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Torfaen Health Determinants Research Collaboration - Business Plan



Document Control			
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1	27-7-23	M Sharwood	Original version
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1 Background

1.1 Torfaen

Torfaen (population 92,453) is a post-Industrial area in Wales suffering from generations of economic decline. We see every day how health inequalities impact the people in our communities. We are aware that factors such as housing, employment, indebtedness, education, environment, and social support networks impact people's mental and physical health. We do not all have the same life-chances.

Torfaen has some of the most deprived communities in Wales with high concentrations of distinct types of often interconnecting deprivation [1]. Of the 60 LSOAs in Torfaen, 19 are among the top 20% most overall deprived in Wales [2].

Torfaen has an ageing population with the number of people aged 85 years and over projected to increase by 70% between 2019 and 2043 [3]. Healthy life expectancy data shows a high level of health inequity in the Gwent area. Comparing Torfaen with neighbouring authority Monmouthshire, the gap in healthy life expectancy for men is 6.7 years and for women 8.3 years [4]. Between 2011-13 and 2018-20 healthy life expectancy for females in Torfaen fell from 51.7 to 45.3 years. In the same period male healthy life expectancy fell from 55.5 to 55 years [5]

Torfaen has a compact geography of 3 settlement towns, Blaenavon (population 5,637) in the north, Pontypool (population 29,062) in the centre and Cwmbran (population 47,091) in the south, each with their own characteristics and challenges. The LSOA's within each of the settlements, clearly show there are a range of health inequalities in close proximity. These range from Trevethin 1, ranked 16th most deprived in Wales, to Llanyrafon South 2 ranked 1778th [6]. Inequality of this extent is rare in such a small area, where socio-economically mixed populations have areas of deprivation alongside areas of relative affluence, making TCBC an ideal pathfinder for an HDRC within Gwent but also for Wales.

1.2 Marmot Region

We work with strategic partners in Gwent as part of a Public Services Board (PSB) to take a regional approach to wellbeing. The range of inequity in Gwent led to it becoming the first Marmot region in Wales and TCBC has been actively engaging with the University College London (UCL) Institute of Health Equity (IHE) to rapidly develop and embed a social determinants approach to reducing health inequality. The IHE has recently produced a report for the Gwent PSB in which the extent of health inequity throughout Gwent is exposed along with recommendations for regional and local change strategies where more targeted interventions could be made and where a more proportionate universal approach would lead to effective improvements in health equity. [7].

Based on the Marmot principles, the report calls for a system change to reduce inequity in the region. It advocates strong leadership, robust partnership and co-creation involving communities and the Third Sector at the heart of the approach to tackling health inequalities. The report also recommends a more robust approach to data indicating the limit to the available data at sufficiently small geographical level to capture local inequalities and improving the use of linked and shared datasets.

The report also presents a set of Marmot indicators. These measures of system change can be used to help support the evaluation of the HDRC over time as well as support decision making processes as potential benefits measures.

1.3 The challenges the HDRC would help solve

Torfaen CBC has recently agreed a County Plan [8]. The plan focusses on 9 well-being objectives which are closely aligned to the Marmot principles.

Table 1 – County Plan Well-being Objectives mapped against the Marmot Principles

County Plan Well-being Objectives	Marmot Principle
Raise educational attainment, helping young people and adults to gain the qualifications and skills needed to lead positive lives	Give every child the best start in life Create fair employment and good work for all
Encourage and champion children, young people and families so they can thrive	Enable all children, young people, and adults to maximise their capabilities and have control over their lives Give every child the best start in life
Tackle inequality by focusing on early identification and prevention activities that support people to live independent and fulfilling lives	Ensure a healthy standard of living for all Strengthen the role and impact of ill-health prevention

Make Torfaen more sustainable by connecting people and communities, socially, digitally and physically	Create and develop healthy and sustainable places and communities Ensure a healthy standard of living for all
We will respond to the climate and nature emergencies, recycle more and make improvements to the local environment	Pursue environmental sustainability and health equity together
Make Torfaen a great place to do business by working with local employers, encouraging new business start-ups and entrepreneurial activities	Create fair employment and good work for all
Promote healthier lifestyles in Torfaen to improve mental and physical well-being	Ensure a healthy standard of living for all Strengthen the role and impact of ill-health prevention
Support our local culture and heritage and make Torfaen a thriving, safe and attractive place to live and visit	Tackle racism, discrimination, and their outcomes Create and develop healthy and sustainable places and communities
Provide efficient customer focused services that reflect the way people live their lives and wish to access services	Create and develop healthy and sustainable places and communities

This plan has been developed from key drivers including the Well-being of Future Generations Act 2015 [9] to improve the social, economic, environmental and cultural well-being of Torfaen. The County Plan indicates that we understand that most of the social determinants of health lie outside the healthcare system. Whilst good-quality healthcare is an important determinant of health, improving health and access to health will not, on its own, reduce health inequalities. Tackling the social determinants requires an understanding of the root causes and challenges, coproducing solutions then providing good-quality experiences and services during early childhood, in education in later childhood and adolescence; opportunities for lifelong learning; good-quality and fairly paid work; sufficient incomes for a healthy life; healthy and safe housing and local environments; reducing discrimination and reducing the impacts of climate change [10]. Understanding and addressing all of these factors will create the conditions that enable people to have control over their lives throughout their lifetimes.

The Covid pandemic and the current cost of living crisis has provided a powerful reminder of the importance of frontline services and the council's central role in supporting communities. It also highlighted the vulnerabilities within our communities, it is imperative that we work together with our communities to address key issues and in making improvements to people's lives.

As a council, we have finite resources to bring to bear to support the people of Torfaen. We believe that by creating an HDRC, and working alongside our communities, together we can identify the most important issues concerning health inequity that affect our community. We can work on improving the way we understand the evidence base that already exists, and carry out research which will enable us to design effective interventions and test them out with certainty that the impact is monitored and evaluated. We can then make good evidence-based decisions on our investment choices that will be effective in reducing health inequity in our communities.[11]

An evaluation of our research capability highlights the following areas for improvement:

- **Value of research** – enhance the involvement of managers and staff in discussions on how research evidence relates to our wellbeing objectives reducing health inequity and ensuring we put research into practice
- **Commitment to research** – improve the commissioning of research into areas of strategic importance including the involvement of academic institutions such as the USW) and Swansea University (SU) and Health and Care Research Wales (HCRW) infrastructure for example PRIME Centre Wales and Wales School for Social Prescribing Research (WSSPR)
- **Decision making processes** – make changes to processes so that research findings are integrated into option appraisal and business cases that form part of the decision-making process
- **Participation in research** – increase the opportunity for the public, elected members, managers and staff to engage on research/evaluation frameworks by identifying issues of interest and being involved in all aspects of research planning and design, data collection, analysis and dissemination. Work with USW on developing our approach to inclusive public involvement in research

- **Key indicators and measures for success** - identify indicators that are appropriate for measuring the impact of our policies and track the outcomes
- **Research knowledge and technical skills** - improve our employee's capacity and capability to identify what research to carry out, the methods to use, carry out research and synthesise the results. Engage academic institutions and local health board R&D team to build technical research skills and knowledge
- **Communication** – increase the capability to translate research results into easy-to-understand messages, to support decisions and improve communication of research findings and lessons learned to reach a broader audience in both Welsh and English.

Wales' policy landscape is different from that in England. Public Health Teams are located within the NHS. We are excited by the collaboration we have generated so far, it is clear that while, there is some well established collaboration between parts of TCBC and Public Health, the process of drawing the bid together has shown us that we can extend this across all council activity to maximise potential health benefits and minimise health inequalities.

To get to the position of achieving robust decision making on how we use our resources, we understand that there is a system approach required. We understand that research needs to be put into practice. The proposal includes activity that focusses on using research and evidence to work with a range of stakeholders to design interventions that can be implemented in the Torfaen context.

2 Vision & Objectives

2.1 HDRC Vision

We have an ambitious vision to create a culture of curiosity putting people, data and intelligence at the centre of decision making by understanding the life-course of the citizen and how health inequalities impact on their lives and well-being outcomes. Torfaen County Borough Council prides itself on being a caring and citizen focused local authority with its values being fair, effective, supportive, and innovative. We will co-create with partners to put research into action. Using public involvement and research evidence to enhance decision making that will tackle the wider determinants of health that mean the people of Torfaen can have the best opportunities in life.

2.2 HDRC Aims and Objectives

1 Create a research-active and evidence-based Council

- Build the Torfaen County Borough Council capacity and capability to carry out research
- Establish internal networks and join external networks to facilitate the sharing of learning and to share results of research
- Improve the organisations' ability to turn research into practical and impactful interventions that are designed to reduce health inequity
- Enable the productive use of research evidence in decision making and resource allocation

2 Comprehensive citizen involvement

- Involve the public in the governance of the HDRC
- Co-develop a list of research priorities with the public that links the organisational priorities concerning health inequity with the voice of communities (including those groups experiencing health inequities and feel under-served)
- Develop an approach to the engagement of the public in research including research design, data collection, analysis, evaluation and feedback.

3 Develop an efficient data linkage and governance system

- Improve our data quality and accessibility
- Develop our data collaboration capability so we can share and use the data required to carry out effective research
- Upskill both local authority and health workforce skills and capabilities of working with linked wider determinates data
- Understand the data gaps and build new innovative data feeds by working alongside the public
- Present actionable insights for the public and for decision-makers to become data-led in decision making

4 Share learning

- Create a community of research and innovation for staff, public, managers
- Hold an annual HDRC conference to share learning and research results and to discuss research priorities
- Feedback to citizens of the results of research.

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- Dissemination of research findings to TCBC employees and elected members and wider Gwent networks via partnerships such as the PSB and RPB.
- Dissemination of nationally important research findings through national networks so that policy makers can put our research into practice and support the reduction of health inequities throughout Wales (and the UK).
- Share our learning from setting up an HDRC with other Welsh local authorities wishing to develop their research capacity and evidence-based decision making capabilities.

5 Ensure robust evaluation, high-impact interventions, and sustainability of the HDRC

- Develop an HDRC monitoring and evaluation framework to assess the progress of the HDRC
- Clear evaluation frameworks are created and implemented for all intervention projects
- Ensure citizens feedback on interventions and research through online platforms, community consultation events, annual research events and the citizens' advisory panel
- TCBC is eligible to apply for health and social care funding through research councils in England and Wales
- The HDRC is supported through the maintenance of a funding programme

2.3 Achieving the objectives

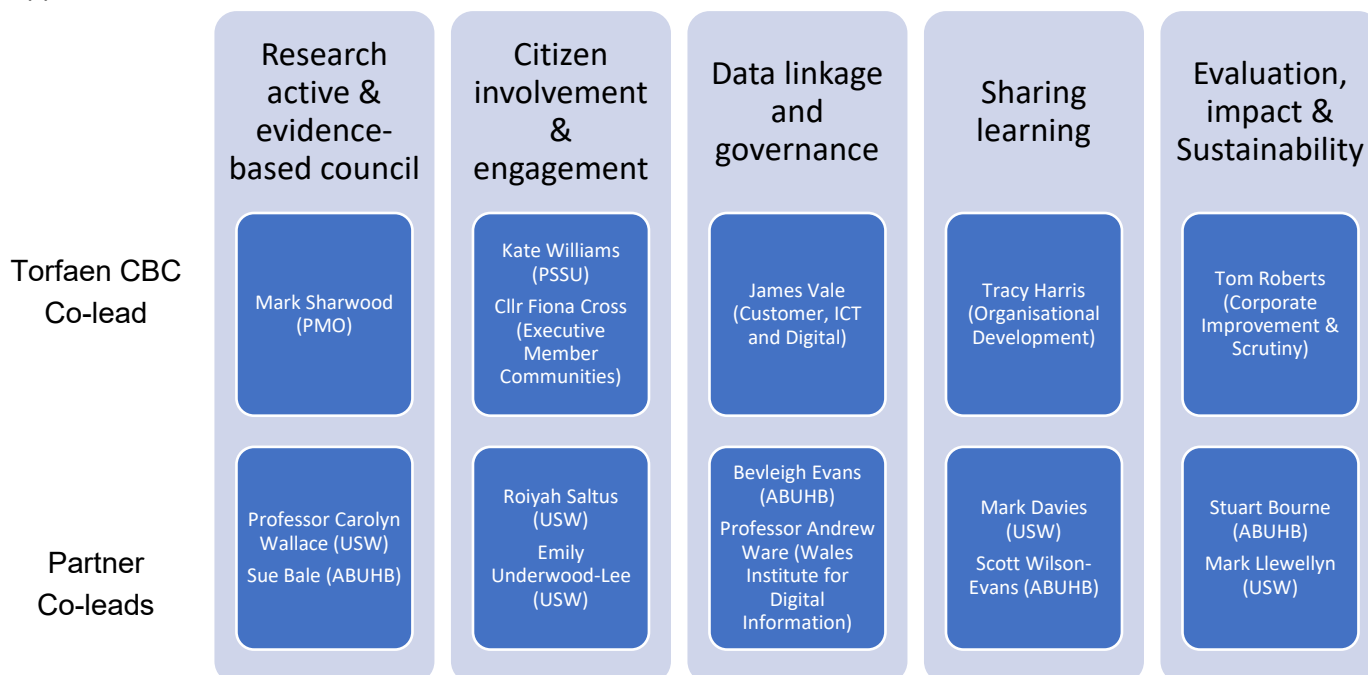
Building a meaningful relationship with the citizens of Torfaen and 3rd Sector organisations will be key to the achievement of the aims of the HDRC. Working with citizens using an asset-based community development approach will support the concept of putting research into practice as ultimately citizens will be the end user of the interventions that are developed. The Torfaen HDRC team has built strong links with higher education via the University of South Wales (USW), Public Health Wles and Aneurin Bevan University Health Board (ABUHB), national bodies such as ADR Wales, and Health and Care Research Wales infrastructure e.g. PRIME Centre Wales, Wales School for Social Prescribing Research (WSSPR). Each of the workstreams has been collaboratively developed and these teams will continue to work together to drive the delivery of the aims and objectives. The commitment of senior officer and elected member leadership is evidenced by their active involvement in the development of the bid and their continued leadership can be seen via the governance arrangements.

3 Torfaen HDRC Structure

Please see the leadership and governance organogram.

The five workstreams will drive the activity of the HDRC and be co-ordinated by the HDRC programme board which will meet bi-monthly. These workstreams will be delivered in collaboration with partners and stakeholders, ensuring that it works in parallel with organisational processes and supports/strengthens existing processes and organisational development. Each workstream is co-led by a local authority officer alongside at least one partner bringing additional external expertise. Citizen oversight across all the workstreams will be ensured through a Public Participation Board.

Figure 1 – HDRC Workstreams and co-leads



4 Torfaen HDRC Management

Please see the leadership and governance organogram.

The 'HDRC Director' role will be shared, with the appointment of a local authority employed Head of HDRC (1WTE) alongside Aneurin Bevan Health Board employed Public Health co-director roles, enabling the HDRC to be effectively managed.

The Head of HDRC will be line managed by the Strategic Director Adults & Communities ensuring that the HDRC is embedded within the internal local authority governance structure and feeds into the Torfaen Leadership Team and Cabinet. The Public Health co-directors will provide the Public Health link to the ABUHB Public Health team. The Strategic Director Adults & Communities is a member of the Torfaen Leadership Team; which meets weekly; and can present updates on the HDRC progress and seek support in the event of a need to resolve significant issues.

An Executive Board will oversee the development and work of the HDRC (meeting quarterly) with the Torfaen County Borough Council Chief Executive and the Health Board Director of Public Health acting as co-chairs. It will include representation from the 3rd Sector, academia, ABUHB, and members with specific expertise in public involvement and engagement. Dr Tammy Boyce, from the Institute of Health Equity will also be a valuable member of the Executive Board.

5 Torfaen HDRC Governance

Please see the leadership and governance organogram.

The following boards will oversee the management of the HDRC:

Executive Board (quarterly) will provide strategic oversight and direction. It will include senior representatives from the collaborating organisations and external bodies.

Programme Board (monthly) to drive the delivery of the operational activities of the HDRC. It will be drawn from the workstream co-leads and be chaired by the Strategic Director Adults & Communities.

Public Participation Board (quarterly) to ensure that the public are actively involved and engaged in the activity of the HDRC. A representative of the PPB will also be a member of the Programme Board.

Data & Research Committee (quarterly or more often if required) to assure the quality and ethics of research and oversee the data sharing provisions.

6 Torfaen HDRC Collaborators

6.1 HDRC Partners

Each of the partners are involved in the delivery of the workstreams, supporting TCBC to develop the research and evidence-based culture that we aspire to in our vision. We will put in place a collaboration agreement using the Brunswick Long Form.

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- The Public Health team at the Aneurin Bevan University Health Board (ABUHB) will provide public health expertise in the wider determinants and health inequality, actively supporting the HDRC with research support as well as data scientist capability to meet our data ambitions.
- The Research & Development (R&D) team at ABUHB will provide advice on transforming the research culture, as well as research support including mentoring and research governance processes.
- University of South Wales will provide a range of expertise and support including training needs assessment, research training, mentoring, public involvement and engagement, digital data processes, research ethics and governance, and programme evaluation. They will also act as a gateway to other higher education institutions.
- Torfaen Voluntary Alliance will provide experience and networks to support the engagement of the 3rd sector and the communities of Torfaen.
- ADR Wales / SAIL will provide data expertise and data flows to and from the SAIL databank based at Swansea University. A wide range of data relating to wider determinants is already captured within SAIL that can provide initial findings to share with our communities.

6.2 Delivery Team Expertise

Torfaen CBC

Stephen Vickers – Chief Executive. As a previous director of adult social care and communities, he has extensive experience of working with the communities to improve wellbeing and in championing the use of evidence to support change. He is a very keen advocate of the use of research and data to aid in decision making and has actively supported the development of the work for this project.

Dave Leech – Strategic Director for Adults & Communities with extensive experience in community regeneration as well as a community capacity building. Senior responsible officer for the HDRC.

Cllr Fiona Cross – Executive Member for Communities and Chair of Torfaen Voluntary Alliance the county voluntary council for Torfaen has a long history of public engagement and volunteering. She is passionate about improving well-being in the community and is an active volunteer as well as a school governor.

James Vale – Head of Customer, Digital and ICT with wide ranging experience in Local Government including Communications and Engagement, Customer Services, Digital, Data and Technology. Co-lead on the data and governance workstream.

Kate Williams – Group Manager with wide ranging experience in Local Government, including Public Services Boards, participation and engagement, community safety, community cohesion, equalities, equity and the wider determinants of health. Co-lead on the citizen involvement and engagement workstream.

Mark Sharwood Public Service Development Manager – has extensive experience in policy and strategy development, partnership development, transformation programmes and business planning as well as the strategic commissioning of substance misuse services. Co-lead on the research active and evidence-based council workstream.

ABUHB Public Health

Stuart Bourne is a Consultant in Public Health and the regional lead for the Gwent Marmot Programme. He sits on the Public Health Wales Wider Determinants of Health Community of Interest Leadership Group, and the (Health Foundation) Shaping Places for Well-being in Wales Programme. He will provide senior support and leadership, as well as expertise in health inequalities and the wider determinants of health.

Bevleigh Evans – Assistant Director of Population Health is leading and designing the approaches to population health management with ICSs. SRO for the National Population Health Management Development Programme and the Place Programme to support the development of new care models. Ensuring out of hospital care and new innovative ways of personalised care and community engagement to ensure individuals maintain wellbeing and health. Passionate about linked data across the wider determinants of health to improve health and wellbeing of the population.

ABUHB R&D Professor Sue Bale – Director of R&D at ABUHB since 2013 overseeing and co-ordinating research in the organisation and leading local collaboration between the NHS and Universities

USW

All USW academic staff to provide consultancy, project supervision as required.

Roles of the co-applicants are as follows:

Carolyn Wallace co-lead Research, USW Research and Innovation Group(RIG) lead for Health Care & Wellbeing leader and link to other 14 RIGS within the university e.g. crime and justice, sport science, link to

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HCRW infrastructure-Integration, Phenomenology, Action Research, Realist Review & Evaluation and Group Concept Mapping.

Ian Mathieson evidence base practice lead in Research team, partnership and Business development, online training module development.

Emily Underwood-Lee co-lead for Citizen Involvement and Engagement, Storytelling and performance.

Mark Llewellyn Co-lead evaluation; Health & Care Policy; Evaluation methods, mixed methods.

Andrew Ware co-lead data linkage and governance; computing, AI, data science, co-director Wales Institute Digital Information (WIDI)

Roiyah Saltus co-lead for Citizen Involvement and Engagement, sociology and place based approaches to research, community development.

Mark Davies co-lead sharing learning; Realist Review and Evaluation, Grounded theory, training package development

Consultancy, coaching & supervision

Stuart Todd - participatory action research and big data analysis, intellectual disabilities, death and dying.

Emma Tonkin - Implementation Science and service development initiatives

Steve Smith, formulation and implementation of social and professional policies and practices, wellbeing, social work, disability, Co-director WISERD.

Bev John Health Psychology, behavioural intervention, mixed methods, Randomised Control Trials (RCTs), systematic review

Miguel D'Souza MDS media film developer for dissemination.

Marina McDonald administrator and artwork.

Mark Cadwallader Leadership & Governance advisor.

ADR Wales

Sarah Lowe (Welsh Government, ADR Wales Head of Project Development & Impact) has worked in Government Statistics and Social Research since 1995, since 2009 in ADR Wales or its predecessor, bringing significant experience in data science, working with local authorities to develop routine data flows, maximising the impact of evidence on the policymaking process, and writing research funding proposals.

Nicolas Webster (Welsh Government, ADR Wales, Lead analyst on AD|ARC project) brings significant experience in enabling researcher access to a range of government data as government lead of the cross-UK Administrative Data Agricultural Research Collection project which provides de-identified administrative data to approved academic researchers in a range of different Trusted Research Environments.

Please note: due to annual leave and challenges in navigating the co-applicant section of REALMS not everyone involved in the delivery of the project has been able to successfully complete the co-applicant processes.

7 Capacity Building

7.1 HDRC Team Posts

New posts will be established to support the delivery of the HDRC aims and objectives (see Table 2).

Table 2 – HDRC Posts

Post	Roles
Head of HDRC	Oversee, plan, organise the start-up and ongoing functions of the HDRC programme and ensure the NIHR reporting requirements are met. Provide expert advice and guidance across the HDRC, through the management and oversight of the five workstreams of the HDRC. Work with HDRC partners in the delivery of the HDRC aims and objectives.
Programme Manager	Overall programme management, programme governance, budget management, and reporting.
Programme Administrator	Administration of HDR
Research Fellow	To develop research strategy

	To develop appropriate research methodology and oversee and carry out research on priority topics related to the wider determinants of health To provide training in research techniques To support and mentor those carrying out research (public and TCBC employees) To develop research bids
Senior Research Assistant	To develop appropriate research methodology and oversee and carry out research on priority topics related to the wider determinants of health To provide training in research techniques To support and mentor those carrying out research (public and TCBC employees)
Research Assistant	To support research on priority topics related to the wider determinants of health To carry out rapid reviews To provide training in research techniques To support and mentor those carrying out research (public and TCBC employees)
Intervention Designer	Facilitate the design of interventions and evaluation plans. Carry out research to establish the impact of interventions.
Community Involvement and Engagement Officer	Primary responsibility for the development and delivery of citizen involvement and engagement activities.
Data Analyst x1	To ensure data quality and to manipulate, analyse and visualise data held in a range of systems.

These posts will be supplemented by the following members of the ABUHB Public Health team as 'in kind contribution':

Assistant Director Public Health (0.2WTE)

Consultant in Public Health (Torfaen Lead) (0.2WTE)

Public Health Data Scientist (0.4WTE)

Public Health Data Analyst (0.4 WTE)

Health Inequalities and Equity Researcher (0.6WTE)

Specialist trainees on attachment to ABUHB Public Health (0.2-0.5WTE)

7.2 Training & skills development

Build the Torfaen County Borough Council capacity and capability to carry out research – officers & members - public

Capacity building – training in evidence, research, intervention design, evaluation. Including introduction to research and evidence base, micro-credentials (e.g. modules on particular aspects of research), Masters degrees by research. Intervention design module.

7.3 Supporting the development of future researchers - mentoring

Support services to identify and carry out research related to social determinants of health – mentoring (1st into Research) by University and ABUHB R&D, and HDRC posts. Behaviour change

7.4 Creating networks

Supporting new research ideas – including community of interest

Establish internal networks and join external networks to facilitate the sharing of learning and to share results of research

Network building – existing networks bringing researchers and service deliverers and decision makers together (e.g. CARE & CASCADE), creation of internal community of interest for peer support, co-design,

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sharing of expertise, experience and results. Creation of intervention design network to support turning research into practice.

7.5 Putting research into practice – intervention design and evaluation

Improve the organisations' ability to turn research into practical and impactful interventions that are designed to reduce health inequity

7.6 Developing decision making tools – influencing the system

Enable the productive and predictive use of research evidence in decision making and resource allocation

Development of tools and processes to aid decision makers – processes to identify opportunities and needs for evidence and research (e.g. service planning, self-evaluation, service reviews), programme and project processes (e.g. project mandate, business case and option appraisal, stage gate reviews), tools to support officer and elected members involved in decision-making and scrutiny.

7.7 Collaboration with partners

Commissioning of co-produced intervention responsive studies to evaluate interventions implemented by the local authority to aid future service design and decision making.

Carry out research on priority health determinant / equity issues linked to Institute of Health Equity report, public engagement and County Plan well-being objectives leading to intervention design for local authority implementation.

8 Public Involvement & Engagement

Citizen involvement and engagement in research is a crucial component of the HDRC and one which will be grounded in the UK Standards for Public Involvement in Research [12]. The council and partners want to ensure that research is done in collaboration with the communities of Torfaen. Communities will not necessarily be geographical, but communities of common interests, demographics, conditions, concerns or identities. It is important to us that we use strengths-based principles to underpin collaboration and co-design to carry out research with the people that are most likely to be affected directly. In Torfaen, this includes children and young people, families living in poverty, those out of work or poorly paid, and those most at risk of premature ill health and death.

A Citizen Involvement and Engagement post will be established in the HDRC to support citizen involvement, developing a detailed citizen engagement plan will be an immediate priority. A Public Participation Board will be built into the governance structure of the HDRC. We will engage with local communities to understand what it means to thrive in Torfaen and what the research priorities should be focused on. We will reach out to communities to develop research skills, the provision of resources, knowledge and expertise. Torfaen Council already works closely with its citizens but there is a desire to increase this, building the capacity of communities, community leaders, and wider citizens.

Our collaboration with public health and the University of South Wales will provide expert advice on the approach to effectively involve our communities in the work of the HDRC including the identification and engagement of under-represented and vulnerable groups that experience health inequities.

We will build on existing networks that exist for example the Integrated Well-being Networks, Torfaen Voluntary Alliance networks, Citizens Advice Bureau, TCBC Citizens Panel, Torfaen Youth Alliance, and Housing Association Tenants Groups.

8.1 The Public Participation Board

A Public Participation Board (PPB) will be created as part of the governance arrangements of the HDRC. The board will provide, support, advice, challenge and assurance on the activity of the HDRC. It will play a key role in ensuring that CIE is effective and impactful and carried out based on the principles outlined in the UK Standards for Public Involvement in Research. The PPB will be developed with representation from our CVC (Torfaen Voluntary Alliance), community sector organisations and citizen representatives, Community Councils and elected members.

8.2 Selection of research priorities

We will co-develop a list of priority topics for research with communities (including those groups experiencing health inequities) that links their lived experiences and local knowledge with the understanding we have already gained. Including the work with the Institute of Health Equity in talking to community organisations, the Gwent well-being assessment carried out in partnership with the Public Health team and the Torfaen County Plan well-being objectives concerning health inequity.

8.3 Co-production

Co-production is one of the most exciting prospects of the HDRC programme. Our ambition is to foster a culture of creativity and innovation within the wider community as well as within TCBC. Our hypothesis is that meaningful involvement will lead to better quality research, and better intervention design that is more likely to be used by the communities that co-designed them. Outcomes for the people of Torfaen will be improved and the council will have made effective decisions that have made a difference.

It will require us to co-produce an approach to the engagement of the public in research including research design, data collection, analysis, evaluation and feedback. This needs to be done with a spirit of reciprocity and power sharing in the way we develop the approach to CIE and the way we recognise their contribution all the way through the research process.

Co-production of interventions and their evaluation is expected to form a key element of CIE.

8.4 Training and mentoring

Research training and mentoring will be provided to 3rd Sector organisations and the public including micro-credentials, access to Masters modules for citizen researchers and mentoring opportunities for people that wish to carry out research projects linked to the wider determinants of health.

9 Data and Data Governance

To ensure that we build research capacity and embed a research culture, data and governance is critical. By improving access to good quality, linked data and insight, which can be shared with and acted upon internally but also by partners, we will provide a deeper understanding of our population and intergenerational inequalities affecting their health and wellbeing

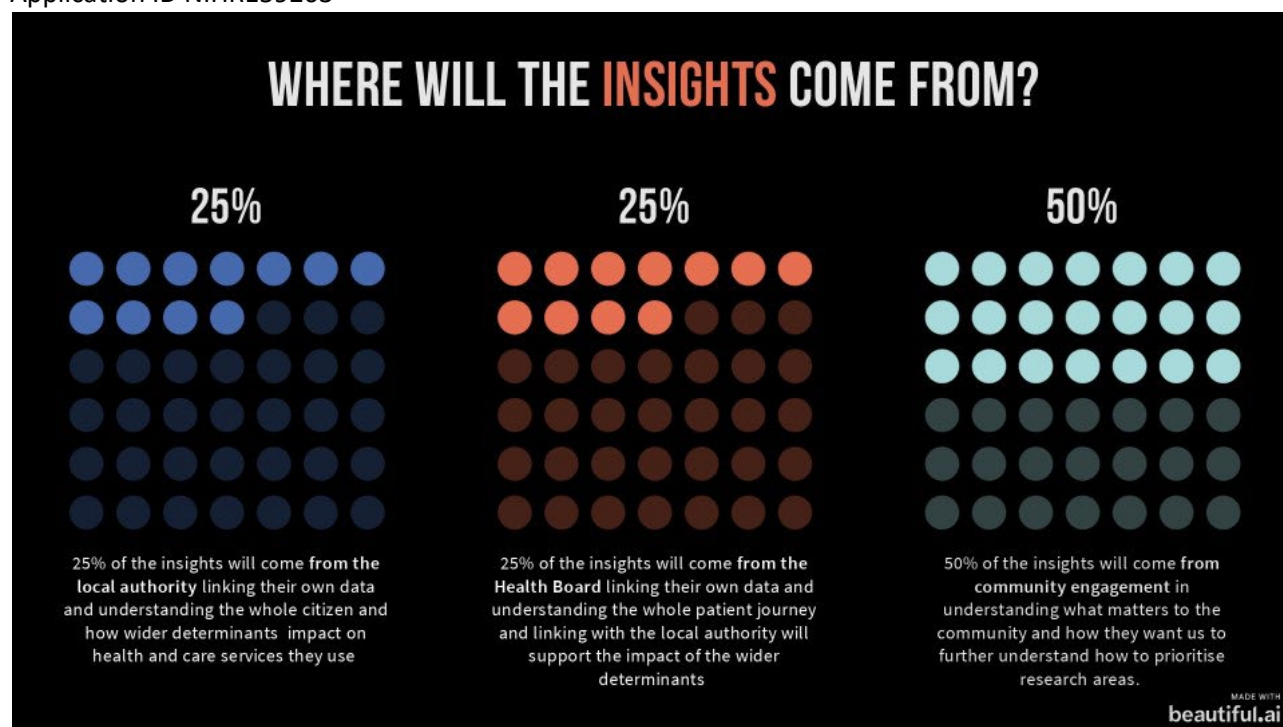
By connecting our data across Torfaen in this way we will identify new insights and discoveries and reduce the need for additional data collection whilst also developing our forecasting and predictive analysis capability to inform early intervention and prevention activity. Building our own data lake/warehouse will mean the capability and capacity for research will be embedded within the local authority and strengthen the culture.

Strong governance will enable appropriate, legal and ethical use of our data and insights, identify gaps which need to be filled, ensure strong individual and community participation and identify priority areas of focus.

We will put in place governance arrangements to enable us to work alongside Aneurin Bevan University Health Board whilst they also link their health data and identify and action opportunities to link the datasets to have a much deeper understanding of how the wider determinants impact on health outcomes and at place-based level. We will also work with partners such as ADR Wales, the HIE and the SAIL Databank to identify opportunities to flow relevant data and insight in and out to inform local and national research and decision making.

There will be a strong focus on working with the public to tune into what matters to them to inform our understanding of research areas. Work to strengthen community voice and insight will supplement and improve our datasets and develop better insight into wider determinates and the impact on outcomes

Figure 2 – Where the insights will come from



Outcomes

Our main outcomes are:

- Improve our data quality and accessibility
- Introduce data warehouse/lake technology to enable data linkage for resident population
- Upskill both local authority and health workforce skills and capabilities of working with linked wider determinates data
- Understand the data gaps and build new innovative data feeds through working alongside the public
- Present actionable insights for the public and for decision makers to become data-led in decision making
- Where appropriate, link health data to LA data, to understand the wider determinants on health outcomes at a place-based level.
- Work with bid partners to establish data flows to inform local and national research and decision making.
- Improve our forecasting and predictive ability through the use of AI and machine learning tools to quickly and easily identify and act upon emerging issues.

The governance of this workstream is important. When using data we must be transparent, we must gain trust, we must build the technological ability and stay within the legal framework.

Transparency – We need to have an open conversation with our residents about the way we will be using our data to have a deeper understanding of wider determinants data and improve outcomes.

Trust – We need to gain trust across the different departments within the local authority to share and link data to build the 'whole person' insights.

Technology – We need to develop the capability and right environment to link good quality data to gain the best insights possible

Legal – We have instigated information governance conversations within the local authority to ensure that we have the legal purpose with information governance legislation to safely link our citizens data.

10 Dissemination

This section describes the planned outputs of the Torfaen HDRC, how these will be communicated and the short and long term impacts.

10.1 HDRC Outputs

The anticipated outputs of the HDRC are set out in the table below according to the different workstreams within the business plan.

Table 2: Torfaen HDRC anticipated outputs.

Workstream	What we want to achieve	Outputs
Creating a research-active and evidence-based Council	<ul style="list-style-type: none"> - Develop the research skills of staff. - Increase staff awareness of the importance of the wider determinants of health. - Increase the ability of the Council to make evidence-based decisions. - Improve staff confidence in using, sharing, and creating new research evidence. 	<ul style="list-style-type: none"> Development of staff training resources. Research results informing decision making A culture across the whole organisation of curiosity of research
Citizen involvement and engagement	<ul style="list-style-type: none"> - Ensure communities to have a clear voice throughout everything the HDRC seeks to achieve. - Set research priorities via community engagement. - Involve communities in research and develop citizen led research. <p>Communicate purpose effectively with citizens</p>	<ul style="list-style-type: none"> Citizen involvement strategy produced (including diversity inclusion) Training programme developed for citizen research. Regular public email newsletter. Research summary videos with CIE participants.
Data linkage and governance	<ul style="list-style-type: none"> - Put robust research ethics and data governance pathways in place. - Accelerate data linkage across partners to better understand population need and the wider determinants of health. 	<ul style="list-style-type: none"> Use of data warehouse/lake technology and insights platform to enable data linkage for resident population to support research and track impact of interventions
Sharing learning	<ul style="list-style-type: none"> - Create routes to share learning with Gwent partners. - Ensure the work of the HDRC is shared within all parts of the Council. - Ensure public are able to understand and act on research from the HDRC. 	<ul style="list-style-type: none"> Communications & engagement strategy developed. Torfaen HDRC website developed. Torfaen HDRC social media platform developed. Annual Torfaen HDRC conference. Briefing papers to regional partnerships. Press releases to regional and national broadcast and print media
Evaluation, impact and sustainability	<ul style="list-style-type: none"> - Ensure there is a robust evaluation framework in place. - Embed performance monitoring within Council structures. - Equip a HDRC that is able to successfully apply for and attract research grants. 	<ul style="list-style-type: none"> Evaluation plan co-developed. Co-write academic papers

10.2 Engaging relevant audiences

We are focused on ensuring that the work of Torfaen HDRC has the maximum benefit for the citizens of Torfaen. We recognise that generating meaningful research impact requires engaging with the right people from the very beginning of the process. So far in our work, we have already started a process of stakeholder engagement involving elected members, local authority staff, third sector, community representatives and wider partners, e.g. housing associations. We have carried out a number of

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workshops and consultation exercises as part of both development of the initial expression of interest and the final business plan. The attendees and participants will serve as the start of our list of audiences we need to engage with.

Taking this forward, we will carry out a more detailed stakeholder engagement and knowledge mobilisation exercise within the first six months of funding to define and describe the primary audiences and to start the process of involvement in planning the work of the HDRC. Recognising that knowledge mobilisation is a two-way dialogue to create change, this will help us to understand how we ensure outputs are tailored appropriately for different users, how we can build on and capitalise on established networks, conferences and events and how we can time outputs to best suit different audiences. We will also use this stakeholder engagement exercise to identify influential leaders and potential champions who can help which will form part of a subsequent engagement and dissemination plan.

From work to date we have identified stakeholders at four different levels that we will work with:

1. Local: Torfaen citizens, Torfaen CBC staff, elected members & leadership, other Torfaen level partners, e.g. Torfaen Voluntary Alliance.
2. Regional: Gwent Public Services Board, Gwent Regional Partnership Board, Aneurin Bevan University Health Board, local authorities.
3. National: Public Health Wales, Welsh Local Govt Association, Welsh Govt, Welsh local authorities, universities.
4. UK: Other HDRCs.

We anticipate identifying research priorities through a combination of existing local authority priorities linked to the wider determinants of health, engagement with local authority staff, citizen interest, academic partners, and areas of NIHR funded research. The relative prominence of each will change as the HDRC develops, for example, it is expected that identifying and building on existing research carried out by local authority staff will provide a way to demonstrate impact early, to be followed by citizen-led priorities and wider academia as stakeholder engagement is established and the HDRC matures.

10.3 Wider adoption and implementation

Recognising the central importance of citizens to wider adoption and implementation, we have already started the process of developing the Public Participation Board as part of the governance and leadership of the HDRC. This includes representatives from communities in and around Torfaen to help us develop our approach to both stakeholder engagement and knowledge mobilisation/adoption. Equality and diversity will be central to this work, and we will take care to ensure the involvement of a wide cross-section of people who live and work in Torfaen building upon existing strong links with 50+ Forums, Torfaen Accessibility Forums, Citizens Panel and town and community councils. This will help us to ensure that any outputs can have the widest possible reach among the population of Torfaen.

We will engage with audiences at each of the four levels described above to understand how best to publicise and support wider implementation of research findings. We anticipate doing this through a combination of written materials, online and social media, conferences, communities of interest and attendance at meetings/events. One of the specific duties of the HDRC Executive Board will be to keep a focus on the long term aims of the HDRC and to ensure the wider adoption of learning is achieved. The membership of the Executive Board will be set up to provide representation at the four levels shown above.

In terms of the public, we will feedback to local communities on the results of research that they participate in, as well as other research findings that are important to Torfaen residents. This is a core aim of our citizen involvement and engagement workstream. We will highlight how people from diverse communities have helped to prioritise, design, and deliver research in order to encourage more people to get involved in research. We will:

- Hold regular workshops for the public in community spaces.
- Upskill and provide training for citizens in research and provide mentoring opportunities for people that wish to carry out research projects linked to the wider determinants of health.
- Co-produce research summary videos with CIE participants.
- Summarise HDRC activities in a regular public email newsletter.
- Present research findings at public forums.
- Develop a website to provide information about the HDRC partners and activities.
- Communicate HDRC activities through social media platforms.

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- Publicise key research findings through press releases to regional and national broadcast and print media.

In terms of wider partners, we will disseminate research findings both within Council and the wider public, private, and voluntary sectors in Torfaen. We will ensure that decisions taken at all levels within the Council are informed by relevant evidence generated by the HDRC. We will share information about the HDRC's progress and activities to further embed culture change.

Dissemination channels will include providing regular HDRC updates through internal Council communications, publishing learning summaries disseminated across the wider system and holding seminars to share skills, experiences, and identify opportunities for future collaboration. We will also develop a champions model with the Council to ensure learning and opportunity is distributed across the organisation.

10.4 Intellectual Property (IP)

While we know we want to achieve certain outputs e.g. research strategies, training programmes, evaluation frameworks etc, there is also in our plan the undertaking of research and the designing of interventions which will be determined and evolve during the course of the HDRC period. However, as we have yet to agree the exact process/method for each, the ownership of any background IP is not necessarily known at this stage. We assume that Background IP will sit with the current owner and this will be honoured. The Foreground IP created will mainly belong to Torfaen County Borough Council, however the overriding principle is that Foreground IP will rest with the partner that creates such IP with the caveat that (a) no confidential information is published and (b) Any new IP based on the organisation's IP it will rest with the organisation. Therefore our intention is to agree the Background and Foreground IP owners as we develop products/outputs and to keep a log of the IP and owner which can be viewed by the NIHR as required.

11 Impact and Evaluation

11.1 Impact of the HDRC

Torfaen's HDRC funding will support us to embed a culture of research and evidence through:

- Eliminating organisational practices that mitigate against evidence-based practice and research.
- Strengthening collaboration and capacity to focus a research culture on the wider determinants of health.
- Helping us to shift mindsets in the creation of an environment where professional curiosity can flourish with the aim of reducing health inequity
- Strengthening our approach to equality and diversity, with the voice of the communities and specific groups a significant force in informing our research priorities and chosen outcome measures.

Over the time period of the HDRC we expect to see a greater use of research and evidence in Council strategies, plans and decision making. We expect the skills and knowledge in how to access, understand and apply research to improve among elected members and officers of the Council, alongside citizens involved in the work of the HDRC. We expect this to be measurable through courses, and qualifications obtained, as well as through the amount of active research carried out.

Building on work as part of the Gwent Marmot Region, we also expect to generate a greater understanding of the importance of inequity and the wider determinants of health in Council planning. We will measure this over time so that we can see the large-scale impact of the development of knowledge and skills. We will do this both through questionnaires and through an analysis of key Council documents to see how research is communicated and understood in decision making.

By using the mechanism of the HDRC to create the environment which enables research to thrive, we also expect to see Torfaen applying for and participating in funded research programmes. This will be one of the impact measures that we expect to see grow over the five years and beyond.

Beyond Torfaen, we will also use regional and national structures to spread learning and development among other local authorities in Gwent and Wales. We will do this through a combination of conferences, workshops, briefings and publications.

Public health services are not part of local authority structures in Wales. Nevertheless, Torfaen's HDRC will be a vehicle to capitalise on the existing strong relationships to enable closer working between local authority and public health teams focused on the common interest in addressing the wider determinants of health. This may include a research focus on public health services in early years, or behavioural risk factors as examples. Through this collaboration, mutual development of skills and knowledge in research

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will be developed. A number of briefings have already taken place with the national public health body in Wales, recognising the potential for aligning national and local research on the wider determinants of health in future.

As part of the first Marmot region in Wales, we have a set of Marmot indicators to measure progress in addressing the wider determinants of health. As a Council, we also have measures of well-being to track the impact of the Council on population health and reducing inequality. As a HDRC, we will set out how our work contributes to improving outcomes against these measures as part of embedding the HDRC in Council performance management procedures. This will be reported over time to demonstrate the impact of the HDRC on population health outcomes.

11.2 Evaluation Plan

A detailed evaluation plan will be co-designed in the first 6 months with input from all stakeholders including the public. Data collection will continue throughout the life of the HDRC, and this will allow us to be responsive and fix any issues that arise. We also expect to complete in-depth data collection at 3 points across the lifetime (likely to correspond to formal reporting to NIHR at months 18-24, year 3, and year 4). An indicative evaluation plan is presented in the table below, and mapped to our Logic Model and the NIHR's framework for what a successful HDRC will influence and work within [13]

Table 3: Indicative in-built evaluation plan

Culture					
<ul style="list-style-type: none"> Creating a culture within the host local authority and its collaborators of making enhanced use of research evidence to inform decision making aimed at improving health and tackling health inequalities across all functions and departments. Identifying opportunities for research and evaluation of local authority initiatives. Assessing where more robust evidence could add value in aiding decision making. Acting as a champion for R&D with other local authorities, either in neighbouring areas or similar authorities in other parts of the country. 					
Measures	Yr1	Yr2	Yr3	Yr4	Yr5
Documentary analysis (identifying and obtaining major local authority documents from all departments and auditing what is cited in the documents and whether citation of academic research increased across the 5 years)	✓	✓	✓	✓	✓
Training needs analysis completed	✓				
Career development for local authority staff (including academic qualifications, personal awards)	✓	✓	✓	✓	✓
TCBC HDRC network meetings established/running	✓	✓	✓	✓	✓

Resource and capacity					
<ul style="list-style-type: none"> Supporting local authority functions to source information by undertaking tasks such as reviews of literature and accessing / producing evidence-informed summaries. Applying for research funding or collaborating with academics who are applying. Enabling research to be undertaken by ensuring that any necessary research systems and processes are put in place. Training local authority staff in accessing and making best use of evidence-based resources. Signposting staff to training resources and career development opportunities. Developing strong collaborations with providers of tailored capacity-building activities intended for local government audiences, such as the NIHR Academy and the NIHR School for Public Health Research. Facilitating public engagement in the research agenda. 					
Measures	Yr1	Yr2	Yr3	Yr4	Yr5
Number of evidence reviews completed to support local authority decision-making (at least one per council department by the end of 5 years)		✓	✓	✓	✓
Contracts/MOU in place with partner organisations	✓				

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HDRC staff appointed and in post	✓				
Development of local research training modules	✓				
Training completed by local authority staff. Training evaluations/ surveys on skills/confidence gained.	✓	✓	✓	✓	✓
CIE strategy completed	✓				
CIE effectiveness evaluation inc training & involvement of citizens in research.		✓	✓	✓	✓
Creation of linked data systems		✓			
Application of linked data to research programmes			✓	✓	✓

Collaborations

- *Developing stronger relationships between the collaborating HEI and other academic groups.*
- *Working in partnership to attract research funding from a range of funders, including NIHR.*
- *Linking effectively with the appropriate national public health bodies across the UK.*
- *Working effectively with other HDRCs to share good practice and learning.*
- *Encouraging the development of relationships with academics from non-traditional public health disciplines where appropriate to areas of interest for the authority.*
- *Developing relationships with local NHS R&D functions to serve the shared population's research needs.*
- *Having clear mechanisms in place to engage with local communities to identify research needs and to disseminate the work of HDRCs in ways that are relevant to those communities.*

Measures	Yr1	Yr2	Yr3	Yr4	Yr5
Number of grants applied for by members of the HDRC to support opportunities for research and evaluation of local authority initiatives.		✓	✓	✓	✓
Research governance processes established	✓				
Brief self-assessment forms and scorecards for HDRC members to regularly feedback on their satisfaction with the collaboration	✓	✓	✓	✓	✓

Leadership

- *Seeking out opportunities for the local authority to undertake research or make use of research findings, ensuring that these are central to the organisation's leadership and decision-making processes.*
- *Leading discussion within local systems and/or across similar local authorities about the role of research in improving decision making.*

Measures	Yr1	Yr2	Yr3	Yr4	Yr5
Survey of appropriate Gwent partners and national research bodies to gather opportunities for collaboration and to understand the perceptions and reputation of the HDRC		✓	✓	✓	
In-depth qualitative research with HDRC members & wider local authority (including elected members) to record and understand their perspectives and experiences of culture shift in research & evidence-based practice.		✓	✓	✓	✓

Dissemination

<ul style="list-style-type: none"> Communicating research findings in appropriate formats for the local government audience and for the communities served by the HDRC. Clear channels for disseminating the work of HDRCs both to local groups, including strong engagement with the underlying populations, and to local authorities that are faced with similar issues (for example, an HDRC might focus on a topic such as coastal health, in which case there should be clear plans for sharing relevant findings and knowledge with local authorities in similar areas). Working across statutory and non-statutory organisations in the defined geography and/or across groups of similar local authorities to share learning from research aimed at improving population health and reducing health inequalities / tackling disadvantage. 					
Measures	Yr1	Yr2	Yr3	Yr4	Yr5
Counts of peer-reviewed publications co-authored by HDRC members, conference presentations, media and social media engagement, other dissemination activities.		✓	✓	✓	✓
Annual HDRC conference (attendance, feedback from attendees).	✓	✓	✓	✓	✓
Counts of shared documents, workshops, mentoring relationships with other local authorities in Gwent, Wales and UK.	✓	✓	✓	✓	✓
Creation/participation in an active HDRC network to share best practice and learning.	✓	✓	✓	✓	✓
Quarterly update reports to Gwent Regional Partnership Board and Public Services Board.	✓	✓	✓	✓	✓

Alongside the built-in evaluation described above, we will also develop a mixed-methods approach for an academic evaluation. We anticipate that this will be a combination of two methodologies: principles-focused evaluation (P-FE) and realist review and evaluation. P-FE is an approach that was formed specifically in response to the inherent challenges of evaluating complex interventions that are applied or delivered in dynamic, diverse and unpredictable contexts. The HDRC programme will fit this brief. Realist evaluation will be used to develop and then (re)test the programme theory throughout the five-year programme.

The development and evaluation of the HDRC will also be aligned with the wider performance management framework for Torfaen County Borough Council. This will enable us to set out the HDRC's progress in the context of our work towards the Council's four central themes: connectivity, well-being, sustainability and culture and heritage. These themes will help to ensure decisions and planning is focused around the big picture and vision for the County.

12 Barriers

A previous assessment of TCBC research capacity and infrastructure has highlighted challenges (see 1.3) and the activity of the HDRC is designed to address these. Potential challenges and mitigations to the success of the HDRC include [14]:

Table 4 – HDRC Challenges and Mitigations

Challenge	Mitigation
Lack of expertise in research governance	ABUHB R&D and USW will provide support and practical expertise in setting up the research governance procedures (including ethics approval) as members of the Research & Data Committee.
Agreeing the research priorities for the HDRC	The HDRC will identify research priorities by a process of triangulation involving the community to select areas of concern to them, using the recommendations of the Institute of Health Equity report, and the County Plan priorities. The establishment of a research strategy will support

Identifying and supporting groups experiencing health inequity to be involved in public involvement and engagement activity	UWE expertise will be provided to support the public involvement and engagement officer and build TCBC expertise where required.
Capacity of TCBC officers to carry out research due existing duties	We will look to create funding streams to protect researcher time.
Translating research into impactful interventions	HDRC recruitment of an intervention designer post as well as support in behaviour change from UWE School of Psychology, Early Years and Therapeutic Studies. Membership of external networks such as CASCADE and links to other bodies such as HCRC Wales and the What Works Network.
Lack of peer support / research community within TCBC and the community.	The establishment of a community of interest within the organisation to provide peer support and share lessons and insight gained from research activity.
Ensuring that culture change concerning research activity and evidence-based decision making is not restricted to isolated pockets of the organisation	Enabling access to research training and support. The development of decision-making processes that support the use of evidence and research when new ideas, programmes and projects are proposed.

13 Sustainability

There is already an element of 'in kind funding' to this application in terms of the time that existing staff will be devoting to the successful operation of the HDRC. Which will help sustain the work of the HDRC. However, by the end of the 5 years, options will have been explored concerning the continuation of the work of the HDRC.

13.1 Wider Funding Opportunities

Once established, we will apply to appropriate NIHR funding streams, e.g. Public Health Research Programme, Health and Social Care Delivery Research (HSDR) Programme for funded research applications. We would also consider applying to research funding such as that available from Health & Care Research Wales. By the end of the five-year period, we would investigate the best strategy to take concerning the application for appropriate funding streams that would sustain the HDRC and be focused on reducing health inequity in Torfaen.

13.2 Cost – benefit analysis to establish the value for continuing funding

Another option is to carry out a cost benefit assessment on the value of the work of the HDRC to TCBC in supporting the culture change and research capacity to enable decisions to be made that have led to better decision-making on activity to reduce health inequities within Torfaen. This would assess whether the HDRC has created sufficient value to fund, or part fund, its continuation.

14 Wider Determinants of Health

In Torfaen, we see the impact of poor health on educational attainment, family life, and ability to access and sustain decent employment. Conversely, we are aware that factors such as housing, employment, indebtedness, education, social support networks impact on people's mental and physical health. Torfaen has high concentrations of distinct types of often interconnecting deprivation. Of the 60 LSOAs in Torfaen, 19 are among the top 20% most overall deprived in Wales, with people also experiencing in-work poverty, reducing the disposable income available for food, heating, transport, accessing digital services or activities that can support physical and mental well-being. Rising costs mean that more people may experience financial hardship, and this has the potential to further widen the inequalities that already exist in our communities. Torfaen also has an ageing population with the number of people aged 85 years and over projected to increase by 70% between 2019 and 2043.

Our County Plan and well-being objectives aligns to the Marmot principles which contribute towards tackling health inequalities and inequity. Gwent is the first Marmot region in Wales and if successful in our funding application, Torfaen will be the first local authority in Wales to become a HDRC. We are in such a good a position to take this forward as we are already focussing on addressing the wider determinants of health that contribute to healthy inequity throughout the borough and enhancing our research capabilities could have a real impact on those living and working in Torfaen.

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The establishment of the HDRC focussing on the wider determinants of health would support evidence-based decision making on the types of activity that would be most beneficial to undertake many of the wellbeing objectives in the County Plan. We will tackle inequality by focusing on early identification and prevention activities that support people to live independent and fulfilling lives and we will support and promote healthier lifestyles in Torfaen to improve mental and physical well-being

Our HDRC will build on the work of Torfaen being a Marmot region. We will enhance the relationships between stakeholders, and build the infrastructure needed to support the generation of robust evaluations of pragmatic, feasible interventions. Specifically, interventions that local authorities are positioned to implement, aimed at addressing the wider determinants of health

15 Health Inequalities & Equality, Diversity and Inclusion

In Gwent, there are significant inequalities in health, education, housing, income and employment which collectively result in socioeconomic deprivation. Torfaen has high levels of deprivation with more than 1 in 4 of the LSAO's being in the most deprived quintile. TCBC is committed to tackling health inequalities, and this is demonstrated in the County Plan 2022-2027 (Objective 3: We will tackle inequality by focusing on early identification and prevention activities that support people to live independent and fulfilling lives). The estimated percentage of children living in poverty in Torfaen is 34.4%. Life expectancy for males and females in Torfaen is far less than those in a neighbouring local authority. The disparity within the borough itself is even more stark with males in the most deprived area living 5 years less than males in less deprived areas and for females the gap is even wider at 6 years. In terms of healthy life expectancy, females in our most deprived areas in Gwent, live 20 more years 'not in good health' compared with females in least deprived areas. For males this figure is 13 years.

The local authority understands that most of the social determinants of health lie outside the healthcare system. Good-quality healthcare is an important determinant of health and the equitable access to, and the quality of healthcare services are important influences on health inequalities but improving these will not address the causes of ill health and wellbeing nor reduce health inequalities on their own. Social determinants which help create the conditions that enable people to have control over their lives include good-quality experiences and services during early childhood, good-quality education in later childhood and adolescence and opportunities for lifelong learning.

As a Marmot local authority we have embedded reducing health inequalities throughout our service plans across the council, ranging from those that address the environment, green spaces, and town centre redevelopment, to youth violence prevention, education and physical activity. Understanding the health inequalities, not just on socio-economic status but on age, sex, gender, ethnicity, sexual orientation, disability and family circumstances and the intersections between these will allow us to go further.

Torfaen's HDRC will champion research that can support a greater understanding of the the wider determinants of health are experienced differently and impact differently upon different groups of people.

Torfaen County Borough Council is committed to achieving greater equality as an employer and in the performance of all aspects of its business. The Council ensures that the community we serve and current and potential members of staff have equality of opportunity to access all our services and opportunities. We seek to ensure that no one receives less favourable treatment as a result of possessing a specific protected characteristic. Where it is evident that there is inequality of treatment or outcome the Council will actively take steps to address such inequality. We focus upon identifying the inequality issues within Torfaen and how we will work towards achieving better outcomes for people where there is evidence of inequality in our service provision. We believe all Torfaen citizens can expect to be treated fairly and with respect when using or coming into contact with Council services and we will work closely with the public and our partners to resolve issues where such standards are not evident. Ensuring our services help and support vulnerable people within our communities is an important priority for the Council. We are working towards improving and maintaining our services, so they assist and protect the rights of all people and groups.

We are committed to ensuring that all Torfaen residents benefit from the work of the HDRC, regardless of their background or personal characteristics. The Strategic Director for Adults and Communities will be the HDRC Equality, Diversity and Inclusion (EDI) lead. He will be supported by Co-Leads from the University of South Wales (Saltus, Underwood-Lee and Wallace) who are experts in EDI and will also be supported by the PPIE Officer. Areas to focus on will include:

- Commitment to diversity in the membership of the HDRC leadership, team, and collaborators.

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- Meaningful public engagement to identify research priorities that are important to the community of Torfaen. These won't only be geographical communities, but of common interests, demographics, conditions, concerns or identities.
- A mandate for HDRC-related research studies to have the widest possible inclusion criteria, to ensure that individuals can participate regardless of their characteristics. This will ensure that our research findings are broadly generalisable and benefit all Torfaen residents.
- A mandate for HDRC-related research studies to be co-designed and co-delivered with meaningful CIE representation. We will support researchers to access PPIE representatives from across a wide range of communities to ensure that they receive diverse input. The voluntary sector will be critical in supporting us to identify and recruit PPIE representatives, particularly from under-represented and vulnerable groups. PPIE input will help to anticipate and address potential barriers to participation in research, ensuring that all Torfaen residents have equitable opportunity to participate in research.
- Producing study materials in a wide range of formats that enable participation in research by under-represented groups. This includes ensuring that our materials use plain English, that translations to relevant languages are available, and that the needs of groups such as visually impaired people are addressed.
- Disseminating HDRC outputs with input from CIE representatives across a wide range of media that appeal to diverse audiences

16 Project Timetable

Development Year Broadly the programme has two phases. Year 0 is the development phase in which the HDRC will develop the infrastructure and capability required for TCBC to be research active and evidence based – including data capability, linkage and sharing, research training and capacity building, community involvement and engagement, decision making tools and evaluation – please see the Appendix 1.

Development Year Plan Years 1-5 will focus on delivery of impactful research that influences decision-making and resource investment as well as supporting Welsh local authorities in their ambitions to become research active and make evidence-based decisions.

17 Regulatory Issues

Ethics: With the support of our partners, we will develop a research ethics framework that will provide independent review and oversight of our research this will be overseen by the Data & Research Committee. When applicable, we will seek additional ethical approval from ABUHB R&D team and/ or USW partners.

Regulations: We do not anticipate that the HDRC will be involved in clinical studies, however, if the HDRC undertakes any studies that might require Regulatory Agency approvals, we will seek expert input from USW partners.

Data transfer agreements: As part of our data and governance workstream, we will develop a comprehensive data-sharing framework, including template data transfer agreements to be used when required.

Intellectual property: If any of our workstreams generate intellectual property we will seek expert input from partner HEI commercialisation teams.

Safeguarding: A safeguarding policy for the HDRC will be developed that encompasses our public engagement activities. If safeguarding concerns are identified these will be reported and responded to via the existing TCBC safeguarding processes.

18 Abbreviations

ABUHB	Aneurin Bevan University Health Board
ADR Wales	Administrative Data Research Wales
CASCADE	Children's Social Care Research and Development Centre
CIE	Citizen Involvement and Engagement
DPH	Director of Public Health
HCRC Wales	Health and Care Research Wales
HEI	Higher Education Institution
SAIL	Secure Anonymised Information Linkage

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TCBC Torfaen County Borough Council

TVA Torfaen Voluntary Alliance

USW University of South Wales

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APPENDIX 1 Torfaen HDRC Development Year Plan**Governance**

Output & Key Activities	Milestones / stop-go criteria (& due date) *bold type = Stop/Go milestone)
Collaboration - Brunswick Agreement <ul style="list-style-type: none"> • Partner development workshop(s) to clearly describe the contributions • Breakdown of agreed activities and responsibilities of partners based on the business case • Agreement of NIHR budget and funding process • Agreement of NIHR monitoring • Brunswick Agreement - Inclusion of NIHR HDRC contract requirements 	<ul style="list-style-type: none"> • Statement of partner collaboration (including academic) (1/3/24) • NIHR budgeting and reporting process documented (29/2/24) • Brunswick Agreement for HDRC signed by all partners (3/5/24)
IP Register <ul style="list-style-type: none"> • Process for agreeing IP (Background & Foreground) • Register design 	<ul style="list-style-type: none"> • Agreed IP protocol (8/3/24) • Register in place (8/3/24)
Executive Board <ul style="list-style-type: none"> • ToR • Membership (incl. PPIE) • Meeting Schedule 	<ul style="list-style-type: none"> • ToR agreed (31/7/24) • 3x Executive Committee Meetings held Quarterly starting April 2024 (31/10/24) • Executive Committee holding Programme Board to account on progress in meeting development year outputs
Public Participation Board <ul style="list-style-type: none"> • ToR • Recruitment of public/community members • Support for public/community members 	<ul style="list-style-type: none"> • ToR agreed (31/7/24) • Support mechanisms in place for public/community member involvement (30/4/24) • 3x Public Participation Board Meetings held Quarterly starting April 2024 (31/10/24)
Data & Research Committee <ul style="list-style-type: none"> • ToR • Membership • Agree framework for research (incl data use) quality 	<ul style="list-style-type: none"> • ToR agreed 31/7/24) • 3x Data & Research Committee Meetings held Quarterly starting April 2024 (31/10/24) • Agreed framework for Quality of research assurance (incl. data use) (31/10/24)
Programme Board <ul style="list-style-type: none"> • ToR • Membership • Meeting Schedule • Work Programme 	<ul style="list-style-type: none"> • ToR agreed (30/4/24) • 11x Programme Board Meetings held monthly starting Feb 2024 (20/12/24) • Delivery of Development Year programme (31/12/24) • Evidence of citizen / third sector involvement across all work streams (20/12/24)

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Output & Key Activities	Milestones / stop-go criteria (& due date) *bold type = Stop/Go milestone)
NIHR Budget & Reporting Protocol(s) <ul style="list-style-type: none"> Budget set up & monitoring process NIHR Reporting process Key accountabilities established 	NIHR Reporting process documented (& timetable) (31/5/24) <ul style="list-style-type: none"> NIHR Budget and monitoring process documented (31/5/24)
HDRC Posts <ul style="list-style-type: none"> Review of post structure / requirements Draw up JD's / Person Specifications Undertake job evaluations Permission to recruit Advertisements drafted Recruit to Head of HDRC post Recruit to Programme Administrator post 	<ul style="list-style-type: none"> Head of HDRC appointed to drive development year programme of activity (29/2/24) Programme Administrator appointed to support development year programme activity (29/2/24) Final post structure agreed by Strategic Director (30/8/24) JD's & Person specifications agreed and evaluated (27/9/24) Recruitment initiation dates agreed (25/10/24)

Creating a Research Active and Evidence Based Council

Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
HDRC Capacity Development <ul style="list-style-type: none"> Articulation of the development plans for HDRC partner capacity in research for wider health determinants & how the results of research can be actively supported into intervention design and implementation. 	<ul style="list-style-type: none"> Capacity building plans developed for wider partners (20/9/24)
Research Priorities (incl. Citizen engagement) <ul style="list-style-type: none"> Research & engagement on priorities for research (TCBC, HDRC partners, Community) Engage with TCBC's PPIE Officers. Co-develop a list of research priorities that links the organisational priorities concerning health inequity with the voice of communities (including those groups experiencing health inequities and feel under-served) 	<ul style="list-style-type: none"> Developed list of research priorities and questions for 2025 (20/9/24)
Research Strategy <ul style="list-style-type: none"> Research capacity and capability / maturity assessment Develop framework for a research strategy Research protocols developed Develop programme for implementation 	<ul style="list-style-type: none"> Research strategy in place to ensure effective development of annual research plans for HDRC and support to service teams & citizens undertaking research (20/9/24)
Skills and capacity training and mentoring programme	<ul style="list-style-type: none"> Skills and capacity assessment undertaken – report (25/10/24)

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Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
<ul style="list-style-type: none"> Skills and capacity needs assessment Outline training and mentoring plans 	<ul style="list-style-type: none"> Training and mentoring programme developed with routes into training identified and ready for implementation in year 2 (14/12/24)
Torfaen HDRC Network <ul style="list-style-type: none"> Establish a Torfaen HDRC Network to link researchers amongst the Torfaen HDRC partners in a peer support network and to share research ideas, practice and learning relating to the wider determinants of health. 	<ul style="list-style-type: none"> Torfaen HDRC Network established amongst HDRC partners to shared learning, best practice and support (22/11/24)
Network Development <ul style="list-style-type: none"> Engage with HDRC Development Year Peer Network Engage with HDRC Peer Network Develop links to existing regional, national and international networks of public bodies, evidence based research (e.g. what works network) and academia. Create Gwent network 	<ul style="list-style-type: none"> Network links form part of the evaluation framework 31/12/24) Gwent network created (31/12/24)

Citizen Involvement & Engagement

Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
Payment protocol for citizen involvement <ul style="list-style-type: none"> Investigate how payments can be made for public/community involvement in HDRC activity 	<ul style="list-style-type: none"> Protocol in place to pay citizens for involvement (31/10/24)
Citizen Involvement & Engagement Strategy <ul style="list-style-type: none"> Work with USW on developing our approach to inclusive public involvement in research ensuring a diverse and inclusive approach to public involvement in research including the identification and engagement of under-represented and vulnerable groups that experience health inequities. Engagement with community on effective involvement & engagement Develop Citizen Engagement Strategy 	<ul style="list-style-type: none"> Citizen Involvement & Engagement Strategy (31/10/24)

Data Linkage and Governance

Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
Data collaboration platform <ul style="list-style-type: none"> Data discovery exercise for identified data sets (what is available, who is using it, for what, where is it 	<ul style="list-style-type: none"> Data discovery exercise completed (29/11/24) Linked data sets (LA and partner) available via data collaboration platform (31/12/24)

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Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
<ul style="list-style-type: none"> Targeted assessment on data quality for identified data sets; Review of data governance / Solution design / Access to 3rd party hosted data via extracts in place / Stakeholder engagement 	
Citizen Engagement in data <ul style="list-style-type: none"> Communications campaign with residents to raise awareness of the HDRC, its purpose and how data will be used Stakeholder engagement 	<ul style="list-style-type: none"> Communications Plan for Community & Data Use (25/9/24)

Sharing Learning

Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
Communications and Engagement Strategy & Plan <ul style="list-style-type: none"> Stakeholder mapping Develop communications strategy Develop Plan for development year 	<ul style="list-style-type: none"> Communications plan for development year (31/1/24) Stakeholder Map (28/6/24) Communications Strategy in place (30/8/24) Communications Plan for year 2 (1/11/24)
Torfaen HDRC Website <ul style="list-style-type: none"> Website domain & branding Content development Accessibility Assessment 	<ul style="list-style-type: none"> Website in place with appropriate branding and accessibility (30/4/24)

Evaluation, Impact and Sustainability

Output & Key Activities	Milestones / stop-go criteria & due date *bold type = Stop/Go milestone)
Evaluation Framework <ul style="list-style-type: none"> Establish a framework for an academic evaluation of the HDRC with USW. Investigate approaches to evaluation among existing NIHR funded HDRCs. 	<ul style="list-style-type: none"> Evaluation framework for the HDRC is developed (13/9/24)
Performance Management Framework <ul style="list-style-type: none"> System of performance reporting internally within TCBC agreed. Approach to reporting activities within regional partnership structures in Gwent agreed. 	<ul style="list-style-type: none"> Performance management framework in place describing what will be reported, to who, how and in what format agreed (22/11/24)
Business Case for Sustainability <ul style="list-style-type: none"> Research for establishing robust business case options for HDRC sustainability 	<ul style="list-style-type: none"> A working draft of a business case for sustainability including initial thoughts on research funding opportunities that will continue to be developed throughout the full HDRC period (20/12/24)

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