

**ODPH****Health Determinants Research Collaborative Briefing****1. EXECUTIVE SUMMARY**

Plymouth City Council, with its partner University of Plymouth, received a grant from the National Institute of Health Research (NIHR) to provide research capacity and capability into the ways in which interventions on the wider determinants of health can support reductions in health inequalities.

The total grant award is for £4,744,469 over the course of 5 years. This funding is ringfenced to that detailed within the grant bid documentation and is essentially a capacity building grant for councils to enable them to become 'research rich' environments.

Plymouth HDRC has been assessed by NIHR as performing well and we have extensive relationships across the council and wider city. We have been very successful in engaging staff and departments and have dozens of short, medium and long-term projects in process. In addition, we have hosted a number of study visits from other councils, devolved governments, NHS organisations and fellow HDRC's. We have presented Plymouth work at several international conferences, we have a number of papers in or close to publication and we have submitted a number of bids for further funding in key areas of health determinants, principle around food systems and housing systems.

The Council has just been notified that the NIHR are planning to extend the life of the collaboration with a closed commissioning process, which will start in October this year (to extend to 2032). This is excellent news as it recognises that changing culture and capacity needs a long-term investment but also that councils need to benefit in the same way the NHS and other organisations have in terms of external funding to participate and lead in research.

**2. BACKGROUND**

The health of the public is fundamentally influenced by the wider determinants, or drivers, of health. The work of local government profoundly impacts on these drivers, but there is little useful evidence around what can impact on these drivers and how best to influence them. The National Institute for Health Research (NIHR) have recognised that it is vital that local government is better supported to become more research-active and further build this evidence base.

This is a challenging field of research, because it must take account of the complexities of people's lives and there is far less scope in this field for the traditional research models that the NIHR would sponsor, randomised controlled trials for medicines, for example.

**OUR AIMS**

Our bid had two components

- Develop the culture and skills to ensure a learning approach informs decision making (to impact positively on the wider determinants of health)
- Produce knowledge for use locally and of value nationally, especially for similar coastal communities

In addition, the Plymouth bid focusses on

- Innovation – really understanding whether some of the interventions and approaches that we are interested in work, why they work, and whether they would work with other groups of people and in other settings. A key piece of local innovation is development of what has become the Human Learning System (HLS) approach to public service and HDRC is both evaluating and spreading this innovation

- Evidence – how we are developing and using the evidence base to inform decisions, and to influence the decisions of others
- Intelligence - are we asking the right questions and using all our data sources to provide joined up intelligence to support Council processes and to provide evidence.

### 3. METHODS

Traditional research in councils is often extractive and driven by academics, essentially, they want access to our data/people to progress a piece of theory they are interested in testing. We have a different approach in that ALL our research questions must be generated by council staff doing the work – a ‘bottom up’ approach to ensure any research we do is directly relevant, applicable and useful. To do this, we are using an innovative embedded researcher approach (which is also being evaluated). There are 3 stages to this approach.

- **Make “friends”** – our researchers are embedded in teams across the council and VCSE to build relationships of empathy and trust and understand the work and its challenges.
- **Be useful** – regardless of whether a topic will become a formal research project we can spend often short amounts of time helping staff solve real life problems through the application of research techniques eg helping somebody understand and interrogate a dataset or design a consultation or brokering a literature review on a topic with a UoP academic. This is a gentle way of introducing staff to research techniques. Additionally, we provide a large number of free courses on a range of topics – eg research skills, evaluation techniques, complexity theory, appreciative enquiry.
- **Formal Research** – progressing research ideas generated by staff to full formal studies. These ideas are tested against the priorities identified by service directors to ensure they are consistent with corporate needs. The formal research is conducted by the member of staff that identified the research question (we can pay for their time to do this) alongside the embedded researcher or an appropriate academic in the university. By doing it this way we ensure the staff member gains a higher level of knowledge about research that they can take back to their team, thus increasing capacity and capability.

### EXAMPLES OF PRIORITISED PROJECTS

We have dozens of projects in process across the whole of the council, the wider city and the UK, below are some illustrative examples.

#### Children’s Directorate

High-cost placements and fostering; Transitions, including the Trusted Professional research; Family Hubs; support for managers learning set; Compassionate Approach to Children’s Health and Weight strategy; Early Years play project.

#### Organisational development (HROD/Policy Team/economic development)

Social Care Commissioners Development Programme; HROD development project – new recruitment processes; apprentice development; improved staff survey/consultation; teaching and applying evidenced approaches to staff wellbeing and productivity, including reduced sickness. Working with large Anchor organisations (NHS/Council/Babcock/UoP) to develop a shared approach to Social Value across the city.

#### Housing and cost of Living

Digital Learning Lab – potentially the largest digital monitoring project in the world, working with Plymouth Community Homes to prevent falls, monitor health with wearables and technology enhanced care; Retro Fitting for Climate Change and Health – improving insulation and remedial work

on damp/black mould, this is also a joint bid with Gateshead for a significant uplift in funding for the work; Combining LIFT, PARITY, housing stock and health data

## WIDER WORK

We have several projects where we are collaborating with other coastal HDRC's including Child Doping research and Retro Fitting with Gateshead; Devon ICB work teaching and supporting Human Learning System approaches applicable to a range of NHS prevention projects; Compassionate Approach to Children's Health and Weight – many areas are copying this approach and we help them set up to do this; No Strings Vape approach – this has been translated into national policy; NHS Improvement Scotland and NHS Cymru spreading and supporting HLS approaches to governance and delivery. Teaching Appreciative Inquiry – we have taught around 2000 people in Plymouth and across the UK since 2022.

## HUMAN LEARNING SYSTEMS

The evidence collected around the world over the last 30 years strongly indicates that many of the issues affecting councils and health organisations are caused by the current operating model for public service. In academic literature this operating model is known as New Public Management (NPM) and its key principles are competition through markets or quasi markets, quantitative proxy targets as means of measuring effective use of public monies and regimes of performance management based on those targets.

The published evidence strongly suggests that this model drives gaming of targets, competitive relationships, silo'd approaches and creates 'failure demand' which we see in unplanned care like B&B accommodation and the Emergency Department. The primary reason for this failure is that NPM assumes the world of health and social care is linear, predictable and controllable, what academics would call a closed system. In fact, health and social care is a complex adaptive or open system. Such systems are non-linear, cannot be controlled and constantly change/adapt in real time. Such systems require a radically different approach, which is rooted in complexity theory.

- The capacity to respond to **variety** – each person's strengths and needs are different
- The ability to **adapt to change** – the context in which social interventions are undertaken constantly changes
- The ability to **shape systems** whose behaviour can't be reliably predicted, and which no one controls.

Plymouth has been at the forefront of developing the HLS approach, the Plymouth Alliance, Thrive Plymouth and the Compassionate Approach to Children's Health and Weight are two large scale examples but we have many smaller projects that are complexity informed.

**Human** – respond to the **variety** of human needs and experiences; use **empathy** to understand the lives of others; view people from a **strength** perspective and **trust** people with decision making

**Learning** – in a complex environment learning must be a continuous process because the system is constantly changing, what is 'good' today will not be 'good' tomorrow. Commissioners need to buy the capacity to continuously learn and adapt

**Systems** – health and social care are whole systems, rather than individual service silos of care. We need to think in systems, uncover the interconnected relationships between services and navigate complexity by building relationships of empathy and trust between them and steward or curate those relationships to build a 'healthy' system.

Our experience of doing this in Plymouth and from other areas that have a similar approach is that we tend to replace competition and duplication with synergy and cooperation, failure demand tends to reduce and staff productivity tends to increase. Plymouth HDRC has been approached by the LGA

and representatives of the UK and devolved governments to participate in a national meeting on the 4<sup>th</sup> of October to consider how best to spread, develop and evaluate HLS if it was rolled out in specific areas across the country.

## **CHALLENGES**

We are experiencing similar challenges to other HDRC's in terms of the development of suitable processes for undertaking the kinds of research that we are interested in. Typically, academic research follows different timescales and requires rigorous processes around ethics and around the ownership of research data. These processes and systems do not fit well with what the Council needs to understand on behalf of it's citizens. We (along with other HDRCs across the country) are working together to develop a suitable model which applies the necessary controls whilst being rapid and adaptive to suit the needs of the Council.

A further challenge (but also an opportunity) is the legacy of austerity with many departments doing more work with fewer staff. This means it is difficult for people to be released to do the research/evaluation; even though we believe that the outcome of the research will lead to greater efficiency by reducing duplication and identifying work practices that can be safely altered. We are working with HROD to develop innovative ways to do this e.g. new apprentice roles, back filling posts, new role descriptions.