Weight Management: Evaluating the effectiveness, equity and cost-effectiveness of using acceptance-based guided self-help to improve long term outcomes of weight management interventions Prof Amy Ahern - University of Cambridge</p>
	<p>Understanding inequalities in cancer diagnostic outcomes for people with Learning Disabilities Dr Luke Mounce - University of Exeter</p>
<p>Active Play</p>	<p>Active Play in Preschoolers for Optimal Health & Development Dr Kathryn Hesketh - University College London</p>
<p>ADAPT</p>	<p>Adapting: Disease self-management and Adapting by Psychosocial Trials of remote interventions Dr Melanie Sloan - University of East Anglia</p>

All our hosted research studies made good progress over 2024-25, with multiple publications in peer-reviewed journals and presentations at conferences. The SAFER trial finished recruitment of over 89,000 participants from 197 GP practices across England, making it the largest ever randomised clinical trial of screening to detect atrial fibrillation and determine whether systematic screening can reduce the risk of strokes and other serious health conditions.

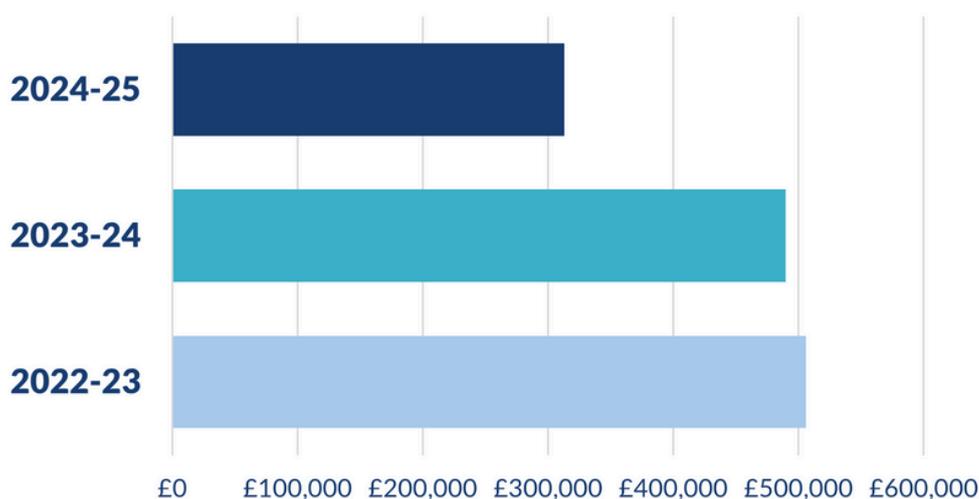
The GLOW study concluded that commercial behavioural weight management programmes did not improve blood glucose control in people with type 2 diabetes, but did support greater weight loss. The follow-on SWiM trial is now examining whether people with obesity and diabetes who complete NHS-funded behaviour change programmes (with or without the additional use of weight loss medications) benefit from a low-cost self-help intervention to maintain weight loss, and whether this could offer good value for the NHS if included in future care pathways.

C&P ICS RESEARCH CAPABILITY

NIHR grants generate Research Capability Funding (RCF), a proportional payment made to host organisations based on the value of grant-funded research. This is intended to help cover the costs of hosting, develop research management and support services, meet unfunded research staff costs, and strategically build local research capability. It is available only to ICBs that host significant NIHR research portfolios and differs from the usual ICB RCF awards. These are for a maximum of £50,000 per year, with the actual sum relating to the level of primary care research recruitment activity within that ICS over the preceding year; this money is to maintain primary care practice research capacity.

In 2024-25, C&P ICB received the fourth largest RCF allocation⁸ of the 42 ICBs in England, in line with their hosted research portfolio for 2024. It is used to grow C&P ICS research capability outside hospitals; Trusts receive their own RCF. Some contributes to Research Office operational costs not met by other income streams, and to maintain critical strategic research leadership capacity. Most of the rest is strategically re-deployed to support academic organisations in developing new high-quality research relevant to the needs of the local population (and workforce) in primary care, community and wider care settings. In 2024-25, a total of £312,958 was awarded to external partners to fund research staff and activity in line with NIHR expectations for the use of RCF. This was lower than in previous years, because the total CPICB RCF allocation was also lower.

CPICS system RCF awards



8: www.nihr.ac.uk/research-capability-funding-allocations-2024-25

Besides supporting the development of useful, relevant research, C&P ICB RCF is also used to maintain and grow local research capacity and capability. In primary care, a new approach was taken in 2024-25; instead of multiple small awards, a single larger award was made to Mereside Medical practice to fund research nurse time for local community engagement and outreach, to boost study recruitment and retention.

Supporting academic research partners

RCF was used to fund time for a total of eleven staff in the Primary Care Unit and the MRC Epidemiology Unit at the University of Cambridge. Activities included developing new digital infrastructure to improve data consistency, accessibility, and study management for NIHR-funded research projects; providing methodological and statistical input to developmental work; undertaking database management and improvement following a severe cyber-attack on the Clinical School Computing Service; and creating a new role to improve patient and public engagement, involvement and inclusion.

Developing new research ideas

In 2024-25, C&P ICB Research Office introduced a new, competitive scheme to fund researchers to develop new NIHR grant applications for research that align with local system commissioning priorities. This included time to develop proposals with relevant patients, communities and stakeholders. Open to researchers and health professionals working in primary care, community or wider settings, a total of £48,546 was awarded:

- **Dr Ben Bowers, University of Cambridge** - improving delivery of end-of-life symptom management to Muslim communities.
- **Dr Eolene Boyd-MacMillan, University of Cambridge** - resilience, resistance and burnout in providers working with older adults, BAME and deprived populations.
- **Prof Simon Etkind, University of Cambridge** - optimising primary palliative care delivery from multi-professional community health and care teams.
- **Prof Margaret Greenfields, Anglia Ruskin University** - improving outcomes and sustainable health pathways for recently released prisoners and offenders in community settings.
- **Prof Juliet Usher-Smith, University of Cambridge** - improving lung cancer screening uptake amongst low-income smokers

Three new grant proposals have been submitted to NIHR, with others still in development.



C&P ICS RESEARCH RECRUITMENT

The number of patients participating in National Institute for Health and Care Research (NIHR) portfolio studies (i.e. those eligible for NIHR Research Delivery Network support) undertaken in primary care, community and wider health and care settings within Cambridgeshire and Peterborough Integrated Care System in 2024-25 were as follows:

PRIMARY CARE research participants in C&P ICS	2023-24	2024-25
Interventional research	1,446	232
Observational research	5,819	1,571
TOTAL	7,265	1,803

COMMUNITY CARE research participants in C&P ICS	2023-24	2024-25
Interventional research	117	84
Observational research	284	72
TOTAL	401	156

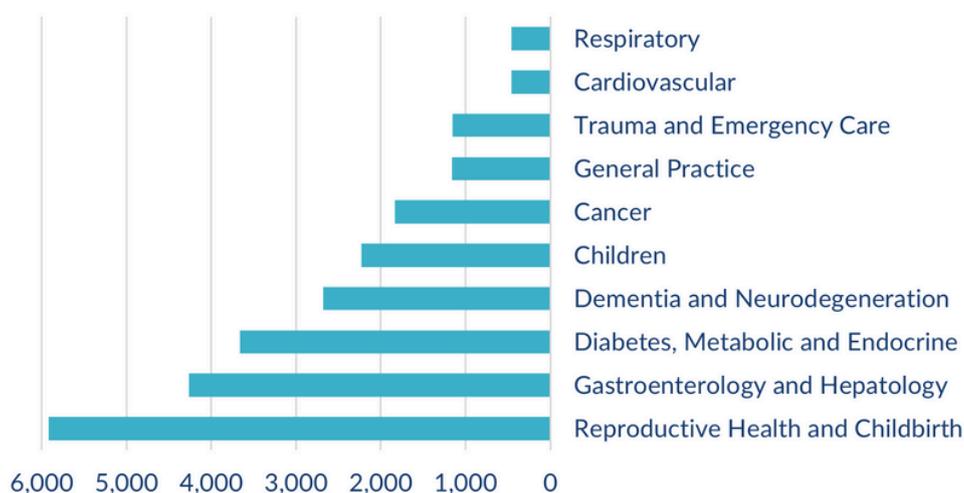
WIDER CARE SETTINGS research participants in C&P ICS	2023-24	2024-25
Interventional research	886	10
Observational research	3,602	3,711
TOTAL	4,468	3,721

The overall research activity across Cambridgeshire and Peterborough (in all health and care settings) for 2024-25 was as follows:

NIHR portfolio research participants within CPICS	2023-24	2024-25
Cambridge University Hospitals NHS Foundation Trust	25,983	18,071
Cambridgeshire and Peterborough NHS Foundation Trust	856	891
North West Anglia NHS Foundation Trust	1,530	1,844
Royal Papworth Hospital NHS Foundation Trust	791	811
Cambridgeshire Community Services NHS Trust	401	156
Primary care	7,265	1,803
Wider health and care settings	3,125	3,721
TOTAL	39,951	27,297

Reasons for reduced activity include the flow of suitable studies through the national portfolio (which was notably reduced for primary care in 2024-25) and the nature of the research. For example, more complex interventional studies or those involving rarer diseases would normally recruit much lower numbers than lighter touch observational studies or those with larger eligible patient populations. In terms of areas of research, the most active specialty areas for research in Cambridgeshire and Peterborough for 2024-25 were reproductive health and childbirth; gastroenterology and hepatology; and diabetes, metabolic and endocrine disease:

Research recruitment by specialty, 2024-25



RESEARCH 2024-25

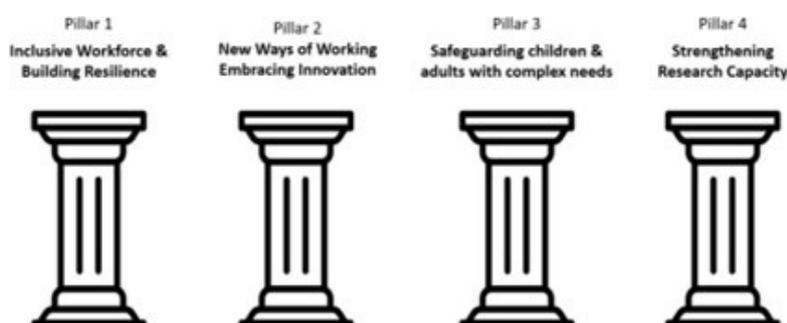
BEDFORDSHIRE, LUTON & MILTON KEYNES

The Bedfordshire, Luton and Milton Keynes (BLMK) ICB Research & Innovation vision is to enable and facilitate innovation and research as key elements of a thriving health and care system. R&I programmes are being embedded across secondary, primary and community care to enhance the quality and safety of services for local populations. The aim is to develop research capabilities, infrastructure and partnerships to improve the healthcare landscape. Achievements in 2024-25 have included:

- **BLMK ICS R&I Network:** chaired by Prof Sir Keith Willett, the R&I Network now includes over 100 system members and has a focus on tackling health inequalities, building research capacity and embedding innovation in care. Two workshops were held with Network members to co-produce a two-year R&I plan for 2025-26 onwards.
- **Joint Head of Research:** with funding from the NIHR East of England Research Delivery Network (RDN) this new BLMK ICB role was established from October 2024 to support embedding research across primary care settings, meeting our statutory requirements in relation to research, and reporting against key research metrics.
- **Primary care research capability development:** a competitive funding call was held for BLMK primary care awards to allocate the NIHR Research Capability Funding (RCF) award to the ICB. A total of eight GP practices, many serving high-deprivation areas, received funding to upskill staff and support research delivery, helping to bring research closer to underserved communities.
- **Knowledge Mobilisation role:** funding of £45,000 over two years from 2025-26 was secured from the NIHR Applied Research Collaborative (ARC) East of England to support a new role to facilitate alignment of research findings across BLMK networks and workstreams. The intent is that this will help harness research evidence to inform transformation decisions, service design and delivery.
- **Maternal Disparities NIHR collaborative:** BLMK ICB is part of a diverse consortium of organisations funded for five years from December 2024 to increase the evidence base to drive actions to reduce maternity inequalities and lead to better outcomes for women and their babies.

Research and innovation collaborations

BLMK ICS & University of Bedfordshire Research and Innovation Hub is a partnership intended to facilitate research and innovation activities with particular emphasis on ascertaining user needs and addressing health and care inequalities; supporting and developing the workforce to provide integrated population care; building capacity and capability for research; and providing subject matter expertise to projects. Established with £4.1 million funding from NHS England and Health Education England, and based within the Faculty of Health and Social Sciences, the Hub is currently supporting 17 active research projects aligned with local population health needs across four pillars:



East London NHS Foundation Trust - University of Cambridge (ELFT-UCAM)

Implementation Research Hub is a partnership seeking to create a thriving research community in Bedfordshire, empowering individuals to take charge of their own health and improving population health. It seeks to grow research skills and capabilities within ELFT, improve the visibility of ELFT research, support the development of joint research funding applications, and improve diversity and inclusion in research.

Research inclusion to address health inequalities

BLMK ICB secured £109,000 NHS England funding for 2024-25 Research Engagement Network (REN) development work to improve the diversity of residents getting involved in research study co-design and delivery, with partners Health Innovation East, East London NHS Foundation Trust, the VCSE sector and the University of Cambridge:

- **Diabetes Community Research Champions:** the BLMK Research Champions programme delivered six community roadshows across Luton in 2024, engaging over 400 residents, primarily from underserved and ethnically diverse communities. 84% of participants reported an improved understanding of health research, laying the foundation for future diabetes-related research participation.
- **Children and Young People's Mental Health:** other Research Champions focused on increasing participation in mental health research among children and young people (CYP) from underserved groups, in line with BLMK system priorities. The programme included bespoke mental health training, co-designed with CYP and delivered by ELFT social prescribing link workers and people participation workers, and CHUMS child welfare practitioners, who also received NIHR training to build capability in engaging communities in research. This led to workshops to co-design mental health research projects shaped by the lived experiences of CYP in Luton.

BLMK ICS RESEARCH RECRUITMENT

The number of patients participating in NIHR portfolio studies undertaken in primary care, community and wider health and care settings within Bedfordshire, Luton and Milton Keynes Integrated Care System in 2024-25 were as follows:

PRIMARY CARE research participants in BLMK ICS	2023-24	2024-25
Interventional research	323	19
Observational research	750	693
TOTAL	1,073	712

WIDER CARE SETTINGS research participants in BLMK ICS	2023-24	2024-25
Interventional research	16	0
Observational research	13	0
TOTAL	29	0

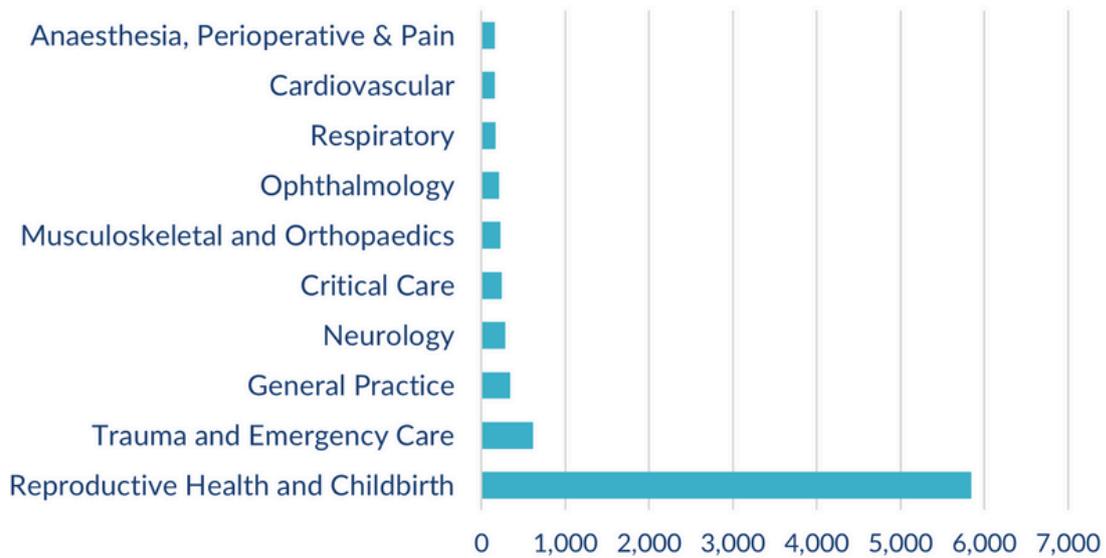
Of note, community-based research taking place within Bedfordshire, Luton and Milton Keynes but with a non-BLMK based NHS Trust as the research site would instead accrue research participant metrics to the ICB in which that Trust was based.

The overall research activity across Bedfordshire, Luton and Milton Keynes (in all health and care settings) for 2024-25 was as follows:

NIHR portfolio research participants within BLMK ICS	2023-24	2024-25
Bedfordshire Hospitals NHS Foundation Trust	3258	2,928
Milton Keynes University Hospital NHS Foundation Trust	4759	5,887
Primary care	1073	712
Wider care settings	29	0
TOTAL	9,119	9,527

The most active specialty area for research for 2024-25 was reproductive health and childbirth, by a considerable margin (5,847 participants); followed by trauma and emergency care; general practice; neurology; critical care; and musculoskeletal and orthopaedics:

Research recruitment by specialty, 2024-25



RESEARCH 2024-25

HERTFORDSHIRE & WEST ESSEX

The Hertfordshire and West Essex (HWE) Integrated Care System plans and delivers health and social care services for a population of just over 1.6 million, across a wide range of organisations committed to a shared vision of working together to improve the health and wellbeing of local people. Whilst the HWE Integrated Care Board (ICB) does not directly recruit research participants, it provides strategic support to research-active system partners. The HWE Research and Innovation Strategy, developed through a series of collaborative events, informed a plan for action from April 2024, aiming to:

- Embed the benefits of research, innovation and evaluation to better meet system needs and enable the delivery of the HWE five year forward plan.
- Ensure that research, evidence, innovation and evaluation underpin service design or improvement, managing risks and maintaining patient safety and confidence.
- Ensure that the voice of residents informs all activity, promoting inclusion and representing good value for taxpayers.
- Make the HWE ICS a national exemplar for the use of research, innovation and evaluation to meet the needs of local residents and workforce and deliver the integrated care strategy to improve population health outcomes.
- Achieve financial sustainability by 31 March 2026.

Overall, the intention is to increase the quality, quantity, breadth and relevance of local research and innovation undertaken locally, supporting researchers to address local priorities and improving the quality of health, care and outcomes for all through research evidence.

HWE also seeks to expand their collective research portfolio in settings such as primary care, community care, mental health and learning disability, services, public health, social care and other settings. The aim is to drive the use of research evidence, adoption of innovation and use of evaluation for quality improvement and evidence-based practice, as well as harnessing the patient and economic benefits of commercial contract research.

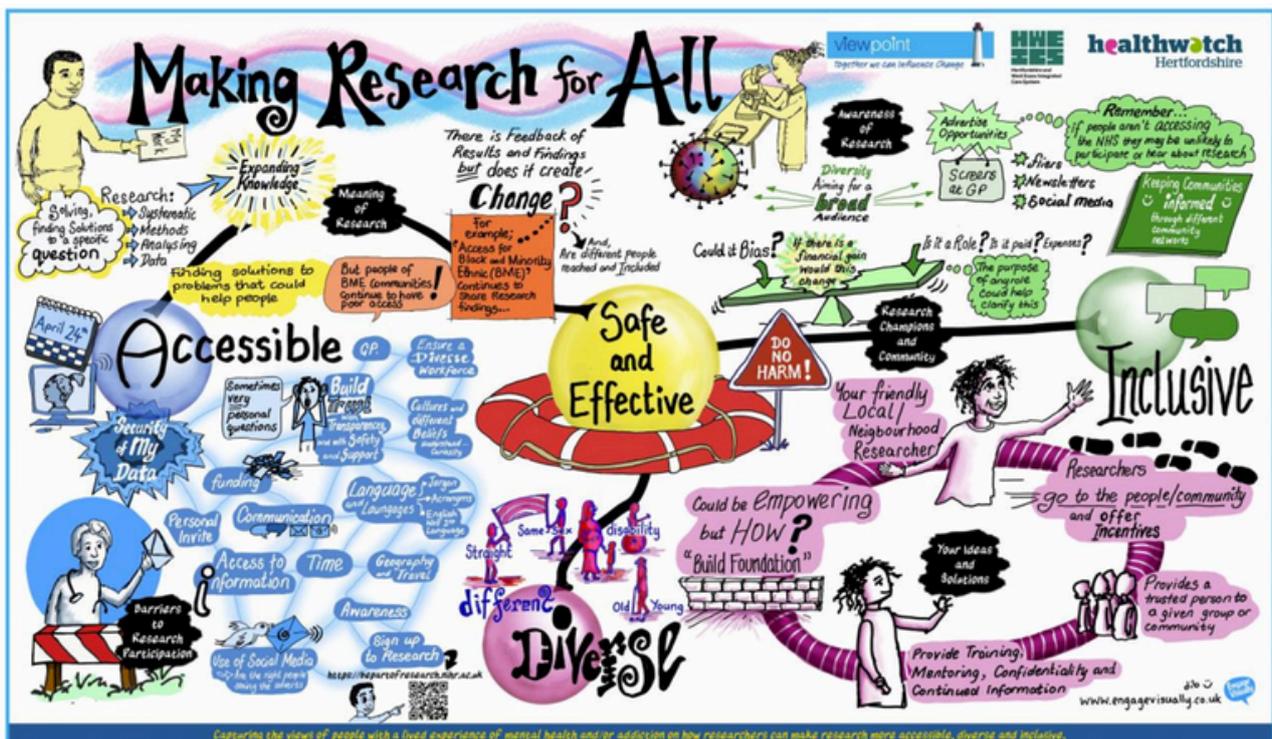
Other HWE research activity in 2024-25 included providing twice-weekly support sessions for colleagues with research, innovation or evaluation ideas or projects, and encouraging system partners to access a range of workforce development opportunities.

HWE Research and Innovation Hub

The Hertfordshire and West Essex Research and Innovation Hub was established in July 2024, based at the University of Hertfordshire within the School of Health, Medicine and Life Sciences. The Hub is funded through the University's ICS Partnership Programme, which provides two research coordinator roles (Research Fellow and Senior Research Fellow, both 1.0 FTE) and managerial support under the direction of the Heads of Research and Innovation of HWE ICB. Hub activities have directly underpinned delivery of the Research, Innovation and Evaluation Strategy, Medium-Term Plan, and broader system priorities, as well as inclusion efforts (see below). Further achievements include laying the foundations for expanding NIHR research into community and educational settings; developing practical tools to support research capacity-building; and strengthening connections between university researchers and system partners.

Research engagement and inclusion

HWE ICB has developed a programme to support research engagement and inclusion, built on the Research Engagement Network (REN) development funding from NHS England and a PARITY award from NIHR East of England Research Delivery Network. The aim is to make research inclusive and representative by involving residents, including those with seldom-heard voices, in research design, delivery, and dissemination. Healthwatch Hertfordshire has been instrumental along with organisations like Communities First in supporting engagement work, helping to bridge the gap between the ICS and local communities, ensuring that research priorities reflect the needs and voices of diverse community groups. This also helps to expand the research portfolio, particularly in settings such as primary care, community care, mental health, and public health.



HWE ICS RESEARCH RECRUITMENT

The number of patients participating in NIHR portfolio studies in Hertfordshire and West Essex in 2024-25 were as follows:

PRIMARY CARE research participants in HWE ICS	2023-24	2024-25
Interventional research	1,775	224
Observational research	1,732	2,113
TOTAL	3,507	2,337

COMMUNITY CARE research participants in HWE ICS	2023-24	2024-25
All forms of research	192	487
TOTAL	192	487

WIDER CARE SETTINGS research participants in HWE ICS	2023-24	2024-25
Interventional research	14	8
Observational research	34	151
TOTAL	48	159

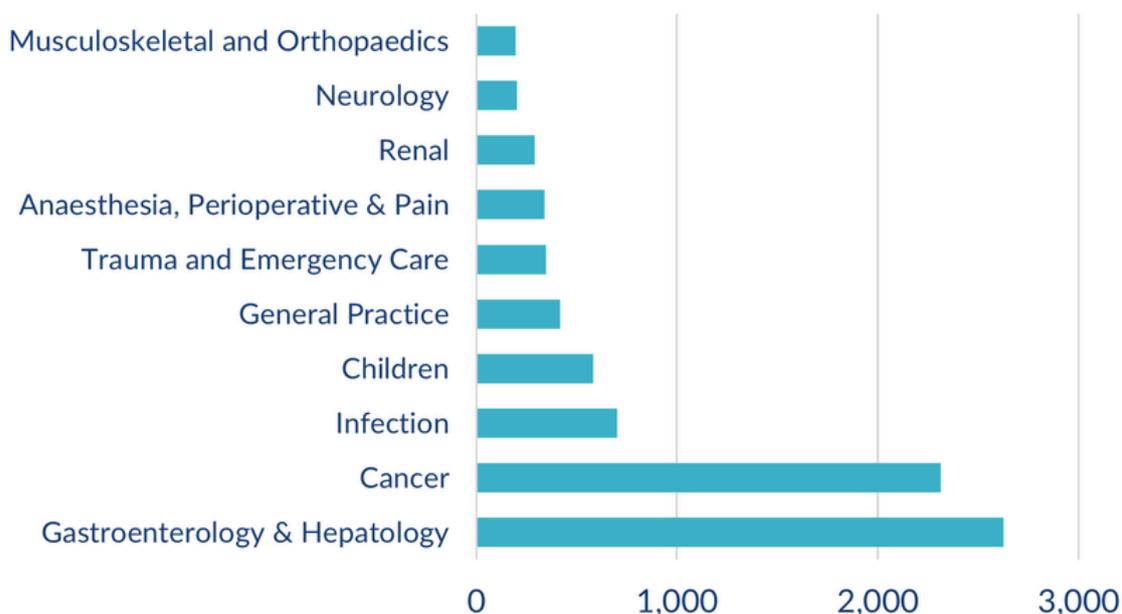
Of note, boundary changes to the geographical areas on which NIHR portfolio research delivery performance is calculated took effect halfway through 2024-25, to make the East of England RDN geographies consistent with the ICB geographies. The comparison between years for Hertfordshire and West Essex is therefore imperfect, since HWE effectively gained some areas in terms of research recruitment in the last year that were previously part of a neighbouring RDN.

The overall research activity across the Hertfordshire and West Essex Integrated Care System for 2024-25 was as below:

NIHR portfolio research participants within HWE ICS	2023-24	2024-25
East and North Hertfordshire Teaching NHS Trust	4,407	3,185
Hertfordshire Community NHS Trust	192	487
Hertfordshire Partnership University NHS Foundation Trust	217	417
Princess Alexandra Hospital NHS Trust	1239	705
West Hertfordshire Teaching Hospitals NHS Trust	2,340	2,125
Primary care	3,507	2,337
Wider health and care settings	48	159
TOTAL	11,950	9,415

The most active specialty areas for research in Hertfordshire and West Essex for 2024-25 were gastroenterology and hepatology; and cancer. The next largest areas of research activity were infection; children; general practice; trauma and emergency care; anaesthesia, perioperative and pain; renal; neurology; and musculoskeletal and orthopaedics:

Research recruitment by specialty, 2024-25



We will support professionals central to the Neighbourhood Health Service - such as GPs and those caring for older people - to increase their research output. We will build research capacity in primary care through the NIHR School for Primary Care and the Primary Care Commercial Research Delivery Centres, which will open in 2026, and which will specialise in commercial clinical trials based in primary care. Neighbourhood providers will have the scale, data and representative population to take advantage of this opportunity

FIT FOR THE FUTURE: 10 Year Health Plan for England (2025)





PEOPLE POWERED RESEARCH

NHS CAMBRIDGESHIRE AND PETERBOROUGH R&D



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board



**Cambridgeshire &
Peterborough**
Integrated Care Board



**Hertfordshire &
West Essex**
Integrated Care Board