Sandwell Health Determinants Research Collaboration: Better Research for Better Health

Detailed Business Plan

1. BACKGROUND AND RATIONALE

HDRC VISION

The Sandwell HDRC will be based on the theme of Poverty and Cost of Living, aligning with Sandwell Metropolitan Borough Council (SMBC)'s Levelling Up Programme (LUP) to address the wider determinants of health and tackle systemic disadvantage in the Borough. The HDRC and LUP would align and strengthen our approach to systematically implementing evidence-informed practice to addressing inequalities and evaluating our interventions and strategies.

SMBC has recently been awarded a total of £136.5m to start the levelling up process in Sandwell through the Towns Fund Programme, Levelling Up Fund, UK Shared Prosperity Fund, Regeneration Fund and Levelling Up Partnership. The investment will provide more affordable homes, improved skills infrastructure, better leisure facilities, an improved public realm, active travel infrastructure, social value and local spend, and local employment opportunities. The LUP gives us a defined context and focus for intervention on the wider determinants of health that would be the ideal setting for a HDRC. We have demonstrated strategic and political will to work together Council-wide and with key partners to take collective action on important issues such as Cost of Living, Warm Spaces, and previously on COVID-19. The HDRC and LUP will involve all SMBC departments including Borough Economy; Regeneration and Growth; Housing; and Children & Education.

1.1 Local context

Sandwell is located in the heart of the West Midlands, comprising six towns: Oldbury, Rowley Regis, Smethwick, Tipton, West Bromwich and Wednesbury. It is part of the Black Country with Dudley, Walsall and Wolverhampton. The four Black Country local authorities are part of the West Midlands Combined Authority (WMCA), which also includes Birmingham, Coventry and Solihull. Sandwell has a unique position within the region of being 'landlocked' by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall.

According to the latest estimates from the Office of National Statistics, Sandwell has a population of 341,835. The population has increased by 11% over the last decade; this is higher than the overall increase for England (6.6%) and reflects more rapid growth among children and working age adults, meaning our population is ageing less quickly than in other parts of the country. Sandwell represents a superdiverse population, with 42.2% of our residents from minority ethnic backgrounds. Almost a third of residents (30.3%) do not speak English well or at all.[1] SMBC ranks as the 12th most deprived local authority in England[2] and life expectancy is 2-3 years shorter than the England average, increasing to almost 8 years in the most deprived wards.[3] A high proportion of Sandwell residents work in healthcare, manufacturing or retail. Sandwell has the poorest air quality outside London and has been hit hard by the COVID-19 pandemic, austerity and climate change. Despite these challenges the Borough also has key strengths and community assets in its vibrant, diverse communities, proud industrial heritage, and parks and green spaces. Strong community assets are maximised through the *Stronger Sandwell* approach: doing work with people not to them, running projects with and for local people, and making sure no one is left behind.

Sandwell's six towns each have their own distinct culture, identity and demographics, which would facilitate nuanced research approaches to addressing the wider determinants of health. Shared identities and challenges across the four Black Country boroughs ensure broad generalisability of local research. As part of the LUP, interventions can form longitudinal studies providing valuable insights into the causal relationships between deprivation and various outcomes, such as mental and physical health, education, employment, and social mobility. We are a key population to consider the ethics of social justice, fairness, and addressing health and social inequalities.

1.2 Existing needs and infrastructure

An independent NIHR-funded research needs analysis in 2021 found that whilst there was a strong culture of evidence-based decision making in SMBC's Public Health directorate, this was weaker across the wider Council. Barriers to undertaking and participating in research were found to mirror the wider literature: difficulty obtaining resources for research activity; lack of time to apply for funding and deliver research[4]; difficulty accessing the right data; lack of information governance; and difficulty identifying and engaging with appropriate external research partners[5,6]. Identified training needs included using research evidence, writing research proposals, and advanced analytical techniques. Finances, budget and workforce constraints were particularly highlighted as having an impact on ability to search for, retrieve and apply research evidence, and the potential to engage in research, which was not always seen as a priority for the Council. In line with previous local authority research[7,8] high value was placed on local evaluation evidence.

SMBC has a strategic Better Use of Intelligence Group made up of intelligence leads from across the Council which promotes collaboration and information sharing across departments. The group has supported the development of SMBC's Corporate Performance Management Framework, which brings together outcome indicators against the delivery of the Council's Corporate Plan and Vision 2030[9]. This sets out 10 ambitions for Sandwell to be a thriving, optimistic and resilient community, with objectives and actions across the wider determinants of health including access to high quality education and rewarding employment; affordable and accessible housing and transport; and opportunities to participate in community life. An annual Residents and Wellbeing survey was introduced in 2022 to enable residents to feed back on their experiences of living in Sandwell and the services provided by the Council.

The Research & Intelligence Team provides some research governance support, although capacity and experience within the team is limited. A Senior Research & Development Officer (Dr Jane Hemuka) was appointed in October 2022 through the PHIRST Embedded Researcher programme to support research activity across SMBC. SMBC Public Health commissions a local library service to provide literature searches and reviews to support evidence-informed practice. Training, networking and data support is available via the Local Knowledge & Intelligence Service (LKIS), Midlands Decision Support Network and WM Analyst Network. Work is ongoing to improve data linkage across SMBC to support service delivery and evaluation.

A corporate Business Intelligence Strategy is in development to improve how we use information and intelligence across SMBC to support service delivery and commissioning. While the strategy focuses primarily on monitoring and outcome reporting, improving data science and information sharing infrastructure will also facilitate HDRC objectives. Ongoing culture work across the Council following recommendations of the recent Grant Thornton review, and an established Leadership Team keen to bring innovative ways of working to Sandwell, make this an ideal environment to promote culture change.

1.3 Collaborations and partnerships

SMBC and the University of Birmingham (UoB) have established close links through collaboration on public health research focused on air pollution, sport and exercise services, early years health improvement, adversity in childhood, transport, housing and climate change. A formal partnership was established in 2022 to advance collaboration on shared research priorities, including a joint evaluation of SMBC's Warm Spaces programme. Several SMBC staff, including three co-applicants, hold honorary contracts with UoB and are supporting development of a BSc in Public Health at UoB. We regularly fund members of the team to complete the Masters in Public Health (MPH) at UoB for their own career development and to add academic rigour to programmes and projects. There are currently six staff members undertaking the MPH part-time, with another two starting in September 2023. The University of Wolverhampton (UoW) are also completing an evaluation of the Sandwell Language Network (SLN) programme which delivers informal community-based English classes to support people to participate in their local communities and navigate healthcare provision.

SMBC has experience of collaboration with NIHR-funded research. Our Senior Research & Development Officer (Hemuka) works with the NIHR PHIRST Fusion team to evaluate COVID-19 vaccination uptake interventions across three West Midlands authorities, and supports wider research activity within Public Health. We are participating in the Public Health Research Innovation & Engagement (PRIDE) project led by Midlands Partnership NHS Foundation Trust and Keele University. The co-lead applicant (Martino) sits on the project advisory group for the PHIRST evaluation of Lambeth's Prevention & Promotion for Better Mental Health programme and the expert reference group for an NIHR-funded project to deliver e-learning on public mental health for clinicians.

SMBC has a well-established partnership with the voluntary and community sector (VCS), working closely with Sandwell Council for Voluntary Organisations (SCVO) and Sandwell Consortium, which runs the Public Health grant funded Sandwell Health Inequalities Programme (SHIP). The public Health team has also collaborated on community research with VCS and other key partners. Recent examples include developing and evaluating a wellbeing assessment tool for parent carers with Sandwell Parents of Disabled Children, a voluntary organisation supporting parent carers; and working with Sandwell & West Birmingham Hospitals NHS Trust to develop a tool for midwives to support conversations around mental health and wellbeing with new and expectant mothers from diverse communities. Evaluations of projects led and delivered by the VCS, including the Better Mental Health Programme, SLN and Warm Spaces hubs, have allowed us to identify challenges and barriers to undertaking research in communities. We are working with UoB and VCS partners to develop a Community Research Champions model in Sandwell to help address some of these barriers (see section 7).

We have strong links with regional UKHSA and OHID teams, collaborating on health protection and public mental health. Data-sharing agreements with the local NHS trust, ICS and others have enabled collaborative work during the pandemic and beyond and will support outcome data collection for health determinants research. SMBC Public Health is planning to work with the Health Economics Unit (Midlands and Lancashire Commissioning Support Unit) and the Black Country ICS to assess the allocative efficiency of public health interventions in each town, which will link to the LUP.

1.4 Previous and current proposal

An expression of interest (EOI) to establish a HDRC in Sandwell was submitted in 2021 in partnership with UoB, with a broadly similar structure, aims and workplan. Despite not being successful on that occasion, we have worked together to progress our collaboration and develop the current bid, building on feedback received in the previous round. We also worked with Coventry HDRC, who have provided a letter of support for our HDRC, to understand more about their experience of developing a successful HDRC programme and what they learned from their first year. Our 2023 EOI clarified our aims and vision, and how the HDRC would influence decision making to address the wider determinants of health by making explicit links to the LUP and the uniting theme of poverty and the cost of living. We streamlined our aims, objectives and workstreams so that they were better aligned, and provided more information on how the HDRC would be delivered – including the role of the HDRC Director and surrounding governance structures. We received positive feedback from the Funding Committee on the clear articulation of our vision and plan, and have addressed further feedback points within this Stage 2 bid (see *Changes from first stage*). This includes revisions to the staffing structure to maximise capacity and academic collaboration, and strengthening links to other HDRCs and academic partnerships in the region.

The Levelling Up funding SMBC has been been awarded offers huge potential for reducing health inequalities in the Borough through improving the wider determinants of health. However, we need a robust way of evaluating its implementation and impact so that we can learn along the way and maximise the impact of the funds. We have within SMBC a strong commitment and potential to be more research active and evidence-informed. HDRC funding would provide dedicated capacity to progress this across the whole Council and embed systems to initiate and sustain research activity. The infrastructure already in place, together with identified areas of need, provide a strong foundation and clear direction for this HDRC.

2. HDRC AIMS AND OBJECTIVES

Our vision as a Council is to undertake evidence-informed, robustly evaluated activities that reflect the needs and values of our diverse local communities.

The HDRC's aims are to transform SMBC's research culture and infrastructure so that we:

- Make the best use of empirical evidence to inform decision-making and investment to address the wider determinants of health
- Robustly evaluate the programmes of work we deliver and commission to ensure quality, effectiveness, and cost-effectiveness
- Facilitate research activity in collaboration with partner organisations and local residents
- Effectively disseminate research outputs to influence approaches of other local authorities

These aims will be achieved via the following objectives:

O1 - Strengthen research and development capacity and resources (staff, skills, software, hardware) and infrastructure (governance, data systems) within SMBC based on good research principles and guidelines

O2 - Embed a strong research culture by ensuring that everyone within SMBC has a shared understanding of the importance of research and evidence-informed practice, which routinely feeds into decision making

O3 - Further develop robust systems and partnerships that allow cultural and knowledge exchange across research active organisations, including strengthening SMBC and UoB links

O4 - Create a community-led research culture, where the values and voices of residents and community groups are represented and heard throughout the research process

Objectives will be delivered via the following workstreams *(see Logic Model and Gantt chart)*:

WS1 - CAPACITY & INFRASTRUCTURE

Workforce development – Training needs analysis and upskilling teams in evaluation, research methods and use of evidence

Data science infrastructure – Co-develop linked datasets with frontline departments and key stakeholders, and structures for information sharing, evaluation and decision making

Research governance and ethics - Develop protocols and structures for the conduct of research within the Council, including development of a robust ethical review process in line with ESRC Framework [10]

WS2 - CULTURE AND EVIDENCE-INFORMED PRACTICE

Mapping the current culture – Undertake an early systematic review on local authority use of evidence, and mixed methods evaluation of the current climate of research culture and evidence-informed practice across SMBC

Translating evidence to practice - Expand existing infrastructure to enable and facilitate access to research evidence across Council departments

Needs assessment and evaluation – Embed needs assessment, best practice and evaluation from an early stage across programmes and directorates

Decision-making processes - Improve use of evidence and tools to support spending proposals and decisions to systematically embed action on health inequalities across programmes and services

WS3 - SYSTEMS AND PARTNERSHIPS

Academic partnerships – Co-located appointments, honorary contracts and formal programme of collaboration between SMBC and UoB; joint applications for external research funding; research outputs (e.g. papers, reports, guidelines, policy changes); shared learning through academic

networks and collaborations including HDRCs, academic partnerships and regional Higher Education Institutions (HEIs)

Wider system partnerships - Develop structures and processes with key partner organisations (inc. SCVO, UoB, SWBHT and Black Country ICB), embedding governance for system partnerships and asset-based community development principles

Information sharing and governance - Explore barriers to effective information sharing internally and externally, working with Information Governance leads to develop processes and protocols for information sharing (links to WS1)

WS4 - COMMUNITY PARTICIPATION

Public engagement - Expand SMBC and UoB Patient & Public Involvement & Engagement (PPIE) structures to increase understanding of public health research and ensure meaningful HDRC public engagement, and a community-driven wider determinants research agenda

Research priorities and partnerships - Widen participation and representation in research through PPI structures, partner organisations, Council membership and leadership and all Council departments

Communication and dissemination - Promote HDRC, facilitate stakeholder engagement and develop mechanisms to share learning and outputs, locally and with other Councils, academic partnerships, and other regions and contexts

3. HDRC DELIVERY PLAN

3.1 Local needs

A number of programmes are already starting as part of LUP focusing on regeneration, economic wellbeing and the cost of living. These programmes will be catalogued and formally wrapped in a robust programme to generate evidence of outcomes.

WS1 addresses workforce development needs and training, using training needs analyses to audit skills across directorates and identify areas for learning and development. The PRIDE survey currently being carried out in the Public Health directorate (section 1.3) will be adapted for use across directorates, or for different groups including elected members, and run in-house. We will also consider adding a research component to the appraisal process mapped to the Vitae framework, an approach which has been successful for Coventry HDRC. WS4 addresses how local needs will be prioritised through research and evidence-informed practice, driven by PPI and community involvement and supported through existing mechanisms (e.g. JSNA and consultations). Community representation at every level of the governance structure will ensure community presence throughout the HDRC.

3.2 Leadership

SMBC's Chief Executive is a co-applicant to this bid, and Council Directors and Councillors are committed to the HDRC, LUP and working in a more systematic, evidence-led approach. A detailed understanding of the current research culture through a literature review and early study within the Council as part of WS2 will provide the foundation for developing training plans to support senior leaders to drive change. In partnership with UoB Institute for Local Government Studies, short training courses will be delivered to leaders on evidence-based policy, the benefits of a research-driven culture and evidence-informed approaches to making the best use of public funds and delivering outcomes for local residents.

3.3 Timescales and milestones (see Gantt chart)

The HDRC has a 5-year phased approach:
Year 1: programme establishment and planning, setting baselines, and training
Year 2: full programme commencement
Year 3: dissemination, review and growth, including first publications.

Year 4: review and consolidate learning from Years 1-3
Year 5: sustainability through designing and implementing an ongoing programme of activity

3.3.1 Programme implementation

Implementation will take place throughout Year 1, with development activity scheduled across workstreams. Recruitment of new HDRC staff will take place in the first 6-9 months, alongside establishing working partnerships, governance structures, board/group membership and roles, setting baselines and developing training plans. From Year 2 the focus will be on beginning training, cataloguing programmes of work and planning the first programmes to run through the HDRC framework.

3.3.2 Key milestones and stop/go criteria

Key milestones at 6 and 12 months are in the Gantt chart and evaluation plan (section 6).

At 6 months we would expect to have achieved the following, which will be our stop/go criteria:

- New HDRC posts appointed for programme delivery: Programme Manager and Programme Support Officer
- HDRC Board and Steering Group established and has met
- Contracts/MOUs with key partners in place (UoB, SCVO, Sandwell Consortium)
- Patient and Public Involvement and Engagement (PPIE) plan developed

Reaching these milestones would give reasonable assurance at this point of the feasibility of the proposed programme going forward. By 12 months:

- New HDRC posts appointed for workstream delivery: 4 x Project Managers and 4 x Project Support Officers
- Processes & protocols for joint working with partner organisations in place
- Information sharing agreements in place
- Communication and dissemination plan developed
- Training needs analysis for all SMBC directorates completed
- Training plan developed
- Race equality self-assessment completed and initial action plan developed
- Current research culture and climate captured outlining how evidence based practice is developed and integrated into decision making
- Catalogue of LUP, Council and community programmes with timelines
- Evaluation plan/protocol with detailed PPIE input

Progress against milestones would be reviewed regularly by the HDRC leadership team so that advice could be sought from NIHR at a timely stage to mitigate risk of delays.

4. APPROACH TO DEVELOPING HDRC

4.1 HDRC structure and resources (*see Organogram*)

The HDRC will be a collaboration with UoB and the VCS, working with local and regional partners, and a pan-Council unit working across departments. A HDRC Board will provide strategic oversight, reporting to SMBC's Health & Wellbeing Board, Full Council and Cabinet via SMBC Leadership Team to provide updates, seek endorsement of key decisions and secure high-level strategic engagement.

A total of 12 full-time staff will be recruited to support delivery of the HDRC from the programme funding. Some will be filled by staff across SMBC and UoB partners so that the HDRC is embedded within both organisations. Some of these costs will be backfilled, however we have also included some matched or in-kind costs by integrating HDRC work into business as usual by existing roles. Costs and full justification are set out in detail in the *Detailed Budget* section of the main bid document.

Strategic leads from SMBC and UoB are existing staff members who have jointly developed the HDRC delivery plan and will lead on the development of the HDRC from the programme start.

Programme and project management staff will be in post from approximately 9 months into Year 1 until Q1 of Year 5 (3.5 years). Embedded researchers and the PhD post will be in place from approximately 6 months into Year 2 until the end of Year 5 to support academic capacity development (see section 4.4). This model will concentrate workstream capacity into Years 2, 3 and 4, where the majority of the infrastructure and culture building will take place, with Year 5 focusing on the programme exit strategy and sustainability.

Although the HDRC will work across SMBC departments, the unit will be based within Public Health, aligning with the Research & Intelligence team. A hub and spoke model will facilitate engagement across the Council and with partners. The Public Health team has established links across the Council to drive forward initiatives to improve the wider determinants of health, and already has a positive culture of using evidence and evaluation to inform decision making. The Research & Intelligence team, while based within Public Health, also fulfils organisational intelligence requirements, including developing the JSNA and supporting the Corporate Performance Management Framework.

4.2 HDRC leadership, management and governance (*see Organogram*)

The work time equivalent (WTE) for each staff member indicates the proportion of working time that will be dedicated to the HDRC, based on a 37.5 hour working week.

4.2.1 Programme leadership

The **HDRC Director** (15% WTE) will be Liann Brookes-Smith, Director Public Health (DPH). She will work closely with the **SMBC Strategic Lead,** Dr Lina Martino (Consultant in Public Health, 50% WTE) and report to Shokat Lal, the **Chief Executive of SMBC** (5% WTE) to provide strategic oversight of the HDRC and accountability for delivery. The **Strategic Lead for People**, Dr Anna Blennerhassett (Consultant in Public Health, 15% WTE) will oversee WS3 and WS4 to provide expert advice and strategic direction in these areas. The **Strategic Lead for Place** (Consultant in Public Health TBA, 15% WTE) will oversee WS1 and WS2. SMBC will backfill consultant WTE to ring-fence HDRC duties and prioritise delivery. SMBC leads will work with Mark Davis (**Chief Executive of SCVO**, 5% WTE) and Louise Kilbride (**Chief Executive of Sandwell Consortium**, 5% WTE) to embed PPIE at all levels of the HDRC.

An **Assistant Director for Levelling Up (Assistant Director level)** is being recruited by SMBC to support implementation of the various work programmes within LUP. They would support the HDRC at 50% WTE, with a specific focus on strategic alignment to the LUP. They will report to the **Director of Regeneration & Growth**, Tony McGovern (10% WTE), who will work with the HDRC Director/DPH to engage senior leaders and managers across SMBC and align to regional priorities for regeneration and inclusive growth.

The **UoB Academic Leadership Team** are Dr Miranda Pallan (Professor of Child and Adolescent Public Health, 10% WTE), Dr Dmitri Nepogodiev (NIHR ACL in Public Health, 10% WTE), Dr Joht Singh Chandan (Clinical Associate Professor of Public Health, 10% WTE) and Dr Jason Lowther (Director, Institute for Local Government studies, 5% WTE). This team will be principal links between the University and SMBC along with the embedded researchers (4.2.3). Throughout the 5 year HDRC programme, they will coordinate training activities across the Council (Chandan), oversee a Collaborative Methodology Hub to provide methodological expertise to HDRC and wider Council staff, as required (Nepogodiev), provide ongoing supervision to the SMBC-employed embedded researchers (Pallan), and work with the Council to transform the research culture (Lowther).

4.2.2 Programme management and delivery

A senior **Programme Manager** and **Programme Co-ordinator** will manage HDRC delivery. The Programme Manager will work with the HDRC Strategic Leads to develop a detailed delivery plan, monitor progress, and maintain the risk register across all four workstreams. The Programme Support Officer will co-ordinate administrative functions of the HDRC, including governance processes.

Workstreams will have designated **Senior SMBC Leads** (each 20% WTE):
WS1 – Jason Copp, Principal Research & Intelligence Specialist
WS2 – Ali Al-Osaimi, Prevention & Behaviour Change Programme Manager

WS3 – Kathryn Hickman, Vulnerable Groups Programme Manager
WS4 – Chitra Roberts, Behavioural Insights and Marketing manager

As established SMBC staff and members of the Public Health team, Senior SMBC Leads will facilitate the embedding of the HDRC into the Council structure and links to existing priorities and workstreams, reporting to the Consultant Lead for their workstream. They will work with SMBC and UoB Strategic Leads, including the Programme Manager for Levelling Up and the Strategic Leads for People and Place, to ensure co-ordination across the four workstreams and delivery of HDRC aims and objectives. Matrix working arrangements across teams, as a hub and spoke with other departments and partners, will support integration with existing programmes and a robust foundation for the HDRC.

Each workstream will have two full-time operational staff. The workstream **Project Manager** will be responsible for co-ordinating activity to take forward workstream actions, reporting to the Programme Manager. They will be supported by the workstream **Project Officer**.

4.2.3 Academic capacity and liaison

Two full-time embedded researchers (**Senior Research Fellows**) will be recruited and co-located across UoB and SMBC, holding substantive contracts with SMBC and honorary contracts with UoB. They will receive regular supervision from the UoB academic team (Pallan/Chandan), with access to early career researcher networks, taught materials and support within UoB. They will work across all four workstreams, and with Strategic Leads and Programme Managers, to develop and co-ordinate internal research activity and external funding applications, and support dissemination of HDRC outputs including publications.

A funded PhD studentship recruited to in Year 1/2 will support evaluation of the HDRC and LUP. Supervision will be jointly provided by UoB and SMBC. In addition, there is commitment from the UoB team to support self-funded PhD students who wish to be aligned to HDRC.

Our **Senior Research & Development Officer** (Hemuka) is in post until October 2025. From October 2023, when her PHIRST contract ends, she will be working full-time, building on our existing collaboration with UoB, and supporting the two new embedded researchers along with the UoB academic team, when in post. Her work programme has been designed to feed into the HDRC, focusing primarily on community engagement in research.

Additional research capacity would come from training placements within the HDRC, the Public Health team, including Specialty Registrars (StRs), Foundation Year 2 doctors on rotation, wider Council or partners. As part of SMBC's ongoing collaboration with UoB, we are aiming to establish a more systematic approach to offering SMBC-based undergraduate and masters dissertation projects which would provide continuous and mutually beneficial opportunities to conduct health determinants research in Sandwell.

4.2.4 HDRC governance

HDRC governance will be provided by:

- **HDRC Board:** Strategic direction of workstreams, resources and future direction of HDRC. Key partners and stakeholders will be represented, with at least two public representatives. Membership will include HDRC Director (Brookes-Smith), SMBC Chief Exec (Lal), HDRC Strategic Lead (Martino), UoB Leadership Team (Pallan, Nepogodiev, Chandan, Lowther), Director of Regeneration & Growth (McGovern), SCVO Chief Executive (Davis), Sandwell Consortium Chief Executive (Kilbride), OHID Deputy Director (Dr Lola Abudu), UKHSA, Health Education England (HEE) WM Training Programme Director (Dr I Ghani), Coventry HDRC Director (S Frossell). Quarterly. Co-chairs: L Brookes-Smith, S Lal
- **HDRC Steering Group:** Operational group to oversee and monitor programme implementation, maintain risk register and report to HDRC Board. Membership will include representation from core partners (UoB and VCS) and leads and partner representatives from related workstreams across the Council and UoB. Bi-monthly. Chair: SMBC Strategic Lead (CPH), supported by Programme Manager. Chair: L Martino

- **Workstream Working Groups:** Implement and progress workstream activities, reporting to HDRC Steering Group. Fortnightly. Membership to include representatives from related workstreams across the Council and UoB. Chair for each group: SMBC Workstream Lead
- **Independent Oversight Committee:** Includes Directors of Public Health across the Black Country, Director for Coventry HDRC, academic representatives from Warwick University and UoW, Wolverhampton Voluntary Sector Council, OHID, UKHSA, WMCA, Association of Directors of Public Health. Annually. Chair: TBC

We will work with SCVO, Sandwell Consortium and Healthwatch Sandwell to identify public representatives for the HDRC Board and Independent Oversight Committee. In addition to this governance structure, the HDRC leadership team will hold quarterly in-person workshops to strengthen relationships and collaboration between co-applicants. This will help to mitigate the challenges and limitations associated with online or hybrid meetings, and will be an opportunity to reflect together on current progress and issues. Workshops will be themed and will include bespoke training to develop the leadership team (e.g. EDI).

4.3 Partners and collaborators

The HDRC will be a core partnership between SMBC, UoB and the VCS, supported by wider partnerships and engagement. In addition to building academic rigour into local authority research and evaluation, knowledge and culture exchange across core and wider partners will help to embed pragmatism and local knowledge into academic studies to facilitate translation into practice.

- UoB will provide:
  - Research methods training including MPH modules and library services support
  - HDRC staff embedded in the UoB academic community (e.g. embedded researchers, honorary contracts, library access, collaborative desk space)
  - Supervision of HDRC PhD student, embedded researchers, public health registrars on academic placements undertaking joint projects, and PhD/MPH/BSc student projects
  - Development of a Collaborative Methodology Hub to facilitate SMBC access to a broad range of methodological expertise to support study design, delivery and analysis, and external funding bids. To include experts in statistics (Prof K Hemming), health data science (Prof K Nirantharakumar), geographical spatial mapping and analysis (Dr G Rudge), health economics (Prof E Frew), qualitative research (Dr L Jones), complex intervention research (Prof K Jolly), evidence synthesis (Dr D Moore), implementation science (Prof R Lilford) and PPIE (Dr S Blackburn)
  - Transforming the Council's research culture, supported by UoB's Institute for Local Government Studies (Director: Dr J Lowther), the leading UK centre for the study of public service management, policy and governance within local government
  - Support from UoB to develop robust research governance processes
- Collaborating with the UoW Institute for Community Research & Development (Dr J Rees), Keele University (Dr P Campbell) and UoB Institute for Local Government Studies (Dr S Bussu) and Centre for Urban Wellbeing (Dr K Bartels) through WS4 will strengthen our approach to PPIE and facilitate knowledge exchange between institutions.
- Partnership with SCVO and Sandwell Consortium will ensure our diverse communities are represented in HDRC development and activity through direct links with VCS organisations across the Borough. We will also link with Healthwatch Sandwell to promote opportunities to engage in the HDRC.
- Wider regional partnerships through our regional LKIS, OHID and UKHSA teams, Midlands Decision Support Unit & Network, WMCA, the Black Country ICS and the NHS, and HEE WM will support the translation of evidence and learning into policy and practice across the region, and wider workforce development, training and knowledge sharing.

- Wider academic partnerships through the NHS Commissioning Support Unit and other HEIs in the region, including Birmingham City University, Newman University, Aston University, Coventry University, Keele University, University of Warwick, UoW, will facilitate dissemination of evidence and learning from HDRC activity, as well as additional opportunities for research collaboration including a possible part-time PhD studentship with the UoB Centre for Urban Wellbeing.
- Alignment to existing NIHR structures through ARC WM, the NIHR School for Public Health Research PHRESH Consortium, NIHR PHIRST and the NIHR Research Support Service based at UoB will support development of robust governance processes for research activity and participation.
- Collaboration with other HDRCs in the region will provide valuable opportunities for shared learning and wider application and dissemination of HDRC outputs. One of our co-applicants (Nepogodiev) is involved in an existing HDRC (Coventry) and is also a co-applicant to another potential HDRC in the region (Birmingham), as is Chandan. We made links with Coventry HDRC in developing our Stage 1 application; since then we have also linked with Birmingham City Council to discuss how the three West Midlands HDRCs could work together, in the event of both Sandwell and Birmingham Council bids being successful. A letter of support is included from all three HDRC Directors to demonstrate our commitment to collaborative working to share good practice, address emerging challenges, and bring wider benefits across the West Midlands region. We would also look to link to the national HDRC director network to learn from more established HDRCs in other regions and share learning more widely.

4.3.1 HDRC Team expertise

The HDRC leadership and delivery team has a wealth of experience and expertise across disciplines and sectors. Relationships with key partners across the locality and region will allow us to draw upon a wide range of expertise to support HDRC development and delivery, as detailed above.

Liann Brookes-Smith is the Director of Public Health at SMBC and an Honorary Research Fellow at UoB. She has comprehensive experience of communicating the needs of population groups, with a proven track record of transferring intelligence into action. She is the Public Health lead for the local Health and Wellbeing Place Based Partnership (ICB) and sits on local statutory boards, West Midlands Association of Public Health Directors, West Midlands Alliance and WMCA Wellbeing Board to ensure the HDRC is an opportunity for training, culture change and dissemination of evidence-based practice across wider governance infrastructure.

Lina Martino is a Consultant in Public Health at SMBC and an Honorary Research Fellow at UoB. She has extensive experience of public health leadership at local, regional and national levels, and a background in health services research. Specialist areas of expertise are research and intelligence and public mental health. As Chair of the FPH Public Mental Health Special Interest Group she supported policy and research development to improve mental wellbeing in populations. She has experience of training and supervising StRs in Public Health.

Anna Blennerhassett is a Consultant in Public Health at SMBC and an Honorary Research Fellow at UoB, a medical doctor and lead for the vulnerable people and healthy lives agenda. Anna led the evaluation of the Covid Vaccination Leaders programme which contributed to the LGC national award for Best Public Health team in 2021. She set up the Warm spaces programme and SLN programme in 2022, working with UoB and UoW to embed evidence and evaluation from the start.

Shokat Lal is the Chief Executive of SMBC with responsibility across the Council's core services. He is an experienced local government officer with a demonstrated history of working across the public sector, in local government and health at a senior board level, and has extensive experience of public service transformation and innovation. He has also been a Lay Member and Non-executive Director for various NHS Boards.

Miranda Pallan is a Professor in Child & Adolescent Public Health and Public Health Consultant (honorary contract with DHSC). She is a member of the School Public Health Research PHRESH

Consortium executive. She is experienced in leading complex NIHR-funded studies on improving health and wellbeing in children and young people (obesity, nutrition, mental wellbeing). Expertise includes mixed methods research, complex intervention development and trials, and research with ethnically diverse communities. She has collaborated with local authorities on multiple occasions to evaluate public health initatives, and has extensive experience in supervising researchers from undergraduate to PhD levels.

Dmitri Nepogodiev is a NIHR Academic Clinical Lecturer in Public Health. His expertise is in quantitative evaluations and he has co-led both cohort studies and randomised controlled trials published in The Lancet. He also has experience of using routinely available data to evaluate system performance, including a publication in The Lancet. As a public health registrar, he supported the development of the Coventry HDRC bid and its implementation over its first 10 months. He has extensive experience of the challenges and solutions to setting up HDRCs.

Joht Singh Chandan is a Clinical Associate Professor of Public Health. He is a practising public health clinician with expertise in health data science, addressing healthcare inequalities and working with underserved populations (such as those affected by violence). He supports of £36 million of current funding and has co-authored over 110 peer-reviewed articles including complex evaluations of public health interventions. Additionally, he has experience supervising under and post-graduate students, currently supervising seven PhD students.

Jason Lowther is the Director of the University of Birmingham Institute for Local Government Studies. He researches the use of evidence in policy making, with a particular focus on local government and collaborative partnerships. Prior to joining UoB he was the Director of Strategy at Birmingham City Council for 14 years, including responsibility for the Council's research team, customer insight work and early transition of the public health function to the Council.

Mark Davis is the Chief Executive of SCVO, the umbrella organisation for the VCS in Sandwell. SCVO engages and serves over 1,000 local community groups, voluntary organisations, charities and social enterprises which strongly reflect the diversity of Sandwell's population. He has over 25 years experience working within the local, regional and national charity sector, as well as a stint working alongside communities in sub-Saharan Africa. To support its role in developing and enabling local action and providing insight on resident needs within the strategic arena, SCVO regularly undertakes research with local community organisations. This has recently included engagement around victims' experiences, mental health, community responses to the COVID-19 pandemic, and digital exclusion.

Louise Kilbride is the Chief Executive of Sandwell Consortium, a consortium of community-led organisations in Sandwell whose aim is to reach marginalised residents, tackle health inequalities and promote social inclusion. These organisations have specialist reach to specific ethnic, cultural and faith communities and residents with disabilities, with locality-based provision in their neighbourhoods. Louise has over 30 years of developing and managing community services in, with and for disadvantaged communities in the Black Country and Birmingham, as a practitioner, senior manager, evaluator, board member and volunteer. Previous roles include Health Inequalities Strategy Implementation Lead for Dudley Community Partnership and Co-Director at the Centre for Health Action Research & Training.

4.4 Capacity building

The HDRC will be forward-looking, developing the next generation of local authority researchers and leaders, creating the infrastructure needed to conduct high-quality research. At the same time it will support those who are already building capacity in their communities, via VCS partners, to co-develop community driven research which prioritises local needs.

<u>Research and evaluation infrastructure</u>

- Dedicated posts to develop HDRC structures and processes; embedded researchers; protected staff time for designated workstream leads
- Establishing research governance, ethical review and data sharing procedures
- Expanding rapid review capacity and support, with wider reach across Council

- Developing governance pathways for community research

Organisational culture and partnerships

- Transforming SMBC's culture so that the contribution made by research to improving the health and lives of local residents is understood and valued
- Embedding use of evidence into internal governance and decision-making processes
- Building academic collaboration across WM HEIs and academic networks for knowledge and culture exchange
- Enhancing existing PPIE structures to develop mechanisms for research participation and co-production in communities, including setting research priorities

Research leaders and champions

- Upskilling Research & Intelligence and vital staff across SMBC on analytic methods including qualitative, participatory research, and ethnographic methods
- Evidence-based policy courses to develop senior SMBC staff in identifying and using evidence, and engaging in research
- Developing Community Research Champions
- Creating next generation of researchers and sustainable career pathways, including a PhD student and public health StR placements, and via early career researcher networks

4.5 Wider determinants of Health

Since moving back into local authorities, Public Health teams have been ideally placed to work collaboratively with other Council directorates, and with partners and stakeholders across the health and wider system, to address health inequalities and increase population wellbeing through improving the wider determinants of physical and mental health. It therefore makes sense to embed the HDRC team into the Public Health team (the HDRC 'hub') where we can make the most of existing relationships and collaborations to increase the HDRC's reach and set up spokes across directorates and partners to embed research activity and culture throughout the whole organisation and wider community.

Coventry's Marmot City approach has provided useful learning on integrating key principles for reducing health inequalities, including proportionate universalism: improving the health of the most disadvantaged fastest by balancing universal, population-level intervention with more targeted intervention to support those at greatest risk.[11] This is evident in the LUP plans and in existing partnership work with SMBC directorates focused on the wider determinants of health, including Borough Economy, Children & Education, Housing and Regeneration & Growth. Our work to address health inequalities through the *Stronger Sandwell* approach and asset-based community development aligns to the WMCA Inclusive Growth agenda, which aims to build a fairer, greener and better connected region that meets the needs and aspirations of people whilst also being regenerative of the environment.[12]

The Joint Strategic Needs Assessment (JSNA) is collectively owned by analysts across SMBC, enabling strong focus on the wider determinants of health. SMBC and NHS partners ensure these determinants are embedded in ICS plans and performance metrics. The HDRC will strengthen this activity by: addressing key priorities within research and evidence-informed action; developing capacity, infrastructure and processes to support research and translation of evidence into practice; and changing the culture across SMBC and partners.

4.6 Health inequalities and Equality, Diversity & Inclusion (EDI)

SMBC has a nationally award-winning, proven track-record of asset-based community development and co-production, with strong community relationships incorporating different cultural assets and perspectives through the *Stronger Sandwell* approach. This is central to addressing health inequalities and strengthening EDI through the HDRC. Additionally, the HDRC team are committed to using newly developed NIHR tools such as the FOR-EQUITY guidance[13] to mitigate the

possibility of undertaking inequity generating research, and the INCLUDE guidance[14] which outlines the importance of engaging underserved communities.

4.6.1 Health inequalities

Consideration of health inequalities, and action to address these in our local population, is embedded across the Public Health team's scope of practice and in our partnership working across a wide range of services, programmes and strategies to support Sandwell residents across the life course. This is supported by defined programmes and projects whose primary focus is to identify and address specific inequalities, including Winter Hubs and cost of living support; the Sandwell Language Network; a project to improve mental health in our migrant communities; and the Health Inequalities workstream which is a key element of our place-based partnership with the Black Country ICP.

Our asset-based community development approach is responsive to the needs of local people and emphasises co-production with voluntary and community groups, SMBC public health has gained recognition for this approach through a number of national awards, including the Local Government Chronicle (LGC) 2021 award for Public Health for working alongside community champions to promote COVID-19 vaccines, and the Guardian Public Sector Award and National Public Health Award for our Blue Light project targeting treatment resistant drinkers. We were also a finalist for the Royal College of Nursing (RCN) award for outstanding contribution to infection prevention and control (2021), an MJ Award finalist for joint work with SCVO on emotional wellbeing in children (2023), and an LGC Award finalist for our joint work with Sandwell Consortium on Sandwell Language Network programme (2023). The success of these programmes was due to long established community relationships and *Stronger Sandwell* approach on which the HDRC will build.

4.6.2 Equality, diversity and inclusion (EDI)

Embedding EDI within the HDRC is crucial to ensuring that its activity and outputs reflect the needs and values of Sandwell residents, and that our diverse communities are represented and heard at every stage – especially those who are currently underrepresented. There are five key elements to strengthening EDI through the HDRC:

1. Building a diverse HDRC team

The HDRC leadership team and Board is diverse in terms of sex, age, ethnicity and background, and we will also maximise diversity in the Independent Oversight Committee. Recruitment for new HDRC posts will follow SMBC's current process to promote diversity (e.g. through ensuring representation on interview panels, and ensuring that all panel members have undertaken recent EDI and unconscious bias training). In addition, we will consult on and review our advertising strategy to maximise reach across communities, include representation from the EDI team on interview panels, and consider trialling alternative recruitment processes to be more inclusive of neurodivergent applicants.

2. Ensuring that the HDRC team is EDI-competent

Comprehensive training and development opportunities will be offered to SMBC officers and Councillors, including EDI, interesctionality, unconscious bias and cultural competence. We have recently recruited a Faith Sector Lead within the Public Health team, having long established a strong relationship with our local faith sector representatives through our local Faith Sector Network and Health & Wellbeing Board.

3. PPIE and HDRC activity

EDI is incorporated in research development and participation and in PPIE representation, including through our Community Research Champions project. Key partners such as SCVO and the Sandwell Consortium (15 key Sandwell community groups) increase representation of our diverse communities, including minority and marginalised groups. We will work with our internal EDI team and with community groups to ensure that arrangements for partnership boards, community engagement activities and dissemination of outputs are accessible to people with disabilities, including learning disabilities and autism. Equality Impact Assessments the OHID Health Equity Audit Tool will help to

identify and mitigate potential unintended consequences of population-based interventions to avoid widening of inequalities.

4. Monitoring and audit

Improving monitoring of protected characteristics, particularly ethnicity, sex, sexual orientation and gender identity (following our recent LGBTQ+ needs assessment) is a priority across several existing workstreams, including the Better Mental Health Programme and Suicide Prevention. This will help us to ensure that our services, programmes and initiatives are reaching and including all of our residents, and are appropriate to their needs. The NIHR Race Equality Framework will be used at the start of the programme by core partners to self-assess their current positions in terms of racial equity and racial competence in their organisations.

5. HDRC outputs and communication

Our HDRC budget includes a dedicated amount to support EDI in our communications strategy, including providing outputs in a variety of formats and languages (e.g. translations into the main languages spoken in Sandwell as default, large print and braille versions). There are a number of staff within the Public Health team, including some of our Development Officers, who are multilingual and can support HDRC community engagement activity via established networks. We can also offer qualifications in English language to people who would like to become Community Research Champions, linking to our SLN programme.

We will work with our EDI team within SMBC (lead: Koser Shaheen), and with EDI leads in partner organisations, to ensure that EDI is considered in all HDRC structures and activities.

5. BARRIERS

5.1 Research capacity and skills

Capacity, resources and capability have been identified as key barriers to research activity and application across SMBC (see section 1.2). Significant investment into addressing these barriers through the HDRC would facilitate a more evidence-informed approach to strategies to improve the wider determinants of health and evaluate the impact, aligning with the LUP. In addition to recruiting the right people into the team to take the programme forward, protecting and backfilling SMBC staff time to participate in HDRC activity and develop research skills would help to embed a research-positive system and culture that is resilient to staff churn. This has been assured by SMBC's Chief Executive and Leadership Team as a priority for the work to move forward. It will be a staple topic on leadership and wider board agendas to ensure that sign up is communicated across all teams.

Research training readiness may present an additional barrier, particularly among more junior staff. Including training or entry level opportunities (e.g. apprentices and work experience students alongside registrars and research fellows) will enable a wider range of staff to take part in research activity. UoB will support capacity and skills development to enable appropriate, responsive and rigorous research and evaluation to be undertaken (e.g. natural experiments, cluster and stepped-wedge designs, use of routine data to assess outcomes, and use of evidence to inform action).

5.2 Senior leadership and culture

Senior level buy-in and engagement is key to the success of the HDRC and has previously been a barrier to increasing research activity and evidence-informed practice. SMBC's Chief Executive will be actively engaged as co-Chair of the HDRC Board, and the involvement of SMBC Directors, Consultants and Senior Managers CEO will facilitate embedding of the HDRC within Public Health and the wider Council.

However, while our proposal is fully endorsed by the Chief Executive and Leadership team, staff turnover may impede progress. Establishing wider collective ownership of the research agenda and transforming the research culture across the whole Council is important for maintaining momentum,

and will help to embed systemic change. This will be supported by continued engagement (internally and externally) to disseminate outputs and demonstrate impacts.

5.3 Timescales

Local authority timescales for policy implementation and political processes are often poorly aligned with academic research timelines, particularly where ethical approval is required. This can be a major barrier to undertaking and publishing research for timely and meaningful translation to local practice. Mitigations include prioritising HDRC projects that can be reported in the short-term and have longer term impact beyond the 5-year period, and working with the UoB ethics team to design efficient and proportionate ethics pathways within SMBC for robust but timely approval of internal studies. We will also consider the feasibility of a programme ethics application to reduce the need for single project applications where appropriate (e.g. for analysing routinely collected data for research purposes).

5.4 Community engagement

A recent workshop with VCS partners and wider stakeholders identified a number of potential barriers to effective community engagement, including failure to demonstrate the purpose and value of research to local communities, and to manage expectations around outcomes and impacts. Demystifying research terms and using plain, relatable and culturally appropriate language (including where there may be stigma around particular topics) will be essential to our communications strategy, as well as clearly demonstrating the link between research evidence and decision making. Evidence from community research was highlighted as particularly important in showing local residents how they can play a role in this process. Being honest about how some research impacts may not be seen until the longer term can help to keep people engaged in the process, as well as keeping sustained relationships with community groups so that research findings and impacts can be fed back. Recognising the contributions of community groups and members of the public and appropriately compensating them for their time shows that they are valued as research partners; however, processes for payment can be complicated and slow, hence establishing a clear mechanism for payment/compensation as an early priority (section 7).

6. EVALUATION AND MEASURING SUCCESS

The HDRC and LUP will have entwined outcomes required to be reported nationally. The Monitoring and Evaluation Framework below outlines the key measures of success throughout the 5-year programme. These outcomes are likely to evolve over the course of the programme, particularly with linking to the LUP dashboard which is currently in development. It should be viewed alongside the Logic Model and Gantt chart.

The Logic Model demonstrates how HDRC activity (inputs/processes and outputs/KPIs) will lead to achieving our aims and objectives (outcomes and impacts) through the four workstreams. The Gantt chart sets out timelines for activity within each workstream, including key milestones (section 3.3.2). The Logic Model and Gantt chart will be used to develop more detailed action plans and monitoring frameworks within each workstream to ensure the programme is progressing as planned, alongside the risk register held by the Steering Group.

The outcomes detailed in the framework below will assess the effectiveness of activity across the four workstreams, focusing on increased research capacity and activity; stronger research infrastructure and partnerships; changes in behaviour, culture and systems-level thinking; and application of research methods and findings to inform decision-making processes. Audit and assessment will draw on key frameworks including MRC Complex Evaluation and Implementation Sciences (CFIR/NPT), as well as NIHR guidelines for inequalities impact assessment and public involvement which have informed this bid. The KPIs are measures of progress towards these outcomes, as shown in the Logic Model. A mixed methods approach will balance quantitative metrics with qualitative methods to explore attitudes, perceptions and experiences of partners and stakeholders.

The impacts shown in the Logic Model are the expected benefits of a successful HDRC. Medium term impacts would be demonstrated through HDRC objectives being met, leading to improved SMBC service quality and more efficient investment. Longer term impacts (improved health outcomes for local residents, reduction of health and social inequalities and increased satisfaction with Council services and the local environment) align to the SMBC Corporate Plan and will be captured through monitoring and evaluation within the LUP and specific service areas (linking to the Corporate Performance Management Framework), as well as the annual Residents and Wellbeing Survey.

Sandwell HDRC Monitoring and Evaluation Framework

Outcome measures and KPIs	Type of measure	Year of delivery					
		1	2	3	4	5	6+
WS1 – CAPACITY & INFRASTRUCTURE							
Workforce development							
Staff trained by group, inc. elected members - number	KPI	x	x	x	x	x	
Training quality and effectiveness – knowledge, understanding and confidence (surveys/focus groups)	Outcome	x	x	x	x	x	
Staff capacity for research & development (audit)	Outcome	x	x	x	x	x	x
Staff involvement in research (audit)	Outcome	x	x	x	x	x	x
Data science infrastructure							
Software installed, trained/registered users - number	KPI	x	x	x	x	x	x
Diversity monitoring data completeness for services (audit)	KPI	x	x	x	x	x	x
Use of linked datasets for research (audit)	Outcome			x	x	x	x
Research governance and ethics							
Research studies supported - number	KPI		x	x	x	x	x
Ethical approval applications reviewed - number	KPI		x	x	x	x	x
Good research practice principles - compliance (audit)	Outcome		x	x	x	x	x
WS2 - CULTURE AND EVIDENCE-INFORMED PRACTICE							
Mapping the current culture							
Training delivered based on systematic review and current culture evaluation & officers/members engaged	KPI	x	x				
Translating evidence to practice							
Literature/rapid reviews conducted - number	KPI	x	x	x	x	x	x
Services/initiatives informed by rapid review and Health Equity Audit – number (*survey/ interviews)	Outcome	x	x	x*	x	x*	x
Needs assessment and evaluation							
Services/initiatives informed by needs assessment – number (*survey/ interviews)	Outcome	x	x	x*	x	x*	x
Evaluations carried out of services/initiatives – number, early implementation	KPI	x	x	x	x	x	x
Decision-making processes							
Senior leaders engaging with culture training - number	KPI	x	x	x	x	x	

Senior leaders/member attitudes towards research and evidence-led practice (surveys/interviews/focus groups)	Outcome	x		x		x	
Cabinet decisions with evidence of HDRC activity – number (*survey/ interviews)	Outcome		x	x*	x	x*	x
WS3 - SYSTEMS AND PARTNERSHIPS							
Academic partnerships							
Successful research bids with partners - number	Outcome				x	x	x
MPH projects based in Sandwell - number	KPI						
SMBC evaluations with UoB/other HEIs - number	KPI						
Wider system partnerships							
Attendance/representation at partner/network meetings	KPI	x	x	x	x	x	x
Partner and stakeholder perceptions of HDRC effectiveness – surveys, interviews/focus groups	Outcome			x		x	
Information sharing and governance							
Information sharing agreements updated/ reviewed (audit)	KPI		x	x	x	x	x
Teams and departments accessing linked datasets/shared resources (number, perceptions)	Outcome		x	x	x	x	x
WS4 - COMMUNITY PARTICIPATION							
Public engagement							
Diverse PPIE involvement in research (including marginalised groups) (audit)	Outcome	x	x	x	x	x	x
Training for PPIE representatives delivered and people engaged	KPI	x	x	x	x	x	
Community Research Champions trained and people engaged (numbers)	KPI	x	x	x	x	x	
Public perceptions of research and evidence-informed decision making (surveys, interviews/focus groups)	Outcome	x	x	x	x	x	
Research priorities and partnerships							
Public representation in all HDRC governance (audit)	KPI	x	x	x	x	x	
Identified research priorities & resulting research activity - internal research/ external funding applications (review)	Outcome	x	x	x	x	x	
Increased and more diverse community involvement in decisions (audit)	Outcome		x	x	x	x	x
Communication and dissemination							
Reports/papers published - number	KPI		x	x	x	x	x
HDRC communications – press releases, newsletters, social media posts - number	KPI	x	x	x	x	x	x
Case studies from VCS – number, themes	KPI	x	x	x	x	x	x
Engagement with HDRC communications – number, survey/focus groups	Outcome	x	x	x	x	x	x

We will liaise within the West Midlands HDRC network to align evaluation metrics where possible and appropriate so that we can learn across HDRCs. We will seek peer review of our evaluation plan by other HDRCs and report to the HDRC Steering Group and Board for review and direction.

7. COMMUNITY AND PUBLIC INVOLVEMENT

Existing strong PPI structures within Sandwell have identified priorities for wider determinants research to inform the HDRC. The COVID-19 pandemic was a catalyst for change, bringing together faith leaders, community groups and public services to identify and meet the needs of our local residents. We have maintained those relationships as we have progressed from the acute response to restoring and rebuilding, and have been able to draw on hyper-local groups (via SCVO and Sandwell Consortium) to apply approaches and learning in other contexts – including applying the Community Vaccination Leaders model to train Cost of Living Champions and develop a proposal to establish a cohort of Community Research Champions, which will provide training and support for local residents to understand more about the research process and facilitate involvement in research across their communities.

Over the last year there has been an increased drive to involve residents and service users in Health & Wellbeing Board, with faith sector representation on the Board and regular presentations from community groups. This has been powerful in influencing the decisions made by the Board so that they are better informed by the needs and experiences of our residents, and is reflected in Sandwell's Health and Wellbeing Strategy.[15] The recently established annual Residents Survey provides a means of regular feedback on Council services and satisfaction with Sandwell as a place. SMBC's new Consultation Hub on the CitizenSpace platform is a central point for public consultation activity and will also provide an opportunity to close the feedback loop by demonstrating how consultation findings have contributed to strategy and policy development. All of these can be used as vehicles to support and promote co-production activity in the HDRC, by identifying issues that matter to local communities and would benefit from targeted research.

Conversations at existing forums and input from the VCS have shaped this proposal. Residents are keen to share ideas on priorities around the wider determinants of health; more targeted activity will engage them in shaping the HDRC and research culture:

- SCVO and Sandwell Consortium will ensure community voices, including the marginalised or seldom heard, are central to the HDRC and resulting research funding bids – linking in with our Community Research Champions
- We will draw on existing networks as part of the *Stronger Sandwell* approach, including the SHAPE forum (young people); faith Sector meetings; town tasking meetings and public health network meetings for each of the six towns in Sandwell; and VCS and public representation on partnership boards
- Increasing health literacy, including through the SLN, and tackling digital exclusion through SMBC's Digital Inclusion programme will help to prime local communities to understand research approaches and findings
- From May 2023 a boroughwide panel of BME and disabled residents has been in place with Sandwell Consortium's 2-year 'Reach & Reconnect' programme
- We will establish a Citizens Assembly on research to enable citizens and experts by experience to make recommendations to inform HDRC decisions
- We are developing a citizen survey to find out more about local residents' views and understanding of research and how it can be used to improve determinants of health
- Community outreach activity, including dissemination events in local venues, will enable broader engagement and representation in HDRC activity. A virtual Community Research Hub will provide ongoing means of contact and two-way communication

This will allow us co-create a model for research frameworks and mechanisms that are informed by and center local residents, particularly those from disadvantaged communities. We will be supported by specialists from UoW Institute for Community Research & Development (J Rees) and UoB Institute

for Local Government Studies (S Bussu) to develop appropriate methods for engagement and intersectional inclusion, including creative methods. Embedding PPIE in every stage of the research process or pathway, from setting research priorities to co-designing and co-producing studies to disseminating findings in and with local communities, will ensure that research has meaning and impact for the people of Sandwell.

From an early stage we will prioritise establishing efficient payment processes for PPIE representatives to ensure timely reimbursement of expenses, as this has proved to be a challenge in SMBC and in other HDRCs.

8. DISSEMINATION, KNOWLEDGE EXCHANGE AND IMPACT

All outputs from the HDRC and LUP such as evidence-informed best practice recommendations and research/evaluation findings on projects, programmes and strategies will be reported and promoted via:

- Local forums and events
- Internally to the Cabinet and Directors and across Council departments
- With local partners via SCVO, SC, the ICS and partnership boards
- With regional partners via the HDRC Board, WMCA, Association of Directors of Public Health, West Midlands Learning for Public Health and HEE West Midlands
- Regional and national forums such as LGA, LUP reviews, RSPH
- Regional and national conferences, media engagement (e.g. Express & Star, BBC West Midlands, Raaj FM) and awards
- Peer reviewed Journals
- Sandwell Trends website for easy open access. This will host our research, data, priorities, consultations and progress against objectives and key milestones.
- Newsletters and press releases

Our vision is to disseminate all we do, including through peer reviewed publications. To enable this we would begin the process of obtaining governance approvals and permissions prospectively, supported by colleagues with methodological expertise to maximise the quality of outputs. Communication plans will be developed during Year 1 and refreshed annually as part of WS4. They will be reviewed regularly for assurance of effectiveness and reach.

We will work with communications experts in our organisations and networks, using established knowledge mobilisation strategies,[16] to develop our communication and engagement plans so that HDRC outputs will reach the right people to have maximum impact. Stakeholder mapping will inform approaches to co-production, engagement and dissemination and enable us to optimise communication with different audiences locally and regionally, including framing research in terms that are relevant and meaningful to local citizens and sharing learning of regional or national interest.

Public communications from our HDRC will be central to knowledge mobilisation and engaging local communities in research and dissemination. Building on the principles and guidelines for consultation being developed through SMBC's newly established Consultation Hub, and in line with the NIHR's Dissemination guidance,[17] we will work with community partners to ensure that all HDRC public communications are accessible and inclusive. This will include a range of formats (e.g. animations, videos and infographics alongside written communication) and dissemination channels (e.g. local radio, press releases, social media, podcasts and regular community-based workshops and events). All communication will be at appropriate reading levels and available in the main languages spoken in Sandwell as standard, with provisions for translation into additional languages. We will proactively engage local media organisations to report throughout the lifecycle of projects and share stories from local people involved in research.

Communities of practice will provide ongoing forums for disseminating learning with key stakeholders across the region and wider partner networks. An Annual Research Symposium established during the first year will bring stakeholders together to reflect on progress and shared learning.

9. SUSTAINABILITY

There is an expectation of SMBC's Chief Executive and Leadership Team that the research-positive culture, embedded organisational policies and processes, research activity and translation of evidence to practice will continue. This will include mechanisms for applying for further funding to support research activity via NIHR and other funding bodies. As such SMBC and partners will ensure that the benefits and impacts of the HDRC are sustained beyond the funding period, including an ongoing PhD studentship between UoB and SMBC and continued links with other HEIs and networks. Embedding research, evaluation and use of evidence into the Corporate Performance Management Framework will help maintain this activity.

Workforce and community development activity will continue to benefit the locality and region after the 5-year programme has ended. Establishing a community researcher model and offering continued access to a governance pathway for organisations outside public service and HEI settings, supported by community research champions, will provide ongoing support for community-led research and contribute to maintaining established relationships with community groups. Training placements within the HDRC, particularly StRs in Public Health, will ensure that our future consultant workforce is well equipped to embed research into their practice and ensure that capacity for research is included as a priority within their teams.

There is also a broader role for the HDRC to feed back to the NIHR to inform future research priorities, both as a local system and as part of the wider HDRC network. Linking to other HDRCs will enable us to work together to develop sustainable platforms across the region to aid continuation of activity. Local authorities and partner organisations, especially the VCS, are the closest to the populations they serve and have unique insights into the complexities of the wider determinants of health. Supporting HDRC members and public representatives to volunteer for NIHR committees and advisory groups can help maximise the benefits of HDRCs and public representation in health research.

10. RISK MANAGEMENT

10.1 Ethics and safeguarding

As part of WS1 (Research governance and ethics) we will develop a robust ethical review process for research proposals in line with the ESRC Framework, supported by the UoB Research Governance Team. Where appropriate we will seek additional ethical approval from NHS and/ or HEI bodies. SMBC has a number of policies in place to protect both staff and residents that are compliant with NIHR's Preventing Harm in Research Policy. Our internal Grievance Policy covers dignity, bullying, harassment and additional guidance, with related policies covering Health & Safety at Work; Sickness Absence Management; Stress Management; Violence & Agression; and Equality & Diversity, including guidance relating to specific groups. Training on safeguarding children and adults training is mandatory for all SMBC staff and will include those working within the HDRC. During Year 1 (programme establishment and planning) we will work with SMBC Safeguarding leads to review plans for public engagement and participation, and ensure that there are measures in place to address any potential safeguarding issues. Where safeguarding concerns are identified during the course of HDRC activities, these will be escalated via standard processes. Potential safeguarding issues will be included on the risk register and reviewed regularly.

10.2 Information sharing and intellectual property

Information sharing agreements between HDRC partners will be developed using our internal SMBC templates, with support from our Information Management team and information governance leads in each partner organisation. Background and foreground intellectual property (IP) rests with SMBC as the Contractor with regards to outputs directly related to the HDRC. The collaboration agreement will specify that any HDRC publications and outputs require input and agreement from all named parties, and will grant them future use of these outputs. Further xpert input from SMBC's Legal team and UoB's Commercial Services team will be sought where required with regards to IP generated from HDRC activity.