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**CUMBERLAND HDRC: A NEW COUNCIL CENTRED ON HEALTH AND RESEARCH
RESEARCH PROPOSAL/ BUSINESS PLAN**

1. Background and Rationale

Cumberland is a new council, comprised of three former district councils and a portion of the former Cumbria County Council. This offers an opportunity to establish new and visionary ways of working that are ambitious, experimental, and innovative, and that aim to tackle our unique challenges and health disparities in new ways. To support our approach, we intend to embed a culture of research, evidence-based practice and policymaking in all that we do; HDRC funding will enable us to develop our workforce and to collaborate more closely with academic institutions, health providers and VCSE partners locally. Our Council Plan makes the people of Cumberland our priority, placing them and their health and wellbeing at the heart of everything we do. We identified Public Health as one of our core focus areas during the Local Government Reform process, demonstrating our commitment to health and health inequalities.

Cumberland inspires pride of place, boasting two world heritage sites and an area of outstanding natural beauty that draws in millions of visitors each year, but it is also an area of stark contrasts, with social and health inequalities at extreme levels. Cumberland has a population of approximately 274,000, that is ageing and declining. 20% of our residents' report limitations to daily activities due to illness or disability and only 31% of our working population are qualified to NVQ level 4 equivalent, worse than the national average. Although there are areas of wealth within Cumberland, 14 local areas fall within the most deprived and marginalised areas in England, sharing the characteristics of 'left-behind' communities. Even within our most idyllic areas, pockets of extreme deprivation exist due to insecure, low-paid employment and the costs of daily living being high. Statistics at higher geographies hide these needs due to the effects of averaging.

Cumberland's large rural and coastal geography presents challenges to economies, services and communities for tackling health and social inequalities. Low population density and economies of scale make the provision of equitable services challenging, resulting in poor connectedness to key services and civic assets, which is exacerbated by digital poverty, transport poverty, poor transport infrastructure and centralisation/withdrawal of statutory services. Cumberland's story will be one of tackling these unique challenges in new, innovative ways, which lends itself well to a research-backed approach.

Cumberland Council is passionate about its communities and believes that everyone should be able to play an active role in the things that matter to them most. We have committed in our Council Plan to 'listening, involving and engaging' being a fundamental principle of our new approach. There is a recognition that although there were pockets of good practice in our legacy councils, collectively we have work to do to develop a consistent approach to working with our communities in meaningful and inclusive ways.

1.1 Current Research Environment/ activity and structure

As a new authority, we are committed to increasing our research and evidence-based practice and, with HDRC funding we have a unique opportunity to create a research culture across our structure right from the start. Each of our legacy councils brought different staff, assets and ways of working, but none brought a noticeable legacy of research. We are in the process of conducting an audit of existing research activity, experience and skills in Cumberland Council. The appointment of an NIHR LCRN embedded Research Operations Officer has given capacity to map these.

Outside of the council, research activity within Cumberland is limited and low in scale compared to other regions with metropolitan centres. Whilst NIHR has a direct delivery team in Cumberland, delivering portfolio studies and research-centred universities may undertake studies that involve our residents, these studies tend to investigate

the concerns of others and not the specific challenges that are presented in Cumberland's dispersed communities.

UoC undertake small scale research projects locally. Within their Institute of Health is the multidisciplinary Centre for Research in Health and Society, which supports an established research and evaluation unit (HASKE) led by Professor Tom Grimwood, and an NIHR ARC NENC Senior Research Fellow, Dr Elaine Bidmead, who undertakes research in health and social inequalities. UoC is establishing a new medical school in partnership with Imperial College London, which will bring additional expertise. The medical school will focus on equipping practitioners with skills in rural health, public health, and primary care along with capacity to deliver applied research and evaluation in health and social care. UCLan has a 'National Centre for Remote and Rural Medicine' campus located in West Cumbria. Also based there is Suzanne Wilson, Research Fellow in Social Inclusion and Community Engagement, who regularly undertakes community research in west Cumbria. We are also fortunate to have wider research networks, keen to support Cumberland's HDRC, set out in table 1.

Table 1: Wider networks for research

Fuse Research Network	AHSN NENC
PHIRST LiLAC	Public Health Local Authority Research Practitioners Network (National)
NIHR ARC (NENC and NWC)	NIHR Academy
NIHR NENC LCRN	North Equity Group

Within the third sector, there is appetite for research. Cumbria Development Education Centre and partners (Cumbria CVS, Groundworks UK, UoC) have received funding from UKRI to create a community research network to create a conversation on wider determinants of health. And, in recognition of the importance of understanding communities and evidencing impact, Cumbria CVS, Cumbria Community Foundation and Healthwatch Cumberland have research and evaluation officers in post.

1.2 Cumberland's Key Research Areas

Local intelligence and community engagement points to the following priorities:

1. Children, young people and families
2. Education, skills and employment
3. Mental Health
4. Obesity and food insecurity
5. Social infrastructure - connectivity and access

These priorities emerge repeatedly and are central to the Cumbria Joint Health and Wellbeing Strategy (2019-2029). They were identified as key priorities for Cumberland communities by local organisations (Cumbria Local Enterprise Partnership, HealthWatch Cumberland, Cumbria CVS and Cumbria Poverty Reference Group) during engagement work as part of this proposal. They are highlighted in the Cumbria Community Foundation's Report 'Cumbria Revealed' (2017)². They also emerged strongly in work on health and social inequalities undertaken by the ARC NENC Research Fellow at UoC (CRIHS, 2020-2023).

1.3 Barriers to Research in Local Authorities

The NIHR funded several studies with published reports², investigating barriers to research in Local Authority settings. Findings from the planning and application stages of Cumberland's HDRC have found similar barriers, including:

1. Limited funding, infrastructure and capacity to support research activities in the council

2. Lack of knowledge and understanding of research amongst staff, despite there a growing appetite to be research-active
3. A culture that research is often led and owned by higher education institutions or the NHS
4. An additional barrier for Cumberland has been the lack of established, research-active university

This proposal has been solution focused in its planning and our aims and objectives plan to address these barriers. The LCRN Local Authority Research Operations Officer will also be leading on a project to further understand the specific barriers to research in Cumberland Council over the coming months. HDRC funding will provide the opportunity to harness the existing networks, potential and appetite for research with dedicated capacity and resources for infrastructure.

2. Overarching Vision, Aims and Objectives

2.1 Vision

Our overarching vision is for the HDRC to shape Cumberland Council into a modern empowering council underpinned by research and evidence-based practice. Becoming a centre of excellence for sustainable Local-Authority and Community-led health determinants research and experts in the health inequalities in coastal, rural and dispersed communities.

2.2 Aim

To drive culture change through embedding research and evidence-based practice at the heart of everything we do, informing future policies to improve the health and wellbeing of our residents. We will champion transdisciplinary approaches to health determinants research, bringing together officers from across council structures, members of our communities, councillors, and academics from a range of disciplines to tackle real-world problems in Cumberland.

2.3 Objectives

1. **Develop a culture for research excellence:** To put research, innovation, and evidence-based-policy at the core of everything we do and to develop and embed a whole-council culture for health in Cumberland Council. This will include implementing governance processes for research across all council directorates, to better understand how the determinants of health are impacting our communities and services.
2. **Expand Research Communications:** To work with our communications team to develop and implement internal and external communications plans to support research activity.
3. **Build a sustainable research infrastructure:** To establish a research team alongside the policy team and closely linked to the Public Health and Communities team, to support evidence-based policy, policy research, and wider research activity across all directorates. This team will focus on understanding, through research alongside communities, disparities in the wider determinants of health; use evidence to design or identify solutions to tackle these disparities; and co-evaluate policy interventions.
4. **Build and Strengthen Research Knowledge and Skills across the Council and Communities:**
 - a) To implement a Knowledge and Skills Framework, Training Needs Assessment and Training Programme to support the process of knowledge creation and implementation across all directorates.
 - b) To create opportunities for research qualifications for staff with our HEI partners
 - c) To actively support the involvement of community members by supporting their training needs- whether these be as HDRC advisors, co-investigators or research participants
5. **Strengthen collaborative partnerships with Higher Education Institutions:** To build on and enhance existing relationships with all academic partners, including our core academic partner, UoC, and their new

medical school. We are ambitious for the HDRC to integrate with medical education giving new perspectives to health professionals and involving them in understanding and improving determinants of health.

6. **Build Research-Active Communities:** To co-produce priorities for health determinants research, followed by co-design and co-delivery of research projects that will drive change and inform policy and practice.
7. **To facilitate a network of practice with local authorities,** especially councils with rural, coastal and isolated communities that have similar challenges in tackling inequalities, to share our learning, disseminate research findings and collaborate on research projects.

2.4 What will Cumberland's Success Look Like?

Table 2. Cumberland HDRC Success markers and milestones

Year	Measure
End of Year 1	<ol style="list-style-type: none"> 1. Recruitment and successful embedment of the HDRC team 2. Formalised partnership arrangements with HEIs and key academic collaborators and support structures identified 3. Recruitment of up to four community co-researchers 4. Identification of research training needs across CC, and plans for internal and external research training developed and actioned 5. Cumberland staff accessing formal learning opportunities (Masters/PhD) with HEI partners 6. Identification of research gaps and priorities across CC directorates 7. Engagement with partners including local communities to identify research collaborations 8. Development of HDRC function of communications and community engagement;
End of Year 2	<ol style="list-style-type: none"> 1. Co-development of funding proposals with HEIs in key areas identified by directorates 2. Co-development of peer-research portfolio/ funding proposals with communities 3. Cumberland staff accessing formal learning opportunities (Masters/PhD) with HEI partners 4. HEI students on placement with Cumberland Council
End of Year 3	<ol style="list-style-type: none"> 1. Health inequalities begin to be addressed by HDRC and CC directorates, using research evidence 2. Conduct evaluations on process, project and outcomes to identify changes have taken place in commissioning/ service provision 3. Continue working closely with directorates, with research training implemented within and outside CC 4. Develop funding bids in priority areas 5. Reporting for ongoing/ completed studies 6. Cumberland staff accessing formal learning opportunities (Masters/PhD) with HEI partners 7. Students on placement with Cumberland Council 8. Staff qualifying at Masters level
End of Year 4	<ol style="list-style-type: none"> 1. CC HDRC will work with directorates to support service provision and commissioning cycles incorporate assessment for health inequalities 2. Refinement of outcome/ assessment measures of changes in health inequalities in Cumberland and wider region 3. Publications: peer reviewed research papers/ evaluations 4. Engagement for dissemination on a range of media platforms by our Communications and engagement officer 5. Strategy planning for sustainability of CC HDRC after year 5 6. Cumberland staff accessing formal learning opportunities (Masters/PhD) with HEI partners 7. Students on placement with Cumberland Council 8. Staff qualifying at Masters level
End of Year 5	<ol style="list-style-type: none"> 1. The HDRC will offer a formalised, strategic and coordinated approach to addressing health and health inequality across its directorates

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2. CC HDRC will have intrinsically changed the way in which CC operates, creating a culture that supports and embeds health inequalities and the wider determinant of health research and evidence-based practice, integral to strategic planning, decision and policy-making
 3. The HDRC will enable council services responsible for affecting the wider determinants of health to be improved and commissioned more efficiently in response to what is needed, detailed through local assessment facilitated by the HDRC
 4. Research outputs will have increased
 5. The HDRC will have supported regional research capacity development with other LAs more research active and increased outputs; collectively positively influencing policy leading to a tangible reduction in health inequalities and improvement in health outcomes
 6. Community engagement and listening to our residents will be integral. Empowering communities to participate and shape the health and wellbeing agenda. Research capacity and capability to increase in our communities
 7. Evaluation of Cumberland HDRC, its infrastructure, influence on evidence-based practice
 8. Students completed placements with Cumberland Council
 9. Staff qualifying at Masters level and at PhD
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3.0 Culture

3.1 The Theory underpinning Cumberland HDRC

Cumberland HDRC will use the Innovation Pathway, developed by the Academic Health Science Network, to guide the HDRC, is a robust service framework through which breaks down our transformation into the key stages of assessment, development, evaluation, commercialisation, spread and adoption³. This will be supported by Cumberland Council's newly developing Health and Wellbeing Framework and Fuse's 4-step Knowledge and Mobilisation Model⁴ to raise awareness, share knowledge, making evidence fit for purpose, and supporting the uptake and implementation of research.

3.2 How will the HDRC strive to embed a sustained culture of research and evidence within the host local authority?

Leadership and role-modelling: The Director of Public Health and Communities with support from our Senior Leaders, will lead the HDRC and will embed research and evidence-based practice into Cumberland's internal formal processes. Reports produced for the Senior Leadership Team will include a section that requires the articulation of how evidence and research has informed the work. The already established Public Health Research Steering Committee will be restructured to become the HDRC Steering Committee, allowing senior leaders, academic partners and VCSE organisations to have oversight of and input into Cumberland HDRC's proposals and outputs. Work produced by the HDRC will be presented by the Director of Public Health at Executive and Health and Wellbeing Boards, enabling elected members to scrutinise, advise and steer the work of the HDRC. This will reinforce to staff that Cumberland's Senior Leadership are operating differently and that the structures, processes and systems are in place to support them to work differently too.

Communications: To foster understanding and conviction we will communicate with staff the reasons for the HDRC, its aims and objectives, and why research and evidence-based practice matter. We make a commitment to be open, honest and transparent about the development of HDRC. Each directorate will have a research representative, part of their role will be to champion the HDRC to colleagues, and enable sense making around its purpose and potential benefits, which will help with cognitive buy-in.

Developing the talents and skills of our staff, supporting them to work in new ways: We will build capacity and capability by recognising the skills we already have within the council and where skills can be grown as part of the HDRC's bespoke training programme, as part of the newly developing 'Health and Wellbeing at the Centre'

Framework. To compliment this, we will produce 'how to' guides and toolkits for staff and communities, promoting easy access to research resources.

With our HEI collaborators, we are working to create pathways and routes for professional development and access to higher education, with funding allocated for training related to research and qualifications such as Masters and PhD fellowships. Our HEI partners will provide our staff with access to academic expertise so that they can gain deeper understanding of the causes of negative health determinants (for example, factors impacting health, mental health, wellbeing, economy, employment and environment). We will seek joint posts between HEIs, NHS organisations, and LAs, so expertise, capacity and capabilities will be developed and shared across Cumberland and with our key partners.

Within Cumberland and wider region: the HDRC will become a central hub for evidence-based practice; cultivating an open environment for research activities between the council, academic partners and communities to flourish in the establishment of a new Cumbria Research Forum. We have strong connections with the new Westmorland & Furness Council, therefore a Public Health Collaborative between the two Cumbrian Councils is emerging, as we will be tackling similar health inequalities across the region. This will be a solid platform for the HDRC to share learning and appetite for research across Cumbria.

We will share our learning in tackling health inequalities and improving the wider determinants of health across the UK, especially with local authorities that face similar challenges. This supports our ethos as a learning organisation and importance of co-production.

3.3 Our Focus on the Wider Determinants of Health

Health inequalities and negative wider determinants are significant across Cumberland. We recognise that health inequalities result from the synergetic effects of multiple factors upon individuals, such as where people live, the work people do, their education and skills, and the resources available to them. These factors combine to influence people's behaviours such as diet, alcohol consumption, smoking, drug taking, low physical activity, low educational aspiration and attainment, and parenting, which regularly become the focus of interventions. But we want to ensure that we are understanding 'the Causes of the Causes' of health inequalities⁵ to prevent future systemic disparities in our dispersed communities. Our focus on the wider determinants will recognise complexity and the inter-relationships of different factors. We will employ proportionate universalism⁶ to ensure our research focus is universal but at a scale and intensity that is proportionate to need.

Research on health determinants will be disseminated across our directorates to ensure that those with responsibility for different determinants are equipped with local intelligence and to help embed a 'health in all policies' approach⁷. This will enable us to co-design innovative interventions that are evidence-based and appropriate to our communities. In coming up with solutions we will involve local communities, seeking their insight and opinions on what will help, so that we are 'working with' rather than 'doing to' them in relational rather than transactional ways. We will also work alongside our local partners and use their expertise to design interventions (for example our HEI partners, ARC NENC, AHSN NENC, Cumbria Local Enterprise Partnership, and VCSE organisations).

4. Collaborations and partnerships

To create a successful HDRC Cumberland Council is building on and developing relationships established by our legacy councils with HEI and VCSE partners (UoC, UCLan, Cumbria CVS, HealthWatch Cumberland). These collaborations are detailed in table 3.

Cumberland Council has relationships with the UoC and UCLan, on a range of projects and services. Memorandum of Understanding are being developed for joint research between them and Cumberland Council,

to formalise partnerships and taking the next steps in embedding research in Cumberland. UoC is also supporting with provision of formal learning opportunities.

While this bid has been developed, these partnerships are being strengthened in the following ways:

- Cumberland Council and University of Cumbria working with Imperial College London to implement a new medical school, based in Carlisle, to increase education and employment opportunities in Cumbria
- Cumberland Council and University of Central Lancashire on the 'Community Power' Project builds on previous collaborative community action research between UCLan and Cumbria County Council in four low-income coastal communities in a project called 'Connected Communities Cumbria', where residents were trained as co-researchers to design, deliver and disseminate research in around the 'community capital' existing in their neighbourhoods.

Table 3. Collaboration Partners

Organisation	Function	Role as part of HDRC/ collaboration
University of Cumbria	Higher Education Institution	<ul style="list-style-type: none"> • Primary partner • Shared grant proposals and research projects • Accredited learning opportunities • Shared supervision of embedded MSc/ MRes and PhD Fellowships • Joint design on 'learning and development' framework for staff • Honorary positions for HDRC and partner staff, granting access to library services, ethics, and research development resources • Availability to NIHR infrastructure • Potential for joint posts/roles and studentships embedded with council • Access to academic expertise on different health determinants
University of Central Lancashire	Higher Education Institution	<ul style="list-style-type: none"> • Expertise and advice of academics in community and participatory research approaches • Potential adoption/ implementation of 'Community Power' approach into Cumberland Council. • Collaborator and academic partner for research proposals and projects.
Cumbria CVS	Community Connection	<ul style="list-style-type: none"> • Links to third sector organisations in Cumberland • Convenor of Cumbria Health and Wellbeing Networks bringing VCSE organisations together • Supports the delivery and community-centric nature of Cumberland's work. • Direct collaborative research action already takes place between us
HealthWatch Cumberland	Community Connection	<ul style="list-style-type: none"> • Champions the views of local people on health and social care in Cumbria • Undertakes specific research and consultation activities to gather patient views.

4.1 How will collaborations be strengthened?

It is important that as part of this HDRC, partnerships will be continually strengthened. This will be achieved with our HEI partners through capacity building, training, internships and educational opportunities (e.g. joint Masters and PhD posts). We will also work closely to identify and map the research priorities in Cumberland and submit joint research funding applications to various external funders.

Our community partnerships are integral to the HDRC vision and we will strengthen our community partnerships by valuing their insights on and connections to the communities they serve, co-producing research projects and applying community-based research throughout Cumberland. Cumberland's ethos and culture for research will grow organically and inspire others to become involved.

5. Leadership and Staffing Structures

We plan to recruit a total of 13 staff to Cumberland's Core HDRC Team, with roles in leadership, operations, and research and fractional time is allocated for Senior Leadership and finance support, detailed in table 4 (FTE). We also intend to recruit a small team of 8 community co-researchers (WTE) with lived-experience and ranging in age (e.g. young people 16-21 and adults), detailed in table 5.

5.1 Leadership within Council Structures

The Director of Public Health and Communities, Colin Cox, will be Director of the HDRC. He will be supported by a Steering Committee comprised of members from the council's senior leadership team. This arrangement will ensure that Cumberland Council's guiding principle of a 'One Council Approach' to health and putting health and wellbeing are at the centre of everything we do are core to the HDRC's focus and function, with direct accountability to the Senior Leadership Team.

The HDRC will be fully integrated within the directorate for Strategy, Policy and Performance under the Directorship of Nik Hardy, Assistant Chief Executive, who will have oversight of the HDRC through the HDRC Steering Committee. It will be situated within the Department for Performance and Analysis, which leads on analysis of insight and data, and corporate and service performance. This will enable alignment of the HDRC team to existing council structures, roles, expertise, and experience, and will ensure health research and evidence-based practice is embedded across all directorates to inform our strategies and future policies. Operationally, an HDRC Research and Innovation Manager will be recruited and line managed by the Assistant Director of Performance and Analysis. The HDRC R&I Manager will oversee and coordinate HDRC day-to-day functions, line manage the core HDRC team and liaise closely with the HDRC Director, the Assistant Director of Performance and Analysis and the HDRC Steering Committee. They will also guide research, oversee funding applications, and be integral to system networking within the wider landscape.

5.2 HDRC Staffing

A full visualisation of Core HDRC roles within Cumberland Council can be seen in Table 4, with link/ advisory roles in table 5 of this section.

Alongside the roles detailed in tables 4 and 5, we also plan for the HDRC to recruit a Public Health Consultant, who will oversee academic rigour and link with public health networks regionally and nationally to ensure the HDRC activity links with existing and emerging priorities. This post will supervise Public Health Registrars and/ or Academic Clinical Fellows, who will have knowledge and experience in research and skill development. Cumberland HDRC also plans to host a number of Masters and PhD students who will be undertaking research within Cumberland Council and communities.

Continuing professional development and higher education opportunities will be offered to Cumberland Council staff and other system partners, along with secondment opportunities to promote and embed a culture of continuous learning and research. We have also made a commitment to working with our communities, as part of the HDRC we envisage a small team of 10 community co-researchers who are embedded within their communities and offering insight from lived-experience. Community Co-Researchers will be offered mentoring opportunities and have detailed CPD plans.

5.3 Cumberland's Core HDRC Team

Table 4: Cumberland's Core HDRC Team Roles, responsibilities and FTE

Cumberland's Core HDRC Team Roles	
<i>Leadership</i>	
HDRC Director (0.1 FTE)	Colin Cox, DPHC will strategically direct the HDRC, ensuring public health remains a focus of the HDRC
HDRC Research and Innovation Manager (1 FTE)	To oversee and coordinate HDRC day-to-day functions and link Director, Research Officers. The HDRC R&D Manager will guide research, oversee funding applications, and be integral to system networking within the wider landscape, ensuring strategic knowledge mobilisation of Cumberland.
<i>Operational</i>	
HDRC Training Officer (0.8 FTE)	To develop and deliver programmes to support staff research skill development and embed a research culture throughout Cumberland and partners. The training officer will be supported through the academic networks to design and deliver training. This role also includes supporting regional research skills training development for other LAs, partners and local communities.
Communication and Engagement Officer (1 FTE)	The Communication and Engagement Officer will encompass two roles: An integral role to coordinate and engage with communities and will work closely with the PICE link. They will also work closely with our partner organisations and disseminate findings through wider existing networks. They will also lead and oversee the Cumberland HDRC website, blog, and social media channels.
Finance Officer (0.2 FTE)	Support finance management of the HDRC. This could include costing of pre-award funding applications, post-award finance management and issue financial reports to funding bodies, as part of a finance portfolio
Administrator (0.8 FTE)	To provide administration support for Cumberland Core HDRC Team and support on set up and close down of research projects.
<i>Research</i>	
Research Officer x 2 (1 FTE per role)	Joint posts for experienced Research Officer between UoC and Cumberland Council, will be recruited to lead on funding bids and dissemination of research. Each Research Officer will lead work that aligns with three directorates.
Consultant in Public Health (0.5 FTE)	A consultant in public health with academic experience will be recruited to oversee research activity and community involvement, ensure academic rigour and link with partners (e.g. local authority, NHS, Universities) to ensure the work of the HDRC aligns to national, regional and local partners and is shared through relevant Health networks. This role will attract Public Health Registrars, Academic Clinical Fellows, medical students and foundation year doctors to undertake short and long term placement opportunities and develop PhD offers.
Research and Community Project Officer (1 FTE)	This role will have two functions; 1. to work operationally with the Communications and Engagement Officer, Community co-researchers and the PICE Link on building relationships with our communities and 2. To support the work of our Research Officers
Research Data Analyst (0.6 FTE)	To support the collation and analysis of council, regional and other data to support evidence-based decision making and future research funding applications. This role will also require partnership working and an understanding of the key legislation around data laws and compliance. This role will also include close working with directorate intelligence leads
Research Apprentice (1 FTE)	The HDRC will host one apprentice, the apprenticeship could be from a variety of course from UoC. The apprenticeship will aim to run from year 2 once the HDRC

	has been initially established.
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Table 5: Cumberland HDRC Link/ Advisory Roles

Cumberland HDRC Link/ Advisory Roles	
Councillor Link (0.05 FTE)	Cllr Emma Williamson will have an advisory role supporting research prioritisation and linking the HDRC work back into the political landscape of the Council.
Consultant Public Health (0.1 FTE)	Claire King (Research Lead for Cumberland) To oversee scientific input that will inform the work of the HDRC and become an integral link to disseminate knowledge with academic, local government and VCSE partners.
Senior Academic Advisors	Professor Brian Webster-Henderson and Prof Tom Grimwood will oversee the partnership between Cumberland Council and UoC.
Academic Advisors	These roles will be fluid and interchangeable dependent on the topic area, over the duration of Cumberland HDRC. We have agreed some initial academic advisors who have helped throughout our HDRC Proposal: <ul style="list-style-type: none"> • Elaine Bidmead, NIHR ARC Senior Research Fellow (UoC) Expertise in health and social inequality • Suzanne Wilson, Research Fellow in Social Inclusion and Community Engagement (UCLan)
Research and Development Expert	The newly appointed Deputy Director for RKE will offer guidance on research and development and to supervise the Research Officers; this will ensure the Research Officers have support from UoC to conduct research projects safely and effectively
Directorate Research Representative x 6 (0.1 FTE)	To provide operational insight and links to services and communities. There will be one representative for each directorate to support the research officer in the associated topic project. The link worker will be aligned depending on the project and will change as the projects change.
Community Co-Researchers x 8	Community co-researchers will be employed to conduct and facilitate research in the community. Will have experience of living in dispersed communities and health inequalities. These roles will be key to shaping and designing research that is relevant and meaningful to Cumberland's communities.
Public Involvement & Community Engagement (PICE) Link	Cumbria CVS will act as PICE link for Cumberland HDRC, working with the HDRC Communications and Engagement Officer and linking with communities and VCSE organisations, ensuring meaningful engagement throughout the whole research cycle.

5.4 Barriers to recruitment and roles

We understand that recruitment to a newly established, large team may be challenging, and we further recognise that Cumberland's geography can make recruitment difficult, especially to more senior roles (e.g., research and innovation managers, consultant and research officers). To overcome these potential barriers, we intend to recruit to the Core HDRC team in phases over the first year. To attract experienced staff, each role will be a 5-year fixed term contract to ensure stability, hybrid working and competitive salaries will also attract workforce from outside the area. Adverts will be shared widely through existing professional and academic. Furthermore, each research post will hold honorary contracts with UoC and UCLan, to allow accessibility and the sharing of resources and the allowance of remote/ flexible working.

For increased support during the HDRC's inception, research officer roles may be filled by seconded senior council staff, to provide organisational knowledge, to help with initial implementation and establishment. For

many link/ advisory roles, recruitment will be simple due to being internal posts. We will also offer posts to staff for redeployment (as a result of local government reorganisation), which will include support and training.

5.5 The Importance of Location

Our population is dispersed across a large rural and coastal geography. Therefore, we intend for the HDRC to be active throughout the Cumberland footprint, increasing our accessibility for others and ensuring we go to where our communities are. The core HDRC team will adopt an agile style of working, with monthly meetings and events held across Cumberland to increase our presence.

6. Resource, Capacity and Public Involvement

Our greatest resources in Cumberland are our skilled and experienced staff/ workforce and communities. Our HDRC will be based within Cumberland Council, where capacity will, at first, be built internally, using an asset-based approach by recognising the skills we already have within the council where skills can be grown and nurturing their strengths and resources⁸ and achieving a balance between service delivery and community building. Externally, we will create pathways and routes for professional development and access to higher education through partnership with our HEI collaborators.

6.1 Phase 1: HDRC Development [0-12 months]

1. Employment of key HDRC staff
2. Establishment of HDRC Research and Innovation office within Cumberland Council
3. Development of Partnership structures

We will develop membership and terms of reference for working with our academic partners and collaborators. Meetings will be scheduled to embed the HDRC into existing research and leadership meetings structures at UoC and UCLan.

4. Integrating research and evidence-based practice into commissioning procedures

Work with the Strategy, Policy and Performance directorate 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.

5. The 'Cumberland Framework'. A model for co-research

We will adapt and refine existing frameworks that we will apply to the work of the HDRC. We will work with our trained community co-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.

6.2 Phase 2: HDRC Capacity Development within Council Directorates [6-48 months]

Internal capacity development will commence in Cumberland within the following directorates: Strategy Policy and performance, Business Transformation and Change, Resources, Public Health and Communities, Place, Sustainable Growth and Transport, Adult Wellbeing and Housing, and Children and Family Wellbeing.

Within each directorate, a focus on workforce development will take place:

1. Staff Skills Audit to understand where we excel in expertise and identify gaps where training could be of use

The HDRC team will facilitate development of departmental teams, involving a range of staff (demographics, grade, role), to consider the 'assets' in each department in relation to evidence-based practice and research activity. Each departmental team will develop methods to understand the assets of individual staff members

(transferable skills, knowledge, networks, time, interests and passions), as well as assets in the wider council and organisations they work with (physical, economic and cultural assets). The asset map will be updated annually.

2. Design, development and delivery of training programmes for staff (e.g. critical thinking, research methods and using evidence)

The asset map will identify individual and group training needs in each department, including identifying where skills and knowledge can be shared internally within the team or provided by HEI partners rather than through externally provided training.

3. Identification of key research priorities, based on current workstreams within Cumberland, through rapid evidence assessment

Rapid reviews will be conducted to ascertain the existing evidence base for each identified priority to inform the work of each directorate and identify research priorities. We plan for 2-3 reviews per directorate, and these will be presented back to the directorates in lay and technical formats and will also be disseminated widely.

4. Collaborative working between key HDRC staff and partners to address research needs of Cumberland

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.

6.3 Phase 3: Sustainability of HDRC Capacity Development within Council Directorates [24-60 months]

Within the Council directorates, knowledge gathered from the Staff skills Audit in the first 12 months will be used to inform the development of a robust and sustainable model that will focus on targeted training and continuous professional development for staff and communities. To support this model, a website specific to the needs of research active council staff will be developed, becoming a central online hub for accessible resources (e.g. research governance and procedures, building of research skills and methodologies to be used for research/evaluation), with access to NIHR resources and opportunities (e.g. NIHR academy, GCP training). Research representatives will also be embedded within each directorate to support the dissemination of research-related opportunities, such as: training, upcoming research projects and updates from the core HDRC team and partners.

6.4 The 'Cumberland Framework': A model for Co-Research

Public Involvement and Community Engagement (PICE) is integral to Cumberland HDRC's vision and strategy. We will be guided by the NIHR's UK Standards [ref], designed to improve the quality and consistency of public involvement in research. Cumberland HDRC's PICE strategy is putting co-production at the centre, involving local residents, academics and professionals to work in synergy/ collaboration for the entire research journey: formation of a research question, through development and delivery, interpretation and dissemination.

We understand that the local authority can be distrusted in some communities, we will begin a dialogue for reconciliation with them. We will also work with partners with strong community links (including partner organisations Cumbria CVS, HealthWatch Cumberland, local Health and Wellbeing forums and other VCSE organisations embedded in our communities) to undertake community insight work to gather stories that provide meaning to data and solutions to problems. Where possible this will include opportunities for participatory research, especially amongst groups whose voices are seldom heard. We will also actively engage with other research being undertaken locally, for example, CDEC's community research network is co-delivering a community conversation on health and is purposefully involving and listening to people who do not usually have

their experiences reflected in research, and Cumbria CVS's 'Community Connectors' project which aims to connect communities with decision-making that directly impacts them; our HDRC will be active listeners.

Within Cumberland Council: Cumberland has an absolute commitment to localism and a fresh approach is being taken for engaging with our communities. Eight new Community Panels are being developed and implemented across Cumberland to encourage community engagement and local decision making. These panels will meet four times a year to decide what communities need, and to direct investment towards projects that meet those needs. Each panel will work with communities to develop local plans which can have sections bespoke to different community groupings within that particular area. Community Panels will be led by Ward Councillors for each area and will be made up of local residents, businesses and third sector organisations who will engage with residents through events, consultations and other methods to find out exactly what investment is needed in each neighbourhood. Local community insight will be shared through Community Networks.

We will work with UCLan on their Community Power Research Project, to have our councillors and senior leaders present and reachable within these communities to build trusting relationships, where the council can learn and have a positive impact on deprived and hard to reach communities. We will draw from the methodologies adopted in both the Connected Communities Cumbria and Community Power research to develop an original, place based co-creative framework using evidence based engagement strategies in an under researched area. The existing community methodologies and networks will be built upon, strengthening both policy and practice in Cumberland.

Community Co-Researchers: A portion of the HDRC budget has been committed to the employment and support of our community co-researchers. Our team of community co-researchers will involve eight local residents with lived-experience and who are embedded fully within their communities. Our community co-researchers are going to champion research, lead on tackling health inequalities that are prevalent in their local areas and be active members in Cumberland Council's Community Networks. This allows both Councillors and the HDRC Team to align priorities for Health Determinants Research. The community co-researchers will also undertake training for research skills and methods and will form an integral part of Cumberland's HDRC, to co-design, co-develop and co-produce research.

Recruitment of Community Co-researchers will be done with advice and support from the CVS, Healthwatch and our public and patient representatives. Positions will be advertised widely using the traditional channels (e.g. Job Centre, websites and local newspapers) but also depend heavily on word of mouth through relevant networks. Insight will also be shared through existing HDRCs (e.g. Blackpool) and similar schemes existing in the County (e.g. Poverty Truth Commission).

Cumbria CVS will bring the knowledge and insight into engaging individuals at a local level, to increase their confidence in participation and engagement in local initiatives. This is demonstrated through the project Community Connectors, which aims to connect communities with decision-making that directly impacts them. This is achieved through supporting individuals to feel confident and empowered to act as a representative for their community, speaking on their behalf to have voices heard at different levels. Their experience with engaging communities in this way will bring added value and resource to Cumberland HDRC.

7. Governance and Management Structures

The accountability and reporting mechanisms for the work of HDRC core team will be through Cumberland Council's Senior Leadership Team (SLT), who will be responsible for overseeing work undertaken by the HDRC Team. As a regular agenda item, the SLT will review the overall project plan, proposals for research, dissemination strategy and half yearly progress reports on the HDRC. Should there be additional demand for HDRC support beyond capacity, SLT will decide on the priority for support. This allows the 'One Council Approach' to be operated with the involvement with Director level accountability. Cumberland SLT is accountable

to the council's Leadership Group of elected members. They will have access to all SLT papers and will also receive the half yearly progress reports on the HDRC. The HDRC will also report directly to the Health and Wellbeing Board (HWBB), through Colin Cox and Cllr Mark Fryer, providing further accountability and assurance for the broader health system and partners. Formal reports are further detailed in the Gantt Chart attached.

An oversight/ advisory committee will convene once a month, which is already in position as part of the research infrastructure at Cumberland Council and will continue to help inform and steer the Core HDRC team. This committee will involve a Research Representative from each directorate, Consultant in Public Health, academic links from UoC and UCLan, two members from HealthWatch Cumberland and Cumbria CVS and two members of our community co-researcher team.

Weekly Core HDRC team meetings will convene, acting as weekly 'check-in's', discussing any challenges, barriers and successes. Updates on specific research projects will also be shared. From these meetings, all actions will be logged. Annually, the HDRC's progress will be reviewed with our partners (e.g., key deliverables/ KPI, stop/go criteria, outcomes and impact), to develop into Cumberland HDRC's annual report.

Any PHD or student placements will be managed and co-supervised by the Public Health Consultant. Directorate service links and internships will be managed by their existing line manager and the researcher for their directorate.

8. Justification of Costs

8.1 Sustainability how will the HDRC aim to become a sustainable (people, research, funding and culture) entity post the initial 5 year funding?

Cumberland HDRC will strive to become a sustainable core function after the initial 5 years, taking its position as a central hub/ anchor institution and having a steady stream of income that is generated from research, which will replace the need to outsource commissioned activities to private consultants and researchers. The integral functions that will become sustainable are:

- Capacity building
- Cultural change
- Research projects
- Internal and external training/ research opportunities
- Community engagement and Community co-researchers

However, we are very much in our infancy for establishing and embedding research into our local authority. We are aware that income generated from research grants alone cannot sustain certain elements of our HDRC, and will therefore require prolonged funding if Cumberland is to continue as a research active local authority. Funding for the Core HDRC team may be required, in a similar model used for teams in NHS trusts to support the co-researchers, development of bids and partnership working. 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 (as similarly proposed by Blackpool HDRC).

Notwithstanding, the sustainability of a HDRC for Cumberland will be enabled by the achievement of relative advantages and perceptions of usefulness, such as improved services and commissioning through evidence-based practice and design; improved health and social indicators; mutual benefits for all collaborators; if this can be achieved then partners will want to continue to work together.

9. Implementation, Milestones, KPI's and Stop/ Go Criteria

9.1 Success Criteria for Cumberland HDRC, including Stop/Go Criteria

The HDRC's success and impact will be measured within Cumberland's corporate framework (e.g impact assessment). This will be reviewed biannually and reported to the Senior Leadership Team and elected members.

Strategically: HDRC progress will be reviewed, and actions logged each month by the HDRC Director and R&I Manager; and reported to the HWBB, UoC and UCLan quarterly, with specific focus in month 0-12 given to implementation to ensure all key milestones are achieved before moving into operational stages in years 2-5. Action logs, focused on challenges/barriers and learning will be shared with NIHR to establish a direct line of frequent communication which is intended to establish a 'critical friend', but also ensuring NIHR are well informed. We will ensure that we comply with all NIHR monitoring processes, including 6 monthly conversations and annual reports.

Operationally: HDRC will adopt agile working practices with weekly meetings to address challenges, success blockers, lessons learned, and project based key deliverables (as defined by the specific research projects at the time). All actions will be logged, fed into monthly strategic reviews and form evidence for individual training logs and appraisals. Annually, the HDRC will review with partners progress against deliverables/KPIs, outcomes and impacts all of which will form part of a published annual report evaluating the previous 12 months and outlining the next 12 months. This will also form part of the HDRC annual event for all stakeholders.

Specific milestones, implementation plan, and stop-go criteria are provided in the Gantt chart. 0-12 month success criteria focus on practicalities of implementation such as recruitment, engagement (internal, partners, system & community), developing detailed future planning including income generation and the creating the mechanism/processes similar to UoC ethics approval system and development of an HDRC evaluation framework. Following implementation focus will shift towards building capacity, increasing research and outputs, effective dissemination, and influence. In recognition of any success resting on solid foundations, stop / go points have been built in Gantt Chart) following specific actions which are considered vital to the success to HDRC and until these are sufficiently satisfied no further actions will be undertaken, this will be openly discussed with NIHR. A HDRC evaluation framework including quantitative and qualitative data to monitor progress and success will be adopted and regularly reviewed by HDRC, Cumberland Council SLT and HWBB. Examples of the framework measures include a clear list of milestones and KPIs will be developed within the first 6 months.

9.2 Monitoring

Impact Assessment: Health outcomes and care delivery indicators relating to the wider determinants and inequalities from existing council data, OHID Fingertips, ADASS Local Index of Need and the number of polices which have been influenced by HDRC. Staff and partner feedback of HDRC interactions, satisfaction and influence, including reports of behaviour and practice changes.

Research Output: Number of projects ongoing/completed, external bids submitted, successful grant applications and funding value generated, number of peer-reviewed publications and number of posters and conference presentations.

Collaboration: Number of partnerships, memorandums of understanding, joint projects. Qualitative feedback around working relationships.

Capacity and Culture: Number of GC staff trained, internships offered, higher education study completed, and fellowships achieved. Number of research forums and engagement. Qualitative feedback from GC staff. Markers relating to regional and wider capacity influence will also be sought.

PICE: Training offered/ completed, Engagement events, Co-produced materials, Qualitative feedback, proportion of projects which are peer-led/co-applicants.

Engagement and Dissemination: Number and type of outputs e.g., briefings and reports. Engagement on social media with content. Influence of the HDRC's work. Events run and engagement metrics with the events. As a new part of Cumberland Council, it is difficult to predict the number of outputs, though we do expect year on year increases as our HDRC becomes established. With continual review, the HDRC will formally evaluate its impact within Cumberland Council as a centre of excellence for community-led research in health inequalities by the end of year 5, which will commence in year 3. The evaluation will be multifocal looking at physical and quantifiable outputs but also qualitative measures including staff and community perceptions and partnership working. This review will also include review of PICE within the HDRC.

10. Socioeconomic Position and Health Inequalities

Health inequity is prevalent in Cumberland. Data from the Office for Health Improvement and Disparities⁹ show high incidence of non-communicable diseases to be concentrated in our poorest communities. Underlying indicators from the Indices of Deprivation¹⁰ (IOD) show higher than average scores in 72% of LSOAs for the Comparative illness and disability ratio, 51% of LSOAs for acute morbidity and 93% of LSOAs for mood and anxiety disorders. Powerful narratives serve to position health inequalities as a failure of self-responsibility; negative effects become seen as the result of individual behaviours and/or lifestyles. However, addressing the 'Causes of the Causes' (Marmot, 2020¹¹) of health inequalities is the focus of our HDRC; one of the main causes in Cumberland is poverty.

Whilst poverty is apparent across our dispersed rural population, it is mostly concentrated in parts of Carlisle and our coastal towns. Such poverty is characterised by intergenerational disadvantage caused by entrenched social and economic problems relating to weak labour markets (few professional or skilled jobs and predominance of low skilled, low paid, insecure employment - with household wages being significantly lower than the national average); low educational attainment (with one in four LSOAs in the 10% most deprived on the indices of deprivation for Children's Education, Skills and Training); and low social mobility, (with Carlisle district ranked 5th worst out of 324 local authorities and Allerdale district 6th by the Social Mobility Commission, 2017¹²). These wider determinants impact on individuals and families' ability to live healthy lives and cause further challenges, including high numbers of children on protection plans or in LA care and high levels of self-harm.

Health inequalities are also caused by our geography. Cumberland is characterised by underserved rural and coastal communities that experience poor connectedness to key services (including health services), civic assets, affordable healthy food and leisure opportunities. Poor connectivity is exacerbated by digital poverty, transport poverty and poor transport infrastructure (bus, rail and roads). This is a particular issue for our ageing rural population who have increasing need for health and social care services when these are under pressure and being centralised or withdrawn (Local Government Association (LGA), 2017¹³). There is also a growing challenge from mental ill-health due to social isolation which is exacerbated by physical isolation (LGA, 2017¹³). Loneliness and social isolation also impacts the young; young people in most communities struggle to get mental health support but problems are worsened in rural areas due to poor transport and lack of places to meet (Centre for Mental Health, 2020¹⁴).

Low population density and per capita funding makes provision of equitable access to services challenging for statutory and third sector alike. It also makes provision of some services non-viable, for example, those to minority groups, people with rare health conditions and/or to those living in remote communities. Regarding ethnicity, Cumberland is predominantly white (97.7%); with the former Allerdale district being the least diverse district in England and Wales (98.5%, ONS, 2022¹⁵). Neighbourhoods with high concentrations of people of minority ethnicity do not exist; people are dispersed across the area, as are people with other protected characteristics. Consequently, some groups/communities are particularly underserved.

10.1 Cumberland's commitment to equity as an HDRC

We will endeavour to ensure everyone will have opportunity to take part in research and have their voices heard. Our HDRC Communications and Engagement Officer will disseminate opportunities to participate in research widely, through different channels and in different formats for different target groups, for example, through local media, social media, and community networks, using plain English, different languages or formats such as video. We will produce Cumberland EDI guidelines, based on NIHR RDS EDI¹⁶ toolkit and the INCLUDE Ethnicity Framework¹⁷, to help researchers reflect upon and improve inclusive research design, sampling/recruitment and data collection methods and places. Where appropriate we will set EDI targets; where targets are not met, we will encourage innovative approaches, including targeted outreach and relationship-building with VCSE and grassroots organisations to build trust and encourage participation, following guidance in NIHR RDS Community Engagement Toolkit¹⁸. We will actively monitor and review the HDRC's core processes to ensure that our infrastructure allows inclusion for all to participate in all aspects of its work. Particular attention will be given to protected characteristics. We will also work closely with Paul Musgrave, Assistant Director for Communities, and Lizzy Shaw, lead for Community services in the Public Health team, who are currently developing the new Community Panels and Community Networks, to ensure community engagement is at the core of council processes.

11. Dissemination, Outputs, and Anticipated Impact

In year one of our HDRC we will produce a detailed dissemination strategy in collaboration with our community researchers and wider partners. This will be agreed with our steering committee. The following section details our early plans and anticipated outputs. It is anticipated that the strategy will have a three tier structure in its focus:

- 1) Macro: learnings disseminated to a wide audience including public health networks, local authority and academic partners.
- 2) Miso: learnings disseminated to the Cumberland footprint, largely aided by our partners and communities
- 3) Micro: learnings disseminated within Cumberland Council and the HDRC.

As part of this HDRC, we plan to implement a theory of change framework to design and monitor Cumberland HDRC from the outset. This framework will encourage council staff and leaders, stakeholders and partners to develop comprehensive descriptions and illustrations of how and why desired changes are expected to happen in the HDRC. Our logic model, developed in line with official evaluation guidance will also create a template for measurement and formative/ summative evaluation. It will enable collation of different evaluation activities and data sets throughout the project into a coherent evidence base of 'what worked' and impacts achieved allowing investigation of the causal relationships between context-input-output- outcomes-impact to understand the combination of factors that lead to the intended or unintended outcomes and impacts. The logic model will guide the process evaluation of this HDRC, assessing and understanding the effectiveness of its implementation.

11.1 What do you intend to produce?

Macro: Academic publications will be a key output aim for the HDRC. It is important that our successes (and failures) are shared with the wider community. Articles may include the findings of literature reviews (e.g. scoping, systematic and narrative reviews of evidence), research study protocols, research study reports, opinion pieces on health determinants and dispersed communities and presentations at academic conferences. A proportion of the budget has been allocated to open access fees and development of dissemination resources in different formats. A website for the HDRC will be developed and used as a platform to share news, tools and publications as well as promote internal and external events and training opportunities.

Miso: An annual event, celebrating the successes of the HDRC and sharing learning across the County. This will be open to all partners and wider following the first year- communities of practice (e.g. other HDRCs/ shared

focus networks) will be invited and in later years this event could be opened up wider in the style of an academic conference, allowing researchers to share their findings and network. Community resources, tools to communicate key ideas and engagement activities with the community, including findings of any research conducted with communities. The specific format of these will be informed through consultation when co-producing our dissemination strategy in year 1. Workshops/ training opportunities, these will be subject specific, and it is anticipated they will be delivered in partnership with the community researchers on topics relevant to research that will benefit the staff at Cumberland Council and HDRC networks. Examples of topics may include 'planning an effective community engagement event'; 'disseminating your research', 'Academic literature searching for beginners'. Annual report, reporting on progress against aims objectives and milestones. Blog will be written and maintained by the HDRC team including community researchers to keep partners informed of ongoing activity.

Micro: Resources will be published on the website for staff within Cumberland around research benefits and practice and to publicise the work of the HDRC. Funding and research opportunities will also be communicated to staff in all departments with targeted calls as appropriate.

11.2 How will your outputs enter society as a whole?

Community engagement will be key to successful engagement and dissemination. Co-production will ensure that dissemination is suitable for all audiences, using innovative techniques including social media, written, illustrated, and spoken tools. Community Panels and Community Networks will also be an important method for disseminating to large community audiences. Our HDRC website will be a key vehicle for storage and dissemination of our activity and findings. We will also use social media (early engagement suggests Facebook is the best method for engagement with many of our communities, however wider consultation is required), and local communication networks. In addition, we will develop a publication strategy where the outputs of our research are disseminated in peer reviewed open-access publications as well as through academic conferences and via professional networks.

11.3 What other funding will be sought if this HDRC is successful?

Research funding opportunities will be monitored by the Research and Innovation Manager and will form a regular item on the Steering Committee agenda. Appropriate funding schemes may include Government Departments e.g. NIHR; Research Council's e.g. ESRC, MRC Health Foundation, Wellcome Trust; Grant making trusts e.g. Big Lottery Fund and smaller local funds. University funding opportunities will also be monitored through our academic partners.

11.4 What are the possible barriers for long-term impact?

Sustainability of the HDRC and anticipated risks will be monitored from the outset. A risk matrix will be developed and used as a tool at regular team meetings and Steering Committee meetings. Financial viability will be our main risk, however, as detailed above additional funding will be sought and financial viability will be monitored regularly. We risk communities not engaging with our HDRC as mistrust in local government is ubiquitous in the political system. Our focus and commitment to community engagement will mitigate this, and we commit to evaluating our strategies and implementing changes to our strategies for engagement as we develop.

Our support at all levels and departments of the Council suggest that we have a real opportunity to embed research culture into Cumberland. Currently there is a national drive to address health inequalities and public health, as demonstrated through Levelling Up White Paper¹⁹, Long Term Plan²⁰ and NIHR funding opportunities. However, the next general election will fall within the funding timeframe of the HDRC and local authorities are politically led. It will be important for the impact of the HDRC to be demonstrated and communicated through senior members of the leadership team and Cabinet to mitigate these risks.

11.5 What do you think the impact of your HDRC will be?

Our impact will be evaluated from the outset of the HDRC using the corporate and HDRC bespoke evaluation framework. Key overarching themes anticipated in our impact include:

- Increase in research capacity and capability in Cumberland Council and its research partners
- Increase in research evidence to support interventions to improve public health in dispersed communities
- Reduction in health inequalities in Cumberland's areas of high socioeconomic deprivation
- Greater community engagement and sense of community in traditionally 'hard to reach' areas.
- Increase in staff skills and educational attainment,

11.6 The Scalability of Cumberland HDRC's Work with other Local Authorities

We will share our learning across communities of practice and our geographical and statistical neighbours, in particular those with rural and coastal dispersed communities. We aim to link with other HDRCs to share learning with established and prospective centres.

Our dissemination plan includes workshops which will aim to increase the research capacity of the wider workforce of Cumbria including our neighbouring council – Westmorland and Furness. The HDRC Public Health Consultant will link into Cumbria and Lancashire, Northwest and National public health networks involving representatives from Local Authority public health. A key part of their role will be to map and understand the wider gaps and needs of these partners and plan to address these. It is envisioned that Cumberland's HDRC will mentor other Local Authorities looking to become more research active, secondments and internships would be a route for staff from other authorities to gain experience in research and take their learning back to their employer. Our role on two ARCs (NWC and NENC) will also be a vehicle into wider support to other local authorities.

12. Project Timetable

Table 6: Summary of Cumberland HDRC Project Timetable

Phase 1 (0-12 months)	Employ and secondment to key roles forming the core HDRC team (6 months); Establishment of HDRC Research & Development office within Cumberland Council; Development of Partnership structures; Integrating research and evidence-based practice into commissioning procedures; develop and implement The 'Cumberland Framework', a model for co-research
Phase 2 (6-48 months)	Internal capacity development will commence in Cumberland within the council directorates, such as staff skills audit to understand where we excel in expertise and identify gaps where training could be of use; The design, development and delivery of training programmes for staff (e.g. research methods and using evidence); Identification of key research priorities, based on current workstreams within Cumberland, through rapid evidence assessment; Collaborative working between key HDRC staff and partners to address research needs of Cumberland
Phase 3 (24-60 months)	Within the Council directorates, knowledge gathered from the Staff skills Audit in the first 12 months will be used to inform the development of a robust and sustainable model that will focus on targeted training and continuous professional development for staff. To support this model, a website specific to the needs of research active council staff could be developed, becoming a central online hub for accessible resources (e.g. research governance and procedures, building of research skills and methodologies to be used for evaluation), with access to NIHR resources and opportunities (e.g. NIHR academy, GCP training). Research representatives will also be embedded within each directorate to support the dissemination of research-related opportunities, such as: training, upcoming research projects and updates from the core HDRC team and partners.

13. Approach to Collaborative Working

Cumberland HDRC will involve partnership working with many organisations where collaboration already exists. For each partnership we will ensure the appropriate arrangements are in place such as memorandum of understandings and data sharing agreements. We will work in line with Cumberland's existing policies around partnership working and data protection (GDPR), liaising with our colleagues in corporate governance, IT and legal. These working arrangements will be managed and regularly reviewed in line with existing Cumberland's Policy; the HDRC Research and Innovation Manager, and research officers will manage and govern these agreements. All team members will receive the appropriate training on starting their roles. For individual projects a nominated lead from the HDRC team will work closely with the partner organisations to agree a work plan for the project including key milestones, timelines, roles and communication measures.

14. Safeguarding and Ethics

Though we do not envisage any safeguarding issues outside those of standard research, we do understand and recognise that Cumberland HDRC's work will include and involve working with vulnerable, marginalised and dispersed communities. Therefore, it is necessary to have procedures in place, should issues occur. Cumberland HDRC will develop an SOP, which will reflect existing Council safeguarding policies and with all Core HDRC staff trained in this process. Also, as part of robust ethical review processes of research within the HDRC, we will coordinate submissions to the UoC Research Ethics Committee, UCLan Research Ethics Committee (dependent of work stream) or HRA NHS Ethics if required. UoC and/ or UCLan will act as sponsor for research.