

Southampton's Health Determinants Research Collaboration (HDRC):

Business Plan

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NIHR Health Determinants Research Collaborations enable local authorities to become more research-active, embedding a culture of evidence-based decision making.

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1. Background and rationale

Southampton City has a diverse population of over 250,000, many of whom live in deprived areas and experience poor health. A coastal city with more challenges than the national average for many of the wider determinants of health. Southampton ranks 55th out of 317 local authorities (where 1 is the most deprived), making it more deprived than the Office for National Statistics 'most similar' authorities of Bristol (82nd) and Leeds (92nd). The number of residents claiming out-of-work benefits has grown since the pandemic and 16% of working age adults are on Universal Credit. Levels of child poverty are high, with 22% of Southampton's children living in low-income families and 33% eligible for free school meals. Private renting and overcrowded households are high and there is an inequality gap in pay between those working in and those resident in the city.

We celebrate our growing cultural diversity - Southampton is home to people from more than 50 countries. In 2021, 10.6% of Southampton residents identified their ethnic group within the "Asian" category, up from 8.4% in 2011, and similar increases were seen for other ethnic minority groups (Office for National Statistics, 2021). We are a city of many languages, ethnicities, faiths, and generations and there are great things happening here – we pride ourselves in being a 'city of opportunity'. For instance, we are working to become a [UNICEF Child Friendly City](#) where all children have a meaningful say in, and benefit from, the local decisions, services and spaces that shape their lives. We are also building on our City of Culture bid with a new [Cultural Trust](#) to support and showcase the amazing diversity within our community. However, Southampton has significant health inequalities, with people living in the most deprived parts of the city almost twice as likely to die prematurely than those in the most affluent areas and we know that certain ethnic groups have poorer health outcomes, such as high rates of cardiovascular disease and diabetes amongst our Black and South Asian population (The Kings Fund, 2023).

Southampton City Council (SCC) provides a wide range of functions that influence health and wellbeing including housing, social care, education, employment, cultural, planning, and environmental. In recognition of this, SCC is increasingly taking a Whole Systems Approach (WSA) to tackling health inequalities and improving health e.g. in implementing the recommendations of a [Scrutiny Inquiry into Childhood Obesity](#) and through adopting 'Health in all Policies'. Our HDRC, therefore, also has a WSA theoretical basis recognising the need for systems thinking and collective action (Public Health England, 2010) to build research capacity (Matus et al, 2018), which will drive evidenced based decision-making around strategic investment and policy development.

Currently SCC has a Data Insight and Intelligence team who undertake statutory consultations and resident surveys and serve all council directorates with intelligence through the [Southampton Data Observatory](#). However, there is limited resource and systemic barriers to research - as identified in Southampton's *supporting and enabling research in a local authority environment* (SERLA) study (McGee et al., 2022; NIHR funded). Importantly, this study, and our recent intelligence-led research study across council directorates (McGee et al, 2023 unpublished), reveal an appetite and willingness amongst staff and elected members to do and use research to inform decisions. HDRC funding will overcome many of the barriers identified in the SERLA study and enable SCC to strategically work across all council functions and build stronger community, practitioner, and academic partnerships to co-produce research priorities and programmes of research.

Since HDRC round 1, significant developments have strengthened SCC's application to become a HDRC, including an explicit commitment in the [Corporate Plan](#) to become an intelligence-led authority to deliver the best possible services for local communities. The

Corporate Plan is led by our co-lead applicant, who is SCC Director of Strategy and Performance, and Executive Management Board (EMB) member. This co-lead applicant is also leading a Data Transformation Programme to support SCC's commitment to be intelligence-led. The five priority areas of the SCC draft Data and Intelligence Strategy align with our HDRC aim and include establishing an intelligence-led culture. The HDRC is now a standing item on both EMB and Cabinet agendas, demonstrating the support of senior leadership to create organisational culture change and use research to tackle the stark health inequalities in our city.

Our HDRC will enable all SCC decisions to be informed by evidence and give everyone in the city the opportunity to influence what research is done, and to get involved in that research, aligning with the council's commitment to giving communities more influence over local decision-making ([SCC Corporate Plan](#), 2022). To facilitate this, we have enhanced our approach to, and realistically budgeted for, Public Involvement and Community Engagement (PICE) through building our collaborations with, and learning from, our partners across the city who are experts in engaging and involving our diverse population.

We are working closely with existing NIHR research infrastructure in the city, including [NIHR Applied Research Collaboration Wessex](#), NIHR Research Support Service & Public Health National Specialist Centre (NIHR RSS PHNSC), and the [NIHR Southampton Biomedical Research Centre](#). Through academic partnerships such as these, and with HDRC funding, we can make Southampton a centre of research excellence.

The time is right for Southampton to become an HDRC - our politicians, our partnerships and our people are all poised and ready to embrace the opportunities to use research evidence to improve health that an HDRC would bring.

2. Delivery Plan

2.1 Vision:

Our vision is to reduce health inequalities in Southampton by working with our communities to create a research evidence-based environment and culture in our local authority.

2.2 Aim:

We aim to improve health and reduce health inequalities by developing our research capacity and embedding a culture of using research evidence when making decisions on the wider determinants of health.

2.3 Objectives:

1. To advance meaningful Public Involvement and Community Engagement (PICE) to give everyone the opportunity to influence what research is undertaken and to get involved in that research (cross-cutting WP)
2. To develop the infrastructure, governance, and processes for SCC to lead research into areas deemed most important by our communities and partners (WP1)
3. To establish a culture of evidence informed decision making (EIDM) and evaluation, where staff and elected members feel confident in accessing and using research, through learning opportunities, promotion, and academic support (WP2)
4. To collaboratively secure funding to expand our local evidence base (cross-cutting WP and WP1)

5. To monitor and evaluate the impact of our HDRC, sharing findings and acting on them in partnership with our communities, to ensure our approaches are relevant and meaningful (WP3).

Note: Our HDRC proposal has made a deliberate point of describing its activities as 'public involvement and community engagement' (PICE) rather than the traditional term 'patient and public involvement' (PPI) because it is a more inclusive description of the individuals, organisations, and communities that we will work with.

2.4 Work Packages (WPs)

Our HDRC will have three WPs, plus a cross-cutting WP relating to PICE in recognition that community involvement is fundamental throughout our planned activities, so we understand the issues and solutions in the specific Southampton context. Key activities of the WPs are summarised below with further details in our uploaded Logic Model and Gantt Chart.

Cross-cutting WP: Public Involvement and Community Engagement (PICE)

A vital principle of our HDRC is to work with members of the public and local communities to ensure that we understand and address the issues that are their priority, and that the work is shaped with and by them. Therefore, there are five aspects to PICE which run throughout the HDRC; these are summarised below and further described in other WPs and in section 6.2.

1. Involvement in management of the HDRC

We will establish a PICE Group to guide the management and activities for inclusive public involvement across the HDRC lifecycle. We will use our partnerships with voluntary organisations, trusted members of the community and our Stronger Communities Team, to reach out across the city for PICE Group members to ensure it is representative of our diverse population. A minimum of two PICE Group representatives, and two additional public contributors, will sit on the HDRC Steering Group.

2. Reaching and involving our communities

Guidance from the PICE group will be particularly important for refining our approach to Equality, Diversity and Inclusion (EDI) and in the development of innovative methodologies for involving under-represented and minority groups in research activity. We will build on approaches for engagement and involvement that are already developed in the city (e.g., with children and young people through [UNICEF Child Friendly Southampton](#), [Pathways to Health](#) and deliberative engagement techniques). The PICE group will work with members of the community and other partners to co-produce a Community Research Engagement Strategy underpinned by accessible, effective language and terminology.

3. Setting research priorities

At this stage, we are not proposing any research topics for our HDRC because hearing from our diverse community is fundamental to knowing what issues are particularly important in our local context. Therefore, to decide our areas of focus, we will establish a research Priority Setting Partnership (PSP) as described in WP1.

4. Co-production of research

For the topics identified as research priorities, PICE will be fundamental to research activity, including scoping research questions and applying for research funding. This will be achieved through the development of Communities of Practice (CoP) (see WP1). We will then build on [Southampton's Community Participatory Action Research](#) and apply for

external funding to train local people to become peer researchers. This opportunity for upskilling residents is fundamental to achieving social value from the HDRC.

5. Impact from the work of the HDRC

Public involvement in our HDRC application has emphasised the importance of knowledge exchange as a continual process throughout, and a focus on both achieving and demonstrating change. WP3 describes the different levels at which the HDRC aims to have impact – PICE is key to each of these – and through effective feedback of research findings to our communities, we will be able to co-produce the next steps. Evaluation of our PICE approach will be an important part of understanding the impact of our HDRC.

WP1 Building Research Capacity

WP1 is informed by our research (McGee et al., 2022; McGee et al., 2023 unpublished) which identified the need to invest in people, research infrastructure and to build partnerships.

1. People

A first activity for the HDRC will be staff recruitment to our R&D Hub. As shown in our organogram, this will include researchers, data scientists, a grant writer, an evaluation expert and a project-co-ordinator. We will also invest in a dedicated PICE Lead in recognition of the importance of this aspect to the success of the HDRC. As our HDRC develops, we will increase the capacity of our R&D Hub by working with our academic partners to apply for PhD studentships.

2. Research Infrastructure

Immediate tasks for this WP include fully establishing HDRC leadership and governance, through building on the cross-party political support already obtained and HDRC being a standing item at monthly EMB and Cabinet meetings.

There will be a 'Research Governance Officer' in the HDRC Research and Development (R&D) Hub who will lead on establishing research governance processes (e.g., ethics), supported, for the first year, by the SCC Data and Governance lead. The development of governance processes will be facilitated by the new bespoke public health ethics committee hosted by the NIHR Research Support Service Public Health National Specialist Centre, with which we have strong links (as demonstrated through HDRC team members acting in an advisory capacity).

Through our Data Transformation work, SCC seeks to develop a centralised view of intelligence by having data linked and available in one place. This goal aligns with our HDRC aspirations to add value to local data by linking it and making it available for research. Therefore, we have costed in Data Scientists to work with the SCC Data and Intelligence Team (whose Head of Service is a co-applicant) on establishing a data warehouse that meets our joint objectives.

SCC's focus on evidence informed decision making (EIDM) and providing value for money, means there is an appetite to evaluate the projects and programmes in which it invests. The HDRC will facilitate this by developing an evaluation framework and supporting staff to use it. We will draw on existing resources, such as the [Sexual Health Evaluation Framework](#) and the [NHS Evaluation Toolkit](#), to produce tools that are accessible and easy to use across all projects relating to the wider determinants of health.

3. Partnerships

We will establish a research Priority Setting Partnership (PSP) based on the approach developed by the [James Lind Alliance](#). This will be the mechanism through which all stakeholders can influence HDRC research priorities. Through our community partners, we will reach and support approximately 10 public contributors from across our diverse population to join the PSP.

Once our top five research priorities are agreed, we will draw together Communities of Practice (CoP) for the five priorities identified by the research PSP. Each CoP will involve approximately seven public contributors, co-applicants from the appropriate directorates as well as other SCC staff, relevant academics, and other partners. Coming together across organisations and across hierarchies, the CoP will scope research questions, identify funding sources, apply for funding, co-produce research and then disseminate, and act on, the findings.

We will take steps to address any power imbalance in the PSP and CoP, including through training and the use of expert facilitators. The PSP will enable SCC, partner organisations and the public to work together to identify and prioritise the evidence uncertainties of the determinants of health and health inequalities that are most important to Southampton and that could be answered by research.

To ensure that under-represented communities can participate, we will follow best practice, including the Local Plan for Research developed by the [Raising Voices in Research](#) project. This includes going out into our communities rather than expecting them to come to us, paying for people's time, building on innovative approaches already developed in Southampton, learning from our academic collaborators, and using our community partners to ensure the opportunity is offered to all (see Section 6.2 for more details).

WP2 Culture of Evidence Informed Decision Making (EIDM)

WP2 is designed to enhance the use of research evidence to inform SCC decision making relating to wider determinants of health. To enable the development of this and sustainability beyond the 5-year period of funding, this WP has three main strands – promotion, learning and decision-making.

1. Promotion of Evidence Informed Decision Making (EIDM)

Promoting EIDM at senior level will be achieved by building on cross-party political support obtained whilst developing our HDRC bid, and through SCC's commitment to being an intelligence-led organisation.

Amongst staff and Elected Members, we will develop and support 'Research Champions', to promote EIDM. To achieve this, we will build on the network of 'research interested' staff already established (through our recent intelligence-led study and research engagement event (funded by Wessex REACH) and with the Elected Members on our Steering Group who have committed to championing EIDM.

We have developed a draft Communications Plan, to support dissemination about our HDRC bid and as a building block for WP3. This supports awareness raising of the HDRC and promotion of EIDM across a range of audiences, including all SCC staff. We have already taken the first step on the plan with some 'warm up' communications to staff through our internal 'Team Talk' and Leadership Forums. This internal promotion will

continue throughout the HDRC, alongside wider dissemination activities described in WP3 and Section 11.

2. Training, Learning and Development

Our recent study showed a desire amongst SCC staff to develop their research knowledge and skills (McGee et al., 2023 unpublished). So, we will adapt a previously developed training needs survey and cascade across SCC to identify the gaps in capacity for, and capability of, finding, accessing, reviewing, undertaking, and using research evidence. This survey will also be used to capture existing assets that can then be harnessed to support peer to peer learning. There will be a HDRC Workforce Learning and Development Officer to lead on this work, supported by the SCC Human Resources and Organisational Development team (costed into the bid).

Training and learning opportunities will be developed in house as well as sourced externally. We will utilise and work with existing training infrastructures, such as the new NIHR Research Support Service who will provide local authority research learning opportunities, including on inclusive public involvement, through the Public Health National Specialist Centre. Additionally, the HDRC will support staff to undertake opportunities to gain research skills and experience, such as academic projects, secondments, and fellowships (e.g., [NIHR Local Authority Academic Fellowship Programme](#))

As part of our corporate aspirations to be intelligence-led, EIDM is already incorporated into the SCC induction programme for newly Elected Members. Through the HDRC we will work with Democratic Services to offer more in-depth modules. With the Human Resources and Organisational Development team, we will expand this to the induction programme for all staff and embed EIDM within annual performance reviews.

3. Decision-making

We will work with Democratic Services to develop the processes needed to use evidence within council decision making. For instance, modifying the template for Cabinet and EMB reports to include how research evidence has informed decisions. This will allow us to monitor progress on increasing EIDM in the council and will contribute to our evaluation (see WP3).

To identify and respond to rapid evidence needs, we will work across Directorates, with Elected Members and academic partners to develop a rapid evidence assessment tool. This will be used to produce timely summaries of existing published research. It will also be used to assess whether the priorities identified by the PSP could be addressed by existing evidence.

WP3 Evaluation, Dissemination, and Impact

This section covers the main activities for HDRC evaluation, dissemination, and impact. To avoid repetition, please refer to Section 11 for further details.

1. Evaluation of projects and programmes and of the HDRC itself

SCC staff will be supported to routinely evaluate projects through training and support to use the evaluation framework developed in WP1. For larger programmes and policies, they will be supported by members of the R&D Hub to apply for external evaluation (e.g., NIHR PHIRST) and/or to collaborate with academic partners to secure funding for

evaluation. We will also co-produce a framework to evaluate the HDRC itself, including an evaluation of our approach to PICE (see Section 6.2)

2. Dissemination

Through a co-produced communications and dissemination strategy we will develop appropriate approaches to mobilise knowledge and impact from the work of the HDRC to a range of audiences (see Section 11).

3. Impact

Our annual evaluations will provide an opportunity to review progress towards the aims and objectives of our HDRC. Following a 'plan, do, study, act' model, we will amend and adapt our process and activities according to the findings of the evaluations.

Working with our local communities and partners, we will co-create actions on the wider determinants of health from the evaluations and research conducted. We will monitor our impact with key metrics and, where appropriate, through qualitative methods such as case studies and stories.

To maintain capacity and culture for research, we will work with our partners and the community to co-develop a sustainability plan which will allow us to continue our HDRC approach long term (see Section 8.1).

3. Culture

Importantly, SCC has begun its journey to develop a culture of evidence informed decision making (EIDM) as demonstrated in its commitment in the Corporate Plan and its draft Data and Intelligence Strategy. Making use of research evidence is explicitly mentioned in several Directorate strategies and plans (e.g., it is an underlying principle of the draft Climate Change Strategy). Furthermore, through our recent intelligence-led survey (McGee et al., 2023 unpublished) and research engagement event for SCC staff (funded by Wessex REACH) we initiated a cross-council network of research-interested staff who will be crucial to drive our cultural shift.

Similar to many local authorities, we require more resources to build capacity for, and create a culture of, research (McGee et al., 2022). A recent study across SCC Directorates showed that less than a third (31%) of staff use research in relation to their work, although many want to do robust research (69%), and develop skills to find, review, and use evidence (82%) (McGee et al. unpublished 2023).

As such, our HDRC will build on existing infrastructure, such as the Data Insight and Intelligence team, and will collaborate with functions across the council responsible for governance, workforce learning and development, and the wider determinants of health, to enable research activity within SCC (see uploaded Organogram).

We have dedicated WP2 to embedding a culture of EIDM. This includes activities such as reviewing our decision-making processes and upskilling staff and Elected Members in being research active. Additionally, we will promote the HDRC to staff through an effective communications plan (WP3) and use a network of 'Research Champions' (developed from our research-interested staff) to advocate for EIDM.

4. Collaborations

Partnership working is essential to tackle the wide-ranging causes of health inequalities. Our HDRC bid has been co-developed with input from the broad representation on our existing

Steering Group and has enthusiastic support from a range of partners (see Section 15.1 for details).

SCC already benefits from strong links with our local Universities (including through their civic agreements) and other academic partnerships such as [Wessex Health Partners](#), [NIHR Applied Research Collaboration Wessex](#) and the [NIHR Southampton Biomedical Research Centre](#). The Consultant in Public Health (interim HDRC Director) and embedded Research Associate (Clinical Research Network Wessex funded who will be our HDRC R&D lead) have been working to develop these relationships and create further opportunities for collaboration.

Our HDRC will enable strategic academic research collaborations for local authority led research by drawing on expertise (methodological and disciplinary) from the University of Southampton and Solent University. As members of our existing HDRC Steering Group, the expertise of our academic co-applicants, and other academic collaborators, has been essential in the development of our bid. For example, Prof Baird brings expertise on systems approaches, systematic review, and evaluation of complex interventions.

Our partners from the voluntary sector and wider system (see Organogram) have been integral in informing and shaping our HDRC vision and approach. In particular, we have worked closely with Southampton Voluntary Services and Action Hampshire, who both have significant expertise in making research more inclusive, and we plan to continue these collaborations through the HDRC. Additionally, through our existing relationships, we can benefit from opportunities for learning from the University of Southampton [Public Engagement in Research Unit \(PERU\)](#). Furthermore, to ensure impact from the HDRC, we can build on our close links with [Public Policy Southampton](#), who focus on using research to influence policy and partner with SCC on schemes such as the [Local Evidence Catapult Programme](#).

Beyond Southampton, our neighbouring local authorities in the Hampshire and Isle of Wight system are important partners in developing and using research. We will share learning from our HDRC with them and seek to collaborate on research applications when appropriate. We have already engaged with other HDRCs across the country and will continue to collaborate with them, as well as linking with other local authorities (especially those most similar to Southampton) and with national bodies such as the Office for Health Improvement and Disparities.

Over the course of the 5-year investment, we will extend these collaborations and share actionable knowledge on using research in local government to address the wider determinants of health.

5. Leadership and Staffing Structures

Our uploaded Organogram details the leadership and staffing structure for Southampton's HDRC which is further described below. Details of Management and Governance are in Section 7.

The HDRC Director will lead the HDRC, reporting to the Director of Strategy and Performance and taking overall responsibility for project milestones and dissemination of outputs. They will work with the Director of Public Health (co-lead Applicant) who will provide specialist public health expertise on the wider determinants of health and enable partnership working to develop this agenda.

The HDRC Director will be supported by the R&D Lead who will oversee the operation of the R&D Hub, which is where staff recruited to the HDRC will be based. This will sit within the Strategy and Performance Directorate to provide a council-wide focus and facilitate strong

collaboration with the Intelligence and Insight, Communications and Policy Teams (also based here). This positioning within SCC is crucial to changing culture as it is this Directorate that leads on transformation and the Corporate Plan. The R&D Hub will also have links to other Directorates, through our co-applicants, to build research capacity and capability, and an EIDM culture.

We plan to employ 11 other staff within the R&D Hub with roles ranging from research to workforce development and grant writing. There will also be a dedicated PICE lead, an expert in evaluation and data scientists. Additionally, our HDRC will benefit from the costed time of existing SCC staff in areas such as Data Governance, Communications and Finance. To reflect the whole systems approach to reducing inequalities, we have also costed time from across SCC Directorates, including Childrens, Place, Housing and Communities.

The HDRC Director will line manage the R&D Lead, the Data Science Lead, the Research Governance Officer, the PICE Lead and the Grant Writing Officer. The R&D Lead will line manage the Research Fellow, the Evaluation Lead, the Project co-ordinator and the Workforce Learning and Development Officer. The Research Fellow will manage the Mixed Methods Researcher and the Evidence Synthesis Researcher. The Data Science Lead will manage the Senior Data Analyst. To ensure joined up working between the HDRC and SCC Directorates, there will be dotted line relationships with the relevant SCC teams for some of these posts.

6. Resource, Capacity and Public Involvement

6.1 Resource and Capacity

Evidence suggests research capacity building strategies should be implemented as part of a 'whole system' approach (WSA), taking place at an individual, team, and organisational level, with commitment from all levels of leadership and management (Matus et al., 2018). There are no studies on research capacity development mechanisms for English local authorities, whose policies and practice affect the wider determinants of health. Southampton's exploratory SERLA study (McGee et al., 2022) and intelligence-led study (McGee et al., 2023 unpublished) identified themes relevant for research capacity development from interviews with council staff and councillors. To design an HDRC that will enable capacity building within SCC, we compared these themes with principles proposed by Cooke et al (2005; 2018) and developed our three interlinked WPs and our cross-cutting WP, that apply across individual, team and organisational levels. This WSA forms the theoretical underpinning of our bid.

6.2 Public Involvement

Note: To avoid repetition in this section, please see our cross-cutting PICE WP, Logic Model, and the relevant section within the online form which details how the public and community will be involved in the HDRC.

SCC is committed to embedding a culture of listening to residents so their voices can inform decision-making ([Southampton City Council Corporate Plan](#)). Therefore, accessibility, inclusion and equity are fundamental to our HDRC, and we will encourage and facilitate the involvement of members of the public, individuals and communities who have not historically been involved or engaged with research-related activity. We intend to develop greater reach across communities particularly those who may be more marginalised, including Black, Asian and minority ethnic residents, young people, older people, disabled people, and those excluded by access to technology, or their socio-economic status. We will build on approaches for meaningful public involvement and engagement that are already established across Southampton, including, [UNICEF Child Friendly Southampton](#), [LifeLab](#), [Pathways to Health](#)

(our Director of Public Health co-lead applicant is a co-investigator), [NIHR ARC Wessex](#) and [NIHR Southampton BRC](#).

We will also build on our own learning from Southampton's [Community Participatory Action Research](#) (CPAR) project. The CPAR project was one of several community engagement approaches the Council took during the pandemic response, building upon a Covid-19 Community Champions project, and in recognition of the unequal impact across and within our communities. The partnership project involved five community organisations, Southampton Voluntary Services, the Young Foundation, and SCC. It involved training 14 community members to become peer-researchers. They received training and mentoring from the Young Foundation to formulate research questions, recruit participants, collect and analyse data through a qualitative approach and construct recommendations. The peer researchers have also been involved with planning subsequent actions.

CPAR is an approach grounded in the needs, issues, concerns and strategies of communities and community-based organisations. It directly engages communities in the research process and outcomes leading to strategic action, community transformation and social change. It recognises that community knowledge is irreplaceable and that complex social issues cannot be so well understood by research that does not fully involve the communities themselves. To this end, communities should have equal inclusion and collaboration in the identification, research, and resolution of community issues – a principle at the heart of our HDRC approach. Findings from an NIHR PHIRST realist evaluation of our community approaches in [Southampton CPAR](#) (unpublished) highlight the importance of community representation and leadership on building trust and credibility within communities when engaging with CPAR or a champion approach.

The learning from the CPAR approach, provides us with an excellent model for meaningful public involvement, especially with our residents living with social disadvantage. Building on all existing models for public involvement will ensure our HDRC is shaped by the needs and views of our diverse communities. We therefore intend to embed public and community involvement within the planning, development, and delivery of the HDRC aims and objectives, from research priority setting and management, co-produced research, through to maximising knowledge mobilisation, dissemination, and impact. This will enable continuous dialogue with our residents ensuring they are informed, listened to, empowered, and collaborated with.

Investing in a PICE Lead, working closely with SCC's Stronger Communities Team (whose Head of Service is a co-applicant) and forming an active partnership with Southampton Voluntary Services (whose Chief Executive is a steering group member), enables a collaborative and strategic approach to PICE across Southampton. To achieve our ambitions, we will adopt the [UK Standards for Public Involvement](#) as the foundations for developing our public and community involvement and engagement approach. The council's community engagement activities already align to these standards and will, therefore, support effective engagement and participation of communities in the HDRC. Adopting a defined framework for involvement and engagement will ensure we deliver activities in a consistent and transparent way, understood by our residents and partners.

Our PICE aspirations and proposed activities are mapped against the UK Standards for Public Involvement in Table 1, including our plan to evaluate our approach to PICE and share learning from this locally and with other councils.

Table 1 Southampton's HDRC Public Involvement and Community Engagement Aspirations and Activities

UK Standards for Public Involvement	Southampton's PICE Aspirations	Southampton's PICE Activities
Inclusive opportunities	We will listen to voices that reflect the diversity of our local population, ensuring under-represented groups have a voice	<ul style="list-style-type: none"> • Work with our community representatives, SCC Stronger Communities Team, Southampton Voluntary Services, Solent University and University of Southampton to identify and map our under-represented communities to ensure these voices shape our research priorities and subsequent research (WP1) • Co-develop SCC's Equality, Diversity and Inclusion impact assessment for HDRC use • Go to where our communities are e.g., using existing public events to reach and engage with our diverse communities • We will use accessible communications, including translation to different languages where appropriate • We will pay public contributors for their time to recognise their value and remove financial barriers to participation
Working Together	We will have a culture that respects different perspectives, values contributions, and supports mutually respectful and productive relationships	<ul style="list-style-type: none"> • Work with the public to understand how we should work together, including who should be involved and what involvement looks like • We will co-produce a Community Research Engagement Strategy • Work with community groups and community leaders to build mutually beneficial relationships and co-deliver PICE activities • We will use facilitation to address actual and perceived power imbalances
Support and Learning	We will provide support and learning opportunities to enable inclusive public involvement and engagement	<ul style="list-style-type: none"> • Offer learning opportunities to upskill staff and public contributors to ensure inclusive public involvement in our HDRC • Offer peer mentoring for public contributors • Provide opportunities for public contributors to discuss their support and development needs • Seek funding to train peer researchers • Develop learning materials that enable dissemination across our communities ensuring transparency and sustainability
Communications	We will use innovative approaches and appropriate methods of communication to exchange timely information	<ul style="list-style-type: none"> • Co-produce a communication and dissemination plan with members of the public and our partners (WP3) • Embed two-way feedback into all public involvement activities (including research PSP and CoP) for members to report experiences of being involved in the HDRC and for staff to feedback on impact of public involvement
Impact	We will capture, monitor, and share our learning	<ul style="list-style-type: none"> • Co-produce an involvement evaluation framework with public members and our partners to monitor the impact of PICE on the HDRC • Involve the public in providing feedback (WP3) to those involved in the HDRC '<i>you said, we did, it led to</i>' (including when changes were not made) • Co-produce actionable next steps from the HDRC • Share learning from the impact of public involvement in our HDRC
Governance	We will offer opportunities for members of the public to get involved in management, governance and decision making	<ul style="list-style-type: none"> • Continue to include our public members on our HDRC steering group • Involve the public in our PICE group to inform and manage HDRC activities (WP1) • Involve public members in setting research priorities (PSP) and research activity (CoP) (WP1) • Collect feedback from public members to understand if they felt heard and included in decision-making

7. Governance and Management Structures

Leadership for the HDRC has been outlined in Section 5. Please see our uploaded Governance and Management Structures for the HDRC. In short, a Management Group comprising the lead applicants, HDRC Director, R&D Lead and academic co-applicants will direct HDRC operational activities. The accountability and reporting mechanisms for the work of the HDRC team will be through the HDRC Management Group with all major documents (overall project plan, dissemination strategy, progress reports) being reviewed by this group.

Our joint lead HDRC applicants will establish SCC leadership and governance for the HDRC and will report to SCC Executive Management Board [EMB] (Director of Strategy and Performance co-lead applicant is a member of this board), Health and Wellbeing Board (Director of Public Health co-lead applicant is lead officer for this Board) and Cabinet. The EMB is accountable to the councils Leadership Group of Elected Members. They will receive HDRC progress updates at bi-monthly Cabinet meetings (see Gantt Chart). The HDRC Management Group will be supported by a Steering Group involving all co-applicants (including representatives from the Public Involvement and Community Engagement [PICE] Group) and two public contributors), wider stakeholders (see Logic Model for list), plus political support from the four parties represented in Southampton's administration (including the Deputy Leader and Cabinet Lead for Adults, Housing and Health). The PICE Group will provide advice and guidance for inclusive public involvement in the HDRC and will support engagement and involvement from across our diverse communities. The HDRC Management Group will meet annually with an Independent Steering Committee accountable to the NIHR (see uploaded Governance Structure).

8. Justification of Costs

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

8.1 Sustainability

Like many local authorities across the UK, SCC is facing significant financial challenges. This may result in staff redundancies and cuts to services which could have profound implications on improving health and reducing health inequalities. These financial pressures serve to further emphasise the importance of HDRC funding, so that SCC can co-create, undertake, and use research to improve decision-making, ensure services achieve value for money and address inequalities in health. Crucially, being able to sustain this research capacity and culture beyond the HDRC funding is of paramount importance, so by Year 5 we will have a sustainability plan in place. We have, however, already started to consider what this will involve as we believe that sustainability should be built into the HDRC from the start. For instance, aligning with the SCC Data Strategy, and associated change management, will embed an EIDM culture via expectations of research evidence in reports, better use of data (e.g., in forecasting) and celebrating when use of EIDM has led to better outcomes. Additionally, the HDRC Grant Writing Officer will work closely with the new External Funding Manager at SCC, who is developing the tools and infrastructure to support staff in funding bids, so that across the council we are better equipped to bring in more research funding in the future.

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

Our uploaded Gantt Chart outlines the HDRC project plan and details key milestones and deliverables linked to each WP to track the success of our approach. Proposed success measures, including stop/go criteria* are outlined in Table 2. We will work with our HDRC Management Group and other stakeholders to co-produce further key performance indicators.

Table 2. Proposed success measures and stop/go criteria*

Timepoint	Measure
End of year 1	HDRC funded staff in post (note some posts are not due to start until later)
	Memorandums of Understanding established between key partners
	Leadership Team and Governance arrangements established for HDRC
	Robust processes in place to track evidence used in decision making
	Staff and Elected Member Induction programmes for EIDM established
	PICE Group established
	Research Priority Setting Partnership established
	EDI impact assessment template for use on HDRC completed
	Co-production of HDRC evaluation framework completed
	HDRC launch event hosted
	HDRC progress reported regularly to EMB, Cabinet and HWBB
	NIHR 6- and 12-month progress reports completed
	Co-produced learning asset and needs assessment tool developed
End of year 2	Robust research governance processes established in SCC
	Research ethics processes established with the new NIHR PHSNC
	EIDM learning and development needs identified across directorates
	EIDM embedded in staff annual performance and development appraisals
	Communities of Practice for two research priority areas created
	Co-production of evaluation framework for policies and projects
	Data warehouse established to aid local authority decision making
	Co-produced community research engagement strategy completed
	Co-produced communication and dissemination strategy completed
	Apply for external funds to train local people to become peer researchers
	Annual HDRC evaluation completed, including our PICE approach
	Rapid evidence assessment framework developed
	'Evidence Repository' created (hosted in SCC Data Observatory)
	HDRC progress reported regularly to EMB, Cabinet and HWBB
	NIHR 6- and 12-month progress reports completed
End of year 3	Annual HDRC evaluation completed, including our PICE approach
	HDRC progress reported regularly to EMB, Cabinet and HWBB
	Submitted NIHR 6- and 12-months progress reports
	Communities of Practice for three research priority areas created
	Apply for external funds to train local people to become peer researchers
	Co-produce research funding applications
	Co-produce a peer review paper on learning from HDRC process
	HDRC early learning event hosted
End of year 4	Annual HDRC evaluation completed, including our PICE approach
	HDRC progress reported regularly to EMB, Cabinet and HWBB
	NIHR 6- and 12-months progress reports
	Apply for external funds to train local people to become peer researchers
	Co-produce research funding applications
	Co-production of funded research
End of year 5	Annual HDRC evaluation completed, including our PICE approach
	HDRC progress reported regularly to EMB, Cabinet and HWBB
	Submitted NIHR final report
	Co-produce research funding applications
	Co-production of funded research
	Co-produce a peer review paper on learning from HDRC process
	One local and one national event on our HDRC learning hosted
	Co-produce a sustainability plan for continuation of Southampton's HDRC

* Stop/Go Criteria are shaded in grey

10. Socioeconomic Position and Health Inequalities

Health inequalities are significant in Southampton; for instance, life expectancy for males is 9 years lower for those living in the most deprived quintile compared to the least deprived (SCC Data Observatory). We know that these inequalities are influenced by a wide range of factors, with social, economic, commercial, and environmental determinants estimated to drive around half of health outcomes (LGA, 2020).

In 2022, Southampton's Director of Public Health dedicated her [Annual Public Health Report](#) to health inequalities and used the six priorities from [Fair Society Healthy Lives](#) (Marmot Review, 2010) to structure an approach. The report served as a call to action across our local system (the council and its partners) to address the wider drivers of health inequalities and to work alongside local communities to deliver and sustain change.

Subsequently, the SCC [Corporate Plan](#) included a focus on reducing health inequalities by giving children the best start in life, making leisure accessible to all and targeting services to communities in greatest need, concentrating on areas with the highest deprivation. SCC's approach to addressing health inequalities, includes aspects that can be achieved via the HDRC, such as reviewing and reporting on the effectiveness of actions to reduce health inequalities.

This understanding that cross-council action is needed to reduce health inequalities has been operationalised in our work on childhood obesity where our Whole System Approach resulted in buy-in from across Directorates. For instance, in 2022 SCC became the first local authority in the South East to sign the [Declaration on Healthy Weight](#) with pledges agreed by teams such as Planning, Transport and Communications. This approach aligns with more recent work at SCC to embed 'Health in All Policies' across council functions.

Through 'Health in All Policies', SCC recognises that health should be considered within wider policy to improve the places and conditions in which people are born, live, learn, work, and move around. The HDRC will allow EIDM to become a fundamental part of the 'Health in all Policies' approach and enable all directorates to make better use of research evidence when prioritising limited resources to address health inequalities.

For the evidence to reflect the true context in which health inequalities exist, and to focus on outcomes that are important to Southampton's residents, it is essential that the HDRC supports and enables every eligible person the same opportunity to take part, regardless of their age, sex, disability status, ethnicity, sexual orientation, religion, or other protected characteristics. To ensure we are considering all protected characteristics, we will build on SCC's existing [Equality, Diversity and Inclusion](#) (EDI) processes, including conducting [Equality and Safety Impact Assessments](#), and embedding the [NIHR Race Equality Framework](#). To embed EDI throughout our HDRC, we will adopt NIHR [Going the Extra Mile](#) public involvement recommendations and offer accessible opportunities to participate in HDRC activities and subsequent research.

This focus on EDI is reflected throughout our HDRC plans and will be achieved by our realistic budget for public involvement. This means we can offer everyone the opportunity to participate, whatever their characteristics, as we will be able to go to where they are, meet when it suits them, reward them for their time, pay for childcare and translate key materials. We will pay for facilitators to help address actual and perceived power imbalances so that everyone knows their opinion is valued and feels supported to participate. See Public Involvement in Section 6.2 for more information.

Through this inclusive approach, and with the help of our community partners, we will be able to reach, engage and involve representatives from across our diverse population in the activities of the HDRC. For instance, the PSP will enable local people (approx. 10) to work alongside SCC directorates, academics, and other partners to collaboratively identify and prioritise research to address the wider determinants of health. We will then form CoP for our top five research priorities. In each CoP we will support involvement of approximately seven residents (35 in total across all CoP) which will give good representation of our population. The CoP will co-develop research questions, co-design funding proposals and eventually co-produce research, its outputs, and its impact.

The time is right for us to use research to learn what will work to improve the wider determinants of health in the Southampton context, and to evaluate existing interventions to understand who they engage, who they work for and how we can improve our local impact on inequalities. Through the HDRC we can inclusively involve our diverse community in developing this local evidence base.

11. Dissemination, Outputs and Anticipated Impact

We will share learning from the work of the HDRC for implementation and impact through the production and dissemination of tailored outputs for a range of audiences, including local communities, Elected Members, council staff, other councils, and academia. To achieve this ambition, we will work with our PICE group to involve approximately 10 public members in co-producing a communications and dissemination strategy. This co-production will also involve cross-party Elected Members (Cllrs Fielker, Houghton, Blackman, and Barbour), SCC Communications Team, and academic partners. This will help us to identify key messages, additional target audiences, formats, venues, and channels of dissemination. It will include strategies for reaching decision makers and will ensure we disseminate timely, relevant, accessible, and useful evidence that resonates with intended audiences. The scope of this strategy is to disseminate the outputs of the HDRC, including evidence briefings and the findings from the evaluation of our HDRC approach as well as providing a framework for the dissemination of subsequent funded research (see Logic Model outputs for details).

We will inform and engage SCC Elected Members and staff throughout the HDRC lifecycle via (i) standing HDRC agenda items at bi-monthly Executive Member Board (EMB) and Cabinet meetings, (ii) developing our elected member and staff Research Champions network, and (iii) through the internal aspect of our communications plan. These channels will enable us to provide regular updates on the work of HDRC and flag opportunities to attract the attention of Elected Members and council directorates with whom the HDRC R&D team can build relationships to bring about change. We also intend to create and publish an open-access evidence repository as part of the SCC [Data Observatory](#) to share learning from the HDRC.

Our PICE Group is fundamental for the development and delivery of HDRC public-facing dissemination products and events. Our members will review outputs from the work of the HDRC, help design innovative ways to reach diverse audiences and support writing key points in plain language. They will assist in writing press releases to ensure we convey points of interest and relevance to the public. PICE, PSP and CoP members will be invited to create videos, blogs, and present at public events to tell their stories and share their experiences being involved in the HDRC. We intend to commission [Drop the Mask IT and Media Productions](#) (a local community interest company aiming to use media to address social problems and promote equality) to develop novel ways for sharing the work of the HDRC. For

example, creating translated videos for non-English speaking members of the community, and developing animations to capture and mobilise the impact PICE has had on our HDRC.

Our PICE group will utilise their direct links into disadvantaged and under-represented communities to disseminate plain language summaries in appropriate formats. We will also use SCC external communications, local libraries, and our established networks to mobilise knowledge and raise awareness of the work of the HDRC. We also plan to host four events including a HDRC launch event to raise awareness of Southampton's HDRC. Then, as the HDRC develops, we will host three knowledge mobilisation events to share HDRC learning locally, with other councils and with national organisations (see Gantt Chart, WP3). Through our hosted events, established networks and external conferences we can reach a wide audience and support more extensive changes in practice. We have linked in with Doncaster's HDRC Director to learn about their approach and will engage with other successful HDRC's to create an active pathway for knowledge exchange with other local authorities across the UK (e.g., via Local Government Association) as we develop our capacity and culture for research.

As shown in our Logic Model, our HDRC will have a positive impact on research capacity and culture, on our partnerships and on wider society:

- Capacity - developing and enhancing employees and residents' confidence and skills in using, supporting, and doing research on the wider determinants of health (Year 3 onwards)
- Culture - informing and engaging staff and Elected Members will make evidence-informed decision making politically relevant (Year 1 onwards)
- Partnerships - building powerful and strategic collaborations between the council, local universities, and community organisations through co-production and knowledge mobilisation (Year 1 onwards)
- Wider Society - helping SCC make better evidence-informed decisions and bring greater transparency (Year 2 onwards), leading to increased public trust and strengthened action to improve the health and wellbeing of our residents (Year 4 onwards). Aligning with the [United Nations Sustainable and Development Goal 3: Good Health and wellbeing](#).

12. Project Timetable

The project timetable is detailed in the uploaded Gantt chart and in Table 2 above. In summary there are three work packages plus a cross-cutting public involvement and community engagement theme embedded within all work packages:

- Cross-cutting public involvement and community engagement (Year 1 onwards)
- WP1 Building research capacity (Year 1 onwards)
- WP2 Culture of evidence-informed decision-making (Year 1 onwards)
- WP3 Evaluation, dissemination, and impact (Year 2 onwards)

13. Approach to Collaborative Working

As outlined in Section 4, strong professional relationships and collaborations already exist between SCC and the University of Southampton, Solent University and Southampton Voluntary Services. A monthly HDRC Management Group meeting will be convened with our academic co-applicants to discuss HDRC project progress and plans, and funding opportunities. As our research priorities emerge, we will bring together key individuals in our CoP groups to co-develop research questions and subsequent research funding applications. We will establish Memorandums of Understanding with the University of Southampton, Solent

University, Southampton Voluntary Services, and any other organisations that we form partnerships with during the lifecycle of the HDRC.

14. Safeguarding and Ethics

We do not envisage ethical or regulatory issues outside those of standard research. Recognising the need for robust ethical review processes for HDRC research, our R&D hub will co-ordinate ethics submissions through the bespoke Public Health ethics committee hosted by the NIHR Research Support Service Public Health National Specialist Centre (NIHR RSS PHNSC), based at the University of Southampton. This ethics committee will include public contributors and SCC staff as members, and the intention is to have a SCC Public Health Consultant to chair the committee with support from university staff to guide governance, ethics, and legal issues. Our co-applicant, and HDRC R&D Lead, (McGee) is an active partner in the NIHR RSS PHNSC and this will ensure our activity is co-ordinated to maximise efficiency.

Importantly, when engaging and involving members of the public in the development and delivery of the work of the HDRC, including subsequent research, we will address potential ethical issues for involving members of the public (adapted from Panday-Wood et al., 2017; and Southampton's [Raising Voices in Research](#) Local Plan) including:

1. Allocating sufficient time and funding for public involvement
2. Avoiding tokenism
3. Registering research design stage public involvement work with NIHR RSS PHNSC
4. Communicating clearly from the outset
5. Entitling public contributors to stop their involvement for any unstated reasons
6. Operating fairness of opportunity
7. Differentiating qualitative research methods and public involvement activities
8. Working sensitively
9. Being conscious of confidentiality
10. Valuing, acknowledging, and rewarding public involvement.

15. Expertise

The table below sets out the roles and expertise of the co-applicants within our collaboration:

Co-applicant	Organisation	Role	Expertise
Becky Wilkinson	Southampton City Council	Interim HDRC Director, overall leadership of the HDRC, (responsibility for project milestones, governance, and dissemination of outputs). Management Group and Steering Group	Public health – health inequalities and the wider determinants of health. Research – currently employed 0.2 WTE on the NIHR-funded MELD-B research study
Dr Ciara McGee	Southampton City Council (CRN Wessex funded Embedded Researcher 0.6 WTE)	R&D Lead – Support the HDRC Director and oversee the operation of the R&D Hub. Management Group PICE Group Steering Group Delivery Team	Public health - mixed methods research, data analysis, and evaluation (e.g., sport-for-health smoking prevention intervention for youth)
Dan King	Southampton City Council	Steering Group Delivery Team	Data and intelligence – data management, governance, and analysis.
Jamie Brenchley	Southampton City Council	Steering Group Delivery Team	Housing
Zoe Snow	Southampton City Council	Steering Group Delivery team	Childrens and Education
Pete Boustred	Southampton City Council	Steering Group Delivery Team	Planning and Transport
Chris Brown	Southampton City Council	Steering Group PICE Group Delivery Team	Community engagement and involvement
Prof Janis Baird	University of Southampton	Management Group Steering Group Delivery Team	Public health and epidemiology, systems approaches, systematic review, and evaluation of complex interventions
Dr Shelley Duncan	Solent University	Management Group Steering Group Delivery Team	Behavioural and cognitive neuroscience, exercise physiology, with links to participatory research expertise within Solent University

15.1 Collaborators and partners involved in the development of our HDRC application:

Our proposal has been developed with enthusiastic support from a range of organisations and key collaborators (and their teams) set out below and evidenced through our uploaded Letters of Support.

- Public Contributors: Anne Cato (St. Denys Activity Group), Tracy Emm and Kathi Iason (Millbrook Matters)

- SCC Council Directorates: (see uploaded Organogram)
- Southampton Voluntary Service: Rob Kurn; Joe Jenness; Alex Ivancevic
- University of Southampton: Prof Janis Baird; Prof Julie Parkes; Prof Nisreen Alwan; Prof Keith Godfrey; Prof Mark Hanson; Prof Jo Sofaer; Gareth Giles
- Solent University: Dr Shelley Duncan; Dr Karen Burnell
- Bournemouth University: Prof Lee-Anne Fenge (Clinical Research Network Wessex Social Care Lead)
- Clinical Research Network Wessex: Dr Zoe Sheppard
- ARC Wessex: Prof Julie Parkes (Clinical Research Network Wessex Public Health Lead)
- NIHR RSS PHNSC: Prof Issy Reading (and her team)
- Wessex Health Partners: Christine McGrath
- Elected Members: Cllrs Fielker; Houghton, Barbour, Blackman and Quadir

Following our HDRC Steering Group discussions, Becky Wilkinson, SCC Consultant in Public Health, and Dr Ciara McGee, SCC Research Associate (CRN funded since April 2019) drafted the HDRC application. Wilkinson and McGee worked very closely with the Director of Public Health and Director for Performance and Strategy (joint lead applicants) who provided significant strategic input and guidance to develop a feasible HDRC model for use within a local authority environment.

Alex Ivancevic, SVS Community Development Worker, and Jess Johnson, Action Hampshire Raising Voices in Research project, provided specialist input to the PICE aspects of the bid. We also had support from SCC Finance Analyst in costing existing staff and new HDRC roles. Several of our steering group members, and the new NIHR Research Support Service team peer-reviewed our application and provided further guidance on developing our plans to become a Southampton HDRC.