NIHR Health Determinants Research Collaboration Rhondda Cynon Taf: Qualitative Protocol

This protocol has regard for the HRA guidance (Qualitative Protocol Development Tool) and order of content.

FULL TITLE OF THE STUDY
Delivery of a Health Determinants Research Collaboration in the Rhondda Cynon Taf local authority area between January 2024 and December 2028.

SHORT STUDY TITLE / ACRONYM

Health Determinants Research Collaboration Rhondda Cynon Taf (HDRC RCT)

PROTOCOL VERSION NUMBER AND DATE

Version Number	Prepared by	Date
V 1.0	Louise Davies	4.1.24

RESEARCH REFERENCE NUMBERS

IRAS Number: N/A

SPONSORS Number: N/A

FUNDERS Number: NIHR159018

SIGNATURE PAGE

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor

I also confirm that I will make the findings of the study publically available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

For and on behalf of the Study Sponsor:

Signature: Date:

..../...../.....

Name (please print):

.....

Position:

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Chief Investigator:

Signature: Date:

..../...../.....

Name: (please print):

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LIST of CONTENTS

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Funder(s)	National Institute of Health and Care Research (NIHR)
Key Protocol Contributors	N/A
Committees	N/A

STUDY SUMMARY

Reducing health inequalities is central to the priorities of Rhondda Cynon Taf (RCT) local authority (LA). Poverty and its impacts are long-standing challenges in RCT that have been exacerbated by the pandemic and ongoing cost of living crisis. COVID-19 laid bare the relationship between poverty, the wider determinants of health and the inequalities in health outcomes for the most disadvantaged.

RCT Health Determinants Research Collaboration (HDRC) will create a vibrant research culture in the LA, driving evidence-based decision-making which breaks the cycle of poverty, by improving the life chances of the most disadvantaged and addressing the wider determinants of health.

Over the next five years RCT LA will face difficult decisions about how to improve the life chances of its residents in the context of growing demand and constrained resources. RCT HDRC will ensure that these decisions are rooted in the best available evidence, and that by the time the next Corporate Plan is produced, in 2028, the LA has a culture of co-production with citizens, a robust evidence base to identify what works and what matters, and an evidence informed approach to policy making.

To achieve this, RCT HDRC will deliver a coordinated set of interventions that will, over time, change the culture of RCT LA. The investment from NIHR will create a new multi-disciplinary Research and Development Team in the LA that draws on the expertise and experience of the partner organisations. This team will:

- Target key decisions on the wider determinants of health (e.g. housing, employment services, and school attendance and attainment) with projects that bring together the best available evidence and expertise to provide recommendations for action;
- Provide training and development to staff to improve core skills and research literacy across the LA;

- Identify opportunities for new research and create multi-disciplinary groups to develop these into fundable research proposals; and
- Work to adapt the LA's internal processes to ensure that the way that individuals, services and the organisation are managed supports the generation and use of research evidence.

Woven through these interventions will be a package of work that will support citizens to be collaborating partners in the work of RCT HDRC. Using the relationships and networks of the local Community Voluntary Council (Interlink), RCT HDRC will recruit 'citizen researchers' who will work alongside the Research and Development Team, receiving training and support to enable them to do so.

Underpinning governance arrangements will establish the cross-organisational working practices and develop a monitoring framework for RCT HDRC. This will use internal processes of reflection and data capture to monitor impact and generate learning, which will be shared with staff, councillors, the public and wider networks across Wales and the rest of the UK.

With strong support from leaders in RCT LA, these activities will drive a change across the organisation, leading to positive impacts on the lives of the local population.

FUNDING AND SUPPORT IN KIND

FUNDER(S) (Names and contact details of ALL organisations providing funding and/or support in kind for this study)	**FINANCIAL AND NON FINANCIALSUPPORT GIVEN**
Cardiff University	**Non financial**
Public Health Wales	**Non financial**
Cwm Taf Morgannwg University Health Board	**Non financial**
Interlink RCT	**Non financial**
Rhondda Cynon Taf CBC	**Non financial**

ROLE OF STUDY SPONSOR AND FUNDER

Rhondda Cynon Taf County Borough Council (RCTCBC) is the contracted organisation and Study Sponsor and, through a partnership agreement that will be established, be responsible for the design and delivery of the HDRC RCT. RCTCBC will be responsible for delivery of the contract from the Funder, to include achievement of the aims and objectives set out in the HDRC RCT business case and work programme.

The National Institute of Health and Care Research (NIHR) is the funder and awarder of funding contract. The roles and responsibilities of the contracted organisation (and study sponsor) and contractor awarding body are set out in the contract of funding and will be discharged accordingly.

ROLES AND RESPONSIBILITIES OF STUDY MANAGEMENT COMMITEES, GROUPS & INDIVIDUALS

There are clear lines of governance of RCT HDRC and its Management arrangements. The RCT HDRC Director will report to the Director of Public Health, Protection and Community Services within the LA who is a member of the Senior Leadership Team (SLT). SLT consists of the LA Chief Executive and other Senior Officers who are responsible for the management of the LA on a day to day basis. RCT HDRC will be ultimately accountable to the SLT of RCT LA which will oversee achievement of the outcomes identified in the Business Plan. Reporting to SLT via the LA Director ensures a direct line of influence into the Corporate Leadership arrangements of the LA and is vital given the cross-directorate remit and activities to be undertaken by the HDRC,

The Research and Development Team will benefit from support and leadership of Joint Lead Applicants and Co-Applicants across partner organisations. The Collaboration will establish an Agreement from the outset that outlines the relationships between Partners and contractual arrangements as required, linked to funding and employment arrangements for staff.

Two key structures will be established to ensure effective governance of RCT HDRC:

- **A Strategic Oversight Board**: comprising leaders in the local health determinants system including LA Cabinet Members, LA Strategic Directors, RCT HDRC Director, Senior Academic from CU, CVC Chief Executive, public representatives, CTMUHB Director of Public Health and PHW. The Director of Public Health, Protection and Community Services will Chair this Board to ensure consistent and credible LA Leadership.
- **An Operational Delivery Group**: consisting of RCT HDRC staff, WP Leads, representatives from the local health determinants system, CVC representation and public representatives.

The RCT HDRC will operate within the LAs existing corporate performance management framework and financial and risk management systems. The LAs Information Management Board will oversee data and data infrastructure requirements and compliance with General Data Protection Regulation (GDPR) requirements that are relevant to both the RCT HDRC and research incubation activities proposed as a result of the HDRC activities.

RCT LA Cabinet is responsible for policy making in RCT and takes many of the major decisions on the way the LA serves its residents. The Cabinet is made up of the Leader, Deputy Leader and 7 other Executive Members who take key and significant decisions, whose role is to provide leadership; propose the budget and policy framework and implement policy through Senior Officers. The work and decisions of the Cabinet and Executive Members are scrutinised by the Council's Scrutiny Committees. Councillors have the right, in certain circumstances, to 'call in' a Cabinet decision for consideration by a Scrutiny Committee. These Elected Member, Executive and wider Scrutiny arrangements for the LA and therefore the remit of the RCT HDRC are set out in the LAs Constitution.

RCT LA is a statutory member of the Cwm Taf Morgannwg Public Services Board (PSB) which is a collection of public bodies working together to improve the economic, social, environmental and cultural well-being of people who live, work and visit the areas of Rhondda Cynon Taf, Bridgend and Merthyr Tydfil. The Chief Executive and Executive Members of the LA represent RCT LA on the PSB, ensuring learning for the region can be shared at a Strategic Partnership Level. The Executive Director of Public Health at the HB will be the RCT HDRC Executive Champion on the PSB, as part of their wider population health responsibilities in the Region.

PROTOCOL CONTRIBUTORS

RCT HDRC brings together organisations that until now have not routinely and systematically collaborated to generate and use research. It will develop new relationships across partner organisations to ensure the work is delivered with a) subject matter research expertise on the wider determinants of health, b) experience in mobilising knowledge to support decision-making, policy and practice, c) knowledge of research and data infrastructure processes. This will bring in the essential capability needed to drive a sustained culture of research and evidence within the LA. Over time we will see a more holistic and inclusive approach to involvement of citizens and the voluntary sector in identifying the wider determinants and health priorities affecting the LA. This will be supported by a culture of systematic collaborative working across key partners, building on an established and sustainable LA programme of identifying and generating research activities that can be undertaken together.

Collaboration Partners are from the following organisations:

Rhondda Cynon Taf County Borough Council

Cardiff University

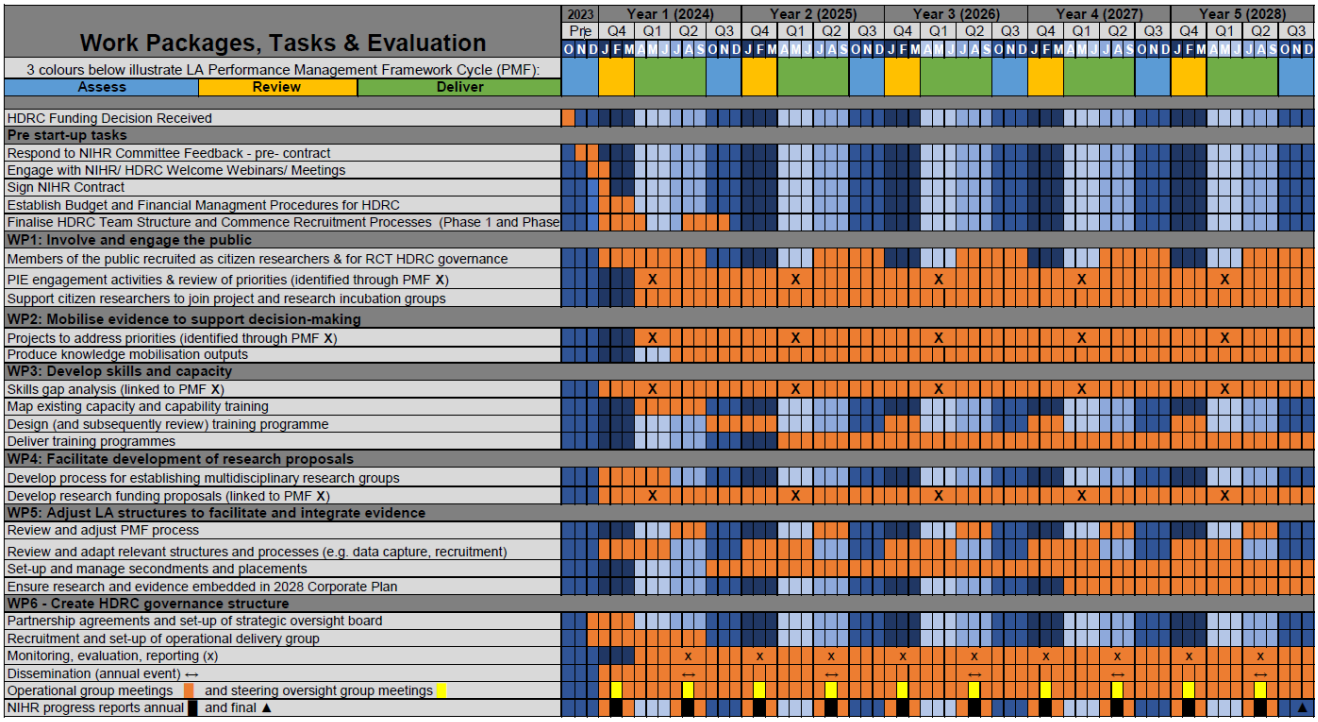
Public Health Wales

Interlink RCT

Cwm Taf Morgannwg University Health Board

KEY WORDS: Health Determinants Research Collaboration
Wider Determinants of Health
Local authority
Rhondda Cynon Taf
Workforce capacity and capability
Mobilising evidence

STUDY GANTT CHART



STUDY PROTOCOL

1 BACKGROUND AND RATIONALE

Population need

Rhondda Cynon Taf (RCT) is a unitary local authority (LA) in South Wales with 237,700 citizens, encompassing urban, rural and post-industrial areas. RCT has a proud industrial heritage, but the decline of the coal mining industry and its legacy continues to have a negative impact on the health of our communities. RCT has some of the most deprived areas in Wales (2); 27% of RCT citizens live in the most deprived quintile and 31% were economically inactive. RCT has the third highest percentage in Wales of over-16 population with no qualifications (3). The COVID-19 pandemic exacerbated inequalities in the area and the impact of the cost-of-living crisis in RCT is dramatic, due to higher-than-average proportion of people in receipt of means-tested benefits and below average earnings (4). RCT is worse than the Wales average for overall life expectancy, children living in poverty, rates of physical activity and proportion of overweight/obese adults (5,6).

Context

The health inequalities of the local population have already shaped the LA Corporate Plan (7), which aims for everyone in RCT to be as healthy, independent and prosperous as possible throughout their lives. The LA is committed to improving the life chances of its citizens through innovation, evidence informed practice and collaboration, and there is significant demand from political leaders and senior officers for the LA to be an organisation at the leading edge of practice, and driven by evidence. In part this is because, despite extensive efforts to improve outcomes for residents through innovative, bold

and forward-thinking policy making, service delivery and funding approaches, to date the LA has been unsuccessful in breaking the cycle of poverty faced by the most disadvantaged in RCT.

The LA has significant strengths, which the RCT HDRC will mobilise and enhance:

- Data infrastructure: RCT is a data rich organisation that has invested in digital infrastructure to capture and use cross directorate information to understand LA performance and impact for citizens. However, the LA lacks the research infrastructure, skills and knowledge necessary to make the most of existing evidence to make a positive impact on health inequalities.
- Skills and knowledge: The LA has a talented workforce and an established culture of professional learning and organisational development (8). However, LA research activities are piecemeal and internal capacity to pursue research opportunities is limited. And we need to equip leaders, elected members, staff and citizens with skills to interpret and translate evidence into policy and service improvements.
- Public involvement and engagement: The LA's Involvement and Engagement Strategy (9) sets out a framework for citizen engagement. However there is a need to improve mechanisms to support active citizen involvement in shaping policy and practice improvements affecting the wider determinants of health.
- Organisational improvement and development: We have an established, annual cycle of service and corporate self-assessment that provides rich data, but the quality of these processes varies across the LA. Infrastructure is needed to support the LA and public to collectively understand needs, outcomes and impact, and implement sustainable systems that enable access to timely and relevant evidence to inform strategic and operational decision-making.

This proposal reflects Wales' unique LA and public health structures, where public health services are planned and commissioned by both LAs and Health Boards (HBs), which host Local Public Health Teams (LPHTs). RCT HDRC will have the priorities of the LA and our communities at its heart, while aligning with the Cwm Taf Morgannwg (CTM) Public Service Board (PSB) and the goals of the Well-being of Future Generations (Wales) Act (2015) (WBFG) (10).

The added value of RCT HDRC

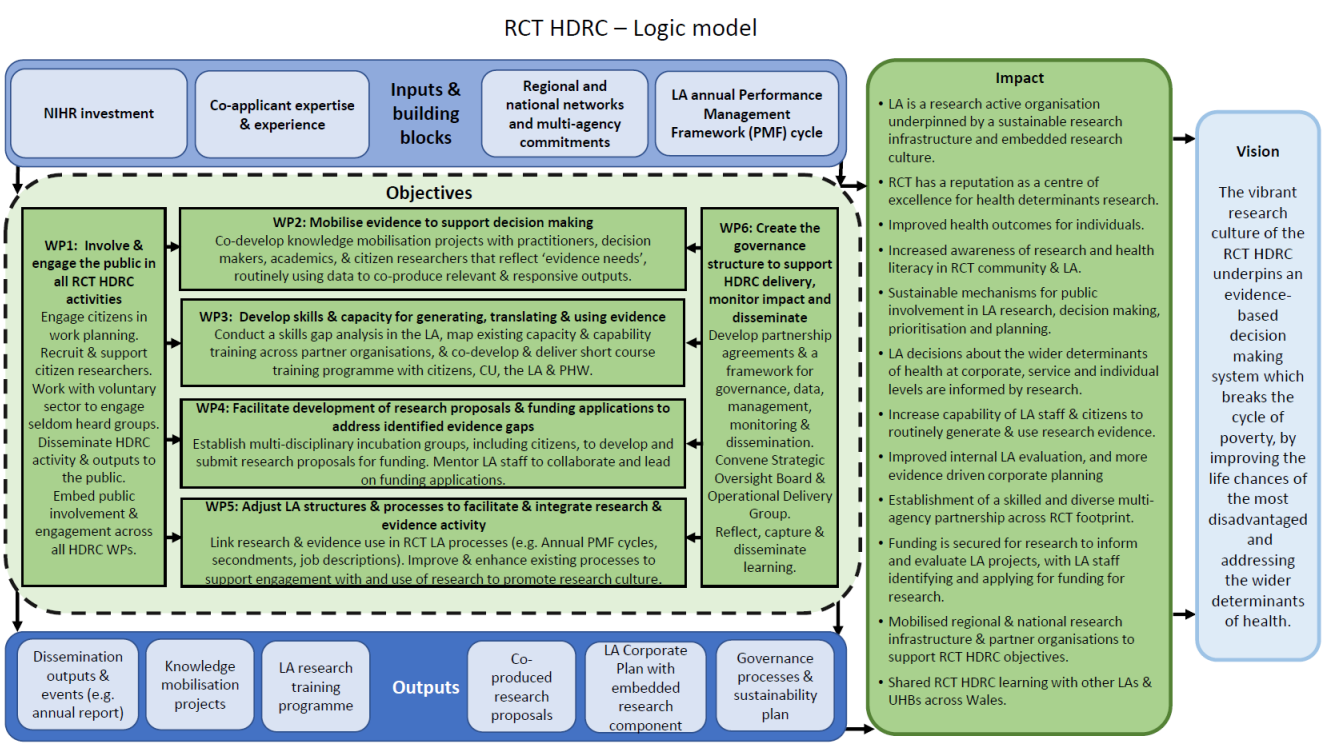
RCT HDRC will provide essential capacity and develop LA capability to advance evidence-based practice, to generate knowledge to inform decisions, and to test and innovate to improve the health of our populations. As a result, the LA will tackle health inequalities in RCT and address wider health determinants that directly affect the life chances of our residents. The RCT HDRC will focus on improving the outcomes we can achieve against the following priorities in the Corporate Plan:

- **Striving to reduce child poverty, providing services that encourage and build resilience of children and their families.** Improving services for children and young people and ensuring their needs are considered in everything the Council does.
- **Helping people into work and better paid employment.**
- **Increasing the number of quality homes available and affordable** to provide greater housing choice for residents.
- **Improving pupils' achievement and narrowing the attainment gap. Supporting children to have the best start in life** and be ready for learning through an improved early years' system and childcare offer.
- **Encouraging all residents to lead active and healthy lifestyles** and maintain their mental wellbeing. Ensuring participation in sport and physical activity is accessible and inclusive for all.

- Supporting the voluntary, community and faith sectors to **help build active communities, creating the capacity for meeting the needs of residents** within those communities.

At the end of 5 years, the innovation delivered by the RCT HDRC will influence the health determinant priorities of a new Corporate Plan for 2028 and beyond. By 2027-28, the impact of the RCT HDRC will mean the LA has a culture of co-production with citizens, a robust evidence base to identify what works and what matters, and an evidence informed approach to policy making that affects the wider determinants of health and health inequalities. This will be the foundation for building the future strategic priorities of RCT LA and making sustainable changes to reduce poverty and improve the life chances of our population.

2 THEORETICAL FRAMEWORK: LOGIC MODEL



3 RESEARCH AIMS

By the end of the five-year period RCT HDRC aims to demonstrate:

- RCT LA is a research active organisation where research is embedded in the LA culture and a sustainable research infrastructure has been developed;
- Increased use of research evidence in LA decisions about wider determinants of health and health inequalities;
- Increased research literacy among staff, citizens, senior leaders and elected members;
- Evidence of improved capability of LA staff & citizens to routinely generate & use research evidence;
- Funding has been secured for research to inform and evaluate LA efforts to break the cycle of poverty, address the wider determinants of health and reduce health inequalities;

- A stronger collaboration between the public, LA, Community Voluntary Councils (CVCs), CTM University Health Board (HB), Cardiff University (CU), Public Health Wales (PHW), & other partners;
- Regional & national research infrastructure is mobilised to support RCT HDRC objectives and build the reputation of RCT LA as a centre of excellence for health determinants research;
- RCT HDRC learning is actively shared with other LAs & HBs across Wales, and with LAs and academic communities across the UK with an interest in improving collaboration across research, policy and practice.

3.1 Objectives

The aims of RCT HDRC will be achieved through six objectives, each addressed by a work package (WP), which will be co-led by LA senior officers and domain experts from partner organisations.

Involve and engage the public in all RCT HDRC activities:

- Strengthen established collaborations with Interlink RCT (the Community Voluntary Council for RCT) and its members to integrate public involvement and engagement (PIE) into the WPs of the HDRC.
- Engage underserved and seldom heard communities and groups through innovative and creative approaches to ensure maximum levels of participation and representativeness across RCT population.
- Deliver innovative, flexible and inclusive public engagement activities and create space for productive and challenging dialogue with citizens about health inequalities and their determinants to encourage citizens to tell us what matters most to them.
- Embed public involvement into RCT HDRC by identifying key representative groups and individuals and recruit members of the public to become 'citizen researchers', and members of the Operational Delivery Group and Strategic Oversight Board (WPs 5 & 6).
- Support citizen researchers to join project steering groups, and co-produce and co-deliver knowledge mobilisation projects (WP2) – improving capability of citizens generate and use evidence (including through training, see WP3).
- Support citizen researchers to join research incubation projects to develop research funding proposals (WP4).
- Embed activities within partners' existing community engagement and involvement arrangements.

Mobilise evidence to support decision making:

- Identify evidence needs through the LA Performance Management Framework (PMF), an annual self-assessment cycle that tracks RCT service planning and decision-making cycles; and prioritise these with collaborating partners (including citizen researchers).
- Co-develop knowledge mobilisation projects with citizen researchers (WP1), LA staff (WPs 3 & 5) and wider partners (WP6) to address identified evidence needs.
- Bring together a project groups of practitioners, decision-makers, academics, and citizen researchers to work together to co-design and deliver knowledge mobilisation projects. Where a knowledge or skills need is identified, participating individuals will receive training (see WP3).
- Synthesise evidence and expertise.
- Produce outputs from individual knowledge mobilisation projects that are relevant (i.e. reflect the context of the decision-maker(s) being targeted) and responsive (i.e. timely and actionable).

Develop skills and capacity to generate, translate and use evidence:

- Build on the skills gap analysis conducted through the Council's PMF process (conducted in 2023) to identify relevant groups and their levels of health determinants knowledge;

methodological expertise in PIE; evidence synthesis; data analysis; intervention development, evaluation, adaptation and implementation; and knowledge translation.
- Map existing capacity and capability training available at local (e.g. LA), regional (e.g. Regional Partnership Boards) or national (e.g. PHW) level; including to support members of the public to become 'citizen researchers'.
- Conduct a capability and capacity consultation between RCT LA, PHW and CU to identify where existing training provision can be optimised or expanded, and where new training provision is required.
- Optimise existing training and deliver CU Methodological Short Course Training.
- Co-develop and deliver short course training programme with citizens, CU, the LA and Public Health Wales (PHW) where training needs cannot be met through existing provision.

Facilitate development of research proposals and funding applications to address identified evidence gaps:

- From WP2 identify evidence gaps through the LA's annual PMF cycle that could be addressed by primary research, including through LA investment or changes in practice (e.g. data capture, revising job roles, etc. (see WP5).
- Develop networks across partner organisations to identify relevant expertise and resources to deliver (including routes to external grant income generation).
- Facilitate the creation of multi-disciplinary groups, including citizen researchers, LA representatives, academic experts and other partners, to develop and submit funding applications.
- Support LA staff to lead and facilitate the development and submission of research bids to funders to undertake innovative research addressing the evidence gaps in each priority area and/or conduct evaluations of RCT initiatives.

Adjust LA structures and processes to facilitate and integrate research and evidence activity:

- Develop systematic approach to embedding evidence and research in the LA's annual PMF cycle to routinely inform policy and practice with evidence.
- Strengthen access to and use of evidence and the quality of evidence informed conclusions within the Council's Socio-economic and equality impact assessment processes.
- Identify opportunities to adapt behaviours, structures and processes (e.g. data capture, recruitment, secondment, graduate and student placements, secondments and job descriptions) to promote, support and facilitate research culture.
- Identify opportunities to embed evidence more systematically in reports for consideration by decision-makers (e.g. Cabinet and Council, Senior Leadership Team).

Create the governance structure to support HDRC delivery, monitor impact and disseminate learning:

- Work with LA structures, cabinet members and collaborating partners to agree partnership arrangements and collaboration agreements to support effective model for the HDRC.
- Support set-up of and recruitment to Strategic Oversight Board and Operational Delivery Group.
- Develop and monitor activity indicators and outcome measures (see 'implementation' section below) that capture the impact of RCT HDRC.
- Develop an effective communication and dissemination strategy (see 'dissemination' section below) that shares learning and insight with residents, LA staff, elected members, and wider audiences, including funders and recipients of similar infrastructure investment.

- Build on existing networks of influence of each collaborating partner, across local government, public health, academia and Welsh Government, to effectively reach our various intended audiences.

3.2 Outcomes

	Success Measures	Outcomes / Impact
Overall RCT HDRC	• Research and evidence used as a basis for development of the RCT 2028 Corporate Plan. • National and regional research infrastructure mobilised. • Evidence of other decision-making bodies using HDRC outputs (e.g. University Health Boards, Social Care Wales, Welsh Government). • Evidence of other research infrastructure supporting RCT HDRC.	• LA is a research active organisation underpinned by a sustainable research infrastructure. • RCT has a reputation as a centre of excellence for health determinants research. • Improved health outcomes for individuals.
Involve and Engage the Public (WP1)	• Recruitment process for identification and selection of citizen researchers developed and implemented. • Successful recruitment of members of the public as citizen researchers and within RCT HDRC governance. • Ongoing public engagement with RCT HDRC. • Positive feedback from members of public on experience of involvement and participation and evidence of changes made as a result. • Positive feedback from LA staff on impact of engagement.	• Increased awareness of research and health literacy across RCT communities. • Sustainable mechanisms for public involvement in LA research, including citizen researcher models. • Involvement of the public in LA decision-making, prioritisation and planning. • Sharing of best practice of the citizen researcher model in RCT HDRC across Wales & UK.
Mobilise evidence to support decision making (WP2)	• Engagement of LA staff, academic experts, and citizen researchers in the design and delivery of projects. • Engagement with knowledge mobilisation outputs (assessed annually). • Positive feedback on quality of outputs (relevance, timeliness, accessibility, if actionable) (assessed at the end of a project). • Use of outputs (e.g. reference to RCT HDRC outputs in policy documents) (assessed annually).	• LA decisions about the wider determinants of health are informed by research. • Service commissioning, provision and policies are evidence-informed. • Outcomes relating to the wider determinants of health are improved.
Develop skills and capacity for generating, translating and using evidence (WP3)	• Number of staff and citizens pursuing relevant training opportunities • Staff and citizen engagement with RCT HDRC projects, training and research incubation. • Impact on capabilities / skills evidenced through PMF process. • Evidence of improvements in use of evidence, evaluation and knowledge mobilisation through the LAs Annual Service Self Evaluation process.	• Increased capacity and capability of LA staff to routinely generate and use research evidence. • Improved internal evaluation within the LA drawing on skills gained from training. • A skilled and diverse multi-agency partnership of

		research staff and stakeholders.
Facilitate research proposals and funding applications (WP4)	• Number of research development groups launched (up to 2 by the end of Year 1; with up to 3 per year for the following four years). • Number of research bids submitted per year (up to 4). • Proportion of submitted bids led by RCT.	• Funding secured for research to inform and externally evaluate LA efforts to address wider determinants of health. • A transition to leadership by LA staff, supported by academic partners, of research projects and funding applications. • LA is research active, with staff strategically identifying opportunities for research development.
Embedding evidence into everyday decision making (WP5)	• Integration of RCT HDRC activities into PMF. • Adaptation of PMF processes to facilitate spread of learning and capture impact of RCT HDRC. • Integration of HDRC activities into preparation of Socio-economic impact assessments that evaluate the potential impact of policy developments. • Engagement with RCT HDRC outputs, and other sources of evidence becomes a 'routine' behaviour for staff, senior leaders and elected members. • RCT HDRC facilitating placements and collaborations across partner organisations that extend beyond work programmes. • Changes to recruitment for key roles in the LA to recognise skills and competencies required to sustain ongoing evidence use and research activity.	• Increased awareness of research and health literacy among LA staff • Corporate plans build on and integrate evidence. • A sustainable research infrastructure is developed to support local evidence use to inform practice. • Research culture is embedded in LA.
Create governance structure to support HDRC delivery, monitor impact and disseminate learning (WP6)	• Building productive working relationships across partners in the Strategic Oversight Board and Operational Delivery Group based on a Collaboration Agreement. • Timely and impactful reporting on progress against RCT HDRC objectives to inform RCT Leadership Team, Cabinet and NIHR, and to support learning and evaluation of impact. • Engagement with outputs from outside RCT LA.	• Strong partnerships between the public, LA, Interlink RCT, HB, CU, PHW and other partners. • RCT HDRC is integrated with and supported by national and regional research infrastructure. • Learning from RCT HDRC is shared across other LAs, HBs and UK-wide.

4 STUDY DESIGN and METHODS of DATA COLLECTION AND DATA ANALYSIS

Not applicable to this project

5 STUDY SETTING

Not applicable to this project

6 SAMPLE AND RECRUITMENT

Not applicable to this project

7 ETHICAL AND REGULATORY CONSIDERATIONS

7.1 Assessment and management of risk

Not applicable to this project

7.2 Research Ethics Committee (REC) and other Regulatory review & reports

Not applicable to this project

7.3 Peer review

Not applicable to this project

7.4 Patient & Public Involvement

Public involvement is integral to the architecture and ethos of RCT HDRC. Our plan is based on the 6 UK Standards for Public Involvement (1). We will work with existing structures to be part of, and enhance, existing public involvement in RCT and CTM. Drawing on established community engagement networks (e.g. Interlink RCT, RCT Neighbourhood Networks), we will ensure communities have a voice and are partners in the co-production of HDRC strategic planning, delivery, evaluation and dissemination. Protected characteristics will be considered when involving the public, and involvement opportunities will be inclusive, accessible and appropriately resourced, so that equality and diversity are central to RCT HDRC.

RCT HDRC research will be carried out with and by citizens, rather than doing it to them. In years 1-2, citizens will be recruited as citizen researchers to support development of the HDRC work programme. 46 RCT residents have already expressed an interest in being citizen researchers and 14 voluntary organisations agreed to support recruitment. In years 2-5, citizen researchers will co-produce and co-deliver projects and help disseminate outputs to suit different audiences. The citizen researcher role will be co-produced with the public and arrangements made to facilitate involvement. Citizen researchers will have a named HDRC staff 'buddy' for support. They will champion work they have co-produced and leverage existing infrastructure across the region to disseminate outputs to the public.

WP1 'Involve and engage the public in all RCT HDRC activities' cuts across all WPs, creating space for productive and challenging dialogue with citizens about health inequalities and their determinants, to encourage citizens to tell us what matters most. WP2 involves citizen researchers in knowledge mobilisation projects. WP3 includes PIE training for citizens and LA staff to establish a common understanding of PIE and its importance. WP4 supports citizen researchers to participate in multidisciplinary groups to develop research funding bids. WP5 encourages a culture of PIE and ensures PIE in the development of the RCT 2028 Corporate Plan. WP6 ensures both the Strategic Oversight Board (SOB) and Operational Delivery Group (ODG) have public representation, giving citizens an integral role in HDRC governance. Representatives from Interlink, statutory partners and elected members will also join the SOB to provide local context and strategic guidance.

RCT HDRC will draw on expertise within the WCPP (CU) to conduct reflection sessions, to capture,evaluate and enhance the impact of PIE activities. Success measures for PIE and the HDRC have been suggested through our resident and community surveys, and will be further co-produced with citizens, to ensure that outcomes that matter to them are measured and achieved. We will employ a cycle of continuous learning and improvement, aligned with the LA Annual Self-Assessment, to ensure that it best meets the needs of the RCT population. Through reporting on and sharing the impact of PIE in dissemination activities, we will share best practice and promote effective approaches to PIE in LA research across the UK. Further funding will be sought for an overall evaluation of RCT HDRC; the impact of PIE activities will be a key feature.

7.5 Protocol compliance

The Protocol will be managed under the direction of Strategic Oversight Board for the HDRC RCT and its sub-groups.

7.6 Data protection and patient confidentiality

The HDRC RCT will ensure all investigators and HDRC RCT staff comply with the requirements of the Data Protection Act 1998 with regards to the collection, storage, processing and disclosure of personal information and will uphold the Act's core principles.

RCT LA is a core member of the Regional Safeguarding Board and is committed to the operation of that Board and its subgroups. RCT HDRC will be bound by the established and embedded safeguarding policies and procedures of RCT LA and the Safeguarding Board. Where necessary, research and ethical approval and oversight will be provided by RCT Information Management Board, UHB and Cardiff University as appropriate.

7.7 Indemnity

Not applicable to this project

7.8 Access to the final study dataset

Access to the data/ outputs and outcomes of the HDRC RCT will be managed in accordance with the Funding Body Contractual Requirements.

8 DISSEMINIATION POLICY

8.1 Dissemination policy

To enable RCT HDRC to achieve its key functions of impacting research culture within the LA, approaches to design effective outputs and strategies for their dissemination are embedded throughout all WPs. Engaging with key stakeholders and co-producing work with the public and end users from the outset will help us to understand the interests, incentives and motivations of our audiences, and tailor delivery of outputs to their needs, in terms of content, format and timing. Relevant audiences for specific outputs and examples of dissemination routes have been identified through public and stakeholder engagement.

8.2 Authorship eligibility guidelines and any intended use of professional writers

To be determined as research papers are developed during the course of the HDRC RCT programme.

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11. APPENDICIES

11.1 Appendix 1– Amendment History

Amendment No.	Protocol version no.	Date issued	Author(s) of changes	Details of changes made