

**ODPH****Health Determinants Research Collaborative Update Report****I. 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 Health Determinants Research Collaborative (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 HDRCs.

Over the past year, since our last update to the Board, we have published peer reviewed papers, been co-applicants on several successful bids and presented on work in Plymouth at a number of conferences. In addition, we have continued to work with the UK Cabinet Office on Test Learn Grow, Community Help Partnerships and Social Value and with the Local Government Association on Place Based Budgets and on Adult Safeguarding (the detail of these projects can be found below).

Nationally, the funding of HDRCs by the NIHR, to support councils to be involved in research has been acknowledged as a success. The ability of funders to support wider health inequalities research by exploring many of the contextual issues (housing, debt, community cohesion, education etc) would not have been so successful without the engagement of councils and their staff. The HDRC model is perceived to be an important vehicle for advancing and widening the body of public health knowledge, especially in understanding how to truly target resources and interventions which can have the most impact on improving health and wellbeing and reducing inequality.

Thirty HDRCs are now funded for councils and recognised as infrastructure capability in the same way the NIHR supports the NHS. This recognition is important as it acknowledges that research has a cost which should be supported by research funders, rather than expecting it to be wholly funded by Councils, who, with this financial support can facilitate the increase in knowledge which can be of local and national benefit.

The Council has been notified that the NIHR are planning to extend the life of the collaboration to extend to 2028, and possibly longer. 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.

It is also of note that Plymouth HDRC has been selected by NIHR as an 'Impact Case Study' that will highlight our work across all our objectives.

## **2. BACKGROUND**

The health of the public is fundamentally influenced by the wider determinants of health. The work of local government profoundly impacts on these drivers, and 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.

### **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.

## **2. 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 e.g. 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 many (free to Plymouth) courses on a range of topics – e.g. research skills, evaluation techniques, complexity theory, and 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.

Nationally the HDRCs were set up with some common core objectives but allowed to develop locally. The message that we are being understood as an infrastructure support mechanism for councils has become much stronger as HDRCs have reported back to the NIHR. Each HDRC has highlighted that in the first few years the amount of work necessary to enable the council to be an organisation which can own and lead research has been quite extensive. We are all now closer to being able to understand the core subject matter expertise required but also reaching out to other infrastructure organisations such as the RDN and PENARC as well as neighbouring HDRCs (Cornwall and Somerset) to understand how we can avoid duplication of skills, find some synergy and mutually support each other.

### **Locally Determined Priority Areas**

We have been engaging with strategic and service directors to identify priorities, and these are set out below;

- **Citizen priority group** – children and young people

- **Council cultural drivers** – using information more effectively to target reductions in key inequalities and organisational culture and development. Developing staff to engage with research and evidence in their specialist areas.
- **Personal impact of inequalities** – food security, housing, debt, employment opportunities (trauma informed recruitment).
- **Community wide inequalities** – asylum seeker and refugee services, unpaid carers, violence against women and girls, strong and stable voluntary, and community sector.

## Highlighted Examples

### Council priorities

We have been mindful that where research opportunities are considered, the topics are driven by council staff and teams so that as well as underpinning our drive to reduce inequalities we can also consider how we support the efficiency and wellbeing of staff (akin to the approach to the roll out of AI), as well as the relationships with our citizens and also the critical council objectives. Some projects have been associated with using evidence to influence how funding is spent (retrofitting priorities), using information to target greatest need (use of One Devon data set), or financial pressures such as research which explored how we can reduce placement breakdown for children or inform how placements can be better made. We have also supported several projects which enable staff to deliver support and services within complex environments, which can be shown to be more cost effective and more bespoke (trusted professionals models/Creative Solutions Forum).

### Developing Staff

We are informally supporting numerous staff in the council and VCSE to develop evidence informed and research focused projects, but we also have several planned and funded development opportunities for staff. We have fully funded a Children's Directorate (Education) worker to undertake a PhD researching high-cost placements for Looked After Children with an aim to reduce them. We have fully funded and supported two commissioning team staff on to the First Steps in Research programme to develop evidenced based commissioning skills and fully funded an Occupational Therapist based in The Zone Early Psychosis service to undertake an MSc in Substance Misuse. We also have Peter Kerslake on secondment from HROD who is leading a plan to train 300 council middle managers in research skills and evidence-based practice as part of the corporate staff development plan.

### Meaningful Engagement with Communities

Health inequality is socially patterned i.e. it is concentrated in our most deprived areas. To address these persistent inequities, we must engage both with those communities and with the council and VCSE organisations that directly serve them. We aim to build resilience, grow local responses to local problems and support citizens to become active in their areas. Our role is to support the community

to do its own research, and work with them to understand how the information they gather can be used to influence policy, commissioning and service changes. We act as a learning partner for the local network of community-based researchers, known as the Learning by Listening network, and we support the broader training needs of community-based colleagues, for example, through a process of co-production we have developed two sets of training for communities and we undertook two projects where we fed back findings from Appreciative Enquiries directly back to those communities as part of the new engagement strategy facilitating meaningful knowledge exchange between the council and communities.

### **HDRC Grants and Publications**

As an NIHR funded project we are expected to publish research findings in peer reviewed journals and to disseminate our work in accessible formats (plain English Summaries, professional magazines etc). We have done this successfully and ensured in doing this we that we have also connected with other councils, and the LGA and are working with the national bodies to influence the development of national offers for council led processes for research, e.g. costing for grants, development of council lead research contracts, and ethical processes. In addition, we have been making bids to various funding bodies to bring more research and development funds into Plymouth. We have submitted 39 bids for funding, 14 successful, 9 awaiting outcome and 16 unsuccessful grant submissions. For example, Rebecca Carter (researcher in residence) successfully bid for funding to develop a project aimed at getting people with health and other difficulties into work. We hope this will lead to a more substantial bid later in 2026. In terms of publication and dissemination we have over 30 publications or public disseminations of findings, ten conference attendances directly including HDRC work and a further eight aligned publications (not directly HDRC) via lead academic researchers.

### **National Work**

Several HDRC staff are engaging with national projects and forums, such as the national embedded researchers forum and the National Expert Safeguarding Group to share learning from a diverse range of Plymouth projects. Some examples are below

- **Test Learn Grow** – national Cabinet Office scheme. Our project based in Whitleigh, involving the VCSE, Primary Care and community in work to reduce high intensity NHS users, led by Ruth Harrell.
- **Community Help Partnerships** – HDRC are acting as a learning partner on the development of this Cabinet Office scheme to improve secondary prevention approaches for people with complex needs.
- **Cabinet Office Social Value** – we have presented on the Plymouth approach to the lead officer for this nationally.

- We are also working with NHS Improvement Scotland and NHS Cymru as a learning partner on Human Learning Systems.
- The Child Health and Weight strategy was presented by Dave Schwartz to the NHS Confederation and is generating significant national interest.
- The LGA National Expert Safeguarding Group have asked us to present the Creative Solutions Forum evaluation at the National Safeguarding Chairs group.

**Next Steps**

Working with the NIHR to understand the next steps for extension of the HDRC and any future re-procurement.

Through evaluation, we are refining the way we work and prioritise research areas; this will help us to ensure that the energy is aligned with organisational needs in a more structured way.

Developing our ways of working within Council – we are trialling a more formal relationship with the Children’s Directorate which involves a Research Champion in the Directorate working with a named Researcher, to help us to develop and prioritise work areas.