

Project title: Ealing Building Blocks of Health Research Collaboration (BBHRC)

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Ealing Building Blocks of Health Research Collaboration (BBHRC): Research Plan

1. Background

1.1. Ealing has significant inequalities in the building blocks of health

The West London Borough of Ealing is the 3rd most ethnically diverse local authority in the UK.¹ Its 367,000 residents represent close to 300 ethnic groups who speak over 150 languages.² Ealing's communities are also resilient and have a wide range of resources and cultural capital. Ealing has a thriving economic centre, with a highly qualified workforce, and is one of the greenest London boroughs. However, there are stark inequalities in the social determinants of health, or what in Ealing, we term as the '*building blocks of health*'.³ One in five jobs in Ealing are paid below the London Living Wage⁴, one third of households are overcrowded in parts of the borough,⁵ one in ten households are struggling with food insecurity⁶ and there are significant racial inequalities in school exclusion rates⁷.

Ultimately these inequalities are the root causes of poorer health and shorter lives for our disadvantaged communities – the life expectancy gap by deprivation is 7.2 and 4.9 years for men and women respectively⁸. They contribute to inequalities in health outcomes, with Ealing having significantly higher rates of diabetes, tuberculosis, alcohol-related harm, falls and mortality from cardiovascular disease.⁹ Other health problems, including mental health and obesity, are also strongly influenced by deprivation, ethnicity and place. As well as inequalities in the building blocks of health when compared to other boroughs, Ealing has significant intra-borough differences informing the council's '7 towns' (Acton, Ealing, Northolt, Greenford, Perivale, Hanwell, and Southall) approach. For example, deprivation is concentrated in Northolt and Greenford, where English is often not the main language, and a lower proportion of children starting school achieve a 'good development'¹⁰. The intersectionality of inequalities are profound, and perhaps most stark in Southall, where one in three residents have no educational qualifications⁵, almost two thirds do not have English as their main language⁵ and nearly one in ten working age residents claim out of work benefits.¹¹

1.2. NIHR investment will build on strategic momentum for change towards greater equity.

NIHR investment to develop Ealing's Health Determinants Research Collaboration- Ealing Building Blocks of Health Research Collaboration (BBHRC)- is timely, with key strategic work aligning around the priority to tackle inequality for and with Ealing's communities. Ealing's Council's Plan 2022-26¹² sets the strategic direction for the Council and its partnerships and has the unifying theme to reduce inequalities. Ealing Council is also responding to Ealing's Independent Race Equality Commission¹³ which reiterated the need to act boldly to achieve race equity in Ealing.

Promoting health equity through action on the building blocks of health is also the core theme of *Together in Ealing*, the new Health and Wellbeing Strategy 2023-28.¹⁴ The strategy development process highlighted that communities want to share the power and control needed to bring about improved health and wellbeing, and reduce the unfair differences experienced and observed in their everyday lives through the building blocks of health. Communities in Ealing, as members of the Health and Wellbeing Board, implored the Council to listen, learn and respond to Ealing's communities, reminding us of the vital importance of leaving no one behind in the process. An explicit action in the approved first-year action plan for the Strategy commits to '*Explore resource options for the co-development of systems and structures to improve the learning and research culture in Ealing and develop as research active*'.

Current developments in Ealing Council that will work synergistically to amplify the impact of Ealing BBHRC:

- Ealing Council is already driving ambition for a stronger research- and evidence-informed working culture to support the council's focus on inequalities. In-house **data development work** is prioritising how we can work with communities to gain a deeper understanding of local issues; inform service re-design; identify, predict and respond to emerging issues; and build organisational skills and capacity to turn insight into equitable action.
- Ealing Council has a strong strategic emphasis on **greater community participation and co-production**, recognising residents as the experts in their own lives, and building communities' capacity to drive change at a 'town' level. This has informed work such as a cross council community of practice for community engagement, a community service design centre pilot training both staff and residents in

neighbourhood-level service design, and the council's community champions programme¹⁵ underpinned by community development theory.

- The BBHRC will consolidate, strengthen and accelerate the effectiveness of the **council's transformation agenda, 'The Change Partnership'**, which focusses on human centred design methods, working closely with residents to affect change.
- There are **new and existing structures and opportunities to intervene and improve the building blocks of health**. A new 'Place Making Board' is drawing on expertise across the council to consider how best to improve the built and urban environment. There are strong existing partnerships, such as the Ealing Learning Partnership, between the council and schools. These structures offer opportunities to embed a culture of better evidence use and creation, focused on health equity.
- Ealing also has a **strong Voluntary, Community and Faith Sector (VCFS)** who lead their own rich research¹⁶, but who need to build their capacity for improved quality, timeliness and impact.

Ealing BBHRC will enable the Council to go further and faster with these developments providing a one-time opportunity to build a sustainable research system, with a relentless focus on tackling the longstanding and often intergenerational inequalities that have been embedded in our communities for too long.

1.3. NIHR investment will build on and expand high quality academic collaborations.

Several emerging and established academic partnerships supporting our health equity ambitions will be expanded with NIHR investment. We have strength in our existing social science and participatory research collaborations, responding to an identified need to embed more rigorous learning into community engagement such that we reduce consultation fatigue, demonstrate integrated learning and action across the council, and respond to the diverse needs of our communities, including:

- **Institute of Development Studies (IDS), University of Sussex**. This partnership has evolved from research on COVID vaccine equity.^{17,18} The current 'Living Roots' project¹⁹ is an Arts and Humanities Research Council funded project to build a health equity focused community asset and research consortium, including training community peer researchers and a reverse mentoring programme. With IDS we are also undertaking a qualitative research inquiry ('Enabling Early Child Development in Ealing') to inform improvements in the early years system, and a British Council-funded new project to review Ealing community engagement practices to inform pandemic preparedness.
- **Imperial College London (ICL) Environmental Research Group**. Through the NIHR Health Protection Research Unit, ICL are exploring the impact of brownfield site redevelopment on the health of residents. ICL have several projects on air quality, including evaluating Ultra-Low Emission Zones, and work on indoor air quality.
- We also have links to the **North West London (NWL) Applied Research Collaboration (ARC)** to build connections with research infrastructure, training and funding opportunities, including an NIHR Clinical Research Network (CRN) senior research nurse embedded in the public health team, as well links to **NIHR Schools for Public Health Research (SPHR)** at Imperial and London School of Hygiene and Tropical Medicine (LSHTM)

We are also commissioning more ad-hoc research for specific purposes. For example, Brunel University are currently evaluating the Sport England funded pilot 'Let's Go Southall', a community-led social movement to increase physical activity.²⁰

Ealing's BBHRC will provide the infrastructure and capacity to make existing and new research collaborations with academia and VCFS more structured, purposeful and able to meet the diverse needs of residents in Ealing, at scale and pace.

1.4. Barriers that Ealing BBHRC will address:

We have identified a number of barriers to being research active; the BBHRC will be geared towards addressing these:

- **Infrastructure, resource, time and expertise constraints**, including varied levels of understanding, use and experience of rigorous research across the council, in our partnership working and within the community. This translates to missed opportunities to learn and respond to our communities' diverse needs through detailed analysis of qualitative and quantitative data already being collected and

generating data to inform new ambition and direction for the council. Ealing BBHRC will be a catalyst for system transformation and organisational culture change to conduct and use research and evidence for more effective policy and practice to address health equity.

- **Lack of alignment between academia, council and communities**, including motivations, incentives, timescales and strategic plans. Ealing BBHRC will build greater understanding and align research priorities with the needs of Ealing's communities and the council's strategic plans.
- Service silos across the council mean that **data and insights are not systematically or routinely shared**. Ealing BBHRC will create enabling structures and processes to support more holistic evidence-based insights are utilised across the council and build more collaborative working with communities.

Ealing's BBHRC will transform our research system with our partners and communities, such that local rigorous multidisciplinary inclusive research informs decision making and action, ultimately improving inequalities and health outcomes.

2. Delivery plan

2.1. Overarching Vision, Aims and Objectives:

Ealing BBHRC's vision is to ***develop a collaborative, impactful, research partnership focused on promoting the building blocks of health and equity***

Our Aims are to:

1. **Transform our research system and infrastructure.**
2. **Strengthen and grow our research collaborations.**
3. **Drive organisational capacity building and culture change.**
4. **Embed diverse and inclusive community involvement in our transformation.**

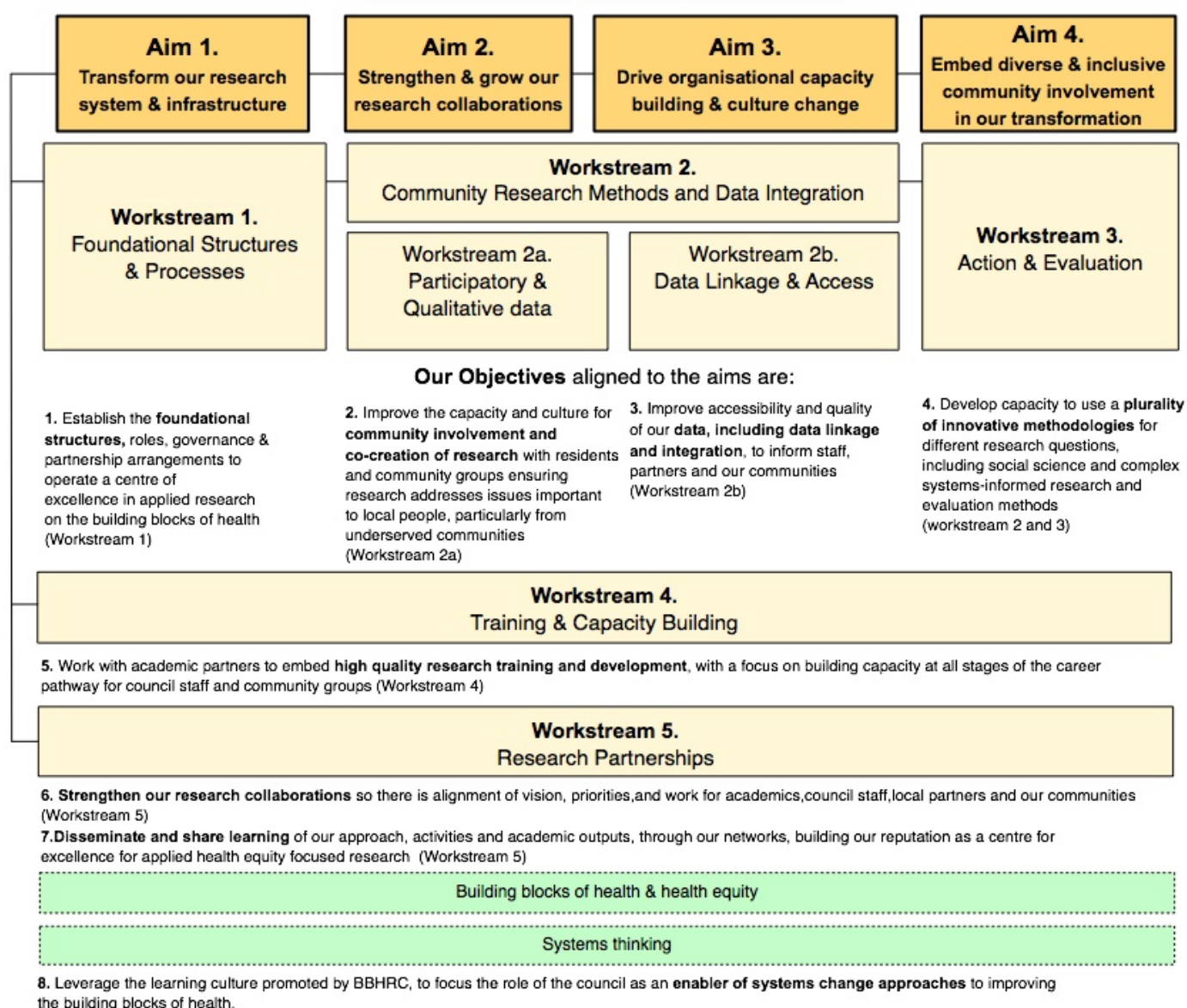
Our Objectives, aligned with these aims, are to:

1. Establish the **foundational structures**, roles, governance and partnership arrangements, to operate a centre of excellence in applied research on the building blocks of health
2. Improve the capacity and culture for **community involvement and co-creation of research** with residents and community groups ensuring research addresses issues important to local people, particularly from underserved communities
3. Improve accessibility and quality of our **data, including data linkage and integration**, to inform staff, partners and our communities
4. Develop capacity to use a **plurality of innovative research methodologies** for different research questions, including social science and complex systems-informed research and evaluation methods
5. Work with academic partners to embed **high quality research training and development**, with a focus on building capacity at all stages of the career pathway for council staff, and community groups
6. **Strengthen our research collaborations** so there is alignment of vision, priorities, and work for academics, council staff, local partners and our communities
7. **Disseminate and share learning** of our approach, activities and academic outputs, through our networks, building our reputation as a centre of excellence for applied health equity focused research
8. Leverage the learning culture enabled by BBHRC to focus the role of the council as **enabler of systems change approaches** to improving the building blocks of health.

2.2. Workstreams

The following interlinked workstreams will help us to achieve our aims and objectives (Figure 1).

Figure 1: BBHRC Delivery Workstreams



Below is a summary of all workstreams for Ealing BBHRC with further detail in Appendix 1 including key outputs and success measures.

2.2.1. Workstream 1: Foundations Infrastructure

This workstream will set the foundations for the operation of the BBHRC. It will include further devising role profiles as well as recruiting the new posts to build the initial capacity within the council to establish the collaboration. It will also devise and formally establish the governance across the programme, the overall programme management arrangements, to enable full tracking oversight, performance and financial reporting frameworks, and develop research governance and ethical frameworks.

2.2.2. Workstream 2: Research Methods and Data Integration

This workstream will enhance our research capacity in two ways.

Workstream 2a: Community and Participatory Research

Supported by IDS, this sub-workstream will establish specialist skills, capacity and infrastructure in the council and communities, for the timely capture, analysis and interpretation of contextualised qualitative data from our communities. The workstream will improve the capacity and culture of community involvement and co-creation of research with residents and community groups, ensuring research addresses issues

important to local people, and generates learning and appropriate action on the building blocks of health. Working closely with workstream 3 'Action and Evaluation' this sub-workstream will be key in developing our capacity to use a plurality of qualitative research methods to iteratively influence action by the council with communities. Working closely with sub-workstream 2b, we will develop a shared site for the to share qualitative data (particularly community insight gathered through council engagement processes) across the organisation, such that it can be valued and utilised as data for research purposes. This workstream includes the development of a new, sustainable Participatory Action Research (PAR) infrastructure focused on systems change-'Systemic Action Research'.²¹ This workstream involves training for council staff and community members in PAR methods and linking their inquiry to action.

Workstream 2b: Data Linkage and Access

This complementary sub-workstream will build on the transformation work of the council's data strategy, aiming to establish a data ecosystem that will improve the accessibility and use of linked health and building blocks of health data to facilitate impactful, timely and targeted research. In collaboration with ICL, NWL ARC, and NWL Integrated Care Board, this workstream will develop data linkage systems to integrate council data (e.g. housing and benefits, with the exemplar Whole Systems Integrated Care (WSIC) dashboard, a local data warehouse for health and care.²² This will enable integrated systematic research on the building blocks of health using large place-based datasets. We will work with communities to support the council's plans for a Citizen's Data Charter, and co-develop a community open-access dashboard (so that residents can create their own reports, generating community ideas for research) of both quantitative and qualitative data, potentially as part of the existing Ealing Data platform²³, accessible via the BBHRC website development detailed in workstream 5. Resources will also be used to ensure effective data governance, and ethics approval including the formation of a Data Access Committee.

2.2.3. Workstream 3: Action and Evaluation

This workstream focuses on the range of approaches to enable practitioners and policymakers to assess impact for our residents from their work. This includes rapid learning methods, recognising the limitations of the dominant evaluation paradigm which emphasises 'proving' rather than 'improving'; and engaging with more informal ways of generating 'evidence', through the council's plans for 'design-led' transformation the participatory action research infrastructure of workstream 2a. Participatory approaches with communities is essential to this. We will develop plans for more rigorous evaluations of our services, interventions and policies, by building the in-house capacity to evaluate, as well as greater links to academia, particularly for complexity-informed evaluations. This workstream will also oversee an internal evaluation of Ealing BBHRC starting with an assessment of the 'cultures of evidence' in year 1 (LSHTM).

2.2.4. Workstream 4: Training and Capacity-building

This workstream focuses on the organisational development, staff training and capacity building required to achieve culture change. This workstream will undertake a workforce needs analysis in year 1 (informed by the 'cultures of evidence' project) to identify areas of good practice, development needs and identify individuals for enhanced training/development. A programme of workforce development for all levels of expertise, led by the Director of Workforce/Organisational Development, will include online and in-person research training. We will curate and sustain a system of advanced and immersive research and practice placements, between the council, academic partners and communities. A key part of this work is creating the opportunity for council staff to come together with residents to participate in participatory action research and human centred design processes linked to the 'building blocks of health'.

2.2.5. Workstream 5: Multisectoral Research Partnerships, Communities and Public involvement (CPI), and Dissemination

This workstream will focus on creating the conditions for strong multi-sectoral and multi-disciplinary research partnerships for future research on the building blocks of health. This includes research partnerships with our communities, academic institutions (our 3 academic partners and beyond), other local authorities where appropriate, and NHS and local strategic partners in the building blocks of health.

Core activities of this workstream will be developing the partnership focus in the BBHRC structures and governance, developing the BBHRC's Community and Public Involvement (CPI) standard, and a Communications, CPI and Dissemination strategy, creating the BBHRC website, devising a process for annual research priority setting and working with academic partners to identify and disseminate suitable calls from funders across the council and into our communities. Success in this workstream will result in a strong sustained shared culture of research and evidence within Ealing council, our communities and the wider system influencing building blocks of health and wellbeing.

2.3. Collaborations

We will foster our collaborations so there is **strategic alignment of priorities and drivers for academics, council staff, relevant partners in the building blocks of health, and our communities**. As a result, the work of Ealing BBHRC will be equally valued by all.

2.3.1. Academia

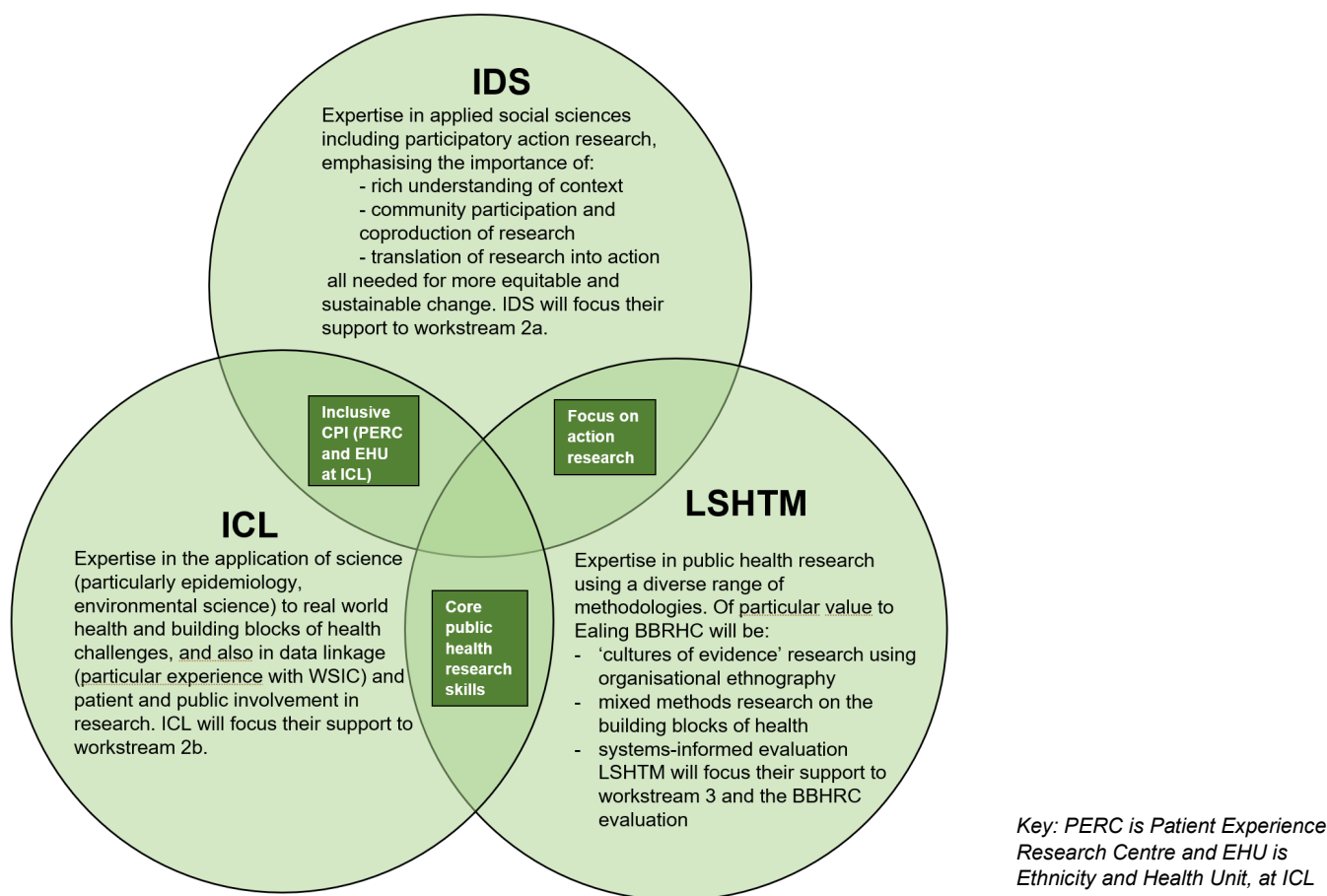
Our collaborator Higher Education Institutions (HEIs) are **Institute of Development Studies (IDS) at the University of Sussex, Imperial College London (ICL), and London School of Hygiene and Tropical Medicine (LSHTM)**. Each of these collaborations will bring unique, but complementary, research expertise and help build capacity and infrastructure for different research needs aligned with our workstreams. Ealing BBHRC will significantly strengthen existing collaborations (section 1.3) and has built a new partnership with LSHTM for this proposal to provide expertise on cultures of evidence in local government,^{24,25} systems thinking and evaluation methods.²⁶

In practice, our collaborations with academic partners will mean:

- Specific workstream contributions appropriate to their unique expertise and experience (see Figure 2).
- Co-applicants Atchison (ICL), McGill (LSHTM), and Schmidt-Sane (IDS) participating in the Core team of the BBHRC, as well as the Programme Board.
- Wider representation of academics from partner institutions in the Programme Board
- Advisory academic contributions including from Prof Judith Green (Director of the Wellcome Centre for Cultures and Environments of Health at Exeter) and Prof Nigel Gilbert (Director of Centre for Evaluation of Complexity across the Nexus at Surrey) in the external Academic Advisory Board to support learning for Ealing BBHRC from diverse epistemological and methodological standpoints.
- Input, design and delivery of training and capacity building. Collaborations will be strengthened over the course of the contract particularly as more advanced development opportunities are established, such as bi-directional secondments, joint positions and/or honorary contracts.
- Bespoke contributions to specific themed research across the range of building blocks of health identified for priority research action, as part of the annual research priority setting process.

Our academic partners will each strengthen the sustained culture of research and evidence within Ealing council through specific elements of their collaborative work (see section 2.4).

Figure 2: Ealing BBHRC academic partners, unique and complementary expertise



2.3.2. Other partners

Ealing BBHRC will work with our local NHS through Ealing's borough-based partnership and Health and Wellbeing Board. Opportunities for research collaborations will be strengthened by developing stronger links with local and regional NHS research functions and through workstream 2b's integration and data linkage with the NWL Whole System Integrated Care (WSIC).

Ealing BBHRC will also foster stronger collaborative working with local strategic partners integral to the building blocks of health, including schools, local universities, housing associations, local developers and local businesses. This will be done through the various multi-disciplinary and institutional partnership boards across the council's work on the building blocks of health. Key stakeholders will be part of the themed Research Steering Groups, according to the annual research priority setting process so that studies can be designed, and implemented drawing on these multi-sectoral perspectives, but also so that the dissemination of learning and the impact can occur across the wider system of partners for the building blocks of health.

2.3.3. Communities

Collaboration with our communities is central to our Ealing BBHRC proposal and embedded throughout. Inclusive, consistent, best practice communities and public involvement (CPI) will be core to the development of the Ealing BBHRC, its governance structures, decision-making processes and future research, putting communities at the heart of research in Ealing (see section 2.7.2). Our measures for successful collaboration are highlighted in Appendix 1, workstream 5.

2.4. Culture

Ealing BBHRC will facilitate significant cultural change across Ealing Council through:

- **Greater emphasis on promoting health equity** through evidence-based action on the building blocks of health across all functions and departments.
- **Greater creation and use of research evidence in policy and practice**, including in decision-making processes, development of strategies, commissioning intentions and service improvements.

- **Greater empowerment of communities to influence policy and service improvements** through research skills development and access to high quality local evidence

Ealing BBHRC will further catalyse the council's strategic focus on greater and more equitable resident engagement. Ensuring that research priorities meet the needs of underserved communities, and working with residents to generate and use research, will be a key role of the BBHRC. This culture change will be strengthened by our plans for community public involvement in the BBHRC (section 2.7.2) including structures for research priority setting, as well as participatory action research.

Sections 2.5 and 2.6 describe how our **structure, leadership and governance** arrangements will help to maximise investment, impact and culture change. For example, Ealing BBHRC will be situated in the heart of the council, led by our Strategic Director for Strategy and Change, alongside the Director for Public Health, and will reach across all council directorates to embed its capacity building and ultimately the learning from research, across the organisation. Success measures for culture change are detailed in section 3.3.2.

Workforce capacity building (see workstream 4) for different skills and roles and at all levels of the organisation. A bespoke training and development offer for senior leadership and elected members will be developed, in order to generate greater impact on organisational culture. Embedding BBHRC training opportunities into the mainstream learning and development culture of the council which will help to sustain longer term culture change. The programme will assist with shaping the council's workforce strategy and ascertaining the skills sets, knowledge and leadership needed for the future.

The '**Cultures of Evidence**' project (LSHTM, Yr 1) will help us to better understand the current system of evidence generation and use in the council. This organisational ethnography with a complex system lens will generate data through interviews, system-mapping workshops, participant and non-participant observation, and documentary analysis (e.g. cabinet reports). The data will be analysed to understand the system's 'readiness for change' at the beginning of the research collaboration and inform the ongoing BBHRC workplan, particularly regarding organisational capacity building. This work will also provide a 'baseline' to inform our Ealing BBHRC evaluation. Our success measures for culture change are summarise in section 3.3.2.

2.5. Leadership and staffing structures

The Ealing BBHRC has strong and committed leadership to maximise impact and achieve its core aims. Leadership will come from three key senior roles in the Council:

- **Strategic Director of Strategy and Change** (joint lead Co-I Askham) reporting to the Chief Executive and leading the strategy and transformation, research and intelligence, workforce, communications, and community engagement capacity within the Council. She will chair the monthly Programme Board and engage with the Council's Senior Leadership Team and Cabinet, ensuring cross council impact.
- **Director of Public Health** (co-applicant Bryden) will provide public health leadership and ensure integration with broader strategic programmes tackling health inequalities, including the work of the Borough Based Partnership and Health and Wellbeing Strategy Action Plan implementation. She will attend the Programme Board and be responsible for regular engagement with the Health and Wellbeing Board.
- **Ealing BBHRC Research Director (new post)**. The Research Director will report to the Strategic Director of Strategy and Change (with a matrix line management arrangement to the Director of Public Health) providing additional capacity one day a week for research leadership and academic expertise. We intend to recruit someone with both public health practice and academic experience, wishing to develop their research leadership in applied public health research in local government, including existing academic partner co-applicants and collaborators.

Day to day programme management will be provided by a dedicated Programme Manager and a Project Officer, who will work collaboratively with the Research Director, workstream leads and key academic partner colleagues.

Figure 3 (upload) shows the staffing structure. Ealing's BBHRC unit will operate as a blended team of the council's existing performance, public health, intelligence, community engagement and transformation staff, with new roles creating capacity and new skills (see Table 1). One strength of our approach is having a significant team of senior council co-applicants to ensure necessary integration and alignment of programmes of work with existing council projects, policies and procedures. Council co-applicants will provide joint line management to some of the new roles. Workstreams 2a, 2b and 3, each has a council co-applicant workstream lead, paired with an academic co-applicant (Figure 3).

Table 1: Ealing BBHRC new roles

New post	FTE	Year	Function
Research Director	0.2	1-5	Provides strategic oversight, develops performance monitoring, annual reports, liaises with NIHR, leads weekly core team.
Programme Manager	1	1-5	Programme management across workstream activities and deliverables, performance and financial monitoring, leads workstream 1 and 5.
Project and policy officer	1	1-5	Administrative support to workstreams, and project support for council and partnership meetings
Data scientist	1	1-4	Apply data science to generate actionable insights from council building blocks of health and NHS data, including predictive analytics and modelling
Data engineer	1	1-2	Create data pipelines and implement data flows between the council and WSIC, for carrying out research and analysis in the trusted research environments
Design research specialist	1	2-3	Using human centred design methods to promote equitable action on the building blocks of health
PAR specialist	1	3-5	As the IDS-capacity building in developing a PAR infrastructure is embedding and demonstrating impact, we will recruit to this post for sustainability in maintaining and developing this PAR infrastructure.
Evaluation specialist	1	1-5	Develop the in-house evaluative capacity of the council, working with LSHTM
Learning & development officer	1	1.5	Embed a new programme of learning and development in research skills
CPI officer	1	1-5	Ensuring best practice in community and public involvement in research, embedded in voluntary and community sector
Comms officer	0.5	1-5	Providing communications expertise, ensuring effective dissemination

It is our intention that some roles will be recruited from, and based in the VCFS, to build trust and confidence and skills within communities.

2.6. Governance and management structures

Figure 4 (upload) shows the governance and management structures. The **Ealing BBHRC Programme Board** will meet monthly and bring together all co-applicants from academic, voluntary and community sector partners and workstream leads. This will be the main forum in which to provide regular oversight of the development of the collaboration, monitoring performance and finances, enabling all partners to fully understand, and steer progress. The Programme Board will report on progress and build a stronger system-wide collaboration.

Complementing central governance will be the **Communities Board** made up of community leaders; BBHRC's CPI officer, community champions; community researchers, community representatives from the Council's seven-town and multi-faith fora; members of the Citizen's tribunal for the Race Equality Commission, and other community partners. The aim of this Board will be to steer Ealing BBHRC from a community's perspective, ensuring that best practice in community involvement and equality, diversity and inclusion considerations are embedded into research priority setting and dissemination (section 2.7.2). There will also be an external **Academic Advisory Board** to provide advice, expertise and support.

At an operational level there will be workstream delivery groups to plan, organise and manage the progress of workstreams. As the overall approach to governance is developed and tested through experience, there will be opportunities to refine it, ensuring it remains proportionate and is optimal for effective decision making. As the first round of research priority setting is done within Ealing BBHRC, specific research steering groups will emerge to focus on particular building blocks of health, and bring together appropriate council, academic and community representatives to begin the development of specific research proposals.

2.7. Resource, capacity-building, and communities and public involvement

2.7.1. Resource and capacity building

Ealing BBHRC aims to build research capacity in the following ways:

- Create the organisational infrastructure (structures and processes) to operate a research collaboration unit (workstream 1)
- Foster research collaborations across academia, the council and communities, including best practice in CPI in research and dissemination (workstream 5).
- Ability to lead and collaborate on research funding applications with academic and community partners.
- Improve our data (both quantitative and qualitative) and research methods (workstream 2)
- Improve our capacity to evaluate our policies and interventions (workstream 3)
- Enhance skills and confidence of Ealing council staff across all functions and departments to use and contribute to impactful research on the building blocks of health and health equity (workstream 4).

In addition to the core workstream activities, Ealing BBHRC unit will also provide the following research capacity functions:

- **Literature reviews and evidence synthesis:** collate and disseminate relevant literature reviews and conduct or liaise with existing providers of these services to carry out these functions, such as UK Health Security Agency (UK HSA) Knowledge and Library Services. New research roles will be recruited to have expertise in these core functions, which will increase Ealing Council's capacity to use the existing evidence base to inform policy and practice.
- **Ensure BBHRC promotes existing development opportunities**, including with providers of tailored local government capacity building activities, such as NIHR Academy and NIHR School for Public Health Research
- **Annual research priority setting round** to ensure that research is prioritised according to the needs of communities, as well as timeliness to influence policy, service developments or commissioning decisions.

2.7.2. Communities and Public Involvement (CPI)

High quality CPI has already shaped the development of this application, facilitated by our 4 community facing co-applicants, as described in the REALMS application portal. Table 2 summarises BBHRC's strategic objectives and activities for CPI.

Table 2: BBHRC strategic objectives and activities for Community and Public Involvement

1. Put communities at the heart of Ealing BBHRC design and development.
<p>a. Recruit a full time CPI officer to be embedded in Ealing's VCFS to oversee all CPI activity</p> <p>b. Appoint and train community representatives into all Ealing BBHRC governance structures (core team, Programme Board, and Communities Board. We will seek advice and guidance from academic partner ICL's Patient Experience Research Centre (PERC) who have recently done this for the NIHR Imperial Biomedical Research Centre.</p> <p>c. Establish the Communities Board which will serve the following functions:</p> <ul style="list-style-type: none"> i. Steer Ealing BBHRC from a communities' perspective. ii. Co-develop a BBHRC communications, CPI and dissemination strategy and co-develop communications assets, including BBHRC website (section 3.1) ensuring culturally relevant and translated given the needs of Ealing's residents (section 1.1) iii. Co-define the purpose, roles, responsibilities, and expectations of public involvement in research into a locally specific communities and public involvement <i>standard</i>. This will draw on the UK Standards for Public Involvement ²⁷ and NIHR best practice guidance for co-production in research.²⁸ iv. Co-develop annual research priority setting process and coordinate CPI activity to inform it.

<ul style="list-style-type: none"> v. Review BBHRC research proposals through a CPI and Equality, Diversity and Inclusion (EDI) lens. vi. Support matching of community co-applicants for future studies where appropriate vii. Oversee community input into the monitoring and evaluation of CPI in research in Ealing.
d. Appoint a community representative(s) to workstreams and/or eventual research steering groups
2. Ensure equality diversity and inclusivity in CPI in BBHRC development and future research
<ul style="list-style-type: none"> a. Drawing on NIHR guidance on inclusivity in research²⁹ and the Equality, Diversity and Inclusion toolkit³⁰, we will ensure that communities and public involvement opportunities are accessible and inclusive. For the development of the collaboration itself, this means wide representation of our diverse communities in CPI activities and roles. b. Address practical and structural barriers to involvement, e.g. payment for time (guided by NIHR payment guidance³¹, cultural competence of communications and branding of research c. Ensure that recruitment processes for recruiting community members are fair and transparent, reflecting equality and diversity duties, including members of recruitment panels from diverse backgrounds. d. Ensure that choice and flexibility in opportunities for the CPI are explicit. e. Review research protocols from an EDI perspective, including the study design, recruitment approaches or inclusion/exclusion criteria.
3. Build the capacity of our own communities to co-develop research
<ul style="list-style-type: none"> a. Establish and sustain the Ealing BBHRC PAR infrastructure. b. Support community researchers within VCFS organisations to conduct meaningful local research and build capacity from within the sector. c. Promote BBHRC foundational research training module to wider community members
4. Draw on our academic partnerships' skills and expertise in CPI
<ul style="list-style-type: none"> a. Link BBHRC funded CPI officer to academic partner for training and support, including potential secondments to Patient Experience Research Centre at Imperial.
5. Learn from our experience of CPI in research and share this learning.
<ul style="list-style-type: none"> a. Hold quarterly CPI monitoring and reflection meetings with the Community Board b. Assess studies in Ealing against the Ealing BBHRC CPI Standard c. Share learning in CPI with regional and national networks and/or through publications

2.8. Justification of costs, value for money and sustainability

We have considered carefully the resources required to deliver the ambitions and activities set out in this research plan. Our approach has the following strengths:

- **A strong internal team of council co-applicants**, who have co-developed this bid, across the main council functions required to develop an effective research system and promote culture change (Figure 3). Their time contribution to developing BBHRC represents a substantial investment by Ealing Council and has not been costed. This ensures sufficient integration, so the BBHRC is not a standalone function, and ensures future sustainability. Only two co-applicants (Madden and Gupta-Wright) have been costed for 0.2 FTE each in order to provide back fill cover as workstream leads.
- **Our approach to working with our 3 HEI partners** has been carefully thought through, to provide world renowned expertise in the areas they have been chosen to support BBHRC in building our research capacity. Each workstream has an ambitious and transformational agenda, and the salary costs of academics who will support us to achieve these ambitions, represents value for money. The costs of IDS researchers decrease over time, as Ealing's PAR infrastructure becomes embedded. LSHTM costs also vary each year, which includes additional time to conduct 'cultures of evidence' and assist with our baseline assessment in Year 1 (although co-applicant McGill's time is not costed for first 14 months due to receipt of an NIHR Fellowship) and further re-evaluation in year 5.
- A number of **new dedicated posts** will be created throughout BBHRC's initial 5 year duration (Table 1). Once again, we have thought carefully about the requirement for each dedicated role, and at what stage of the 5 year period, in order to ensure effective delivery of our workplans and to achieve the necessary research transformation required. As capacity is built across the Council, the direct work of some these roles will end before the end of the 5-year period, having embedded expertise and capacity

within the organisation. Other roles will be permanent to sustain commitment to a transformed research system. Where there is a need for continuation, a business case for a role will be made, as we will be tracking metrics to demonstrate impact each year.

- As an exercise in research system transformation and culture change, we are prioritising substantial investment in our **training and development** element (workstream 4), aimed at a range of staff, including at senior management levels, and building different levels of research expertise. This also includes opportunities for HEI course and secondments as we recognise the value for money gained if senior leaders have advanced as research leaders through this opportunity.

Further details are in the 'justification of costs' section in the financial plan. We are aware that further NIHR investment after Year 5 is uncertain. We anticipate that by Year 5, the annual costs to run our BBHRC will have decreased, after the initial transformation period, as organisational research capacity has been strengthened. We also anticipate that by this stage, we will be generating a substantial proportion of research income from research bids. Where an ongoing requirement for posts and capacity building functions is required, impact will have been demonstrated and the costs will be funded by the council during financial and workforce planning cycles. It is important to note that BBHRC will be developed at a time when the Council is rethinking and further building its own central Strategy and Change resource. As such, the learning and development from BBHRC will continue to inform and shape the central resources required to perform the functions of a collaborative, impactful, research partnership.

2.9. Implementation milestones, and project timetable

Appendix 1 sets out a summary of each workstream, key milestones, outputs and success measures for each of the workstreams, and thus the programme as a whole. Figure 5 (upload) Gantt chart sets out the phasing of activities over the 5-year period. The Table 3 summarises the key milestones

Table 3: Summary of BBHRC key annual activity

Year 1	<ul style="list-style-type: none"> • BBHRC new staff recruited (Stop/Go) • Governance structures and boards established, and collaboration agreements in place (Stop/Go) • Performance, financial, ethics frameworks developed (Stop/Go) • Communications, CPI and Dissemination Strategy developed • 'Cultures of evidence' project (IDS) and workforce needs analysis complete. • Level 1 module on building blocks of health and vision of BBHRC co-produced with academics, Ealing BBHRC staff and communities. • Systems mapping exercise of understanding research priorities in building blocks of health
Year 2	<ul style="list-style-type: none"> • Council staff and residents doing PAR • Website development complete • Be-spoke e-learning and face-to-face 'fundamentals of research' training developed (Stop/Go)
Year 3	<ul style="list-style-type: none"> • Citizen's Data Charter and Community Data Dashboard developed and disseminated across council, partners and communities. • Project to link council and WSIC health data to inform research objectives complete. • Community members trained as part of PAR infrastructure and embedded within work activities council
Year 4	<ul style="list-style-type: none"> • Sharing of learning at research network events, including with other HDRCs, Northwest London health research networks, and London LA public health research network • Council staff on secondment and placements with academic partners. • Awarded further research funding • Measures of impact to inform future sustainability of new roles
Year 5	<ul style="list-style-type: none"> • Fully operationalised new research system for building blocks of health research. • Collaborations with HEI partners fully established with arrangements that enable sustained partnership working. • Evaluation of HDRC, including assessing evidence of culture change. • Training and development programme embedded in the council core offer

2.10. Socioeconomic position and health inequalities:

Ealing BBHRC will be a key infrastructure to support the wider strategic focus of the council to tackle the inequalities^{12,13,14} faced by Ealing residents highlighted in section 1.1.

The following actions and infrastructure will enable this vision through the Ealing BBHRC's life cycle and beyond into future research (see also section 2.7.2):

- **Recruitment and workforce development.** We will ensure training, development, and learning opportunities are accessible to all needs, and promote diversity as a huge asset for Ealing research.
- **Governance structures,** including community representatives (section 2.6).
- **Best practice in EDI and CPI,** including embedding a strong culture of EDI and CPI in structures and processes, research priority setting, and the development of the PAR infrastructure involving community researchers.
- **Ealing BBHRC's communications tools and website** will translate into locally spoken languages and the content will be co-produced with residents, to ensure cultural competence.
- **Training and capacity building.** We will ensure our training for staff and community includes principles and research skills to assess and impact the building blocks of health and improve inequality.
- **Data integration.** Bringing together WSIC and other building blocks of health data to support research on health inequalities. The community dashboard will support equitable access to data.
- **Plans to reach the most under-served communities.** Working with VCFS partners, settings such as schools, workplaces etc, and the council's social infrastructure such as community champion programme, Ealing BBHRC will have routes to diverse inclusion in research from the community. We recognise that there are multiple, intersecting dimensions of inequalities (including socio-economic, gender, age, ethnicity, religion, citizen status, disability, sexuality), and that a uniform/standard approach to reaching underserved residents and communities, will be insufficient.³²

Through all these actions we will create the conditions for Ealing to be exemplar in inclusive, meaningful and impactful research focussing on improving health and social equity.

2.11. Approach to collaborative working

See section 2.3 on Collaborations.

2.12. Safeguarding and ethics

We will develop our research governance and ethics framework (Yr 1), ensuring that future BBHRC research is carried out to the highest ethical standards. This includes establishing clear pathways (including options for council, HEI or NHS ethics committees) and provide clarity when ethics approval is required. For workstream 2b, we will work with existing council information governance leads, and the NWL WSIC system, to ensure robust safeguards are in place, including a safe, secure data infrastructure and processes for access to data. WSIC already have an established Data Access Committee that conforms to ethical frameworks and safeguards outlined by the UK Health Data Research Alliance, to ensure a robust and efficient approach to local ethics approvals for health determinants research. BBHRC's research governance process will complement the WSIC existing's ethics standards, but where necessary, additional ethical approval will be sought from the Health Research Authority. Beyond this, we will promote understanding of ethical standards in research in our training/development offer, so that staff consider issues such as consent, confidentiality and safeguarding vulnerable children and adults, when working with communities.

3. Dissemination, outputs and anticipated impact

3.1. Dissemination

Dissemination of the work of the Ealing BBHRC aims to:

- Raise awareness of the collaboration, including opportunities for community involvement
- Share learning regarding the development of the collaboration.
- Ensure findings of any research generated by Ealing BBHRC reach their target audience, to affect change.

In year 1, we will co-produce a Communication, CPI and Dissemination strategy with academic and VCFS partners to actively engage with the multiple audiences. Central to this will be the creation of the website, as

a resource for residents, academics, and others, to learn about, and engage with the BBHRC and research in Ealing, linking to the communities' dashboard.

The Communications, CPI and Dissemination strategy will also:

- Consider the different audiences for the outputs and learning:
 - Academic: research outputs/papers
 - Communities: plain English summaries, translated material in the main community languages, videos, community events, different media including local radio and appropriate social media, community 'connectors'/influencers
 - Decision-makers, including elected members, service providers and practitioners – summaries, policy briefs.
 - Audiences outside Ealing: research outputs, policy briefs, sharing at conferences and events.
- Link to existing networks and forum, planning proactively to attend these, to share outputs and learning including:
 - Regional and national: London LA research network meetings and conference, ADPH London meetings, LGA conference, Northwest London research and public health networks. We are particularly committed to investing time to sharing learning with other London boroughs with similar demographics (including some of our neighbouring outer Northwest London boroughs)
 - Ealing strategic boards and partnership meetings, including engaging with Health and Wellbeing Board and the council Strategic Leadership Team (see governance), directorate management team meetings and elected members.
 - VCFS and community events, with the support of our community co-applicants and communities board.
- Ensure that our collaborative approach is built into dissemination, including:
 - Involving council staff, residents and academics in sharing learning from their involvement in BBHRC.
- Create momentum by ensuring regular updates, including in council staff and resident communications.

3.2. Outputs

In line with our aims, objectives and workstreams, we intend to produce the following outputs:

- **Newly created roles** and a multidisciplinary team
- **Collaborative structures and agreements** that facilitate long term joint working with academia and our communities, including establishing the Communities Board, Academic Advisory Board and collaborative agreements between council and HEIs.
- **Infrastructure, strategies and processes** to facilitate joint working with academia and communities. This includes the BBHRC Communications, CPI and Dissemination strategy, the BBHRC's annual research priority setting process and the BBHRC research steering groups.
- **Trained network of community researchers**, participating in rapid learning approaches with council staff, such as human centred design and PAR, leading their own community research, and better able to work with BBHRC academia for Ealing-based research (workstream 2a)
- **Platform to share qualitative insights** (workstream 2a)
- **Community data dashboard** at the '7 towns' level (workstream 2b)
- Co-produced '**Building blocks of health and fundamentals of research**' virtual learning module to share with a broad range of stakeholders, including communities in Ealing (workstream 4)
- Curated and bespoke **offer of training modules and courses** around evidence and research, in collaboration with academia, for different staff needs (workstream 4)
- Ealing BBHRC website and other communications products (workstream 5)
- Co-created an Ealing CPI standard (workstream 5)
- **Tangible research outputs** from the HDRC to include:
 - Learning from building participatory action research with under-served communities (workstream 2a), together with IDS.
 - Potential research outputs as a result of integrated WSIC with council data (workstream 2b), together with ICL
 - 'Cultures of evidence' research project and HDRC systems-informed evaluation (workstream 3), together with LSHTM
- **Other dissemination 'outputs'**

- Conference presentations, including to the London LA research network annual conference, ADPH or LGA conferences and key academic conferences themed around the building blocks of health.
- Policy briefs – for decision-makers.
- Good practice guidelines, for other local authorities, with similar demographics – e.g. large, multicultural areas, based on learning from BBHRC

3.3. Impact

The ultimate impact will be to shift systems towards greater health equity, so that particularly individuals from underserved communities, have better opportunities to thrive, realise their potential and live healthy, happy and longer lives. Ealing BBHRC will be an HDRC that promotes 'system thinking', including in its evaluation,²⁶ and as such, we recognise that health, and its determinants, are complex factors, that are impacted by multiple inter-related factors. We hypothesise that the cumulative impacts of the multiple outputs (section 3.2) will create synergistic and amplified emergent impact by year 5 of the programme, and beyond. We have started the process of developing a **Logic model** for the bid (Figure 6, upload). We will refine this 'theory of change' in Year 1, in collaboration with LSHTM academics, BBHRC staff and the community. We recognise the value of having embedded researchers to support our intentions for internal evaluation and monitoring of impact. We are also aware that there will be an independent evaluation of the HDRC programme and will engage with this process too.

3.3.1. Ealing BBHRC's vision for success and impact for the different stakeholders: by Year 5

We intend for **Ealing residents**, particularly from our ethnically diverse and underserved communities, to experience a step change in the way the council works together and co-creates with them to bring about systemic change towards greater health equity. By Year 5, there will be tangible examples of policy and service improvements that have brought improvements to people's lives, as a result of the Ealing BBHRC programme of work. This is also true for Ealing's **VCFS**, who will have benefited from research capacity building and better access to data (through the community dashboard and qualitative data platform), so that by year 5, there are examples of how VCFS has generated greater funding for their work, and is conducting more community-led research, as a result of Ealing BBHRC.

For **council staff and practitioners**, Ealing BBHRC's workforce development programme will have enabled them to build knowledge and skills in understanding research and evaluation concepts, and better able to interpret data. There will be examples, across directorates, of how staff engaged in BBHRC development opportunities have applied their learning to their work, including more evidence-informed commissioning, policy, strategy and service improvements. A significant number of staff will have participated in rapid learning approaches, jointly with residents, such as PAR or service design, to improve the quality of key building blocks of health services for residents. Staff will also have better access to integrated data (through the community dashboard and platform to share qualitative insights) to understand the holistic needs of residents, beyond service-level data, and for monitoring and evaluating the impacts of services, interventions and policies.

Senior decision makers, including the council's senior leadership team and elected members, will have benefited from the training and capacity building offer designed for them, and by year 5, are championing the role of research evidence (both locally generated and existing evidence base) to inform policy and practice across the organisation. They will be demanding better data use and creation across all council directorates, and by working in partnership with communities and academics.

Our **academic** collaborators will have benefited from strengthening relationships with Ealing for longer term collaboration, and will have generated research outputs with us, including the co-authorship of academic publications. By year 5, we intend to be a 'centre of excellence' for health equity research and will have therefore applied for, and been awarded, future research funding in collaboration with our HEI partners.

The wider system of **local partners**, including NHS, schools, housing associations, businesses and other anchor institutions, will have engaged with Ealing BBHRC's approach and work, and have access to better integrated data on the building blocks of health, including the Communities dashboard. By year 5, there will be evidence of staff from these partner organisations having engaged in Ealing BBHRC's participatory action research or service design, as well as learning from our level 1/2 training offer. By year 5, there will

examples of further research proposals developed with these partners, our communities, and academics, to address the building blocks of health, in line with the Ealing BBHRC annual research priority setting process.

Stakeholders outside Ealing will have learnt from the new knowledge and learning generated by Ealing BBHRC. By year 5, we will have delivered our commitment to sharing our work broadly, to benefit understanding of, and action towards, healthy equity, at a local, regional and national level. This will take the form of research papers, policy briefs, and attending workshops and conferences regionally and nationally.

3.3.2. Summary of success measures

- Tangible examples of policy and service improvements that have brought improvements to lives, as a result of the Ealing BBHRC programme of work.
- Significant proportion of council staff, especially in key roles (as identified by workforce needs analysis), and across multiple directorates, have accessed our training offer.
- Evidence of how learning from the BBHRC is being applied across multiple services and directorates to improve policy, commissioning, and service improvements.
- Council staff have participated in PAR and/or service design, jointly with residents, and examples of service or policy changes as a result of it.
- More council interventions and policies undergo more rigorous evaluation, including an increased proportion through academic collaborations.
- Council Senior Leadership Team and Directors, as well as Cabinet Members, have engaged with BBHRC training.
- Greater evidence of use of research evidence in council strategies and commissioning documents
- Greater volume and dissemination of high quality, community-led research from Ealing's ethnically diverse and most under-served communities, which informs policy and practice.
- VCFS generating greater funding for their work, using research and evidence generated as a result of Ealing BBHRC.
- Evidence of widespread use of Ealing BBHRC products, such as community dashboard and platform to share qualitative insights, and examples of how they have affected change.
- Ealing BBHRC academic publications.
- Ealing BBHRC applied for, and awarded, future research funding, in collaboration with our HEI partners.
- Evidence of bi-directional opportunities for placements, secondments, and joint positions into Ealing BBHRC between council staff, academia and community members.
- Evidence of widespread dissemination and learning from Ealing BBHRC, locally, regionally and nationally.

3.3.3. Barriers to impact

Some of the barriers and risks to the project are outlined below (Table 4).

Table 4: Risks and mitigations

Risk	Mitigation	Likelihood after mitigation	Impact	Score
Lack of joint and shared understanding of vision of BBHRC	Core module on building blocks of health and research co-produced with academia, communities & council (Yr1) Embed the development and work of the BBHRC into all council strategic and operational work through senior leadership.	1	3	3
Lack of staff capacity to engage with research and development opportunities	Organisational plans to incentivise staff engagement in this work, including restructure, new resources, releasing time, discussion of training needs during annual appraisals, embedding BBHRC development and work into work plans	1	4	4
Resource capacity constraints on	All council plans/strategies are developed based on Health and Wellbeing Strategy and Council Plan; resources re-aligned over time where needed.	3	4	12

interventions to tackle the building blocks of health	BBHRC will enable us to apply for further funding for research into action grants			
Lack of alignment of research and policy/decision-making cycles	Annual research priority setting processes help to prioritise research that will make an impact on policymakers and practitioners, in line with policy and commissioning cycles	1	2	2
Complexity of working in collaboration with three universities	Partnership development officers 0.2 FTE will help to coordinate the 3 HEI 'offers' and develop the partnerships further. Each HEI is working on a specific workstream, but there will be benefits in interfacing in the governance arrangements.	1	2	2
Limited core team capacity to deliver this work	We are recruiting specific dedicated posts to the core team. The benefits of an integrated leadership will ensure that the work of the BBHRC is not a standalone function and is integrated to the council	1	4	4
Limited community engagement due to distrust of research and council	The strong team of community co-applicants will ensure we build capacity and processes to ensure good engagement and involvement of our communities. BBHRC is part of a wider council effort to enhance community engagement and coproduction.	2	4	8
Longer term financial sustainability	Research grant income, re-orienting work and council resource towards sustainable local research system	3	4	12

4. Expertise

Co-applicants have a range of expertise across local government, academia and Ealing's community. They have offered the necessary diversity of perspectives, experience and expertise to the development of this bid, and will be actively involved in Ealing BBHRC (see figure 3 and attachment- letters of support).

- The joint lead co-applicant and co-applicant, (Madden and Gupta-Wright) are public health consultants with academic interests and backgrounds, including previous affiliations with ICL and LSHTM, which has fostered the current and ongoing collaborations with these HEIs. They will be providing public health expertise and developing research leadership capacity as workstream leads to Ealing BBHRC.
- The two senior co-applicants that will provide leadership to Ealing BBHRC are the Strategic Director for Strategy and Change (Askham) and Director of Public Health (Bryden). Askham will provide expertise and guidance to achieve the required organisational culture change and Bryden will offer public health leadership and expertise.
- The other council team co-applicants will provide expertise on Workforce and Organisational Development (Brown), Strategy and Change (Comber), Community Engagement (Sam) and Strategic Intelligence (McCarthy).
- The community co-applicants represent the community and voluntary sector in Ealing, including the umbrella organisation, EHCVS (Rana) and more grassroots community organisations (Basran and Diriye). The chair of Ealing's citizen's tribunal (Charles) will work to ensure Ealing BBHRC is aligned with ongoing action to tackle race equity in Ealing.
- The academic co-applicants offer a range of academic expertise. The Imperial co-applicants include epidemiological and public health expertise (Atchison, Majeed), and links to Northwest London NIHR infrastructure (Majeed is director of NIHR Northwest London ARC). IDS co-applicants offer expertise in participatory action research (Howard), and medical anthropology and public health (Schmidt-Sane). LSHTM offer expertise on cultures of evidence in local government and systems-informed evaluation (McGill and Egan).

Appendix 1: Workstream Summaries of key activities, resources and outputs/success measures.

Workstream 1: Foundational Infrastructure		
Key activities	Resources	Outputs/Success Measures
<ul style="list-style-type: none"> Setting up BBHRC and programme management arrangements. This will include recruitment of all new staff. Establish governance structures, financial and performance frameworks 	<ul style="list-style-type: none"> BBHRC Director (0.2) Programme Manager Project officer 	<ul style="list-style-type: none"> BBHRC posts all recruited Performance, reporting & finance frameworks in place (Yr1) Recruitment for all three governance Boards completed (Yr 2)
Workstream 2: Research methods and data integration; 2a: Community and Participatory research		
Key activities	Resources	Outputs/Success Measures
<ul style="list-style-type: none"> Developing a community and staff participatory action research (PAR) infrastructure, including training in PAR methods and linking community researchers to relevant staff for longer term enquiry processes Developing support and mentoring of community researcher-council staff cohorts from the PAR infrastructure, by the PAR specialist and workstream lead. Capacity building of council staff in immersive qualitative research principles and approaches from applied social sciences. Some of these training opportunities will be offered by our HEIs (links to workstream 4) Developing an internal digital platform for the timely sharing of qualitative data across the council, with linkage to the Communities Dashboard for sharing insights with communities 	<ul style="list-style-type: none"> -Co-I MGW (0.2) Co-I CS (0.1) PAR specialist (Y3-5)) IDS input 	<ul style="list-style-type: none"> Council staff and residents participating in participatory action research (Yr 2-5) Council staff improved understanding of the value of immersive qualitative research methods and data. Community and staff researchers embedded in council work such as Change Partnership, etc Systems mapping to gather communities understanding of the research priorities in the building blocks of health and wellbeing (Yr1) Internal platform to share qualitative insights (Yr 2) Publication and dissemination outputs re the use of PAR for addressing health inequalities in the building blocks of health (from Yr 3)
Workstream 2: Research methods and data integration; 2b: Data linkage and access		
Key activities	Resources	Outputs/Success Measures
<ul style="list-style-type: none"> Create a research ethics process and work with residents to deliver a Citizens Data Charter to guide our approach to collecting, processing, and sharing data above and beyond legal basis. 	<ul style="list-style-type: none"> Co-I UM (0.2) Imperial input 	<ul style="list-style-type: none"> Research ethics framework (Yr1) Policies and pathways for data access and ethics approval, including a data access committee (Yr 1) Citizen's Data Charter (Yr1)

<ul style="list-style-type: none"> Working with community researchers and academics, to co-produce a community open access data dashboard Integrate Council data with Health and Social Care data (via WSIC) creating a data pipeline. 	<ul style="list-style-type: none"> Data Scientist (Yr1-4) Data Engineer(Y 1-2) Council IG resource 	<ul style="list-style-type: none"> Trusted Research Environment (TRE) and data pipeline established in WSIC – with linked Council and WSIC data (Yr1-2) Co-produced placed-based community data dashboard, which residents can use to create reports and local or cohort level (Yr 2-3) Data analyses for research aligned to Ealing BBHRC objectives and research outputs (Yr 3 onwards).
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Workstream 3: Access and Evaluation

Key activities	Resources	Outputs/Success Measures
<ul style="list-style-type: none"> Cultures of project, to better understand current 'research system', and council evidence use and creation (Yr1) BBHRC evaluation (informed by 'cultures of evidence' assessment) and repeated in year 5 with tracking of 'signals of change' each year Collating learning from Service design and PAR processes. Identifying a pipeline of building block of health interventions across council directorates and linking to academic and NIHR PHIRST teams. Develop capacity to evaluate complex interventions that drive systems change, using approaches such as case study research, participatory systems mapping and social network analysis. Capacity building of council staff around more rigorous monitoring, evaluation, and learning practices (Yr2-5). 	<ul style="list-style-type: none"> Co-I VM (0.2) Co-I RC (0.1) LSHTM input Evaluation specialist (Yr2-5) 	<ul style="list-style-type: none"> Completion of 'Cultures of evidence' project in year 1, informing BBHRC in years 2-5. Systems-informed qualitative process evaluation of BBHRC completed by year 5. Health equity focused participatory action research and social design projects disseminated. By year 5, more council building blocks of health interventions and policies evaluated, including with academics. By year 5, piloted systems informed evaluations for complex interventions that aim to drive systems change for health equity.

Workstream 4: Training and Capacity Building

Key activities	Resource	Outputs/Success Measures
<ul style="list-style-type: none"> Workforce needs analysis (year 1), informed by 'cultures of evidence' project (workstream 3) Level 1 training module co-produced with community, staff and academics (framing building blocks of health, basic research concepts) to develop a shared understanding and vision or BBHRC (yr 1). 	<ul style="list-style-type: none"> Learning and development officer (Yr2-5) Co-I KB (0.15) 	<ul style="list-style-type: none"> Co-produced module on building blocks of health and research – reaches a large audience (number of views) Bespoke e-learn and face to face 'fundamentals of research' training implemented. Staff accessing academic short courses (e.g., LSHTM) or Postgraduate diplomas (ICL) Staff and residents participating together in PAR

<ul style="list-style-type: none"> Identify and curate a package of readily available training and short courses for different levels (level 2 and 3) across the council, from NIHR and our academic partners (yr 2) Develop a basic e-learning module around key scientific and research concepts (e.g. statistical significance, correlation vs causation, reflexivity and context (yr 2) Develop a bespoke (1 day 'fundamentals of research') training day (level 2) with key academic partners (Yr2) Council staff participate in participatory action research short course, then longer term enquiry processes with community members, led by IDS (yr 2-5) link workstream 2a Advanced placement/secondment opportunities for staff established (yrs 2-5) 	<ul style="list-style-type: none"> Staff in BBHRC unit as cross cutting All 3 HEIs Community researchers 	<ul style="list-style-type: none"> Advanced academic placements and research leadership capacity by staff showing academic career progression.
Workstream 5: Multisectoral research Partnerships, CPI and Dissemination		
Key activities	Resource	Outputs/Success Measures
<ul style="list-style-type: none"> Develop shared vision with 3 academic partners, including collaboration agreements (Yr 1) Establishing the Communities Board and Academic Advisory Board including ToRs and membership (Yr 1). Lead an annual research priority setting process informing research steering groups on specific building blocks of health to develop collaborative research funding proposals Developing communications, CPI and dissemination strategy for BBHRC, linking to wider research networks Build capacity of VCFS through secondments, training, new BBHRC roles and community researchers embedded Establish links with BBP workstreams and NHS R&D departments. Embed best practice communities' and public involvement in BBHRC and for future research, including co-creating a CPI standard for research. Host annual research days to share learning, across system & with partners and communities. 	<ul style="list-style-type: none"> Research Director (0.2) Programme manager Partnership development officers (0.2 x 3) CPI officer Comms officer 	<ul style="list-style-type: none"> Three HEI Collaboration agreements (Yr 1) Comms, CPI and Dissemination strategy (Yr 1) BBHRC website (Yr 1-2) CPI standard for research in Ealing (Yr 2) Establish research priority setting process (Yr 1) Annual 'research days' Number of secondments and placements between academics, council and communities (Yr 2-5) Sharing learning at local and regional network events/forum (Yr1-5) Ealing council staff as co-applicants on joint successful research bids and co-authors on joint research outputs (Yr 3 onwards)