Blackpool Health Determinants Research Collaboration

1. Background and rationale

This is a time of excitement and change in Blackpool, and this bid represents a collective ambition to ensure that transformation is led by co-produced evidence-based decision-making and practice, with our community at the heart of our work. Having secured a Town Deal of £39.5 million to deliver regeneration in 2021, in early 2022 Blackpool was selected as the first **pilot area for Levelling Up**, with a further substantial investment, including in local housing; our priority is ensuring this leads to improvements in the health and wellbeing of all our communities. We want to base our actions on evidence and evaluation and ensure that we share what works and what doesn't, nationally and internationally.

Blackpool is home to 139,446 proud residents and welcomes 18 million visitors every year. Of all English local authorities, it is the most deprived as well as having the lowest life expectancy and a high proportion of deaths in younger age groups from suicide, drugs and alcohol. Overall the health and wellbeing of children in Blackpool is significantly worse than England averages; there are 3 times the number of children in care than is seen nationally. Inequalities in the wider determinants of health, such as employment and housing, underlie these outcomes. People working in Blackpool are far more likely to be working in temporary and insecure employment and the average weekly wage is 30% less than average. Housing stock and neighbourhood environments in some areas of Blackpool are extremely poor, with a legacy of poorly converted former guesthouses.

However, we are a resilient town: creative and innovative in our thinking which has led us to believe passionately in the value of co-production. In Blackpool we have developed a model of co-production which brings together people who research, design, deliver and evaluate, with practitioners, leaders and people who have lived experience of health inequalities. At the heart of this approach is empowering the most marginalised members of our communities to be trained and developed as co-researchers to play an equal role in co-researching, co-designing, co-delivering and co-evaluating services and initiatives across Blackpool to address the unacceptable health inequalities they face and to make Blackpool a more resilient town to grow up and live in.

1.1 Existing research activity and structures

Blackpool Council already has a range of research projects that it hosts and supports, including in Public Health, but limited research that has been led by the council. Research and evidence-based practice are not embedded across all departments; however existing structures, namely the Corporate Delivery Unit (CDU), are in place to support research. The CDU sits in the office of the Deputy Chief Executive and supports the delivery and review of priority programmes of work that crosscut multiple departments. The CDU hosts or partners with Blackpool's flagship research projects where we collaborate with academics nationally and internationally: A Better Start Blackpool, a research active programme of initiatives for improving early child development in children 0-4 years; and HeadStart Blackpool, a research-active multi-agency programme aiming to increase resilience in young people and improve mental wellbeing. The CDU structure, management and governance will form the basis for the HDRC.

1.2 Barriers to research activity and development of the HDRC bid

From 10/20-01/21 we collaborated with Lancaster University (NIHR 132481) to identify the barriers to Blackpool Council becoming a fully research active local authority. This involved a Delphi consensus process and included the views of our local communities, local NHS trusts, and service providers. The findings mirrored those found by other local authorities funded in the same call, with 4 overarching barriers identified:

1. *Lack of funding and capacity for research*
2. *Lack of research infrastructure, understanding of and expertise in research*
3. *Existing culture of higher education led research with a limited culture of knowledge exchange within Blackpool Council*
4. *Burden for small stakeholders and a lack of familiarity with council structures and processes*

Solutions were identified through the consensus process and further co-developed with our partners for each barrier, across themes of human resources, funding for research, training, information governance, collaborations and expert support, communication and inclusivity, and fostering systems resilience. The planned outputs and impacts will be on capacity, relational and cultural and we have designed HDRC to achieve this (see attached **logic model**).

Our HDRC will invest in people rather than projects. The attached **organogram** shows the structure of the HDRC core team, integrated into the council's current structures to ensure the ability to function and achieve long-lasting cultural change. Existing collaborations with the partners will strengthen with Lancaster University, a research intensive HEI, and development of a joint research office with Blackpool Teaching Hospitals, and the HDRC will provide formal structures to facilitate that. Community co-researchers are integral to the success of the HDRC and considered part of the core team; their expertise will ultimately inform and guide the work of Blackpool Council as a trusted and transparent organisation using evidence-based practice in decision making to benefit the citizens of Blackpool.

To avoid repetition in this proposal we have collated **success measures** (table 3 page 11); **evaluation framework and key performance indicators** (table 5, page 14) and a detailed **Gantt chart** (attached).

2. Overarching vision, aims and objectives:

2.1 Vision

- We will embed a co-produced research culture in Blackpool Council that creates a fairer community for all.
- We will be recognised as an international leader in co-produced, asset focussed research to support evidence-based community regeneration using a whole-systems approach.
- We will connect with local governments nationally and internationally and support them to develop an approach to evidence-based practice and research activity that fits the needs of their communities, whilst also continuously learning and improving from the work of others.
- We will ensure that our communities have the opportunity to understand, inform, participate in and benefit from research, including that led by researchers in other areas.
- We will be a trusted and transparent organisation to our local citizens and be considered as an employer that innovates and supports staff to recognise and develop their strengths.

2.2 Fundamental principles of our HDRC

There are a set of fundamental principles that will drive the work of the HDRC team and will mould the collective and individual contributions of each and every member:

Co-production	It will be a collective responsibility to create a space in the HDRC for people facing health inequalities to work alongside others, as equals, to build capacity in the system to co-research the barriers to leading healthier and happier lives and to be part of making a difference.
Social Justice	Applying an "inequalities lens", the HDRC team will understand the barriers that faulty systems create and the impact these barriers have on people's life chances, especially those facing the greatest disadvantage.
Asset focused	Addressing the relentless focus on Blackpool's problems, the HDRC team will meet people where they are, pro-actively identify assets and create opportunities to build capacity at every turn.
Brave and innovative	This unique funding opportunity provides a platform for testing and learning new, brave and innovative approaches to building co-produced research capacity in Blackpool, with a clear pathway for future change.
Whole systems approach	Health inequalities are rarely caused by single factors. The HDRC will work with a deep understanding of the complex nature of the systems around us and the impact they have on people's life chances.

2.3 Overall aim

For Blackpool Council, in collaboration with our local communities and partner organisations, to become a sustainably research active local authority, to embed a culture of evidence-based practice and co-produced research in line with local and organisational priorities and through this, to address the wider determinants of health that are producing stark health inequalities in Blackpool.

2. 4 Objectives

1. To work in **equal partnership with our local citizens and communities**, especially those with lived experience of severe health disparities, to identify the priorities for, co-design, co-deliver and co-disseminate research on health determinants in Blackpool.

2. To develop an **asset-based approach to research capacity development**, creating a knowledge and skills framework and training programme that build upon individuals' strengths, knowledge, connections and transferable skills, in order to support the process of knowledge creation and implementation across all council departments.

3. To **strengthen council processes to support research delivery**, including:

a) creation of a joint research office with NHS Blackpool Teaching Hospitals to utilise local expertise and create efficiencies in research finance, governance and delivery

b) strengthening evidence-based (allied) commissioning procedures, including high quality evaluation and support for research activity, especially within smaller and third sector providers

c) development of a simplified process for accessing and analysing council-controlled data for research, exploring opportunities with emerging local trusted research environments

4. To form a **strong collaborative partnership** with Lancaster University, NHS Blackpool Teaching Hospitals, Empowerment Blackpool and other relevant organisations to share expertise, resources, and intelligence, and co-produce high quality research funding proposals, alongside our local citizens.

5. To **work within our Placed Based Partnership to identify priorities**, engage in and lead wider collaborative research, and champion actions to support knowledge creation and implementation in partnership activities.

6. To **develop an active learning mechanism** for sharing the HDRC model with other local authorities, particularly those with similar challenges to our own, including a Community of Practice (CoP) where we can share our learning, cooperate on common problems, disseminate research findings and collaborate on research projects/bids.

3. Culture

3.1 Developing and leading a research culture and influencing leaders

3.1.1 Within Blackpool Council

With leadership from the Deputy Chief Executive**,** this HDRC bid acts as a catalyst for our developing research culture**.**

- Our research ambition is being embedded into the new Council Plan, clearly articulating the strategic partnership with Lancaster University.
- Key decision-making mechanisms, such as the Corporate Leadership Team (CLT) meeting, will have learning from research and evidence as a standing agenda item, with senior sponsors updating on the 5 thematic areas of work**.**
- In addition, all reports for CLT will have a section that requires the articulation of how evidence and research has informed the work.
- Blackpool Council's Leadership Board provides a mechanism for Members, Directors and the Chief Executive to guide and be accountable for HDRC strategies and plans. This will enable an in-depth consideration of evidence reviewed and produced by the HDRC and determine how wider committees could be engaged. For example, links with the Executive, Health and Wellbeing Board and Scrutiny will enable a wider representation of elected members to engage, influence, support and scrutinise the work of the HDRC.
- As co-sponsors, portfolio holders will oversee research projects in their areas via 1-1 meetings with senior officers and shape the response to emerging findings accordingly.

3.1.2 Within Blackpool and the Fylde Coast

The HDRC will act as a beacon for evidence-based practice in Blackpool and take a lead for health inequalities in the newly developed Fylde Coast Research and Evidence Forum. The forum will convene leads from across sectors to share, learn and collaborate on research into practice.

3.1.3 Within the UK

We will create a **Community of Practice for research** focussing on improving the wider determinants of health within local authorities with similar challenges to our own. This supports our co-productive principles by convening research-focused people from different sectors, geographical areas and with differing expertise to come together and learn from each other. We will use this to share our learning from the Blackpool model of co-research and our

programme of capacity building. Collaborative research bids/projects will be the practical outputs.

4. Addressing the Wider Determinants of Health and Health Inequalities and Prioritising Local Needs

As an area with an often-overwhelming number of needs, it will be key for the HDRC to prioritise and focus research activity whilst developing further research capacity. In the initial years of our HDRC, we will align our activities to the priorities of the Fylde Coast Place-Based Partnership.

1. Housing
2. First 1001 days of life
3. Education, employment and skills
4. Mental health

These priorities were developed with a strong collaboration of leaders from VCSFE, Local Authority and NHS. Public Health data and intelligence was triangulated with the communities lived experience of health inequalities, specifically via the development of forums with advisors from communities such as those with learning difficulties, physical disabilities, young people, older people and LGBTQ communities.

These priorities fit with the significant investment of the Blackpool Town Deal and further investment as the chosen pilot site for the government's Levelling up programme whether improvement to housing and development of employment and skills for young adults are the major focus. This investment provides a perfect context for the HDRC to embed an evidence-based approach to regeneration to improve the health and wellbeing of a population.

The Public Health England Wider Determinants of Health Tool[1] will be used to define the scope of the HDRC as well as guiding evaluation and outcomes. NIHR Northwest Coast Health Inequalities Assessment Toolkit[2] will be used for every project with the aim of its use becoming routine in practice across Blackpool Council.

5. Collaborations

5.1 Collaborations and Partnerships

Alongside Blackpool Council, the collaboration will be Lancaster University, Blackpool Teaching Hospitals NHS Trust and Empowerment Blackpool (table 1).

These organisations already have **established partnership working** on a range of projects with existing contracts in place; a **memorandum of understanding** is in place for joint research between Lancaster University and both Blackpool Council and the NHS Trust. Empowerment Blackpool is commissioned to provide a range of community coproduction projects for Blackpool Council, including the development of the Town Deal. Lancaster University is a Partner in the Blackpool Town Deal with development of a new "Multiversity" in the town centre.

Whilst developing this bid over the past 12 months, these partnerships have been strengthened with a number of **new research projects funded** between Lancaster University and Blackpool Council, Blackpool Teaching Hospitals and Empowerment. These include £247k for a local evaluation of Project ADDER (£247K, NIHR "Three Schools" mental health call), Anchor Institutions funding for Blackpool NHS Trust, collaborating with Empowerment (£20K, Health Foundation) establishing local authority priorities for climate change (£93k, NIHR Public Health Research), and Tracy Hopkins, CEO of Citizens Advice Blackpool and Chair VCFSE Leadership Group secured a NIHR Local Authority Pre-Doctoral Fellowship.

Table 1. Collaboration Partners		
Organisation	**Function**	**Outline roles in collaboration**
Lancaster University	Higher Education Institution	• Academic research collaboration e.g. joint grant proposals, joint supervision of MSc and PhD students (students at Lancaster or partner organisation staff undertaking qualifications) • Educational courses e.g. Masters-level in clinical/health research, data science. • Honorary positions for collaboration partner staff, allowing access to library and software resources • Joint appointment of research-focussed HDRC staff • Gateway to NIHR infrastructure as host/ key partner in North West Coast ARC and CRN, SPHR (LiLaC) and RDS
Blackpool Teaching Hospitals NHS Trust	NHS Trust	• Formation of a joint research office with Blackpool Council • As host of a successful NIHR Patient Recruitment Centre, they will provide support and guidance on the management of a large NIHR infrastructure investment
Empowerment Blackpool	Charity	• Local charity providing advocacy for, and facilitating co-production with, marginalised communities • Co-lead development and implementation of the Blackpool Model of Co-production

6. Leadership and staffing structures

The core HDRC team has a total of 12 staff, working alongside 20 part time community co-researchers, including young people aged 16-21 and adults. Fractional time is included for senior leadership and finance support. Taking a distributed leadership approach, conceptually all staff will identity as co-leaders of the HDRC project, addressing the power imbalance which creates barriers to community involvement.

The attached organogram outlines the staffing in the HDRC and the logic model shows the inputs, activities and products leading to outcomes and impact.

6.1 Leadership within existing structures

As described above, the HDRC team will be part of the Corporate Delivery Unit (CDU), the engine room for all Council strategy and transformation. For example, the CDU leads on the development of the Council Plan. Location in the CDU will ensure the HDRC team can align with existing research and development roles and benefit directly from the market research activity offered by the Infusion service and the co-production expertise of the HeadStart team.

The CDU is within the office of the Director of Strategy and Assistant Chief Executive Antony Lockley, who will also be the Director of the HDRC (5%). This allows direct accountability to the Corporate Leadership Team and an umbrella function across all council departments.

A Head of Research and Transformation (HoRT) (1 FTE) will be recruited to lead the work of the HDRC within the CDU and line manage the senior HDRC staff.

The CDU is led by the Head of Corporate Delivery, Performance, Commissioning and Strategy, Kate Aldridge, and she will provide leadership support to the HoRT (2.4%) and

matrix line management with the HDRC Director, to ensure the HDRC core team benefit from and integrate with the wider CDU and can influence overall culture in the council.

A Consultant in Public Health with an academic background will be recruited/ seconded (1.0 FTE) to provide public health expertise to the HDRC programme, link to local, regional and national priorities and provide internal academic expertise. They will have matrix line management between the Director of Public Health and the HDRC Director.

6.2 Core HDRC staffing structure

The HDRC core will consist of two teams, **research and operations**.

Operations:

- Research and Development Manager (1 FTE) recruited to lead this team
- Workforce Development Officer (1 FTE) recruited to develop and deliver the training programme for internal and external capacity building, including workshops as part of dissemination plan
- Community Research Support Officer (1 FTE) recruited to lead the coproduction activities
- Communications Officer (0.5 FTE) to supplement the existing communications team to support the HDRC dissemination strategy
- Project Officer (1FTE) and Research apprentice (1FTE) recruited to support the programme of work
- 0.05 FTE of an existing member of the finance team will be funded to support budgetary management of the HDRC

Research:

- Research Fellow (1 FTE) will lead this team and will provide support for research training, evidence reviews, building academic partnerships and future bid development
- A research associate (1 FTE) and research officer (1FTE) will support the Research fellow to deliver the programme of work
- A research data analyst (0.5 FTE) will support the collation and analysis of council, regional and other data to support evidence-based decision making and future research funding applications

In order to allow us to attract experienced staff for research posts, recruited staff will be given the option to be employed by Lancaster University under sub-contract. They will still be physically based in Blackpool Council and line managed by the HoRT in collaboration with the Lancaster University lead.

7. Resource, capacity and public involvement

7.1 Research capacity building within Blackpool Council

We recognise that Blackpool Council staff are skilled and experienced professionals. Our capacity building programme will recognise and build on these skills with an asset-based approach. We have experience of using this approach for community development in our current programmes, such as HeadStart, and will adapt these tools for use with teams in council departments. An asset-based approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social capital and we envisage that this approach will have higher acceptability, involvement and result in long-term cultural change.

7.1 Phase 1. Core HDRC development (0-9m)

1. Employment of Core HDRC Team
2. Establishment of joint research office with Blackpool Teaching Hospitals.

   This will provide training and support for the HDRC team, form relationships and ensure complementary processes are established to allow efficient collaborative research. The HDRC R&D manager and project support officer will spend on average 1 day per week in the NHS and University Research Offices over their first 3 months in post, understanding processes and practice and sharing learning and resources (such as standard operating procedures) back to the HDRC. The HDRC accountant will buddy with their equivalent at the University and NHS R&D to understand NIHR reporting requirements.

   HDRC team members, NHS R&D and University Research Support staff will meet monthly for the first 9 months and develop a process for the management of joint bids and management of funded research, including a pathway for external academics and organisations to engage Blackpool as a host site for research.

3. Strengthening evidence-based (allied) commissioning procedures

   Work with the commissioning team in the CDU to host a series of workshops with local providers including SMEs and non-profits, alongside co-researchers, to develop a model of embedding facilitation and participation in co-produced research and evaluation into commissioning processes. This will include the commissioning process itself and the eventual contract and relationship with providers.

4. Developing functioning partnership structures

   Establish membership and terms of reference for partnership group and schedule meetings, embed HDRC within existing research and leadership meetings structures in Blackpool Teaching Hospitals and Lancaster University.

5. Creation of the Blackpool Model (table 2)

   We will refine and adapt existing frameworks that we will apply to the work of the HDRC. We will work with our trained community researchers and consult with colleagues across the council and partners, to refine the frameworks to the needs of a local authority setting and our population.

7.2 Phase 2. Capacity development within key council departments (6-48m)

References to 'The HDRC team' in this section is inclusive of community co-researchers

Based on priority areas, initial and intensive capacity development will focus on 5 key teams within the council: Children's Services Early Years team; Public Health; Housing (incl. Blackpool Coastal Housing Association); Economic Development, Employment and Skills team; and Adult Social Care Mental Health team (incl. mental health social work). In each department, 4 key activities will take place:

1. **Asset mapping** – a team formed of a range of staff (demographics, grade, role) in each department will be facilitated by the HDRC team to consider the 'assets' in that department in relation to evidence-based practice and research activity. Each group will develop the methods they wish to use to understand the assets of individual staff members in the department (transferable skills, knowledge, networks, time, interests and passions), the assets in the wider council and organisations they work with, physical, economic and cultural assets. The asset map will be updated annually.

2. **Training needs assessment** of individuals, development and delivery of staff training programmes. The asset map will inform the training needs of the department as individuals and as a group, including identifying where skills and knowledge can be shared internally within the team rather than through externally provided training.

3. **Rapid evidence assessment**. The HDRC team will work with the department to identify the current priorities for Blackpool that fit within their responsibilities (e.g. the provision new energy efficient social housing). Rapid reviews will be conducted to ascertain the existing evidence base for each identified priority to inform the work of the department and identify research priorities. We plan for 2-3 reviews per department and these will be presented back to the departments in lay and technical formats, and will also be disseminated widely (see table 6).

4. **Joint working between the department and the HDRC partners** to address research priorities. The HDRC team will facilitate meetings between relevant academics, NHS and other community partners to consider approaches to the research priorities. This may include post-graduate student projects for rapid evaluation or pilot work and research funding applications. NHS R&D and University Research and Engagement Managers will support these processes which will be managed at the regular partnership meetings.

Table 2. Developing "The Blackpool Model"

Function	Output	**Existing Framework for Adaptation**
The Blackpool Model of Co-Research on the Wider Determinants of Health	Model of co-production	Refinement of our existing model
	Framework for Implementing Evidence Based Practice	Knowledge to Action Framework[3]
	Rapid evidence assessment toolkit	DEFRA/ NERC The Production of Quick Scoping Reviews and Rapid Evidence Assessments: A How to Guide[4]
Knowledge and skills required for knowledge creation and implementation in a local authority setting	Asset-based approach	A glass half-full: how an asset approach can improve community health and well-being. Improvement and Development Agency[5]
	Knowledge and skills framework	Shaping Better Practice Through Research: A Practitioner Framework CAHPR[6]
	Training needs assessment	Hennessy-Hicks Training Needs Analysis[7]
	Training programme	Linked to the developed skills framework and the Blackpool Model of Co-Research
Evaluating, monitoring and supporting success of the HDRC	Evaluation Framework	Value Creation Framework[8]

7.3 Phase 3. Sustainable capacity development - wider council departments (24-60m)

Using learning from the intensive capacity development, a sustainable model of capacity building based on targeted intensive training and continuous professional development will be developed. This may include the development of online modules, seminars and workshops, alongside support to access NIHR academy opportunities.

A **train-the-trainer** model will be developed to create **research champions** within departments who will support managers with asset mapping, training needs assessment, signpost to training and collaboration opportunities, cascade updates and calls from the HDRC core team and partner organisations, and support colleagues to pursue the opportunities these offer. Research Champions will establish and lead **departmental research communities of practice** to allow social learning, sharing of ideas and best practice and foster a research culture.

7.4 Blackpool Model of co-production

Blackpool Council has spent the last 6 years testing, learning and refining a world class approach to co-produced research. Investment from The National Lottery Community Fund's HeadStart and Fulfilling Lives programmes has enabled the rapid improvement of the model, which leaves us poised and ready to scale up and evidence impact.

Community Co-researchers (CCR's) make a significant contribution in improving the quality and relevance of research. They have an ability to shape research methodologies which are more likely to generate meaningful responses and they have the ability to engage with people who rarely, if at all, engage with research opportunities. Blackpool has an existing community of co-researchers, trained and experienced in all aspects of research, including the design, delivery and dissemination of research projects. HDRC funding will enable this community to grow, with a further 20 CCR's employed solely as part of the core HDRC team.

7.5 HDRC Co-research in practice

21% of our total HDRC budget it committed to the employment and support of community co-researchers.

Recruitment and employment: Blackpool Council will commission 2 organisations, likely to be from the local VCSFE sector, to recruit and support 20 CCR's, with one focusing on young people, aged 16-21 and the other on adults. CCR's will be recruited following the existing model, with the only essential criteria being lived experience of health inequalities. Jobs will be advertised on recognised websites such as indeed and at the Job Centre, but experience shows that word of mouth is the most effective mechanism and therefore using existing networks is crucial. Employment contracts will be for either casual or part time hours. CCR commissions will include funding for approx. 6 hours per week and management and support costs at approx. 50% to ensure there is appropriate support for the CCR's to have sustained engagement in the core team.

Induction and training: As part of the induction phase, CCR's would attend training and capacity building opportunities alongside the HDRC team, including completing an asset mapping exercise to support their individual development plans. The CCR Support Officer will act as the main point of support and contact.

Activity: CCR's would be involved as equal partners in all core HDRC activity including delivering training, developing dissemination strategy, inputting to governance/ accountability, identifying research priorities, dissemination activities, HDRC evaluation and helping plan lived experience input to research funding bids. Monthly meetings with the CCR Support Officer and the CCR's would be the mechanism to agree individuals' activity for the coming month. The CCR Support Officer would liaise with the research team to create regular forward

plans to inform this meeting. Data enabled laptops would be provided to ensure all CCR's can engage fully in core activities.

8. Governance and management structures

Leadership of the HDRC has been outlined in section 6.

An organogram covering the management and governance structure is attached.

The accountability and reporting mechanisms for the work of the HDRC core team will be through Blackpool Council's **Corporate Leadership Team** (CLT) with all major documents (overall project plan, dissemination strategy, 6 monthly reports) being reviewed by this committee. Where there is additional demand for HDRC support beyond capacity, **CLT will decide on the priority for support**. This will ensure council-wide Director level accountability for the project, including the Director of Public Health. CLT is accountable to the council's **Leadership Group** of elected members. They will have access to all CLT papers and also receive 6 monthly progress reports on the HDRC.

We will convene an **external oversight/ advisory board** accountable to NIHR. NIHR will make the appointments but we will recommend members. We propose 10 members: two academics in public health related subjects, two senior local government staff, two members from the VCFSE sector and 4 people with lived experience of health inequalities. These members all be recruited from outside the Blackpool region. Lived experience members will be trained and paid for their time and any travel/ subsistence. If possible, meetings will be held in person in Blackpool Council so that the work of the HDRC can be showcased.

9. Justification of costs and sustainability

The justification of costs is detailed in the relevant section of the online form.

9.1 Sustainability

While some elements of the HDRC model will be sustainable after 5 years (wholescale capacity building, cultural change) many elements of this bid will require prolonged funding if the model of Blackpool as a research active local authority is to continue. We will require funding for the central HDRC team, similar to teams in NHS trusts to support the co-researchers, development of bids, partnership working, continuous staff development and delivering hosted research. This is not activity that can be funded from research grants and it would need to be covered by an uplift to the local authorities funding or direct from NIHR programmes or the CRN.

10. Implementation, Milestones, KPIs & stop/go criteria:

Please see attached Gannt chart which outlines the project plan.

10.1 Success criteria for delivery of the HDRC, including STOP/GO criteria*

Table 3. Success measures & STOP/GO criteria

Timepoint	Measure
End of year 1	All HDRC funded staff in post
	Blackpool model fully developed
	Bi-monthly partnership meetings underway
	Capacity development programme initiated in Housing Department
	Coproduction of evaluation and dissemination strategies completed
End of year 2	Capacity development underway in all priority departments
	Capacity development programme completed in Housing Department
End of year 3	Capacity development programme completed in priority departments
End of year 4	Sustainable capacity development in place (train the trainer model, research champions)
	Outputs: Describing the Blackpool model Evaluation of capacity development
	Minimum of 5 research funding applications submitted (1 per theme) between Blackpool Council and partner organisations
End of year 5	Submitted NIHR report
	Plan and funding for continuation of Blackpool HDRC

*Stop/GO criteria are shaded grey.

10.2 Key performance indicators and evaluation framework

Our Key Performance Indicators and methods for monitoring and supporting success were developed as part of our previous NIHR project (see logic model). Recognising the complexity of identifying and tracking evidence of culture change, systems resilience and sustainability of research-focused activity over the long term, we intend to use inter-linked and consistent forms of evaluation across activities, based on the Value Creation Framework[8]. In conjunction with stakeholders, members of council departments and council leaders, we will regularly complete the tool throughout the wider HDRC work, and it will be integrated as part of the core structure of individual projects. The result is a wide-ranging set of Value Creation Stories from the perspectives of all stakeholders which, along with the quantitative data sources, will help us to understand the wider impact of the HDRC.

An indicative evaluation framework is outlined in table 5 but this shall be refined through co-production with council staff, partners and community co-researchers in year 1.

11. Socioeconomic position and health inequalities

Addressing health inequalities is the main focus of our HDRC. We believe our plans as described above will ensure inclusivity of the HDRC. Our use of lived experience co-researchers and experienced voluntary sector organisations will help us to include those people at highest risk of health inequalities who may not traditionally participate in research. The embedding of the NIHR Northwest Coast Health Inequalities Assessment Toolkit[2] as part of our HDRC model will ensure that health inequalities are considered in every project. As for practical steps, we have requested funding for translation of dissemination materials, funds for voluntary organisations and community co-researchers to reduce the barriers to participation.

12. Dissemination, outputs and anticipated impact

We recognise that a key aim is to disseminate research findings for implementation and impact in other regions nationally and that will not be possible simply with research output mechanisms. We wish to share the learning from the HDRC as a mechanism for cultural

change in a local authority, as well as sharing the results of the research, and we propose active mechanisms of knowledge conversion using of both tacit and explicit knowledge.

12.1 Dissemination strategy

In year 1 will we co-produce a **dissemination strategy** with our local community, public and voluntary sector, neighbouring authorities and also similar local authorities across the UK. We will develop an **active learning mechanism** to share the work of the HDRC with other local authorities and have potential mechanisms through the NIHR Applied Research Collaboration Coastal Communities' network and the 19 further areas that will receive Levelling-up funding after the Blackpool pilot. We do not yet know where else will receive HDRC funding and we would like to ensure a cohesive plan is developed between HDRCs to disseminate internally and externally therefore the following plan is certain to evolve over the first year.

The scope of this strategy is to **disseminate the work that would be funded by this HDRC application** (table 6), including the development of the HDRC, evidence reviews, capacity building and funding applications. It will also provide a framework and structure for the dissemination of future funded research.

12.2 Active learning mechanism

In order to share the learning of the HDRC model, including subsequent research findings we propose using both **tacit and explicit methods for knowledge translation**.

As outlined in table 6 we will publish details of our "Blackpool Model" at the end of year 1, with updates as it evolves and is evaluated. **Two-day workshops** will be held in Blackpool annually in years 3-5 where we will provide experiential learning in our model of embedding research, partnership working and community co-research.

This will be augmented by developing a **community of practice** with neighbouring local authorities and geographically/ demographically similar local authorities nationally. This will meet 4 times a year online with all members invited to attend our learning events/ annual conference, facilitating social learning as local authorities develop a research culture and become research active.

12.3 Possible barriers for long-term impact

Table 4. Barriers to long-term impact.			
Impact	Timescale	Barriers	Mitigations
Research culture in Blackpool Council; Changes to process of decision making in Blackpool Council	3 years+	Changes to senior council leadership; competing priorities (e.g. pandemic); staff unwilling to change practice	Research as part of Council Plan; Wide senior leadership and elected member knowledge, understanding and responsibility for delivery; Asset based approach to capacity development so staff feel valued and part of the process; Dissemination strategy to emphasises benefits through early examples.
Increased trust in Blackpool Council resulting from public engagement through clearly articulated research.	5 years+	Public do not engage with dissemination activities; Failure to articulate purpose of research and results from research;	Co-production of dissemination strategy with robust evaluation to ensure methods are effective
Change to public health policy or policies in other sectors	5 years+	Failure to disseminate model and research funding to other areas; Failure to conduct research into transferability and implementation; Failure to inform policy makers of research findings.	Co-produced dissemination model with ongoing evaluation and improvement; Active learning mechanism and formation of network of similar local authorities to allow wider effectiveness and implementation research.
Public wellbeing, health and health inequalities in Blackpool	10 years+	Lack of funding for interventions linked to wider determinants of health; Lack of funding for evaluation of potentially effective interventions.	Linking HDRC to existing council priorities of Town Deal and levelling-up regeneration funding; Partnership with research intensive HEI, bid writing support in HDRC team and support for initial evidence reviews and data analysis to ensure high-quality proposals.

Table 5. HDRC Evaluation Framework

	Activity	Measure
Capacity	Research Skills Map	Number of Expression of interest for Apprenticeships / MSc /PhD from Blackpool Council or VCFSE organisations
	Research skills training	Develop hybrid research skills training offer
		Number of Attendees
		Session feedback forms
		Confidence of implementation survey
		Numbers completing train the trainer offer
	Employ community co-researchers	Equalities impact assessments from biogs of co-researchers
		Social Network Analysis
		Co-produced Outcomes Star
	Rapid Evidence Assessments	Number of completed assessments in 4 priority areas
		Number of assessments in wider departments
	Research Publications	Number of publications
		Number of citations
		Impact factor of journal
		Number of reads from publicly accessible articles
	Bid Writing	Number of bids led by core HDRC team
		Number of bids led by departments
		% of successful bids
		Total income from bid generation
Relational	Co-produced research projects	Number of requests for co-research projects
		Number of co-produced research outputs
		Value Creation story for each project
		Co-production survey for co-researchers
	Increased trustworthiness	Numbers of people consenting for their data to be data linked
		Numbers of people consenting for their data to be researched
	Improved partnership work	Number of joint projects initiated in with 5 priority departments
		Number of joint bids submitted
		Document Analysis of HDRC meetings, procedures.
		Social Network Analysis
		Qualitative evidence research practices spreading outside HDRC core departments
	Engagement with elected members	Attendance at scrutiny boards, meetings & public events.
	Communication / dissemination	Number of research products shared
		Number of reads / clicks
	Public Research Events	Number of attendees
		Session feedback form
		Follow up Value Creation Framework Survey
Cultural	Research active staff -priority departments	Number of staff identifying gaps in research & data
		Number of staff leading research projects
	Evidence Based Decision Making	Interviews with Blackpool Council Officers
		Analysis of dissemination spread
	Increased Transparency	Numbers engaging with FAQs
		Numbers attending public learning events
	Reputation as Research informed Council	Staff Survey and Public Survey
		Number of ‘front door’ requests about research
		Staff Survey and Public Survey
		Number and category of organisations attending research meetings.

Table 6. Dissemination

Key Outputs	Target audience	Dissemination mechanism	Anticipated impact (earliest impact timepoint)	Potential barriers (and solutions) to implementation	Future funding needs
Blackpool Model for HDRC	Elected members, Blackpool Council Staff	Presentations at committee/ departmental meetings, displays in Council HQ, staff intranet articles, research champions.	Raise awareness of Blackpool HDRC, ensure community citizens and partner organisations are informed, share model for implementation in other areas. (month 12 onwards)	Effective coproduction is essential to maximise impact and reach (achieved through our coproduced dissemination strategy)	n/a
	Local community including citizens, health and care organisations and VCFSE	Annual learning events/ conferences, online blogs, social media, traditional media, community presentations. Presentation at health and care boards e.g. Fylde Coast Research Collaboration, Place-based Partnership, Multiple Disadvantage strategic Group, VCFSE Alliance, Town Deal Board.			
	Other local authorities, policy, academia.	Academic publication, website with full details of models, training resources and tools, presentations at conferences/ meetings e.g. Faculty of Public Health, Local Government Association, Association of Directors of Public Health. Sharing through websites/ newsletters of relevant organisations e.g. Homes England, Institute for Economic Development, anna Feud Centre for Children and Families.			

Table 6. Dissemination

Key Outputs	Target audience	Dissemination mechanism	Anticipated impact (earliest impact timepoint)	Potential barriers (and solutions) to implementation	Future funding needs
		Sharing through NIHR ARC Coastal communities Group and through the network of Levelling-up areas. Two-day workshops Community of practice			
Interim reports	Elected members, local authority staff, public & practice	Real-time updates provided though project social media feeds, council intranet, blogs/vlogs, coproduced interim report lay summaries and published on the project website	Provide real-time updates on project progress and flag opportunities to participate (months 6-54)	Effective coproduction and engagement with professional organisations are critical (we will work with our community coresearchers and existing networks)	n/a
	Policy & Funder	Interim reports published on study website and in 6-monthly NIHR progress reports		Requires engagement with policy colleagues (we will build on existing links to policy colleagues including the Department for Levelling up, Housing & Communities).	
Capacity development evaluation **Blackpool HDRC model evaluation**	Elected members, local authority staff, community (citizens, health and care, VCFSE organisations)	Annual learning events/ conferences, online blogs/vlogs, social media, traditional media, community presentations. Presentation at health and care boards.	To illustrate effectiveness of the capacity development and wider model (36m onwards)	Effective coproduction and engagement with professional organisations are critical (we will work with our community coresearchers and existing networks)	n/a

Table 6. Dissemination

Key Outputs	Target audience	Dissemination mechanism	Anticipated impact (earliest impact timepoint)	Potential barriers (and solutions) to implementation	Future funding needs
	Academics, policy, other local authorities	Open access publications, website, dissemination through professional organisations, presentations at conferences. Two-day workshops Community of practice		Requires engagement with policy colleagues (we will build on existing links to policy colleagues including the Department for Levelling up, Housing & Communities).	
Evidence reviews and research recommendations	Elected Members and Council Staff	Portfolio holders and staff in relevant departments will receive a full version and plain English summary of results by direct email. Presentations and Q&A sessions will be held in departments. Workshops and discussion in department research CoP to aid implementation of findings into practice. Wider staff access this staff intranet.	Share results of evidence review so they can inform future practice (24 months onwards)	Reliant on identification and completion of relevant evidence reviews. We have staff dedicated to these reviews and a detailed timetable for each review.	n/a
	Community (citizens, health and care, VCFSE organisations)	Annual learning events/ conferences, online blogs/vlogs, social media, traditional media, community presentations. Presentation at health and care boards.			
	Academics, policy, other local authorities	Open access publications, website, dissemination through professional organisations, presentations at conferences. Community of practice			

Table 6. Dissemination

Key Outputs	Target audience	Dissemination mechanism	Anticipated impact (earliest impact timepoint)	Potential barriers (and solutions) to implementation	Future funding needs
Research funding proposals	Funders, other local authorities, academics.	In order to ensure wide impact of our work, other local authorities and academics will need to be involved in future research proposals. Other local authorities will be needed as sites or comparators in studies or to implement the findings from Blackpool-based studies. To facilitate this, we will develop a network of similar local authorities (as before, this may utilise existing networks) that we will engage through our workshops and community of practice. We will consider further academic partners through NIHR ARC and School of Public Health Research.	Funding for future research linked to the work of Blackpool council, other local authorities and implementation studies of Blackpool interventions in other areas (month 24 onwards).	We will rely on other local authorities working with us to develop research proposals. This will require two things: Clear arrangements to stop overcrowding by 'networks' in local authority research. We will work with other funded HDRCs, NIHR ARCs, NIHR SPHR and the Levelling-up sites to ensure that efforts are aligned. NIHR ensuring that research funding is fit for purpose for local authorities in terms of attribution of costs and financial reporting.	NIHR and other funders will need to ensure suitable funding calls exist for future research.

13. Project timetable

The project timetable is detailed in the attached Gantt chart and in the relevant sections above. In summary there are three phases:

Phase 1 Core HDRC development (0-9m)

Phase 2 Capacity Development in key departments (6-48m)

Phase 3 Sustainable capacity development (24-60m)

14. Approach to Collaborative Working

As outlined, a strong collaboration already exists between the partners with existing funded projects. A bi-monthly partnership group will be convened with representatives of each partner organisation. That meeting will cover the project progress and plans, new initiatives, application, funding and opportunities. As potential areas for new research emerge from any partner, a meeting will be convened by HDRC, NHS R&D and Lancaster University Research Support Office staff to bring together key individuals to develop the plans. The progress and opportunities of the HDRC will be reported via the Lancaster University Faculty of Health and Medicine Collaboration Group and the NHS Blackpool Foundation Trust Research and Development Committee.

15. Safeguarding and ethics

We do not envisage ethical or regulatory issues outside those of standard research. Recognising the need for robust ethical review processes of research within the HDRC, our joint research office will coordinate submissions to Lancaster University Faculty of Health and Medicine's research ethics committee or NHS ethics if appropriate. Lancaster University and/ or Blackpool Teaching Hospitals NHS Trust will act as sponsor for the research.

16. Expertise

Leadership and staffing structures, with contribution of each post is outlined in section 6 (page 6). The contributions of each partner organisation to the HDRC are outlined in section 5.1 (page 5).

Bid writing was a collaborative process and the bid-writing team had representation staff from all 4 partner organisations (bid writing team details attached). The bid writing team members will act as the leads for the HDRC within their organisations: Prof Jenifer Logue, Lancaster University; Mike Crowther Empowerment Blackpool, Angela Parker; Blackpool Teaching Hospitals.

Beyond the bid writing team each partner organisation aided the development of the proposal. Gabbi Burley, Research Development Officer at Lancaster University, has provided specialist support on the costing of NIHR proposals and Dr Odette Dewhurst, Senior Research Development Manager, has provided interview preparation support. Becky Dickinson, Accountant at Blackpool Council has supported the development of the budget and the Corporate Leadership Team and Leadership Board have provided feedback and advice on the development of the vision, aims and overall HDRC strategy. Tracy Hopkins, CEO of Citizens Advice Bureau and Chair of VCSFE Leaders group for Blackpool, Fylde and Wyre has supported the PPI development. The Clinical Research Network North West Coast providing funding for project officer support to coordinate bid development and enabled in depth community engagement.

Letters of support from each partner organisation are attached.