Final Detailed Research Plan

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Background and Rationale

On 1st April 2023, North Yorkshire County Council and seven district/borough councils came together to form North Yorkshire Council (NYC). This local government re-organisation provides a timely and unique opportunity, a new start, to build on existing good practice and truly embed a strong, innovative research culture across the whole new Council, focused on influencing the wider determinants of health. This aligns well with the NYC's new values; Inclusive, Ambitious, Creative, and Together (1). NYC is now the third largest Council in the country and covers the largest geographical area of any Local Authority nationally, covering 8000km2 and with a population of 618,000. North Yorkshire (NY) has a very distinctive geography. It is largely rural with some prominent urban communities, including two with populations of over 50,000, and it contains over 45-miles of coastline.

As a new Council, we are aware of the consistently evidenced inequalities experienced within specific places and populations across the county (e.g., coastal/rural/military) (2), and tackling these is a key strategic priority for NYC (3, 4). The Chief Medical Officer's Annual Report 2021 (5) and his recent visits to our coastal town in Scarborough and to Harrogate, our largest urban settlement, has emphasized the inequalities faced across NY, including high levels of deprivation and significant disparities in life expectancy and years in good health (6). Additionally, the North Yorkshire Rural Commission's report (7) highlighted the challenges faced by our remote and rural communities, including poor accessibility, and limited broadband connectivity in super-sparse areas, which make up much of the county, and an ageing population, with a 'missing generation' of young people. The availability of good standard, affordable housing is a particular challenge, with house prices in some parts of NY as high as some of the most expensive places in Britain. Education outcomes in NY are good but educational attainment varies across the county, often linked to socio-economic conditions, which effects the long-term life chances of children and young people. Employment is high in NY and there are plenty of high paid jobs in specialist sectors, but the county retains a two-speed economy with a high rate of low-skilled, low-paid employment, which can place tremendous financial pressure on struggling families.

In a large geographical county like NY, accessibility and connectivity are critical parts of our local infrastructure because they enable people to go about their day-to-day business and attend important engagements, including health appointments. However, there are major infrastructure challenges within the county, particularly transport accessibility, especially when travelling from east to west, which can sometimes leave our coastal and rural communities cut off from the rest of the county and further afield. Furthermore, NY is home to multiple military bases including four air force stations and one of the largest army garrisons in the country. The armed forces community makes up a significant proportion of our population and the county has some of the highest rates of veterans in the country, who also experience unique health challenges (8,9).

We recognise that to effectively serve our diverse communities and improve health outcomes for our residents, we need a Council-wide workforce which is competent and confident in conducting and applying research and evidence to inform decision-making. We recognise the need to work more effectively within a larger research ecosystem, developing partnerships and collaborations to both influence and drive change in health equity. This is our ambition, and we are confident that with investment and time we can do justice to this agenda.

To date, the research agenda within the Council has been largely driven by a small number of staff with externally funded protected time. This has enabled some Council directorates to collaborate on research bids and studies, including both commissioning and partnering with universities (10,11,12). We have utilised NIHR funding opportunities, with four practitioners awarded places on the Pre-Doctoral Local Authority Fellowship programme since its launch in 2021 and one practitioner being awarded a 2023 Doctoral Local Authority Fellowship. Staff have also participated in regional researcher development opportunities (e.g., First Steps into Research programme, Innovations in Professional Practice). We have also invested in a small Behavioural Science Unit to embed research approaches to help identify and influence behaviour change interventions and communications to improve delivery of Council services.

NYC has a Research Working Group, led through the Health & Adult Services (HAS) Directorate, with members ranging from frontline staff to senior managers from a range of directorates. The group meets every 6 weeks, sharing a collective energy for research and exploring ways to drive the research agenda forward. Outputs have included the introduction of a monthly NYC Journal Club, and research presentations to support Council-wide events (e.g., World Social Work Day). The group has also supported the development of a HAS Research Governance Framework. This work has only been possible through Curiosity Partnership funding (13), enabling a temporary lead role for this work within our HAS Directorate.

We aspire to introduce new systems to enable mapping and dissemination of our research activities across the whole of NYC. However, our research infrastructure is underdeveloped and fragmented, and hindered by capacity and funding constraints. As such, research activities have been ad-hoc and have lacked strategic coordination to fully utilise the passion, appetite, and ambition for research across the Council. The formation of NYC and amalgamation of a 20,000 strong workforce (including schools) now presents the perfect opportunity to implement the HDRC to achieve transformative change.

As a new Council, HDRC funding will provide a tremendous boost and be instrumental to our research practice ambitions focused on reducing health inequalities. It will advance an evolving culture that puts research at the heart of serving the needs of our unique communities, facilitating further development of our research infrastructure and capacity, enabling greater collaborative work within and across our directorates. It will enable a codesigned, coordinated programme of strategic research initiatives and facilitate the embedding of research and evidence into the Council's strategic service planning and decision-making.

This aligns with NYC's constitution (14), for policy to be underpinned where possible by robust evidence. Support for the development of a HDRC has been demonstrated across the Council at a senior strategic level. The submission of the bid went through the democratic decision-making process and has gained approval from the relevant elected members. Additionally, the lead applicants have held individual meetings with NYC Corporate Directors to share the vision and operational model of our HDRC. These strategic conversations helped to shape our proposal and ensured that the HDRC has support and is embedded already within the emerging Council's operating model and linked to the Council's Transformation Programme.

Our academic partners from The University of Hull (UoH) and the University of York (UoY) have also confirmed that the HDRC will support the research and knowledge exchange ambitions of their institutions and that it aligns with their strategic aims, objectives and values. They embrace the HDRC as a partnership with purpose.

HDRC Vision
To embed a strong research culture across NYC, that generates robust evidence to inform strategy and influence decision making, ensuring more efficient use of resources to improve health outcomes and reduce health inequalities.

HDRC Aim
To become a Council leading in research excellence, that is highly effective in using and generating evidence to improve health outcomes and reduce health inequalities across North Yorkshire.

HDRC Objectives
We have five interconnected objectives ("the five Cs") that will be delivered through four Work Packages (WPs):
1. **Culture change**: Fostering and delivering a Council-wide culture that is curious and creative in how it utilises research and seeks evidence-based approaches to inform decision making (WP1,2,3,4)

2. **Capacity & capability**: Building the confidence and competence of NYC staff to utilise, engage and excel in research activity, with support from academic research expertise and resource (WP1,2,4)

3. **Collaborations & co-production**: Creating and developing collaborative research partnerships both internally and externally, including public engagement to prioritise, co-design and co-produce our research, ensuring diversity of voice (WP1,3,4)

4. **Champions of excellent research**: Becoming catalysts for change driven by strong, committed and highly motivated leadership, to embed research into strategic and policy development (WP1,4)

5. **Communication**: Developing and delivering high-quality processes to facilitate knowledge exchange, effective dissemination and impact of research outputs to a range of audiences locally, regionally and nationally (WP1,3)

HDRC Delivery Plan
The HDRC objectives will be delivered through the following WPs, each overseen by a NYC and UoH co-lead (see organogram in Annex 1). WPs will be tailored and responsive to the identified needs of each directorate.

1. **WP1: Infrastructure & Governance** - NYC's research infrastructure is currently underdeveloped, and its existing research governance structures are formative and uneven across directorates. A single Council- wide governance structure, ethical review process and research strategy is required. This WP will be foundational in developing a high-quality, robust, infrastructure which enables a coordinated system-wide approach to research and strengthens data collection/exchange. It will underpin the development of research capacity (WP2), enabling cross-directorate discussions and step-changes in research activity.

2. **WP2: Capacity & Capability** - NYC's ability to conduct and engage in research to address health determinants is currently hindered by limited capacity and capability. A comprehensive package of learning and development is required, along with dedicated time and resources. This WP is designed to unlock the potential of the Council in using and generating robust evidence to tackle health inequalities, intersecting with WP1 and 3, to embed a strong research culture that works in collaboration with communities.

3. **WP3: Dissemination & Impact** - NYC's ability to disseminate research and maximise impact has lacked strategic co-ordination. An effective co-designed Dissemination and Impact Strategy is required through partnership working with our residents and stakeholders. In line with NIHR guidance (18), this WP will deliver high-quality communication systems and processes to maximise the impact of the HDRC and truly make a difference. We will ensure reach across our communities, as well as regionally, nationally and internationally, to enable the benefits of our research to be utilised as soon as possible.

4. **WP4: Learning & Evaluation** – NYC is a new Council, and its research related needs and strengths are currently unknown. Strategic development and coordination of learning and evaluation is required, to ensure that the HDRC continually adapts to deliver its vision and maximise its potential. This WP will collate and use quantitative metrics and qualitative understandings to ensure that the HDRC is meeting its objectives. This will promote continuous learning and sustainability. It will ensure monitoring of HDRC impact at operational, strategic, and Executive levels, particularly its influence on Council decision-making.

There will also be three cross-cutting themes underpinning the Work Packages:

- **Public Involvement & Community Engagement** – Public Involvement and Engagement will strongly underpin the work of the HDRC. We will build upon the existing and emerging community engagement approaches within NYC and partner organisations. We will set up mechanisms to ensure that the people of NY have a meaningful voice in HDRC priority setting and within our developing research activities. We recognize that meaningful involvement and engagement requires a two-way, free flow of information to build trust and understanding. We will build a collaborative environment which values inclusivity and diverse forms of knowledge.

- **Health Economics** – Health economics input will be key in helping to support decisions made by the Council that are influential on health outcomes. We will provide training, toolkits and frameworks to support the NYC workforce to assess the implications of investing resources in one way compared with another (e.g., prevention services). This will include analysing best available evidence on costs, savings, and health benefits on specific topics/issues to inform interventions, investment, commissioning decisions and policy.

- **Behavioural Science** – Embedding behavioural science within the work of the HDRC will enable us to gather behavioural insights and inform our communication strategies to support with engagement and affecting change. This will also support the routine application of behavioural science theory and evidence to inform the design of services, interventions and evaluations, to improve health outcomes for residents.

The HDRC will be split into two stages:

Stage 1: HDRC and Work Package set up (Year 1)

Stage 2: HDRC Delivery (Year 2 – 5)

Work Package Delivery Plan

Work Package 1 Activities: Infrastructure & Governance

<u>i.The co-development of a research infrastructure that will incorporate a series of existing and new structures and systems designed to ensure safe and effective delivery of HDRC objectives.</u>

a. The HDRC will be governed and guided by a **Strategic Steering Group** consisting of internal leaders and senior academics from UoH and UoY, to provide oversight and direction and to ensure delivery of HDRC objectives within budgets and timeframes (see Governance and Management Structure Diagram in Annex 2).

b. The HDRC will be supported by an **Independent Advisory Group** consisting of representatives with specialist expertise and lived experience. The purpose of this group will be to provide objective guidance, advice and feedback.

c. We will establish **Research Leads** within each of the eight directorates, with dedicated time to shape and drive the research agenda across NYC (1 day per week). Research Champions (voluntary roles, 2 per directorate) will support the Research Lead and promote the work of the HDRC across their directorates. The Research Leads and Champions will receive training and mentorship under WP2, forming an internal network, supporting peer-to-peer learning, working together and seizing opportunities for cross-directorate collaboration. They will represent the voice of each directorate in the HDRC and be key to the collaboration and to ensuring a joined-up Council-wide approach to research. Across NYC, Research Leads, Champions and other research active/interested colleagues will form a dedicated resource, alongside the HDRC Core Team, to inspire, support and promote our research culture.

d. We will establish a quarterly **Research Development Forum** (RDF) to provide a shared creative space to foster NYC/UoH/UoY collaboration and grow connections between partners. The RDF will support the identification of research priorities (informed by evidence), enable the sharing of ideas and challenges and opportunity to co-develop research agendas and projects. This space will advance NYC engagement with research and UoH/UoY engagement with practice. The RDF will link into the

three cross-cutting themes of the HDRC. It will enable partners to connect and will facilitate a flow of information, laying foundations for research collaborations and evidence-informed decision making around the wider determinants of health across directorates.

e. We will develop an **Engagement Hub** to provide an overarching framework for public involvement and community engagement within the HDRC. This will enable meaningful partnership working and coproduction of research priorities and activity with partners and communities. The Hub will be coordinated by a newly appointed PPIE Officer, who will be supported and guided by an academic Public Involvement Officer from UoH. The PPIE Officer will act as a link between the Hub and the Research Development Forum. The Hub will adopt a three-tiered approach to community engagement:

- **We will set up a Partnership Forum** which will meet online quarterly to oversee and support the delivery of our PPIE strategy. The forum will bring together PPIE and Voluntary, Community and Social Enterprise (VCSE) organisations that are already using creative and innovative approaches to reach the diverse communities that span NY. This will enable information sharing between key stakeholders, so that we can learn from, and build on, existing knowledge about community needs and ways of reaching people. VCSE organisations will be able to apply for funding from the HDRC to undertake engagement projects in specific places or with specific communities, where gaps are identified.

- **We will develop a Public Advisory Group** which will meet in person three times per year and will shape our approach to PPIE. It will be made up of ten members of the public, representing our diverse communities, will be facilitated by the PPIE Officer and will feed into both the Independent Advisory Group and the Partnership Forum.

- **We will develop a Volunteer Network** consisting of people with lived experience of specific health determinants, health inequalities and local health and care services. People who join this network will support the development of new research ideas and grant applications and advise and co-produce grant funded projects. The PPIE Officer will coordinate this network and support its members.

In recognition of the financial barriers people might face in joining these groups, and in line with NIHR guidance, we are committed to reimbursing members of the public to thank them for their time and contribution. The intention is that this will be underpinned by a reward and recognition policy which will be essential to support people living on low incomes or in rural areas to get involved in the HDRC.

f. We will **connect with other regional HDRCs** to enable knowledge exchange, iterative learning and to maximise opportunities for collaboration. We have held preliminary conversations with Doncaster HDRC about this who are mutually keen to explore and develop this further.

ii. The co-development of research governance systems and ethical protocols, building an NYC-wide research strategy to support research activity.

a. NYC/UoH/UoY will co-produce a Council-wide **research governance structure** and ethical review process. We will draw upon learning from the University's Research Integrity and Governance and the NHS Integrated Research Application System (IRAS) frameworks to develop a system tailored to NYC, with staff training and support provided (WP2). The UoH ethical review procedure will be available, as required, for research emerging out of the HDRC.

b. NYC and UoY will become connected to the UoH **Trusted Research Environment** (TRE). The purpose of a TRE is to enhance users' ability to undertake research efficiently, enabling data storage in a secure space. As TRE approved users we can access key data relevant to public health, social care and health economic research, that we couldn't otherwise access. With support from UoH expertise, we will develop our data sharing systems and protocols in line with regulation. Use of the TRE will facilitate data analysis to inform decision- making and greater understanding of potential trade-offs to understand whether interventions and policies are beneficial. The TRE would serve as a platform for collaborative work, where we could share datasets, and this would strengthen our ability to develop collaborative grant proposals for competitive external funding. This solution will facilitate research collaboration across NYC/UoH/UoY, to utilise a wide range of data to drive evidence-based policy decisions.

c. UoH/UoY will support NYC to build a Council-wide **research strategy** incorporating robust research governance structures. The research strategy will align with NYC priorities, incorporating future research plans and impact measures, and will be reviewed and developed with input from the Research Development Forum.

WP1 Summary of Outputs
- Directorate Research Leads and Research Champions Network
- Engagement Hub (Partnership Forum/Public Advisory Group/Volunteer Network)
- Research Development Forum
- A Council-wide Research Governance Framework
- A Council-wide Ethical Review Framework
- A Council-wide Research Strategy
- Data collection, storage and data sharing systems & protocols
- Cross-directorate collaboration and engagement

WP1 Summary of Success Measures
- Involvement in research activities within all Directorates (measured through the NYC Research Log)
- Active participation of the public in developing and delivering research activities
- Diversity and inclusivity within public participation
- UoH/NYC/UoY collaborative research projects
- Research practice conducted to high standards
- Ensured integrity and reliability of research & outputs
- HDRC research programme aligned to Council priorities and contributes to the Council's JSNA process and evidence base
- An improved understanding of and quantifying of health inequalities

Work Package 2 Activities: Capacity & Capability

i.The introduction of specialist roles and dedicated time to develop NYC workforce research capacity.

a. The **HDRC Core Team** includes a range of roles, bringing a variety of knowledge, skills and experience to support the Council to become more research active (see organogram in Annex 1).

b. Complimenting the HDRC Core Team, NYC will **increase research capacity** by establishing a **Research Lead post** within each directorate (WP1). Their nuanced understanding of services and priorities within their directorates ensures they are uniquely placed to positively influence decisions that directly impact on the wider determinants of health e.g., transport, housing, education (15). This will also support NYC's ambition to build 'health into all policies' (16). Research Leads will also act as a conduit for knowledge exchange and opportunities between NYC and academic partners.

ii.The co-creation of a staff development programme to increase NYC staff research capability.

a) The NYC's Training and Learning team will work with Research Leads to undertake a **training needs analysis** within each directorate. This will identify NYC research strengths, training needs and research experience to inform the delivery of the HDRC's programme of learning and evaluation. A wide range of training will be provided, at different levels (foundation to advanced) and tailored to need.

b) The Directorate Research Leads will be matched with UoH Academic Mentors, based around subject and research interests. The **mentoring model** will facilitate two-way learning and developmental opportunities.

c) The Directorate Research Lead will have access to **research training** (e.g., Research Ethics and Data Analysis) provided by UoH, which will be facilitated by honorary contracts. This offer will also be extended to the Research Champions and the HDRC Core Team. The honorary contracts will enable access to the UoH library with a wide range of academic resources to support day-to-day research activities.

d) UoH/UoY/NYC will co-create a wide range of **e-learning modules** to build the capability of staff to

understand and engage with research and evidence (e.g., understanding and influencing the wider determinants of health, finding evidence, evidence synthesis, critical appraisal, health economics, behavioural science, understanding and interpreting data, and public involvement/co-production).

e) Research capability within the NYC workforce will be increased by **academic development opportunities**. A range of academic modules will be funded for NYC staff across the 5-years, with 100 places on research related postgraduate modules available. A competitive process will be implemented to allow staff to apply for these opportunities, linked to annual appraisals. UoH will explore MSc and PhD opportunities to support staff development, with research questions formulated around addressing the health inequalities pertinent to NY. NYC will support their workforce to apply for external developmental opportunities, supported by HEI expertise (e.g., NIHR LA SPARC, Pre-Doctoral, Doctoral and Advanced Local Authority Fellowships and CRN Practitioner Research development programmes).

f) We will provide **bilateral placement opportunities** of between 1 and 15 days to support knowledge exchange and strengthen inter-organisational relationships (17) between NYC and UoH staff. Placements will facilitate skills development, project co-development and shared learning.

g) A **Workforce Development Fund** will provide competitive funding to enable staff to attend external conferences. This will provide opportunities for staff to engage with cutting edge research and share this learning across NYC to support our goals of reducing health inequalities and becoming a Centre of Research Excellence. As we become more research active, enabling staff to attend conferences will also become central to our HDRC Dissemination and Impact Strategy.

WP2 Summary of Outputs
- Training needs analysis reports detailing the research capacity and capability within directorates
- Delivery of training programmes including research skills, PPIE, health economics and behavioural science
- Research active individuals across directorates
- Joint funding applications developed through strong collaborations and co-production

WP2 Summary of Success Measures
- Staff utilising research training within their practice
- Increased research confidence, competence and capability in engaging with research, across the Council
- Increased NYC staff uptake of research practitioner development opportunities
- Increased Academics' understanding of NYC practice
- Collaborative funding bid submissions and awards
- Routine application of behavioural science and health economics across directorates
- Building health economics evaluations into transformation priorities
- Research career pathways within NYC

Work Package 3 Activities: Dissemination & Impact

i.The dissemination of impactful research activities and evidence within NYC

a) We will **actively promote** our **HDRC research activities** via appropriate internal NYC communication channels.

b) We will create a new **Research Impact Award** within NYC's existing Innovation Awards ceremony to recognise and celebrate staff achievements in research.

c) Senior/executive members of the Council will be members of our **Strategic Steering Group**. These key leaders and influencers will be critical in shaping and advancing our research practice and culture, ensuring it is core to NYC's operating model and linked to the transformation programme.

d) Our flagship dissemination event will be an annual **Health Inequalities Research Conference**. The conference will showcase the tangible impact of our research and will promote shared learning within and across the Council and wider stakeholders. It will inspire and engage a wider audience and help to establish a wider research culture by demonstrating how actions of the research community are solving local issues. Our Engagement Hub partners will be involved in planning and speaking at

these events. Professor Kate Pickett, co-author of "The Spirit Level: Why Equality is Better for Everyone", (18) has agreed to provide the inaugural keynote address.

e) The membership of the existing NYC **Research Working Group** will be widened further to extend its reach across the Council. The Research Working Group will also be the foundation for our Research Champion's network.

f) The **Research Lead** within each directorate will utilise formal and informal opportunities to make every contact count, promoting and sharing the value of research evidence. They will be critical to disseminating learning across NYC, to improve health outcomes.

ii.The dissemination and knowledge exchange of impactful research activities and evidence externally; locally, nationally and internationally.

a) The HDRC will design and deliver a **Dissemination and Impact Strategy** employing principles of good communication and collaboration. It will be co-produced with NYC's Democratic Services Team, Communication Team, Data and Intelligence Teams, our Engagement Hub and with advice from our Independent Advisory Group. The strategy will draw upon evidence-based toolkits, identify and track indicators, and include the identification of influential audiences to capitalise use of our research (19, 20, 21).

b) We will develop a dedicated **HDRC webpage**, hosted on the NYC website, to share information about the HDRC, its activities and outputs. This will also act as a platform for engagement with our residents.

c) The **Engagement Hub** will foster two-way knowledge exchange, advancing the 'cycle' of engagement and involvement (22) to co-create outputs and ensure that impactful research and evidence is disseminated to the public.

d) Approaches to **engagement and dissemination** will include creative and arts-led activities including physical activity-based events, music sessions and/or games-based learning, to create 'entry points' for those who do not normally engage with research. We will use appropriate information formats and communication methods including interpreters, resources in Plain English, other languages and Easy Read, and developing a user-tested, co-produced shared language.

e) We will make use of **traditional academic channels of communication** including peer reviewed publications and conferences to extend reach and capitalise influence regionally, nationally and internationally. Funding is available within our HDRC budget for staff to attend conferences and produce publications.

f) We will undertake **early engagement** work to identify suitable platforms for effective communication with our residents who can influence and **champion research** within their communities. This will include a variety of digital and non-digital approaches to ensure inclusivity, with ongoing engagement to ensure that our communications continue to be appropriate and effective.

g) Our **Behavioural Science Researcher** will help shape HDRC communications to resonate with target audiences and to maximise external reach and impact (21).

h) We will maximise the use of existing networks to **develop relationships and facilitate knowledge exchange**, enabling shared learning and innovation (e.g., through the Yorkshire & Humber Local Authority Research Network, the Humber and NY ICB's Innovation Research and Improvement System (IRIS)). This will also include shared iterative learning with regional HDRCs, as already discussed and agreed with Doncaster HDRC.

WP3 Summary of Outputs
- Dissemination and Impact Strategy
- Annual Health Inequalities Research Conference
- Webpage sharing impact case studies, resources and publications
- Peer-reviewed publications
- Wider communication of outputs to audiences including elected members, residents and staff utilising a variety of media and public facing cultural activities (co-developed with Engagement Hub partners)
- Presentations delivered at conferences (regionally, nationally & internationally)
- Research Impact Award

WP3 Summary of Success Measures
- A Council-wide awareness and understanding of the role and function of the HDRC
- Evidence that website and social media posts are being accessed and engaged with
- Good reputational feedback
- High attendance and engagement with the HDRC at key events
- A broad range of high-quality nominations from across NYC for the Research Impact Award

Work Package 4 Activities: Learning & Evaluation

i.Understanding the evolving needs of the Council workforce.

a) We will develop an **Evaluation Framework**, which will measure the impact of the HDRC delivery. This will incorporate assessment measures for culture change, research activity, policy impact and training. We will also take account of the four core areas identified in Cooke's (23) Systematic Review of Research Capacity Development (infrastructure, training, mentorship, networks). We will also identify and track indicators to measure our anticipated long-term impacts on health, economy and environment. The Framework will be developed with our academic partners and in conjunction with internal NYC Teams e.g., Training & Learning, Workforce Development and Policy & Strategy.

b) The **training needs analysis** that we will undertake within directorates (WP2) will enable us to understand the strengths, training needs and research experience within the NYC workforce. This understanding will help direct the HDRC programme of learning and will act as a baseline to periodically evaluate the progress of the HDRC through continuous learning cycles.

c) We will build upon our existing activity to periodically assess and report upon the research culture within and across directorates, through **annual research culture assessments**. We will also take learning from relevant research into the challenges of developing cultures of research, conduct and use in Councils (e.g., 24, 25). This understanding will support the development of strategies to promote a culture that genuinely values the use of research to inform decisions and service delivery and sees how this would promote health equity.

d) Our Behavioural Science Researcher and HEI partners will support directorates with **evaluating the capability, confidence and readiness** of their workforce to engage with research drawing upon research and evidence-based frameworks e.g., COM-B model (26).

e) We will **monitor the uptake of research development opportunities** within each directorate, utilising Research Leads and staff surveys to understand any barriers, enabling mechanisms to be implemented to support the uptake of opportunities and encourage a Council-wide research culture to grow.

f) We will **develop our existing HAS Research Log** to become a central and detailed Council-wide Research Log, containing information regarding all research activity within each directorate. This will enable us to monitor and measure the progress of research activity across NYC.

ii.Ensuring HDRC sustainability

a) The HDRC is committed to meaningful and sustainable co-production of research within NYC. We will work in equal partnership with our residents to identify and prioritise research direction and draw upon their unique lived experiences to **co-produce research** that addresses unmet need and reduces health inequalities. This ongoing work will ensure that we identify research investment opportunities that align with our research needs.

b) We will **work with our communities** to build their capacity to engage with research and to build trust and develop relationships. The ambition is that the partnership developed with the public through the HDRC will have a long-lasting legacy that enables ongoing research collaboration.

c) We will **develop a PowerBI dashboard** to enable us to track and report upon a range of impact indicators. This will include details of the research being undertaken, the funding grants awarded, publications generated, and the partnerships we develop. The information from the dashboard will be utilised in progress reports and will generate an evolving picture to evidence the success of the HDRC which will support us in securing further investment.

d) The development of the NYC workforce will include **strategies to build the confidence and**

capability to develop robust research proposals (see WP2). Alongside the new role of Funding Bid Development Officer, this will strengthen the ability of staff to make successful grant applications which would support the HDRC to become self-sustaining.

e) The inclusion of Health Economics and Research Data Analyst roles, together with HDRC academic expertise, will support NYC to make **data and evidence-informed decisions** which will support more efficient resource allocation. Investment in more cost-effective public services could result in long-lasting health and wellbeing benefits and reduce health inequalities across NY.

f) The HDRC will ensure **continuous learning cycles are embedded** across the new Council to ensure the NYC workforce continue to benefit from the training and learning aspect of the HDRC I.e., sharing learning from conference attendance or sharing learning from research publications.

g) We have already started discussions with established HDRCs around potential **opportunities for shared learning**, e.g., a regional HDRC network. This network could enable iterative learning between partners to support ongoing sustainability beyond the initial five years of NIHR funding.

h) We will draw upon the expertise of our academic partners to undertake **evaluations** and to enable us to **review the complex measures and indicators** relevant to HDRC impact. We will employ a mixed-methods approach, consider the impact of context (27, 28, 29) and utilise relevant literature (30), NICE guidance (31) and health economics frameworks. Reports and summaries of the ongoing evaluation will be co-ordinated with the deadlines of the Operational and Strategic Steering Group meetings, so that impact is visible, monitored, and can contribute to supporting sustainability.

i) We will develop a range of mechanisms for collating **feedback on the HDRC operating model**. This will involve staff consultations, interviews and surveys. This will enable us to ensure that the HDRC model is working effectively and will inform our iterative learning approach.

WP4 Summary of Outputs
- An Evaluation Framework
- A PowerBI dashboard to track a range of impact indicators
- Annual research culture assessments
- A detailed Council-wide Research Log
- Periodic reports which highlight progress on influencing research culture, levels of research activity and impact measures
- Mechanisms for collating feedback on the HDRC operating model

WP4 Summary of Success Measures:
- HDRC implementation challenges and barriers being identified and resolved
- Continuous iterative learning; adapting and improving ways of working in response to progress reports and feedback
- All research activity within the Council being recorded centrally
- Positive cultural and system change across NYC
- Metrics evidencing EDI within HDRC activities

Illustrative example of our North Yorkshire HDRC in practice

The following example demonstrates public engagement with the North Yorkshire HDRC and how interrelated work packages and cross cutting themes could impact on our residents.

Alex is 18 years old and lives with her dad in Scarborough, in an area of high deprivation. Alex splits her time between seasonal work in hotels and caring for her dad who has COPD (a chronic respiratory condition). She likes her hometown but feels trapped by the lack of public transport links and opportunities to develop skills for work. Buying her own home seems a million miles away. In the meantime, art classes at her local church hall provide Alex with a welcome escape, and she was surprised one week when the tutor introduced somebody from the "__North Yorkshire HDRC Engagement Hub__" who wanted to explore with the group the challenges that people in Scarborough faced, through an art-based project. This was right up Alex's street.

As the project progressed, Alex met the __HDRC PPIE Officer__ and learnt that the Council was now set-up to do research __(Infrastructure & Governance, WP1)__ and there were now lots of people there who had been trained to do different types of research and work with communities __(Capacity & Capability, WP2)__ so that the Council could make decisions about how to help people based on good evidence. Alex knew that she didn't have all the answers, but if there was an opportunity to work with skilled people to improve things, she would take it. People in the Council even had good links with experts in the __Universities of Hull and York__, and there was a __Public Advisory Group__ that worked across the Council and Universities to support working together with communities.

Alex learnt that the art-based project had been developed through the __HDRC Research Development Forum__ and that other members of the public had shared their lived experiences and expertise through the __HDRC Volunteer Network__, to help develop the research project. Once it had been identified that this area of research was a shared priority between the Council and the public, a __Funding Bid Officer__ supported the Council to access a grant to undertake the project. The research aimed to explore how to improve young people's wellbeing in coastal communities and would be used to inform Council resource decisions in relation to the local environment and economy. Alex was able to work with Council staff as well as university experts to support the research.

The information collected from the research project was linked together with other data from around the country, using the __Trusted Research Environment__. Leaders in the Council really supported developing this research. Alex could see that doing collaborative research had become part of the Council's core business. The project that Alex was involved in highlighted the extent that investment in public transport could positively impact young people's ability to reach education, training and employment opportunities. As a result, the Council invested in an improved, affordable local transport infrastructure.

This enabled Alex to access apprenticeship opportunities and made accessing her dad's health appointments much easier. Alex was keen to spread the word about her involvement in this and how it impacted on her life and agreed to participate at the __Annual Health Inequalities Research Conference__ (__Dissemination & Impact, WP3__). The findings from the research were also shared through publications and through Council staff presenting at international conferences, which they were able to attend through funding from the __Workforce Development Fund__. Alex later joined the Volunteer Network herself and was consulted as part of the HDRC's ongoing __Learning & Evaluation (WP4)__ to give feedback regarding her experiences of research participation and public involvement.

Culture

The HDRC will strive to embed a sustained culture of research and evidence in the following ways:

- **Executive/Senior Leadership commitment:** The Chief Executive and the Leader of the Council fully support the HDRC. The HDRC Lead Applicants have met with NYC Corporate Directors and discussed shared ambitions for the HDRC. These conversations have ensured the HDRC is aligned with their emerging structures and is embedded in the Council's new operating model and Transformation Programme to ensure ownership of the HDRC across NYC from day one.

- **Timely launch of NYC:** Our new Council means a new culture for the organisation. We are at a pivotal time to be able to shape and nurture a strong research culture underpinned by the new values of the Council (3).

- **Council-wide reach:** Our Council-wide approach through Research Leads and Champions will ensure we have a thorough understanding of the different needs and levers of each Directorate.

- **Central to Transformation Plans:** The Director of Transformation has described the HDRC as being a key component to the Council's Transformation Plan.

- **Training and Learning:** The Head of Training and Learning is committed to supporting the HDRC. They will support the development of training modules ensuring they are accessible through the Council's Learning Zone platform where appropriate. They will facilitate assessments of workforce culture through the Council's annual staff Pulse Survey and within focus groups and peer groups where the Council seeks regular feedback from staff to complement the annual survey.

- **HDRC staffing structure:** New posts will be created within the HDRC to provide strong research capability (see organogram in Annex 1) that will supplement the existing research knowledge within NYC to provide a catalyst for sustained research culture change.

- **Cultural assessment:** Demonstrating our existing commitment to growing a research culture across NYC, the Public Health Team has recently designed and conducted a pilot survey to understand the existing research culture in its team. This pilot survey will help shape the research methodologies of future surveys.

NYC's ambition is to build a 'health in all' policies approach (16). Public Health colleagues are currently working with directorates to ensure that strategies, policies and planning of services explicitly consider the impact wider health determinants have on health outcomes. The HDRC will further support this work by providing all directorates with staff and expertise to embed a more research-focused approach into their work. For example, our Research Leads will support directorates to fully understand how the services they commission or deliver (e.g., transport/housing/leisure) can be harnessed to improve health outcomes through utilising evidence-based approaches and building in health economic analysis.

Our HDRC proposed data linkage system within the Trusted Research Environment (TRE), alongside effective use of local and national data sets, will help strengthen and improve our understanding of local health needs and health inequalities to support prioritisation and allocation of resources.

Our Engagement Hub will enable a multi-faceted PPIE approach through regional collaboration around all the wider health determinants. The HDRC will work in partnership with NY residents to identify our priority areas for research and action. The HDRC infrastructure (WP1) will enable the sharing of information across NYC (i.e., Engagement Hub Partnership Forum, Research Development Forum, Research Lead/Champions Network, Annual Health Inequalities Research Conference). This will strengthen understanding of local need and how directorates can utilise research and work together to tackle the complex factors that influence health.

To measure the impact of our cultural shift a mixture of qualitative and quantitative measures will be employed (see Dissemination, Outputs and Anticipated Impacts section.)

Collaborations

To date collaboration between HEI's and NYC has generally tended to be ad-hoc and reactive, and largely focused with local universities situated within the Yorkshire and Humber region. However, we do have emerging collaborations with wider HEIs (32), including the formal commissioning of universities to evaluate services.

Two of our strongest existing partnerships are with UoH and UoY, who are fully committed to supporting us in becoming more research active, as evidenced in our existing social care research collaboration, the Curiosity Partnership (13). Notably, investment from the Curiosity Partnership enabled the introduction of a 12-month Research Lead/Curiosity Partnership Fellowship post within NYC, which funded a full-time dedicated role to drive forward the research agenda within the HAS Directorate.

This trailblazing role, which strengthened our links with HEIs and helped to build our research partnership network, received recognition in July 2023 with an NIHR CRN High Commendation Award for 'Contribution to Research in a Non-NHS Setting'. The UoH also invested pivotal funds to this post to enable us to collectively action the feedback from our previous HDRC bid, to map our shared strategic priorities (3, 33, 34, 35) and to hold a stakeholder event to plan our collaborations.

Collaborative working with our partner universities will be strengthened through the creation of Post-Doctoral Researcher posts within the HDRC, which will be co-located between UoH and NYC. This will support knowledge exchange and facilitate shared ways of working across organisations. The HDRC Core Team will have honorary contracts with UoH, and UoH academics will mentor our Directorate Research Leads who will act as a point of contact for opportunities to collaborate.

The HDRC Core Team will also be integrated within existing NYC structures where appropriate, strengthening collaborative working across functions e.g., the HDRC Project Manager will sit in NYC's Projects and Programmes Team.

Our Research Development Forum will bring together NYC staff and academic partners to generate and develop collaborative research. Opportunities will also be strengthened through the bilateral Directorate/Academic mentorship and placement exchange programme. Furthermore, NYC/UoH/UoY co-designing, co-leading and co-delivery of all WPs will be paramount to achieving success and will have long lasting benefits to our future collaborations.

Figure 1: The North Yorkshire HDRC Network
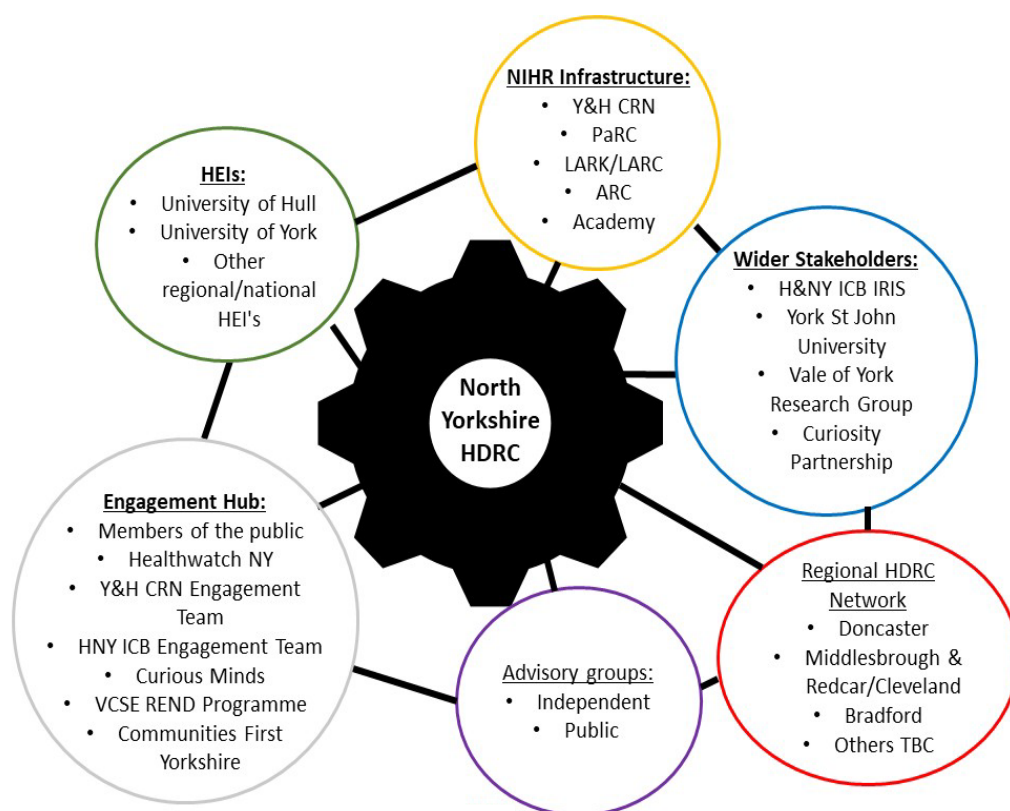
We are keen to develop our research networks and over the last 12 months we have established a range of new relationships to support and identify opportunities for research collaboration. Figure 1 illustrates how the HDRC will connect with this growing network.

We will come together to share our success with other HEI partners at our Annual Health Inequalities Research Conference and will welcome opportunities to develop wider collaborative networks (e.g., via NIHR Academy and NIHR School for Public Health Research) to seize opportunities to collaborate to ensure our research culture develops, evolves and is everlasting.

The Engagement Hub will enable the strengthening of collaborations with key stakeholders, including our residents, and existing PPIE and VCSE organisations. We acknowledge that such organisations have existing and trusted relationships with some of our most underserved communities, and we aim to build a network of public involvement and co-production, which will be coordinated through the PPIE Officer role within the Hub.

We have the agreed involvement and commitment of existing PPIE organisations and have established links with VCSE support organisations (see organogram in Annex 1) who can access the HDRC Voluntary Sector Engagement Fund to support their engagement projects. The PPIE Officer will establish further connections

and relationships with VCSE organisations over the 5-year contract, which will continue to be mutually beneficial for longer term research coproduction and service planning.

The HDRC PPIE Officer will be supported in their role through dedicated time from the UoH Public Involvement Officer, and from NYC's Participation and Engagement Team, which will strengthen our collaborative approach. The PPIE Officer will play a key role in the transfer of information between communities and the Council, via the Directorate Research Leads, which includes testing out Council ideas and gathering feedback on specific research questions.

The HDRC will ensure active learning both within and beyond NYC, which is a key component of both WP3 (Dissemination and Impact) and WP4 (Learning and Evaluation). Maximum reach of our learning will be achieved through our Dissemination and Impact Strategy and the extended community reach of our Engagement Hub. As outlined in WP1 and WP3 we will work closely with other regional HDRCs to support iterative learning. We acknowledge that all HDRCs have a plethora of complex measures and indicators relevant to impact and we will welcome shared learning.

Governance and Management Structures

The HDRC will sit within the Health and Adult Services (HAS) Directorate at NYC and will be accountable to the Council's Corporate Management Board, which includes Corporate Directors of all departments (including HAS) and Assistant Chief Executives (Legal & Democratic, HR, and Localities), and is chaired by the Council's Chief Executive Officer (see Governance and Management Structure in Annex 2). The HDRC will be subject to normal democratic processes for key decisions where necessary, mainly (but not exclusively) through the Council's Executive process.

The HDRC will be overseen by a Strategic Steering Group, with the following proposed members: HDRC Director, HAS Director, Director of Public Health, Director of Transformation, Assistant Chief Executive (Localities), NYC Head of Data, NYC Head of Policy, NYC Head of HR, Elected Member for HAS, Lead Academics (UoH and UoY), Senior Academic/Senior NIHR Investigator (UoH) and the Executive Director for Research, Knowledge Exchange and Commercialisation (UoH). They will provide senior leadership and support to the HDRC Core Team. They will ensure that the HDRC delivers against its project delivery plan and the contractual requirements of NIHR and connects with strategic opportunities across NYC and HEI's. It is envisaged that the Strategic Steering Group will meet quarterly, to review progress and advise on the strategic direction of the HDRC.

The HDRC Director will lead and oversee the development of the Collaborative, ensuring that it aligns with emerging Council priorities and ways of working. The HDRC Director will broker relationships and communicate the role of the HDRC across the Council, so that staff fully understand why the HDRC adds value and benefits their roles. The HDRC Director, the Head of the HDRC, the Lead University Academics and the WP Co-Leads will meet every six weeks, as a Leadership Group to strengthen collaborative working across organisations, monitor delivery of the HDRC, and jointly resolve any issues should they arise.

An Independent Advisory Group (IAG) will be convened as an external advisory body for the Strategic Steering Group. The IAG will act as our critical friend and provide expertise in key areas of our HDRC. It will meet virtually on a bi-annual basis. However, we anticipate frequent communications on specific areas of our work where appropriate. This important role will provide assurance and external validation but will also provide the necessary challenge when needed. The IAG will include the following proposed members with specific expertise:

Table 1. Independent Advisory Group Proposed Membership

Area of Expertise	Proposed Advisory Group Member
Public Involvement (Professional representative and people with lived experience)	Professional Representative Two Representatives from the Public Advisory Group
Academic/Research expertise	Director of the Health and Care Improvement Research Institute, York St John University
Inequalities and wider determinants of health	Director of Public Health and Society Research Group, University of York

Research in Local Government	LGA Representative
Epidemiology, statistical analysis, public health strategy perspective	OHID Regional Director and NHS Director of Public Health of North East and Yorkshire
Research Capacity Development	TBC
Humber and North Yorkshire Integrated Care Board (ICB)	Programme Director of IRIS, NHS Humber & North Yorkshire ICB

A separate Public Advisory Group will also be set up to shape development and delivery of our HDRC, ensuring that the public perspective, especially those 'underserved', are truly heard and represented. This will ensure equity of voice is embedded in our thinking, priority setting, decisions and actions. This group will meet 3 times a year and the membership will be inclusive and representative of the diverse populations within North Yorkshire.

The Head of the HDRC will provide strategic management and will oversee operational delivery of the HDRC ensuring work is managed and completed in line with planned schedules. Day-to-day management of the HDRC will be supported by a small secretariat function, including the Project Manager and a Research Governance Officer, supported by the Council's Corporate Resources Services (Business Support, HR, Finance, Legal & Democratic), providing dedicated administrative support to the HDRC, Strategic Steering Group and Advisory Groups.

The Head of the HDRC will report to the HDRC Director. The Head will work closely with the Academic Leads to ensure the work of the HDRC feeds into and informs the work of key institutions, collaborations, and networks, at regional and national level. They will build networks and relationships across directorates, to strengthen research understanding and develop and embed system-wide approaches to improve health and reduce health inequalities.

The HDRC Core Team will have responsibility for the mobilisation and delivery of the project objectives and delivery plan against milestones. The Core Team will be the main interface of the HDRC across the Council, working in conjunction with our Research Leads and Research Champions. The Core Team will meet virtually monthly and have team development days (in person) four times a year.

Leadership and Staffing Structures

Please see Organogram in Annex 1, and Governance and Management Structure diagrams in Annex 2 for details of our leadership and staffing structures. The HDRC Core Team will consist of 32 members of staff (12.3FTE), with additional input from 16 Research Champions (2 from each Directorate) and our Engagement Hub partners. The HDRC will be directed by a Public Health Consultant who is accountable to the Director of Public Health. In-kind NYC senior corporate leadership time has also been agreed for those who are members of the Strategic Steering Group. Careful consideration has been given to the specialist roles required to successfully achieve our aims and objectives, which are detailed in Table 2.

Table 2. Summaries of HDRC Specialist Roles

Health Economist	The Health Economics offer from the HDRC will be key in helping to support decisions made by the Council that are influential on health outcomes. They will provide training, toolkits and frameworks to support the NYC workforce to assess the implications of investing resources in one way compared with another (e.g., prevention services). This will include analysing best available evidence on costs, savings, and health benefit on specific topics/issues to inform interventions, investment, commissioning decisions and policy.
Behavioural Science Researcher	The Behavioural Science Researcher will provide specialist expertise to champion and embed Council-wide the routine application of evidence informed behaviour change approaches and techniques to improve health outcomes across North Yorkshire. They will work across directorates and provide support with a range of research and project management activities.

Research Data Analyst	The Research Data Analyst will be key to unlocking the potential of data to support directorates across the Council make evidence-based policy decisions to promote health outcomes across North Yorkshire. They will lead on connecting NYC to the UoH Trusted Research Environment and will support the development of robust data governance process and mechanisms.
PPIE Officer	The PPIE Officer will coordinate the activities of the Engagement Hub and ensure that this feeds into the wider HDRC and complements the existing and emerging community engagement work within the Council. They will work closely with the UoH Public Involvement Officer and will build meaningful and effective partnerships with our diverse communities.
Post-Doctoral Researchers	The Post-Doctoral Researchers will be key to ensuring knowledge exchange and facilitating shared ways of working across organisations. They will support collaborative working between NYC and partner universities, be key in delivery of work packages, and will undertake applied research in collaboration with others.
Funding Bid Development Officer	The Funding Bid Development Officer will strengthen the ability of staff to make successful grant applications which would support the HDRC to become self-sustaining.
Research Governance Officer	The Research Governance Officer will ensure that research activity within the Council meets required standards and is of good quality, safe and ethically sound.
Project Manager	The Project Manager will support the Head with the day-to-day management of the HDRC. They will routinely monitor all activities, review risks, issues and progress and take actions as necessary to ensure minimum impact on delivery deadlines.
Information Specialist	The Information Specialist will provide expertise across NYC with identifying robust information and data and undertaking rapid reviews to inform council decisions influential upon health. They will also upskill the workforce in undertaking literature reviews and appraising evidence.

Resource, Capacity and Public Involvement

The way in which the HDRC will enable research capacity building is detailed in Work Package 2. Public and community involvement is a cross-cutting theme of the HDRC, running through all four of the Work Packages and is central to the HDRC operating model. We have agreed the collaboration of PPIE Organisations from across the County. We facilitated an Engagement Hub planning meeting with PPIE partners to share the ambition for our HDRC, to listen to views and generate ideas to steer the direction of our PPIE approach. The discussions and outcomes from the meeting are illustrated in Figure 3.

Figure 3. Graphic Facilitation Image of our HDRC Engagement Hub Proposal
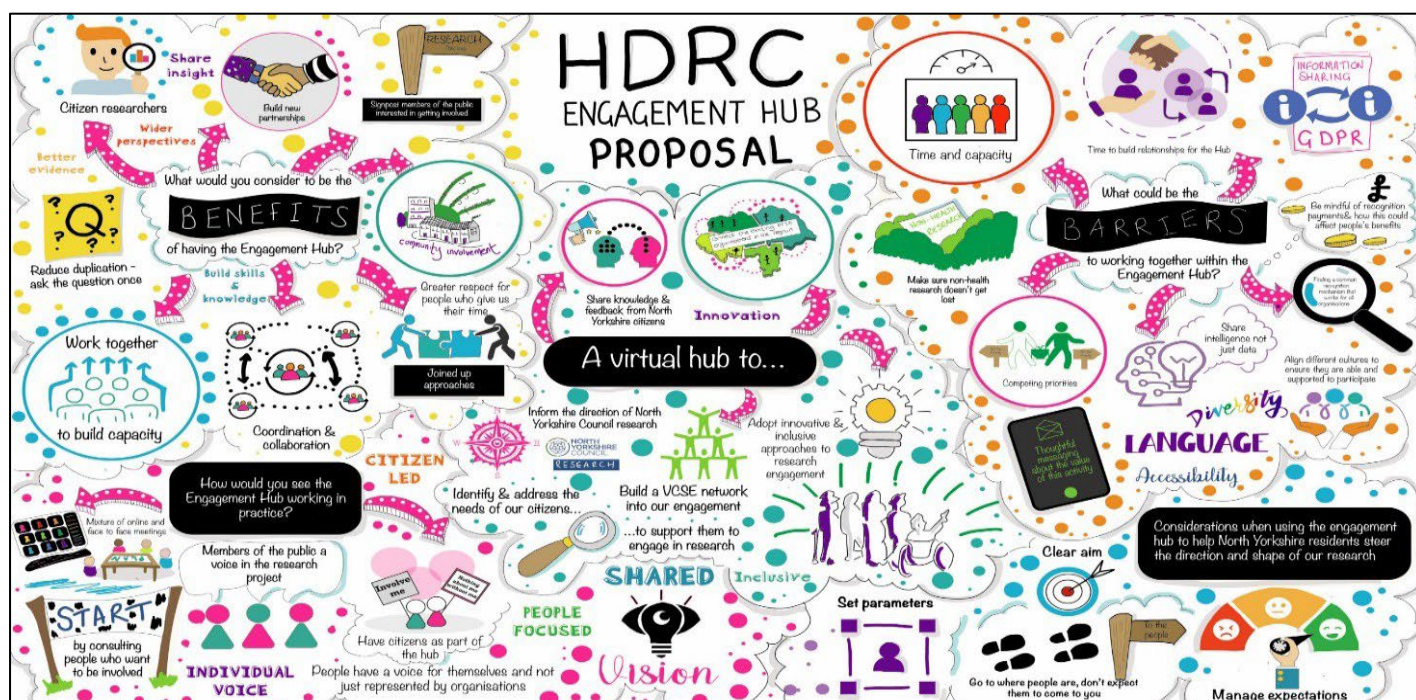
Our approach to public involvement builds upon existing NYC public engagement initiatives (via teams such as Stronger Communities, HAS Participation & Engagement, CYPS Youth Voice), as well as emerging engagement frameworks within the new Council e.g., new place-based Community Networks that will be developed across NY. Additionally, our approach will build upon existing good practice within external partner organisations.

Our ambitious plans for dissemination and scalability are detailed in Work Package 3. This WP has two core components; developing systems for dissemination and impact internally within NYC and externally to wider stakeholders/public audiences. Our internal reach will extend from practitioners across directorates, to decision makers and senior leaders. Our external dissemination approaches include a flagship Annual Health Inequalities Research Conference and exploring shared learning through establishing a regional HDRC network. Upon establishing our HDRC, our Dissemination and Impact Strategy will be further developed following engagement work with our communities to ensure it continues to be impactful and has maximum reach.

Justification of Costs

Our ambition is that after the initial 5 years, the HDRC will have demonstrated significant value to the Council and will therefore be in strong position to put forward a business case to secure mainstream funding. We would also aim to explore and secure external research funding streams, e.g., NIHR funding and Levelling Up funding, to become self-sustaining. The careful planning of our work packages, and cross-cutting themes I.e., the development of bid writing skills across the council and the inclusion of health economics expertise will support this ambition. The initial funding would allow time to demonstrate the economic benefit of research-informed decision making, thus placing a greater value on research and making research a core priority of NYC going forward. We envisage developing a sustainable research portfolio through our strong collaborations with HEIs and by harnessing the development of academic skills within the NYC workforce through investment in training and qualifications, which will be complemented by an increased understanding of the research funding landscape and how that fits with our identified priorities.

Implementation, Milestones, KPIs & Stop/Go Criteria

Milestones are shown in Table 3, with stop-go criteria shaded grey. Milestones and stop-go criteria will be reviewed by the Strategic Steering Group at months 6 and 12 of each year, with a plan produced within one week, and communicated to NIHR if progress at month 6 is not on track for meeting the milestone by month 12. As the HDRC develops, additional milestones and stop-go criteria may be identified through engagement with the Independent Advisory Group, by the Strategic Steering Group, and in discussion with NIHR.

Table 3. Milestones (stop-go criteria) for the HDRC

Time point	Milestone (stop-go criteria shaded grey)
Y1 end	Collaboration agreement with partner Higher Education Institutions executed
	Memorandum of Understanding with partner Higher Education Institutions executed
	NYC connected to UoH Trusted Research Environment
	Head of HDRC recruited (completed at least 3 months prior to the 12-month end date)
	Governance systems established to fulfil NIHR reporting requirements
	Strategic Steering Group established, and a minimum of one meeting held
	First cycle of planned periodic evaluations completed, to monitor and assess NYCs growing capacity, expertise, activity and research culture
	HDRC Dissemination and Impact Strategy produced
	All new staff recruited (except Funding Bid Officer & Health Economist) and induction training commenced
	Named Research Leads in a minimum of two directorates identified and matched with Academic Mentors
	Baseline audit/training needs assessments completed with prioritised NYC directorates
	Briefings or workshops conducted for Heads of Service in each directorate on role and function of Collaborative
	Research Champions recruitment underway
	Partnership Forum established and active
	Webpage established
	Independent Advisory Group established, and a minimum of one meeting held
	Patient and Public Involvement and Engagement Strategy published
	Equality, diversity and Inclusion Strategy published
Y2 end	NYC-wide Research Governance Framework and processes developed and signed off
	Draft of NYC-wide Research Strategy developed
	Baseline training needs analysis in each directorate completed
	Continued ongoing cycle of periodic evaluations of NYC's growing capacity, expertise, activity and research culture
	Operational group meeting monthly with (quarterly) in person meetings taking place
	Quarterly progress reports being submitted to Strategic Steering Group
	E-learning bite-size research skills modules established (min of 2) and rolled out
	Post-Graduate research modules offer established, and application/acceptance process rolled out – First cohort enrolled (min 10 staff)
	Research Development forum established and active
	Workforce Development Fund launched
	Public Advisory Group established and active
	Inaugural Health Inequalities Research Conference held
	Staff secondments between UoH and NYC established
	HDRC presentation delivered at (min 1) conference
	Network of Research Champions established
	Remainder of HDRC staff recruited
Y3 end	Both PPIE funds being accessed
	First collaborative grant proposals of the HDRC submitted for external funding (min 5)
	Publication of work in journals/academic publications (min 2)
	Inaugural Research Impact Award at annual Council awards event
	Volunteer Network launched and active
Y4 end	Independent Council-led research being undertaken
Y5 end	NIHR final report submitted
	Plan and funding secured to ensure continuation of North Yorkshire HDRC

We have explained how we will measure the success of the HDRC within each WP description.

Our plans to develop an Evaluation Framework are detailed in Work Package 4.

Socioeconomic Position and Health Inequalities

The HDRC will support the Council and partners to generate a deeper understanding of the complex health inequalities in NY and support delivery of the Council Plan (3) and local health strategies such as the NY Health and Wellbeing Strategy (4). We will utilise our Engagement Hub to ensure that the voices of underserved communities are heard and are central to our work. This will enable us to gather a holistic understanding of the inequalities faced by our diverse communities.

We have been through the Council's key decision-making process in respect of gaining authorisation to submit this HDRC application to NIHR. For this process, we completed an Equality Impact Assessment (EIA) which provided assurance that the HDRC would be inclusive of all residents and ensure equal opportunity to participate in research regardless of any personal characteristics or circumstance. In line with the future activity of the HDRC, further EIAs will be completed regularly to ensure that Equality, Diversity and Inclusion (EDI) is embedded throughout the HDRC life cycle.

We will draw upon existing platforms and resources (e.g., NYC EDI group/NIHR RDS EDI Toolkit) (38) to guide our approach to equality, diversity and inclusion and will partner with our communities to address inequalities through research.

Due to the geographical scale of NY and large number of unique and diverse communities within the county, challenges are acknowledged in ensuring countywide inclusivity. From preliminary discussions with our Engagement Hub partners, a common challenge was identified in ensuring diversity of voice within public engagement. As such, as priority action within the Hub would be to address the gaps in public involvement through creative engagement strategies and opportunities to upskill residents to engage in research.

A Voluntary Sector Engagement Fund will be available within the HDRC to support priority areas of inequality that will be identified in the early stages of the HDRC. This would support in reaching residents that may not have engaged in research previously. In addition, the Engagement Hub would support us in understanding the specific training needs of different communities as and when research opportunities emerge, and this would be factored into future individual funding bids with bespoke offers tailored to the requirements of each community, or population group.

We will adopt evidence-based innovative approaches to effectively engage individuals, especially those who do not normally participate in research, to create 'entry' points. This will ensure their unique perspectives are heard. Approaches to engagement will include creative and arts-led activities i.e., singing workshops, music sessions, board games. To ensure inclusivity of opportunity, we have appropriately costed a range of measures to enable residents to engage in research. This includes, but is not limited to, payment and recognition costs, travel, carer and translation costs. We will ensure that there is reciprocal benefit between communities and the HDRC throughout its lifetime, with residents feeling valued, and communities having opportunities to learn and develop.

Dissemination, Outputs and Anticipated Impact

The HDRC aims to foster a research culture that extends beyond NYC, benefiting the health of the population, wider economy, and environment. Evaluating the achievements and anticipated short term and long-term impact of our HDRC is central to our proposal.

In the **short term**, funding will support academic impact by driving advancements in the utilisation and application of scientific methods and skills across NYC directorates. It will also advance a strong Council- wide research culture and support the Council to adopt a 'health in all' policies approach. It will also impact on the recruitment and retention of the workforce by providing research career pathways.

To evaluate the impact of these short-term impacts, mixed methods will be employed, including:

- **Quantitative measures:** Recording the number of staff who have received formal research methods

training and those awarded professional qualifications, such as postgraduate qualifications, indicating increased research skills and capacity. Tracking the number of programs or initiatives supported by academically trained staff, showcasing the integration of research expertise into NYC activities.

- **Policy and practice impact:** Tracking specific examples where research findings generated through the HDRC inform policy development, shape local authority practices, or contribute to service improvements. These examples will be used to create case studies that highlight the practical impact of research.

- **Organisational surveys and assessments:** Conducting surveys and assessments within NYC to measure staff perceptions of the value of research, their understanding of research methodologies, and their willingness to incorporate evidence into practice. This will provide insights into the changing attitudes and awareness related to research and potential barriers that must be addressed.

- **Feedback and testimonials:** Gathering feedback and testimonials from staff members to gain insights into the perceived changes in research culture. This can include capturing shifts in attitudes, collaborative practices, and the adoption of evidence-based approaches.

In the **long-term**, the HDRC aims to have a demonstrable impact on the economy, health and environment of NY. It is difficult to accurately define impact in these areas at this time, however, this could include the following:

- **Economic impact:** By developing a sustainable research infrastructure and fostering collaborations between NYC and partner universities, the HDRC aims to develop innovative solutions and strategies to address the deep-rooted challenges and inequalities facing NY. The economic impact could manifest through improved efficiency and effectiveness of services, attracting investment and funding opportunities into the local area to promote economic growth and development.

- **Health impact:** Our motivation for growing our research culture in NYC is to support the generation of localised evidence with a core focus on addressing health inequalities and improving health outcomes for our residents. By integrating research with NYC, we seek to become a Centre of Research Excellence that can drive evidence-based actions and policies to promote long, healthy, and independent lives for all residents.

- **Environmental impact:** Research infrastructure development and collaborative approaches can indirectly contribute to environmental sustainability. By promoting research that addresses the unique pressures and challenges of NY e.g., rural areas and coastal towns, the proposal can support the identification and implementation of sustainable practices, environmental conservation strategies, and resilience-building efforts. This can have long-term positive impacts on the local environment and contribute to the region's overall sustainability goals.

The evaluation of these long-term impacts can be assessed through various measures, such as:

- Tracking economic indicators e.g., increased investment, job creation and business development across business sectors in NY.

- Monitoring health indicators, including improvements in health outcomes, reductions in health inequalities, and increased access to healthcare services.

- Assessing environmental indicators, such as the adoption of sustainable practices, conservation initiatives, and measures of environmental resilience.

- Conducting surveys, interviews, and case studies to gather feedback and testimonials from stakeholders, community members, and members of the general population regarding the perceived impacts of the research infrastructure.

- Analysing data on the utilisation of research evidence in decision-making processes, policy development, and service improvements.

The outputs within our HDRC will be made accessible to elected members, Council staff and the wider population through a variety of methods and platforms, as detailed in WP3. In addition, we will have an elected member, plus Council and HEI senior leaders on our Strategic Steering Group, which will ensure that they are kept informed and engaged with the work of the HDRC.

We acknowledge that engaging the countywide workforce will be a challenge and this is being addressed through the Directorate Research Lead posts and our effective communication plan (which will be within our Dissemination and Impact Strategy), supported by our NYC Communications Team. This will, in part, utilise our existing Council communication methods including briefings, team meetings and leadership forums, in addition to our new dedicated HDRC webpage.

To ensure that we continue to maximise our impact, we will aim to secure ongoing investment both internally from within the Council and externally. For example:

- Individual members of NYC staff will be supported to build their own research skills and research careers by being supported to apply for funding such as NIHR Pre-doctoral, Doctoral and Advanced Local Authority Fellowships. Staff from clinical backgrounds may also be supported in applying for MRC and NIHR Clinical Fellowships.

- Members of staff with PhDs may wish to further develop their careers and will be supported to apply for funding such as the NIHR development and skills enhancement award (DSE).

- NIHR options that fund research will be considered including funding from the policy research programme (PRP), public health research (PHR) programme, research for patient benefit (RfPB) programme, health services and delivery research (HS&DR) and research for social care (RfSC).

- Other funding options include MRC programme grants, Wellcome Trust hub awards (which aims to build collaboration between researchers and professionals) and Leverhulme research project grants.

The vast geographical size of our county presents challenges to ensuring widespread impact. No other HDRC represents a population with this specific diversity of need, and the challenges of distance and connection that this presents. These barriers to impact have been considered and we therefore intend to align our work with the Council's Plan and transformation programme, to support us in navigating these challenges. We acknowledge the challenge in ensuring that our outputs reach our residents and the wider population and are addressing this through ensuring that PPIE experts and VCSE organisations are enabling connections with our vast and diverse communities and opening channels of communication.

Approach to Collaborative Working

We are committed to building a strong collaborative ethos for our Collaborative and coordinated action will be fundamental to the success of this complex agenda. We are already adopting a collaborative leadership approach to our work which values differences between our organisations and plays to each other's strengths. We recognise that effective working across organisations means adopting new practices to navigate challenges such as conflicting organisational goals, competing institutional norms and rules, and any perceived loss of power or resource. To demonstrate our commitment to this we held a workshop in August 2023 where we explored our expectations and developed a shared set of values and behaviours to underpin our HDRC NY ways of working.

We also organised a visit to the University of Hull campus and met with colleagues to discuss the project and find out more about the work of the University. During this time, we met with the Vice Chancellor who was very supportive and encouraging of the joint working between NYC and UoH. He noted his commitment to a minimum of one annual review per year between himself and senior leaders within NYC to share progress and identify opportunities for further growth and strategic partnering.

To facilitate communication between partners and monitor progress of our work the following will also be in place:

- Regular Leadership Meetings between the Director of HDRC, Head of HDRC, Lead Academics from UoH/UoY and WP Co-Leads

- Regular team meetings (mixture of online & in person)

- Staff to be co-located when working from offices (at NYC and UoH premises)

- Joint supervision arrangements for some specialist posts e.g., Post-Doctoral Researchers

- Some posts to be 'based' within other NYC departments e.g., Project Manager will be part of Project and Programme Team in NYC

- Utilising HDRC values and behaviours to support annual appraisals and review processes

- Collaborative working agreements where appropriate

- Mechanisms for co-production with residents both for the delivery of the HDRC and the development of research projects

- Ongoing evaluation and review of the HDRC (to ensure that our approach to collaborative working continues to be effective)

Figure 4. Key Practices for Effective Collaborative Leadership

Key practices for effective collaborative leadership

We will adopt the key 6 leadership practices as defined by the Kings Fund (37), which will underpin all our work with each other, with partners and with our residents. These are displayed in Figure 4 above.

Safeguarding and Ethics

The HDRC will be subject to the same regulatory and safeguarding processes as NYC. Any safeguarding concerns that are identified through the work of the HDRC will follow our internal safeguarding policies, and any concerns relating to the HDRC itself will follow organisational safeguarding procedures. This will be supported by the governance and management structures that we will implement (see Management and Governance Structure Diagram in Annex 2). Additionally, we will implement a Council-wide Research Governance Framework, including ethical procedures, which will be co-designed with our academic partners, drawing upon their expertise and experience in following due process throughout research.
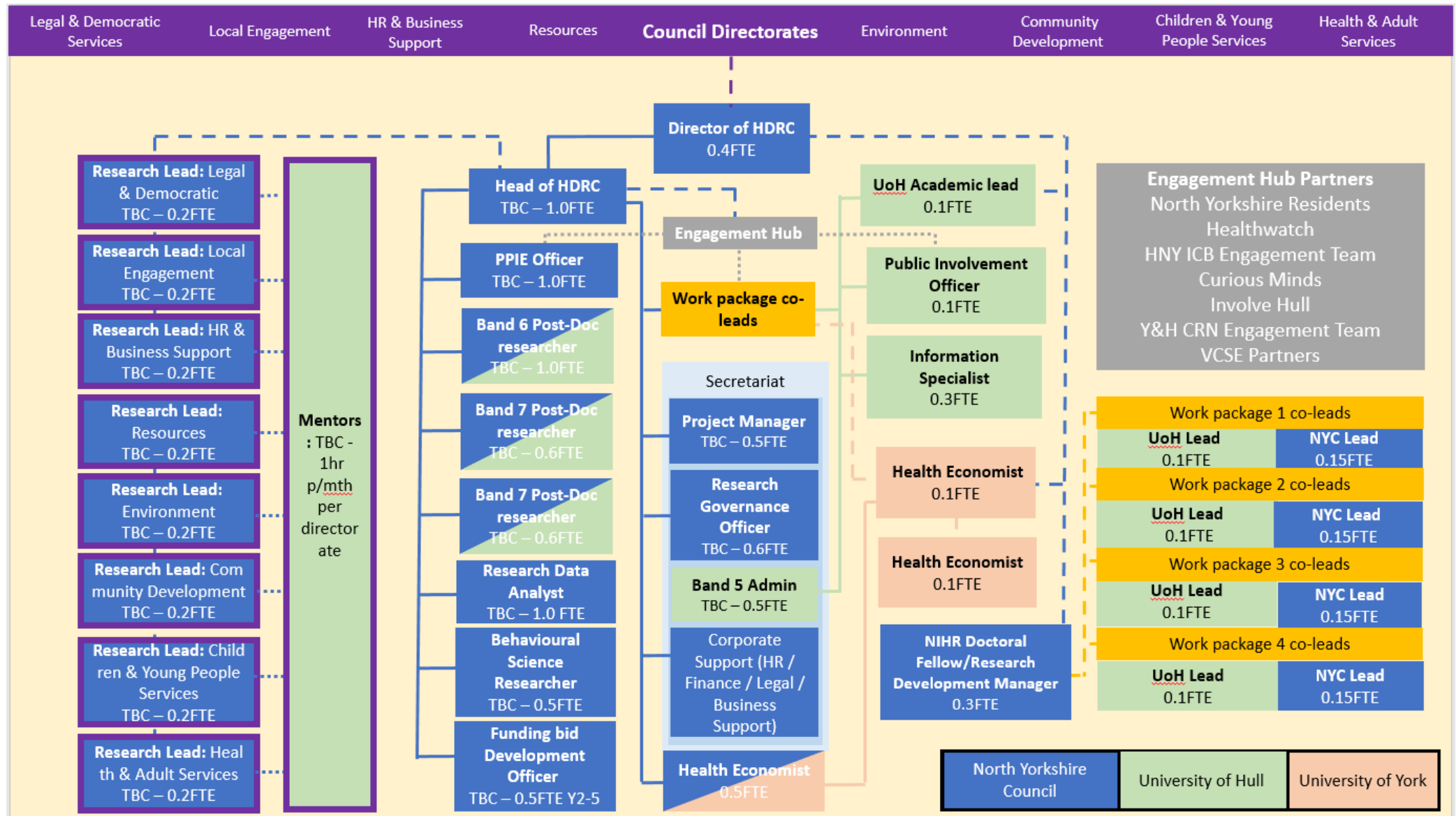
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Annex 1. Organogram

The organogram shows the following structure:

Council Directorates (top header row): Legal & Democratic Services | Local Engagement | HR & Business Support | Resources | Council Directorates | Environment | Community Development | Children & Young People Services | Health & Adult Services

Director of HDRC — 0.4FTE

Research Leads (left column, each TBC – 0.2FTE):
- Research Lead: Legal & Democratic — TBC – 0.2FTE
- Research Lead: Local Engagement — TBC – 0.2FTE
- Research Lead: HR & Business Support — TBC – 0.2FTE
- Research Lead: Resources — TBC – 0.2FTE
- Research Lead: Environment — TBC – 0.2FTE
- Research Lead: Community Development — TBC – 0.2FTE
- Research Lead: Children & Young People Services — TBC – 0.2FTE
- Research Lead: Health & Adult Services — TBC – 0.2FTE

Mentors: TBC – 1hr p/mth per directorate

Head of HDRC — TBC – 1.0FTE
- PPIE Officer — TBC – 1.0FTE
- Band 6 Post-Doc researcher — TBC – 1.0FTE
- Band 7 Post-Doc researcher — TBC – 0.6FTE
- Band 7 Post-Doc researcher — TBC – 0.6FTE
- Research Data Analyst — TBC – 1.0 FTE
- Behavioural Science Researcher — TBC – 0.5FTE
- Funding bid Development Officer — TBC – 0.5FTE Y2-5

Engagement Hub
- Work package co-leads

Secretariat
- Project Manager — TBC – 0.5FTE
- Research Governance Officer — TBC – 0.6FTE
- Band 5 Admin — TBC – 0.5FTE
- Corporate Support (HR / Finance / Legal / Business Support)
- Health Economist — 0.5FTE

UoH Academic lead — 0.1FTE
- Public Involvement Officer — 0.1FTE
- Information Specialist — 0.3FTE
- Health Economist — 0.1FTE
- Health Economist — 0.1FTE
- NIHR Doctoral Fellow/Research Development Manager — 0.3FTE

Engagement Hub Partners
North Yorkshire Residents
Healthwatch
HNY ICB Engagement Team
Curious Minds
Involve Hull
Y&H CRN Engagement Team
VCSE Partners

Work package 1 co-leads: UoH Lead 0.1FTE | NYC Lead 0.15FTE
Work package 2 co-leads: UoH Lead 0.1FTE | NYC Lead 0.15FTE
Work package 3 co-leads: UoH Lead 0.1FTE | NYC Lead 0.15FTE
Work package 4 co-leads: UoH Lead 0.1FTE | NYC Lead 0.15FTE

Legend: North Yorkshire Council | University of Hull | University of York

Annex 2. Governance Structure

NIHR | National Institute for Health and Care Research

North Yorkshire HDRC

Strategic Steering Group
Quarterly meetings
HDRC Director
HAS Director
DPH
Director of Transformation
Assistant Chief Exec for Localities
NYC Heads of Data, Policy & HR
Elected Member for Health & Adult Services
Co-lead Applicant & Lead Academic for UoH
Lead Academic for UoY
UoH Senior Academic/NIHR Senior Investigator
Executive Director for Research, Knowledge Exchange and Commercialisation

HDRC Leadership Group
Six weekly meetings
HDRC Director
Head of HDRC
UoH/UoY Academic Leads
WP Co-Leads

Independent Advisory Group
Bi-annual meetings
Proposed membership:
Director of Public Health & Society Research Group
University of York
Local Government Association rep
OHID Regional rep
Director of The Health and Care Improvement Research Institute, York St John University
Programme Director of IRIS, NHS Humber and North Yorkshire ICB
Two representatives from Public Advisory Group
Other members

Director HDRC

Operational Group
Monthly meetings
Head of HDRC (Chair)
All HDRC staff

Director of Public Health

Public Advisory Group
Triannual meetings
PPIE Officer (Chair)
10x North Yorkshire Residents

Existing NYC Structures

NYC Executive
(Leader of council and all nine executive members)

NYC Full Council
(All councillors)

Corporate Director HAS

HAS Leadership Team

NYC Cabinet
(Informal Executive)

NYC Leader

NYC CEO

NYC Corporate Management Board
CEO, All Corporate Directors & Assistant Chief Executives

OFFICIAL