NICHE Annual Report 2025

Factors affecting Integrated Care and associated Workforce Transformation

The Norfolk Initiative for Coastal and rural Health Equalities (NICHE) Anchor Institute, University of East Anglia (2022 - 2025)

Acknowledgements

We wish to acknowledge all our contributing partners for limitless commitment, enthusiasm, passion, expertise and generous human spirit. Your work on NICHE projects has been inspirational and made a significant difference to populations who are often unheard, plus acknowledging how you have influenced and inspired your colleagues, working as embedded innovative researchers. Thank you for being role models and compassionate system leaders.

Thank you to NHS England East of England, who had the inspired idea of investing in the HEIs as Anchor Institutes. Whatever shape the ICS and NHSE take going into the future, we hope that inspired, ambitious, novel, innovative programmes of work like this can occur to further advance talent and expertise within the workforce across all our communities.

Acknowledgement also needs to go to those colleagues who have now moved either into (so called) retirement, those we have connected with across other areas of the world, sectors or working as independent consultants. Your input, high support and high challenge helped shape NICHE, ensuring we remained firmly connected to our initial ambitions of sustainable transformation.

To all NICHE colleagues. You will remain close comrades in the life long process of human flourishing.

Copyright

ABBREVIATIONS

Health and Social Care systems frequently use abbreviations. The table below is provided as a useful list to help navigate the report and use of abbreviations. However, we aim to write words out in full first, before using abbreviations within the text of this report.

ABBREVIATION	FULL TITLE	INFORMATION
3 Rs	Three Rs of Workforce Development	The three Rs of workforce development is taken from NHS England workforce planning in terms of Recruitment, Retention, and Reform required to ensure the health and care workforce remain fit for purpose. NICHE has used this framework to report on activities in our Workforce Optimisation workstream 3.
AI	Anchor Institute	Large organisations that have a significant stake in their locality. They have sizable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example through procurement, training, employment, professional development, and buildings and land use.
CQC	Care Quality Commission	An independent regulatory of health social care in England. They have provided a briefing document on the role of Nursing Associates in health and care settings https://www.cqc.org.uk/sites/default/files/20190123_briefing_for_providers_nursing_associates_0.pdf
DSA	Data Sharing Agreement	A formal document that explains how data sets are shared between organisations, safe data storage, anonymisation and legal procedures/requirements and compliance with data protection laws.
EofE / EoE	East of England	Also known as East Anglia, the East of England region consists of Norfolk, Suffolk, Essex, Hertfordshire, Bedfordshire, Cambridgeshire and Peterborough.
EPIIC	East of England Partnership for Innovation in Integrated Care	The six HEIs in the East of England who achieved the innovation funding from NHS England East of England, Anchor Institute project have joined to create a collaborative where knowledge exchange and evidence is being shared across organisational boundaries, for enhancing and sustaining innovation in integrated care.
FMH	Faculty of Medicine and Health Sciences	The Faculty of Medicine and Health Sciences at UEA.

FTE	Full time equivalent	A percentage used to indicate a person's working pattern across a full time (five days a week) equivalency. Therefore 1 fte is full time, 0.8fte is 4 days a week, 0.6fte is three days a week, etc.
GP	General Practitioner	A GP works within a General Practice, in a locality within the Primary Care structures of the NHS. The GP is often the first point of contact when a person has something of concern relating to their health and wellbeing.
HCHS	Hospital and Community Health Service	Identifies a group of practitioners (Doctors) who work in hospitals, and in community based health services.
HEE	Health Education England	The former education commissioning body that receives funding from NHS England to train and educate health professions.
HEI	Higher Education Institution	Another word for UK University, as independent and self-governing bodies who provide education and undertake research, supported by funds from the Higher Education Funding Council for England.
ICB	Integrated Care Board	ICBs replaced the previous Clinical Commissioning Groups (CCGs) in July, 2022. There is one ICB per ICS, who are the statutory body of representatives, responsible for planning services to their local population, controls the budget and works with ICS partners to improve health outcomes and reduce health inequalities.
ICS	Integrate Care System	Integrated Care Systems are driven by the largest legislative changes introduced by NHS England, who have established 42 Integrated Care Boards across England, from 1st July 2022 in line with its duty in the Health and Care Act 2022. In 2025 consolidation to cluster ICS will be established in an attempt to reduce spend down from 42 to 26 ICBs in England. Since July 2025 NICHE has been working with Norfolk, Waveney and Suffolk ICS. However, most of this report captures work achieved within the original Norfolk and Waveney ICS architecture.
LSBU	London South Bank University	London South Bank University is a collaborating academic partner in NICHE workstreams 1 and 2.
MOU	Memorandum of Understanding	A formal signed agreement between organisations outlining shared areas of work, responsibilities and goals, as a statement of intention to work together.
N&W	Norfolk and Waveney	Norfolk and Waveney is the coastal region of north Norfolk, stretching from Kings Lynn to the west through to Great Yarmouth. Norfolk and Waveney is made up of

the seven council-based districts. In Norfolk the wards are: Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich and South Norfolk, and the area that was the former Waveney district, sits in Suffolk.

NHS	National Health Service	A publicly funded health care system in England. The second largest care provider in the world (after Brazil).
NHSE	NHS England	The commissioning body for health and care workforce, services and monitoring across the counties of England.
NICHE	The Norfolk Initiative for Coastal and rural Health Equalities	NICHE is funded by NHS England, East of England to work as an Anchor Institute, engaging academics (working within the UEA) support and enable integrated care system partners to address workforce developments that address the needs of populations within the Norfolk and Waveney (plus Suffolk) Health and Care system architecture and geography.
PhD	Doctorate of Philosophy	A highest level of degree that offers an award for original research and contribution within a specific field of enquiry.
THEO	Therapeutic Optimisation	NICHE THEO project is a quasi-experimental intervention study, exploring how to optimise staffing, patient outcomes and system level collaboration to ensure people are getting the right care, at the right time, in the right place.
UEA	University of East Anglia	The University of East Anglia (UEA), based in Norwich is a Higher Education Institution offering research, education and civic engagement, and was formed in 1963.
VCSE	Voluntary, Charitable and Social Enterprise	Often referred to as third sector providers.
WHO	World Health Organisation	An international organisation, formed as a united nations agency, charged with spearheading international efforts to address global health efforts, guided by science. https://www.un.org/youthenvoy/2013/09/who-world-health-organisation/
WIN	Workforce Intelligence Network	NICHE WIN is a workstream that brings together workforce data in our system, to undertake modelling to generate intelligence and horizon scanning for future workforce needs (i.e., supply & demand, modelling, productivity, safety and quality).

Working to Ignite and Embed Innovation within an emergent Integrated Care System architecture in the East of England.

FOREWORD

It has been an honour and a privilege to be part of NICHE.

I am going to make no apologies about how proud and humbled I have been, to be a minute contributor to the amazing work that has been spearheaded by Professors Sally Hardy and Jonathan Webster, along with their superb team.

In this fast-paced changing world of health and social care, NICHE projects have afforded health and social care professionals, working in collaboration with patients and carers, to improve outcomes for all those involved. When considering that "the system" is supposed to be integrated, I fear that we still have a long way to go due to entrenched attitudes and behaviours.

NICHE projects have enabled researchers to get to the nub of some extremely sensitive areas of work, resulting in changes adopted across hospitals and care settings in the East of England that have cascaded further afield, to Northern Ireland and Canada for example. Similarly, it has managed to bring together clinical and non-clinical staff and provided them intensive support and enablement, how working for the common good encourages the 'art of the possible', as opposed to 'we cannot consider working in a separate or different way'. NICHE has opened peoples' minds, enabling them to reach their full potential.

Each of the projects that you will read about in the following pages of this report has effectively contributed to each of NICHE's original objectives in one way or another. UEA took a slight "academic" risk at the outset, by hosting an innovative programme that would go against traditional research methodologies, but should be immensely proud of what its team have achieved to improve systems across Norfolk and Waveney.

At a parochial level, NICHE have worked in partnership with over forty-eight organisations, and this outreach has resulted in NICHE achieving international recognition and multi-disciplinary approaches which provides a great platform to continue work moving forwards. This is truly astonishing when considering the small amounts of money that was awarded to the projects in the first instance. Moving forwards and I would urge my colleagues to continue the work that NICHE has started by helping it achieve further funding.

At the time of writing, I along with colleagues will be attending the Nursing Times Awards 2025, where NICHE has been shortlisted for the Kings Award for Innovation in Integrated Care. Such an accolade needs to be celebrated in our system.

Congratulations to all who have contributed to this success story. I will never cease to be amazed at your brilliance, and it has been an absolute pleasure being given the honour of chairing such an inspirational group of people.

Alex Stewart

October 2025

Alex Stewart, Healthwatch Norfolk
NICHE Stakeholder Advisory Group Chair

Image 1: Representatives from the NICHE team and NICHE Fellows at the
Nursing Times Awards, October 2025.

The Norfolk Initiative for Coastal and rural Health Equalities (NICHE) Anchor Institute

Working to Ignite and Embed innovation within an emergent Integrated Care System architecture in the East of England.

EXECUTIVE SUMMARY

The Norfolk Initiative for Coastal and rural Health Equalities Anchor Institute (NICHE) Annual Report documents work achieved during 2023 – 2025, including a series of recommendations for future research and system sustainability.

NICHE activity has focused on how to enable and achieve integrated system architecture shifts and exploring related workforce and population health challenges, as a process of *planting seeds for change*. Through establishing effective partnerships, sharing resources and maximizing workforce effectiveness to navigate seismic changes taking place locally, regionally, nationally, and internationally has been both rewarding and testing.

The impact and consequences of collaborative partnership working, reveals how over relatively short periods, achieving a shared vision to promote *what matters to people* can sustain highly effective outcomes that have social impact and economic value.

NICHE strategic objectives (below) were established in 2022, developed through a mapping exercise aligning workstream focus to the Norfolk and Waveney ICS strategic priorities and to provide evidence of what works, for whom in terms of integrated care pathways.

- Improving health inequalities across rural and coastal communities
- Workforce development and transformation
- System collaboration and transformation through effective partnership working
- Wellbeing and sustainability.

The work detailed in this report highlights how investing in local system partners, leveraging context wisdom and practice expertise to meet local population needs, NICHE has set a foundation for broader collective actions required to tackle global health challenges. This report presents a preventative engagement model, co-developed by NICHE working as an Anchor Institute within an HEI, across health and care system partners and community stakeholders in the East of England.

NICHE four Workstreams addressed aspects of *Workforce Intelligence, Therapeutic Optimisation, Workforce Optimisation* and *Evaluation*, achieving significant evidence of what works, for whom and how.

NICHE spread financial investment both geographically across ICS, and allocated funding by focusing on achieving evidence across each workstream, ultimately working to improve care quality and safety outcomes, plus meet strategic objectives across Norfolk and Waveney, particularly focussing on rural, deprived and at risk communities.

The NICHE model's core findings are:

- *Healthy Workforce:* Sustaining the workforce as valued contributors to achieve highly effective cultures of care and compassion
- *Healthy Systems:* Strengthening place-based relational infrastructure delivering quality, economic, performance and social impact
- *Healthy Populations:* Addressing inequalities by addressing what matters to people and communities engaging across organisational and system boundaries.

NICHE has shown how Anchor Institutes accelerate workforce development, social value, innovation spread, and system transformation by being embedded within local structures.

NICHE provided a form of recognition, legitimacy, and protected space that helped early-stage or grassroots initiatives gain visibility and traction.

NICHE recognises workforce development as a key enabling function, vital to sustainability and a driver of transformation.

Designed to engage underserved, coastal and rural populations, the NICHE model focuses on strengthening relational infrastructure, empowering the workforce, and building trusting partnerships that transcend traditional boundaries.

- As an **Anchor Institute within an HEI structure,** NICHE identified further opportunities for streamlined decision-making pathways are required when collaborating across HEI–ICB boundaries.
- Building an **integrated infrastructure** while that system is still emerging is complex. Innovation stalls when education, workforce and research are treated as separate agendas.
- Creating **equal partnerships** through a process of open calls is insufficient within set and traditional research hierarchies. Infrastructures that create conditions where every partner can step forward, not just those already fluent in the system are required to enable true integration to be achieved for all.

- Blending methodologies and ontologies exposes structural limitations. Blended approaches (arts, practice development, applied research, community-led insights) do not fit neatly into existing funding or publication models. **Flexible evaluation** frameworks that recognise value beyond traditional research measures are required for true integration and inclusive engagement.

- **System readiness** is a major barrier when co-creating hybrid integrated approaches. Aligning integration and innovation efforts with broader system culture and workforce strategies is a necessity for achieving effective and sustainable outcomes.

- Novel approaches, such as **values-driven** practice development, struggle for recognition. Gaining legitimacy requires constant translation of value into forms or a language that a more traditional research system can accept.

- **Embedded innovation** is inherently difficult. Success depends on how different stakeholders understand "innovation".

- Navigating multiple perspectives, whether strategic, operational, clinical, or academic, requires holding complexity, **adapting continuously**, and accepting that progress is rarely linear.

There is clear and growing evidence that modern health and care systems must move beyond reactive service delivery, towards models that prioritise prevention, wellness, and equity. Achieving this shift relies on redesigning the workforce not as an isolated initiative, but as a central component of a whole-system approach that strengthens engagement, improves population health, and delivers better value for public investment.

So thank you
For the work that holds
That heals without demanding praise
That sees people not as problems
But as partners in their own becoming[1].

The NICHE team:
Professor Sally Hardy, Director of NICHE, Professor Jonathan Webster, Co-Director of NICHE, Idris Phillips-Fry, NICHE Programme Manager, Dr Johnny Yuen, NICHE Senior Research Associate (Evaluation), Joanne Odell, NICHE Senior Research Fellow (THEO), Joe Collins, NICHE Administrator and Scarlet William, NICHE Design and Marketing.

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[1] **A poem for carers (**By Matthew Mackenzie, 2025)

70+ Innovative place-based projects

64 Conference presentations

27 Peer reviewed publications

18 Book Chapters

24 Contemporary blogs

12 NICHE newsletters

8 Media Mentions

20 Project Reports

13 Webinars

4 Podcasts

450+ Collaborating partners
7 International collaborating partners
(British Columbia, Europe, Sri Lanka, Trindad and Tobago, Jamaica, UAE, Australia)

NICHE outputs 2025

The NICHE website sits within the UEA research Groups and Centres and can be found using this link
https://www.uea.ac.uk/groups-and-centres/projects/niche

'THE ONLY CONSTANT IS CHANGE'
Heraclitus (500BC)

1: BACKGROUND

The Health and Care Act (2022) set out legal duties for incoming integrated care board structures in England. A core element was the facilitation and promotion of research and how research evidence can be used to enhance and improve not just commissioning of services but also addressing the growing health inequalities across diverse populations in the UK. Integrated Care Boards (ICBs) were to combine expertise across a variety of different partnerships in social and health care settings to foster and deploy research and innovations.

Each ICB was encouraged to develop a research strategy to enable the embedding of research across the National Health Service (NHS) and associated partners to:

- Identify and address local research priorities and needs, and work collaboratively to address national research priorities
- Improve the quality of health and care and outcomes for all through the evidence generated by research
- Increase the quality, quantity and breadth of research undertaken locally
- extend and expand research in settings such as primary care, community care, mental health services, public health and social care
- Drive the use of research evidence for quality improvement and evidence-based practice
- Influence the national research agenda to better meet local priorities and needs
- Improve co-ordination and standardisation within and between localities for the set up and delivery of research
- Harness the patient and economic benefits of commercial contract research
- Co-ordinate and develop the research workforce across all settings[2].

The Norfolk Initiative for Coastal and rural Health Equalities (NICHE) Anchor Institute at University of East Anglia (UEA) works in close collaboration with Integrated Care System (ICS) working with a variety of system partners, as key stakeholders in the process of:

a) *Ensuring research is embedded across services,*
b) *Increasing the scale, pace and diversity of those taking part in research, and*
c) *Providing improved system level assurance for achieving high quality provision that is addressing and meeting local population health and care needs.*

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[2] https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/ (last accessed 8/1/2024)

Through funding from Health Education England, which merged to become part of NHS England (NHSE) in 2023. NICHE is one of six Higher Education Institutes (HEIs) in the East of England working to release academic expertise in consideration of the workforce requirements for future proofing population health and care, associated education, capacity and capability advancements, in order to produce and sustain a health and care workforce fit for purpose.

NHSE is a partner with Future of United Kingdom (UK) Clinical Research Delivery[3], whose vision is to 'unleash *the full potential of clinical research delivery to tackle health inequalities, bolster economic recovery and to improve the lives of people across the UK* (DoHSC, 2021).

Within this vision are 5 overarching themes identified as:

1. Sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver clinical research as an essential part of care

2. Clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention

3. People-centered research to make it easier for patients, service users and members of the public across the UK to access research and be involved in the design of research, and to have the opportunity to participate

4. Efficient and innovative research so that the UK is seen as one of the best places in the world to conduct cutting-edge clinical research, driving innovation in healthcare

5. Research enabled by data and digital tools to ensure the best use of resources, leveraging the strength of UK health data assets to allow for more high-quality research to be delivered[4]

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[3] https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery (last accessed 8/1/2024)

[4] https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery-2022-to-2025-implementation-plan/the-future-of-clinical-research-delivery-2022-to-2025-implementation-plan (last accessed 8/1/2025)

A Kings Fund blog[5] (24 April 2024) noted that innovation in complex systems such as integrated care structures is challenging. They conclude the system makes innovation harder than it should be and that most innovation takes place due to the drive and energy of enthusiastic individuals, rather than coordinated and encouraged at scale. From over 100 participants in a Kings Fund innovation workshop – the online report highlights the following statement: '*When this lack of headroom is combined with a culture of risk aversion, it makes it almost impossible to innovate and change'.*

Lord Darzi led an independent investigation (September, 2024) on the state of the NHS in England. The report indicated that public opinion was at an all-time low, social determinants of health are increasing over time, and the proportion of lives spent ill has increased. All of which places increasing demand on services that are working within a reduced and limited level of funding and resources, particularly affected by both economic and psychological recovery consequences of the COVID-19 pandemic. Therefore, delivering innovation and workforce transformation to achieve research potentials requires significant and a broad spectrum approach to achieving necessary changes at pace.

In March 2025, a British Broadcasting Company (BBC) News channel announced the Labour Government was to abolish NHSE, bringing closer control of NHS spend back into central government. By June 2025, the Government announced additional financial withdrawal from a number of Quangos such as Healthwatch. Both these organisations have been important stakeholders and partners in the work of NICHE, to address system and workforce transformation that makes a difference to local populations.

The *Fit for the Future: 10 year Health Plan for England* (DHSC 3/7/2025[6]) set out three significant shifts in focus from; i) hospital to community, ii) analogue to digital and iii) sickness to prevention. Each requires a revised workforce and operational model promoting innovation and transparency. Yet, there is limited understanding to date in terms of how these three shifts in focus are to be implemented and resourced.

Arnold et al, (2025) state: *ultimately people not plans deliver care. To realise the plan's ambitions we must balance aspiration with realism and ensure staff feel valued, empowered to lead change and work with patients and communities in different ways*

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[5] https://www.kingsfund.org.uk/insight-and-analysis/blogs/siloed-unsupported-hindered-innovation-nhs-social-care (last accessed 29/9/2025)

[6] https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future#:~:text=The%2010%20Year%20Health%20Plan,analogue%20to%20digital (last accessed 21/7/2025)

and with a different relationship (working in partnership between staff and the local communities they serve (pg:14/61)

This is where NICHE- as a process of inclusive, collaborative, participatory engagement comes into its own - working with and alongside people as the ultimate '*P* Value' in our system.

Background: In summary

This NICHE report provides evidence emerging from work undertaken during a changing political health and care system landscape (2022 – 2025). Focus is on how to enable and achieve sustainable safe and effective care during system shifts and related workforce and health challenges, as a process of *planting seeds for change*.

Through establishing effective partnerships, sharing resources, and maximizing the workforce as a significant indicator of highly effective system functioning, navigating seismic changes has been both rewarding and testing.

The impact and consequences of work achieved to date, within local, national and international partnerships, reveals how working in collaboration to promote *what matters to people* enables sustainable outcomes for enhanced wellbeing for all.

Image 2: Dandelions by Fantasy Wire. Pensthorpe Norfolk (with permission).
Photograph taken by Jonathan Webster

2: INTRODUCTION

The Norfolk Initiative for Coastal and rural Health Equalities (NICHE) Anchor Institute

Working to Ignite and Embed innovation within an emergent Integrated Care System architecture in the East of England.

NICHE is a multi-faceted, multi-site and multi-stakeholder initiative operating at a county-wide scale. Identified as an *Anchor Institute*, hosted within an HEI that offers economic, social and health benefits to the local communities. NICHE seeks to address real-world challenges through its four workstreams (refer to the operational model below) by co-developing and embedding sustainable solutions that impact health, social care, population health and associated workforce systems.

According to the Health Foundation's report entitled, 'Anchors in a Storm', (Allen et al, 2021), Anchor institutions are identified as: *Large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact and work in partnership. Organisations including hospitals, local authorities and universities are anchor institutions as they are 'anchored' in their surrounding community – they are unlikely to change in terms of leaving the locality and are therefore rooted in and connected to their local populations. This provides an opportunity to maximise their influence on the wider determinants of health by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.*

NICHE Research Objectives

NICHE's vision is to support local initiatives with national, regional and international impact, providing evidence of what works, for whom in terms of integrated care pathways to decision makers.

Focus is how to provide evidence-based intelligence on the impact of integration agendas and associated workforce reforms across complex systems of care to ultimately *achieve the right care, in the right place, at the right time*.

NICHE Strategic objectives

NICHE strategic objectives were identified in 2022, through a mapping exercise using the Norfolk and Waveney ICS strategic priorities to cover:

- Improving health inequalities across rural and coastal communities
- Workforce development and transformation
- System collaboration and transformation through effective partnership working
- Wellbeing and sustainability.

NICHE's work is addressing these objectives via three strategic goals with each NICHE supported project specifically addressing one or more of the following:

- *Health Equity:* Address health inequalities in coastal and rural communities by identifying and tackling barriers to care through place-based, co-designed solutions.
- *Workforce transformation:* Build capacity, improve retention, and enhance professional autonomy by embedding research into workforce education and development, ensuring a sustainable and skilled health and care workforce.
- *Evidence to inform Policy and Practice:* Generate evidence-based insights that shape local, regional, and national health strategies, addressing both current challenges and long-term healthcare system transformation needs.

Research into the outcomes and effectiveness of NICHE centers on answering the following overarching research question:

What factors influence highly effective integrated care systems and associated workforce transformation?

The research question is addressed through real time research, capturing evidence derived at multiple system levels:

1. **Project/Workstream Level**: Project leader's progress and final reports, which showcases how their efforts impact relevant aspects of health and care across Norfolk and Waveney.
2. **NICHE Project Level**: Assessing the cumulative impact of the portfolio of NICHE-supported projects.
3. **EPIIC (Regional) Level**: Exploring broader system-level influences and synergies enabled by NICHE's work across regional projects across East of England
4. **International level**: NICHE connections across other coastal, rural and isolated communities working to address health inequalities arising from consequences

of climate change, which has extended to an international audience and was supported through additional externally funded project and consultancy work.

NICHE Operational Model

NICHE operates as a multi-faceted initiative, supporting over 70 **place-based projects** (refer to Appendix 1) developed collaboratively with a wide variety of health and care stakeholder partners.

Using the image of a windmill as our NICHE logo represents the process of gathering evidence from our local communities, or fields of inquiry, to then synthesise knowledge to inform evidence based resources used to further 'feed' the system. These coproduced innovation projects are organized across four overarching workstreams as interwoven yet discreet programmes identified as:

1. **Workforce Intelligence Network (WIN)**
2. **Therapeutic Optimisation (THEO)**
3. **Workforce Optimisation (WO)**
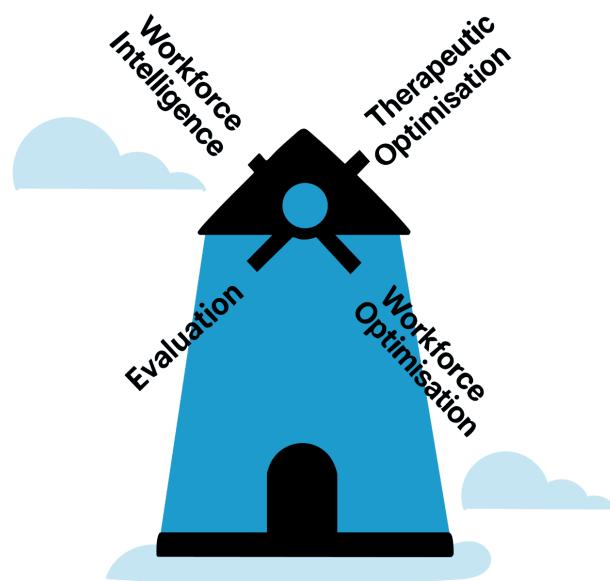4. **Evaluation (EVAL)**

Diagram 2.1: NICHE Windmill logo with Four Workstream 'sails'.

NICHE Governance

NICHE has implemented a robust shared governance system for achieving critique oversight, transparent decision making and reporting (see diagram 2.2 below).
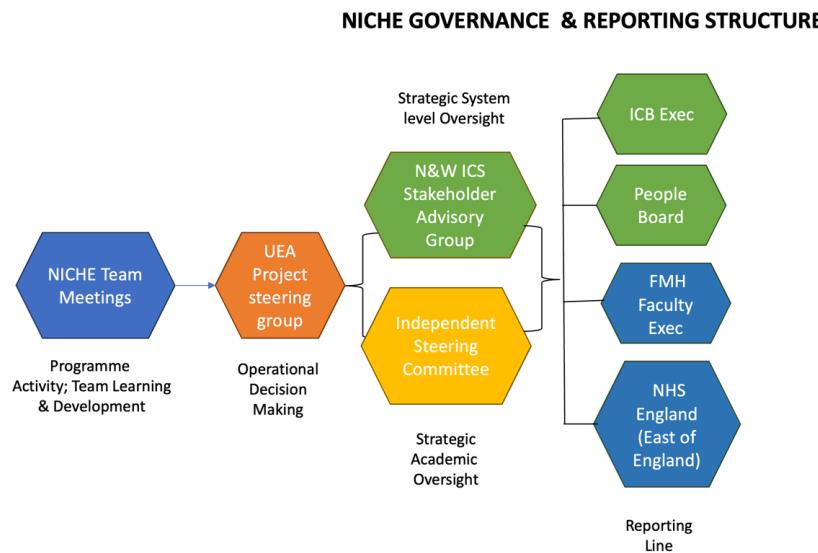
NICHE GOVERNANCE & REPORTING STRUCTURE

Diagram 2.2: NICHE Shared Governance Structure and Reporting.

There are 3 main NICHE governance committees with representation from key stakeholders providing oversight and scrutiny of work, encompassing operational delivery and strategic horizon scanning for internal audit purposes, robust external and internal scrutiny of work taking place, plus financial oversight and sign off processes.

Internal Steering Group (ISG)
The NICHE ISG is co-chaired by the Dean of Health Sciences working with the Deputy Dean of the Medical School, depending on diary availability. The ISG ensures representation from across the Faculty of Medicine and Health Sciences with those who have operational decision making. All actions and decisions are noted in recorded minutes. The NICHE team reports each month on activities, following an approved agenda of standing items addressing what works, and areas for further development.

The ISG terms of reference identifies responsibility for operational oversight, and to sign off operational projects and requests for funding from local partners. Reports and all minutes are then reviewed at the Independent Steering Committee. Having chairs that

are independent to the day-to-day running of NICHE ensures a level of objectivity to challenge, question and approve issues as they arise.

Activities undertaken include a 'deep dive' into the four workstreams, along with regular oversight of the NICHE Risk Register, Financial Dashboard, workstream progress reporting and any project funding requests.

ISG membership 2023 – 2025 has largely remained static, apart from rotational changes to the Dean HSC, and a change to NICHE programme manager roles, working to short term contracts.

NAME	ROLE	ORGANISATION
Prof. Kenda Crozier 2023 – 2025	Dean of HSC and co-chair of Group	HSC, UEA
Prof. Chris Burton 2025 - 2026	Dean of HSC and co-chair of Group	HSC, UEA
Prof. Niall Broomfield	Deputy Dean, Norwich Medical School/Clinical Psychology and co-chair of Group	MED, UEA
Prof. Sally Hardy	Director NICHE	HSC, UEA
Prof. Jonathan Webster	Co-Director NICHE	HSC, UEA
Dr Rebekah Hill	Associate Professor Education, Retention workstream lead	HSC, UEA
Simon Rose	Lecturer, Paramedic Science, Recruitment Lead	HSC, UEA
Liane Ward 2023 - 2024	NICHE Programme Manager	HSC, UEA
Idris Phillips-Fry 2024 - 2026	NICHE Programme Manager	HSC, UEA
Sarah Walker	Faculty Research Support Manager	FMH, UEA

Table 2.1 NICHE Internal Steering Group Membership by role.

Independent Steering Committee (ISC)
The NICHE ISC aims to consider and provide critical scrutiny and advice on the scientific direction of the project and programmes. Terms of reference were created and approved July 2023, working to oversee NICHE activity mirroring a conventional research programme grant.

The ISC has external member representation, derived from specialist areas of research, innovation and practice expertise, as well as membership from internal UEA and NICHE project leads reporting on findings.

The ISC provides objective oversight and sets strategic direction, bringing a level of scrutiny and accountability to spend, research approaches and outcomes with a focus relevance to policy, practice and research (e.g. Research Excellence Framework) impact.

The ISC meets quarterly and has access to all documents associated with NICHE operational reporting (as identified in the ISG). Members discuss additional aspects of project representation, outcomes and reputational importance of NICHE work through how to achieve high quality dissemination amongst different academic, practice communities and policy maker audiences.

NAME	ROLE	ORGANISATION
Professor Lisa Dikomities	Independent Chair Professor of Medical Anthropology	University of Warwick
Professor Charles ffrench Constant (2023 – 2025)	PVC Faculty of Medicine and Health Sciences UEA	UEA
Professor Phillip Baker (2025 – 2026)	PVC Faculty of Medicine and Health Sciences UEA	UEA
Dr Zena Aldridge	Regional Clinical Lead, NHS England and NHS Improvement Social Care Nurse Fellow NIHR CRNCC	NIHR
Professor Jane O'Hara	Professor of Healthcare Quality and Safety Director of Research, at THIS institute, Cambridge	THIS institute Cambridge.
Professor Alison Leary	Workforce Intelligence Lead	London South Bank University
Professor SarahJane Jones	Director of Research, Therapeutic Optimisation Lead	University of Staffordshire
Professor Sally Hardy	Director of NICHE Professor of Mental Health and Practice Innovation	UEA
Professor Jonathan Webster	Co-Director of NICHE, Professor of Practice Development	UEA
Idris Phillips-Fry	NICHE programme Manager	UEA

Professor Niall Broomfield	Deputy Dean, Norwich Medical School/Clinical Psychology and co-chair of Group	UEA
Professor Kenda Crozier (2023 – 2025)	Dean School of Health Sciences Co-Chair NICHE ISG	UEA
Professor Chris Burton (2025 – 2026)	Dean School of Health Sciences Co-Chair NICHE ISG	UEA

Table 2.2 NICHE Independent Steering Committee Membership by role.

Feedback from the ISC Chair

It is my privilege to chair the Independent Steering Committee of NICHE. The NICHE team continues to deliver robust and innovative work in these challenging times across sectors - in Higher Education, health and social care. I continue to be impressed with the careful attention to engaged, impactful work, the strong inclusion of practitioners, the commitment to capacity building and the attention to potential risks and their mitigation. NICHE is supporting the next generation of research and researchers to conduct work that has real-life impacts.'

NICHE Stakeholder Advisory Group (SAG)

The NICHE Stakeholder Advisory Group (SAG) was developed to ensure broad stakeholder engagement and critical review of work taking place across the integrated care system architecture, aligning work to maximise shared learning (knowledge exchange) and innovation uptake (knowledge mobilisation and transfer).

SAG terms of reference were co-designed and approved in October 2023. Membership has changed over time, as personnel move roles, and represents the pace of internal system changes that have taken place.

The SAG Chair was Ema Ojiako, in the role of Executive Director of People at the Norfolk and Waveney ICB. When Ema left the role (August 2024), the SAG Chair position was replaced by Alex Stewart, as Norfolk Healthwatch Chair, who was already a member of the SAG.

NAME	ROLE	ORG.
Ema Ojiako 2023 – 2024	Chair Stakeholder Group NICHE Executive Director of People ICB	N&W ICB
Alex Stewart 2024 -2026	Chair Stakeholder Group NICHE Chief Executive Healthwatch Norfolk	Healthwatch Norfolk
Alan Hopley 2023 – 2025 (retired)	Chief Executive	Voluntary Norfolk
Lucy Hogg	Director of Voluntary Sector Infrastructure	Voluntary Norfolk
Zoe Carroll	AHP Clinician Educator	NCHC
Charles ffrench-Constant 2022 – 2024	Pro Vice Chancellor	UEA
Christine Cocker	Head of Social Work	UEA
Paul Johnson 2023 - 2024	Director of Education	NSFT
Neil Lad 2024 - 2026	Associate Director for Education	NSFT
Harpreet Hockley	Director of Culture and Organisational Development	NSFT
Christine Futter 2023 –2024 (retired)	Former Chief Operating Officer	Norfolk and Suffolk Care Support
Emma Wakelin 2023 - 2024	Associate Director of Workforce Transformation	N&W ICS
Helen Wright	External workforce manager	Norfolk County Council
Niall Broomfield	Deputy Dean, Norwich Medical School/Clin Psychology	UEA
Sally Hardy	Director of NICHE	University of East Anglia (UEA)
Fiona Denny	NorCA Project	Norfolk Care Association
Angela Steggles	NorCA	NorCA
Becca Wilson	System Cultural Transformation lead at NHSE Head of Inclusion and Culture Transformation	NHSE East of England and N&W ICS
Jonathan Webster	Professor of Practice Development NICHE	UEA

Amina Chitembe	Head of Inclusion and Culture Transformation	SNEE ICS
Caitlin Notley	Director Lifespan Research	UEA
Tricia D'Orsi	Executive Director of Nursing	NHS N&W ICB
Tessa Kasia	Research and Enterprise	N&W ICB
Pippa Street	Chief Nurse	Queen Elizabeth Hospital Kings Lynn
Nancy Fontaine 2023 - 2024	Chief Nurse	Norfolk and Norwich University Hospital
Carolyn Fowler 2023-2025	Chief Nurse	Norfolk Community Health and Care NHS Trust
Ben Chandler	Senior Workforce Transformation Manager – Rural and Coastal	NHS N&W ICB
Therese Davis 2024 - 2026	Chief Nurse East of England	HEE/NHSE East of England
Lynn Wigens 2022 - 2023	Former Chief Nurse East of England	HEE/NHSE East of England
Tracy Bleakley	Chief Executive	N&W ICS
Paul Wardle	Strategic HR Business partner (Adult social care)	Norfolk County Council

Table 2.3 NICHE SAG Membership by role.

The Core NICHE Team

Name	Role
Professor Sally Hardy (1fte)	Director of NICHE
Professor Jonathan Webster (0.6fte)	Co-Director of NICHE
Ms. Joanne Odell (1fte)	Senior Research Fellow (Practice Development)
Dr. Johnny Yuen (1fte)	Senior Research Associate (Evaluation)
Ms. Liane Ward (1fte)	Project Manager (2023-24)
Mr. Idris Philips-Fry (1fte)	Project Administrator (2023-24) Project Manager (2024-25)
Ms. Paula Pearce (0.8fte)	Project Administrator (2022-23)
Mr. Joseph Collins (1fte)	Project Administrator (2024-25)
Ms. Scarlet William (0.6fte)	Project Design Administrator (2024-25)

Table 2.4: NICHE Team Roles and FTE.

Reporting

NICHE reports have been presented to the Internal Faculty of Medicine and Health Sciences Executive Board and the Norfolk and Waveney Integrated Care Board (ICB). Additionally, annual reports are shared with the NHS England East of England Commissioners.

The ICB Workforce Development Team, The Norfolk and Waveney People Board and the Chief Nurses Forum received regular updates on NICHE activities.

The first NICHE annual report was completed in December 2023, followed by a second annual report in December 2024. Both reports are publicly accessible in the Reports and Publications section of the NICHE/UEA website.

https://www.uea.ac.uk/groups-and-centres/projects/niche/reports-and-publications

NICHE: accelerating workforce capacity and system innovation to address health inequalities
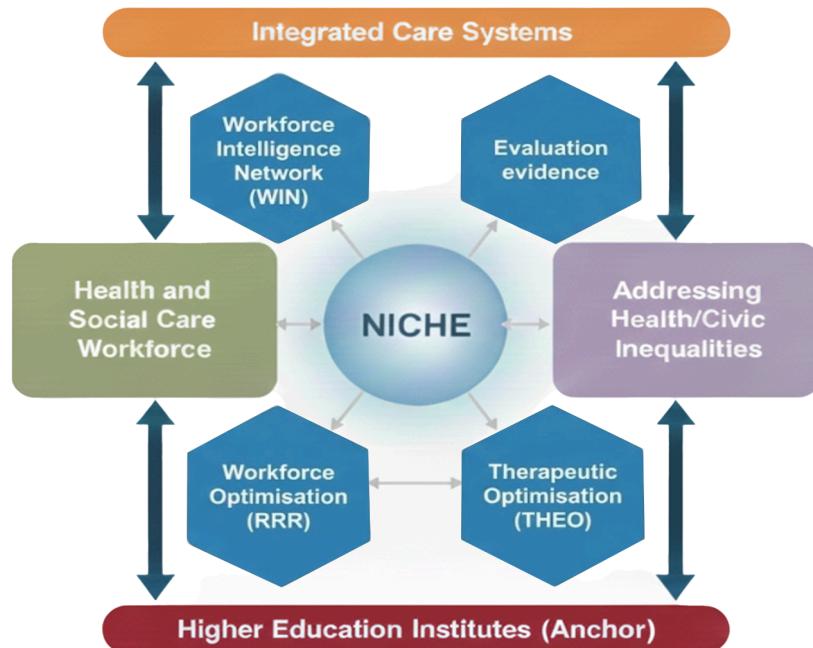

Diagram 2.3: NICHE Position within HEI and ICS Infrastructures.

NICHE Impact Assessment

NICHE internal Impact Assessment (June 2024[7]) was commissioned by the (former) Norfolk and Waveney ICS Workforce Lead, Ema Ojiako. The NICHE impact assessment report identified impact opportunities across 3 core areas that have subsequently underpinned findings identified within this 2025 annual report:

1: Quality and safety, ensuring that practitioner initiatives remain deeply embedded within their 'place' (whether organizational, or population) benefitting those in receipt of care or services. Early indicators identified a series of benefits, in terms of improved patient pathways, reduction in time taken to refer, reduced bureaucracy and reduced risks.

2. Effective integration was a second impact assessment identified, where partnership working and improved collaborative working had impacted innovation uptake and spread of project findings at national, and international levels.

3. Workforce impact was a third area identified early in our programme of work, offering practitioners an infrastructure of support and enablement that aligned to transformation required to achieve highly effective evidence based integrated care pathways. Focus on retention and retainment of staff, enabling their practice wisdom and clinical expertise to flourish, despite the adversity of high work demands, and associated resource limitations. Finally, economic impact was identified as a priority area for consideration, to identify where and how improved efficiencies were being identified.

Identified knowledge gaps from across our participating partners was identified as a process of shared learning, was addressed through commissioning two **health economic** workshops delivered to stakeholders, with a focus on cost benefit analysis, and capturing return on investments. However, lessons were quickly learned that this focus was narrow in terms of identifying economics, and not necessarily capturing the unexpected ripple of social impact - as partners work impacted community, through co-designed and co-delivered place based innovations.

Project data was soon being used to support community activities addressing coastal, rural health and care requirements across the life course. For example, addressing antenatal pathways, younger generations experiences, through to end of life. There was also a focus on the growing older population within the localities of North Norfolk,

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7 https://assets.uea.ac.uk/f/185167/x/d4b6d52ddf/niche-impact-final-report-august-2024-1.pdf (last accessed 25/112025)

through their care experiences, and how to reduce complicated hospital stays (e.g. more than 12 days).

Integrated Evaluation

Underpinning all NICHE research efforts is a critical realist evaluation framework, (Wyn and Williams 2012; Pawson and Tilley, 1997) which provides a consistent and comparable approach to complex open, adaptive systems (Underwood, 2024).

NICHE's research applies principles associated with critical social science, exploring where and how improvements can be influenced across systemic barriers and enablers within complex health and care environments. This framework uncovers distinctive properties, identifies agents of change, and the mechanisms (ways of working) behind successful interventions with an emancipatory objective to overcome barriers, in order to enhance and sustain benefits (Haigh, et al, 2019).

Critical realism enables NICHE to bring a blend of research approaches. To co-create with participating stakeholders an enhanced level of understanding of the demands taking place within and across complex systems, such as health and care, raising awareness of how to adapt circumstances and evolve new ways for achieving enhanced outcomes (Braithwaite et al, 2018). Evidence from NICHE participants raise a common outcome in terms of improved confidence, to work within their roles in advancing the care experience and impact workplace culture.

NICHE employs a critical realist framework recognizing the complexity of healthcare systems and the importance of context (Bhaskar, (1978). This approach integrates ecological model systems thinking (Bronfenbrenner, (1979) and participatory action research (PAR) (Reason & Bradbury, (2001) to uncover the mechanisms that drive successful transformation. Central to NICHE's methodology is the incorporation of lived experiences (Beresford, (2019) from residents, health and care professionals, and community leaders. Through this co-creation process, NICHE ensures that solutions are not only contextually relevant but also grounded in the authentic needs and perspectives of those directly impacted by health inequalities. Initiatives such as the kintsugi projects, embedded fellowships, and leadership development programs are developed collaboratively, drawing on the lived experiences of participants to build resilient, localized healthcare systems that align with community values.

📌 Key Insights 1:

There is an urgent need to draw on the strengths of the whole workforce and the full potential of our communities to contribute to social capital, as well as, enabling the system to focus on what matters and how it is evaluated through co-production and leadership (Best et al; 2012; Stromgren et al; 2017).

Key measures of success include consideration of evidence that captures

- **Outputs:** Tangible measures of effective inputs and processes towards outcomes.

- **Outcomes**: The measurable consequences of the inputs, process, and outputs towards the delivery of the aims, such as but not limited to return of economics.

- **Impacts:** as long term sustainable impacts on population health and wellbeing, and /or infrastructure changes to further stimulate a culture of improvement over time.

- **Value:** drawing from the European Commission's (2019) four dimensions of value to include, personal/professional value, technical value, societal value and allocative value. Understanding of value this way also introduced consideration of social impact measures.

Research Design & Methodologies

A longitudinal quasi-experimental intervention study into barriers and enablers for innovation uptake within and across health and care systems drawing on mixed methods data collection strategies.

Evaluation took place over four phases (see Figure 2.1 below) involving cycles of implementation, evidence gathering, and structured reflection. Each phase was critically reviewed by a wide range of stakeholders, including service providers, voluntary, charity and social enterprise (VCSE) sector organisations, community agents (such as freelance artists), and other cross-sector collaborators (e.g. other HEIs, local Government).
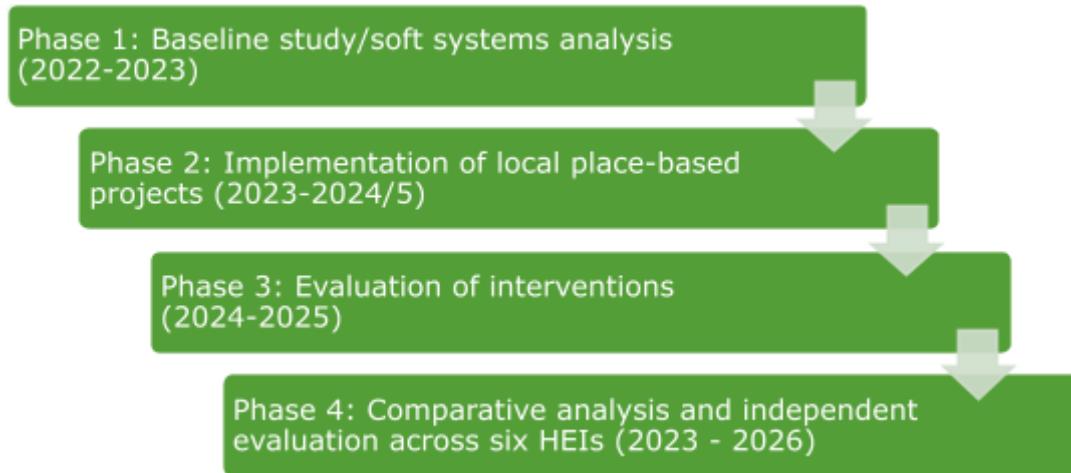
Figure 2.1: Sequential stages of research.

Quasi experimental design A quasi-experimental approach is highly suitable for evaluating the effectiveness of care integration strategies across different systems. (Warton et al, 2017; Vazquez et al, 2015). Taking into consideration the different internal mechanisms of organisations delivering care, the performance of the workforce and other external factors all affecting health and care delivery, and when working to achieve a knowledge exchange and mobilisation approach, having the flexibility of a quasi-experimental approach enables for adaptations as required in real world research situations.

Participatory action research (PAR) and Stakeholder engagement. Quasi-experimental designs allow for adopting a PAR approach, that focuses on shared learning, from engagement in project actions, as the collaboration builds and strengthens the values and contributions across all actors concerned and engaged in the system (Kahnlou and Peter,2005). PAR entails the documentation of issues as they arise, achievements and actions taken to overcome these, shared and disseminated knowledge advancements, working as part of the integral evaluation of interventions capturing stakeholders' active engagement throughout the research process (Meyer, 2000; Cornwall & Jewkes, 1995; Hall, 2006). In order to achieve meaningful partnership and collaborative ways of working, engagement at all levels of stakeholder participants is co-constructed at the start, (Gardner et al, 2013; Mooney (2010) gaining mutual understanding at a multi-professional level for achieving shared and sustained approach to evidence based clinical decision making (Curry & Ham, 2010).

Four theoretical frameworks have been utilized to achieve and synthesise data, to deepen insights and understanding, maximizing broad stakeholder impact and outcomes across various communities (as coastal, rural geographical and associated workforce

communities) in the East of England. Further information of this combined theoretical framework is provided in the Findings chapter.
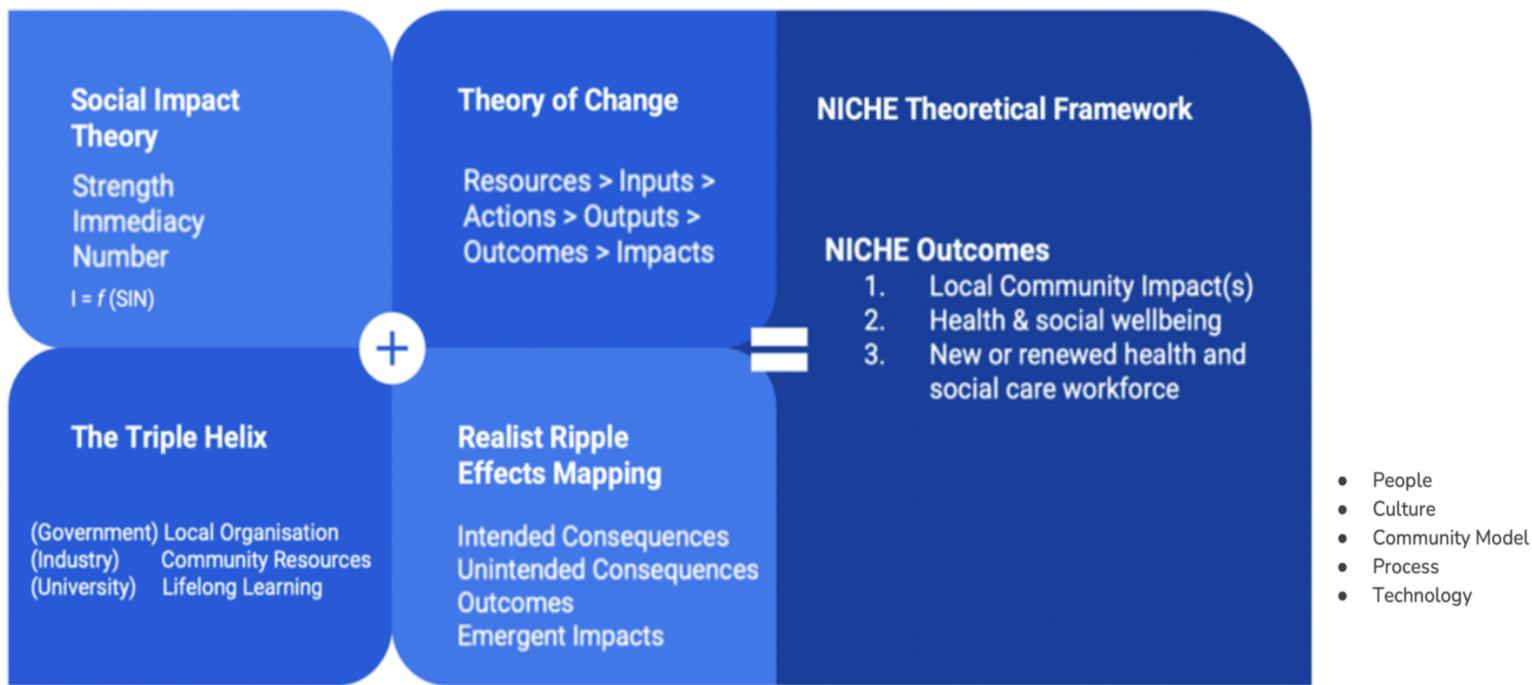
Figure 2.2 Blending Theoretical Frameworks for NICHE Impact and Outcome Sensitivities.

Evaluating the impact of collaborative innovation projects, such as those developed by HEI-based Anchor Institutes across the East of England, raises important questions about how emerging forms of system-facing work will be assessed within frameworks like the Research Excellence Framework (REF 2029). Whilst previous REF cycles emphasised quantitative and technical forms of evidence, recent guidance for REF 2029 signals a shift. Proposed changes include increased weighting for research that demonstrates *broader contributions to advancing the discipline* (Section 4.1.1), and a stronger emphasis on *tangible societal and the economic benefits* (Section 5.0.1).

Despite this shift in emphasis, it remains unclear how cross-institutional collaborations and shared impact will be recognized within REF2029, particularly for models like Anchor Institutes, where innovation uptake is inherently collective. Cvitanovic et al. (2025) state examples of effective knowledge exchange in practice are still relatively rare. Translating innovation into sustainable daily practice requires ongoing collaboration across research, policy and community settings. The authors argue that cross-sectoral engagement in the

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shared learning process is key to expanding the evidence base and maximizing the health benefits of applied research (Cvitanovic, et al 2025 p. 11).

A clear example of this collaborative approach is the Eastern Partnership for Innovation in Integrated Care[8] (EPIIC), which has facilitated open sharing across six participating HEIs and their associated Integrated Care partnerships.

Image 3: Tapping House Gardens. King's Lynn (with permission).
Photograph taken by Sally Hardy.

NICHE: In Summary

Developed as an HEI hosted Anchor Institute, NICHE has been working in collaboration with integrated care system partners across the East of England since 2022.

NICHE activity has focused around four programme workstreams, developed to address health and system level structural inequalities and ICS strategic goals by fostering proactive engagement with underserved communities through co-production and co-design. Supported by a series of workforce development and knowledge exchange opportunities, early learnings are captured as system level enablers within this report.

Below is a two page NICHE timeline of activities.

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[8] https://epiic.org.uk (last accessed 29/9/2025)

2022 MARCH
HEE BID Submission

2022 MAY
Funding Awarded

2022 JULY
Evaluation Funding Awarded
NICHE Created

2023 MARCH
Workstream 3 commences
Fellowships, scholarships, reform
and retention projects start

2023 MAY
Scholarship cohort 1 begins
ARC fellowship starts

2023 JUNE
External evaluation procurement

2023 JULY
Kintsugi and Mini Kintsugi start

2023 AUGUST
THEO collaboration agreement
with University of Staffordshire

2023 SEPTEMBER
WIN starts in collaboration with LSBU
Health Humanities Masters Scholarship

2024 FEBRUARY
WDT External evaluation begins
CAP evaluation commences

2024 MARCH
Scholarship cohort 2
This Nurse Can starts

2024 MAY
NICHE Interim Report
Staff Well-being project starts

2024 JUNE
Scholarship Cohort 3

2024 SEPTEMBER
2nd Health Humanities Masters

2024 DECEMBER
NICHE End of Year Report

2025 JANUARY
THEO IRAS Ethics Application
approved

2025 FEBRUARY
THEO JPUH Ward Commences project

2025 MARCH
THEO NCHC Ward
commences project

2025 MARCH - DECEMBER
Project Reports
Evaluation Interviews
3 Evaluation papers published

2025 JUNE
Short-listed for RCN Awards

2025 FEBRUARY - 2026 MARCH
THEO process evaluation
NICHE REF Impact case study

2025 OCTOBER
SOFTN Conference

2025 DECEMBER
NICHE Final Annual Report
NICHE Celebration event

2025 DECEMBER - 2026 MARCH
WIN and THEO evaluation and
dissemination

2026 MARCH
WIN completion and Final report

2026 JUNE
THEO completion and Final Report

Image 4: Top row L to R: Prof Alison Leary and THEO site visits. Duncan Burton Chief Nurse England Visits NICHE. International Nurses Day THRIVE presentation.
Middle row: Examples of creative learning at NICHE Residential Programmes
Bottom Row: MH Awareness Programme Sri Lanka, NSFT Residential Cohort 2, QEHKL Residential Cohort.

3: CONTEXT

Composition of system and place

The Chief Medical Officer for England's Annual (2021) Report[9] noted:

> *'Coastal communities, the villages, towns and cities of England's coast, include many of the most beautiful, vibrant and historically important places in the country. They also have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases'.*

Norfolk's land area is around 95% rural in character and includes smaller towns, villages and hamlets. Norfolk's rural areas include a little over half its population so, while most of Norfolk appears to be rural, almost half of our county's residents live in urban districts which are sometimes densely populated.

Zile (2025) identified that coastal areas have suffered within the UK and Ireland in recent decades, as industries such as fishing and shipping have declined, while alternatives to the seasonal jobs in tourism have not been well developed. There is a reduced educational attainment typically, and limited employment opportunities for young age groups, who are migrating to more urban, densely populated areas (Asthana & Gibson, 2022).

Structural challenges also exist, with limited public transport, social isolation, and a fragmented support from dispersed services, restricted availability with few alternatives, and a lack of trained professionals willing to work in remote areas (Preece and Listiakova, 2021; Thrikle et al, 2025).

Census data (2021) has shown there are 1,033,000 people living in Norfolk and Waveney, which has a higher number of elderly population, estimates that on average people live into their 80s, which also equates to Norfolk and Waveney being one of the highest areas for pharmaceutical bill per population[10]. Norwich has the lowest age group, whereas North Norfolk has the oldest. The old age dependency ratio for Norfolk and Waveney is projected to increase slightly faster than England. Across Norfolk and

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[9] Chief Medical Officers Annual Report 2021, Health & Costal Communities, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005216/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf

[10] Prescription Cost Analysis NHS England (2024) https://www.nhsbsa.nhs.uk/statistical-collections/prescription-cost-analysis-england/prescription-cost-analysis-england-202425#:~:text=Key%20findings,of%20the%20chemical%20substance%20dapagliflozin

Waveney North Norfolk currently has the 2nd highest old age dependency ratio in England but is expected to be the 4th highest by 2040. This is likely to put extra pressure on the working age population and potentially the availability of staff to deliver services.

The Norfolk and Waveney population overview (November 2023[11]) reveals 163,800 people are living in areas amongst the most deprived in England. Life expectancy in Norfolk is lower than for England, meaning those who are experiencing periods of ill health are getting longer. The leading causes of death have been identified as Heart Disease, Dementia and Alzheimer's, COVID-19, lung cancer, and stroke.

Census data showed south Norfolk had the highest increase in population during 2021 – 2022 (14.4%), whereas Great Yarmouth saw the lowest increase at 2.4%, with a national average change identified as 6.3% increase across England and Wales.

The Norfolk and Waveney population are less ethnically diverse than average in England. Norfolk & Waveney's ethnic make-up is characterised by a predominantly White, 940,607 people (96.7%), with the proportion of people with an ethnic group other than White was 3.3%. The most diverse areas across Norfolk and Waveney are Norwich, Great Yarmouth and Breckland. There are around 160 languages spoken in Norfolk & Waveney. English is not the first language of around 12,400 school children in the County. Health inequalities (Marmott reports, 2020a/2020b), affect those from culturally diverse, and poor communities disproportionately, many of which in England are across coastal and rural isolated communities (Chief Medical Officer report, 2021).

Based on the NHS population and person insight dashboard about 1.2% of the registered population has a disability. This is about 13,200 people and includes people with a physical disability, a learning disability and autism. The information might be an underestimation, as it is based mainly on national NHS data returns. However, it does provide estimates of the types of associated long term condition co-morbidities.

The Norfolk and Waveney Population overview (as of December 2021) indicates how Norfolk and Waveney is made up of the seven council based districts. In Norfolk the wards are: Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich and South Norfolk, and the area that was the former Waveney district, sits in Suffolk.

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[11] Norfolk and Waveney Population Overview November 2023 :
https://www.norfolkinsight.org.uk/jsna/population-overview-profiles-for-norfolk-and-waveney/2023/11/28/
(last accessed 17 November 2025)

Demographics and Health inequalities

Dunn et al, (2022) identified that Norfolk and Waveney as a system has ~10% deprivation, and is therefore not one of the worst ICBs identified. However, the size of elective backlog was higher than average. ICS system level data[12] revealed emergency admissions are rising by 3.1% year on year, length of stay has also increased (short stay by 2.5% and long stay by 3.9%). Compared with the Walk In Centre attendances dropping by -3.9% year on year. Calls resulting in ambulance dispatch have reduced by 7.2%, although calls ending with an A&E admission have increased by 10.4%, with overall call outcomes increased by 4.2%.

As NICHE was being established, NHS England data[13] (2022) reported that 1 in 8 people were on a waiting list in Norfolk, amounting to 111,209 people waiting to have treatment across the three hospitals in the ICS, with over 11,000 people waiting between 1 and 2 years. This is broken down to 75,536 people waiting treatment at the Norfolk and Norwich University Hospital (NNUH), 12,037 have been waiting longer than a year after referral, with over 1000 who have waited for more than 2 years. At the James Paget University Hospital (JPUH), over 16, 500 patients were waiting for treatment, with 945 having to wait longer than a year. At the Queen Elizabeth Hospital in Kings Lynn, the waiting list is 19,093, with 818 waiting longer than a year. These figures place our three key acute Trusts in some of the lowest performing hospitals in the UK. JPUH 66th/120 NNUH 82/120, and QEKL, 110th/120 in England for overall performance[14].

Waiting lists such as these are caused by a combination of issues, exponentially impacted by the COVID-19 pandemic, where many services were paused, in order to redirect service provision to high numbers of intensive care requirements. People are living longer, and Norfolk and Waveney has one of the fastest ageing populations.

Data collated as part of the WIN Workstream (Pereira et al, 2025a) identified that those patients who remain in hospital as delayed discharges classify discharges into one of the following categories:

- Hospital process (delays related to issues within the hospital's control, for example medication or transport)

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[12]
https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-and-wellbeing-board/reports-to-the-health-and-wellbeing-board/nw-hcp-update-performance-4-march-2020.pdf (last accessed 7.12.22)
[13] https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/
[14] https://www.telegraph.co.uk/news/uk/best-nhs-hospitals-waiting-times-worst-trust-england-near-me/(last accessed 3/22/2022)

- Wellbeing concerns (delays related to issues outside of the hospital's control, such as awaiting determination of mental capacity)

- Care transfer hub process (for example, the most common situation is where the patient's immediate care needs and pathway have not yet been determined)

- Interface process (where transfer is in progress but not yet been finalized)

- Capacity (where the required service for the patient is not yet accessible).

With the exception of hospital processes all categories involve delays attributed to both the NHS and social care. From June 2024 to April 2025, data from one of the locality hospital sites identified patients with length of stays of at least 14 days collectively experienced 22,582 patient-days of delay. The main cause was interface process (7,587 patient-days), followed by hospital process (7,346), care transfer hub process (6,030), capacity (2,878), and wellbeing concerns (1,441).

Patients with a length of stay of 14 days or over, who no longer meet the criteria to reside, collectively experienced 7,587 patient-days of delay due to interface process issues, 7,346 due to hospital process issues and 6,030 due to care transfer hub process-related delays. This distribution highlights the importance of an integrated discharge planning across all social and health care as bottlenecks in one part of the system can create cascading effects that prolong hospital stays and impact patient flow elsewhere in the system.

The high number of delays related to the interface and care transfer process suggests that joint accountability mechanisms involving hospitals and local care providers are needed to better understand and address the root causes of the delayed discharges. The large number of cases awaiting confirmation of immediate care needs and pathway shows the complexity of decision-making in determining whether the patient requires residential care, home care, or reablement. A lack of standardized, joint assessment tools or real-time information achieved between hospitals and social care exacerbates this problem.

Awaiting therapy review to assess the need for supported discharge is the second biggest reason for delay discharges. Therapy assessments are essential for safe discharge plans; however, these assessments can be delayed due to staff shortages, low weekend cover or other clinical priorities. This highlights the importance to prioritize the planning of discharge assessments earlier in the patient journey and expand the availability of the workforce in a way that allows a seven-day discharge planning.

Delays due to residential or nursing home care arrangements still underway are also one of the main reasons for delayed discharges, reflecting the growing dependence on community and social care capacity for effective discharge planning. This reflects the limited availability of care home placements. In many cases even when the patient is medically ready, securing home care placement can take weeks, due to the coordination that is needed between hospitals, care home providers, local authorities and patient families. This plays a big factor in prolonging hospital stays, increasing the costs and reducing the system performance and responsiveness.

Pereira et al (2025b) as another report from the WIN workstream analysed publicly available data that identifies the population of Norfolk and Waveney ICB experienced steady growth between 2018 and 2024, and this trend is expected to continue in the coming years. The Office for National Statistics (ONS) estimates that the population belonging to the Norfolk and Waveney ICB was 904,000 in 2018 and 942,000 in 2024. According to ONS population projections, the population is expected to reach 1.056 million in 2043. The Norfolk and Waveney ICB population is ageing steadily, and this has implications for health and social care, housing, pensions and education policies. Those over 65 years old are projected to make up a quarter of the population by 2043. The number of people aged over 80 and 90 is also growing, making the life expectancy increase in Norfolk and Waveney ICB. However, this does not mean that healthy life expectancy has kept the same pace. Older people tend to live with more complex care needs as they are more likely to live with one or more chronic illnesses. The growth of the older population proportion will generate an increased demand on the NHS and adult social care. The ageing population will also increase the demand for rehabilitation, reablement or recovery services, to support independent living. Long-term care needs, such as residential and home care, will also increase, requiring capacity expansion to address chronic conditions and reduce hospital readmissions. This will lead to long waiting times when accessing hospital clinics, GPs, and accident and emergency departments, and increased levels of unmet social care needs and difficulties discharging patients from hospitals.

Length of hospital stay: average LOS in hospital has been identified by NHS England as 5.5 days. However, the longer patients stay in hospital, the more likely they are to become deconditioned and have an increased risk of falls and obtaining hospital acquired infections (Chen et al, 2022). A 2017 study found that an excess bed day costs the NHS between £2,089 and £2,532 (Age UK, 2017).

WORKFORCE CHALLENGES

Addressing workforce shortages has been a longstanding issue for the health and social care system. Purposeful anchor action on employment can address recruitment and retention challenges, while also enabling the NHS, and social care system partners to play a significant role in local socioeconomic recovery. This is especially relevant in the current context, as the Norfolk and Waveney ICS partner organisations can provide a stable source of employment compared with other sectors, including smaller rural and coastal business, such as hospitality and retail, that have been more directly impacted by COVID-19.

There are significant workforce challenges that exist amongst health and social care systems, which have been vastly damaged by the risks associated with the pandemic. For example, Lone et al (2020) identifies elevated work stress and strain, inadequate support, training and development opportunities for staff who feel overstretched, and an inconsistent approach to debriefing processes, to help alleviate the exposure to trauma and highly emotional interactions with vulnerable populations on a daily basis (Lonne et al, 2016).

The importance of 'building in' workforce resilience measures, has therefore been promoted (Russ et al., 2009; Truter, Fouche, & Theron, 2017), and is a move away from focused attention on individual's resilience, or ability to keep bouncing back through providing 'wobble' rooms for staff (Rimmer & Chatfield, 2020).

However, criticism towards only focusing on the workforce's individual resilience has been raised post pandemic, which indicates greater sustainability can be achieved through focusing on organisational resilience; in terms of valuing, supporting and providing work related wellbeing in order to prevent the current rate of 'big resign' taking place across global health and social care workforce (Linzer et al, 2022).

The population is expected to rise in all age groups over 65, but the 75-84 age group will see the largest increase. ONS estimates indicate that there were about 71,000 people aged 75-84 in 2018, rising to 89,000 in 2024, and this number is projected to increase to 121,000 in 2043. These age trends are shown in Figure 3.1.

Population Estimates and Projections – Older Age Groups (65+): 2018–2043

Estimates (2018–2023) and Projections (2024–2043) for: King's Lynn and West Norfolk, North Norfolk, Breckland, Broadland, South Norfolk, Norwich, and Great Yarmouth
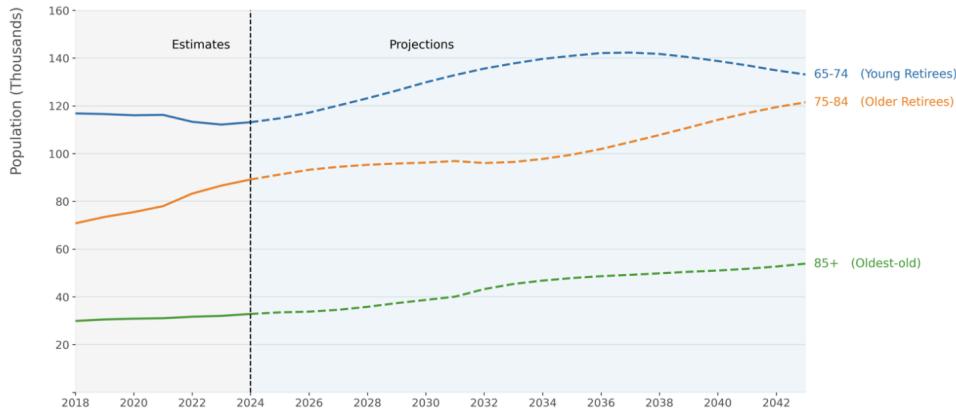
Figure 3.1: Population Estimates and Projections for Older Age Groups (65+) in Norfolk and Waveney ICB (2018–2043).

The old-age dependency ratio will increase significantly in the Norfolk and Waveney ICB. This ratio measures how many older dependents (people over 64) there are for every 100 people in the working age. The ratio was 41% in 2024, meaning there were approximately 41 old dependents for every 100 working-age people. The ratio is projected to be 51% in 2043. If we also take into consideration the youth dependency ratio, combining both dependency ratios, in 2043 the dependency ratio is projected to be 74%. This means there will be approximately 74 dependents (people under 15 or over 64) for every 100 working age people. These ratio trends are shown in Figure 3.2 below.

Youth and Old-age Dependency Ratios (per 100 Working-age): Estimates and Projections, 2018–2043

Dependency ratios are the proportion of dependent age groups (0–14 and 65+) to the working-age population (15–64) for:
King's Lynn and West Norfolk, North Norfolk, Breckland, Broadland, South Norfolk, Norwich, and Great Yarmouth

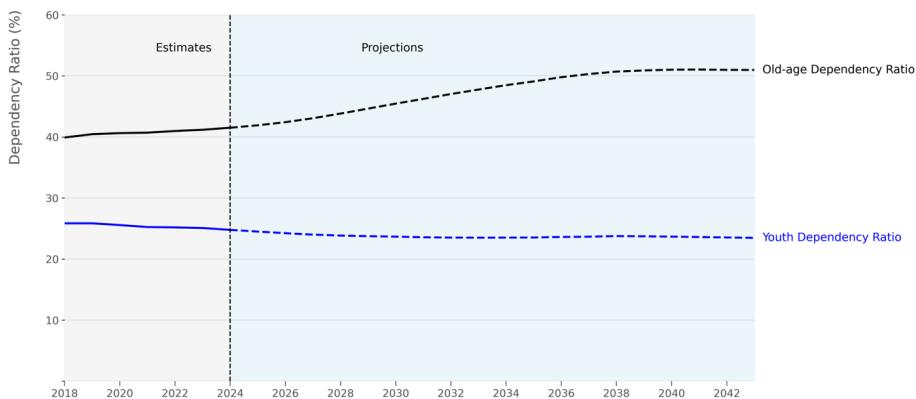*Figure 3.2: Youth and Old-age Dependency Ratios in Norfolk and Waveney ICB (2018–2043).*

Lessons Learned in Shaping the Future: The Norfolk, Waveney and Suffolk ICB needs to acknowledge the pressures that the ageing population will place on the healthcare services, and associated spend, plus to respond by shifting health and care policy from hospitals to the community, as emphasised in the 10 year health plan (DHSC 3/7/2025[15]).

📌 Key Insights 2:

Through focusing on preparing a workforce and communities to adapt from analogue to digital, a greater focus and emphasis will be placed on prevention as early health outcomes and interventions from childhood onwards. This shift in focus will have a major knock on impact on how services and staff support rural and coastal populations in addressing and supporting populations in how to sustain healthy living into older age.

Migration and Workforce Opportunities

Pereira et al (2025b) identifies that In addition to the aging population challenges, the impact of migration and the increase in the old-age dependency rates will also shape the future of the ICB's health and social care systems. The population is projected to grow primarily due to positive net migration, which offsets the negative natural change caused by higher deaths than births. This positive net migration can bring both opportunities and challenges.

Younger working-age migrants can strengthen the workforce. Migrants bring a diverse skill set and perspectives for the health and social care sector by increasing the quality of care. Professionals from other areas of the UK and from other countries often come with experience from different healthcare systems and new perspectives. This enables them to contribute with specialized knowledge and training, innovative practices, support research and development, and language and cultural competence.

Migrants from other countries also have high levels of adaptability and resilience, characteristics that are essential in the ever-changing and fast-paced NHS healthcare environment. These migrants also have a positive impact on the public healthcare system, by contributing with taxes and spending to help fund public services, including the NHS.

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[15]

https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future#:~:text=The%2010%20Year%20Health%20Plan,analogue%20to%20digital (last accessed 21/7/2025)

Migrants can bring essential healthcare services to ICB workforce profiles, contributing to improving health outcomes and reducing disparities in health access and quality. International migrant workers in rural areas provide critical services that might otherwise be unavailable. Additionally, the influx of international migrants can also bring advancements in disease prevention, health education, and management practices that benefit the entire population.

Old-Age Dependency Rate and Future Challenges

The projected rise of the old-age dependency rate from 41% in 2024 to 51% by 2043 will also create challenges to the Norfolk and Waveney ICB's health and social care systems. There will be fewer working-age workers to support a growing elderly population, causing greater pressure in demand for NHS services, long-term care, and rehabilitation, leading to longer waiting times and increased unmet care needs. To mitigate this pressure, the ICB should use the positive net migration to improve the healthcare workforce by recruiting international migrants with advanced and diverse skills.

Our investigation used Office of National Statistic (ONS) projections, based on current trends and assumptions that may change due to political changes, economic conditions, and unexpected demographic shifts. Migration is particularly influenced by external influences that are difficult to predict. Second, our report does not take into consideration the impact of external shocks; events like pandemics, climate change, or economic crisis are not taken into consideration into projections but could drastically change population and health trends. Third, ONS projections do not directly model socioeconomic determinants like employment, housing affordability, education, or inequalities. Instead, those factors are modelled indirectly, if they have influenced past trends.

Notwithstanding these limitations, this study has key strengths. First, this study is based on ONS estimates and projections, which are well-known and methodologically robust. Second, this study covers a 25-year period (2018-2043), providing stakeholders with both immediate estimates and long-term projections. Third, it examines not only total population growth but also age structure shifts with detailed breakdowns and dependency ratios. Fourth, this study goes beyond natural population change by analysing net migration. Lastly, this study directly links demographic changes to health and social care needs, long-term care, rehabilitation, and NHS service pressures, providing policy recommendations.

Understanding and responding to local context has been central to how NICHE work has been shaped and approached. The East of England spans a wide range of demographic and geographical realities, from the economic affluence and younger populations in

parts of Cambridgeshire and Hertfordshire, to the older, dispersed communities along the Norfolk and Suffolk coastline. Some of our local ICS areas also face growing ethnic diversity, and migration pressures, whilst others are marked by long standing social deprivation and poor health outcomes. These local conditions shaped how priorities were identified, who and how participants were engaged with, and what kinds of partnerships were needed.

Rather than applying a fixed model of interventions, projects have been identified and adapted to maximise local knowledge, expertise and inclusion. This contextual understanding of the communities and landscapes within which NICHE was working has ensured work remains grounded within and for the communities within which we live and work, rather than an imposed or traditional model of research engagement. It also informed how learning and impact were captured, ensuring that evaluation efforts would reflect and capture not just what was being delivered, but how and why particular approaches were taken up across particular places, and populations.

Yet, integration or universal health models is a global ambition, connecting clinical, organisational and policy requirements for achieving sustainable population health outcomes (Hughes et al, 2020). Yet, the process for achieving a highly sustainable and effective integrated care system has proved challenging (Tsasis et al, 2012; Darzi, 2024). This is largely due to system level complexity, as well as a lack of attention given to cultural alignments, between the organisational priorities, and workforce requirements to deliver care. Therefore, lessons learned from other countries have not been mobilised well, when there are similar tensions, complexity and a rapid pace of change at all levels of a systems architecture. Dunn et al (2022) concludes how broad factors, such as how local partnerships are enabled to operate collectively, through addressing issues such as culture, data sharing and other aspects of transformation, remain often recommendations only (Dunn et al, 2022:19).

NICHE recognised opportunities available when investment is given to local system partners with the expertise to address local population needs, as a starting point to broader collective actions needed to address global health challenges.

The work taking place across the East of England, offers a devolved power relations approach, with a focus on knowledge utilisation, where all forms of evidence are explored, working as a collective social movement for change. In doing so, we invite dialogue with stakeholders, policy makers, individuals, who wish to explore what conditions, levers and relationships are needed to support this kind of work at scale and with sensitivity to capture and include cultural and contextual nuances.

Context: In summary

✅ Recommendations:

Several next steps in *shaping the future* to be considered relevant for the Norfolk, Waveney and Suffolk ICB to respond in an efficient way to projected demographic changes are:

- Health strategies and policies are *shifting emphasis from treatment to prevention strategies*, with targeted interventions from early life onwards to reduce chronic disease later in life.

- *Expanding and adapting health and social care capacity*. Plan for increased demand in long-term care, rehabilitation, reablement and recovery services. Ensure workforce expansion and training to meet the needs of an older population with complex multi-morbidities.

- *Promote policies and programmes that improve healthy life expectancy, not only overall life expectancy*. Support older people to remain independent in their own houses with community care, social support and housing adaptations.

- Use positive net migration in a strategic way to *strengthen the health and social care workforce* with improved recruitment pathways for skilled international health professionals, addressing global health challenges and climate risks. Develop integration programmes to ensure cultural competence, retention, and career progression of migrant healthcare workers.

- Prepare for increases in the old-age dependency ratio with *policies to extend working lives,* by supporting those over 65 who can and want to work.

- Take *advantage of advances in digital and community-based models of care*. Promote transitions from hospital-centred care to community and digital-first care, increasing the number of telephone appointments, remote monitoring and finally use of ethical frameworks to capitalise use of Artificial Intelligence to support sharing decision making between professionals and people in receipt of care.

4. NICHE FOUR WORKSTREAMS

Workstream One: WORKFORCE INTELLIGENCE NETWORK (WIN)

Introduction

Since its inception in spring 2024, the Workforce Intelligence Network Project has undertaken several pieces of analytical work. Expertise was sought from a Collaboration with London South Bank University (LSBU) Professor Alison Leary, and Research Associate Jose Pereira.

LSBU were also invited to meetings with a project with the local authority looking at the workforce which was very insightful. However, uptake on the opportunity for intelligence from the system was low.

Contributors within LSBU collaboration and engagement have also supported:

- *Evaluation of the THEO Project (Workstream 2)*
- *Introducing systems thinking in General Practice in Great Yarmouth (refer to Findings Chapter case study pg 154)*

LSBU PhD studentship.

LSBU Studentship held by Amanda Euesedan Hughes. The aim of this study will be to estimate demand for labour across an ICS which has a large coastal population (Norfolk) using techniques from safety critical industries. This will include checking assumptions, using soft systems modelling, understanding "work as done" and modelling demand. It may extend to forecasting if time and resources permit. It will be a novel study in health and social care as part of a novel project influencing local and potentially national/international workforce strategies.

The PhD is on track and will be testing the utility of the comprehensive geriatric assessment in younger populations (ie at retirement) to look at modelling demand for workforce. The literature review is complete, and the protocol is underway. A meeting has been arranged with an interested collaborating practice in a coastal area.

WIN Methods

After completion set up and recruitment of the WIN research fellow, the next phase was to start engaging with stakeholders. Networking and understanding the issues as a process of soft systems modelling, was undertaken as the WIN team met with local NHS Trust leaders, systems leaders, educational colleagues and data scientists.

Data sharing agreements

Preliminary DSAs were established between LSBU and UEA/ICS. WIN work has used routinely collected NHS/ONS data.

Data extraction, curation and analysis for intelligence

A number of large datasets have been extracted locally and nationally and manipulated for insight.

These all have individual reports and are listed here as :

1. *The relationship between hospital mortality and staffing.*
2. *Demand across the North Norfolk Coastal region. Demographic Change and Implications for Health and Social Care in Norfolk and Waveney Integrated Care Board (2018–2043).*
3. *Understanding Delayed Discharges and Bed Occupancy.*
4. *Understanding Equity and inclusion in the Healthcare Workforce.*

WIN project 4: Exploring the NHS workforce: Equality, diversity and inclusion in the NHS

This section is provided as an example of work achieved and to explain more of the approach to workforce intelligence provided by WIN. What is reported here is the methodology and findings associated with one project that achieved a major review of the NHS workforce data available on equality, diversity and inclusion. A comprehensive literature review was completed, and is available in the full WIN report (Leary & Periera, 2025). Engaging across other sectors proved problematic largely due to lack of available evidence, data sets (e.g. Allied Health Professionals) and uptake from ICB.

Software and hardware

Data understanding, preparation, and analysis were conducted in Python 3.12, a high-level, interpreted, general-purpose programming language. Pandas, a library built on top of Python, was used for all data understanding, preparation, and analysis. All data analysis was implemented on a computer with an AMD Ryzen 7 5800X, 8 cores, 4.7 GHz, and 32 GB RAM.

Methodology strategy

Our methodology follows the data analysis framework presented in Figure 1. We based it on the CRISP-DM model, commonly used in data mining projects, with some changes to adapt it to the needs of this project. CRISP-DM was created in 2000 and is a de-facto and industry-independent process model for data mining projects (Schröer et al., 2021). It comprises six interactive phases: business understanding, data understanding, data

preparation, modelling, evaluation and deployment. As illustrated in Figure 4.1, this project utilized the business understanding, data understanding, and data preparation phases. The modelling, evaluation and deployment phases were replaced by data visualization, analysis and interpretation, and communicate findings.

As illustrated in Figure 4.1, the methodology follows a sequence of processes. First, we performed the business understanding phase to gain an overview of the problem. We provided a brief introduction to the topic, explaining its importance and the study's objective. Second, data were collected from NHS digital, explored, and assessed for quality to verify if data cleaning was necessary. Third, the data was described using statistical analysis to determine attributes and their correlations. Fourth, we performed data preparation, we used pivot tables, filtering, grouping, aggregation, and feature engineering. Fifth, data visualization was performed to create a clear, intuitive, and comprehensible understanding of the data. Finally, the most relevant data visualization was analysed and communicated to assist decision-makers in improving equality, diversity and inclusion within the NHS, and subsequently improving interpersonal relationships and work processes.
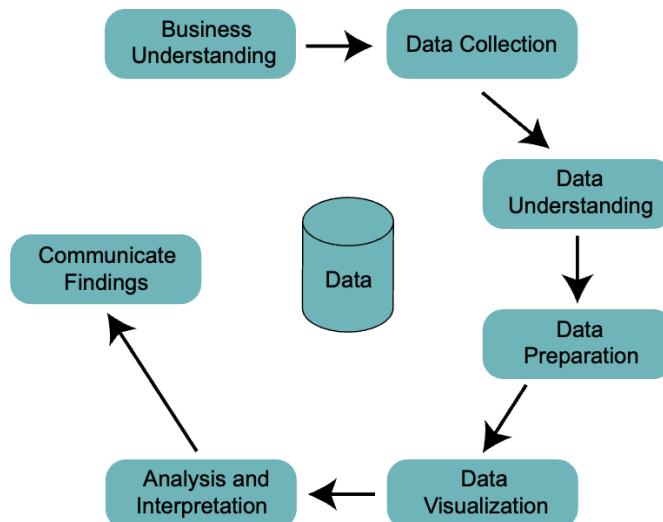

Figure 4.1 The WIN methodology

Problem Understanding

The NHS is one of the largest organizations in the United Kingdom. It has a large workforce with a variety of ethnicities, ages, sexual orientation, religious beliefs, and disability status. Ensuring equality, diversity and inclusion within the organization is essential for the good functioning of interpersonal relationships and organizational operations. However, despite all efforts to ensure diversity and inclusion, some disparities still exist. Therefore, there is a need to use data to generate insights to help decision-makers reduce these disparities. This study aims to verify the current state of the situation, identify areas that require intervention and provide information and recommendations to NHS leaders that allow them to make decisions and improve equality, diversity and inclusivity within the organization.

Data Collection

The data for this study were obtained from NHS Digital, the national provider of information, data, and information technology systems for health and social care in England. The dataset contains detailed information on NHS staff demographics from December 2009 until December 2023, covering a range of important variables for this study. These variables include gender, age, ethnicity, sexual orientations, disability statuses, religious belief, main staff group, staff groups, grade, date, and headcount.

Data Understanding

To understand the data, the first step was to understand the structure of the dataset, the type of variables (categorical, discrete), number of records and basic structure. Afterwards, an initial inspection of the data was performed, which included whether there were any missing values, outliers, inconsistencies, or anomalies. Next, a quick exploratory data analysis was performed, which included summary statistics (mean, median, mode, standard deviation) for discrete variables, and frequency distributions for categorical variables. Finally, a quick data visualisation was performed to understand the relationship between the data and identify patterns.

Data Preparation and Transformation

Data preparation is a very important step in data analysis because it ensures that the data are well processed and prepared in a format that leads to more effective, accurate, and insightful analysis and visual representation. It is a fundamental process for creating clear, meaningful, and actionable visualizations. We used pivot tables to summarize and group data based on one or more categorical variables. Filtering was also performed to select rows and columns based on conditions. Time-based filtering was also performed to select specific time periods, for example, years. The group-by function was also used to group variables and calculate aggregated statistics, such as sum, count, and percentage. Feature engineering was also used to create new variables from existing

variables, specifically in calculating percentages to study the representation of categories in groups. This dataset did not contain missing data and the nature of the data in question also did not require outlier treatment.

Data Visualization

In the data visualization phase, the complex equality and diversity NHS trusts and core orgs dataset was converted into graphs that were easy and intuitive to understand. This transformation helped to identify patterns and trends that were not obvious through row data analysis. To perform this task, we utilized pie charts to show proportional data, stacked bar charts to compare categorical data across different groups and heatmaps to show areas of higher and lower values within the dataset.

Analysis and Interpretation

In this phase, the results were analysed and interpreted. The findings were contextualised, and the analytical results were related to the objectives and context of the problem. Practical implications of the findings were also identified, which involved drawing conclusions where key insights and trends were identified. Actionable recommendations based on the analysis were made, prioritising actions that could have a significant potential impact on the NHS workforce.

Conclusion

Our analysis finds evidence that disparities exist in equality, diversity and inclusion in the NHS workforce.

1. Females represent 76% of the workforce, while males represent only 24%. Although females are the majority in the NHS workforce, males are more represented in senior grades, such as consultant (59.8% male) and associate specialist (58.5% male), and almost evenly represented among very senior managers (50.1% male), indicating that men occupy a larger share in some of the senior NHS roles.

2. Those who identify as Asian/Asian British and Chinese are more likely to hold consultant and specialty registrar positions compared to other ethnic groups. Specifically, consultant roles are held by 8.54% of individuals who identify as Asian/Asian British and 14.53% of those who identify as Chinese. In comparison, only 3.19% of individuals identifying as White and 1.50% of those identifying as Black/Black British hold these positions. Similarly, in the specialty registrar grade, 5.11% of those who identify as Asian/Asian British and 11.42% of those who identify as Chinese occupy these roles, whereas just 2.43% of Black/Black British individuals and 1.39% of White individuals occupy these grades.

3. Ethnic minorities have low representation at the very senior manager level, with White individuals constituting 86.1% of the workforce in this grade, while

Asian/Asian British individuals represent only 4.1%, and other ethnic groups have minimal representation.

4. From 2009 to 2023 there was a significant increase in the representation of Asian/Asian British and Black/Black British ethnicities within the NHS workforce, rising from 6.9% and 4.8% in 2009 to 13.7% and 8.2% in 2023, respectively.

5. Those who identify as 'Disabled' are less likely to hold consultant and specialty registrar positions compared to their non-disabled counterparts. Specifically, 3.84% of those who identify as non-disabled hold the position of consultant, compared to only 1.43% of those who identify as 'Disabled'. A similar pattern is observed in the specialty registrar category, where 2.38% of those who identify as non-disabled occupy this position, compared to only 1.19% of those who identify as 'Disabled'.

6. Lastly, HCHS doctors exhibit the highest religious diversity among NHS staff groups.

📌 Key Insights 3:

The WIN analysis emphasizes the need for targeted efforts to address these disparities and promote greater equality, diversity and inclusion at all levels and sectors of the NHS workforce.

This study has several important contributions.

- It explores a wide range of demographic variables, such as gender, age, ethnicity, sexual orientation, disability status, and religious beliefs, providing a comprehensive analysis and a broad view of equality, diversity and inclusion in the NHS. Beyond overall distributions, the study offers detailed patterns within specific groups, grades, and historical trends, providing insights into where disparities exist.
- The study compares multiple professions such as doctors, midwives, nurses and paramedics, helping to identify specific issues and solutions for each profession.
- The study's findings have the potential to directly impact NHS inclusivity and diversity policies and practices, highlighting areas for improvement and suggesting initiatives that can influence decision-making and operational practices within the NHS.

This study also has some limitations.

First, from 2009 until recent years, data on religious belief, disability status, and sexual orientation has been incomplete, with a significant percentage of unknown responses, making it challenging to accurately analyse the distribution of these variables over time.

Second, this study does not compare the proportions of categories for the variables gender, age, ethnicity, sexual orientation, disability status, and religious belief with data from the general United Kingdom population, making it difficult to determine if these categories are representative of the overall population.

Third, the data on sensitive variables like ethnicity, sexual orientation, and disability status is often self-reported, which can introduce response bias. Respondents may underreport or overreport their status due to privacy concerns or social stigma.

Fourth, a substantial portion of the workforce chose not to disclose their religious beliefs, potentially leading to the underrepresentation of certain groups and affecting the accuracy of the analysis.

Fifth, most of the analyses are based on cross-sectional data, capturing only a snapshot from December 2023, which limits the ability to draw conclusions about trends and changes over time. Lastly, this study relies solely on quantitative data for analysis, which may not capture the qualitative aspects of diversity and inclusion, such as personal experiences of discrimination or the effectiveness of specific programs or initiatives.

✅ Recommendations:

Future research on NHS equality, diversity and inclusion studies can be further improved by:

1. A focus on longitudinal data to track changes over time and evaluate the long-term effects of equality, diversity and inclusion programs and initiatives.
2. Adopt a mixed-methods approach, integrating quantitative and qualitative methods to capture both statistical trends and personal experiences.
3. Compare NHS workforce data with data from the general United Kingdom population to determine whether the workforce categories are representative of the overall population or if discrepancies exist.
4. Include data from other countries for comparative purposes. Fifth, future research should evaluate specific equality, diversity and inclusion interventions in detail to identify best practices and scalable solutions.
5. Use collaborative research and involve a diverse range of stakeholders, including staff from different demographic backgrounds, to achieve a comprehensive understanding of the issues.

WIN Impact

- The relationship between mortality and care hours per patient day is in a peer reviewed journal with further publications in trend relating to other WIN project findings.
- The Equity work has gone on to be used by the Queens Institute of Community Nursing to illustrate their report on the "Trap door" career regression in nursing (2025) and the Royal College of Nursing have used this work to inform discussions around workplace equity.
- The demographic work was used by local citizens and MP to help secure a reablement service as a community asset
- The general practice project resulted in good feedback from the practice, and a data informed approach to workforce planning.

Workstream Two: THERAPEUTIC OPTIMISATION (THEO) PROJECT

Introduction

The Therapeutic Optimisation (THEO) project is a novel and complex intervention research study aimed at optimising the care experience (for patients and staff) within two older person NHS wards in Norfolk (Odell, 2024). THEO has been developed by NICHE and is a collaboration with the NICHE team, UEA, University of Staffordshire (UoS), London South Bank University, the Norfolk Community Health and Care NHS Trust (NCHC), and the James Paget University Hospitals NHS Foundation Trust (JPUH).

The Quasi-Experimental project protocol is available as an accessible publication which provides details of the THEO project and its four research work packages (Ataiyero et al, 2025):

- *Work package 1:* A participatory action research[16] (PAR) intervention for a twelve month period, which involved recruiting two embedded clinical researchers (THEO Nurses) alongside core volunteer co-researchers from the existing ward nursing team, as bringing expertise in this innovation. This is being led by the NICHE team at the UEA.

- *Work package 2-4:* Wrapped around the implementation of the PAR intervention are three other research elements; i) quantitative evidence collection ii) qualitative interviews and iii) process evaluation guided discussions, all being done to evaluate the THEO intervention. These are being led by the University of Staffordshire.

Background

Worldwide it is acknowledged that a motivated, supported and skilled workforce is central to delivering integrated, safe and effective healthcare outcomes and experience for people who are receiving care. However, in the current economic climate, workforce shortages are severe, morale is low and retaining newly qualified professionals is challenging[17]. Combined with an aging population, the most frequent users of health and social care services are older adults (over 65 years), who often suffer from multiple conditions. The THEO project was developed in response to this and aligns with the Norfolk and Waveney Integrated Care System (ICS) objective of increasing research

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[16] Lloyd-Evans S, Oenga E, Zischka L, Mpofu-Coles A, Woronka R, Oveson M, Hookway D, Cleaver M, Duval S, Karanja E, Gomma T. Participatory Action Research: a toolkit. 2023.

[17] Yakusheva O., Lee K.A, Weiss M (2024) The nursing human capital value model. *International Journal of Nursing Studies* 160 104890. 1 - 9.

capacity, capability and confidence and is underpinned by the NICHE core values of using a participatory and embedded approach[18].

Overview Timeline of THEO project activities

Time Periods	Project Activities
March 2023 - January 2025	• University collaboration contracts developed and approved • NHS Stakeholder engagement at all levels of organisations from Director of Nursing to Ward manager • NICHE THEO PD facilitator (Senior Research Fellow) recruited and started in post January 2024 • Extensive protocol development for 4 research work packages (UoS and NICHE in collaboration) • Development of a PAR Handbook (Including all the PAR activities) and staff participant consent booklet alongside the traditional participant information and consent forms (UoS and NICHE in collaboration) • Integrated Research Application System (IRAS) ethical application development, submission and presentation (led by UoS). Approval gained January 2025 • Development of the process and contracts for the transfer of funds from UEA to NHS to recruit THEO nurses • Recruitment process for NHS THEO embedded research nurses (Led NHS sites and in collaboration with NICHE) • Project management meetings (monthly) and steering groups (quarterly) commenced in September 2023 and are ongoing. (Managed by UoS) • Ward staff engagement and preparation for the embedded THEO nurses starting in post and PAR research activities (Led by NICHE)

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[18] Whitehouse C, Tinkler L, Jackson C, Hall H, Webster J, Hardy S, Copping J, Morris P, Hardy S (2022), Embedding research (ER) led by nurses, midwives & allied health professionals (NMAHPs): the NMAHP ER Model. BMJ Leader, DOI:10.1136/ leader-2021-000578

| February 2025 - March 2026 | 2 THEO nurses started in post JPUH 2/2/25. (12-month secondment). Co-researcher recruitment and PAR activities April- December 2025 2 THEO nurses started in post NCHC mid-March and mid-April 2025. (12-month fixed term contract and secondment) Co-researcher recruitment and PAR activities June -Feb 2026 University of Staffordshire, quantitative research and routine data collection from organisations University of Staffordshire qualitative and process evaluation research and evidence collection through NHS site visits and surveys Project management meetings (monthly) and steering groups (quarterly) ongoing. Managed by UoS |
| April 2026 - June 2026 | Analysis and writing up of all the research work package activities Project management meetings (monthly) and steering groups (quarterly) ongoing |

Table 4.1: THEO Timeline of Project Activity.

The THEO intervention approach

The intervention combines two approaches. The first was recruiting two additional experienced registered nurses as embedded researchers (THEO nurses) per ward, (a band 6 and 7 Nurse funded by NICHE) working alongside the existing team in a clinical capacity. Based on existing evidence that higher nurse staffing levels are associated with better patient outcomes, shorter length of stay and less frequent nurse burnout or job dissatisfaction.

Secondly, the participatory action research was led by the THEO PD facilitator working with the THEO nurses to enable a collaborative, inclusive and participatory approach. This involved recruiting six core volunteer co-researchers from the existing ward nursing team and wider participation was gained from the remaining staff team and patients/ service users using experience of care interviews and observations of care. It was not possible to involve patients in the co-research team due to short project timescales. Hence their participation was achieved via interviews and inclusion within the project management and steering groups.

The NHS THEO Project sites

1. *James Paget University Hospitals NHS Foundation Trust (JPUH)*
   JPUH is a district general hospital based in the North East of Norfolk near Great Yarmouth and serves a population of nearly 250,000 people and treats approximately 80,000 patients per year. The ward where the project is being undertaken is an older person ward with 38 beds for people over 65 years of age.

2. *Norfolk Community Health and Care NHS Trust (NCHC)*
   NCHC provides community-based NHS health and care via more than 70 different service locations across Norfolk, serving a population of nearly 900,000 people. The community unit where the project is being undertaken is a rural community hospital in North Norfolk with 24 rehabilitation beds and although not a dedicated older person ward, because of the nature of care all patients are frail and elderly.

Overview of the PAR research activities

The THEO PD Facilitator worked with each of the co-research teams to co-create their shared vision and to undertake a variety of PAR activities to gather evidence using a collaborative, inclusive and participative action orientated approach. The first activity was to gather staff values and beliefs, which were then used to co-create a ward vision of care. Then experience of care interviews and observations of care were used to gather evidence about the reality of practice. A contrast between the shared vision and clinical reality led to the development of co-designed improvement projects. In addition, a workplace culture and leadership assessment were undertaken at the start and end of the intervention. A final participatory evaluation was undertaken with all the teams involved.

📌 Key Insights 4:

The THEO intervention approaches are frequently used within Practice Development[19] projects, based on decades of experience of working with clinical teams to promote a workplace culture that seeks to continuously improve care experience. The premise is to use the workplace as the basis for learning and gathering a variety of evidence from both patients and staff, about existing daily routines and practices. Then improvement activities arise from this to focus on the person, seeking to provide safe, evidence-based practices that contribute to co-creating a workplace culture of effectiveness.

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[19] Manle, K. Wilson, V. and Oye, C. (Editors) *International Practice Development in Health and Social* Care. 2021. Chichester: Wiley Blackwell.

THEO PROJECT
A Journey of Discovery
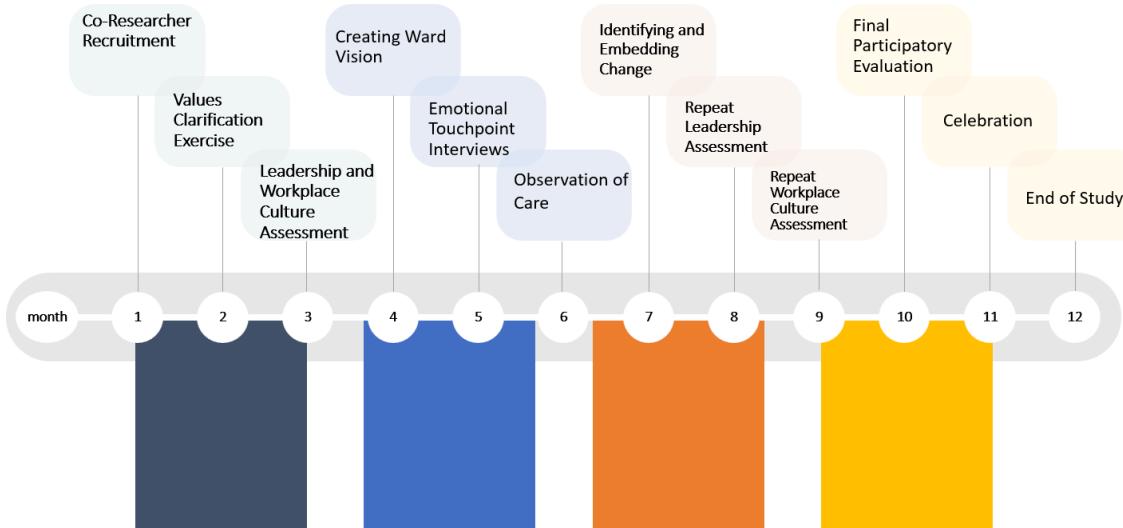
Diagram 4.1: The PAR activities over the 12 month intervention.

Key outputs to date

Co-research teams

Four THEO nurses (two per ward) were employed for twelve-month contracts. This was funded by NICHE and provided each ward with two additional and supernumerary experienced senior registered nurses (practicing at a band 6 and 7) working as embedded clinical nurse researchers. The THEO nurses collaborated with the existing ward sisters to negotiate their role, but were clear their role was clinical and not managerial.

Each of the roles evolved but over time their main duties are:

- Working clinically. This involves coaching/mentoring and caring for patients in collaboration (working alongside) with the ward staff team

- Co-facilitating the research activities within the PAR workshops with the co-research team. This included recruiting the co-researchers from the existing ward nursing team

- Leading the PAR research activities with the wider ward team while working clinically. These included the Values Clarification Exercises, Emotional Touch Point Interviews and Observations of Care

- Leading on gaining written consent for all the PAR research activities

- Attending the Project Management Meetings (monthly) and the Steering group (Quarterly)

- Co-ordinating and enabling the access for the University of Staffordshire researchers with ward staff and patients

- Writing up transcripts for the PAR activities (as needed). contributing to the process evaluation (UoS) and developing local reports

- Presenting at local, national and international conferences

Each of the co-researcher team that was comprised of the two THEO nurses and the six volunteer staff co-researchers, were given one day a month out of clinical practice (a total of nine), to "look" (gather evidence), "think" (reflect together to critically analyse the evidence), then "act" (develop a shared action plan). The extra resource of the THEO nurses, the NHS organisations and the existing ward sisters were fundamental in negotiating this time out.

PAR Research activities
All the research activities were undertaken as planned and within agreed time scales. This was despite extreme clinical pressure. Each ward developed their own co-created vision for the care they aspired to deliver. These were displayed as posters. Below is the one developed by JPUH as an example.

Diagram 4.2: JPUH THEO Ward Co-designed Poster.

THEO Improvement projects

The following are the projects developed by the co-research teams, by identifying the gaps in practice, by listening to staff and patients and undertaking the observations of care.

JPUH

- *Improving Communication and Team working*. This has involved the development and implementation of the APIE (Assessment, Planning, Implement, Evaluate) huddles between the registered nurses and the clinical support workers on a shift-by-shift basis. It is anticipated this will improve communication and team working and enable an improved safety culture for the people being cared for. In addition it has also been noted that due to a ward relocation (for decorating) and lack of office space, there is a greater presence on the ward of Allied Health

professionals, this has led to a decrease in patients falling. To ensure a smooth transition of the increased team working on return to the original ward a plan is being co-created.

- *Improving Enhanced Care for people who live with dementia.* A de-escalation technique is being introduced called the VERA[20] framework to help staff improve their communication in a compassionate and person centred way, focusing on unique needs of individuals who are experiencing confusion and distress.

- *Improving the Workplace Culture*. This involves challenging and improving some of the "taken for granted" ways of working which were identified through the Observation of care. This includes the appropriate use of Personal Protective Equipment and empowering junior colleagues to be involved in problem solving.

NCHC

This team intervention is two months behind, due to the THEO nurse recruitment process. The co-research team worked to bring together all the available evidence and theme this during the November PAR day. The improvement projects that have just been developed are:

- *Continual learning and Development*. Learning and skill development in relation to caring for people living with Mental Health and Learning Disabilities (including Older people with cognitive impairment)
- *Communication* at handover, across sides of the ward and between day and night staff
- *Team development*. Negotiation and ways of working between various roles.
- *Effective and Safe Care*. Nursing clinical decision making process out of hours and at weekends
- *Respect for the individual*. Being mindful of patients' choices and vulnerability.

Key messages from the co-research teams

These key messages were feedback by the co-research teams via the final participatory evaluation research activity:

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[20] Blackhall A, Hawkes D, Hingley D, Wood S. VERA framework: communicating with people who have dementia. Nurs Stand. 2011 Nov 9-15;26(10):35-9. doi: 10.7748/ns2011.11.26.10.35.c8818. PMID: 22206170.

- *People are getting curious, appreciate the voluntary nature of participation and the embedded nature of the THEO nurses clinically*

- *Grateful to have THEO nurses on the floor, not from an office*

- *People are thinking about new ways of doing things*

- *The wider team are talking and responding well*

- *Staff feel involved working alongside the THEO nurses*

- *The research feels embedded – "doing with" is a key approach as opposed to "doing to"*

- *Listening to what the patients and staff are saying, is the best approach to improve practice*

- *The team is given a voice to generate ideas and questions from clinical reality*

- *Facilitation of participation and collaboration on the ward should be valued much more as an approach to improve care*

Preliminary conclusions

Ongoing data collection will take THEO project final reporting into June 2026.

The preliminary conclusions are as follows:

- Using a collaborative, inclusive and participatory approach to co-inquiry and co-designed action plans are achievable in a hectic clinical practice setting

- Creating embedded clinical nurse research roles builds workforce capacity and capability that improves staff confidence and experience

- New solutions and improvements for integrated and cultures of care are achievable by using a participatory approach where staff and patients are seen as essential participants in the research process.

Voices from collaborators and participants

Today's Steering Group meeting was incredibly positive, and it was a pleasure to participate. I am eager to support its continuation in any way I can after the project concludes. As requested, please find below my own feedback on the THEO project so far. As a patient of The James Paget Hospital, it is wonderful to be aware of the significant research projects taking place at the trust, with the THEO Project being a prime example. The data and information gathered from this project will not only benefit the specific wards where it is being implemented, but its positive impact could also extend to the entire trust and influence future care delivery across all wards.

In the future, my parents might receive care on the wards where the THEO study has been conducted. Knowing about the positive outcomes already being observed for both patients and staff reassures me. Implementing the insights gained from this research can only be a highly beneficial step forward, underscoring the importance of such projects. Many thanks, **Lay Member, THEO Project Management and Steering group**

The THEO project stood out as a bold and beautiful initiative. Two embedded nurses working within a ward, side by side with their colleagues, not only conducting research but living it. Their presence allows for a unique understanding of workplace culture and patient care—facilitating values clarification from within, not imposed from outside. It's a study method that holds great promise for uncovering truths that only emerge through shared experience. **Collaborating Partner, Australia**

THEO Contributors

Intervention Team
Jo Odell , Senior Research Fellow, NICHE , Lead Practice Development Facilitator, UEA
Rachel Brice, THEO Practice Development Nurse, James Paget University Hospitals NHS Foundation Trust.
Catherine McMillan, Clinical Educator, THEO Project , James Paget University Hospitals NHS Foundation Trust.
Helen Rossiter- THEO Lead Nurse, North Walsham Community Hospital, Norfolk Community Health and Care NHS Trust.
Jo Challenor- THEO ward based clinical co-ordinator, North Walsham Community Hospital, Norfolk Community Health and Care NHS Trust.
Professor Sally Hardy, Director of NICHE Anchor Institute, University of East Anglia
University of Staffordshire Research team
Professor Sarahjane Jones
Dr Yetunde Ataiyero
Dr Alison Dube
Vanda Carter
Hazel Smith
Other Collaborators
Professor Alison Leary- London South Bank University

Table 4.2: THEO Project Collaborating partners

Image 5: THEO Intervention Team (UEA November 2025)
From Left to Right: Joanne Odell, Sally Hardy, Helen Rossiter, Jo Challenor,
Catherine McMillan and Rachel Brice.

Workstream Three: WORKFORCE OPTIMISATION (WO)

Introduction

The Workforce Optimisation Workstream (referred hereafter as Workstream 3) has facilitated NICHE's aims of '**igniting**' creative thinking, '**innovate**' exploration by looking at the here and now and what could be and '**embedded**' approaches in how we connect, work and learn together through embedded programmes of research, evaluation and learning focussed on people and communities.

Workstream 3 has funded and directly supported activity across 24 embedded projects, programmes, research and evaluation activities amounting to £991,132.56 (i.e. 33% total NICHE value) - *to note that all funding for this Workstream has been reinvested into the Norfolk and Waveney Integrated Care System (ICS).* From these original programmes a further 36 unfunded (embedded scholars/Thrive) projects have been realised.

All Workstream 3 funding requests are required to demonstrate alignment to at least one of the four NICHE Strategic Objectives:
- Improving health inequalities across rural and coastal communities

- Workforce (capacity and capability) development and transformation

- System collaboration and transformation through effective partnership working

- Wellbeing and sustainability

These four Strategic Objectives align closely to the Norfolk and Waveney ICS Strategic Goals: *'to make sure that people can live as healthy a life as possible; to make sure that you only tell your story once and to make Norfolk and Waveney the best place to work in health and care'.*

📌 Key Insights 5:
Underpinning all of the programmes funded in Workstream 3 is a focus on developing Embedded Research[21][22] and/or promoting innovation through Service Improvement Evaluation drawing on the key principles of building workforce outcomes as:

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[21] Whitehouse C, Tinkler L, Jackson C, Hall H**,** Webster J, Hardy S, Copping J, Morris P, Hardy S (2022), Embedding research (ER) led by nurses, midwives & allied health professionals (NMAHPs): the NMAHP ER Model. BMJ Leader, DOI:10.1136/ leader-2021-000578
[22] Whitehouse C, Webster J, Copping J et al (2024), Developing critical enquiry, capacity, capability and confidence in the health and care workforce, British Journal of Nursing, 33(15):718-725, DOI: 10.12968/bjon.2024.0034

- **Research capacity** across the Norfolk and Waveney ICS and within/ across participating organisations

- **Research capability** as part of workforce development and transformation underpinned by Embedded Research

- **Research confidence** of those leading and participating in the Programmes creating a 'ripple effect' enabling growth and ongoing development.

Workstream 3 Governance and Reporting

Since the inception of the NICHE governance and reporting structure (See page 14) all funding requests for Workstream 3 were considered by the NICHE Internal Steeping Group (ISG) Co-Chaired by the Dean of the School of Health Sciences and the Deputy Dean of the School of Medicine. Operational reporting for all programmes occurs through the ISG with strategic oversight from the Stakeholder Advisory Board (SAB) and then quarterly at the Independent Steering Committee (ISC).

All risks related to Workstream 3 are captured on the NICHE Risk Register which is updated monthly and reported through the NICHE Governance structures.

The following presents the programmes funded within workstream 3 under the headings of, '**Recruitment**, **Reform**' and '**Retention**'.

Recruitment

'This Nurse Can' digital recruitment campaign

The *'This Nurse Can'* digital recruitment campaign[23] was targeted to showcase the variety of roles and employment opportunities available to nursing graduates across the Norfolk and Waveney ICS. This targeted campaign highlighted the range and breadth of roles and employment opportunities available for Registered Nurses. The resulting film and marketing materials showcased actual roles/personnel working in various health care fields, settings and sectors across the ICS.

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[23] ▶ This Nurse Can

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
This Nurse Can	School of Health Sciences, UEA	July 2024 Evaluation: January 2025	• Recruitment film and associated marketing materials: https://www.youtube.com/watch?v=6JR33LcMfNA • Presentation at NICHE Shared Learning Event – October 2024.

Table 4.3 Recruitment Project: This Nurse Can.

Voices of Collaborators and Participants

'The NICHE funding made it possible for This Nurse Can campaign to grow from an idea into a powerful, nationwide campaign that's inspiring the next generation of nurses. It allowed us to share authentic stories, challenge stereotypes, and celebrate the diversity in nursing recruitment. To date the campaign has reached over 4.8 million people and has supported regional growth in nursing recruitment that has not been seen since pre-covid. Without the backing from NICHE none of this would have been possible.' Programme Lead, This Nurse Can.

Reform

THRIVE Leadership Development Programme
*Winner of Preceptorship Programme of the Year, Nursing Times Workforce Awards 2025

The THRIVE Programme is testing a 'proof of concept' and is focussed on registrants who are 18 months into the role. These registrants are identified in the retention literature and local workforce data as a high risk of intention to leave their roles. The THRIVE Programme content includes: leadership; quality improvement, research and skills development. Underpinning the delivery of the programme is Practice Development methodologies and approaches drawing on the principles of Collaboration, Inclusion and Participation[24]. NICHE funding for the programme covered the cost of an external facilitator who both led the programme (in collaboration with the Trust Learning and Development Team) and carried out the evaluation.

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[24] International Practice Development in Health and Social Care. Manley, K. Wilson, V. Oye, C. (Editors), 2021. Chichester: Wiley Blackwell.

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
THRIVE Leadership Development Programme	Queen Elizabeth Hospital NHS Foundation Trust	February 2025	- East of England Preceptorship Meeting – June 2024. - QEHKL, Annual General Meeting – July 2024. - NICHE Shared Learning Event – October 2024. *THRIVE Programme,* Oral presentation, RCN Education Forum National Conference, Glasgow – March 2025 - THRIVE Evaluation Report (Final) – April 2025 - Nursing Times Awards Workforce Nominee – November 2025

Table 4.4: Reform Project: THRIVE.

The five projects completed in the first cohort of THRIVE:

- Culture Change: Teamwork and increased positivity in the workplace

- The use of acuity tool in virtual ward

- A review of failed discharges

- Patient Identification in A&E

- Who's going home today- reducing turn-around time for patients discharge medications to improve patient flow.

To note, following the success of the NICHE funded programme, THRIVE has been recommissioned with additional funding from NHS England, and is being delivered across the Trust. THRIVE is shortlisted for a Nursing Times Workforce Award 2025.

Voices of Collaborators and Participants

'Facilitating the THRIVE programme and reflecting on the evaluation of the pilot cohort has been an incredibly rewarding experience. The growth in both confidence and leadership in the cohort throughout the THRIVE journey has been transformative. Reflecting back on the beginning of the programme saw a cohort who had little self-belief in their leadership confidence. Through engagement and commitment to the programme and embracing this new way of learning has seen significant growth both in knowledge, leadership and confidence. Most importantly it has provided the participants with the self-belief that they are effective compassionate leaders that can influence

change. For us as facilitators, the THRIVE programme has been a hugely rewarding and transformational journey. It has been and remains an absolute privilege to be part of this journey with the cohort and see the impact on their confidence and practice'. Programme Lead, THRIVE

'This took me on a self-discovery experience and I got to see my leadership style and understand myself better'. THRIVE Participant

'This was my first time carrying out a project at this level and I am impressed at how we were able to juggle work, personal life and the project together. Already, we are seeing the impact this has made to my ward and my team'. THRIVE Participant

'My thoughts and feelings are that this is a wonderful opportunity, that is progressive… culminating in building more rounded and confident leaders'. THRIVE Participant

'I find myself leading with confidence and comfort. I am communicating clearly and intentionally as well as delegating with ease. I am enjoying the team work on the ward and have been supporting supernumerary staff with ease. I have enjoyed building networks within the trust'. THRIVE Participant.

'Growing embedded leaders in the workplace is so important to transform care and improve patient and staff experience. The THRIVE Programme and Embedded Scholarships clearly demonstrate this and I am proud that QEHKL has been at the forefront and part of these innovative programmes. The legacy NICHE leaves will be felt by many in years to come.' Former Trust Chief Executive Officer.

Interprofessional Student Schwartz Rounds (SRs): Students' and facilitators' experience and perceived benefits for wellbeing and reflective practice.

The project addressed the topic with health and social care professional trainees, studying on UEA's Medical, Nursing, Clinical Psychology, Psychological Therapies and Social Work courses. The aim was to evaluate the effectiveness of student interprofessional SRs as a medium for promoting wellbeing and reflective practice. It brought together trainees working across the East of England Region entering professions where staff retention and wellbeing continues to be considered significant areas for development. By exploring the impact of SRs on student wellbeing, this research contributed to strengthening the future regional workforce.

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
Interprofessional Student Schwartz Rounds at UEA	Faculty of Medicine and Health Sciences, UEA	December 2024	**Conference papers** : • Student Experience Conference CHERRPS – UEA, March 2024. • Shared Learning Event NICHE – UEA, April 2024. • Mental Wellbeing in Higher Education, Advance HE – Leeds, May 2024. • Student Mental Health Conference SMARTEN – KCL - June 2024. • Community Psychology Conference – October 2025 **Conference poster:** • Lifespan and Population Health ECR conference – UEA - June 2024. **Book chapter:** • "Sharing is caring" with a focus on Schwartz Rounds nearly completed. In *Workplace Wellbeing for nurses, health and care professionals* (Critical Publishing). **Publication:** • Zile, A., Owen, J., Gorick, H., Orford, A. and Panagiotaki, G., (2025). Schwartz Rounds in Higher Education Settings: A Systematic Review of the Research with Recommendations. *Journal of Medical Education and Curricular Development*, *12*, p.1-16 https://doi.org/10.1177/238212052 51320152 **Other outputs include:** • Schwartz Rounds website now live: Interprofessional Student Schwartz Rounds - Groups and Centres (uea.ac.uk)

			- NICHE blog - March 2024. - UEA Lasdun News- February 2024. - Final Report – April 2025

Table 4.5: Retention project. Schwartz Rounds Evaluation

Staff Support Service Evaluation

The programme is evaluating the model of staff support as a model of well-being that was first introduced during COVID-19. The initial proposal developed into a more comprehensive protocol for the project.

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
Evaluating a Staff Support Service	Queen Elizabeth Hospital Kings Lynn (QEHKL)	December 2024	- NICHE Shared learning event presentation - October 2024. *Green S and Roberts K (2024) Wellbeing at work.* Critical Publishing. - Green, S and Robert, K (2025.) Wellbeing at work with some homework. Chapter 5 in *Workplace wellbeing for nurses, health and care professionals*. Routledge/Taylor Francis: Oxford.

Table 4.6: Retention Project. Staff Wellbeing Service Evaluation

Clinical Associate in Psychology (CAP) Evaluation

CAPs play a key role in the Norfolk and Waveney ICS Workforce Plan. Elsewhere in England CAPs are working to transform services, by widening access to psychological support and increasing the diversity of the psychological workforce. Given that CAP is a new role and central to the transformation agenda in the East of England Region, meaningful research and evaluation of the impact of CAPs on patients and on services formed an important focus of this project.

Programme Title	Lead Organisation	Completion date	Outputs and Impact
CAP evaluation	School of Medicine,	January 2025	Research and Evaluation of CAP workforce plan in the East of England Region.

	UEA		● Development of CAP/UEA website.

Table 4.7 Reform Project. CAP Evaluation.

NICHE Embedded Fellowships

During 2023 NICHE awarded four Embedded Fellowships (up to £60k: £50k embedded research or evaluation, £10k Fellow development) following an 'open call' for applications in 2023 focussing on two or more of NICHE key themes – *initially funding was available for five Fellows, however due to non-recruitment the funding for one Fellowship was repurposed (see Kintsugi Programmes)*.

Each of the awarded Fellowships demonstrated:

- System co-design, working in collaboration with stakeholders, drawing on Practice Development principles of Collaboration, Inclusion and active Participation[25].
- A focus on enabling a sustainable place-based systems of care.
- Joined-up planning, delivery and integrated evaluation to achieve safe and effective person-centred practice.
- Alignment to Norfolk and Waveney ICS Strategic Goals.
- An embedded research or evaluation study design, with a participatory co-production approach, that will evidence impact and sustainable improvements to workplace cultures of effectiveness.
- A positive impact on the 'Triple Bottom Line' and sustainable health outcomes[26].

Supporting the NICHE Embedded Fellows was Active Learning[27] which enabled Fellows to reflect and share their learning along with the opportunity to interact with keynote presenters on topics relevant to the Fellowships.

Two additional Fellowships (2023 and 2024) were awarded to postgraduate students studying for the MA in Medical Humanities and a further one an Eastern ARC Fellowship.

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[25] International Practice Development in Health and Social Care. Manley, K. Wilson, V. Oye, C. (Editors), 2021. Chichester: Wiley Blackwell.

[26] https://sustainablehealthcare.org.uk/services/carbon-footprint-analysis-of-clinical-pathways/

[27] Dewing J and Lynch B (2021) Being an active learner. Chapter 28 in McCormack, B., McCance, T., Bulley, C., Brown, D., McMillan, A. and Martin, S. eds., 2021. *Fundamentals of person-centred healthcare practice*. John Wiley & Sons.

During their time as NICHE Fellows, the Fellows have had the opportunity to present their embedded research and evaluation work to:

● The Chief Nursing Officer for England in April 2025 and
● The Director of Nursing and Midwifery for the National Institute for Health Research in July 2025

The NICHE Embedded Fellowships were awarded as follows:

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
Improving early mobilisation after femoral fracture surgery: A MDT approach. Embedded Service Improvement Evaluation	James Paget University Hospitals NHS Foundation Trust	January/ February 2025	● NICHE National Conference – September 2023. ● National Fracture Data Base Meeting – April 2024. ● NICHE Shared Learning Event – April 2024. ● E4 Conference, Hamburg – May 2024. ● NICHE Newsletter – May 2024 ● Fragility Fracture Network Conference, Istanbul – October 2024. ● Chief Nursing Officer for England visit – April 2025 ● World Physiotherapy Conference, Japan – May 2025 ● Director of Nursing and Midwifery, NIHR visit – July 2025 ● SOFTN Conference, Sri Lanka – October 2025
Norfolk Antenatal Pathway for Women and Birthing people with LD. Embedded Service Improvement Evaluation	Norfolk Community Health and Care NHS Trust	December 2024/ January 2025	● NICHE Shared Learning Event – October 2023. ● NICHE Blog – November 2023. ● HS75 Celebration (Chief Nurse Office). ● IASSIDD Conference, Chicago – August 2024. ● RCN International Nursing Research Conference, Helsinki – September 2024 ● QNI (Blog) – February 2024 ● NICHE Shared Learning Event – October 2024.

			• Chief Nursing Officer for England visit – April 2025 • SOFTN Conference, Sri Lanka – October 2025 • NT Award Nominee – October 2025
Seeing Red-Improving the End-of-Life Care Pathway across West Geographic Place. Embedded Service Improvement Evaluation	The Norfolk Hospice, Tapping House	December 2024	• NICHE Blog – September 2023. • NICHE Shared Learning Event – April 2024. • Dying Matters Lunch and Learn session - May 2024. • Hospice UK National Conference – November 2024. • Chief Nursing Officer for England visit – April 2025 • Director of Nursing and Midwifery, NIHR visit – July 2025 • Final NICHE Report – September 2025
Co-producing a child holistic rural and coastal Health Passport (CORACLE). Embedded Research	Norfolk and Suffolk NHS Foundation Trust	December 2024	• NICHE National Conference – September 2023. • NICHE Blog – January 2024. • EPIIC Conference – June 2024. • University of British Columbia visit and presentation – September 2024. • Chief Nursing Officer for England visit – April 2025 • Teague, B. Mc Carthy , L. Oduola , S. Wadley, E. Collins, D. Webster, J (2025) The characteristics and practice experiences of rural mental health nurses in England and Scotland. Mental Health Practice Journal. RCNi publishing • Director of Nursing and Midwifery, NIHR visit – July 2025 • Final NICHE Report – September 2025
2023/2024 – MA Medical Humanities		September 2024	• NICHE Blog – May 2024. • NICHE Shared Learning Event – October 2024. • N&W Seminar presentation. • UEA Creativity and Wellbeing Week – June 2024. • Creative Journal Workshop.

2024/ 2025 – MA Medical Humanities		September 2025	● SOFTN Conference, Sri Lanka – October 2025

Table 4.8: NICHE Fellowships Programme Awardees

Voices of Collaborators and Participants

'NICHE gave me confidence to think bigger, both with regards to The Seeing Red Project but also allowing me to have space to develop professionally and resulting in career progression. Alice Dean credits NICHE's anchor-institute model as pivotal. Beyond financial support, NICHE provided structure, supervision, and intellectual companionship. The fellowship's reflective sessions with experts and peers gave space to think critically and share emerging insights'.
NICHE Fellow

'It wasn't just funding—it was legitimacy. It said this local innovation in a rural place matters. I feel so lucky to have had this opportunity at this time". NICHE, Seeing Red became part of a wider movement toward place-based transformation—demonstrating how education, research, and compassion intertwine to reduce health inequalities'. **NICHE Fellow**

'The NICHE Fellowship gave me the tools to develop the Antenatal Pathway for people with learning disabilities. To that avail, NICHE facilitated the first successfully integrated antenatal pathway, facilitating different agencies working together to the benefit of prospective parents with learning disabilities. Consequently, we have seen a rise in the number of people with learning disabilities being referred in a timely manner, leading to improved antenatal outcomes. The Fellowship facilitated the training in learning disabilities awareness to 300 midwives and obstetrics staff. An unexpected outcome of the pathway was anecdotal increased confidence in practice from the stakeholders when supporting prospective parents with learning disabilities. On a personal level, the Fellowship helped me understand research, while being a great platform to connect with other researchers and expanding my professional network and professional reach. The work facilitated by the NICHE Fellowship culminated in being a finalist in the Nursing Times awards for the Learning Disabilities category'. **NICHE Fellow**

'The fellowship has been a massive help and support to my career over the last two years. In my role I have had the opportunity to be part of a national pilot to

embed research at a local level and engage therapies in building research confidence and capability. Being successful with the NICHE Fellowship has been a clear demonstration that investing time has been met with reward and the fellowship has allowed me to buy time to complete this project. It has allowed opportunities for others in my team at the JPUH and the QEHKL team to be involved in and build confidence and capability in all aspects of research and show the contributions AHPs can have to health research'.
NICHE Fellow

'Personally the support and expertise of the NICHE team and the belief they had to offer me a fellowship helped to build my own confidence and this has taken me on an exciting journey with not only the project itself but in building my connections and networking with experts nationally as well as internationally'.
NICHE Fellow

'The NICHE fellowship provided me with the opportunity to develop my skills, knowledge and connections which I hope will make a difference to national and global policies in managing fragility fractures such as hip fractures. This is the legacy that my NICHE fellowship has given me'. **NICHE Fellow**

'It's been a pleasure learning about the aims and work supported by NICHE, but also seeing the professional mentorship provided to enable healthcare transformation and innovation focussed on eliminating health inequalities, driving partnerships and delivering care sustainably. The NICHE fellows are truly empowered to develop and lead improvements for the rural and coastal communities, including those with mental illness and learning disabilities, bringing a holistic mindset to population change'. **Chief Innovation and Improvement Officer**

'On an individual level the fellowship enabled professional growth, confidence to embark on transformational projects and an insight into system leadership. On a system level the fellowship created space and time to test something different within the current fast paced health and care system. The programme supported a journey that sometimes deviated from the plan but ensured the outcomes would be most impactful. The improved relationships between the partner organisations have had wider benefits that just within this project and will support future workstreams that have benefit to patients and families'. **Chief Executive Officer**

The NICHE Fellowships offer a relatively low-cost, innovative model for funding innovative embedded and scalable research projects with potential to support ICS goals delivery. The model works by combining the development of research skills,

capability, and leadership development with service improvement initiatives that staff have nominated and feel passionate about. Successful projects are likely to be sustainable and have the potential to be incorporated into strategic commissioning and/or delivery models if supported by the right communication and engagement channels. This approach to staff development and service innovation is also likely to be easily expanded and should be replicable across other systems. **WDT Evaluation Report: Page 56**

'Kintsugi'[28] Projects

Funding was released from the non-recruitment of one of the Fellowship places in 2023 which allowed for three smaller programmes to be funded (up to £20,000 each) – agreement was subsequently reached to fund a fourth Kintsugi project. These embedded projects demonstrated the achievement of one or more of the NICHE themes and were underpinned by an Embedded approach to 'place' research or service improvement evaluation. The four Kintsugi Projects were awarded to:

Programme Title	Lead Organisation	Completion Date	Outputs, Dissemination and Impact
Developing an intervention to support the retention of health and social care professionals in Norfolk	School of Social Work, UEA	September 2024	• Centre for Research on Children and Families Seminar – December 2024. • Cook, L., Carder,S., Blake-Holmes, K. and Yussif, I.A. (2024) Retaining Local Authority Social Workers: A theory of change. Research Report. November 2024. • NICHE Shared Learning Event – May 2025
Evaluating the Impact and Effectiveness of Structure, Process and Outcomes of the Take a Chance on me Programme	Take a Chance on me CIC, Great Yarmouth	September 2024	• NICHE Shared Learning Event – October 2024. • Prospective Funders Presentation – December 2024. • Final Report – November 2024

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28 Kintsugi is a Japanese art that repairs pottery with gold, rendering a new piece that is more exquisite than it was before.

			● Community Psychology festival – October 2025
Norwich Museums Community Club – an embedded evaluation	Norwich Museums	March 2025	● NICHE Newsletter – November 2023 ● NICHE Shared Learning Event – April 2024. ● Interim Report – May 2024 ● Eastern ARC Conference, Harnessing Heritage – September 2024. ● Prospective Funders Presentation – December 2024. ● Full Report – February 2025 ● SOFTN Conference, Sri Lanka – October 2025 ● ICOP Symposium – November 2025
Evaluation of a novel early career prescribing programme to support workforce development, retention and diversification of pharmacists in the East of England	School of Pharmacy, UEA.	April 2025	● NICHE Newsletter – January 2024 ● Clinical Pharmacy Congress – May 2025 ● Royal Pharmaceutical Society Conference – November 2025 ● Final Report – August 2025

Table 4.9: NICHE funded Kintsugi Projects

Voices of Collaborators and Participants

Norfolk Museums Service is a council run museum service which aims to use our collections and settings to inspire and engage all residents of, and visitors to, Norfolk. NICHE funding has enabled us to develop our work with a key group which we have hitherto found it difficult to access: people living with dementia and experiencing isolation. NICHE funding has afforded us all-important capacity to embed evaluation within the Community Culture Club programme. This is critical to service delivery as it enables us to evidence the impact of cultural engagement upon health and wellbeing. In addition, NICHE funding has provided wonderful networking opportunities for museum

staff through which to share our work and learn from others - invaluable in terms of professional development, staff training and opportunities to identify future partnerships and funding'. **Learning Manager for the Norwich Museums**

'The funding that we've received from NICHE has enabled us the time and confidence to explore possibilities not open to us before. Through the training that NICHE has allowed us to attend, we've gained skills that have directly supported our project. Moreover, it has influenced my own personal practice beyond measure. I've introduced new creative ways to evaluate across my work with diverse groups such as care leavers and young children. As well as exploring key concepts to students on the MA at the UEA, I have also shared knowledge and experience with colleagues. The funding from NICHE has given me the confidence to share what I've learned with other people outside of our project, spreading the expertise that I've gained across our service'. **Facilitator for the Community Culture Club**

'Working with NICHE on our Community Culture Club programme has been a privilege. As a small team, it has given us the rare opportunity to explore and develop our evaluation practice, something that is often left as an afterthought. The funding allowed us to commission artist and evaluator Holly Sandiford to be a part of the programme team and create a bespoke evaluation model, with tools that we can transfer across other projects. With that in mind, we have shared the evaluation model across Norfolk Museums Service and beyond. Working with NICHE has expanded our network and given us access to new resources and ideas. Through NICHE we have presented at conferences, attended events, and shared our research. On a personal level, it has without a doubt transformed my professional practice, and rebuilt my confidence after a challenging time. I will forever be grateful for the kindness, support, and generosity of the NICHE team for having us as part of their spectacular journey'. **Kintsugi Programme Lead for the Community Culture Club.**

'The NICHE funding has been genuinely transformative for my creative practice. It's given me the space, training, and confidence to explore new research methods and connect with inspiring collaborators. The support from NICHE has opened exciting opportunities. E.g. like my role as Associate Research Fellow at Norwich University of the Arts and really deepened how I think about creative research. **Facilitator for the Community Culture Club.**

'Having the support of NICHE has been game changing for our work. This funding has enabled us to work with Holly Sandiford, who has pioneered new approaches to creative wellbeing and embedded evaluation techniques. This is very new ground for us so it's been exciting, stimulating and progressive. This partnership has enhanced not only what we are able to offer our participants, but enriched our own team's development. Our

practice has been broadened, enabling us to develop new meaningful ways to connect with people and sensitively collect evidence that can improve our work. What's more, it's given us the chance to be able to demonstrate the impact of our creative work and generate valuable evidence, which will be essential when looking for future funding. This legacy will be vital going forward. NICHE has also created platforms for us to showcase our work and meet others in the field, which is not always possible within a poorly funded local authority context. Our team has been so encouraged and given new CPD opportunities thanks to this funding. Thank you to the NICHE team for all their support. It's been such a positive partnership'. **Curator of Community History, Museum of Norwich**

'Having run a small CIC for 8 years, the opportunity to work with NICHE was at first daunting and even overwhelming. Organisations like ours seldom have the chance to showcase what we do and work alongside such an unbelievably talented pool of people and organisations. The whole experience has been transformative to us, we have realised our strengths and weaknesses and have been able to continue working with and being supported by some amazing people. We now continually look at how effective we are and have changed many of our practices because of NICHE. It's fair to say that NICHE has 'shown us the light' and we are very grateful for the opportunities given, it has helped and will continue to help us do what we do, thank you NICHE'. **Kintsugi Programme Lead, 'Take a Chance on Me'.**

Image 6: NICHE fellowship Workshop 1 (UEA, 13 July 2023). From Left to Right: Jonathan Webster, Renee Gray, Alice Dean, Anca Menea, Bonnie Teague, Sally Hardy

'*Mini Kintsugi' Programmes*

NICHE has funded three small-scale, match funded embedded projects that demonstrate one of the NICHE themes underpinned by an embedded approach to service improvement evaluation.

The three Mini Kintsugi Projects are:

Programme Title	Lead Organisation	Completion Date	Outputs, Dissemination and Impact
Embedded Improvement Evaluation	Norfolk Safeguarding Adults Board – Norfolk County Council	February 2025	• NICHE News Letter – August 2024 • NICHE Shared Learning Event – May 2025 • Final Report – August 2025
My Story, My Words, My Voice, a quality improvement initiative to improve equity of access and inclusion for marginalised service users	Norfolk and Waveney ICB	January 2025	• NICHE Shared Learning Event – May 2025 • Final Report – August 2025
Homeless Health Needs Audit & Embedded Project Evaluation in Norfolk	Norfolk and Suffolk NHS Foundation Trust	December 2025	• NICHE Shared Learning Event – October 2024.

Table 4.10 NICHE funded Mini Kintsugi Projects

Voices of Collaborators and Participants

'Collaboration with NICHE enabled the Norfolk Safeguarding Adults Board to run a pilot to develop, test, and refine a framework document designed to support better safeguarding decisions across partner agencies. This investment gave us dedicated expertise to test and refine the framework in real-world settings, ensuring it was both practical and impactful. We now have a document which better supports our safeguarding adult partnership. Without NICHE, this project would not have happened'
Mini Kintsugi Programme Lead, Norfolk County Council.

Fellowship, Kintsugi and Mini Kintsugi Outputs

By the end of 2024 outputs from the project funding for the NICHE Embedded Fellowships, Kintsugi and Mini Kintsugi projects included:

● Production of a Report (2500 – 3000 words) outlining the programme, outcomes, learning and recommendations - as part of this, there will be a plan for Norfolk and Waveney ICS wide sharing/ dissemination (All).

● 1x Peer Reviewed Publication – ready for submission (Fellowship and Kintsugi).

● 1x Conference Presentation – Poster or Oral (Fellowship and Kintsugi).

● Educational materials, or information leaflet to enhance innovation uptake across the Norfolk and Waveney ICS (Fellowship and Kintsugi).

● Production of a Blog for the NICHE Website/ contribute to the NICHE Newsletter (All).

● Contribute to the overarching NICHE Project evaluation (All).

NIHR Eastern ARC Fellowship

During 2023 NICHE funded one Fellowship focussing on:

Programme Title	Lead Organisation	Completion Date	Outputs, Dissemination and Impact
'Does living by the sea impact palliative and end-of-life care outcomes? An explanatory sequential mixed methods study exploring the inequality of provision and access to palliative care in a coastal region'.	Norfolk and Norwich University Hospitals NHS Trust/ James Paget University Hospitals NHS Foundation Trust	July 2024	● NICHE Newsletter - September 2023. ● NICHE Shared Learning Event – May 2025

Table 4.11 NICHE funded Eastern ARC

Embedded Scholarship Programme (ESP)

Led by the James Paget University Hospitals NHS Foundation Trust, NICHE funded three Cohorts of the Embedded Scholarship programme which ran from start to completion for circa 18 months.

The ESP was designed to provide an introduction to embedded research, evaluation and quality improvement (QI) in combination with co-designed projects embedded in the workplace directly linking to the scholar's workplace/ area of practice[29].

Underpinning delivery of the programme was an evaluation which is feeding into the NICHE evaluation workstream 4.

Cohort	Places Filled	Scholar Distribution		Outputs, Dissemination and Impact
I. *Completion:* *Mar 24*	16 places	4 x JPUH 2 x QEHKL 2 x NCHC 2 x N&W ICB 1 x EofE Ambulance	1 x NNUH 1 x Care Home 1 x C/Comm 1 x Public Health 1 x IC24	• Embedded Scholarship Celebration Event, • 16 Posters – March 2024. • NICHE Published Blogs & Reflective Learning x3. • I Eastern ARC Fellowship Award following the scholarship. • NICHE Shared Learning Event – April 2024 • 1 x Presentation to the Director of Nursing and Midwifery, NIHR
II. *Completion:* Dec 24	9 places	3 x JPUH 3 x QEHKL 1 x EofE Ambulance	1 x N&W ICB 1 x NNUH	• Embedded Scholarship Celebration Event, 9 Posters – December 2024 • 1 x Presentation to the Director of Nursing and Midwifery, NIHR
III. *Completion:* Mar 25	11 places	4 x JPUH 1 x NSFT 1 x ECCH 1 x Public Health	1 x QEHKL 1 x NNUH 1 x NCHC 1 x Charity	• Embedded Scholarship Celebration Event, 11 Posters – June 2025

Table 4.12: NICHE Funded 3 x Cohorts of Embedded Scholarships lead by JPUH

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29 Whitehouse C, Hall H, Shiju M, Webster J, Yazbek J, Parslow-Williams S, (2024), Exploring the sustainable impacts of a clinical healthcare research scholarship programme, British Journal of Nursing (online), Vol 37: 11

During the ESP delivery process, a decision was made to remove backfill funding and repurpose the funding across all 3 cohorts for:

- Dissemination funding and
- Scalability funding.

Upon completion of the cohort, participants were invited to apply for either or both allocations of funding. The applications for funding were assessed by research leads from across the Norfolk and Waveney ICS. Despite low uptake, due to practitioners workloads, the 5 projects allocated this funding are identified with an asterix in the full list of scholars projects below.

The programme has been offered across the Norfolk and Waveney ICS. In total organisation representation across all three Cohorts are as follows:

Organisation	Number of Scholars
James Paget University Hospitals NHS FT	12
Queen Elizabeth Hospital NHS FT	6
Norfolk County Council	2
Norfolk & Waveney ICB	3
Norfolk Community Healthcare Trust	3
Norfolk & Norwich NHS FT	2
East of England Ambulance Service	2
Norfolk & Suffolk NHS FT	1
East Coast Community	1
Cambridgeshire Community	1
Kingsley Care (Care Home)	1
Together Mental Health Charity	1
IC24	1
Total Completed	**36 Scholars**

Table 4.13: Embedded Scholarship Participants Employing Organisations

List of Embedded Scholars' Projects

- ★ Transforming Practice and Empowering Staff in the use of qualitative Friends and Family Test

- ★ Determining the acceptability of using VR headsets for individuals with learning disabilities in healthcare settings

- ★ Bringing services together to provide wrap-around support. An evaluation of Stroke Reach

- ★ Relieving anxiety in patients undergoing Cataract Surgery

- ★ Identifying barriers to mobilisation of patients at the QEHKL

- ★ CCS NHST Research Managers Programme: Managers Evaluation

- ★ Maple Project: Supporting staff to be mindful, to feel assisted and provided for, to have learning opportunities and help them feel empowered to give best end of life care

- ★ Respiratory Traffic Light Document. To improve management of children with long term and complex conditions *

- ★ Recognising, Reviewing and Responding – The 3Rs which contribute to the reduction in massive Obstetric Haemorrhages

- ★ Mentorship Programme for Healthcare Assistants in a Social Care Setting

- ★ CCS Research Champions Programme: Evaluating the impact on Participants*

- ★ Factors that influence child conveyance decisions made by prehospital clinicians

- ★ Community Voices: An evaluation of the InHIP Bowel Cancer Screening Pilot

- ★ Exploring the wellbeing and sustainability of IC24 staff working at home

- ★ Implementation of an arts based therapy group in an acute neurosciences setting

- ★ Palliative Rehabilitation: Exploring service provision from the Community Therapists perspective in NCHC South Place

- ★ Developing a service evaluation toolkit for commissioned mental health and suicide prevention programmes

- ★ Informed consent for induction of labour: A quality improvement project*

★ Sustainability analysis of the daily ward blood round (via video)

★ Improving maternity care for non-English speaking birthing people and women at JPUH

★ Junior doctors retention and career development opportunities: a quality improvement project

★ Is a more structured approach to pastoral care beneficial to healthcare support workers

★ Exploring whether staff in the Emergency care units at JPUH might wish to trial a shared decision and change council

★ When the time is right: A service evaluation of the processes of continuing health care fast track (CHC-FT) check-listing within a community NHS Trust*

★ Building a sustainable healthcare future: Innovative and safer workspaces for waste portering heroes

★ Exploring the role of digital technology within a community neurology service: a service evaluation project

★ Physical milestones traffic light guidance: Developing an online resource to empower families and

★ An evaluation of the process of workplace adjustments as experienced by staff and managers

★ A look at the heart of the problem: evaluation of the factors contributing to on-scene time delays for STEMI patients at NNUH PPCI

★ Pilot evaluation of a virtual primary care upskilling module for non-cancer related breast symptoms

★ Falling through the cracks: Addressing the hidden dangers of falls

★ Supporting the unsupported; helping those with a new diagnosis of functional neurological disorder (FND)

★ Improving working relationships between mental health and social care services

★ Making the visible invisible: Organisational readiness and professional parity of opportunity for developing new roles/advancing clinical practice

★ Bridging Gaps: Signposting for wellbeing in service users with serious mental illness

★ Are we ready to share? Evaluating the organisational preparedness of three east Anglian research departments to implement the

professionals to support children of 2 with delayed physical milestones*

results sharing requirements of the medicines for human use (clinical trials) (Amendment) regulations 2024

* Embedded Projects that were awarded Dissemination and/ or Scalability Funding.

During 2025, funding was approved for two additional small scale programmes of research and evaluation aligned to NICHE's core objectives. Reports for these projects are forthcoming.

Programme Title	Lead Organisation	Completion Date
Raising Awareness of the Nursing Associate Role in Health and social care sectors	Norfolk &Suffolk Care Support Ltd	March 2026
Transforming Coastal and Rural Communities – The "Photovoice" pilot as a Place Based	Norwich University of Arts and the School of Health Sciences UEA working in partnership with Healthwatch Norfolk.	January 2026
Intergenerational social prescribing - Adults Other Than Teachers' perspectives of their involvement at a primary school's outdoor learning extra-curricular club.	School of Education, University of East Anglia working in partnership with Denver VC Primary School.	June 2026

Table 4.14 NICHE Supported Embedded Scholarship Dissemination Projects

Voices of Collaborators and Participants

'The embedded scholarship provided me with protected time to focus a project on a subject which improved patient safety and truly makes an ongoing difference. Completing the course myself inspired me to encourage and support a member of my team to complete it for her own personal development and for the further enhancement of our maternity service.' **Embedded Scholar, Cohort 1**

'I was lucky to be selected for a NICHE Scholarship and to start with I was unclear what was required of me but I knew I wanted to try and start a change in some of the ways we do things in my workplace. The team was so supportive, knowledgeable, and encouraging and they empowered me to open doors and make connections I haven't done before. By the end of the scholarship, I felt that I had gained knowledge and skills that I was already applying in my workplace. To sum up, the scholarship didn't just help me learn to approach improvement and change, it also helped me shape into a better clinician and person. Thank you'. **Embedded Scholar, Cohort 1**

'The NICHE Anchor Institute Scholarship has been instrumental in supporting the knowledge mobilisation of the Cambridgeshire Community NHS Trust Research Champions Programme (RCP) to both regional and national key system colleagues. The funding enabled us to develop branding and logos for the programme, strengthening perceptions and identity of the RCP. The Scholarship also enabled dissemination opportunities such as sharing our workforce impact evaluation at the national annual Research and Development Forum (RDF) conference and with Professor Ruth Endacott. Professionally, the scholarship has provided me with opportunities to lean into developing new leadership skills and to strengthen collaborative networks'. **Embedded Scholar, Cohort 1**

'I was enrolled in the scholarship programme when I newly started my role in Patient experience. The scholarship has helped me to not only develop in my role but also made me see a wider picture around health inequalities that is existent in the community that we serve. This scholarship journey helped me to connect to the people in the community and the health service sectors and work collaboratively to help the people in the communities. Now I undertake a lot of projects as part of my role and apply all that I have learnt form the scholarship programme.I thank all the mentors and facilitators for making this happen and I wish this could continue to support many passionate individuals who like to bring a change to the community.' **Embedded Scholar, Cohort 3**

'The Research Champion Programme is quickly becoming a cornerstone of research awareness and understanding across all staff groups in NCH&C and CCS. It provides an essential 'first step' for some staff and a useful 'confidence builder' for others.

The intricate level of detail with which (named participant) has designed and developed the RCP has created meaningful content that continues to have impact when Research Champions have completed the programme and use the role within their teams. There have been clinical colleagues who said they weren't aware of what research is and by the end of the RCP are putting together their first plan towards a research proposal. They recognise that they can not only use an evidence base for practice, but that they can generate that evidence too. The way that (named participant) uses reflection with the

steering group and feedback from the evaluation forms continues to evolve the RCP in a direction that gives teams, individuals and services what they need to improve patient care. The approach that (named participant) takes comes across in a way that makes everyone's voice heard, counted and valued. That is the reason I am confident that the support (named participant) has gained from NICHE and NIHR EoE ARC will enable the further development of the RCP in a way that reflects the priorities of NCH&C and CCS as they come together, the direction of the NHS in bringing care from hospital to home and our staff being part of creating evidence to improve care'. **Line Manager**

Retention

Several projects were undertaken during 12 months (June 2024 – June 2025) to address ongoing challenges of student retention and professional development within pre-registration nursing education. These projects were led by Associate Professor Rebecca Hill, supported by academic and healthcare collaborators. Each offers insights into strategies for supporting staff throughout their academic and clinical journey as a significant retention strategy for achieving workforce sustainability.

1: 'Time/Place/Face'

This embedded project was funded to explore factors that may enhance the retention of pre- registration and post qualification health care professionals. This project also explored the use of effective retention/placement strategies for students and staff (Time/Face/Place) in order to positively affect retention and wellbeing.

Programme Title	Lead Organisation	Completion date	Outputs, Dissemination and Impact
Effective retention strategies	School of Health Sciences, UEA	May 2025	**Article:** Health and wellbeing study – article out for review with the British journal of Nursing. NICHE Blog – May 2024 **Book chapter:** Hill, R, Hubbard, J and Sankey, L (2025) *Staying in the game,* Routledge/Taylor Francis. Oxford. **Conference Poster:** presentation at Mental Health Wellbeing Higher Education Conference - May 2024. **Conference presentations:** RCN Education Conference, Glasgow - April 2025.

			Self-Assessment Advances in Higher Education Conference - June 2024. OT RCOT Annual Conference - June 2024. **Project reports:** Health and Wellbeing Report to NHS England - May 2024. Time, Place, Face, Project report Under review- October 2024.

Table 4.15: Time Face Place Retention Project

2: **Evaluative Study on University Health and Wellbeing Support Strategies for Pre-Registration Health Students**

· Access to and visibility of support services is limited, often reactive rather than proactive.
· Peer support was highly valued; however, more structured buddy systems are recommended.
· A streamlined, personalized communication strategy could enhance student engagement with available services.

Impact: Recommendations accepted and incorporated into retention strategy by NHS England

3. **Self-Assessment and Feedback on Professional Domains: A Retention Initiative**

✅ Recommendations:
The integration of self-assessment across all years of the programme is recommended, with its use also serving as a retention monitoring tool.

Impact:
- Halved referrals to Fitness to Practice for professionalism HSC UEA
- Australia Federation University have adopted the project approach for nursing
- BSc nursing at UEA has now fully adopted the approach
- Project disseminated at National Conferences: e.g. NET 2024; RCN 2024/ 2025
- Publication under review British Journal of Nursing

Voices of Collaborators and Participants

'The NICHE funding has enabled me to undertake 4 important and impactful projects - all of which have improved retention of staff. Pre-registration nursing has been transformed by two of the workstreams - each of which have been

adopted and sustained within HEIs both in the UK and internationally. Thinking around Post registration nurse retention has been influenced by the work undertaken - presented nationally and well received. The funding liberated talent to undertake projects and tackle issues that directly impact nursing care. All four workstreams have generated national interest , publications and conference presentations. I am grateful to have been given the opportunity - thank you'.
Retention Programme Lead

Workstream 3: Learning and Success

The Impact and outcome strands collated from Workstream 3 are captured in the next chapter section identified as Workstream 4 Internal Evaluation.

In summary lessons learned from successes include:

1. Significant engagement from across the majority of the Norfolk and Waveney ICS partners was achieved in Workstream 3 programmes stretching across the whole life span.

2. Increasingly participants identified how the NICHE funding has enabled them to capture an evidence base for their embedded work. This is supporting future funding opportunities to further develop their innovation and practice transformation through embedded research and evaluation activities.

3. There is clear evidence of individual development and professional growth, capturing the nature of embeddedness to build: *Workforce Research Capability; Research Capacity and Research Confidence.*

4. Navigating ICS complexity has provided an opportunity to better understand and work more creatively and effectively within constantly changing cultures and contexts.

5. Through emergent narratives and testimonials, the impact of learning has been immense which participants are able to demonstrate in both practice change, professional growth and personal development leading to inclusive, person centred outcomes.

6. New partnerships have been established enabling collaboration and joint working opportunities to grow both at Place, ICS wide, nationally and internationally as project findings are being cascaded into wider communities.

7. Opportunities to showcase and share work at a system, regional, national and international level, through conference presentations for example, has further therefore supported knowledge transfer, shared learning and professional development.

8. There has been a growing awareness of the importance of measuring impact demonstrating social and economic benefit alongside the central importance of quality and social impact.

Workstream Four: Evaluation

4.1 Internal Evaluation

Understanding transformation through participation, reflection and relationship

NICHE's internal evaluation is not a backward-looking assessment but a process for shared discovery. It serves as an opportunity to learn alongside, rather than merely observe, the individuals and initiatives driving transformation throughout Norfolk and Waveney.

Workstream 4 is dedicated to demonstrating the value of NICHE's Anchor Institute model. It makes visible how locally grounded initiatives create ripples of change within communities, workforces, and wider systems. This is achieved by tracking not only the final outcomes but also the underlying relationships and mechanisms that bring them about.

This means asking questions such as:

- What changes are taking root, and why here?
- How does meaning and motivation travel through people and places?
- What sustains innovation once external funding ends?

Through this inquiry, evaluation is transformed into an ongoing, dynamic process that enhances capacity, strengthens networks, and builds self-assurance throughout the entire system.

Our Guiding Philosophy: Evaluate With, Not On

NICHE adopts a unique "evaluate with" approach, integrating participatory, critical realist, and practice-based methods. This ensures evaluation is a collaborative learning process, not an external observation.

Key principles of "evaluating with" include:

- **Co-Ownership:** Project teams and communities are empowered to co-create their own evidence of change.

- **Embedded Reflection:** Evaluation tools (such as ripple maps, benefit tables, and the 12Ms framework) are used *in real time* to guide adaptation, moving beyond post-hoc measurement.

- **Developmental Learning:** Insights are channeled directly back into practice, making evaluation a continuous catalyst for improvement.

In essence, Workstream 4 does more than just measure transformation. It actively *participates* in it, embedding reflection, storytelling, and evidence-gathering within the daily work.

How We Built The Evidence

NICHE utilizes a **mixed-methods and participatory approach** for evaluation, integrating systematic analysis, reflective storytelling, and collaborative sense-making. The goal extends beyond a simple audit of outputs; it aims to provide a deeper understanding of the mechanism of *transformation* across people, practice, and place.

Sources of Data and Synthesis Methods:

- **Lived Experience through Interviews and Conversation:** Semi-structured impact interviews and reflective conversations with project leads, Fellows, and community partners captured firsthand experiences. These provided insight into the mechanisms of change, specifically how confidence, trust, and collaboration evolved over time.

- **Analysis of Project Documentation:** Project reports and benefit-realisation records from each funded initiative were synthesised. This process identified recurring outcomes, allowing for comparison across different settings while still respecting the unique context of each project.

- **Tracing Change with Interactive Workshops:** Ripple-mapping and benefit-mapping workshops were conducted with Fellows, staff, and community participants. These interactive sessions traced the trajectory of change, from shifts in individual confidence to wider, system-level ripple effects.

- **Longitudinal View from Observation:** Embedded researchers and programme facilitators maintained practice journals and meeting notes (observation and reflective logs). This provided a continuous, longitudinal view of relational and cultural shifts.

- **Co-owned Interpretation:** Themes and patterns were identified through an iterative, collaborative synthesis process. This ensured that the interpretations of the data were co-owned by the individuals who were most directly involved in the work.

Our Method: A Triangulated Approach to Transformation

We employ two core analytical frameworks to capture the full scope of NICHE's impact across Norfolk and Waveney:

1. **Critical Realism and Realist Evaluation:** This framework helps us understand precisely "what works, for whom, in what context, and why."

2. **Benefit–Ripple Mapping:** We use this to visualise how the immediate advantages of our work expand outward, creating system-level change and generating public value.

By integrating these methods, we create a rich, triangulated picture. This combines stories, data, and collective reflection to provide compelling evidence of how NICHE successfully drives transformation.

Reimagining the Evaluation Structure: Focusing on Impact

Our internal evaluation is now structured around **impact and ripple patterns**, rather than being organized by funding source or project type. This new approach reflects how change flows from individuals to teams, organizations, and ultimately, communities, and is reflected across six interrelated fields of impact.

Fields of Impact	Real World Ripples
1. For the hard-to-reach communities	Empowering voices, safety, and pathways into work and wellbeing
2. Healthy Living Through Curating Connection: Culture, Creativity, & Care	How creative and relational practice fosters belonging, wellbeing, and renewal across communities and professions
3. Growing and Sustaining Our Workforce	Building confidence, belonging, and professional identity across Norfolk and Waveney's health and care system
4. Transforming Care Cultures – The Power of Embedded Inquiry	How participatory action research and embedded nursing leadership are reshaping care experience for patients and staff

5. Nurturing leaders of change	Developing reflective, compassionate, and research-active leaders who transform systems from within
6. Connecting Care – Building Synergy Across Boundaries to Improve Care	How collaborative practice in clinical settings improves safety, communication, and patient experience

Table 4.16: NICHE Evaluation Fields of Impact

The impact of each initiative radiates outward, illustrating a process of transformation where increased learning, confidence, and collaboration spread from individuals to teams, ultimately influencing both local practices and system-wide reform.

From Evaluation To Shared Understanding

NICHE's internal evaluation across all six strands provides a composite view of ongoing transformation:

- It tracks the evolution of locally rooted innovations into systemic change.
- It demonstrates how relational and reflective practice enhances both staff wellbeing and patient experience.
- It illustrates how the NICHE anchor model generates public value by integrating research, leadership, and compassion into routine care.

📌 Key Insights 6:

By evaluating *with* people and *through* effective working relationships, NICHE's approach transforms evaluation into a **mechanism of change**. This process actively cultivates the curiosity, relationships, and shared purpose necessary to sustain improvement well beyond the lifespan of individual projects.

Strand 1: For The Hard-To-Reach Communities:

Empowering voices, safety and pathways into work and wellbeing

Framing the Challenge

In Norfolk and Waveney's rural and coastal areas, many people are described as "hard-to-reach." In reality, it is the health, care, and employment systems that are often *hard to access*. Stigma, fragmented services, and low trust mean that individuals and families can fall through gaps, while staff are left frustrated and overstretched.

NICHE's supported projects addressing these systemic gaps by placing people, their lived experiences, and their fundamental right to safety and opportunity at the core of their work. Collectively, these initiatives demonstrate the profound impact of community-rooted practice, creating positive change that resonates from individual lives throughout the broader health and care system.

Co-producing a Child Holistic Rural and Coastal Health Passport (CORACLE) - A NICHE Fellow led programme

What it does: CORACLE works with children and families in rural areas who often fall through the gaps of statutory provision. Using creative outreach and relationship-based practice, it engages those living with multiple and complex needs, such as families who may struggle to access formal health and care routes. CORACLE builds trust, open dialogue, and supports families to strengthen resilience and community connection.

Why it matters: For children and families, CORACLE provides a safe and creative bridge into support that would otherwise be out of reach, offering early help before difficulties escalate. For health and social care staff, it highlights the value of creative, relational approaches in connecting with families who may be invisible to traditional services. For the system, it demonstrates how community-rooted projects can reduce hidden inequalities in rural areas and prevent families from slipping into crisis.

Evaluating the Impact and Effectiveness of Structure, Process and Outcomes of the Take a Chance on me Programme – A Kintsugi Project

What it does: A grassroots coaching and employment programme led by a founder with lived experience of exclusion. TCOM works with people facing multiple disadvantages: homelessness, unemployment, substance misuse, offending histories, and supports them into training, volunteering, and paid work.

Why it matters: NICHE's funded evaluation enabled *Take a Chance on Me* to reflect critically on its practices, uncover hidden impact, and present evidence in ways funders could trust. It validated relational approaches, strengthened TCOM's voice, and helped position TCOM as a model for grassroots-led, dignity-first employment support within the wider care system.

My Story, My Words, My Voice, a quality improvement initiative to improve equity of access and inclusion for marginalised service users - A Mini Kintsugi Project

What it does: Creates structured opportunities for people to share their personal health and care stories in their own words. Facilitated reflective spaces give participants a platform for validation and co-design.

Why it matters: For some service users, being heard builds trust and confidence to engage with services again. For health and social care staff, listening to these stories deepens empathy and reflective practice, reducing burnout and strengthening morale. For the system, it fosters a culture of authentic listening and service redesign informed by lived experience.

The Combined Ripples (Impact)
- **For individuals and families:** Employment (Take a Chance on Me), voice and validation (My Story), and creative support for children and families who fall through the gaps (CORACLE) together offer dignity, agency, and safety.
- **For HSC staff:** Clear protocols, reflective practice, and exposure to lived-experience models strengthen confidence, empathy, and morale. CORACLE and TCOM also remind staff of the power of relational and creative practice in engaging those at the margins.
- **For the system:** These projects show how small, local pilots can bridge exclusion and prevent crisis. Together, they expand what the system can offer to "hard-to-reach" groups, ensuring children, families, and individuals in rural communities are no longer left behind.

Policy Implications

- **Equity through Inclusion:** Locally rooted innovations reach individuals and families who rarely engage with formal care, reducing unmet need and preventing crisis.
- **Community as Partner:** Co-designed models such as *Take a Chance on Me* and *CORACLE* demonstrate that sustainable health equity is built with, not for, communities.
- **Prevention and Early Support:** Relationship-based approaches reduce pressure on emergency and acute services through early engagement and trust-building.

- **Public Value:** Supporting people back into work, volunteering, and wellbeing networks creates social as well as economic value.

Policy takeaway: Tackling inequalities in rural and coastal health systems means investing in models that begin with people's strengths, stories, and creative capacities. NICHE's strand of projects — TCOM, My Story, and CORACLE — demonstrate how anchor institutions can turn community pilots into long-term solutions for the most excluded groups.

Strand 2: Healthy Living Through Curating Connection: Culture, Creativity And Care

How creative and relational practice fosters belonging, wellbeing, and renewal across communities and professions

Framing the Challenge

In Norfolk and Waveney, NICHE has championed projects focused on addressing the various forms of disconnection prevalent in healthcare, whether it's individuals isolated from their communities, professionals feeling undervalued, or systems prioritizing metrics over genuine meaning. Our supported initiatives leverage **creativity, culture, and relationships** as key tools for reconnection, helping people rediscover their purpose, strengthen their bonds with others, and reconnect with the core of care itself.

This strand showcases four projects that powerfully illustrate how arts-based approaches, reflective practice, and co-production can enhance wellbeing for both the community and the healthcare workforce.

Norwich Museums Community Club, an embedded evaluation - A Kintsugi Project

What it does: The Community Culture Club (CCC) reduces isolation among rural and coastal residents by using creativity as a bridge back into community life. Hosted in museums and cultural venues, the programme invites participants to reconnect through shared storytelling, collaborative making, and sensory arts. Supported by NICHE, CCC offers a welcoming space where staff and volunteers gently support participants, using creative expression not just as an activity, but as a catalyst for confidence, connection, and a renewed sense of belonging.

Why it matters: For individuals, CCC offers connection, companionship, and a path back into wider networks of support. For HSC staff and volunteers, it shows that culture is a legitimate part of the health ecosystem. For the system, it reframes museums and heritage venues as anchors of community wellbeing and social prescribing.

Creative Health Residency - NICHE Artist in Residence

What it does: The Artist in Residence within NICHE embedded creative health practice into conversations about workforce wellbeing, education, and health equity. Through workshops, reflective sessions, and advocacy, the residency brought an artistic lens to academic and healthcare environments often dominated by clinical logic. It demonstrated how creativity can act as a bridge between personal reflection, professional growth, and systemic transformation, using art to humanise evaluation, learning, and care practice across rural and coastal contexts.

Why it matters: For staff and students, creative practice provided space to process emotion, build empathy, and see their work anew. For the wider system, NICHE's resident artist modelled how creative health can move from the margins to the mainstream, a necessary component of integrated care, not an optional extra.

Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities. - A NICHE Fellow Project
Proudly shortlisted for Nursing Times 2025 Learning Disability Nurse of the Year

What it does: This NICHE Fellowship project created a validated identification tool and a new antenatal pathway ensuring early recognition and equitable care for women with learning disabilities. The project trained over 300 maternity professionals and produced accessible, easy-read resources co-designed with women and families.

Why it matters: For families, this transformed the experience of pregnancy, replacing fear and confusion with trust and understanding. For HSC professionals, it builds confidence, empathy, and pride in delivering inclusive care. For the system, it demonstrated how collaboration across maternity, social care, and learning disability teams can embed equity and compassion into standard practice.

Improving Early Mobilisation after Femoral Fracture Surgery: An MDT Approach - Out of Bed Project - A NICHE Fellow Project

What it does: The OOBP project expanded an award-winning quality improvement project enabling healthcare assistants to safely mobilise hip fracture patients earlier, reducing reliance on physiotherapists alone. Supported by training and qualitative research, the project was implemented across two hospital trusts.

Why it matters: For patients and families, it improved recovery, reduced complications, and restored confidence. For staff, it enhanced empowerment, teamwork, and professional identity. For the system, it showed that sharing responsibility across teams can reduce bottlenecks and foster a more collaborative ward culture.

The Combined Ripples (Impact)
- **For individuals and families:** Culture, creativity, and compassion reconnect people to community and care, from museum visitors regaining confidence to mothers feeling understood and patients recovering sooner.
- **For staff and teams:** Reflective and relational practice rebuilds morale, empathy, and shared purpose, helping professionals find meaning in their work.
- **For the system:** Collaboration across arts, health, and social care creates new forms of public value — places where wellbeing, belonging, and improvement happen together.

Policy Implications
- **Workforce Wellbeing & Retention:** Reflection, creativity, and relational culture improve morale and reduce burnout.
- **Cross-Sector Integration:** Partnerships between culture, health, and social care expand prevention and wellbeing capacity beyond clinics.
- **Equity & Inclusion:** Tools and creative engagement ensure all groups — including those with learning disabilities or social isolation — are reached with dignity and respect.
- **System Reform:** Embedding creative and relational approaches supports sustainable improvement through collaboration, not restructuring.

Policy takeaway: These projects show that creativity and connection are not luxuries. They are the foundation of a resilient, compassionate health system, one that values belonging as a pathway to wellbeing and transformation.

Strand 3: Growing And Sustaining The Workforce

Building confidence, belonging, and professional identity across Norfolk and Waveney's health and care system

Framing the Challenge
Health and social care in rural and coastal systems face persistent workforce challenges, recruitment shortages, burnout, and uneven retention. Yet behind every vacancy figure lies a story of belonging: of whether people feel seen, supported, and able to grow in the places they serve.

NICHE's Workforce Optimisation empowerment strand brings together projects that reimagine what it means to attract, develop, and retain staff — from university campaigns and clinical residencies to reflective research and national workforce studies. Together, they show that sustaining people in health and care is as much about **identity and recognition** as it is about contracts or training.

Developing an intervention to support the retention of health and social care professionals in Norfolk – A Kintsugi Project

What it does: Explored why social workers *stay* in the profession, identifying "Critical Career Episodes" (CCEs) — turning points that shape long-term commitment. Co-developed a Theory of Change mapping the conditions that sustain identity and belonging.

Why it matters: For social care professionals, it reframes retention around meaning and legacy, not just workload. For leaders, it offers a model to nurture reflective cultures and mentoring pathways. For the system, it has informed national workforce planning across the UK and internationally, with tangible policy adoption.

Evaluation of a novel early career prescribing programme to support workforce development, retention and diversification of pharmacists in the East of England – A Kintsugi Project

What it does: Enabled newly qualified pharmacists in Norfolk and Waveney to become prescribers earlier in their careers, building capability and confidence through intensive supervision and evaluation.

Why it matters: For individuals, it accelerates professional growth. For teams, it increases local prescribing capacity and reduces patient bottlenecks. For the system, it demonstrates how investing in early-career autonomy strengthens retention and anchors professionals in rural and coastal areas.

Exploring Effective Retention Strategies - A NICHE Workforce Optimisation Project

What it does: A suite of studies addressing both student and post-registration nursing retention. Projects included:
- *Hierarchy of Need Review* (national policy influence)
- *Health and Wellbeing Support Study* (visibility of student support)
- *Professional Self-Assessment Model* (halved Fitness-to-Practice referrals)
- *Time, Place, Face Initiative* (improved placement belonging and reduced attrition)

Why it matters: For students, these initiatives improve belonging, wellbeing, and identity. For universities and NHS partners, they provide tested models that halve attrition and reshape the learning culture. For the system, they supply evidence for scaling national workforce strategies through NHS England.

UEA Interprofessional Schwartz Rounds – Building Empathy and Connection in Learning - A NICHE Workforce Retainment/Reform Project

What it does:
 Schwartz Rounds at UEA bring together students and practitioners from across health and social care disciplines to reflect on the emotional impact of their work and studies. Through facilitated storytelling and open dialogue, participants share experiences that often remain unspoken in traditional academic or clinical settings.

Why it matters:
For students, the Rounds offer a psychologically safe space to share and process the emotional realities of caring work, strengthening resilience, compassion, and confidence. For staff, they model vulnerability and reflective leadership. Because the sessions bring together nursing, medicine, pharmacy, social work, and allied health learners, they foster genuine empathy across disciplines and prevent professional silos forming early. Participants consistently report improved communication skills, greater ease in expressing emotion, and deeper respect for colleagues' perspectives. Feedback shows that the Rounds enhance preparedness for practice and help cultivate a culture of empathy and connection across UEA and the health and social care system.

'This Nurse Can' Recruitment Campaign - A NICHE Workforce Optimisation Project

What it does: A region-wide communications and recruitment campaign reframing nursing as a dynamic, rewarding career rooted in purpose and place. Using digital storytelling, local role models, and targeted media engagement, the campaign reached over 1.5 million people.

Why it matters: For prospective students, it restored pride and visibility in nursing careers across Norfolk and Suffolk. For universities and employers, it boosted applications and built public trust in nursing's future. For the system, it created a unifying narrative — that nursing is not just a job, but a vocation deeply embedded in community life.

Rural Mental Health Nursing Study (RANCH) - A NICHE Fellow Project

What it does: The first UK-wide study exploring rural mental health nursing practice. It revealed the challenges of isolation, travel, and risk in rural settings, and identified the need for specific training in engaging with farming and agricultural communities.

Why it matters: For nurses, it validated the unique expertise and challenges of rural practice. For education and workforce planners, it identified clear gaps in rural training and supervision. For the system, it underlined the importance of designing workforce policy that fits local geographies and cultures.

The Combined Ripples (Impact)
- **For individuals:** Early prescribing, reflective support, and creative belonging increase confidence and career satisfaction.
- **For staff and students:** Feeling valued and visible sustains motivation and pride — the core ingredients of retention.
- **For the system:** Data-driven, place-based strategies (from *This Nurse Can* to RANCH) connect education, recruitment, and workforce planning into a joined-up cycle of growth and sustainability.

Policy Implications

- **Retention through Belonging:** Reflection and relational practice are as important as pay in keeping skilled people within local services.

- **Capability Building:** Fellowship and leadership programmes enhance confidence and clinical autonomy, reducing turnover and agency dependence.
- **Cross-Sector Learning:** Collaboration between NHS, social care, and academia prevents duplication and amplifies value.
- **System Learning:** By connecting local pilots to national frameworks, NICHE demonstrates how rural and coastal areas can shape the future of workforce policy, not simply react to it.

Policy takeaway: The future workforce will not only be grown through funding and frameworks — it will be sustained through meaning, connection, and the affirmation that *this nurse, pharmacist, social worker, or mental health practitioner can* make a difference here.

Strand 4: Transforming Care Cultures - The Power Of Embedded Inquiry

How participatory action research and embedded nursing leadership are reshaping care experience for patients and staff

Framing the Challenge
In acute, community, and social care settings across Norfolk and Waveney, staff face persistent pressures: rising patient acuity, workforce shortages, and an ageing population with complex needs. These pressures erode morale, reduce continuity, and make compassionate care harder to sustain.

To address this, NICHE has supported projects that work from within teams to strengthen culture and connection. Each embeds inquiry and reflection into everyday practice, enabling staff to rediscover meaning and confidence while improving quality and safety for patients and families.

The Therapeutic Optimisation (THEO) Project - NICHE Workstream 2

One initiative that exemplifies this approach is the Therapeutic Optimisation (THEO) Project — a collaboration between UEA, the University of Staffordshire, London South Bank University, Norfolk Community Health and Care NHS Trust (NCHC), and James Paget University Hospitals (JPUH).

What it does: THEO combines nursing uplift with Participatory Action Research (PAR). Two *embedded clinical research nurses* (Band 6 and 7) joined each ward's existing staff

team for 12 months. Working alongside colleagues, they facilitated co-research teams of nurses, support staff, and patient representatives. Together, they identified values, observed care, and co-designed improvements.

Rather than impose a new model from outside, THEO worked *from within*, embedding experienced nurses as clinical researchers to lead improvement through collaboration, reflection, and action. It represents a living example of NICHE's philosophy: **ignite, innovate, embed**.

Why it matters: This approach turned wards into learning laboratories. Staff were not "subjects of research" but *partners in inquiry*, building capability, confidence, and ownership of change. For patients and families, it meant being listened to, cared for, and treated as active participants in shaping their experience of care.

Examples of Change
- **At JPUH:** Co-researchers developed *APIE huddles* (Assessment, Plan, Implement, Evaluate) to improve shift-by-shift communication between registered and support staff. They also introduced *VERA de-escalation* techniques for dementia care and created a ward "vision of care" that centres compassion, safety, and teamwork.
- **At NCHC:** The community ward developed its own shared vision and improvement projects, adapting the same participatory methods to a rural rehabilitation context.

Emerging Outcomes
- **Workforce Empowerment:** The presence of embedded researchers built staff confidence and reflective capacity. Junior staff began leading problem-solving; senior nurses reported reduced burnout and renewed pride in their work.
- **Improved Care Culture:** Teams described feeling "more united, more open, and more human." Communication improved, hierarchy softened, and mutual respect deepened.
- **Better Patient Experience:** Families noted clearer communication and continuity of care. A lay member of the steering group wrote, *"Knowing the positive outcomes already being observed for both patients and staff reassures me… its impact could extend to the entire trust."*
- **Academic and System Impact:** THEO has generated peer-reviewed publications (BMJ Open, *Journal of Research in Nursing*), national conference presentations, and international recognition for its methodology.

The NICHE Learning Hub and HIU Programmes

Building on the same ethos of inquiry and reflection, the **NICHE Learning Hub** and associated **HIU programmes** bring together education, leadership, and culture-change initiatives across multiple trusts.

What they do:
These residential and learning programmes: *NSFT Leading and Facilitating Person-Centred Cultures*, *QEHKL/NICHE Residential*, *IGNITE*, *Teaching and Learning Care Homes (TLCH)*, and *Guiding Lights for Effective Workplace Cultures*, give staff protected space to explore values, leadership, and compassionate teamwork. Using practice-development and creative methods, participants learn to translate insight into daily behaviours that transform culture.

Why they matter:
Across settings, participants report greater self-awareness, empathy, and courage to challenge unhelpful norms. Teams describe improved trust, openness, and connection between clinical and non-clinical roles. Organisations see stronger alignment between wellbeing, leadership, and patient experience.

Ripples:
Many graduates now lead improvement or fellowship projects of their own, illustrating how reflection and relational learning cascade through the system. The Learning Hub acts as a regional engine for compassionate leadership and cultural renewal.

The Combined Ripples (Impact)
- **For individuals:** Staff rediscovered purpose, confidence, and pride through shared learning and reflection.
- **For teams:** Relationships strengthened, communication improved, and ideas for change emerged from within the workforce.
- **For organizations:** Reduced turnover and agency dependence; stronger connection between staff wellbeing and quality of care.
- **For the system:** THEO provided a replicable model for cultural transformation, embedding research capacity, reflective leadership, and compassionate practice into routine care.

Policy Implications

- **Embedding Research in Practice:** Culture change is strongest when learning happens inside the workplace, not outside of it.
- **Investing in Reflection:** Protected time for inquiry and dialogue improves both staff experience and patient outcomes.
- **Scaling Compassionate Leadership:** Residential and reflective programmes create leaders who nurture positive cultures at every level.
- **Building System Learning Capacity:** THEO and the Learning Hub together provide a replicable framework for cultural transformation across the ICS.

Policy takeaway: THEO shows that the most sustainable culture change happens not through external directives but through *embedded inquiry* — when staff, patients, and researchers work side by side to rediscover the meaning of care.

Strand 5: Nurturing System Leaders Of Change:

Developing reflective, compassionate, and research-active leaders who transform systems from within

Framing the Challenge

True transformation in health and care depends not only on strategy but on people — those who lead change where it matters most: in wards, communities, and everyday interactions. Across Norfolk and Waveney, NICHE has cultivated a new generation of leaders through its Fellowship and Scholarship programmes. These leaders challenge hierarchies, embed reflection and compassion into daily practice, and connect improvement with meaning and belonging.

The projects in this strand show how modern leadership can grow from the inside out — through trust, curiosity, and connection — and how it spreads across systems through shared learning and collaboration.

The NICHE Fellowship Programme

What it does:

The NICHE Fellowship Programme supports clinicians, practitioners, and system partners to lead transformative projects embedded in their own contexts. Fellows receive

reflective supervision, peer exchange, and access to academic and leadership networks. The model enables improvement without detachment: fellows remain in practice, turning lived challenges into opportunities for system learning.

Why it matters:
Across the embedded projects, a shared insight becomes visible: leadership emerges through relationships, not hierarchy. Fellows worked alongside the people and communities they serve, using creativity, collaboration, and reflective inquiry to shape change from within. One initiative redesigned antenatal support for women with learning disabilities, showing how equity and partnership can reconfigure routine pathways. Another used experiential learning to deepen compassion in end-of-life care, bringing hospital and hospice cultures into closer conversation. A further project enabled support staff to guide safe patient mobilisation, demonstrating that leadership is enacted through everyday practice as much as formal roles. Another strengthened continuity for rural families by creating a unified children's health record, illustrating how co-design can prevent vulnerable groups from slipping through gaps in fragmented systems.

Together, these projects show how the Fellowship turns everyday practice into a site of transformation, relational in approach, grounded in context, and shaped by the realities of local care.

Ripples:
Fellows reported renewed confidence, national recognition (Queen's Nurse, NIHR awards, CNO research roles), and the ability to influence beyond their organisations. Their leadership redefined improvement as a *collective act* — leading *with* others, not *over* them.

Research, Evaluation and Quality Improvement Scholarships - NICHE funded Scholarships

What it does:
A system-wide, nine-month programme developing staff to embed critical enquiry and quality improvement in their everyday work. Scholars dedicate one day per week to a self-selected project, supported by structured mentorship, reflective sessions, and peer learning facilitated by JPUH's Research and Education teams.

Why it matters:
The scholarships have supported 37 scholars across 16 organisations, producing conference presentations, peer-reviewed publications, and ongoing projects across acute, community, and social care settings.

Participants described gaining new confidence, leadership skills, and professional identity through the programme's inclusive, developmental design.

Improvements for staff and patients:
- **For staff:** Greater confidence in using evidence and data to drive change, improved communication across disciplines, and a stronger sense of professional belonging.
- **For patients:** Many projects focused on patient experience, safety, and care quality, including initiatives on discharge planning, dementia-friendly environments, and patient communication improvements, leading to clearer information, timelier care, and more personalised interactions.
- **For teams:** Scholars often became catalysts for wider learning, introducing QI tools and reflective practice into team meetings and supervision.

Scalability and system impact:
The scholarship model has already been **adopted by other organisations** within Norfolk and Waveney, with several alumni now mentoring new cohorts or leading Trust-wide improvement work. Its blended structure — protected time, mentorship, and cross-sector participation — has been highlighted by the ICB as a **scalable model for building research and improvement capacity** across the system.

Ripples:
- 76% of scholars continued their projects post-programme.
- 30% achieved promotion or new leadership responsibilities within a year.
- Participants reported feeling *"seen, valued, and connected"* — echoing NICHE's ethos of igniting capability through belonging and learning.

The 'THRIVE' Programme: Transforming, Healthcare, Reflection, Innovation, Values, Excellence – A NICHE funded Programme
*Winner of Preceptorship Programme of the Year, Nursing Times Workforce Awards 2025

What it does:
THRIVE is a leadership and personal development programme created for newly registered health professionals at the Queen Elizabeth Hospital (QEH). The year-long pilot, co-funded by QEH and NICHE, offers early-career practitioners dedicated time to reflect, lead small quality improvement projects, and explore compassionate leadership in practice. Participants receive 360° feedback, executive shadowing opportunities, and guided peer support to help them navigate the transition from qualification to confident practitioner.

Why it matters:

THRIVE fills a critical gap in early-career support, addressing the well-documented risk of attrition during the first two years of practice. By combining reflection, mentorship, and systems thinking, it builds confidence and capability at a pivotal career stage. Graduates consistently report that the programme "gave me permission to slow down, think, and rediscover why I chose healthcare."

Improvements for staff and patients:

- **For staff:** Participants reported greater self-awareness, resilience, and ability to manage stress and complexity. Many identified improved communication and teamwork skills, and several went on to take leadership or educator roles.
- **For patients:** Improvement projects led by participants enhanced discharge processes, reduced delays in communication, and improved patient information materials, leading to smoother care experiences and greater patient satisfaction.
- **For teams:** THRIVE graduates acted as "positive disruptors," modelling reflection and kindness within their teams, contributing to a more supportive workplace culture.

Scalability and system impact:

Following the success of the first cohort, QEH has committed to embedding THRIVE as part of its ongoing leadership development framework. The model has attracted interest from neighbouring Trusts and ICB partners as a scalable template for early-career leadership programmes, demonstrating how reflective practice can enhance both retention and quality of care.

Ripples:

- Participants reported significant growth in confidence and professional identity.
- Graduates continue to lead or contribute to improvement projects across departments.
- A growing alumni network now mentors new staff, ensuring the ripple of compassionate leadership continues across the organisation.

The Combined Ripples (Impact)
- **For individuals:** NICHE's leadership pathways restore purpose and confidence, showing that anyone can be a catalyst for change.
- **For teams:** Reflective spaces and mentorship strengthen collaboration, psychological safety, and shared problem-solving.

- **For the system:** Embedding research, QI, and compassionate leadership builds a self-sustaining ecosystem of innovation that thrives without external drivers.

Policy Implications
- **Leadership as Practice:** Leadership should be lived, not titled. Embedding experiential, relational, and practice-based development within everyday work empowers staff at all levels to lead change with confidence and compassion.
- **Research and Improvement Readiness:** Investment in programmes such as the JPUH Scholarships and NICHE Fellowships builds a workforce skilled in critical enquiry, evaluation, and quality improvement — turning evidence into everyday action.
- **Equity and Inclusion:** Fellowship, scholarship, and graduate programmes create accessible leadership pathways for all professions, including internationally educated and early-career staff, widening participation and strengthening diversity in leadership.
- **Impact on Staff and Patients:** Initiatives like THRIVE demonstrate that developing compassionate, reflective leaders directly improves staff wellbeing, communication, and patient experience.
- **System Sustainability:** Place-based leadership networks — rooted in partnership between NHS Trusts, social care, and academia — create adaptive systems that evolve through learning, reflection, and collaboration rather than periodic restructuring.

Policy takeaway: NICHE shows that the most powerful leaders are not appointed but *grown in place*. By nurturing reflective, research-active practitioners who lead with compassion, Norfolk and Waveney are building a sustainable legacy of leadership and learning that transforms systems from within.

Strand 6: Connecting Care – Building Synergy Across Boundaries To Improve Care

How collaborative practice in clinical settings improves safety, communication, and patient experience

Framing the Challenge
In busy clinical environments, patients and families often experience care as fragmented — different teams, departments, and professionals working in silos, each focused on

their own part of the pathway. Miscommunication, unclear roles, and delayed handovers can compromise safety and leave families feeling unseen or unsupported.

NICHE has supported projects that tackle this directly. Both *Seeing Red* and the *Safeguarding Pilot* show how practical, relational, and reflective approaches can improve coordination across boundaries, bringing teams together around the shared goal of safer, more compassionate care.

'Seeing Red' - Improving End of Life Care Pathway Across West Geographic Place. - A NICHE Fellow led project

What it does: Develops a visible 'red pathway' alert and shared data collection process across departments to identify patients approaching end-of-life, ensuring they receive timely, coordinated, and dignified care. Combined clinical audit (via NACEL feedback) with team reflection to improve communication between ward teams, palliative care, and community services.

Why it matters: For patients and families, this means earlier recognition, clearer communication, and care that reflects their preferences. For staff, it reduces moral distress and uncertainty, giving teams confidence to act in alignment. For the system, it demonstrates how a simple visual cue and shared reflection can bridge divisions between acute and community teams.

Embedded Improvement Evaluation – Safeguarding Framework Pilot - A NICHE funded Mini Kintsugi Project

What it does: Co-designed prompts, quick-reference guidance, and local referral maps to simplify safeguarding escalation. Delivered short workshops to help multi-professional teams understand thresholds and clarify responsibilities.

Why it matters: For patients and families, it ensures earlier and safer responses to potential harm. For hospital staff, it reduces hesitation and confusion, building trust and shared responsibility across teams. For the system, it strengthens consistency and communication between clinical, community, and safeguarding teams — a foundation for integrated safety culture.

> **The Combined Ripples (Impact)**
> - **For individuals and families:** Care feels more joined up — safer, timelier, and more compassionate.

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- **For staff:** Clearer roles, mutual trust, and confidence in shared decision-making reduce stress and moral injury.
- **For the system:** Clinical boundaries soften; collaboration replaces fragmentation. Small, practical tools (colour-coded pathways, co-designed prompts) build collective accountability and continuous learning.

Policy Implications

- **Safety through Synergy:** Relational coordination across departments improves communication, reduces duplication, and enhances patient safety.
- **Clarity and Confidence:** Tools like safeguarding prompts and colour-coded pathways help staff act earlier and with assurance.
- **Joined-up Working:** Co-produced solutions strengthen relationships between statutory, voluntary, and community partners.
- **Replication:** Models such as *Seeing Red* demonstrate scalable, low-cost approaches for improving communication across the ICS.
- **System Learning:** Embedding reflective and collaborative mechanisms (e.g. NACEL audits, inter-team workshops) helps create a self-improving culture within the ICS.

Policy takeaway: Integrated care depends as much on human relationships as on organisational structures. By enabling staff to collaborate confidently across boundaries, NICHE-supported projects like *Seeing Red* and the *Safeguarding Pilot* show how synergy in practice can directly enhance safety, compassion, and trust.

Norfolk Initiative For Coastal and Rural Health Equalities (NICHE):

WORKFORCE INTELLIGENCE NETWORK
- SOURCE MATERIAL WORKFORCE DATA SOFT SYSTEM INTELLIGENCE
- CHPPD SHIMI ESR
- WORKFORCE MODELLING WORKFORCE PLANNING HORIZON SCANNING

THERAPEUTIC OPTIMISATION
- PRACTICE DEVELOPMENT QUALITATIVE DATA QUANTITATIVE DATA
- REGISTERED NURSING UPLIFT CLINICAL CARE PATHWAY
- TWO CLINICAL SITES ACROSS THE NORFOLK AND WAVENEY SYSTEM

WORKFORCE OPTIMISATION
- RECRUITMENT THIS NURSE CAN
- RETENTION NICHE FELLOWSHIPS THRIVE @QEHKL SCHOLARSHIP COHORT @JPUH
- RETAINMENT SCHWARTZ ROUNDS CAP EVALUATION WELLBEING
- REFORM PLACE-BASED KINTSUGI PROJECTS

EVALUATION
- INTERNAL DATA IMPACT NARRATIVES PROJECT DATA
- METRICS ECONOMIC IMPACT
- SIX HEI EVALUATION EPIIC ACTIVITIES PROGRAMME THEORY OF CHANGE

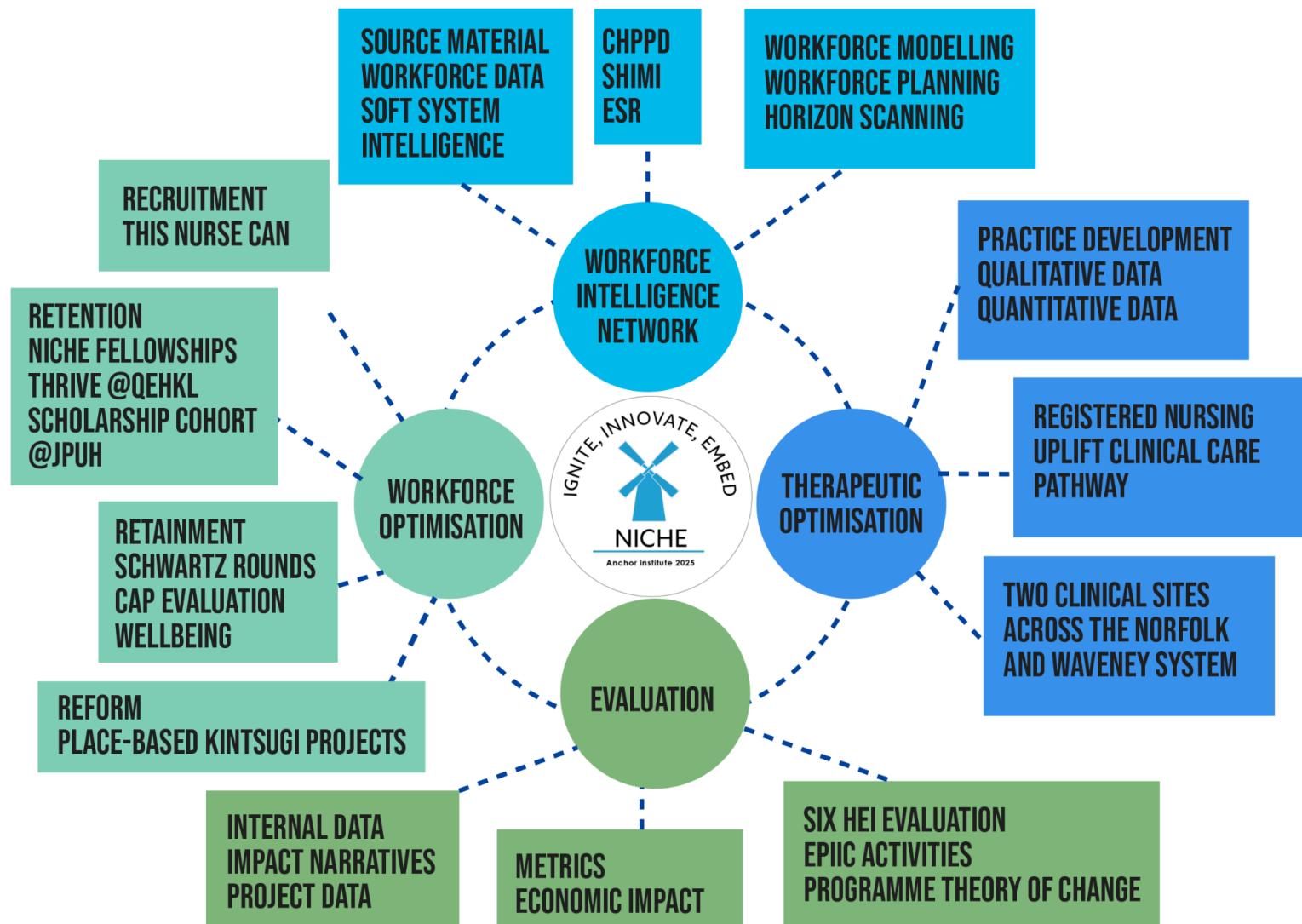IGNITE, INNOVATE, EMBED
NICHE
Anchor Institute 2025

Diagram 4.3: NICHE Four Workstreams inter-related project activity and outputs

4.2 External Evaluation

The Eastern Partnership for Innovations in Integrated Care (EPIIC)

All six HEIs across the East of England who achieved funding for addressing integrated care and associated workforce transformation, have formed a coalition in 2022 from which to share evidence of where and how what works can be scaled to achieve sustainable improvements for our local populations. EPIIC is collectively working to amass an evidence base that can be utilized and freely accessed to inform further initiatives and developments that make a difference.

Core objectives of the EPIIC Collaborative are:
  A) *Sharing best practice*: *as a collaborative forum to share ideas, strengthen collective impact and enhance future funding opportunities*

  B) *Evaluation:* *achieving a collective evaluation for robust scrutiny of evidence at social, economic impact outcomes*

  C) *Knowledge exchange*: *facilitating knowledge exchange through collaborative dissemination, co-producing strategies and ensuring accessible outputs to maximise knowledge utilization and transfer*

EPIIC has achieved a website where materials and resources are being held that are freely accessible. www.epiic.org

Annual conferences with EPIIC partners have been held to disseminate and share project updates.
  ● NICHE UEA John Innes Centre 14th September 2023
  ● Anglia Ruskin University EPIIC Conference, Cambridge 24th June 2024
  ● Suffolk University, EPIIC Conference 19th March 2025
  ● Essex University, EPIIC Conference 26th March 2026

External evaluation partners

The Workforce Development Trust (WDT) were identified as external evaluation partners to undertake an independent, external and objective evaluation of work taking place across the six HEIs involved in the EPIIC work to maximise Integrated Care Systems in the

East of England. A formative evaluation was completed in May 2025 and submitted to NHSE. A process of benefits realisation is now underway, due to be completed March 2026.

Contribution from all six HEIs identified a theory of change, and associated case study materials highlighting work achieved to date.

Formative evaluation findings

Headline findings from the full report identified (pg 7/8)
- A long-term **commitment to the community** through a deep-rooted, sustained presence in local areas (with planning in place for sustainable involvement) and the setting of success criteria based on improved health and well-being of the East of England population locally.

- **Effective collaborative leadership** across with HEIs / ICSs focused on driving social equity, diversity and inclusion.

- **Evidence of working alongside other community leaders** (e.g. third sector / local government / residents' groups) to understand need and drive initiatives that improve health and well-being.

- **Sustainable, long-term planning** which recognises that health is tied to the local environment and community and the promotion / embedding of learning.

- **The importance of HEIs as central and effective 'Anchors'** within changing political contexts, addressing local challenges in education and health & social care.

📌 Key Insights 7:

In terms of effective collaborative working, the EPIIC model's successes are identified as:
- Established a clear and shared vision that targets collective aims and objectives plus the required pathways for achieving these.

- Strengthened the growing relationships and trust developed (through mature negotiations) over the past 18 months.

- A flexible and adaptable approach, that will prove invaluable in addressing the rapidly changing landscape in health and education.

- Demonstrates that effective and efficient communications are in place between and across partners, staff and service users.

● Underpinned by supportive institutions [e.g. HEIs, ICBs. ICSs] that recognise the value of the model and the strength that the collaborative approach brings in terms of its ability to influence policy and affect change.

Addressing the key evaluation themes

A critical evaluation challenge was to identify the extent to which the following themes were being addressed:

● **Innovation** - evidence of strong selection and support mechanisms with effective processes in place which help in choosing, funding, and managing innovative projects within local health systems. Innovation spans workforce intelligence, social value, data modelling, treatment delivery, and patient involvement.

● **Transformation** - evidence of projects that are designed and delivered in a way which supports service delivery; promotes educational innovation and allows for transformation at scale. The EPIIC model demonstrates potential for replication; incentivising new ideas; adding value; empowering individuals and communities.

● **Continuous Improvement** - real commitment to develop and improve, through shared learning and good practice application. The six HEIs are actively engaged in co-creation of the evaluation, with a broad range of assessments driving refinement, change in practice, stakeholder engagement, and dissemination through events and publications.

● **Culture** - organisational differences in values, decision-making, and work ethics require ongoing effort to avoid conflict. "Cultural readiness" is key to collaboration, and progress involves mindset shifts. Balancing organisational roles with collective goals is challenging, but intentional efforts like EPIIC's foster trust, shared norms, and open communication to ensure success.

● **Barriers -** EPIIC has worked well to negotiate governance and trust challenges, establishing these effectively between and across HEIs, ICSs and ICBs, overcoming structural and cultural issues and skilfully manoeuvring through existing rigid structures, systems and ontological clashes between innovation and conventional research models.

● **Enablers** - EPIIC itself has been the key enabler of knowledge exchange and mobilisation, through facilitating, sharing ideas and providing joint leadership, enabling effective governance, strengthened by open and transparent dialogue. Diverse and skilled individuals have helped to maximise opportunities, ensure broad collaboration and provide a compelling narrative and vision.

NICHE Evaluation: In summary

[Impact is not] just quantitative data, but human factor data as well, because evidence of transformational change can come from multiple sources. … multiple system level data at the individual at team, at organisation, at system levels, and what we're trying to do is map where all the activity [is] happening and what the ripple effect is throughout the system - **ICS stakeholder quotation**

- There is measurable evidence that EPIIC demonstrates critical elements of a good practice Anchor[30] and is built on effective and sustainable multi-agency collaboration.
- The capacity to maximise knowledge exchange is enhanced through this collaboration, as is the opportunity to expand theoretical and practical approaches fostering innovation uptake in an increasingly complex delivery environment.
- EPIIC, the HEIs, ICSs and partners collectively are demonstrating a clear passage from research to impact.

A formative stage of the WDT/EPIIC evaluation of 2025/6 activity is to focus on ensuring benefits realization mapping, with resources and materials collated to be readily available to support future ICS clusters, and NHSE regional offices implementing national health and care priorities.

There is growing interest in more direct partnerships, ranging from mutual project support to joint funding bids across the East of England region. However, the external context for this is rapidly changing and will present significant challenges. Funding pressures on universities, the abolition of NHSE, major staff reductions at various organisational levels, and looming local government reorganisation will all require delicate navigation. These developments underscore the increasing importance of collaboration. In light of these shared challenges, there is a growing recognition that deeper partnerships are not only beneficial but necessary for sustaining health research and workforce development. This should reinforce the need to work ever closer across the East of England, in recognition that the whole (EPIIC) can be greater than the sum of its parts (the HEIs / ICSs etc.) **The Workforce Development Trust, Evaluation of Six HEIs in East of England Report** (May 2025: pg 82).

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[30] As captured in the Health Foundation's guidance -
https://www.health.org.uk/features-and-opinion/features/the-nhs-as-an-anchor-institution

Image 7: From Left to Right: Jon Parry (WDT), Johnny Yuen (NICHE), Fiona Bodle (ARU) Idris Phillips-Fry (NICHE), Jacx Mallender (WDT), Sally Hardy (NICHE), Matt Girdlestone (WDT), Eddie Cane (WDT), Vicky Joffe (Essex), Emma Blowers (Essex), Santosh Yatnatti (Beds), Yannis Pappa (Beds). EPIIC Conference Pre Workshop event 18th March 2025 hosted at University of Suffolk.

Images 8 & 9: EPIIC Conference. Hosted at the University of Suffolk. 19th March 2025

5: NICHE LEARNING HUB

Enabling people to grow and flourish: Living and working well in Norfolk and Waveney.

The NICHE learning hub delivers customized programs designed to support organizations in achieving their transformation objectives. By fostering a collaborative environment for working and learning, NICHE significantly enhances the potential for creating a vibrant, appealing, and thriving community where people can work, live, and age well.

📌 Key Insights 8:
Wellbeing is crucial for long-term benefits to population health, and without a highly skilled and effective workforce we cannot meet the needs of our communities through providing effective health and care.

The NICHE learning hub aims to:

- **Support the flourishing** of individuals living and working in Norfolk and Waveney.
- **Foster collective growth and development** through shared learning experiences.
- **Enhance the quality** of services and community initiatives by ensuring they are:
    - Kind and caring.
    - Person-centred.
    - Safe and highly effective.
    - Informed by the best available evidence.
- **Drive innovation** that is responsive to the needs of the communities and populations served.

All projects undertaken are bespoke programs of work, co-designed with commissioners to meet their specific organizational development goals. NICHE's custom projects to date include:

- The VITAL programme
- Three, five-day residential programs focused on transforming workplace cultures
- The Teaching and Learning Care Homes Programme
- Norfolk and Waveney Guiding Lights for Effective Workplace Cultures
- The Inflight Corporate Development programme
- Evaluating the Legacy Practitioner role in the East of England
- A range of international programs addressing global health challenges and the

impact of climate change.

Below is more detailed information of commissioned and evaluated NICHE learning hub programs.

VITAL: *Vision, Innovation, Team working, & Accountability through effective work-based Learning.*

Commissioned first at QEHKL (2023) then four cohorts were achieved at NSFT (2024/5).

The aim of the programme is to enable clinical staff to re-envisage their working practices and embed workplace learning opportunities that effect direct patient care. Working from the basis of engaging with practitioners in understanding their workplace context, VITALs works to maximise potential for monitoring and measuring practice development opportunities. VITALs offers an interactive and bespoke co-designed programme of practice driven innovation. Through a flexible curriculum, each cohort explores a cultural exploration of the philosophy of care, team structures and processes and is mapped against organisational priorities.

As a key priority the overall evaluation of the programme is designed to show how key staff groups (clinical leaders at Band 7) are best supported to enable sustainable, highly effective safe and person-centred care delivery. Data gathering exercises enable this programme to further inform longer term potentials for innovation adoption. Underpinning this flexible and adaptive approach is a focus on professional accountability, and effective compassionate leadership that is guided by individual and trust values. Embracing the learning environment as an experiential opportunity is further enhanced through peer participant support, ensuring participants can embrace the scope of their accountability and responsibility as clinical service and team leaders.

When asked to specifically reflect on their learning, from session 1 compared to where they were now, six sessions (totalling 24 hours of content) later, the following statements have been captured and themed from VITAL participants as:

Confidence:
- *Before this course, I was just working. Now I am developing others, and looking after me, with confidence to do that.*

- *I have more confidence as a leader. I have achieved team building and restructuring.*

- *When CQC comes, I'm more confident as I know what we are doing*

Team building:
- *I am more able to use the team, sharing things with them, not taking it all on myself*

- *I have introduced team goals, where we look at what can be done each week.*

- *I have really got to know the team. Each one of them I give feedback and affirmations to each month. This has really helped make them feel included, not excluded.*

- *We have gone right back to working on the ethos of the team. I took on a broken team and have turned that around.*

- *I was seeing some belligerent behaviour, so I went right back to ground rules. It took us 45 minutes but it really made a difference and reset the button for us.*

Self-care:
- *Since this course, I have learned to slow it down, take a step back, and take care of me, so I can lead the whole team, and not take it all on as tasks*

- *I now put my phone away at weekends, or evening, and holidays, whereas before I was always checking in. The course has given me time and space to see that it doesn't work.*

Accountability:
- *I used to copy everyone, senior managers into emails, now I know to give clear instructions and hold people to account.*

RESIDENTIAL 'TRANSFORMING CULTURE' PROGRAMMES

The NICHE five day residential programme has been developed, based upon the International Practice Development Collaborative'S (IPDC) original curriculum, focused on Person Centred Cultures of practice. However, NICHE has intentionally crafted and contemporised the format and content, working as a process of co-design with the organisation commissioning the residential programme, as part of their internal organisational reform agendas. The programme is not delivered as a conventional didactic training course, but as a dynamic experiential learning experience, co-designed with commissioning organisations to co- create tangible added value.

Course content engaged a co-facilitation delivery approach, maximising professional development opportunities and embedded internal impact. Across the five days, the programme offers participants exposure to daily active, participatory, and creative approaches to enhance group and individual learning, drawing upon participants' own experiences within their workplace contexts. This method ensures that any seeds for change are deeply rooted into real-world contexts, making the learning not only relevant but immediately applicable, thereby enhancing the potential for personal, professional and cultural improvements.

To date NICHE has delivered 3 residential programmes:

<u>1</u>: *NSFT/NICHE Leading and Facilitating the Development of Person Centred Care and Cultures* **(June 2023)**
This five-day residential programme was commissioned jointly between the former Norfolk and Waveney Clinical Commissioning Group (CCG) and Norfolk and Suffolk NHS Foundation Trust (NSFT). Delivered in June 2023, it focused on the core themes of: Person-centred practice, Person-centred cultures of care, Collective Leadership and self-compassion. Twenty-five participants along with three Co-Facilitators from across a variety of clinical services at NSFT took part in the residential programme. Key emergent themes were:

- An appetite by participants to seek opportunities to learn,
- Opportunities to share, learn and network with each other, and
- Making new and renewed connections from across the Trust leading to 'commitments to act'.

In addition, there was a renewed commitment to create cultures of practice that supported and nurtured person-centred ways of working. Personal transformation throughout the week enabled participants to reconnect and recommit to a collective approach to embracing opportunities for improving workplace culture across NSFT. As part of the programme, through the funding to deliver the residential programme, a facilitator worked with participants for twelve months to help support them to embed their learning in the workplace.

A second more in depth Participatory Service Evaluation of the above "*NSFT/NICHE Leading and Facilitating the Development of Person- Centred Care and Cultures*" Programme was subsequently undertaken by the NICHE team in 2024. This used impact narratives from the programme participants 12 months after completing the

programme. The resulting report called "Planting the seeds for change" report can be found here:
https://assets.uea.ac.uk/f/185167/x/cb5aecdc09/nsft_-niche-residential-programme-web-ver-final-report.pdf

2: QEKHL/NICHE Leading and Facilitating the Development of Person-Centred Care and Cultures' (January 2025)

This five day residential programme was match funded by the Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust (QEHKL) and NICHE team, UEA as a collaborative venture, through the NICHE Integrated Learning Hub. Delivered in January 2025, with 20 participants from diverse influential leadership roles including traditional clinical and non-clinical services. This programme uses a variety of participatory, Practice Development and creative approaches to learning, that draws upon participants' own experiences of their workplace. The programme is not a conventional didactic taught course, it is instead designed specifically to appeal to a wide variety of adult learning styles which enables personalisation to the individual participants, their teams and workplaces. Active engagement throughout the week is facilitated through themed interactive workshops, based on the organisation's transformation and strategic priorities, and offers an introduction to creative, collaborative problem solving to everyday challenges. This programme was based upon the successful evaluated inaugural NICHE residential (above)

Report can be accessed here:
https://assets.uea.ac.uk/f/185167/x/655be66015/final-evaluation-report-qehkl-may-2025.pdf

3: "IGNITE" programme NSFT/NICHE 5 Day Residential Programme "Leading and Facilitating the Development of Inclusive Care and Cultures" (July, 2025)

Following the success of the programme delivered in 2023, NSFT recommissioned the 'Ignite' Residential Programme. Building-upon learning from the NSFT 2023 residential programme and the QEHKL programme (both above) that was delivered in January 2025 this co-designed programme drew from the key principles of 'inclusivity, effective workplace cultures and self-compassion'.

Twenty participants from across a variety of clinical and corporate services at NSFT took part in the 'Ignite Programme'. Key emergent themes from the week were:
- An appetite by participants to seek opportunities to learn,

● Share and network with each other making new and renewed connections from across the Trust.

In addition, there was a willingness and commitment to co-create cultures of practice that supported and nurtured inclusive ways of working, underpinned by compassion and self-compassion in leadership.

The Ignite Programme Evaluation report can be accessed here:
https://assets.uea.ac.uk/f/185167/x/154fad3118/nsft-2025-residential-programme-report-final.pdf

Norfolk and Waveney Teaching and Learning Care Homes (TLCH)

Commissioned by the former Norfolk and Waveney CCG this programme was delivered and evaluated jointly with the Foundation of Nursing Studies (FoNS) and was delivered over 18 months. The core purpose of the TLCH programme was a 'Good Care Experience' enabled by three foci:

● Creating education and learning for staff and students
● Enabling practice development and research from practice; and
● Facilitating community engagement.

Enhancing these interrelated themes are: Working collaboratively across Sectors/ Systems and acting as a resource across the Social Care Sector.

The participating Care Homes identified that the TLCH provided an opportunity to learn and work together. Successes included:

1. Demonstrating learning and development within their teams and wider home.
2. Reaching out to system partners to engage with their work-based projects i.e. falls and end-of-life care specialists.
3. Focussing on other areas of clinical and workplace development i.e. leadership, menopause support, mouth and wound care, unconscious bias in care.
4. Organisational resilience and a commitment to continue with the programme when the Home Management changed.

5. Seeking out opportunities to accommodate undergraduate students (from a number of different professional pathways) from UEA as part of training and learning opportunities.

6. Sharing their work and gaining Awards and acknowledgements for achievements both locally and nationally:

    a. One participating Care Home won the first prize for their work based TLCH Project Poster at the N&W ICS Quality and Research Conference. The same home also won a 'Highly Commended' at the Norfolk Care Awards.

    b. Another Home won the First Prize at the Norfolk Care Awards for 'Nursing in Social Care' – neither homes had entered/participated previously.

    c. One of the participating Care Homes had their first TLCH Blog published on a National Website along with a jointly authored Blog on the NICHE Website which was shared with the Royal College of Nursing Regional Lead for the East of England.

7. Working with an internal N&W ICB Co-Facilitator provided the local link to services and has enabled greater opportunities for joint and system working directly linking to improvement.

8. Participating Care Homes offered to host face-to-face TLCH Workshops which reflected a sense of pride and openness.

The programme helped to build new relationships in which learning from each other was an underpinning enabler to support development along with the opportunities for informal support and the potential for sustainable cultural transformation over time.

Read the full TLCH evaluation report:
https://assets.uea.ac.uk/f/185167/x/c25b72a07a/teaching-and-learning-care-home-evaluation.pdf

Norfolk and Waveney Guiding Lights for Effective Workplace Cultures

Commissioned by the former Norfolk and Waveney CCG this programme commenced in September 2023. Delivered jointly with the Foundation of Nursing Studies (FoNS) it built on work from the previously delivered and evaluated national programme for community nurses and interdisciplinary teams commissioned by NHS England. The

programme focused on applying the four 'Guiding Lights for Effective Workplace Cultures' (Cardiff et al, 2022*) to the setting where care is delivered and/or experienced. The programme was for team leaders working within N&W ICS and completed in March 2024. The programme used a blended approach in which Workshops were delivered on line and in person. 16 participants joined the programme from across the Norfolk and Waveney Integrated Care System encompassing health and care services. Participants were made-up of clinicians, educators and managers. Successes included:

- Participants demonstrated an openness to explore their workplace cultures at different levels dependent on their willingness to immerse themselves in the opportunities for learning together.

- Interaction from the group during in person workshops was observed to start exploring their workplace cultures in greater depth. Some participants openly started to 'grapple' and make sense of the complexities they were facing.

- One participant produced a Report for their organisation including recommendations for 'next steps' and organisational learning. This participant co-facilitated a workshop on Workplace Culture within their organisation – the same participant is also exploring coaching linked to developing their workplace culture.

- Some participants expressed the desire to start exploring further opportunities to develop embed learning and development

In-FLIGHT is a Corporate Development Programme

This programme of learning explores achieving safe and highly effective workplace cultures, through Igniting **In**novation, *F*acilitation, *L*eadership, *I*mprovement, *G*overnance and *R*isk, *H*ealth and Wellbeing, *T*eamworking.

The **In-FLIGHT** programme (2025) provides an evidence-based strategic framework focusing on contextual, process mechanisms and outcomes that enable sustainable transformation across system and service level improvements. This programme has been codesigned to develop participants confidence in using 5 interdependent pivotal skillsets through applied learning, these have been identified as:

1. **Facilitation** of integrated learning, development, improvement, knowledge translation, inquiry, and innovation—drawing on the workplace itself as an influential resource.

2. Systems, transformational and collective **leadership** that enables building relationships that encourage curiosity, creativity, and harnessing the talents of all, not just a few.

3. **Practice development** to achieve the key values of safe and effective ways of working that are collaborative, inclusive, participative, systematic and evaluative.

4. I**mprovement** skills that enable small step change using measurement wisely to focus on what matters, as well as sustaining positive progress; and,

5. **Culture** change at the micro-systems level while being attuned to the organizational and systems enablers required to support this.

The In-FLIGHT programme combines active and experiential learning approaches to enable critical reflection space for participants to work together, as a peer group over a specified timeframe, to allow innovative work to emerge and be monitored over time, with a focus on achieving evidence-based, sustainable transformation.

Evaluating the Legacy Practitioner role in the East of England

Two projects were undertaken, first evaluating the introduction of the Legacy Nurse role in Norfolk and Waveney (Hardy, 2023), which was followed by a stakeholder evaluation of the Legacy Practitioner role, working as active mentors within five participating NHS Trusts in the East of England. Professor Sally Hardy led the two projects, produced reports and published articles relating to findings. Both evaluations noted the significant contribution the role brought to recruitment, retention and as a cost-effective investment in working with active mentoring in the workplace utilizing clinical wisdom and practice expertise of experienced practitioners (Hardy, 2023; Hardy, 2025).

International programmes (2023 – 2025)

Whilst NICHE focus has been in local initiatives with national significance, what has become significant is the international relevance of work, and through a process of knowledge exchange several collaboration projects have been undertaken, as part of the NICHE learning hub income generation activities as follows:

1. Sustaining and improving mental health awareness in Sri Lanka.

This project was a collaboration between NHS England, East of England working with the Norfolk and Suffolk NHS Foundation Trust (NSFT); Lancashire and North Cumbria NHS Trust, Cambridge and Peterborough NHS Trust, and UEA.

Professor Sally Hardy was invited to complete a curriculum review mapping mental health curriculum within the NMC standards and Skills for health Mental Health core competencies, compared with the Sri Lanka curriculum to produce a 12 module programme. The first cohort of eight students was delivered in February 2023, working with two universities in Sri Lanka, KDU and IIHS both situated in Colombo. A second cohort was achieved in August 2023, at both Universities. The third cohort was delivered in January 2024 at KDU. The fourth cohort at KDU consisted of 65 participants and was delivered in September 2024. A fifth cohort was delivered in May 2025 at KDU, achieving 70 participants of both students, educators and practitioners. The course will now be delivered by Sri Lanka based nurse educators, who have themselves completed the programme, and will continue to deliver this at KDU to sustain the learning and mental health education within the curriculum. Professor Hardy has also advised on the undergraduate nursing curriculum review to ensure contemporary mental health awareness and skills are being covered at undergraduate level. Additional project write ups have been produced for the NICHE newsletters, and Deans reports submitted following each visit and cohort completion.

2. Disaster related psychological trauma and Mental Health training for nurses in the Caribbean.

Funding obtained from Johnson and Johnson enabled Professor Sally Hardy to work with the University of West Indies, Trinidad and Tobago, to undertake a curriculum development project working with multiple stakeholders across interprofessional groups associated with disaster relief, trauma informed care and mental health services. Work achieved included a scoping of the contemporary literature, two stakeholder events to co-design and co-construct the core content to be included in the curriculum. Then to make recommendations for implementation of the curriculum, as a workforce strategy initiatives, achieving final documentation to be submitted for approval to UWI, Trinidad and Tobago. A first of its kind for the Caribbean, this work was timely given recent natural disasters, including flooding, hurricanes and other events devastating infrastructure and remote communities in the Caribbean. Plus service level aftermath of a pandemic, as well as increasing incidence of mental health issues affecting individuals, families and whole communities. The first stakeholder workshop occurred in June 2024, with over 40 participants attending two days working in collaboration sharing ideas, expertise and agreeing how to support student learning offering placement potentials,

future career opportunities for graduates/alumni. Evaluations gathered at the close of each day included confirmation of learning achieved as a group was captured as:

Day one:
- *The team approach facilitated greater collaborative discussions when they are done in a psychologically safe environment. It allows for respectful discussion and respect for others opinions.*
- *The importance of creating safe space in meetings. I am inspired to have a greater sense of creativity for routine tasks.*

Day two:
- *Inspired by the methods used by the facilitators, to encourage total participation and sharing of knowledge.*
- *This was one of the best working groups I have been on for a long time.*

A second recall stakeholder event was held in December 2024, inviting stakeholders to return and validate course materials that had been prepared, as a result of the first stage of stakeholder development. A detailed worksheet was prepared to maximise final feedback to capture learning outcomes, course assignments, and map student placement learning opportunities throughout the MSc programme. The final documents were submitted, offering a new master's program aiming to provide a comprehensive, interprofessional education for health and care professionals working in trauma and disaster management. Through evidence-based and research-informed content, the program will focus on the psychological trauma and mental health challenges arising from disasters, with particular emphasis on the Caribbean context. Students will develop competencies aligned with local, national, regional, and global policies and practices in disaster management and trauma informed practices.

3. A collaborative project to explore midwifery education and practice potentials, as a knowledge exchange programme across Jamaica and UK.

Funded by NHS England, East of England working in collaboration with the Caribbean Nursing and Midwifery Association UK and UEA, an in person visit was achieved in May 2024 with two Universities in Jamaica; UWI MONA, and UTECH. The purpose was to establish shared opportunities for curriculum developments, practice improvements and research potentials. Whilst attending, UEA and CNMA colleagues delivered several workshops focusing on Perinatal Mental Health, and Leadership, attended by nurse practitioners, academics and researchers. Site visits were also achieved at two maternity hospitals, and to the Bellevue mental health hospital. Recommendations for future collaborations were collated and evaluation evidence captured throughout to inform future collaboration potentials. These included:

- *More teaching is needed to be conducted in (maternity) clinical areas regarding mental health signs and symptoms*
- *I was unaware that climate changes affect maternal and mental health*
- *This session has shed more light on what needs to be done pertaining to Jamaica health care.*

Recommendations and agreed next steps were to continue with mutual learning and knowledge exchange, including de-colonising curriculum in the UK. Facilitating education and curriculum developments for global health and wellbeing initiatives, focused on areas of need and deprivation.

A Dean's report was submitted (June 2024) to UWI and UEA, and a future in person visit is being scheduled for more remote clinical areas to engage in educational offerings postponed due to ongoing restructure following Hurricane Melissa (November 2025). Prof Hardy has been an invited speaker on a webinars and journal club for UWI MONA.

Image 10: International Nurses. Photograph by P Johnson (with kind permission)

6: STAKEHOLDER ENGAGEMENT

A **NICHE dissemination and communication strategy** was first created in Feb 2023, to highlight ways of working with partners to deliver core strategic objectives, through regular communications, maximizing opportunities for engagement and active participation in projects and initiatives.

Table 6.1 below is the NICHE communication and stakeholder engagement strategy developed in 2023 which identified a variety of communication channels NICHE used for their specific target audiences and purposes.

	Communication channel	Purpose
1.	Email	● Keep relevant audiences informed about key developments and new initiatives ● Encourage the engagement of specific audiences to develop collaborative partnerships ● Sustain regular contact and communication ● Accessibility and respectful communication modelled to all partners and stakeholder
2.	Newsletters (UEA, Partners, Mailing List)	● Raise awareness, share news, highlight achievements and promote engagement with NICHE ● Signposting to relevant information and resources ● Extending cascade and reach through networks and associated partners
3.	Social Media	● Targeted campaigns to raise awareness of NICHE's programme of work ● Encourage two-way communication and engagement by initiating conversations and creating networks ● Increase the audiences we reach in order to develop opportunities for collaboration ● Share information
4.	Website	The main information source for NICHE ● NICHE activities ● Calls for funding ● News ● Events ● Contact details ● Signposting and links
5.	Webinars, events and conferences	● Promote NICHE projects and outcomes ● Inform and engage audiences to achieve productive working partnerships – now and in the future ● Improve and increase our networking capability ● Maximise knowledge utilisation and transfer opportunities

6.	Press releases and media	● Highlight NICHE's successes and achievements to increase confidence in the quality of our work
7.	Blogs, Profiles, Contributions	● Provide headline, 'need to know' information about a piece of work/project ● Provide an accessible overview of the implications and conclusions of NICHE work ● Provide links to more in-depth information and references for further reading
8.	Shared learning events	● Promoting knowledge exchange across partners locally ● Providing a platform for project leads to showcase work being achieved ● Engaging with people in person, to maximise working relationships, connections and broadening networks and collaboration potentials ● Sustainability and scaling of project outcomes

Table 6.1: NICHE Stakeholder Engagement Plan

NICHE Newsletters

Newsletters have been produced, ensuring participants and wider stakeholders have had access to information associated with NICHE projects, events and activities. Each newsletter was edited by a different NICHE team member, providing opportunity for NICHE project leads to share their experiences and publish project findings, reflective pieces, plus forthcoming events were also advertised and cascaded to interested parties.

In total 12 NICHE Newsletters were achieved, sent out via email to over 450+ individuals, who had been in touch or engaged with NICHE. All NICHE newsletters remain freely available to access via the NICHE website

NICHE Blogs

Engaging with health and care services (whether as a porter, pharmacist, practitioner, patient, or professor), brings with it a complex mix of challenges and opportunities. These challenges often reflect the deep, nuanced realities of people's lives. When we seek to capture impact within this complexity, things become even more difficult to clearly define. Yet, reading through these blog entries reminds me of the core mission NICHE set out to achieve alongside our integrated care partners: to make Norfolk, Waveney, and Suffolk a great place to live and work.

These blogs capture and reflect that journey, as the narratives gathered from colleagues engaged in NICHE's work who have generously shared their knowledge, expertise and insights with others, cascading the principles of high support with high challenge that

enables personal growth and professional developments. These are stories of hope, transformation, and the power inherent in 'paying it forward'.

Key themes arise in terms of:

Walking alongside people

It is a genuine privilege to work with people as they navigate life's choices; both the empowering and the difficult. In offering support networks and tools for personal and professional enablement, we've seen profound change in individuals and communities alike. It is an honour to witness how encouragement, support, and meaningful connection can help people challenge long held beliefs. Belief that things cannot change, and that attempting to change is 'way beyond the pay grade'. Transformational change is only effective when balanced within an effective and trust-built relationship of high support, offering high challenge to address important issues that can be changed.

Shared learning

Whilst education alone may not transform lives, shared learning can. It opens doors to new ways of thinking and being, and when people walk beside you, who share that search for learning, things start to embed and are more likely to be sustained. Over the past three years, NICHE has worked alongside people across the integrated care systems in Norfolk, Waveney, and Suffolk. Through collaboration with our five fellow Higher Education Institutions, working together as the Eastern Partnership for Innovations in Integrated Care (EPIIC[31]) we have elevated this localized work as a process of knowledge exchange, utilization and transfer to regional, national, and international arenas. Our reach has been broad. But the more important question is: what has been our impact?

Compassionate Communities as a measure of impact

At NICHE, we define impact not just by scale, but by depth, observed in the cultural shifts where support and compassionate care connect communities, beyond conventional boundaries of organisations, social or professional identities. Curating communities where people feel heard, valued, included and empowered to live and work to their full potential.

As these blogs reveal, small, localized actions can cascade to impact bigger changes. They say, change begins within. And when this change is expressed outwardly, through greeting people with a smile, offering up a kind word, or engaging in a meaningful conversation even in the corridor, it creates a ripple effect. Over time, this internal change shapes our behaviours, our systems, and our culture. These subtle, internal shifts are difficult to measure, but deeply important. We've seen how a culture of humane interaction grows, when people acknowledge one another's pain and choose to walk

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[31] www.EPIIC.org.uk (last accessed 3.9.25)

alongside, offering a presence, a listening ear, compassionate care, and importantly hope.

Humane moments in a fast-paced world

Simon Sinek's 'eight-minute concept'[32] struck a chord with many, especially in a world dominated by fast technology, digital overload, and Artificial Intelligence. His message is simple, in that a meaningful eight-minute encounter with someone you trust can transform your wellbeing. That ethos underpins these blogs. They aren't written to offer quick fixes or give advice, but to share learnings; opening the door to seeking connection. To remind us all that someone else is there who understands. That someone is there to walk beside you, even if just for a short while. When we seek support and are willing to be challenged, from someone whose opinion we trust, that is when and where change occurs.

A selection of 13 NICHE blogs are being published in a NICHE monograph, which can be accessed here.

We hope these Blogs inspire others to believe that change is possible. Inspired to create space for others. Inspired to build something meaningful, together with those who share your values and beliefs and can offer you eight minutes. When we collaborate with openness, empathy and a shared purpose, life becomes not only manageable but rich, fulfilling and worthy of living well.

NICHE Shared Learning Events

A key way of 'building capacity, capability and confidence' through our embedded programmes of research, evaluation and learning has been through Shared Learning Events where participants (funded through NICHE) have had the opportunity to share their learning.

Since 2023 NICHE these Shared Learning Events have been run to support collaboration, connection and knowledge exchange. Throughout 2023 these were delivered on-line to enable spread and easier access – attendance at these participants averaged at around 48 from across a number of stakeholders across the Norfolk and Waveney ICS. These Learning Events have enabled presenters to share their work and learning to date with an opportunity for questions and discussion.

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[32] Simon Sinek's Eight Minute Concept: https://www.youtube.com/shorts/2lH6x5zn0GI (last accessed 3.9.25)

Image 11: A selection of Photographs taken at the NICHE shared learning event, Dragons Hall, May 2025.

DATE	VENUE	TITLE	Presentations	Participants
10th May 2023	Online	Co-designing purpose and process of NICHE shared learning events	4 presentations	25
10th July 2023	Online	Workforce Optimisation (3Rs) Workstream	6 presentations	35
10th October 2023	Online	NICHE fellow Anca Manea *Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities*	1 presentation	12
19th April 2024	Sports park UEA	NICHE fellows Associate Fellows, Kintsugi leads, Scholars and THRIVE participants	Half-day Conference with series of concurrent presentations	60
10th May 2024	Cavendish House at Norwich University of the Arts	Symposium on Creative Health Project Evaluation	6 presentations	65
17th October 2024	East Anglia Air Ambulance	NICHE project leads presenting key findings	17 presenters World Cafe discussions	48
8th May 2025	Dragon Hall Norwich	A series of presentations and Stakeholder discussion re NICHE future	5 presentations and World Café discussion	55

Table 6.2: NICHE Shared Learning Events

In 2024 these events moved to in-person half day workshops. Total attendance for these in person Shared learning events was between 12-65, from across a wide variety of system partners. The Shared Learning Events have blended a variety of presentations and have featured a 'world café'. The formats used have enabled discussions and dialogue around different topics between presenters and participants. All the embedded research, evaluation and projects presented have demonstrated the importance of evidenced impact and the centrality of NICHE's aim to 'Ignite, Innovate' and 'Embed' learning that transforms people and communities.

Voices from collaborators and participants

I met the NICHE team in a lovely corner of England—Norwich. Nestled in a centuries-old building adorned with dragons carved into its wooden and iron façade, the space itself felt symbolic. The lovingly restored interior reminded me of how we continuously 'make new' the old ways of doing and being—through deeper enlightenment, empowerment, and shared purpose.

During the Spring learning event, I witnessed Practice Development methodology come alive through rich stories of study and research. Though we hailed from different corners of the globe and brought varied disciplines to the table, I felt instantly welcomed into this community of thoughtful, generous colleagues.

Several moments have stayed with me. Dr Abigail Hensley's reflections on end-of-life care and the concept of 'Being Mortal' were deeply moving. She reminded us that the greatest lessons often come from time spent with patients and their communities—where presence and listening are the most powerful tools we have.

The project My Story, My Words, My Voice offered a profound insight into the experience of marginalised service users. The simple but transformative act of allowing someone to tell their story once—and be truly heard—creates a space of safety, respect, and dignity. It's a gift that should never be underestimated.

Laura Cook's work on retention in health care, particularly among social workers, resonated strongly. Her exploration of Critical Career Episodes—those pivotal moments that shape professional identity—highlighted the importance of expert support and reflective supervision. Understanding what motivates individuals at different career stages, from the vulnerability of the early years to the legacy-building of later ones, is key to sustaining a committed workforce.

The THEO project stood out as a bold and beautiful initiative. Two embedded nurses working within a ward, side by side with their colleagues, not only conducting research but living it. Their presence allows for a unique understanding of workplace culture and patient care—facilitating values clarification from within, not imposed from outside. It's a study method that holds great promise for uncovering truths that only emerge through shared experience.

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After the day's learning, I was invited to share a meal with the nursing research team. Around that table, I felt a deep connection—bound by our shared values and a mutual quest to transform person-centred practice. Though we work on opposite sides of the globe, the resonance was unmistakable.

I left Norwich inspired. Inspired that there is such a team as NICHE—collaborative, generous, and deeply committed to meaningful change. I know I have a lasting relationship here, and a great desire to continue learning together. This experience reminded me that when we come together with openness and purpose, we not only enrich our practice—we also enrich each other.

International Collaborator- Australia . Was able to attend the May 2025 Shared Learning Event

Health Economics Seminars

Seminars were delivered during 2024 and 2025 focused on Health Economics led by external evaluating partner the Workforce Development Trust - each Seminar attracted between 20-30 participants.

Value was considered in a number of ways:

- **Personal Value:** Benefits experienced by individuals, such as improved mental health or reduced isolation from social prescriptions.
- **Society Value:** The broader positive impact on communities, such as reduced healthcare demand or increased social cohesion through community programs.
- **Allocative Value:** Ensuring resources are distributed fairly, for instance, prioritizing interventions for underserved populations in coastal communities.
- **Technical Value:** The efficient and effective use of resources to deliver desired outcomes.

📌 Key Insights 9:

When discussing how to measure value, examples of economic evaluations were suggested using various approaches – a recommendation was to calculate costs and benefits in monetary terms alongside a narrative of costs and benefits, which can be useful when trying to influence a variety of stakeholders in relation to evaluation.

Academic Conferences

NICHE has striven to ensure all work is being actively promoted and shared across the different stakeholder partners and seeking new connections through conference participation and attendance.

According to Hauss (2020) engaging in conferences goes far beyond merely sharing information through listening to people talk about their work. A conference provides social spaces for establishing new contacts and exploring new ideas, sharing best practice and understanding societal and scientific impact.

Using social network theory (Grannovetter, 1973/4) people benefit from relationships, if they provide relevant information that can bridge the gap between an issue or challenge being addressed or experienced in a shared area of work interests. Importantly, conferences encourage early career researchers, practitioners, or activists to connect with colleagues with shared interests and values, who can enhance understanding and career prospects across a varied community of partners they might not otherwise have come into contact with in their day to day practices.

The first NICHE conference was a shared initiative with support from N&W ICS Chief Nurse Tricia D'Orsi, held at Dunstan Hall 12th October, 2022. This was a collaborative Norfolk and Waveney Integrated Care System (ICS) seen as an annual conference that aimed to bring together innovative achievements to date across our system that inspire and focus on our research, innovations and quality improvement. The conference was funded by Norfolk & Waveney ICS and available to anyone working within Norfolk & Waveney to share experiences of promoting research, innovation and quality improvement.

A second NICHE conference was achieved with national delegates at the John Innes 14th September, 2023. The full conference information is available as a delegate pack and can be accessed via the NICHE website:

https://www.uea.ac.uk/groups-and-centres/projects/niche/events/ics-conference-2023

A third NICHE conference was achieved as an international conference. ***Shaping Our Futures Through New Coalitions(SOFTN) Conference 25***, was held in Sri Lanka, 27-29th October 2025. The conference was delivered over 3 days to 135 participants consisting of students, practitioners, academics, researchers, community scientists and political leaders from six countries. Each represents collaborative work achieved across multiple

organisations, over the past 4 years (2022 – 2025) associated with working to promote population health within coastal, rural and isolated communities addressing health inequalities magnified by climate change. Full details of the conference programme and workshops, associated site visits and tree planting (to help offset the carbon footprint of international travellers), can be found on the conference website, along with the e brochure.

- The SOFTNconference25 website is available here: https://softnconf2025.com
- The Community of Scientists article is available here: https://slguardian.org/sri-lankas-community-scientists-redefining-health-from-the-ground-up/#google_vignette
- Professor Samarasinghe (Keynote Speaker, day 2) gave a Sinhalese interview then the next day, Professor Sally Hardy was invited to be interviewed for broadcast on Newsfirst Sri Lanka TV. https://www.youtube.com/watch?v=XoFuJqpRz6Y

Curating and planning conferences requires considerable administrative support and time, therefore shared responsibility was taken forward through engaging with the EPIIC partnership.

EPIIC conferences have taken place annually, first hosted at Anglia Ruskin, in 2024, and then Suffolk University 2025. Essex University will be hosting the forthcoming EPIIC conference in March 2026. Further information can be found here: https://epiic.org.uk/past-events

Image 12: Day 3 SOFTNConference25 (Wednesday 30th October 2025) some of the presenters and local delegates

Image 13: Day 4 (31st October 2025) SOFTNConference25 planning team achieved native tree planting at Bellawila Attidiya Nature Sanctuary

International Conference on Integrated Care (ICIC)

The International Foundation for Integrated Care, is a movement of collective partners working within the integrated care systems globally, aiming to advance the knowledge, science and adoption of integrated care around the world. Annual conferences are one approach to sharing resources, knowledge and new insights. Their website is a useful place for understanding their work. https://integratedcarefoundation.org/

The 24th International Conference on Integrated Care (ICIC24) in partnership with IFIC Ireland and the International Journal of Integrated Care (IJIC) and supported by the Department of Health, Northern Ireland and Visit Belfast took place in ICC Belfast on 22-24 April 2024, with the overarching theme *'Taking the leap: making integrated care a reality for people and communities'*, the conference brought together leaders, researchers, clinicians, managers, community representatives, patients and caregivers from around the world who are engaged in the design and delivery of integrated health and care.

Professor Jonathan Webster and Professor Sally Hardy presented a concurrent session entitled:

- Hardy S E, Webster J (2024). *Norfolk Initiative for Coastal and Rural Health Equalities* (NICHE) 24th International Conference on integrated Care Belfast 22-24th April 2024

The 25th International Conference on Integrated Care (ICIC25) in partnership with the International Foundation for Integrated Care (IFIC), The International Journal of Integrated Care (IJIC), Portuguese Healthcare Service, NOVA National School of Public Health, Portuguese Association for Integrated Care and the Presidency of the Portuguese Republic took place in the CCB Lisbon on 14-16 May 2025.

With the overarching theme '*Synergising Health and Care: Leveraging Integrated Care for a Sustainable Future'* the conference brought together leaders, researchers, clinicians, managers, community representatives, patients and caregivers from around the world who are engaged in the design and delivery of integrated health and care.

NICHE presented several papers and a poster.

- Hardy, S and Guven-Uslu, P (2025) *Early indicators of working collaboratively to enhance integrated care transformation. A case study impact analysis*. Oral Presentation, International Conference on Integrated Care (ICIC25). Lisbon 14th-16th May, 2025.
- Odell, J and Hardy, S (2025) *Using participatory and collaborative approaches, as an intervention within a complex health research study to optimise experience of*

care. Poster Presentation, International Conference on Integrated Care (ICIC25). Lisbon 14th- 16th May, 2025.

- Yuen, J., Webster, J., Odell, J., and Hardy, S. (2025) *Evaluating Integrated Care Innovations: NICHE Anchor Institute's Impact on Overcoming Constraints in Tackling Health Equity in Rural Coastal Communities.* Oral Presentation, International Conference on Integrated Care (ICIC25). Lisbon 14th- 16th May, 2025.
- Yuen, J., Hardy, S., Webster, J., and Odell, J. (2025) *Transforming Integrated Care: NICHE's Community-Driven, Critical Realist Approach in Rural Coastal Communities.* Oral Presentation, International Conference on Integrated Care (ICIC25). Lisbon 14th- 16th May, 2025.
- Webster, J and Hardy, S (2025) *Igniting Place Based Innovation within Integrated Care*. Oral Presentation, International Conference on Integrated Care (ICIC25). Lisbon 14th- 16th May, 2025.

The 26th International Conference on Integrated Care (ICIC26) in partnership with The International Journal of Integrated Care (IJIC) and the University of Birmingham will take place on 13-15 April 2026, entitled **Integrated Care For All: Promoting Health and Wellbeing Through Diversity.** The conference will bring together researchers, practitioners, people with lived experience, clinicians and managers from the UK and around the world who are engaged in the design and delivery of integrated health and social care. They will explore how integrated care can respond to the needs of diverse people and communities, embrace the skills and knowledge of diverse professionals and practitioners, and develop diverse and innovative interventions which build on the strengths of people and technology. In doing so, the conference will share common opportunities and challenges faced by integrated care programmes and practice and debate potential solutions and learning from local and national developments. NICHE have submitted several papers to present in Birmingham awaiting outcome of the review process.

- **Yuen J**[1], Webster J[1], Hardy S[1], Odell J[1]. Anchor Institutes as Public Value Infrastructure: Rewiring Systems for Equity and Adaptability.
- **Yuen J**[1], Webster J[1], Hardy S[1], Odell J[1]. Relational Infrastructure as a Hidden Driver of Sustainable Workforce Transformation.
- **Odell , J.**, Brice, R., McMillan, C. ,Rossiter,H. ,Challenor, J. and Hardy, S. Therapeutic Optimisation (THEO): An inclusive research project using co-inquiry and co-designed action plans to improve experiences of care.

9th Community Psychology Festival, Norwich

World Café: Untold Stories of Community Strength

NICHE participated in the 9th Community Psychology Festival (17–19 October 2025) at The Forum, Norwich, contributing a 90-minute World Café workshop designed to surface "untold stories" of personal recovery, community resilience, and place-based transformation. The session, titled **"Talking Heads: Untold Stories of Strength that Have Enabled Personal Recovery and Community Transformation,"** brought together four very different communities represented across NICHE's network, in line with the festival's theme of *Tales of Community Strength*

The World Café took place in a flexible café-style layout, with participants rotating between four themed tables hosted by NICHE partners and collaborators. Each 20-minute round invited small-group conversations, storytelling, annotation on table papers, and reflection across disciplines. The format encouraged participants to contribute expertise informally while building on ideas shared by others—mirroring NICHE's ethos of *co-production, curiosity, connection,* and *evaluating-with*.

The four tables created a rich multi-layered picture of how people across Norfolk and Waveney are igniting change in their communities. Their content is summarised below.

Table 1. Person-Centred Care & Cultural Change in Health Services

This table explored how compassionate, person-centred practice supports both individual recovery and system-wide cultural transformation. The table host reflected on NICHE's role in enabling healthcare professionals to lead change from within—through reflective spaces, empowered teams, and context-sensitive learning opportunities. Discussions highlighted the emotional labour of care, the impact of psychologically safe supervision, and the value of small, relational gestures in reshaping cultures of practice. A recurring theme was that professional growth and system change are most powerful when grounded in lived realities of work, identity and community.

Table 2. Creativity, Heritage & Belonging Through the Community Culture Club

Participants engaged with stories from the Community Culture Club, a NICHE-supported initiative using creativity, heritage spaces and gentle social connection to reduce isolation among older adults. People spoke about the power of museums as non-clinical gateways to wellbeing: places where memory, identity and light-touch creativity allow confidence to re-emerge. Conversations traced how cultural venues can become psychologically safe "third places," helping people re-enter community life after

bereavement, retirement or ill health. This table reinforced the festival's interest in community-led, strengths-based approaches to ageing well.

Table 3. Grassroots Strength & Collective Action: The Great Yarmouth Unity Project (GY UP!)

This table brought forward stories of resilience from the coastal community of Great Yarmouth. Hosts reflected on how residents, volunteers and organisations work across divides to restore hope, dignity and belonging in a town often marked by deprivation and fragmentation. Conversations shed light on the emotional cost of community leadership, the depth of local solidarity, and the ways grassroots alliances enable people to rebuild confidence, identity, and trust in systems. The table illustrated how place-based innovation emerges not just from services, but from shared purpose and neighbourly action.

Table 4. The Human Side of Care: Schwartz Rounds as Shared Reflection

At this table, participants learned how Schwartz Rounds create collective spaces for healthcare staff and students to reflect on the emotional and relational challenges of care. Stories revealed how structured storytelling fosters empathy, reduces burnout, and deepens team cohesion. Participants linked these insights to their own experiences of giving or receiving care, noting that emotional safety is a prerequisite for compassionate practice. This table emphasised the value of narrative, vulnerability and reflective dialogue in strengthening the psychological wellbeing of the health and care workforce.

Overall Reflections

Across all four tables, the World Café format created an accessible, relational learning environment where festival-goers could move fluidly between experiences of clinical practice, museum-based creativity, grassroots activism and reflective professional forums. Emerging themes—belonging, dignity, compassionate leadership, and community strength—mirror NICHE's mission to *ignite, innovate and embed* place-based transformation.

The session strengthened NICHE's visibility within the psychology, community innovation and public engagement landscape, while gathering valuable qualitative insights that will feed into ongoing evaluation and co-design work across the Anchor Institute.

Ripple Mapping Workshop

NICHE undertook a process of Ripple Mapping in order to identify statements of what has been achieved, and how. Capturing evidence of outcomes and the processes most effective in achieving those outcomes (refer to Findings page 159).

NICHE were asked to facilitate the Eastern ARC Coastal Data Network (CODA) group (13th February 2025) guiding participants through the same process, achieving a visual depiction of activity and associated outcomes - see page 143.

Guided by Harris et al (2024) Critical Realist Mapping process, phase 1 is about identifying impact and their perceived explanations. Phase 2 is investigating impact potentials and their causal connections, with a third phase of learning from impacts in terms of their anticipated and unexpected impacts in practice, to further inform future decisions and activities.
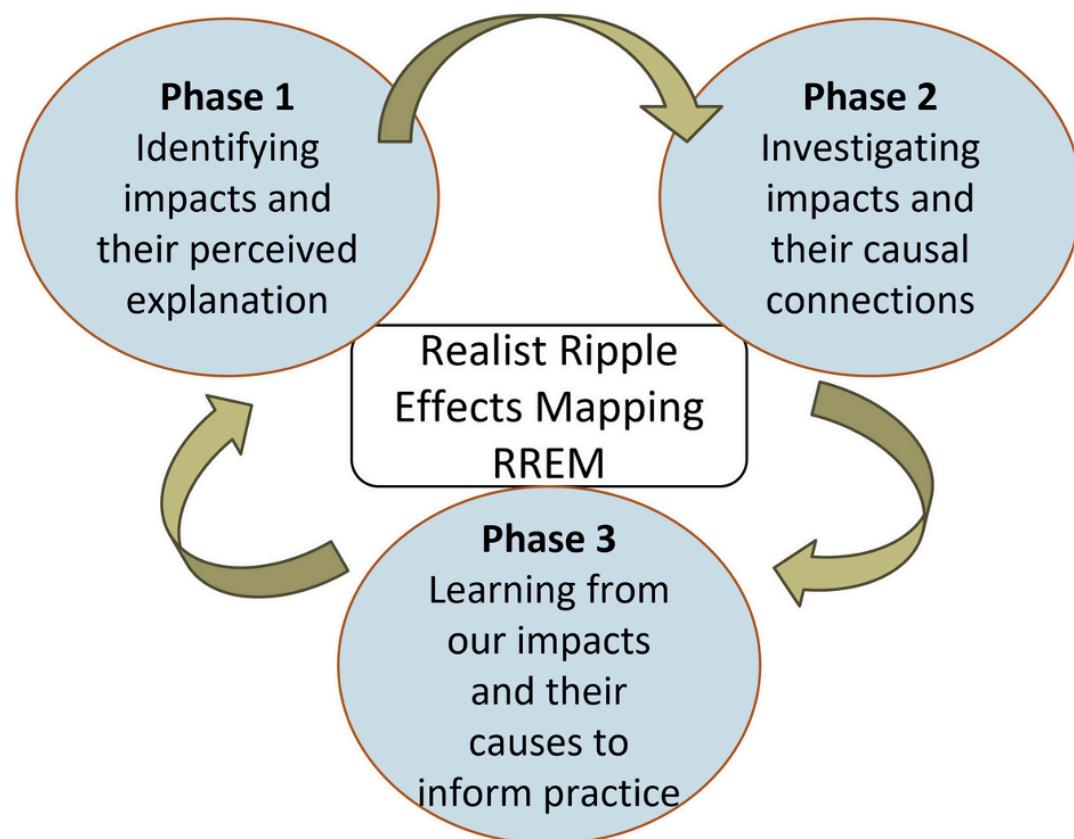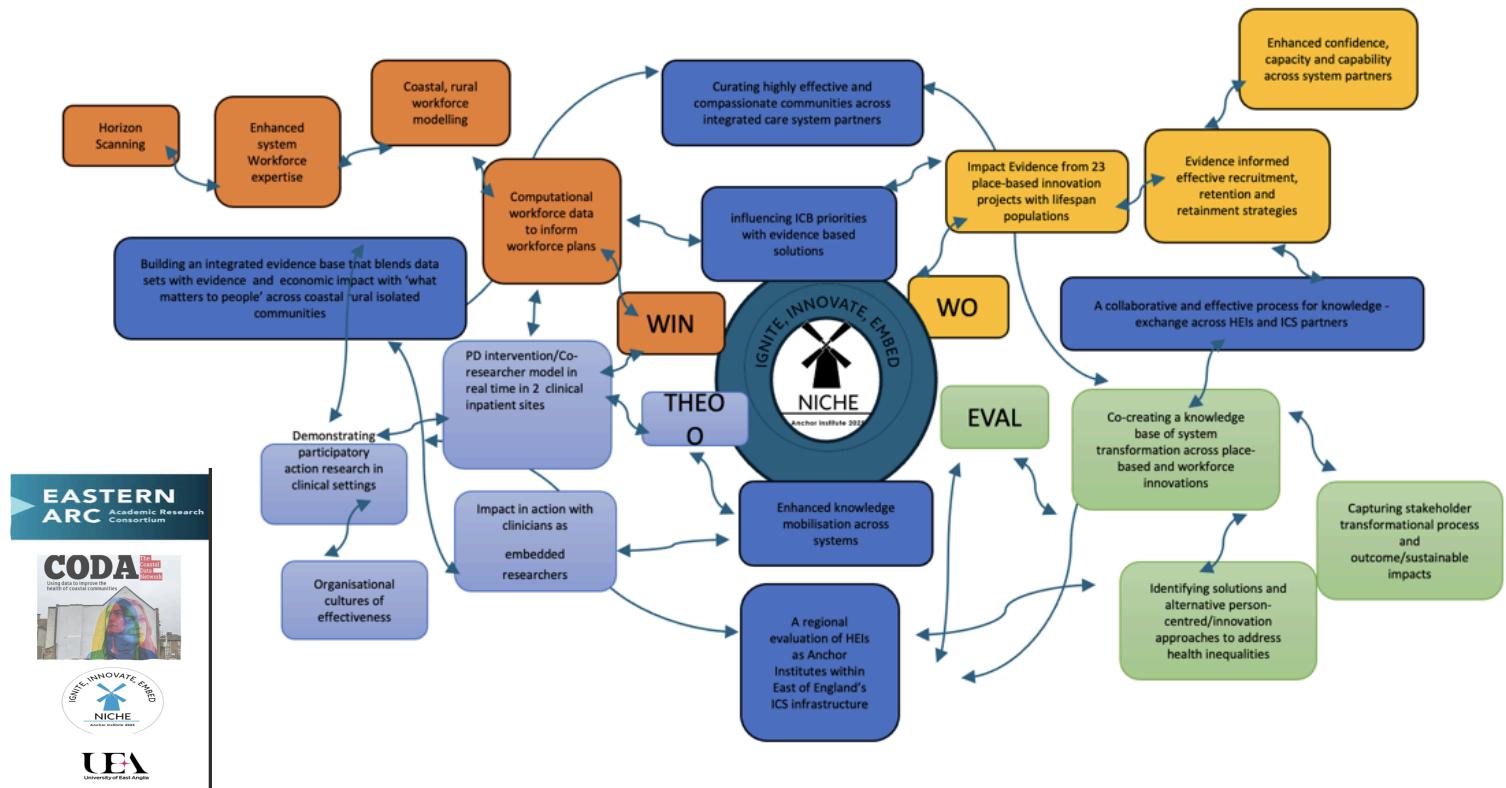

Diagram 6.1 Towards Ripple Impact Mapping (Harris et al, 2024)

Diagram 6.2 NICHE Ripple Mapping workshop with CODA Nov, 2024

Awards

The celebration of achievements and acknowledging the hard work of individuals or teams through both nomination and receiving professionally recognised awards, is something NICHE has been keen to engage with. Whilst some would argue Awards are merely showcasing events, award ceremonies and being critiqued through a judging process from peers, or external organisations, adds a level of acknowledged credibility.

Engaging in Awards Ceremonies brings people together, as colleagues, to share success and enhances a sense of team cohesion, particularly when so many challenges are faced in the working lives of health and care professionals. Celebrating achievement helps create an environment where learning and ambition are valued. It shows that academic excellence is appreciated, not taken for granted.

NICHE has actively supported the recognition of individual and team achievements through professional awards examples of which are identified in the following table:

ORGANIZATION & AWARDS	OUTCOME
Innovation Awards The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	NICHE sponsored Innovation Awards 2023/2024/2025
FLOURISH Awards Norfolk County Council Children's Services	NICHE sponsored Health awards 2024/2025
Nursing Times Awards: -Kings Award for Innovation in Integrated Care (Oct 2025)	NICHE Fellowship programme Shortlisted
-Learning Disability nurse of the Year (Oct 2025)	Anca Mena (NICHE fellow) Shortlisted
-Workforce Awards (Nov 2025)	THRIVE programme ⭐Winner of Preceptorship Programme of the Year 2025
Celebrating Our Sector: Innovation, Collaboration, and the Future of Social Care Awards Norfolk Care Association (NorCA)	NICHE sponsored Innovation awards 2023 - 2025

Table 6.3 NICHE engagement in system Awards ceremonies

Stakeholder Feedback (Social Care)

As part of the final reporting process, a benefits realisation workshop was held (19th November 2025 UEA Sportspark) and feedback gathered on the validity and reliability of findings to date.

Social Care participants from Norfolk were often concerned and verbalised in meetings a sense of being lesser partners in the integrated partnership process. This issue is addressed in the Recommendations (pg 172). Observation from social care stakeholder participants identified the following aspects of their engagement and have given permission to include this in the end of year report as follows:

1. **Limited Social Care Engagement**
   Representation existed, but lacked depth and sustained investment.
   Many initiatives were piloted in Acute care settings first, with social care to be considered. For example the WIN project had great potential linkages were made.
2. **Missed Opportunities**
   The Residential Leadership Programme could have been extended to social care.
   The Nursing Can video - participants were identified from social care, but not used.
3. **Research Culture**
   Hospitals have an established norm for research, making uptake of embedded scholarships easier. Social care lacked this cultural infrastructure but also due to the context of capacity (eg vacancies and turnover).
4. **Offer vs Need**
   Offers were pre-shaped and presented rather than co-designed based on actual needs. Example - Research on Retention, the opportunity to deepen this work was not pursued.

Strengths and Achievements

1. Teaching and Learning Care Homes (TLCH) was a good example of collaborative improvement in care settings.
2. Research by NCC Social Workers demonstrated the value of practitioner-led inquiry.
3. Leading Outstanding Services. Six workshops delivered, building leadership capacity in social care - but then stopped.
4. Community Engagement. Innovative Kintsugi projects like - Take a Chance on Me - show potential for wider impact and sustainability

5. Greater understanding by board members of challenges faced across the system - building connections by networking opportunities resulting in legacy relationships.

6. Unintended consequences (positive) for a long time only those care homes rated excellent were able to get trainee nurse apprenticeships. This was not parity with health settings when they were rated inadequate but could still have student placements. Discussion with Sally led to this being changed.

Stakeholder Feedback (National)

NICHE was pleased to welcome Duncan Burton, Chief Nursing Officer for England on 11 April 2025 to meet with NICHE collaborators and system partners from across the Norfolk and Waveney Integrated Care System. The visit provided an opportunity for NICHE Fellows to share and showcase their embedded programmes of research and evaluation focused on transforming care for people living in coastal and rural communities. NICHE Fellows shared learning and achievements to date and how their fellowships are helping to transform care through embedded evidence and knowledge generation. The presentations by the NICHE Fellows demonstrated the immense impact that their Fellowships were making at a local, national and international level. Following the visit, Duncan stated:

> *'It was great to meet NICHE Fellows and hear how research and evaluation led by nurses and other healthcare professionals is improving the care provided in rural and coastal communities, reducing health inequalities and supporting people's health and wellbeing'.*

On 10 July 2025, Professor Ruth Endacott, Director of Nursing and Midwifery from the National Institute for Health Research, met with participants of the NSFT Residential 'Ignite' Programme, three of our NICHE Fellows, and two Embedded Scholars who have received dissemination funding. Professor Endacott shared her reflections on leadership with the Ignite participants before the NICHE Fellows and Embedded Scholars gave their presentations. Following the visit, Professor Endacott commented that:

> *'It was an absolute pleasure to share some time with the Ignite participants and to hear from the NICHE Fellows and Embedded Scholars. It was evident that the NICHE ethos of Ignite, Innovate and Embed is making a real difference to practice'.*

On November 19, 2025, NICHE was honoured to be invited to a parliamentary event at the House of Commons. The event, focused on 'Healthy Food by the Seaside,' was

organised by the Obesity Health Alliance and Chaired by Chris Webb MP. During the presentations given by various national leads and stakeholders, NICHE was highlighted as a 'best practice' example for the work we are leading in Coastal and Rural communities.

Stakeholder Engagement: In summary

NICHE has created a legitimate platform for stakeholders across the integrated system to share their perspectives. However, experience from feedback gained, around for example NICHE open-call to engage with NICHE programmes shows that—even when opportunities are designed to be open—cultural, structural, and infrastructure inequalities still prevent many from participating on an equal footing. Future calls need to be designed in ways that actively address and overcome cultural, structural, and infrastructure constraints that may limit equitable access, engagement and future partnership working.

Image 14: NICHE stall at the Science Community East Festival, NUA 18th Feb 2025

NICHE International Collaborators Map:

NICHE
INTERNATIONAL
CONNECTIONS

CONNECTIONS

British Colombia
South Australia
Sri Lanka
Trinidad and Tobago
Jamaica
Switzerland
Portugal
Lisbon
Germany
Sweden
Japan
Chicago
England
Northern Ireland

Diagram 6.3: NICHE has collaborated internationally through a series of MOUs, International Conferences, Knowledge exchange visits, funded projects and consultancy.

7: FINANCIAL OVERSIGHT

The NICHE funding allocated to projects were aligned to strategic objectives (see Figure 7.2) agreed by the NICHE independent steering committee and NHSE this made it important to spread funding geographically across Norfolk and Waveney. This would enable coastal, rural and deprived areas to build a research infrastructure and to embed research within practices that greatly impact populations around Norfolk and Waveney.

NICHE also functioned as a project facilitator, supporting and enabling project leads to connect with other areas of expertise and associated research networks available at UEA, to increase the research capacity of rural and coastal workforce communities. Figure 7.1 shows the spread of NICHE funding geographically.

NICHE's focus on rural and coastal health and care, along with reducing health inequalities lead to facilitation of over 70 place-based projects in coastal, rural communities.

Whilst it was a focus for NICHE to invest in rural, coastal communities, multiple projects were based in Norwich, due to their potential benefit to the whole system, including for example projects to increase recruitment and retention of health and care students and several small scale place based projects helping reduce health inequalities for at risk groups in Norwich.

It's important to note that whilst NICHE focussed on spreading its investment across the Norfolk and Waveney area, no limits were set per locale as geographical spread of investment was secondary to achieving NICHE's strategic objectives. These objectives were created to align with the Integrated Care Boards (ICB) strategic objectives and so were key to ensuring the NICHE funding provided effective return on investment, both financially in terms of cost savings and in patient care quality by improving patient health and care outcomes. The result of this was that funding was allocated primarily based upon a project improving population health and care outcomes and secondarily based upon geographical location.
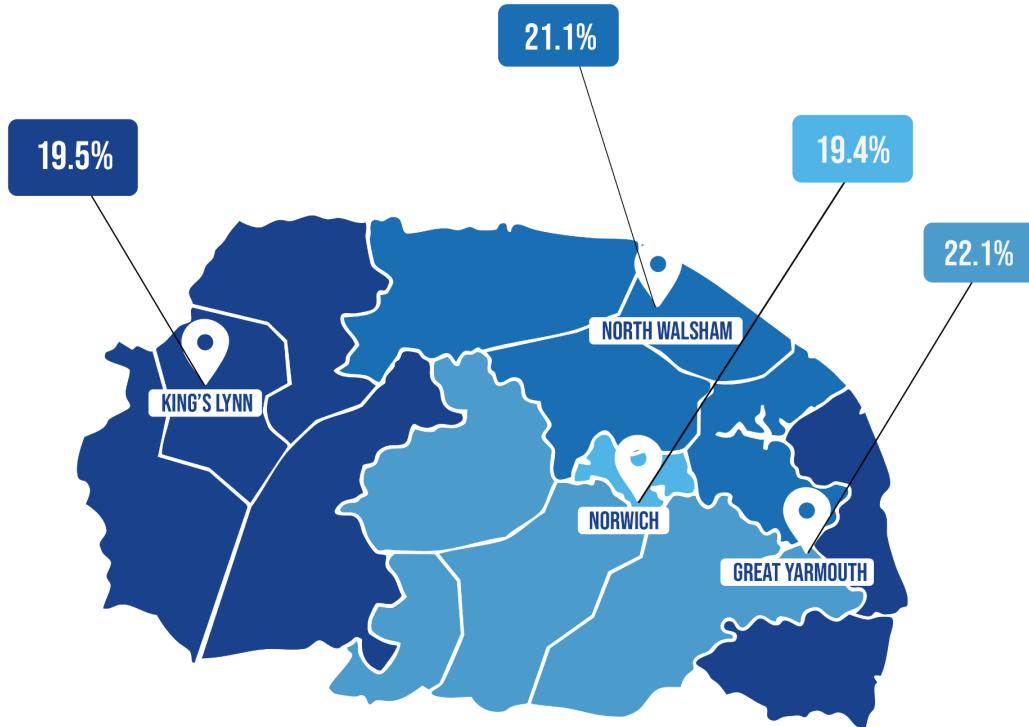
Figure 7.1 Funding percentage per locality spread across the Norfolk and Waveney ICS.

NICHE investment was spread across 4 key areas of Norfolk and Waveney with 19.4% invested in Norwich and 62.7% invested across rural and coastal communities in Norfolk and Waveney, shown by Figure 7.1 above.

An additional 18% was invested with external research collaborating partners, bringing specific expertise to workstreams. Key partners were achieved at London South Bank University as part of workstream 1 (WIN) and Staffordshire University as part of workstream 3 (THEO).

London South Bank University were selected to be part of the WIN workstream to gain their specialist expertise in data analysis and workforce modelling, which were vital to delivery of this workstream. For the THEO workstream Staffordshire University was commissioned to complete quantitative analysis and an objective process evaluation arising from data collected during THEO to complement the participatory action research elements facilitated by NICHE team members, as part of the evaluation. Although these partner investments were not local investment it was supported by the NICHE Independent steering committee as vital to high quality outputs, required of

funders, plus offered additional validity and critical oversight in the delivery of each workstream.
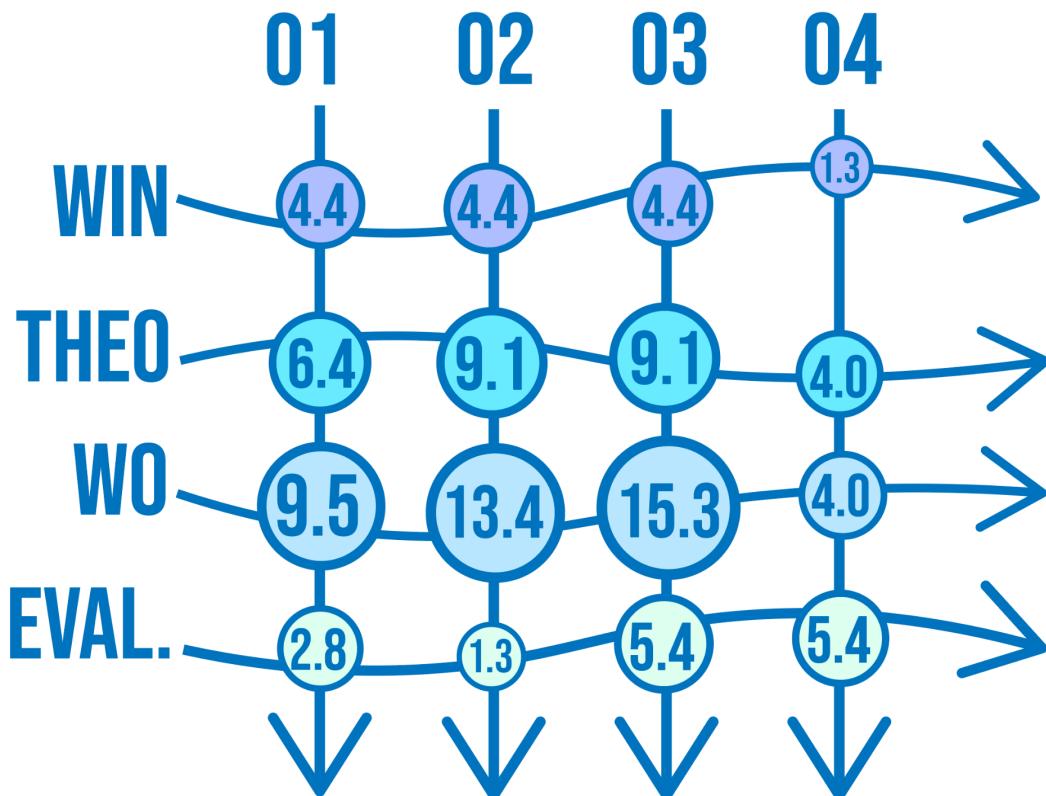
Figure 7.2 NICHE funding across each workstream (WIN, THEO, Workforce Optimisation (WO) and Evaluation) separated into how much funding from each workstream went towards each of the four strategic objectives. Labelled O1, O2, O3 and O4 corresponding to strategic objectives 1, 2, 3 and 4 provided here as:

1. Improving health inequalities across rural and coastal communities.
2. Workforce development and transformation.
3. System collaboration and transformation through effective partnership working.
4. Wellbeing and sustainability.

Additionally, to spread the investment of NICHE funding across Norfolk and Waveney geographically, each workstream activity spread its investment across the four strategic objectives set out by NHSE and endorsed via the NICHE independent steering committee.

Figure 7.2 above shows the percentage of the total NICHE funding invested in each strategic objective by workstream. Each strategic objective and workstream received a different percentage of investment depending upon the costs associated with the projects aligning to the different strategic objectives and within each workstream.

NICHE's focus on workforce development, effective integrated health and care pathways and building relationships led to the largest investment in system collaboration and transformation through effective partnership working (Strategic objective 3) and Workforce Optimisation workstream 3.

The large investment in Workstream 3 was spread across 26 place based projects (plus 40 + individual scholar projects and 4 Thrive Participant projects) each focussed on different strategic objectives, but all focussed on embedded learning to create sustainable ecosystems of change that would continue to have impacts long after each discrete project was concluded due to the investment being as much in the people making up the workforce as in the project itself (see pgs 60-86 for a full list of Workstream 3 projects and outcomes).

It's important to note that workstream investments included NICHE staff costs working on each workstream along with any additional costs such as dissemination funding agreed on a case by case basis by the NICHE Internal Project Steering Group, it does not solely include funding directly awarded to projects within each workstream.

Appendix 13.1 shows all 70+ projects funded and supported through NICHE

In summary, NICHE spread financial investment both geographically across ICS geography, and allocated funding by focusing on achieving evidence across each strategic objective, (refer to Figure 7.2 above) ultimately working to improve care quality and safety outcomes, plus meet ICB objectives across Norfolk and Waveney, particularly focussing on rural, deprived and at risk communities.

Return on investment and Cost Benefit Analysis

While traditional budgets focus on resources, the wealth economy approach emphasizes core ingredients of prosperity. ICSs, as new hybrid operational forms of health and care management, can benefit from an inclusive wealth economy perspective in order to reflect their activities and achievements as a system. The workforce in health and care stands out as a core asset and a key component of achieving highly effective service delivery models in ICSs, holding significant value as knowledge capital in a wealth economy framework.

Sustainable finance, in this context, involves recognizing the workforce itself as knowledge capital and incorporating this perspective into accounting and organizational practices. Additionally, the health and wellbeing of local populations are significant assets for local health and care systems, representing tremendous social value. Accounting for and sharing these assets as human capital in sustainable finance practices is therefore, an essential element to achieving effective integrated models of sustainable health and care delivery.

Despite being consistently hailed as the most crucial asset in policy documents, the NHS workforce still lacks formal acknowledgment in both performance reporting and management within the NHS. The absence of a universally accepted approach to managing human capital exacerbates this oversight. Similarly, the societal value of health and social care services lacks a universally accepted representation, a well-known challenge in academia with ongoing explorations for solutions (Rouen, 2019).

Not formally acknowledging the NHS workforce in performance reporting and inadequately measuring its value impedes the establishment of robust and appropriate reward systems. While contemporary and alternative accounting methods for workforce assets have been explored, their integration into financial and political agendas remains limited (Rouen & Serafim, 2021). Exploring and incorporating these ideas in locally flexible, integrated health and care systems could yield benefits. Using this integrated view of performance measurement (Rouen, 2019), aims to measure and report the performance of the NHS, not solely based on monetary gains or losses (budget surplus and deficit) but also considers the broader societal impact of the service. Importantly, integrated performance measurements recognise the value of the workforce as a significant asset, both in terms of monetary wealth but also through innovative knowledge amassment.

We propose a paradigm shift that recognizes the workforce as a worthy investment, unlocking the theoretical and actual potential of ICS transformation. As stated by Vithana et al, (2023), there is a great and growing need '*for employers to reconsider the practice of viewing HR spending as an expense to be curtailed, and instead support a higher wealth allocation to employees, in order to generate better longer-term performance'* (Vithana et al, 2023:1237).

What the NICHE model, as an HEI based Anchor Institute offers, is a facilitated approach to overcome and address these difficulties, through active participation and social emancipatory change potentials (Baker et al, 2004; Hardy et al, 2013)

Whilst the involvement of HEI-based Anchor Institutes in these systems is still in the early stages of development, focusing on workforce capability and capacity holds potential to enhance and capture a return on investment and associated social impact value. This focus extends beyond the traditional boundaries between organisations as well as beyond hybridity in its established sense, reaching into the realm of caring for the carers who serve as a central axis in the successful transformation, growth, and pursuit of opportunities for authentic collaboration within complex systems, such as integrated health and social care.

Evaluating the Costs & Benefits and Social Return on Investment of NICHE Fellows' Projects:

A Strategic Assessment for Coastal Health Equity

This report presents a comprehensive evaluation of four fellowship projects supported by the Norfolk Initiative for Coastal Health Equalities (NICHE), an anchor institute funded by NHS England. These projects were led by NICHE fellows—health and care professionals in Norfolk—who designed and implemented locally tailored interventions to address persistent health inequalities in coastal and rural areas. The four fellows achieved five projects identified as follows:

Project 1: Improving Early Mobilisation after Femoral Fracture Surgery: An MDT Approach - Out of Bed Project (OOB)

Project 2: 'Seeing Red' - Improving End of Life Care Pathway Across West Geographic Place. (EoL)

Project 3: Co-producing a Child Holistic Rural and Coastal Health Passport (CORACLE) and Rural Mental Health Nursing Study (RANCH)

Project 4: Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities (Antenatal LD)

Using a dual approach of **Cost-Benefit Analysis (CBA)** and **Social Return on Investment (SROI)**, this report provides a comprehensive evaluation of both financial and broader social value generated by these initiatives. While the OOB project delivered tangible system efficiencies, others—such as the Antenatal LD and End-of-Life Care projects—produced high-value equity and quality gains, despite limited directly monetisable savings.

🔍 Key Findings:

- Total investment across the four fellowships: approximately £203,000
- Combined financial benefits: approximately £169,500, with one project yielding net positive financial return and three yielding partial or negative financial return
- Estimated total social value: approximately £45,500, with SROI ratios ranging from 0.14:1 to 0.41:1
- The NICHE Fellowships generated significant contributions to professional value development, frontline innovation, and system learning across NHS and community care boundaries (i.e. integrated care pathways)
- The projects offered innovative pathways from which to develop new performance indicators for measuring non-financial impacts in coastal healthcare contexts
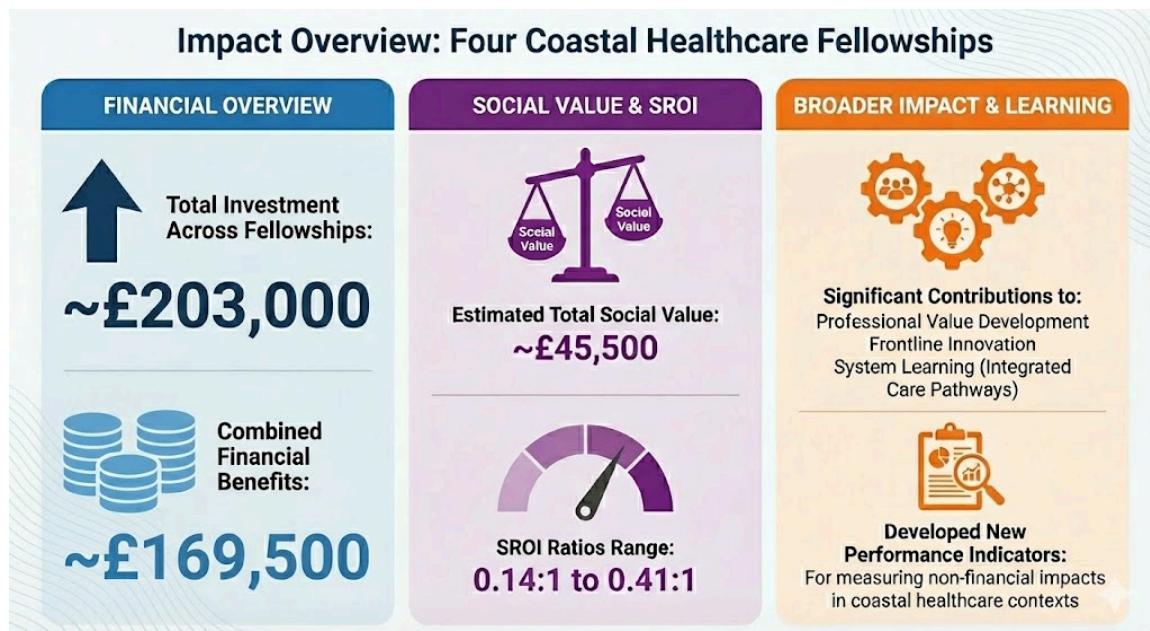
Figure 7.3. Four Coastal Health Care NICHE fellowship Cost Benefit Analysis

While precise financial returns were modest or negative in three of the four cases, the broader social returns—including improved staff morale, patient dignity, access equity, and care continuity—offered substantial strategic value aligned with regional and national health priorities.

📌 Key Insights 10:

- Projects with limited financial return (e.g. maternity and end-of-life care) can deliver significant social equity and long-term service benefits
- Modest investment in local / embedded practitioners can unlock wide-reaching impact through innovation, collaboration, and visibility
- Capturing social value is methodologically challenging but essential for resourcing care in underserved areas
- Our assessment identifies the lack of effective workforce measures (performing tensions), clear financial means as well as measures which could lead to workforce investments for system success. This confirms the need for designing and implementing joined up performance measures where knowledge and social capital are acknowledged and reflected at system level.
- The societal value of the services delivered by ICSs should be acknowledged and reflected in these measures.

✅ Recommendations:

1. Incorporate SROI metrics in future project appraisals in a more systematic way alongside traditional costing tools to better reflect social equity and well-being outcomes
2. Strengthen data collection infrastructure—including access to outcome, service use, and workforce data—to improve the validity of cost-benefit estimates
3. Embed service user and community perspectives in defining value to ensure future evaluations reflect local priorities and lived experience
4. Develop NICHE-specific KPIs in collaboration with system partners to track impact on regional health inequalities, staff development, and service quality
5. Support replication and adaptation of successful elements of NICHE projects within Integrated Care Systems to promote scalable equity-led innovation.

Financial Oversight: In summary

This project report demonstrates that the NICHE embedded fellowship model can generate long-term strategic value, even where immediate financial returns are limited. It underscores the need to view coastal health innovation through a multi-dimensional lens of value—one that includes social, professional, and system-level outcomes.

The findings confirm the accountability gap (Sands, 2006) and the importance of joined up performance indicators (Kurunmaki and Miller, 2006) to capture service innovation dimension in the system. Our study underlines the importance of a wealth economy approach and allowing human and social capital to be reflected in regional health and social care integration systems.

The cohesive and efficiency-saving features of these efforts position local ICSs as robust and enduring approaches to addressing population challenges, both strategically and politically. If allowed to become established, these systems offer an agile and open approach to new managerial, fiscal, and operational practices. For example, through facilitating rapid development of smaller partnerships for innovative projects that can swiftly address the unique needs of their local communities. Workforce assets become paramount in achieving sustainable system wide transformation.

Below is a NICHE cost benefit matrix (Table 7.1) that aims to capture investment against other quadrants of benefits that are not allocated financial value added.

Cost Benefit Investment	Economic Benefit (Value added)
- NICHE Staffing costs - Conference attendance/presentations - NICHE conferences / dissemination / shared learning events - Shared Learning Events x 6 - Collaborating Partners x 2 (LSBU/Staffs) - 26 x N&W System Place-Based Innovation Projects (WO) - THEO quasi-experimental project 4 x THEO nurses staffing uplift 12 months - NICHE Embedded Fellows x 6 - JPUH Embedded Scholarship Projects x 3 cohorts - QEHKL Thrive Project. - *This Nurse Can* Digital Recruitment Campaign - Retention Projects x5 - Kintsugi Projects x 4 - Mini Kintsugi Projects x 4 - Local innovation projects x 4 - Awards and Prizes - Open access publication costs - Printing	***Economic value***: Efficiency and Effectiveness enhanced (eg Reduced length of stay, keeping out of hospital, QALYS, efficient integrated pathway between services, reduced paperwork for EOL care reduced to 2 days) ***Social value*** –public experience of health and social care improved eg NICHE fellows Anchor Institutes in HEIs, GP case study, coastal care provision, knowledge exchange ***Professional value*** – Retention (students/newly qualified), Recruitment, Capacity and capability, (eg Residential Programmes, Scholarship Prog, THRIVE) clinical decision making (THEO), personalised care (THEO), workplace culture (Residentials, THEO) ***Technical value*** – WIN, Website, Social media comms, newsletters, resources and digital dissemination strategies, digital recruitment campaign
Costs (Not Valued)	**Benefits in Kind (Not Valued)**
- Mentoring and Coaching - Facilitation of events - Critical companionship - Supervision offered by NICHE staff - Wellbeing sessions - Reputation of UEA amongst partners - Embeddedness of activities - International networks - Social media presences/website - Commitment (eg. working beyond 40hr week) - Shared learning events - NICHE staff time given in kind for educational offer, workshops, masterclasses etc	***Professionalism*** – Team working enhanced, communication enhanced, networks increased, connections and relationships enhanced ***Culture*** – Being heard, being seen, being included, having a voice, leading change with confidence, system level leadership capability ***Knowledge exchange*** – EPIIC, International engagement, Students, Staff, Social Care, Voluntary sector, Social enterprise, MPs, Community action groups ***Enhanced Integrated Care pathways*** - Connections, individualised care, networks and engagement through events, projects and programmes of work.

Table 7.1 NICHE Cost Benefit Matrix Analysis

8: FINDINGS

Learnings from the NICHE Anchor Institute

Evidence synthesised from NICHE activity to date captures improvements in service integration and population outcomes, through curating communities of compassion.

A series of issues have been identified when evaluating impact and outcomes, in terms of identified gaps and the need for new forms of measurement, particularly when considering transformational impact across collaborating partner organisations, communities and workforce personnel.

Four theoretical frameworks have been utilized to achieve and synthesise data, to deepen insights and understanding , maximizing broad stakeholder impact and outcomes across various communities (as coastal, rural geographical and associated workforce communities) in the East of England.

1. *Theory of Change* – used to make approach, in that expectation from the outset from active participants engaged as stakeholders, pay explicit attention to the context ("where"), mechanisms process ("how/when"), and as well as capturing outcomes ("what") of interventions from the perspective of active stakeholders (Weiss, 1995; Connell & Kubisch, 1998).

2. *Realist Ripple Mapping* – employed to ensure intended outcomes identified with collaborating partners are captured both as intended and unintended consequences as they emerged across interconnected programmes (Harris et al, 2024).

3. *Triple Helix Model* – used to examine relationships between academia, government, and care providers (Farinha and Ferrieira, 2013) where the dynamics of integrated system architecture coalesced within integrated care system architectureing. Each theoretical framework has been engaged to help understand the complexity of working within an open system architecture, such as the integrated care systems that have proven turbulent and shifting. Capturing pertinent impact and outcome measures for embedding innovative, workforce capability and capacity of working within a complex open system has led to a realization that new or renewed health and care system impact and outcome measures are required. (Farinha & Ferrieira, 2013)

4. *Social impact theory* (Latané, 1981) where beliefs, attributes and behaviours are influenced by those whom we engage with, and over time, when applied in critical numbers, can lead to social change and adaptive responses over time (Jackson, 1987), was added.

Blending these 4 theoretical models provided a sensitivity to complex multi-faceted analysis from which to explore and capture impact as a process, as well as outcomes of interventions, with whom, and to what effect, as value added.
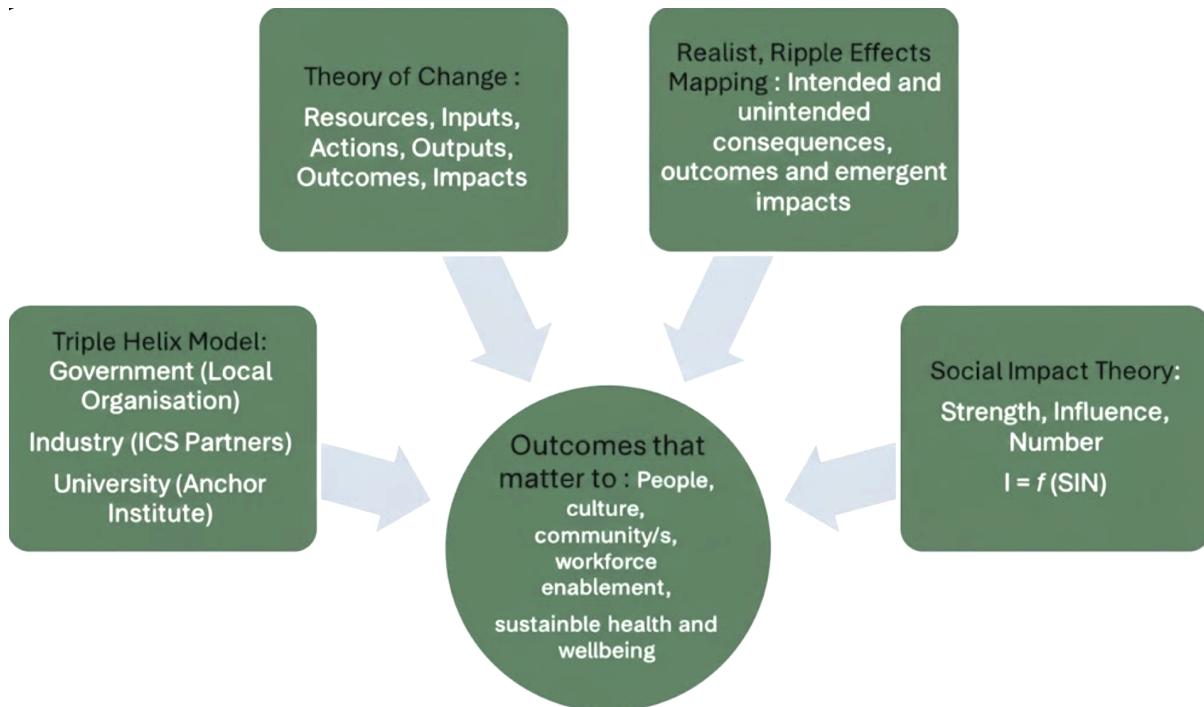
Figure 8.1 : Theoretical Frameworks influencing what matters, as value added outcomes across the integrated care system.

A Relational Foundation for System Learning

NICHE has walked alongside local innovators engaging with system partners as a critical companion. It has offered a series of critical reflective spaces where ideas can be co-designed, explored and early insights can grow into meaningful action. Through a facilitative and enabling presence, NICHE has helped Health and Social Care professionals and VCSE project teams clarify their purpose, deepen understanding of what matters, to whom, and has improved confidence needed to transform practice within real and complex environments.

The achievements that follow show how this relational way of working has supported both local projects and the wider system, locally, nationally and with international

relevance. What is also highlighted, are the policy implications that emerge when a place invests in relational, context sensitive innovation. Together, these achievements and recommendations illustrate how NICHE strengthens local capability, enriches community relationships, and opens new pathways for sustainable change enhancing well-being for all involved.

Achievement 1: Building An Integrated Evidence Base That Matters To People In Norfolk & Waveney

What NICHE has achieved:
NICHE has generated a coherent body of real-world insights — case studies, data summaries, concept and feasibility research, place-based narratives, and practice-driven learning — synthesised through a meta-analysis within NICHE's internal evaluation. This body of evidence reveals how context, relationships, and lived experience shapes system level outcomes.

Methods: Multiple comparative case studies across NICHE-supported place-based initiatives.

✅ Recommendations:

Policy Recommendations:

➔ **Evidence approaches that combine quantitative data with lived experience**
Current system dashboards cannot fully explain why outcomes vary. NICHE's model shows that commissioning decisions improve when statistical datasets are interpreted alongside frontline narratives, community stories, and practice insights. This blended evidence enables more accurate problem definition, earlier intervention design, and better framing of health inequalities.

➔ **Capability for interpreting local narratives and qualitative insight**
To approach case studies, ripples, and reflective accounts not as "soft stories," but as evidence of mechanisms, barriers, and local conditions. This strengthens place-based strategy and ICS decision-making.

➔ **Models for sensitive adaptation and scalable innovation**
NICHE's work highlights that *place-based adaptation* of innovations across different geographies could enhance local fit and effectiveness.

➔ **Evaluation embedded as everyday practice to create explanatory coherence**

Evaluation must move upstream, not a post-hoc audit, but a developmental process that joins up disconnected initiatives and helps the system understand how and why change is occurring.

Achievement 2: Curating Highly Effective And Compassionate Communities Across Integrated Care Systems

What NICHE has achieved: Through NICHE Fellows-led projects and place-based Kintsugi projects, NICHE has reconnected isolated residents, restored dignity and confidence, and rebuilt trust where engagement has historically been low. NICHE has also strengthened cross-sector learning networks that support cultural sensitivity and compassionate practice.

Methods: Community Participatory Action Research combined with critical realist stakeholder evaluation.

✅ Recommendations:

Policy Recommendations:

➔ **Relational models for reaching people who do not access statutory services**
Traditional referral pathways miss those who lack access, trust, or confidence. NICHE shows the need for volunteer-led accompaniment, creative-entry routes, and personalised community-based engagement.

➔ **Investment in non-clinical community assets as part of prevention**
Museums, arts venues, sports clubs, and peer networks act as low-intensity, high-impact spaces for prevention and wellbeing. ICBs need to recognise these as core system assets, not peripheral add-ons.

➔ **Training in trauma-informed and culturally sensitive practice**
Rural poverty, homelessness, migration, deprivation, and multigenerational disadvantage require workforce capabilities that go beyond clinical training. Compassionate, culturally attuned approaches are essential for genuine engagement.

➔ **Commissioning frameworks that recognise relational value**
Activity-based or output-driven commissioning cannot capture trust-building, empowerment, and belonging. ICBs need commissioning mechanisms that value relational work and recognise reductions in crisis demand as legitimate outcomes.

Achievement 3: A Collaborative and Effective Process For Knowledge Exchange and Mobilisation across HEIs and ICS Partners

What NICHE has achieved:
NICHE has generated evidence of system culture change, improved collaboration, and demonstrable cost–benefit. Ripple mapping has given teams a structured way to understand value, mechanisms, and longer-term system impact.

Methods: Realist evaluation, impact narratives, surveys, documentary analysis, ripple mapping.

✅ Recommendations:

Policy Recommendations:

➔ **Deep, embedded HEI partnerships providing real-time evaluation and analytic support**
HEIs bring methodological rigour, academic independence, and evaluative capacity. This is essential for system-level learning and aligning evidence with ICS priorities.

➔ **Structures for continuous learning rather than episodic reviews.**
NICHE shows that systems learn best when reflection and evaluation happen continuously within teams, not in documents, such as reports. ICBs need processes that enable this "always-on learning."

➔ **Routine capability to assess social value and SROI**
Many of NICHE's benefits, such as improved morale, early intervention, reduced isolation, don't show up on financial spreadsheets. ICBs needs analytic frameworks to comprehend and value these outcomes.

➔ **Shared digital platforms for knowledge exchange**
Without shared platforms, good practice becomes trapped in local pockets. The ICB must ensure system-wide dissemination and visibility.

Achievement 4: A Regional Evaluation of HEIs as Anchor Institutes within East of England's Integrated Care Infrastructures

What NICHE has achieved:
NICHE has shown how Anchor Institutes accelerate workforce development, social value, innovation spread, and system transformation by being embedded within local structures.

Methods: Programme-level Theory of Change; six deep-dive case studies.

✅ Recommendations:

Policy Recommendations:

➔ **A clearer articulation of Anchor roles and expected contributions**
Anchor Institutions must be formally positioned within ICS governance and resourcing structures, not treated as optional advisors.

➔ **Policy mandates placing HEIs as system partners in co-production**
HEIs bring evaluative capability, innovation, and research-driven leadership. System change requires them as co-producers, not external consultants.

➔ **Long-term commissioning models for embedded researchers and system enablers**
Short-term project funding undermines continuity. ICBs need multi-year approaches that sustain embedded evaluation, leadership development, and innovation support.

➔ **Robust evaluation capacity to demonstrate ROI**
The Anchor model must show tangible system benefit; evaluation capacity is essential for demonstrating this value.

Achievement 5: Workforce Transformation, as Research, Innovation and Quality Improvement Capacity and Capability at all levels of the System

What NICHE has achieved:
NICHE has developed compassionate, reflective leaders; strengthened retention and morale; improved innovation literacy; and demonstrated safer, more person-centred practice within multiple settings.

Methods: A series of educational packages, bespoke training needs analysis, system level leadership and enablement pilot projects addressing recruitment, retainment and retention of highly skilled workforce (eg. Workforce Modelling module, Collaborative Workforce Learning Hub)

✅ Recommendations:

Policy Recommendations:

➔ **Place-sensitive workforce models tailored to rural and coastal dynamics**
Traditional recruitment and retention models do not address coastality, isolation, or limited infrastructure. Workforce planning must reflect the lived realities of these areas.

➔ **Leadership pathways that prioritise relational practice and compassion**
Technical leadership alone does not sustain improvement. Personal reflection, relational competence, and compassionate leadership yield better outcomes.

➔ **Embedded research and evaluation roles within teams**
Teams need access to practice development facilitators, applied researchers, and evaluators to support improvement from within.

➔ **Investment in wellbeing and culture as a workforce policy priority**
Retention is driven by connection, support, and meaningful work. Wellbeing should be a strategic lever, not an enhancement project.

➔ **A regional learning hub to sustain capability-building**
A coordinated approach ensures that training, evidence, and improvement tools are accessible and used consistently across ICSs.

Achievement 6: NICHE Anchor Institute acting as a System Level 'Catalyst' and Providing Recognition for Local Innovations

What NICHE has achieved:

Evidence across multiple projects shows that NICHE played a meaningful catalytic role. NICHE provided a form of recognition, legitimacy, and protected space that helped early-stage or grassroots initiatives gain visibility and traction.

The "NICHE project label" gave project leads more confidence when presenting work to boards and partners. This sense of legitimacy, supported by being hosted within a recognised HEI, is what helped sustain momentum and facilitated local insights to travel widely across organisations and communities, and across infrastructural boundaries.

✅ Recommendations:

Policy Recommendations:

➔ **Opportunities to acknowledge locally driven innovation more visibly**
NICHE's experience suggests that small-scale or grassroots initiatives often progress further when they feel recognised by the wider system. Approaches that acknowledge such activity may help surface innovations that otherwise remain hidden.

➔ **Value in creating reflective spaces that support emerging ideas**
NICHE's facilitation of safe, reflective environments allowed staff and community partners to test new practices. Similar spaces could support other parts of the system to explore innovation without immediate performance pressure.

➔ **Potential for recognition to strengthen workforce confidence and participation**
The evaluation indicates that recognition itself can improve morale and empower project leads, particularly those working in voluntary, community, or early-career roles. This may complement existing workforce wellbeing and development strategies.

➔ **Anchor Institute partnerships as enablers of legitimacy**

NICHE demonstrated that when HEIs act as Anchors, their affiliation can provide endorsement that encourages broader system engagement. Continued use of Anchor partnerships may help emerging innovations gain early visibility.

➔ **Mechanisms to help learning and insight travel across organisations**
NICHE's experience shows that when learning from one area is shared more widely, it helps others adopt the ideas more easily. There may be value in enhancing how local insights flow across neighbourhoods, primary care networks, providers, and system functions to support wider adoption of effective practice.

Image 15: Three eyed bridge, Tai Tam Waterworks Heritage Trail, Hong Kong. Kind permission Johnny Yuen

System Partner Impact Testimonials

Example Quotes for Catalyst & Recognition

On NICHE as a Catalyst

- *"We'd been running this for years, but once it became a NICHE project, people suddenly started paying attention."* — Community project lead (TCOM)

- *"NICHE gave us the confidence to try something different, knowing there was support behind us."* — Schwartz Rounds facilitator

- *"It created a safe space where we could stop, reflect and then take ideas back into our Trust."* — NSFT staff member

On Recognition / Status Effect

- *"Saying it was a NICHE project gave us credibility when we went to the board. It wasn't just our idea anymore — it carried weight."* — Hospital project lead (Scholarships)

- *"Being recognised as part of NICHE made us feel proud of our work. It gave the team energy to keep going."* — Community Culture Club organiser

- *"For me, it felt like my story mattered, not just to me, but to the system."* — Kintsugi participant

- *"It was the first time our work was seen as innovation, not just business as usual."* — Social worker Retention Project

- *Can I just say, NICHE has been a lifeline that I needed to support the work I have achieved. Without the funding and support, I do not know what I would have done. Thank you.* NICHE Project Lead

Case study: GP practice Great Yarmouth

Root cause analysis: a structured problem-solving method used to identify the underlying fundamental causes of a problem rather than just addressing symptoms.

I am a GP, and I work through listening to, and observing my patients' signs and symptoms. I want to address the underlying causes. I need to ask… **WHY** ? If I am going to ask questions , trial hypothesis, and create REAL change I must align with research. The right research, led by the right researchers….i.e. people who listen , communicate , process, challenge, and create ….there is a reason why we are all Drs 😊

Serendipity : the occurrence and development of events by chance in a happy or beneficial way.

I was part of ' Reworking Employment' a passionate group aimed at revitalising employment through various workstreams e.g. No CV rejected , No Interview Wasted , Win or Lose Shiny Shoes , Apprenticeships and the 'Perfect (Gift) 550 choices of Work Experience '….anything to support people into employment and employers to foster a listening culture and workforce resilience. Dr Webster opened the door and has kept it firmly open, introducing Johnny Yuen, Joanne Odel , Alison Leary and not least Sally Hardy.

Catalyst : a substance that increases the rate of a chemical reaction without itself <u>undergoing</u> any permanent chemical change.

Where are we now ? We are Great Yarmouth Unity Project CIC (GY UP). We are a growing mutual aid organisation. We know the root cause of our communities' problems. We are determined to explore how through open hearts and collaborative working we can, like a pebble in a pool, create vibrations of change for our community. We know that through partnership with NICHE we remain transparent , open to challenge , adaptable and more likely to succeed in our aim. We are committed to making our community more physically and mentally healthy and resilient by addressing the challenges of CORE 20 +5 for the community , by the community. But we need NICHE to prove it to YOU 😊

Come and join us both at the 9th Community Psychological Festival : 'Untold Stories ; Tales of Community Strength ' Norwich Forum 17-19th October

Best wishes

Sarah

Dr Sarah Flindall

Pronouns : she/her

GP Partner East Norfolk Medical Practice

9: DISCUSSION

Manley, et al, (2025) identified five building blocks for large scale system transformation having analysed multiple innovation projects and mapping these onto five 'simple' rules (Best et al, 2012), and a four system enabler for large scale transformation used in Australia (Francis-Auton et al, 2024).

The resulting SHIFT model (Manley et al, 2025) identified overarching domains :

1. ***Strategic Alignment and integration*** across system sectors, organisation, teams and pathways, working with shared goals value and agreed ways of working.

2. ***Whole pathway commissioning***, for multiprofessional workforce transformation, capabilities and skills required to meet people's needs, based on population mapping and changing contexts.

3. ***Coproduction*** in service re-design, reviewing, measuring and evaluating what matters with people, communities and staff.

4. ***Systems leadership*** and leadership at every level of the system for effective workplace cultures, flourishing teams and enhanced staff potentials.

5. ***System wide learning*** and working, improving, knowledge translation, inquiry and innovation systems that support evaluation and governance to build upon and learn from what works (Manley et al, 2025).

📌 Key Insights 11:

At personal/professional value levels, being able to navigate complex open systems and work in collaboration is often something the workforce and communities are educated against, in a world of competition and fear-based territorialism. Yet our health anchor work has shown time and again the need to create psychologically inclusive and safe spaces for people, when working together as stakeholders, to explore shared values, and co-create pathways of improvement.

Workforce related outcomes have impacted morale, recruitment and retention from those who previously felt unheard and undervalued, reigniting a passion and interest in their roles, and importantly feeling better connected to a community who cared, with fierce compassion (Neff, 2021).

At organisational level, cultural improvements and workforce value are identified as central to achieving sustainable transformation (Manley et al 2023). We would argue value is placed on the workforce as culture influencers, but also as knowledge brokers.

The workforce is not only a central asset, but a major indicator for achieving health advancements and sustainable wellbeing, alongside economic growth (Gouliaveras et al, 2025).

At a social level, impact and ongoing ripples of influence can be identified when working in codesign and coproduction.

At system level, the use of sustainable development goals (SDGs) are being identified as useful (if not essential) to identifying strategies that will enable integration, across policies, organizational models and achieving resilient communities, through transferring best practice across complex system structures (Ugwu et al, 2025).

Following a review of available studies, Ugwu et al (2025) offer a revised framework based upon prior for building resilient health care systems in war torn areas, to update and reframe their framework to consider new strategies that utilize technology, community, flexibility and cross-sectoral integration.

Limitations

Key Challenges and Lessons Learned

- **Operating as an Anchor Institute within an HEI structure.** The external landscape, whether political, organisational or clinical priorities, moves rapidly, yet university procedures often require lengthy approvals before action can be taken. This slows innovation momentum and makes it difficult to respond at the pace which external partners expect. Further opportunities for streamlined decision-making pathways are required when collaborating across HEI–ICB boundaries.

- **Building an integrated infrastructure while that system is still emerging is complex.** For example, being positioned under an "Education" agenda at ICB executive level discussions was limiting the reality of NICHE's broader offer and contributions. Working in open, evolving systems requires constant negotiation of scope, identity, and expectations. Innovation stalls when education, workforce, and research are treated as separate agendas.

- **Creating equal partnerships through a process of open calls is insufficient within set and traditional research hierarchies.** Even with transparent and inclusive invitations, long-standing system boundaries, cultural norms, and academic hierarchies can discourage engagement from communities and organisations that are less accustomed to participating in research. Infrastructures that create conditions where every partner can step forward, not

just those already fluent in the system are required to enable true integration to be achieved for all.

- **Blending methodologies and ontologies exposes structural limitations.** Journals and funding streams often separate creativity, arts, health, and science, forcing artificial boundaries between approaches. Conventional measures like p-values do not always capture real-world value, particularly in people-centred work. Blended approaches (arts, practice development, applied research, community-led insights) do not fit neatly into existing funding or publication models. Flexible evaluation frameworks that recognise value beyond traditional research measures are required for true integration and inclusive engagement.

- **System readiness is a major barrier when co-creating hybrid integrated approaches.** Embedding cultural change requires time, trust, and stability. When systems themselves are not yet ready, due to competing pressures, workforce instability, or shifting priorities, co-creation becomes significantly harder. Aligning integration and innovation efforts with broader system culture and workforce strategies is a necessity for achieving effective and sustainable outcomes.

- **Novel approaches, such as values-driven practice development, struggle for recognition.** These embedded, relational, and context-sensitive methods do not always fit conventional research assumptions. Gaining legitimacy requires constant translation of value into forms or a language that a more traditional research system can accept.

- **Embedded innovation is inherently difficult.** Success depends on how different stakeholders understand "innovation." Navigating multiple perspectives, whether strategic, operational, clinical, or academic, requires holding complexity, adapting continuously, and accepting that progress is rarely linear

10. RECOMMENDATIONS

Anticipated and unanticipated consequences of an embedded approach to innovation

NICHE Contribution to Future Health and Care Agendas

There is growing consensus that health and care systems must transition from reactive service delivery models toward approaches that prioritise prevention, equity, and relational infrastructure. While integrated care and people-centred codesign have gained international traction, few models have demonstrated both scalability and adaptability to local context.

This report presents a preventative engagement model, co-developed by NICHE working as an Anchor Institute within an HEI, across health and care system partners, and community stakeholders in the East of England.

The NICHE model's core findings:

1: Healthy Workforce: **Sustaining the workforce as valued contributors to achieve**

highly effective cultures of care and compassion

NICHE core team facilitated and supervised a series of funded projects across rural and coastal health and care settings showed that when health and social care system, teams and professionals invest in relational leadership, reflective practice, and compassionate cultures, staff feel more valued, more confident, and more able to deliver safe and high-quality care. This strengthened retention, reduced burnout and supported staff at all levels to shape improvements in their services. The work demonstrates that a healthy workforce is not a by-product but a prerequisite for sustainable care delivery

Workforce development is positioned here not as an end in itself, but as a key enabler of system-wide transformation, a lever for prevention, trust-building, and long-term sustainability. HEIs are shown to be not only drivers of innovation and evaluation, but also patterns in knowledge mobilization, relational leadership, and value-based transformation.

2: Healthy Systems: **Strengthening place-based relational infrastructure delivering**

quality, economic, performance and social impact

NICHE project evidence shows that place-based collaboration across NHS providers, councils, voluntary groups, and communities creates stronger relational infrastructures

that improve how services work together. These infrastructures reduce duplication, support quicker decision making, and enable more coordinated and cost-effective models of care. By evidencing how local systems learn, adapt, and embed change, the research offers practical insight for leaders who want to improve performance, productivity, and public value.

3: Healthy Populations : **Addressing inequalities by addressing what matters to people**

and communities engaging across organisational and system boundaries

NICHE led projects highlighting how engaging people, on their own terms, in familiar places, through trusted relationships and with attention to what matters to them, enables meaningful progress on longstanding health inequalities.

By addressing practical, cultural, and relational barriers NICHE helped underserved residents reconnect with services, build confidence, and participate more actively in their own health and wellbeing. This approach provides a scalable model for integrated care systems that aim to meet Core20PLUS5 objectives and improve outcomes for priority groups.

📌 Key Insights 12:

Healthy Workforce (The Foundation)

This refers to the physical and mental well-being of the people delivering care or doing the work associated with health and social care service delivery.

- Key Elements: Prevention of burnout, physical safety, psychological safety, fair compensation, and adequate staffing levels.
- Why it starts here: A depleted, burnt-out, or sick workforce results in higher error rates, lower empathy, and high turnover. You cannot build a resilient system on the backs of an exhausted workforce.

Healthy Systems (The Process)

This refers to the organizational structures, processes and culture that supports safe and effective care options for populations.

- Key Elements: Efficient workflows, adequate resources, interoperable technology, supportive/system leadership, and a culture of continuous improvement (e.g., workforce is valued, actions are achieved through shared organization principles).

- The Role: A "Healthy System" removes friction, siloes and barriers to engagement/access. It ensures that the Healthy Workforce has the tools they need to apply their skills/expertise effectively without administrative waste or systemic barriers achieved within workplace cultures of effectiveness and coproduction.

Healthy Population (The Outcome)

This is the ultimate outcome—improved clinical results and overall public health is sustained with context and culturally sensitive measures of 'what matters to people'.

- Key Elements: Community engagement, a reduced 'disease' burden, higher independence alongside life expectancy, preventative care access, and health equity.
- The Result: A healthy population requires less reactive, acute care, which in turn reduces the strain on the workforce and the system (closing the loop).

Diagram 10.1: NICHE Key Insights

To ensure flexibility through coproduction, the NICHE engagement approach proposes four interlocking components for evaluating system change, forming a bridge between people, process, and outcomes within place.

NICHE has facilitated outcomes through effective *system learning*, *evidence capture*, participatory engagement using a process of *co-creation*, enabling *sustainable impact*. See Diagram below.
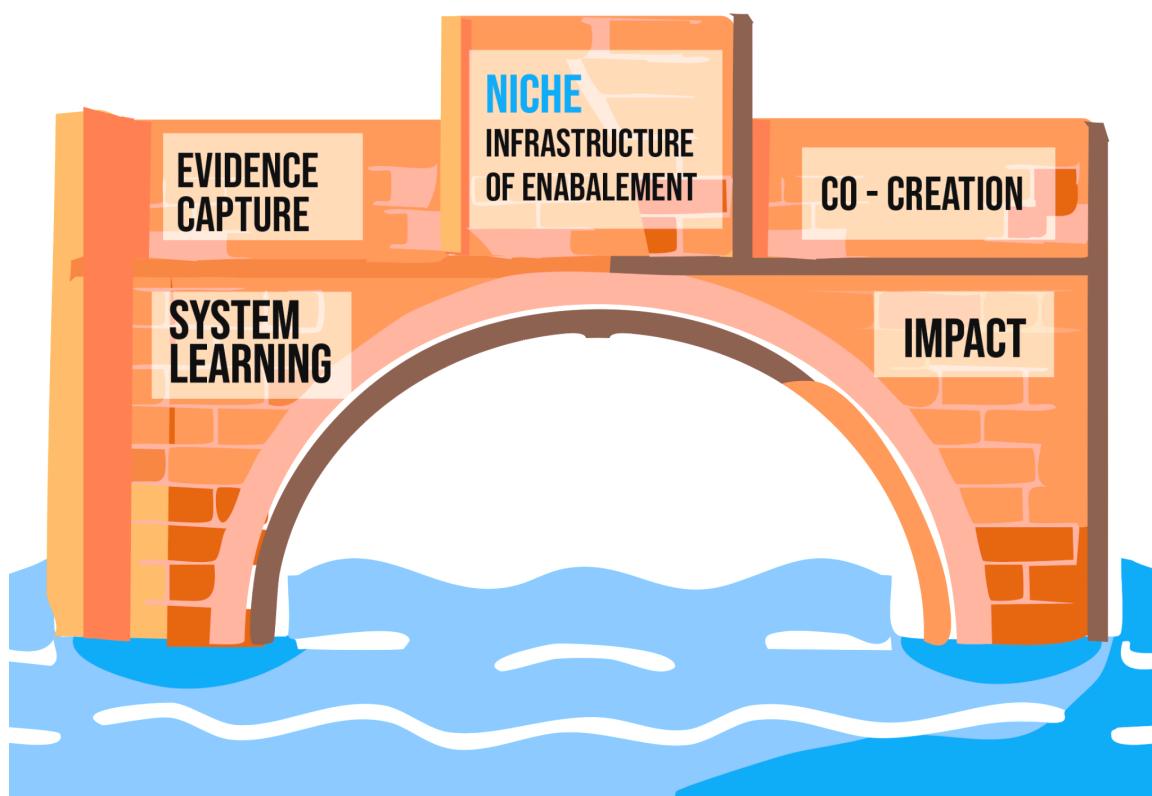
Diagram 10.2: Four enablement components to bridge the gap between People, Process and Outcomes

These 4 components support the development of integrated performance measures that reflect both quantitative outcomes and qualitative human-centred value. By embedding local knowledge, demonstrating regional significance, offering national and international relevance, this model offers a viable route for advancing integrated care with integrity, coherence and purpose.

These findings offer a compelling case for continued investment in HEI-led Anchor Institutes as enduring partners in building resilient, learning health systems that embed prevention, equity, and value at their core.

✅ Recommendations:

Policy Recommendations

To support sustainability and scalability of a NICHE preventative engagement model we propose the following policy actions:

1. Formally recognise HEIs as strategic infrastructure partners in integrated care, extending beyond education into system innovation, knowledge mobilisation, and inclusive evaluation.

2. Invest in long-term relational infrastructure, including protected roles, time, and space for partnership-building and cross-sector critical reflection.

3. Embed prevention and equity metrics into mainstream commissioning frameworks, moving beyond activity-based targets toward measures of social value.

4. Support workforce redesign and hybrid role development, particularly for rural and coastal settings where adaptability and coproduction are key.

5. Enable ethical and transparent use of AI and prospective value modelling tools to support strategic foresight, investment planning, and equitable innovation.

Future Research Directions
Further research is needed to support the continued development of this engagement work, particularly:

- Evaluating the long-term impacts of relational infrastructure on workforce wellbeing, prevention outcomes, and system resilience.

- Operationalising prospective value modelling and defining appropriate ethical guardrails for AI integration in health and care evaluation.

- Understanding how hybrid governance and co-designed metrics evolve and function across different local contexts.

- Developing methods for measuring social return on investment in a way that reflects both intended and cascading impact.

- Ensuring funders collaborate to maximise utilisation of (currently separate) arts and health funding collaborations, including creative evaluation approaches that are

inclusive for vulnerable participants (e.g. people living with disabilities and capacity issues).

- Investigating ripple effects across systems, how local innovations influence broader ecosystem behaviours, funding flows and cultures of inquiry for achieving sustainable sensitive wellbeing measures.

Image 16: Norfolk sunset sky, with kind permissions Sally Hardy

11. CONCLUSION

NICHE, working as an Anchor Institute within the HEI and forming ICS infrastructure, has achieved a values driven engagement model for enhanced workforce skills, confidence and capabilities, working effectively across complex dynamic integrated care system partners to achieve culturally and context sensitive population outcomes.

NICHE has supported and enabled practice driven expertise, within place, to identify, co-design and achieve innovation that addresses health inequalities across the life course.

Projects were intentionally spread across the lifespan, covering parents with learning disabilities through to end of life palliative pathway options. Specific issues affecting coastal, rural and isolated communities were addressed through projects engaging with homelessness, unemployment, people living with dementia and their carers, parents and families with childhood obesity, and mental well-being of rural agricultural workers.

Workforce intelligence has addressed specific coastal and rural workforce requirements for health and social care through projects such as a digital recruitment campaign, effective retention strategies and evaluating new role requirements for achieving a healthy workforce that can deliver cost effective care and continue to innovate to achieve the next 10 year governmental health plan.

Support and enablement for the workforce and associated collaborating partners across the system were employed, through a series of facilitated shared learning events, group based peer support, bespoke development opportunities, (e.g Health Economics, System leadership, Workplace well-being), alongside supervision and mentoring of individuals and teams enabling a healthy resilient workforce, with advanced knowledge and skills for future sustainability through ongoing system challenges and political changes

NICHE has been critical companions to place-based innovation, within and across complex contexts and dynamic system architecture. It has paid attention and provided a platform that attends to what people say and what they find difficult to say. NICHE has offered a critical space where ideas could be explored and where novel insights could grow into meaningful action. Through this way of being with others, NICHE helps to make connections and build relationships with people, teams, communities and organisations to influence and achieve place-based projects from which to clarify purpose, deepen understanding, and build the confidence, capabilities and capacity needed to transform and flourish.

There is growing consensus that health and care systems must shift from reactive service delivery toward models that prioritise prevention, wellness, and equity. Despite

international endorsement of integrated and people-centred care, few models have demonstrated both scalability and adaptability to local context. This report has presented a preventative engagement model developed through collaboration between a Higher Education Institution (HEI), health and care system partners, and community stakeholders in the East of England and beyond. Designed to engage underserved, coastal and rural populations, the model focuses on strengthening relational infrastructure, empowering local workforce, and building trust.

Recognising workforce development as a key enabling function, vital to sustainability, positioned here as supportive of prevention and a partner driver of transformation, working in partnership with HEIs, as drivers of innovation and knowledge mobilisation.

Workforce redesign remains a crucial enabler of health and care advancements and should be understood as part of a broader, system-wide approach focused on prevention, engagement, cost-efficiency and population wellbeing.

Image 17 & 18: Pictures of the NICHE team from two NICHE team away days (with permissions), pictures taken by Idris Phillips-Fry

The NICHE team:
Professor Sally Hardy, Director of NICHE, Professor Jonathan Webster, Co-Director of NICHE, Idris Phillips-Fry, NICHE Programme Manager, Dr Johnny Yuen, NICHE Senior Research Associate (Evaluation), Joanne Odell, NICHE Senior Research Fellow (THEO), Joe Collins, NICHE Administrator and Scarlet William, NICHE Design and Social Media.

The NICHE website is hosted within the UEA's structure for Research Groups and Centres and can be accessed via the link below:
https://www.uea.ac.uk/groups-and-centres/projects/niche

A poem for carers (By Matthew Mackenzie[33], 2025)

You arrive not with answers
But with presence
A hand outstretched
A question shaped by listening

You are beyond the label
Beyond the chart
To the person whose silence
Still speaks

You begin not with fixing
But with finding
A way in
A shared ground
Where dignity takes root

So thank you
For the work that holds
That heals without demanding praise
That sees people not as problems
But as partners in their own becoming.

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33 Matthew Mackenzie, is a volunteer carer, and author of **The Poetry Book of mental health Caring**. https://share.google/hPkxF5XtxfhdzMf2B

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13. APPENDIX

13.1 NICHE Supported Place Based Projects

WORKSTREAM PROJECT	TITLE/ AIMS	COLLABORATING PARTNERS	IMPACT AND OUTCOMES
1: **Workforce Intelligence Network (WIN)**	To utilise health and social care workforce data to inform workforce design, redesign and planning	• London South Bank University • Norfolk and Waveney ICS Workforce Development • Norfolk County Council	Soft System analysis Workforce Data modelling Horizon Scanning Final report due March 2026
2: **Therapeutic Optimisation (THEO)**	A quasi-experimental intervention study for enhancing care experience on two inpatient ward settings with a mixed methods process evaluation.	• University of Staffordshire • London South Bank University • James Paget University Hospital • Norfolk Community Hospital Care Trust	Evidence based therapeutic optimisation model Final report due June 2026
3: Workforce Optimisation			
3.1 3 x cohorts of Embedded Scholarship Programme	A 9-month introduction to embedded research, evaluation and quality improvement	40 different participating partners across the ICS	40 local projects completed as proof of concept for future funding achieved with NIHR
3.2 4 x NICHE Fellows	Improving early mobilisation after femoral fracture surgery Antenatal pathway for birthing people with learning disabilities Improving end of life care pathway Coproducing a child holistic rural and coastal passport (CORACLE)	QEHKL NCHC The Norfolk Hospice/ Tapping House NSFT	Cost effective care delivery models National/ Internally scalability project data
3.2.1 NIHR Eastern Arc Fellowship	An exploratory mixed methods study exploring inequalities of provision and access to palliative care in coastal region	Eastern ARC	Evidence based palliative care pathway for coastal /rural regions
3.2.2. 2 x Masters in Medical Humanities Scholarship	Creative arts and wellbeing projects	Freelance Artists in Norfolk and Suffolk MED/HSC UEA	Evidence base for use of effective creative arts based approaches to wellbeing enhancement

3.3 Nurse Recruitment 'This Nurse Can'	Digital Marketing campaign to address nurse applications to HEIs Monitoring clicks to connect to UEA courses	N & W ICS partners HSC UEA	Data from digital campaign being collated, aiming to increase numbers completing applications to UEA nursing and other allied health programmes
3.3.1 Social Care Apprenticeship programme	Increasing awareness of the Nursing Associate Role in Health and Social Care Settings	NorCA	Promoting with social care providers working across areas of need (eg Learning Disability, Mental Health, Children's Sectors)
3.4 THRIVE leadership development programme	A pilot project to address retention and retainment of professionals 2 years post qualifying	QEHKL	Second cohort has been supported by additional NHS England funding Nursing Times 2025 Workforce Preceptorship Award Winners
3.5 Interprofessional Schwartz Rounds Evaluation	To evaluate the effectiveness of student interprofessional Schwartz rounds as a medium for promoting wellbeing and reflective practice	UEA MED UEA students FMH/HSC	Several outputs have been achieved in terms of conference presentations, and a series of recommendations, and journal articles are forthcoming.
3.6 Staff Support Service Evaluation Project	To map, define and evaluation staff support model for potential roll out	QEHKL	Effective staff wellbeing resource model
3.7 Clinical Associates in Psychology (CAP) evaluation	Evaluating the contribution of CAP role to identify trends, patterns and workforce recommendations	N&W ICB NSFT CPFT UEA MED	Development of a UEA CAP website, resources and future workforce evidence
3.8 4 x Kintsugi Projects	An embedded evaluation of the Norwich Museums Community Culture Club (for persons with dementia)	School of Social Work UEA *Take a Chance on Me* Norfolk Community Interest Company Norwich Museums School of Pharmacy UEA	Creative evaluation on using creative evaluation tools to measure wellbeing
3.8.1 3 x Mini Kintsugi Projects	Embedded improvements evaluation of adult safeguarding practices in Norfolk A realist evaluation of take a chance on me programme Evaluating a novel early career prescribing programme for pharmacist in East of England	Norfolk Safeguarding Board (Adults) Norfolk County Council Norfolk and Waveney ICB Norfolk and Suffolk NHS Foundation Trust (NSFT)	Project reports due 2025

3.8.2 2 x Community Enhancement Projects : Transforming Coastal and Rural Communities – The "Photovoice" pilot as a Place Based project	To explore possible futures, imagine new ways to co-create healthy communities, and understand ourselves and the world around us better, in an age of crises in climate, health, and social inequalities	Norfolk Initiative for Coastal and Rural Health Equity (NICHE, UEA), Norwich University of the Arts (NUA), Healthwatch Norfolk, and a local citizen group	A portfolio of creative materials and reflections from participants. A short report documenting the process, outcomes, and learning. Increased capacity for creative co-production among participants and partners. Foundations for a larger-scale funding bid and further community health projects.
Adults Other Than Teachers' perspectives of their involvement at a primary school's outdoor learning extra-curricular clu**b**	i) to explore AOTTs perspectives of their involvement at a primary school OL extra-curricular club; and ii) to investigate how OL involvement can function as a catalyst for greater community involvement (i.e., AOTTs) within a rural primary school education setting, in relation to both shared learning and health and wellbeing (e.g., physical and psychological).	NICHE EDU, UEA. Denver Primary School, Kings Lynn	1 x Executive summary/report produced for Denver Primary School and the funder; 1 x academic manuscript for publication; 1 x conference attendance to disseminate findings; 1 x shared learning/knowledge exchange event for participants.
3.9.1 Time, Place, Face	To enhance student placement learning experience	Norfolk and Waveney ICS UEA NHS England East of England UEA student placement team	In April 2024 the Time Face Place study, including feedback from interviews to date, was presented at the Royal College of Nursing Annual Conference. The model of placement allocation has been adopted by HSC and the project report has been

			submitted. We are now working on publishing the study.
3.9.2 Health and Wellbeing Study	to explore the experiences of pre-registration healthcare students having experienced University based support services addressing issues of attrition.	UEA HSC N& W ICS placement partners	The study has been published in the British Journal of Nursing. The study findings and recommendations have been incorporated in the NHS England retention strategy.
3.9.3 Student Self-Assessment Project	To explore students' professional attributes and self-awareness	UEA HSC	
3.9.4 Effective retention strategies	A scoping review of the published literature	A data base search/literature review	Embedded into NHSE workforce planning
4. Evaluation			
4.1 Internal NICHE evaluation and impact assessment	To achieve a robust internal evaluation of NICHE activities using realist critical evaluation	All NICHE project partners	
4.2 Workforce Development Trust six HEI Anchor Institute Evaluation	To undertake a review of six HEIs working as Anchor Institutes within and across Integrated Care systems in East of England	Skills for Care, Workforce Development Trust University of Essex University of Bedfordshire University of Suffolk Anglia Ruskin University University of Hertfordshire University of East Anglia	Recommendation to be delivered in a report to NHS England Summative Evaluation report achieved May 2025
4.3 Return on investment and cost benefit analysis	16 NICHE projects taken through a cost benefit and return on investment analysis	Norwich Business School UEA	Outcomes anticipated mid 2025
4.4 Benefits Realisation Mapping : Formative evaluation	Coproducing materials arising from six HEIs working within ICS as a benefits realisation mapping exercise.	Skills for Care, Workforce Development Trust University of Essex University of Bedfordshire University of Suffolk Anglia Ruskin University University of Hertfordshire University of East Anglia	Learning materials Tool kits Resources Final report due March 2026

13.2 NICHE Publications (2nd December 2025)

final-publication-list-for-annual-report-niche-publications-02dec2025.pdf

13.3 NICHE WEBSITE

The NICHE website sits within the UEA research Groups and Centres, and can be found using this link.
https://www.uea.ac.uk/groups-and-centres/projects/niche

The website offers a central resource, capturing and sharing project reports, and other featured articles such as workstream updates, news items, reports and publications, meet the team, the Learning Hub, and other resources to support and enable innovation and knowledge utilization:

The NICHE website has access to:

- *15 Project Reports*
- *13 blogs*
- *12 NICHE Newsletters*
- *6 Reflective pieces*
- *4 Podcasts*
- *News items*
- *Advertising funding opportunities*
- *Critical Companionship resources*

13.4: NICHE COLLABORATING PARTNERS

Thanks go to the following partners who have been actively engaged in working with us to achieve over 70 place-based project initiatives embedded across the integrated care system in the East of England, nationally and internationally recognized.

NAME	TITLE/ROLE	ORGANISATION	NICHE PROJECT
Abigail Hensley	Consultant in Palliative Care	St Elizabeths Hospice	Eastern Arc Fellowship NICHE sponsor
Alice Dean	Clinical Educator	Tapping House	NICHE fellow
Amy Zile	Research Associate	UEA	Interprofessional Student Schwartz Rounds
Anca Manea	Community learning disability Nurse	Hertfordshire Partnership University NHS foundation Trust	NICHE fellow
Ann Jackson	Independent Consultant		NSFT/NICHE residential programme facilitation and staff supervision
Avin Varghese	Head of Education and Practice Development	James Paget University Hospitals	THEO project management group
Ben Chandler	Senior Workforce Transformation Manager	N&W ICB	National ENRICH programme evaluation
Bonnie Teague	Head of Research	Norfolk and Suffolk NHS Foundation Trust	NICHE fellow
Callum Latham	Research Assistant (former)	University of Staffordshire	THEO Steering Group/Project Management group
Carl Rowe	Lecturer	Norwich University of the Arts	Centenary of Caring Project
Carolyn Fowler	Former Chief Nurse	Norfolk Community Health and Care NHS Trust	THEO project management group
Catherine McMillan	THEO nurse	James Paget University Hospitals	THEO project management group
Charlotte Phillips	Research Associate	University of Staffordshire	THEO Steering Group/Project Management group
Charlotte Stewart	ICS workforce data lead	Norfolk and Waveney ICB	WIN
Charmaine Butcher	Clinical Leadership Fellow Nursing Workforce, Training and Education Directorate,	NHS England, Midlands	THEO Steering Group
Claire Atherton -Thompson	Creative Health and Equity Lead	Norfolk and Suffolk Art Link	MA Medical Health Humanities NICHE Fellowship
Claire Lee	Research and Evaluation Associate	James Paget University Hospital	NICHE funded (3 x cohorts) Scholarships THEO project management group
Claire Thompson	Quality Matron	Norfolk Community Health and Care NHS Trust	THEO project management group

Claire Ward	Corporate Lead Nurse	James Paget University Hospital	THEO project management group
Codrin Buleu Tiganescu	Chartered Physiotherapist	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	QEHKL/NICHE residential programme co-facilitator
Corwen Hull	Ward Manager	Norfolk Community Health and Care NHS Trust	THEO project management group
Dani Hammond	Former NICHE administrator	UEA	
Dayani Baiai	Project Administrator	NHS England East of England	NHS MH Development Project Sri Lanka, SOFTNConference25 International Steering and Planning Committee
Debbie Alexander	Lay Member		THEO Steering group
Dr Alisen Dube	Research Fellow, Clinical and Medical Statistics	University of Staffordshire	THEO project
Dr Angie Titchen	Visiting Professor	University of Ulster	Critical Companionship Resource
Dr Claire Whitehouse	Clinical Director for Research and Development	James Paget University Hospital	NICHE funded (3 x cohorts) Scholarships
Dr Dianne Bunn	Associate Professor	UEA /HSC	Retention project
Dr Eddie Cane	Independent Consultant	Workforce Development Trust /Skills for Health	External Evaluation Partner
Dr Georgia Panagiotaki	Associate Professor in Psychology	MED/UEA	Interprofessional Student Schwartz Rounds
Dr Hanna Cooper	Clinical Psychologist	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Staff Wellbeing and Support Service
Dr Harriet Cooper	Course Director MA medical health humanities	MED/UEA	MA Medical Health Humanities NICHE Fellowship Supervisor
Dr Hazel Smith	Associate Professor of Maternal and Child Health	University of Staffordshire	THEO project JPUH Scholarship mentor
Dr Joel Owen	Associate Professor and PWP Programme Director	MED/UEA	Interprofessional Student Schwartz Rounds
Dr Kate Roberts	Principal Clinical Psychologist	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Staff Wellbeing and Support Service
Dr Laura Cook	Associate Professor, Director of the Centre for Research on Children and Families	SWK UEA	NICHE funded Kintsugi project *Retaining local Authority Social Workers: A theory of Change.*

Dr Paul Fisher	Clinical Associate Professor in Clinical Psychology	UEA/MED	Clinical Associate Psychologist (CAP) Evaluation
Dr Rebecca Hill	Associate Professor Health Education	UEA /FMH/HSC	Retention Project Lead – 1. Evaluative Study on University Health and Wellbeing Support Strategies for Pre-Registration Health Students 2. Self-Assessment and Feedback on Professional Domains: A Retention Initiative 3. "A Time, A Place and A Face": A Placement-Based Retention Initiative
Dr Steve Green	Consultant Clinical Neuropsychologist	Lincolnshire Partnership NHS Trust	Staff Wellbeing and Support Service
Dr Theresa Shaw	Former CEO Foundation of Nursing Studies	Independent Consultant	THRIVE Leadership Development Programme
Dr Yetunde Ataiyero	Post Doctorate Research Fellow	University of Staffordshire	THEO project
Duncan Burton	Chief Nurse	NHS England	Invited guest NICHE presentation and THEO JPUH
Emily Delva	Former NICHE administrator	UEA	NICHE Admin
Emma Stimpson	Research and Evaluation Associate	James Paget University Hospital	NICHE funded (3 x cohorts) Scholarships
Dr Peter Beasley		UEA MED	Clinical Associate Psychology Evaluation
Famke Van Lieshout	Associate Professor	University of Applied Sciences Utrecht	THEO Steering group member
Gabriel Markovich	Senior Research Fellow	UEA/MED	Clinical Associate Psychologist (CAP) Evaluation
Gabrielle Irwin	Associate Director of Quality and Transformation	NHS England EOE	NHS MH Curriculum Project Sri Lanka. SOFTNConference International Steering Committee
Gary Tuson	County Archivist	Norfolk Record Office	Evaluating Change Minds Project
Hannah Kinsey	Course Director Post Graduate Pharmacist Professional Programmes	School of Pharmacy UEA	Kingstugi Project
Helen Hall	Head of Research and Development	James Paget University Hospital	NICHE funded (3 x cohorts) Scholarships

			THEO project steering and management group
Helen Muncey	Head of Education, Nursing, Midwifery and AHP	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	THRIVE Leadership Development Programme
Helen Rossiter	THEO nurse	Norfolk Community Health and Care NHS Trust	THEO project management group
Holly Macguire			THEO Steering Group
Holly Sandiford	Norfolk Museums	Community Culture Club	Kintsugi Project evaluator
Jackie Copping	Deputy Chief Nurse	James Paget University Hospital	Scholarships and THEO project management group
Jacque Mallender	Independent Consultant	Economics by Design	WDT EPIIC Evaluation Report and UEA Case Study Evaluator
Jan Pitman	Learning Manager	Norwich Museums	Kintsugi
Jenny Walker	Norfolk and Suffolk NHS Foundation Trust	Norfolk and Suffolk NHS Foundation Trust	Kintsugi
Jo Challenor	THEO nurse	Norfolk Community Health and Care NHS Trust	THEO project management group
John Knight	Lay Member		THEO Steering Group
Jon Parry	WDT	Workforce Development Trust /Skills for Health	Six HEI Anchor Institute Evaluation
Jose Pereira	Research Associate Institute of Health and Social Care	London South Bank University	Workforce Intelligence Network (WIN)
Julian Winn	Programme Manager	University Hospitals Southampton	Honorary Lecturer ImpACT/NICHE - Social Impact evaluation
Karen Mitchell		Norfolk Community Health and Care NHS Trust	THEO project management group
Kev Harris	Associate Professor	Hartbury University	Realist Evaluation and Ripple Mapping
Kit King	Midwife	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	QEHKL/NICHE residential programme co-facilitator
Laura Drysdale	Former Director	Restoration Trust	Creative, Arts, Heritage and Health collaborative
Liane Ward	Former NICHE programme manager	UEA	
Lindsay Morgan			
Lorna Sankey	Research Associate	NICHE	Retention Project
Lou Cole	Post Grad Student	UEA	MA Medical Health Humanities NICHE Fellowship
Mandy Owen		Norfolk Community Health and Care NHS Trust	THEO project management group
Margaret Tanner	PPI	Norfolk and Suffolk NHS Foundation Trust	NSFT/NICHE residential programme co-facilitator VITAL programme facilitator

Marie McDermott		NCC	Kintsugi Project lead
Matt Girdlestone	WDT	Workforce Development Trust /Skills for Health	
Meeha Shiju	Research and Evaluation Associate	James Paget University Hospital	NICHE funded (3 x cohorts) Scholarships
Michaela Langley	Lead Social Worker	Norfolk and Suffolk NHS Foundation Trust	NSFT/NICHE residential programme co-facilitator
Natalie Brooks	RCN Eastern Board Chair	RCN	Chair THEO Steering Committee
Nicola Ellis	CEO	Tapping House	NICHE fellow Sponsor
Nicola Plaatijes	Deputy Head of Education Nursing, Midwifery and AHP	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	THRIVE Leadership Development Programme
Nicola Simpson	Lecturer	Norwich University of the Arts	Photovoice project
Paul Johnson	Independent Consultant	Former Norfolk and Suffolk NHS Foundation Trust Education Lead	Former SAG member NHS MH Curriculum Project Sri lanka SOFTNConference 25 International Steering Committee member and Key Note Speaker.
Paul Morris	Former Chief Nurse	James Paget University Hospital	Scholarships and THEO project
Paula Pearce	Former NICHE administrator	UEA	NICHE Admin, Newsletters and NICHE website set up
Kim Manley	Emeritus Professor Expert Reviewer, Multi-Professional Consultant Practice NHS England	UEA/ NHS England	THEO Steering Group member Critical Companionship Resource
Suzanne Linquist	Professor of Interprofessional Practice	MED/UEA	Interprofessional Student Schwartz Rounds
Alison Leary	Chair of Healthcare and Workforce Modelling Senior Consultant WHO	London South Bank University Deputy President Royal College of Nursing	Workforce Intelligence Network (WIN) THEO project management and steering group NICHE independent steering committee (ISC)
SarahJane Jones	Professor of Healthcare Safety and Performance, Associate Dean for Research and Innovation	University of Staffordshire	THEO project lead
Rachel Brice	THEO Nurse	James Paget University Hospital	THEO project management group
Rebecca Webster	Education Lead	Norfolk and Suffolk NHS Foundation Trust	NSFT/NICHE residential programme co-facilitator

Rene Grey	Professional Lead for Physiotherapy and Clinical Lead for Orthopaedics	James Paget University Hospital	NICHE Fellow
Rosalind Hewitt	Culture Club Co-ordinator	Norwich Museums	Kintsugi Project Lead
Ruth Endacott	NIHR NAMP Lead	NIHR	Guest Speaker NICHE fellows, and NSFT Residential
Sarah Bedford	Midwife	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	QEHKL/NICHE residential programme co-facilitator
Sharon Crowle	Head of Professional Education, Training and Development	Norfolk and Waveney ICB	WIN, SAG, THEO
Simon Rose	Senior Lecturer Paramedic Science Admissions Lead (2023 – 2025)	UEA/FMH/HSC	Recruitment Project lead – *This Nurse Can Campaign*
Simon Willmoth	Professor	Norwich University of the Arts	Creative, Arts, Heritage and Health collaborative Centenary of Caring Project
Sophie Crowle	Undergraduate Student		NICHE Summer Intern
Stephen Heard	Lay Member		THEO Steering Group
Teresa Brown	Lay Member		THEO Steering Group
Trevor Saunders BEM		Take a Chance on Me CIC	Kintsugi Project Lead: Take a Chance on me
Vanda Carter	Programme Manager, School of Health, Education, Policing and Sciences	University of Staffordshire	THEO project
Vick Saddler	Lay Member		THEO Steering Group
Walter Lloyd Smith	Business Lead, Board Manager	Norfolk and Suffolk Safeguarding Adults Board	Kintsugi Project Lead
Zoe Challis		Norfolk and Suffolk NHS Foundation Trust	NSFT/NICHE residential programme co-facilitator

13.5 12 Key insights identified by NICHE

📌 Key Insights 1:

There is an urgent need to draw on the strengths of the whole workforce and the full potential of our communities to contribute to social capital, as well as, enabling the system to focus on what matters and how it is evaluated through co-production and leadership (Best et al; 2012; Stromgren et al; 2017).

Key measures of success include consideration of evidence that captures
- **Outputs:** Tangible measures of effective inputs and processes towards outcomes.
- **Outcomes**: The measurable consequences of the inputs, process, and outputs towards the delivery of the aims, such as but not limited to return of economics.
- **Impacts:** as long term sustainable impacts on population health and wellbeing, and /or infrastructure changes to further stimulate a culture of improvement over time.
- **Value:** drawing from the European Commission's (2019) four dimensions of value to include, personal/professional value, technical value, societal value and allocative value. Understanding of value this way also introduced consideration of social impact measures.

📌 Key Insights 2:

Through focusing on preparing a workforce and communities to adapt from analogue to digital, a greater focus and emphasis will be placed on prevention as early health outcomes and interventions from childhood onwards. This shift in focus will have a major knock on impact on how services and staff support rural and coastal populations in addressing and supporting populations in how to sustain healthy living into older age.

📌 Key Insights 3:

The WIN analysis (of Workforce Data) emphasizes the need for targeted efforts to address these disparities and promote greater equality, diversity and inclusion at all levels and sectors of the NHS workforce. This study has several important contributions.

- It explores a wide range of demographic variables, such as gender, age, ethnicity, sexual orientation, disability status, and religious beliefs, providing a comprehensive analysis and a broad view of equality, diversity and inclusion in the NHS.

- Beyond overall distributions, the study offers detailed patterns within specific groups, grades, and historical trends, providing insights into where disparities exist.
- The study compares multiple professions such as doctors, midwives, nurses and paramedics, helping to identify specific issues and solutions for each profession.
- The study's findings have the potential to directly impact NHS inclusivity and diversity policies and practices, highlighting areas for improvement and suggesting initiatives that can influence decision-making and operational practices within the NHS.

📌 Key Insights 4:

The THEO intervention approaches are frequently used within Practice Development projects, based on decades of experience of working with clinical teams to promote a workplace culture that seeks to continuously improve care experience. The premise is to use the workplace as the basis for learning and gathering a variety of evidence from both patients and staff, about existing daily routines and practices. Then improvement activities arise from this to focus on the person, seeking to provide safe, evidence-based practices that contribute to co-creating a workplace culture of effectiveness.

📌 Key Insights 5:

Underpinning all of the programmes funded in Workstream 3 is a focus on developing Embedded Research and/or promoting innovation through Service Improvement Evaluation drawing on the key principles of building workforce outcomes as:

- **Research capacity** across the Norfolk and Waveney ICS and within/ across participating organisations.
- **Research capability** as part of workforce development and transformation underpinned by Embedded Research.
- **Research confidence** of those leading and participating in the Programmes creating a 'ripple effect' enabling growth and ongoing development.

📌 Key Insights 6:

By evaluating *with* people and *through* effective working relationships, NICHE's approach transforms evaluation into a **mechanism of change**. This process actively cultivates the

curiosity, relationships, and shared purpose necessary to sustain improvement well beyond the lifespan of individual projects.

📌 Key Insights 7:

In terms of effective collaborative working, the EPIIC model's successes are identified as:

- Established a clear and shared vision that targets collective aims and objectives plus the required pathways for achieving these.
- Strengthened the growing relationships and trust developed (through mature negotiations) over the past 18 months.
- A flexible and adaptable approach, that will prove invaluable in addressing the rapidly changing landscape in health and education.
- Demonstrates that effective and efficient communications are in place between and across partners, staff and service users.
- Underpinned by supportive institutions [e.g. HEIs, ICBs. ICSs] that recognise the value of the model and the strength that the collaborative approach brings in terms of its ability to influence policy and affect change.

📌 Key Insights 8:

Wellbeing is crucial for long-term benefits to population health, and without a highly skilled and effective workforce we cannot meet the needs of our communities through providing effective health and care.

📌 Key Insights 9:

When discussing how to measure value, examples of economic evaluations were suggested using various approaches – a recommendation was to calculate costs and benefits in monetary terms alongside a narrative of costs and benefits, which can be useful when trying to influence a variety of stakeholders in relation to evaluation.

📌 Key Insights 10:

- Projects with limited financial return (e.g. maternity and end-of-life care) can deliver significant social equity and long-term service benefits
- Modest investment in local / embedded practitioners can unlock wide-reaching impact through innovation, collaboration, and visibility

- Capturing social value is methodologically challenging but essential for resourcing care in underserved areas
- Our assessment identifies the lack of effective workforce measures (performing tensions), clear financial means as well as measures which could lead to workforce investments for system success. This confirms the need for designing and implementing joined up performance measures where knowledge and social capital are acknowledged and reflected at system level.
- The societal value of the services delivered by ICSs should be acknowledged and reflected in these measures.

📌 Key Insights 11:

At personal/professional value levels, being able to navigate complex open systems and work in collaboration is often something the workforce and communities are educated against, in a world of competition and fear-based territorialism. Yet our health anchor work has shown time and again the need to create psychologically inclusive and safe spaces for people, when working together as stakeholders, to explore shared values, and co-create pathways of improvement.

Workforce related outcomes have impacted morale, recruitment and retention from those who previously felt unheard and undervalued, reigniting a passion and interest in their roles, and importantly feeling better connected to a community who cared, with fierce compassion (Neff, 2021).

At organisational level, cultural improvements and workforce value are identified as central to achieving sustainable transformation (Manley et al 2023). We would argue value is placed on the workforce as culture influencers, but also as knowledge brokers. The workforce is not only a central asset, but a major indicator for achieving health advancements and sustainable wellbeing, alongside economic growth (Gouliaveras et al, 2025).

At a social level, impact and ongoing ripples of influence can be identified when working in codesign and coproduction.

At system level, the use of sustainable development goals (SDGs) are being identified as useful (if not essential) to identifying strategies that will enable integration, across

policies, organizational models and achieving resilient communities, through transferring best practice across complex system structures (Ugwu et al, 2025).

📌 Key Insights 12:

Healthy Workforce (The Foundation)

This refers to the physical and mental well-being of the people delivering care or doing the work associated with health and social care service delivery.

- **Key Elements:** Prevention of burnout, physical safety, psychological safety, fair compensation, and adequate staffing levels.
- **Why it starts here**: A depleted, burnt-out, or sick workforce results in higher error rates, lower empathy, and high turnover. You cannot build a resilient system on the backs of an exhausted workforce.

Healthy Systems (The Process)

This refers to the organizational structures, processes and culture that supports safe and effective care options for populations.

- **Key Elements:** Efficient workflows, adequate resources, interoperable technology, supportive/system leadership, and a culture of continuous improvement (e.g., workforce is valued, actions are achieved through shared organization principles).
- **The Role:** A "Healthy System" removes friction, siloes and barriers to engagement/access. It ensures that the Healthy Workforce has the tools they need to apply their skills/expertise effectively without administrative waste or systemic barriers achieved within workplace cultures of effectiveness and coproduction.

Healthy Population (The Outcome)

This is the ultimate outcome—improved clinical results and overall public health is sustained with context and culturally sensitive measures of 'what matters to people'.

- **Key Elements:** Community engagement, a reduced 'disease' burden, higher independence alongside life expectancy, preventative care access, and health equity.
- **The Result**: A healthy population requires less reactive, acute care, which in turn reduces the strain on the workforce and the system (closing the loop)

13.6: NICHE Stakeholder Map

NICHE Stakeholder Map

ICB/ East of England	ICS/ East of England	HEI Anchor Institutes East of England	HEALTH/NHS	SOCIAL CARE	COLLABORATING /CIVIC PARTNERS	INTERNATIONAL (MOUs)
NHS Norfolk and Waveney Integrated Care Board	Improving lives together Norfolk and Waveney Integrated Care System	UEA University of East Anglia	NHS Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk County Council	Norfolk Museums	
NHS Hertfordshire and West Essex Integrated Care Board	HWE ICS Hertfordshire and West Essex Integrated Care System	University of Hertfordshire UH	NHS 75 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	NorCA Norfolk Care Association	The Restoration Trust	
NHS Suffolk and North East Essex Integrated Care Board (ICB)	OUR INTEGRATED CARE STRATEGY Summary	University of Suffolk	NHS James Paget University Hospitals NHS Foundation Trust	health watch	Foundation of Nursing Studies Inspire Enable Improve	Federation UNIVERSITY·AUSTRALIA
NHS Cambridgeshire & Peterborough	Cambridgeshire & Peterborough Integrated Care System	a.r.u. Anglia Ruskin University	NHS Norfolk Community Health and Care NHS Trust	VOLUNTARY NORFOLK	N NORWICH UNIVERSITY OF THE ARTS	iPDc
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Bedfordshire, Luton and Milton Keynes Health and Care Partnership	University of Bedfordshire	NHS Norfolk and Suffolk NHS Foundation Trust	Norfolk Safeguarding Adults Board	London South Bank University	UNIVERSITY OF SHARJAH 1997-2022
NHS Mid and South Essex Integrated Care Board	Mid and South Essex Integrated Care System	University of Essex	east coast community healthcare	THE NORFOLK HOSPICE TAPPING HOUSE	STAFFORDSHIRE UNIVERSITY	F.I.N.Ass. Codice Fiscale : 91399450377
NHS England East of England		EPIIC	NHS Cambridgeshire and Peterborough NHS Foundation Trust	Broads Authority	The Workforce Development Trust	University of Technology, Jamaica