

## **PHIRST London – protocol.**

**Project title:** Public Health Intervention Responsive Studies Team (PHIRST): London South Bank University.

**Duration of Project:** August 1<sup>st</sup> 2020 – July 31<sup>st</sup> 2025

### **Objectives:**

1. To establish an infrastructure to support the PHIRST London Centre
2. To co-produce the design and undertake delivery of ten locally-led public health intervention evaluations as selected by NIHR
3. To develop and implement a Public Involvement and Engagement strategy within the Centre infrastructure and each evaluation
4. To ensure a knowledge transfer and dissemination strategy is developed and delivered for each evaluation

### **Methods:**

#### **Centre Infrastructure.**

The PHIRST London Centre is a collaboration between five of LSBU's Research Centres. These Centres bring together a range of disciplines and subject area expertise from across the University relevant to both the traditional and non-traditional areas of public health: the Centre for Applied Research in Improvement and Innovation, the Centre for Addictive Behaviours Research, the Sports and Exercise Science Research Centre the Centre for Civil and Building Services Engineering Research and the Centre for Social Justice and Global Responsibility.

The Centre will be led by a Director (PI), Dr Susie Sykes, who will have overall responsibility and accountability for its activities and will be assisted by a Deputy Director, Professor Antony Moss. They will be supported by a Centre Executive Committee (CEC), who will ensure the Centre delivers all projects to time and budget, oversee the management of the Centre's resources ensuring they are allocated responsibly, set clear objectives, deliverables and milestones, prepare an annual report to all stakeholders and who will uphold the Nolan Principles for Good Governance in their leadership. The day to day co-ordination of the Centre will be managed by a Public Health Evaluation Manager.

An Advisory group will be appointed to provide oversight to the centre. This group will consist of members representing public health and academic organisations, representatives from each of the four nations and public and patient user groups. The Centre is also supported by a body of Centre Associates drawn from partner organisations and academic institutes who will provide additional methodological expertise and capacity.

For each project, a Project Research Team appropriate to the needs of the specific intervention to be evaluated will be identified by the CEC. This will consist of members of the five Research Centres with appropriate subject area and methodological expertise. A senior academic will be nominated as Principle Investigator to lead the Project Research Team and will be supported by one of two Research Fellows. The Project Research Team, in collaboration with the CEC, will contribute to the design and implementation of the evaluation. A local Stakeholder Group will be established for each project to offer ongoing advisory input.

### **Co-production**

The Centre's approach is embedded in a model of co-production with research partnership meetings and power sharing built throughout the life of each project to ensure joint ownership of the research design, outcomes and dissemination with both the Local Authority (LA) associated with a given project and public and patient user groups.

We value the existing knowledge and skills held within LA teams and will begin our process by identifying the opportunity to utilise, and, where appropriate, develop, the existing research skills of the LA team. In this way, we aim to ensure not only the relevance of the research to the local team but that their capacity is increased to enable them to generate a research culture and continue to utilise and implement evaluation skills and frameworks developed with us. This will ensure more long term and sustainable evaluation processes are established.

We also value the knowledge and skills held by public and patients. LSBU's People's Academy includes more than 40 patients and service users and innovative methods to communicate patient and public involvement in research (PPIR) in trials and other large studies. A representative of the People's Academy sits on the CEC and is included as a Co-Investigator for the project. A further member of the People's Academy will sit on the Advisory Board as well as representatives from external service user organisations.

Public involvement and engagement will also be drawn at a local level. During the initial planning stages for each evaluation, existing local systems of patient and public involvement will be identified. Where these do not exist already, we will identify with the L.A.'s mechanisms for building in local service user feedback.

### **Assessing Evaluability**

Initial planning stages with local stakeholders will include the core elements to assess evaluability of the project: a structured engagement with stakeholders to clarify evaluation outcomes; agreement of an intervention logic model or theory of change; a review of existing research literature and data sources; and making design recommendations. A staged workshop approach will be utilised that brings together the PHIRST research team

and local stakeholders. These three facilitated sessions will focus on: understanding the intervention; identifying the theory of change and agreeing a research question suitable for a complex intervention evaluation; agreeing an evaluation design and will be supported by interim tasks.

### **Evaluation Approach**

We want to support all LAs with an evidence base about “what works” to improve health and reduce health inequalities. LAs need to understand fully how services and policies are working in order to make difficult decisions about service development, commissioning and decommissioning. Our approach to evaluation is to work from a community/client-centred perspective evaluating the experiences of the communities and populations served and the individuals that provide services themselves. Using quantitative and qualitative methods and our expertise in service evaluation and clinical trials methods, we will aim to demonstrate the quality of provision, best practice and opportunities for improvement and thus inform local decision making. Recognising the complexity and interconnected context within which public health issues exist and are addressed, we will adopt a systems-thinking approach where appropriate, examining “what works, for whom and under what circumstances”. We recognise and value information already held both in terms of numeric data and metrics and have experience, especially during the current pandemic, of modelling risk and consequent service demands. We also value the knowledge and experience of staff and communities and will draw on all sources of evidence to provide a well-rounded, in-depth and defensible evaluation of services.

Ongoing opportunities for communication and negotiation are built into the process with specific junctures to agree the proposed research design with LA representatives and to feedback interim and process findings, review and revise the research design as appropriate and agree strategies for dissemination.

### **Ethical Approval:**

Projects including research with human participants will undergo scrutiny from LSBU’s University Ethics Panel (UEP). This includes peer review, clear guidelines for adverse event reporting, periodic review, and auditing. The UEP has clear guidelines for secondary data analysis which will be adhered to. Alongside LSBU’s code of practice for human participants, work will adhere to the core principles and requirements of the ESRC’s ethics framework (which LSBU’s own code is aligned closely to). In particular, we will ensure that ethical consideration is given across the lifespan of the project, encompassing any patient participant involvement, planning, pre-registration of research as needed, the research itself and avenues of dissemination and impact realisation. Where projects involve other stakeholders with ethical oversight processes, we will work closely to ensure all requirements are addressed, with adherence to the most cautious sets of requirements being observed.

**Dissemination:**

The evaluations of the chosen public health interventions need to reach a wide audience of practitioners, policy makers and the public and as quickly as possible. innovative methods to increase public understanding of, and engagement with, research will be developed. Whilst we would anticipate conventional academic outputs which would be published in gold open access journals, we would also expect to disseminate findings in the professional journals and magazines to reach a wider audience and through digital media and participatory spaces such as social media, webinars, podcasts, videos and animations. Such platforms will also be used to ensure knowledge transfer and implementation of findings, alongside a programme of outreach and outreach events.

**NIHR Funding:** £2,481,992.00 million has been awarded by NIHR over the five year period.

**Version Control:** Version2