

NIHR Health Determinants Research Collaboration Liverpool Research Protocol

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The NIHR Health Determinants Research Collaboration (HDRC) Liverpool is part of the NIHR and hosted by Liverpool City Council.

[The NIHR](#) funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth.

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

The NIHR has awarded £150 million to 30 HDRCs across the UK, to provide the capacity and capability for local authorities to undertake public health research to address the wider determinants of health and health inequalities.

1 Plain language summary

Liverpool has some of the worst health outcomes in the country. A baby girl born in Kensington in Liverpool can expect to live 13 fewer years in good health than one born and raised in Kensington, London. There are also significant differences in health outcomes within Liverpool, for example there is a 15-year gap in life expectancy at ward level between the most deprived and least deprived parts of the city. Unless we do something differently now health outcomes and health inequalities are predicted to worsen in Liverpool by 2040.

The conditions in which we live, work and play have a huge influence on our health and wellbeing. These social, economic, and environmental factors are known as the 'wider determinants of health'. Liverpool City Council is responsible for or can influence many of these determinants of health for example housing, education, employment, transport, and access to green spaces.

The Health Determinants Research Collaboration Liverpool (HDRC Liverpool) will enable Liverpool City Council (LCC) to become a world leading centre for research. The programme will enable a culture of making evidence informed decisions by LCC and its partners to improve the determinants of health. This will lead to overall improvements in health outcomes and a narrowing of the health divide within the city.

HDRC Liverpool will build on existing strengths and make the best use of Liverpool's data, the experience of our residents and our research and innovation skills. These assets will fuel the development of local solutions with global significance, for Liverpool and for other cities to improve the health of their residents.

HDRC Liverpool is led by Liverpool City Council but is a partnership between the Council, the University of Liverpool (UoL), Liverpool John Moores University (LJMU), Liverpool Healthwatch and Liverpool Charity and Voluntary Service (LCVS) and our local communities.

The aims of HDRC Liverpool are to:

- a. Build research capacity and capability within Liverpool City Council
- b. Develop a culture of evidence-informed decision making within Liverpool City Council
- c. Develop stronger research collaborations across the council, universities, and voluntary, community, faith, and social enterprise (VCFSE) sector
- d. Involve and empower our local communities through the co-design, co-delivery, and co-dissemination of health determinants research
- e. Increase the amount of investment in Liverpool in relation to determinants of health research
- f. Disseminate learning locally, regionally, nationally and influence policy making

2 Background and rationale

There is a strong need for collective action to improve health outcomes and reduce health inequalities in Liverpool. Liverpool is the third most deprived local authority in England and linked to this has some of the worst health outcomes in the country. The *State of Health in the City: Liverpool 2040* report¹ used the latest data and research to paint a picture of health in the city. The report shows that currently those living in our poorest areas live 15 years less than those living in more affluent areas, and that they live 18 more years with poor health. Projections for ill health to 2040 indicate that up to an extra 38,000 of our residents will be living with major illness. This is unacceptable, unfair and avoidable, and the report outlines recommendations for concerted action at a local level with national support. HDRC Liverpool will be a key enabler to improving projected future health outcomes in the city. It will support embedding a health equity approach in the way the Council makes decisions. It will grow our use of evidence and data to improve the health of our population, building on our work with the City's world leading universities on health and wider determinants.

We have a strong foundation to build upon as the Council and City partners recognise that the conditions in which we live, work and play have a huge influence on our health and wellbeing. These social, economic, and environmental factors are known as the 'wider determinants of health'. Liverpool City Council is responsible for or can influence many of these determinants of health for example housing, education, employment, transport, and access to green spaces. The Council Plan² sets out a vision to make Liverpool fairer, cleaner and stronger for all. It addresses the long-term issues facing our city and sets out how we can improve outcomes for our residents. The Council Plan sets out the following priorities:

Pillar 1: A strong and fair economy for all

Pillar 2: High quality and inclusive education, skills and employment

Pillar 3: Thriving economies

Pillar 4: Healthier lives for children and adults

Pillar 5: A well-run Council

LCC is undergoing a fundamental transformation and improvement process, overseen by Government commissioners. This includes a new Leader and Cabinet governance structure, a new Chief Executive and directorate structure, new ward boundaries and increased political stability from all-out elections every four years. Embedding evidence-informed decision-making is already a priority for LCC in its Strategic Improvement Plan, and a core element of transformation and improvement plans. HDRC Liverpool will be a key enabler to the successful delivery of the Council

¹ <https://liverpool.gov.uk/council/public-health-liverpool/state-of-health-in-the-city/>

² <https://liverpool.gov.uk/council/vision-aims-and-values/council-plan/>

Plan and transformation programmes outlined within the Strategic Improvement Plan.

Liverpool is a city of firsts for improving the health of its residents through collective actions on the wider determinants of health. Britain's first Medical Director of Health William Henry Duncan was appointed in Liverpool in 1847³. Dr Duncan made the link between poor living conditions and the spread of disease and successfully made the case for improvement in living conditions and sanitation. Today Liverpool has many assets for action-focused public health research, including established research-practice partnerships, an active community sector and a world leading Civic Data Cooperative⁴. The potential of these assets was demonstrated recently in our responses to the COVID-19 pandemic. This provides HDRC Liverpool with strong foundations to build upon creating and embedding research evidence in a virtuous circle, to improve health and improve inequalities in health through collective actions on the wider determinants.

HDRC Liverpool will build research capacity and capability to ensure evidence informed decision making. Where research does not exist HDRC Liverpool will support the development of new research evidence which will be shared across other cities facing similar issues. This will be undertaken in partnership with our local communities and through building on local community assets.

2.1 Key Barriers to research in local government

In developing our HDRC proposal we explored the challenges and barriers to local government research and opportunities for the council to become more research active. It was recognised there are current gaps within LCC and its partners that limit the generation of relevant research, and its translation into actions that improve health outcomes. Through stakeholder engagement we identified the following key barriers to becoming a learning system, that HDRC Liverpool aims to overcome:

- LCC demonstrates progress towards becoming research active but so far engagement has mainly been responsive – supporting well when approached by others, rather than creating and using research independently.
- Research and evidence-based decision-making insufficiently embedded across LCC directorates and between partner organisations.
- Lack of joined up data systems across LCC which remain unlinked to health data, preventing utilisation for public health research.
- Limited capacity and financial constraints in LCC for research involvement and a lack of experience, awareness and skills for research.
- Research delivers too slowly for evidence use in LCC decision-making.

³ <https://www.cultureliverpool.co.uk/liverpools-dr-duncan-britains-first-medical-officer-of-health/>

⁴ <https://civicdatacooperative.com/>

- Research is insufficiently co-produced to serve the democratic role of local government.
- Research evidence is insufficiently contextualised to inform local practice.
- Local Authority (LA) relevant research focuses on small initiatives without the cost-benefit analysis needed for whole system shift to prevention needed across local government.

HDRC Liverpool has been designed to address these key barriers gaps, the programme will use 5 HDRC Support units to support cultural change and support the successful delivery of our overarching vision and objectives (Further details outlined in section 4.4).

3 Vision, Aims and Principles

A TRANSFORMATIONAL CHANGE PROGRAMME					
VISION					
We will boost research capacity and capability within Liverpool City Council and embed a culture of always using evidence when making decisions. This will make Liverpool a world leading centre for research and innovation in tackling the causes of poor health outcomes and reducing health inequalities.					
AIMS					
Build research capacity and capability within Liverpool City Council	Develop a culture of evidence-informed decision making within Liverpool City Council	Develop stronger research collaborations across the council, universities, and voluntary, community, faith, and social enterprise (VCFSE) sector	Involve and empower local communities through the co-design, co-delivery, and co-dissemination of health determinants research	Increase the amount of investment in Liverpool in relation to determinants of health research	Disseminate learning locally, regionally, nationally and influence policy making
PRIORITY AREAS (ALIGNED TO COUNCIL PLAN)					
A strong and fair economy for all	High quality and inclusive education, skills and employment	Thriving communities	Healthier lives for children and adults	A well connected, sustainable and accessible city	A well-run council
PRINCIPLES					
Co-production: with organisations and our local communities as equal partners Promote equality, diversity, and inclusion Social Justice: Focus on the social determinants of health and reducing health inequalities Be brave and innovative					

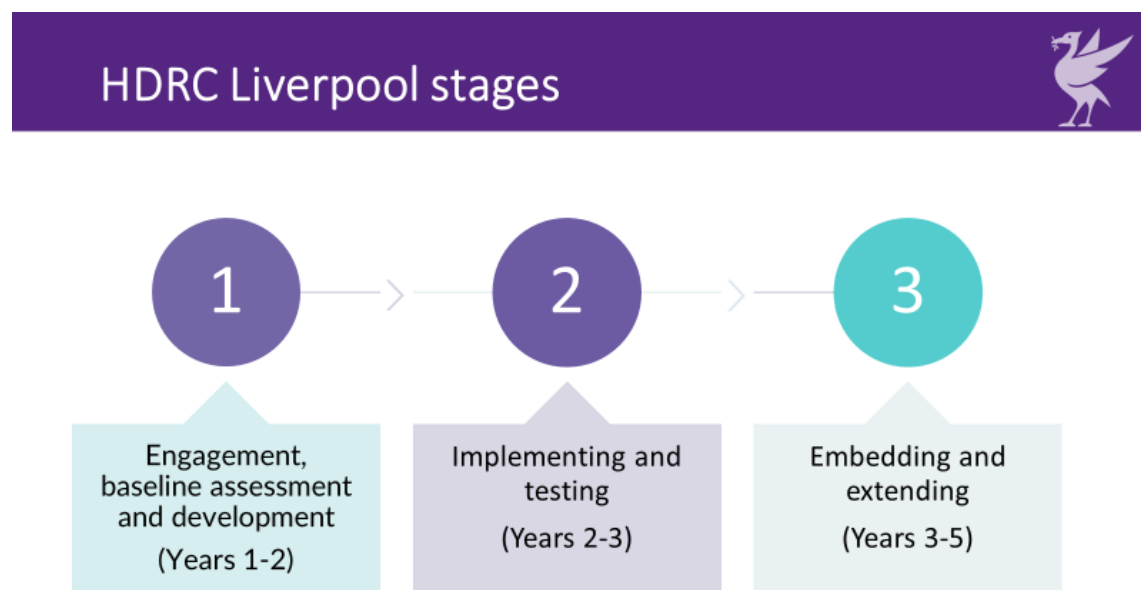
4 Programme Delivery

4.1 A transformational change programme

HDRC Liverpool focuses on delivering cultural change within LCC and between LCC and wider partners. Our approach builds on existing work to enhance the research – evidence – action pipeline in local government, including Bradford’s Local Authority Research System⁵ the Local Government Knowledge Navigators⁶ and other initiatives⁷.

4.2 HDRC Liverpool stages of delivery

We recognise that transforming this system needs to “start from the way that local government perceive and formulate problems and priorities within a resource-limited environment and with what they are already doing about the issues”⁷. With that in mind we have set out a staged process over the 5 years of the programme funding. A key priority in year 1 to 2 of the programme is the co-production of a HDRC Liverpool research strategy and action plan.



⁵ <https://actearly.org.uk/wp-content/uploads/2020/12/Appendix-D-Report-version-for-our-local-partners.pdf>

⁶ <https://solace.org.uk/wp-content/uploads/2019/05/SOLACE-Reports-and-Guides-Solace-Making-the-Most-of-Research.pdf>

⁷ <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0589-5>

Stage	Overview of activity
Stage 1. Engagement, baseline assessment and development (Y1-2)	<p>We will embed research leadership across LCC directorates, identifying evidence champions with reciprocal mentorship with researchers with joint interests. We will review decision support needs across the council, including the five new scrutiny committees aligned to LCC's strategic priorities and the budget setting process to identify opportunities for embedding evidence. Baseline needs assessment of LA staff and elected members will identify skills gaps, enable monitoring and evaluation, and inform the capacity building and training plan and its implementation. Evidence champions, working with the leadership team and our community evidence network, will co-produce a shared vision, identifying research priorities as part of our Joint Strategic Needs Assessment, that will inform the research strategy and action plan, delivered through Research Development Networks, extending our existing ARC North West Coast (NWC) model, utilising our civic data infrastructure.</p>
Stage 2. Implementing and testing (Y2-3)	<p>Actions across LCC will integrate the HDRC support units into LCC decision-making processes. Capacity building and training will ensure research utilisation and practice becomes a core part of LCC leadership with targeted intensive training and continuous professional development, utilising NIHR academy opportunities. The decision support review will lead to new impact assessment processes for embedding evidence in decision-making which will be trialled in at least three areas relevant to key social determinants. These will apply innovative approaches for evidence synthesis, modelling and communication within processes such as priority setting for the new Strategies, annual council budget setting or major service reviews. During this stage, at least three Research Development Networks will secure grant funding to address big challenges identified in the research strategy, utilising health determinants datasets linked with health and care outcomes data. Whilst areas of focus will be refined through co-production it is envisaged that these will be aligned to our Council Plan priorities. Feedback from continuous evaluation of progress will inform adaptation of our strategy to enhance effectiveness.</p>
Stage 3. Embedding and extending (Y3-5)	<p>This 'Liverpool Research System' will become "business as usual". Lessons learnt from pilot activities will become standard operating procedures across LCC, with a rolling programme of health determinants research, needs identification, rapid evidence synthesis and modelling projects to support decision-making and longer-term programmes of research. Together these changes will drive a research evidence-into-action and action-into-research cycle, raising research funding of at least £1 million per year for high impact research.</p>

4.3 Collaborators

HDRC Liverpool is led by Liverpool City Council but is a partnership between the Council, the University of Liverpool (UoL), Liverpool John Moores University (LJMU), Liverpool Healthwatch and Liverpool Charity and Voluntary Service (LCVS) and our local communities. Key roles are outlined below:

Collaborator	Role
Liverpool City Council	Leadership of HDRC Liverpool. Integration of HDRC Liverpool across LCC directorates, leading the process of culture change across management levels within LCC. Aligning priorities of HDRC with council plan, and stewardship of wider system change for action-focused wider determinants research.
University of Liverpool	Leading academic support, aligning this with each directorate's priorities. Ensuring LCC is central to civic data infrastructure, including integration into NHS regional Secure Data Environments and Liverpool City Region (LCR) Civic Data Cooperative. Application of data-driven research methods for rapid evaluation. Application of economics and modelling expertise. Support for knowledge mobilisation through the Heseltine Institute.
Liverpool John Moores University	Designing and delivering capacity building and training activities. Leading evidence synthesis, decision support and participatory research methods.
Healthwatch Liverpool	Champion for public involvement and ensuring public voice in all areas.
Liverpool CVS (Liverpool Charity and Voluntary Services)	Champion for VCSFE (Voluntary, Community, Faith and Social Enterprise) sector ensuring engagement as equal partners in co-producing research and building research capacity within VCSFE sector in partnership with local government research.

4.4 HDRC Liverpool Support Units

Building on the gap analysis undertaken to barriers to research within local government the programme will use 5 HDRC Support units to support cultural change and support the successful delivery of our overarching vision and objectives.



4.4.1 Unit 1: Civic data integration

HDRC Liverpool will address a critical gap in data-driven wider determinant research in local government. Health and care systems are rapidly developing integrated civic linked data and intelligence systems and Liverpool has been at the forefront of this, establishing the world's first Civic Data Cooperative serving 2.6 million people, providing near real-time intelligence and rapid causal intervention impact evaluation. The integration of LA and VCSFE data into this infrastructure remains limited and is a major barrier to effective wider determinants research. HDRC Liverpool will enrich this portfolio by bringing new LA health determinants dataflows into the Civic Data Cooperative, shifting research investment to prevention, inequalities and population health interventions.

We will identify key determinant datasets across LCC (e.g., education, housing, homelessness, social care, local welfare provision) and our VSCFE partners (e.g., Torus and Cobalt Housing Associations, Citizens Advice), enabling routine anonymised linkage of those datasets with existing health data, including innovative household level data linkage. Dedicated information governance specialists and data engineers will overcome barriers to data linkage faced by LAs and other organisations outside the NHS within (sub-national) Secure Data Environments. Our new Civic Health Innovation Lab (CHIL) will link HDRC Liverpool with the work of

companies and methodological research teams developing novel, privacy-preserving, analytic technology to produce cross organisation insights where it is unethical or impractical to link individual-level records persistently e.g., across NHS, social care, third sector, housing and police.

From October 2023, CHIL will offer HDRC Liverpool a secure data analytic hub, giving 40 public health analysts across LCC, Universities and the NHS access to a secure data analytic environment of linked LA, NHS, and wider civic data for applied research, operational intelligence, modelling and planning for prevention. For example, we are developing novel linkage of data streams from police and schools, using privacy-preserving methods: police agreement has just been secured for the text mining of statements to enhance our analysis of mental health and drug/alcohol issues. Future data linkage work could, for example, help us better understand the health needs of looked after children, or build more health evidence into housing policy about assisted living, extra care housing and housing quality improvement. UoL has funded four new academic posts in CHIL, able to offer LCC data science training. Linking this with HDRC apprenticeships will support the council's commitment to establish a Data Academy.

4.4.2 Unit 2: Decision Support (evidence synthesis and modelling)

Reviews of LA based decision-making have highlighted that evidence needs to be contextualised, demonstrating the impact and cost implications for local populations. This means demonstrating the health and economic impact to audiences including senior leaders and elected councillors.

HDRC Liverpool will build and embed a decision support system within LCC that integrates evidence synthesis with modelling of impacts and costs for the Liverpool population.

Horizon scanning with evidence champions and embedded researchers will generate timely actionable questions for rapid evidence reviews. Production of reviews will be coordinated across LCC, LJMU, and the Heseltine Institute with the support of the Liverpool Evidence Synthesis group (UoL), bringing together diverse public health evidence synthesis expertise. An evidence bank will be developed providing an accessible resource of existing, contextualised knowledge that will also be useful for other HDRCs/other localities. Practice and policy briefings will package and tailor evidence review findings to address local or specific contexts relevant to the needs of LCC decision makers. Evidence reviews will identify gaps within the evidence base and opportunities to develop research to address these.

The findings from evidence review will feed decision support and economic modelling focussed on the decisions that LCC is making on key determinants: employment, income, education, housing, neighbourhoods and children's services, modelling the costs and benefits of prevention investment strategies over different time horizons. We will pilot this in key decision-making processes. These models will be co-developed with council officers and the Community Evidence Network ensuring relevance. We will leverage the power of data linkage through our civic data

integration and existing work developing synthetic populations to test out policy scenarios, including our NIHR-funded NHS Health Checks WorkHORSE model, and Liverpool food systems model. Models will be released as open-access and open-source to enable them to be used in other LAs. Economic modelling will be flexible and pragmatic, adapting to the question and data availability using prioritisation methods like programme budgeting and marginal analysis, and multi criteria decision analysis, we have previously applied in local and national government.

4.4.3 Unit 3: Community Evidence Network / Public involvement

Our approach to community involvement aims to make the lived experience of residents central to priority setting and the production of new knowledge by developing the capacity of the VCFSE sector to use their existing ‘grass-roots’ knowledge and by developing capacity for community led research.

A VCFSE sector intelligence system will be developed, with researchers embedded in the existing *Health & Wellbeing Organisations Network* of over 300 VCFSE organizations in Liverpool, identifying mechanisms for capturing information on lived experience – including data linkage through our civic data integration. This will involve engaging all groups and abilities, where they are, on their terms, on issues that matter to them and establishing mechanisms for crowd-sourcing public experience. Making every comment count, we will bring together information for example from across frontline community services (e.g., food bank volunteers, Healthwatch enquiries staff, or advice workers). This will extend our existing work as part of the Civic Data Cooperative’s innovative ‘Round ‘Ere’ project pilots, building a wellbeing data hub led and designed by the community. It draws on participatory methods including co-design, community-led social science and co-production to test and build better measures of wellbeing at the local level. HDRC Liverpool will draw on lessons learned from this project to extend its methodology and innovative public participation data stewardship mechanisms.

We will grow capacity for community-led research, building on our participatory research expertise and learning from the growing international community-led story telling movement. We will establish ‘Liverpool Stories’, a rolling, diverse cohort of ~50 citizen journalist researchers whom we will empower to tell their stories, co-produce research and advocate for evidence-based change. This will link with, and extend, the existing ‘Demanding Health Equity’ community journalist network in Cumbria and Lancashire. Support will include training, establishing and maintaining an online citizen journalists platform for sharing digital content and commissioning community organisations to sustain and support the Network. Specific alternatives will be provided for those without digital access. Young people will be engaged through our existing youth groups including the UNICEF Child Friendly Cities Programme Reference Group; UoL Young People’s Advisory Group and Liverpool Children’s Parliament. Network members will share in the vision of LHDRC and be involved as equal partners in all core activity including delivering training, identifying

research priorities, designing research, dissemination activities and HDRC evaluation.

4.4.4 Unit 4: Capacity building and training

Our tailored capacity building and training plan will be informed by a baseline training needs analysis and an assessment of research capacity and culture (RCC) and the use of evidence in decision-making, using validated tools. Interviews will bring deeper understanding of LA research and evaluation practices, training needs, how evidence is defined within LCC, types of LA research and evaluation practices, current activity, and preferred methods for skills development. This will inform the design of a researcher development programme that will build motivation, knowledge, skills, and confidence by focusing on leadership, organisational culture and partnerships. The same RCC tool will be used biennially to measure the effectiveness of the implemented capacity and culture change initiatives. The training plan will include a comprehensive CPD offer with university modules, courses, conferences, and bespoke short courses, supporting PhD level studies. Three matched PhD studentships have been contributed from UoL and LJMU.

A train-the-trainer model will support sustainability by providing bespoke training and support resources, within LCC peer-led training by evidence champions and interns. This programme will support and be supported by embedded change agents within LCC. Evidence Champions (~12) will be identified across LCC staff levels in the six directorates. A reciprocal cross-mentoring approach will match them in co-learning partnerships with academics with relevant research interests. A rolling programme of internships will be supported, buying out LCC staff time to undertake research and integrated training. Three researchers per year will be embedded within directorates, fostering learning exchange.

Partnerships will be brought together into Research Development Networks (RDNs) on prioritised topics, extending our existing ARC NWC model. The Universities will help the RDNs to secure funding to address the key challenges faced by local government, and further invest in capacity building. LCC practitioners will be supported to secure access to NIHR academic programme such as the LA Academic Fellowship Programme and Transdisciplinary Placements.

4.4.5 Unit 5: Knowledge mobilisation

The knowledge mobilisation programme will take: (1) our innovative methodology supporting research and evidence-based decision-making in local government and (2) findings from HDRC Liverpool research, though to changes in policy and practice locally, nationally, and internationally. To maximise translation of findings into actionable impact we will:

- Produce accessible and inclusive, actionable information, convening a network of knowledge brokers to develop new linkages and connect HDRC research

outcomes with policymakers and practitioners within local and central government. For example, working with the Local Government Association and Local Government Information Unit we will set actionable research findings within the narrative of existing LA policy, utilising language that resonates with this setting. Outputs will include evidence and insights reports, policy and practice briefings and workshops, podcasts, codeveloped public-facing blogs, interactive web visualisations and graphic novels and animations accessible to a wide range of audiences.

- **Utilise diverse public participation for social change:** Our research will be produced with and communicated to local communities where gaps in the evidence exist, including an initial series of local and user-focused engagement events to assess live community concerns and priorities. Ongoing activities will utilise innovative arts-based approaches leveraging Liverpool's creative industries, for example digital storytelling, photographs and walking methods. We will identify and create community, policy, and practitioner participatory spaces where research findings can be transformed into action on health inequalities.
- **Contextualising the evidence:** We will develop tools that enable councils to model the impact and understand the implications for their specific populations.
- **Utilising regional, national and international networks:** We will use our policy, practice, and academic networks to target particular policymakers with tailored messages in ways likely to have most impact on policymaking.

5 Priorities

HDRC Liverpool builds on our track record of applied wider determinants health research in partnership with local government. Whilst our detailed strategy will be co-produced with our communities, we have at this stage identified priority areas that align with the existing Council and City Plan, and where proposed developments in LCC's strategy present opportunities to test and evaluate actions on the social determinants of health. Examples are provided below related to economic growth, neighbourhoods, housing; and children and young people.

5.1 A strong and fair economy for all

Liverpool's City Plan, the LCC Council Plan and the Liverpool City Region Combined Authority (LCRA) Plan for Prosperity all emphasise inclusive economic growth that promotes environmental sustainability, wellbeing and greater equity. HDRC will contribute to the LCC inclusive growth strategy by tackling the crucial evidence gap about how best to achieve this. It could for example investigate the impact on health determinants of major regeneration projects such as Anfield Square and Festival Gardens. We are well placed to support ground-breaking research in this area: our Heseltine Institute has been the key academic partner in the development of this

strategy and we already have a strong research track record on the health impacts of economic policy, including an Economies for Healthier Lives partnership with Liverpool City Region Combined Authority⁸.

5.2 Neighbourhoods

In July 2023 LCC adopted a new neighbourhood model, with £1.9 million funding across 13 Neighbourhoods, with the aim of improving outcomes for residents and building on the success of initial pilots in Croxteth and Picton. The Heseltine Institute evaluation of the Croxteth pilot confirmed that poor health was a barrier to accessing and benefiting from other services, underlining the need for health and wellbeing to be central to neighbourhood approaches⁹. The neighbourhood model will adapt service design and delivery to each neighbourhoods' unique situations so that LCC can listen more and use data more intelligently, tailoring its own services to local need and working with partners to do the same. HDRC Liverpool will support this, for example by developing and evaluating new models of public involvement in service redesign and impacts on social determinants.

5.3 Housing

LCC has agreed to develop a new Housing Strategy, including a portfolio of major housing and development opportunities, and a programme of neighbourhood improvement through licensing, enforcement, community development, retrofit and partnerships with registered providers. Liverpool has a history of innovation in housing policy, introducing the largest selective licencing scheme of private landlords in the country. Evaluative research of these developments through the HDRC Liverpool can maximise their contribution to improving the health of tenants, looking for example at the health impacts of temporary accommodation and of overcrowding, particularly for families.

5.4 Children and young people

Since 2020, indirect impacts of the pandemic have included step change increases in childhood obesity, rates of mental health problems among young people, increased child poverty and young people out of work with poor health. Local areas need better evidence to inform ongoing system changes impacting children as we emerge from the pandemic. These include the rollout of a refreshed Start for Life strategy and family hubs outlined in the recent early years review; and the development of integrated services for CYP mental health. Liverpool is one of 75 LA areas successful in securing £4.8 million for Family Hubs and the Start for Life programme over 3 years. HDRC Liverpool creates an opportunity to ensure that

⁸ <https://www.liverpoolcityregion-ca.gov.uk/economies-for-healthier-lives>

⁹ <https://www.liverpool.ac.uk/heseltine-institute/projects/croxteth-good-help-hub/>

major new LCC priorities are shaped from the start by robust evidence, and that evaluation is built into service design, supported by Liverpool's new birth cohort study (C-GULL: Children Growing up in Liverpool) nested within the Civic Data Cooperative

6 Governance

6.1 Programme Board

To oversee and guide the strategic direction of the LHDRC, we will establish a program board, chaired by the Director of Public Health (DPH) with the Chief Operating Officer (COO) as deputy chair. This board will include director-level representation from all council directorates, as well as representatives from UoL, LJMU, Healthwatch Liverpool, and Liverpool Charity and Voluntary Services (LCVS). The COO will serve as the escalation point into the Council's management team. Together, the board will provide strategic direction, review progress reports, and ensure that the LHDRC remains firmly aligned with council priorities.

6.2 Programme Steering Committee

In addition to the programme board for internal assurance a programme steering committee will also be established to provide expert advice that is independent of the Investigators¹⁰. The committee will be made up of 75% of members from outside of HDRC Liverpool and will monitor progress - against pre-agreed milestones, adherence to the agreed programme and any more detailed protocols. It will advise on proposed changes to the programme's plans in light of new evidence or other unanticipated development and encourage appropriate efforts to disseminate the programme's findings.

6.3 Staffing structure

Our staffing structure has been carefully designed to foster ownership of the HDRC Liverpool across all directorates of LCC. This approach ensures the seamless integration of research and evidence-based practice throughout the organisation while maintaining alignment with the council's strategic leadership. Our goal is to weave the HDRC into every aspect of the council, disseminating positions across various departments to build capacity, enhance capability, and ensure sustainability beyond the initial five-year period.

Appendix 1 provides an overview of HDRC Liverpool roles and responsibilities.

¹⁰ <https://www.nihr.ac.uk/documents/pgfar-programme-steering-committee-guidance/12189>

To maintain strong elected member oversight and engagement, we will appoint a Cabinet member lead who will actively liaise with other council members through the council's scrutiny function. This ensures that elected officials are involved in shaping the HDRC Liverpool agenda and decision-making processes.

HDRC staff will be integrated across various departments, working collaboratively under the central coordination of LCC's policy and performance team, led by the Director of Public Health and the Chief Operating Officer. This approach will facilitate effective collaboration, resource-sharing, and the strategic alignment of research activities with the Council Plan and the City Plan, ensuring that the HDRC Liverpool initiatives directly contribute to the council's overall vision and goals.

7 Implementation and Milestones

Milestones and stop/go criteria were outlined in the bid and are included in the table below. During year 1, we will focus on implementation, ensuring all key milestones are achieved before transitioning into operational stages in years 2-5.

Success criteria for the first-year focus on practical aspects such as recruitment, baseline assessment, engagement, planning and monitoring frameworks. Specific KPIs and monitoring framework will be developed within the first 6 months. Once these initial actions are successfully accomplished, the focus will shift towards building capacity, increasing research outputs, effective dissemination, and influence. HDRC Liverpool will publish an annual report including performance metrics showcasing progress over the previous year and plans for the following year.

HDRC Liverpool will undergo a comprehensive review with partners in years 2 and 4, assessing progress against deliverables, key performance indicators (KPIs), outcomes, and overall impact. This will include review of progress from baseline in Research Capacity and Culture (RCC) indicators, community engagement in research delivery, metrics for uptake of evidence-based approach in council decision-making, and equality of participation across equality diversity and inclusion indicators.

In addition to ongoing reviews, a formal evaluation of the HDRC's impact will be conducted at the end of the 5-year period. This evaluation will begin in year 3, drawing upon annual reports and comprehensive reviews. It will comprehensively assess the impact within LCC and the wider impact of Liverpool as a centre of research excellence. The evaluation will encompass both quantitative and qualitative measures, including staff and community perceptions and partnership working.

HDRC Liverpool Milestones and success criteria

No.	Year	Measure
1	1	Recruitment of core HDRC staff
2	1	All LCC directorates nominate evidence champions, paired with researchers experienced in relevant fields
3	1	Completed baseline Research Capacity and Culture (RCC) needs assessment
4	1	Create KPI and performance monitoring framework
5	1	LCC agrees capacity building and training plan, informed by baseline needs assessment of staff and elected members.
6	1	Rolling programme established of at least two rapid evidence reviews each year.
7	2 & 4	Year 2 and 4 review of baseline Research Capacity and Culture (RCC) needs assessment – indicates progress.
8	2	LCC adopts research strategy and action plan, based on shared vision between evidence champions, community evidence network and leadership team
9	2	Targeted intensive training and continuous professional development in research utilisation and practice rolled out to LCC staff and elected members
10	2	Evidence bank developed providing an accessible resource of existing, contextualised knowledge to inform evidenced based practice.
11	2	Year 2 and 4 review shows majority of research across LHDRC is co-produced with diverse community partners and addresses lived experience priorities.
12	2	Year 2 and 4 review of equality of participation assesses progress in participation of under-represented groups and initiates actions to address any shortfalls.
13	2	Year 2 and 4 review of cabinet reports and other corporate documents shows majority include a section on evidence used to support proposals for investments.
14	3	Directorates trial new impact assessment processes for embedding evidence in decision-making in at least 3 areas relevant to key social determinants
15	3	At least 3 determinants LA data sets linked with health data, accessible to LA and university researchers and utilised for public health research.
16	3	3 Research Development Networks secure grant funding to address big challenges identified in the research strategy
17	3	Modelling tools developed supporting decision-making in at least three key determinants areas in LCC.
18	3	Regional Research Hub established enabling regular shared learning across Liverpool City / Cheshire and Merseyside regions.
19	4	Research collaborations established and delivering research across all core LCC service delivery directorates (Adult Social Care, Public Health, Children and Young people, City Development, Neighbourhoods and Housing).
20	4	Cohort of 50 Community Journalists active and utilising digital story platform with significant engagement in research.
21	4	HDRC secures research funding of at least £1 million per year for high impact research (ongoing)
22	4	At least 2 national learning events organised to share key findings learning from LHDRC
23	5	LCC, the two universities and community partners jointly agree joint public health research priorities and strategy over 5 year cycles that inform the development of research portfolios
24	5	At least 1 international Healthy Cities Event, hosted with WHO, sharing lessons learnt from LHDRC.
25	5	Liverpool's methodological innovations in community journalism, civic data integration and scenario modelling in use across multiple councils in the UK and beyond.
26	5	Published evidence demonstrates how LCC is improving health, and reducing inequalities in health and its wider determinants, through more effective and efficient services

8 Measuring Impact

HDRC Liverpool aims to increase research capability and capacity, leading to evidence informed policy development that will reduce health inequalities and improve health outcomes in the region. HDRC Liverpool will play a fundamental role in driving the research agenda,

ensuring that evidence informed decision-making becomes central to all council decisions and across every directorate through a 'research in all policies approach.'

Over a five-year period, HDRC Liverpool plans to achieve these goals by building the necessary capability and capacity to enable evidence production. HDRC Liverpool aims to be inclusive, involving local communities, service providers, decision-makers, and political figures on its journey. It intends to change the way health inequalities are addressed and health improvements are pursued, embedding a health equity lens in the design, commissioning and provision of services. This means considering the wider determinants of health and moving away from traditional silo working to address the needs of the people affected.

While the primary focus will be on Liverpool, HDRC Liverpool aims to positively influence and support other LAs nationally and internationally to adopt similar evidence-informed decision-making processes. HDRC Liverpool will use its senior leaders and dissemination channels to lobby and influence national policy and decision-makers, emphasising the importance of a health equity lens in local government policies.

The success of the HDRC Liverpool's initiatives will be measured through tangible indicators and outcomes, monitoring and evaluating the increase in research capacity across various measures over the course of five years. HDRC Liverpool acknowledges that tackling health inequalities will be an ongoing process and aims to demonstrate incremental progress over 5 years.

9 Dissemination strategy

Our dissemination strategy will be supported through our knowledge management HDRC support unit, with a twin focus, both internally changing practice across LCC's departments and civic partnership and externally influencing evidenced-based local government practice across our region, national and international networks. The anticipated outputs from LHDRC will include:

- Tools and methods for embedding research and evidenced based decision-making in local government. For example innovative approaches for privacy protection that enable analysis across local government, NHS and third sector datasets that enable public health research
- New approaches for crowdsourcing lived experience insights from across frontline community services.
- New rapid impact assessment procedures to support effective decision-making for public health.
- New decision support modelling tools that enable rapid synthesis of evidence informing the costs and benefits of alternative local government decisions.
- Novel methods for assessing and monitoring local government research capacity and culture change.

- New methods in community led research learning from the growing international community-led story telling movement.

Alongside these tools and methods our research strategy will produce high quality research outputs providing new evidence of what local government actions work, for whom, to improve health outcomes and reduce inequalities.

For each of these outputs we will produce both high impact academic articles in peer reviewed journals and products tailored to the information needs of specific audiences (e.g public, LAs, the voluntary sector, national government and industry). This will include policy and practice briefings, open-source software and datasets, workshops, podcasts, public-facing blogs, interactive web visualisations and graphic novels and animations accessible to a wide range of audiences.

Co-production will be central to the LHDRC communication strategy, involving our key audiences (elected members, LA staff, VCFSE, members of the public) in developing and disseminating research.

Liverpool City Council will be the owners of the foreground and background IP related to this project.

10 Public and community involvement

Public and community involvement is central to our HDRC, with co-production built into our programme of work through our community evidence Network. Our approach is to provide multiple opportunities for members of the public to engage and influence, at different levels, from providing information and comments on their experience to active involvement in community led research.

We will build on existing structures across the VCSFE sector, taking every opportunity to gather information from interactions with the public, involving people on their own terms on issues that matter to them. Our community evidence network will provide opportunities for members of the public to actively participate in deciding on research priorities and delivering research, whilst creating a network that can reach out into communities eliciting views from those who are seldom heard.

We will work with existing networks including VCFSE Strategic Health Leads Forum: a collaborative of senior leaders from VCFSE organisations and the Liverpool Access to Advice Network (LATAN) funded by LCC, UoL and Citizens Advice Liverpool, creating new forms of collaboration in the Liverpool advice sector. With these networks of VCFE organisations we will explore new approaches for collating

lived experience from interactions with the public. Specific work will focus on organisations working with underrepresented groups, such as the Anthony Walker Foundation and Sahir House, which works with the LGBTQ+ community.

Our community evidence network and community journalist program will train and support up to 100 community researcher / journalists over the 5-year period. They will be offered opportunities to get involved in specific projects, applying their citizen journalist researcher skills in identifying research priorities, designing participatory research, outreach, insight, delivery and dissemination. The recruitment of the citizen journalist researchers will be undertaken by the public and community involvement manager and community research involvement workers. LCVS and Healthwatch will promote and support these opportunities across the sector. The citizen journalist/researcher platform will enable dissemination. The community researcher programme will work with and support our existing Community Champions' programme.

Feedback to the public and the VCFSE sector will be an important part of our strategy. Working with community journalists we will produce a public facing newsletter, along with social media posts, videos and small feedback sessions, articulating the difference public involvement has made to policy and outcomes for communities, showing how involvement makes a difference, so that we keep people engaging. This will be disseminated through multiple routes including through our VCFSE networks.

11 Safeguarding and ethics

While we do not anticipate encountering any safeguarding issues, we are fully aware that the LHDRC's work involves engaging with vulnerable communities. Therefore, it is imperative to have clear processes in place in the event that any issues arise. To address this, the HDRC will establish a safeguarding policy aligned with the council's existing safeguarding policy. This policy will outline the procedure for escalating identified issues through the line management route and reporting them to relevant bodies, such as the adult social care safeguarding team, if necessary. Furthermore, all research projects undertaken by HDRC Liverpool will undergo thorough assessment by University research ethics committees. Both universities will act as research sponsors, ensuring that the highest ethical standards are maintained throughout the research activities.

12 Appendix 1: HDRC Roles and Responsibilities

Staff	Roles
Professor Matthew Ashton, LCC	Council leadership - Lead Investigator responsible for the management of HDRC Liverpool and chair of the HDRC programme Board, coordination of HDRC with LCCs public health team and the Health and Wellbeing Board.
Ms Jacqui McKinlay, LCC	Council leadership - Deputy chair of the Programme Board, coordination with the Office of the Chief Operating Officer, link into Council CMT.
Elsbeth Anwar, LCC	Operational lead for Public Health at LCC. Delivery support and oversight of HDRC Liverpool programme.
Lisa Smith, LCC	Delivery support and oversight of HDRC Liverpool programme.
Chris Lewis, LCC	Delivery support and oversight of HDRC Liverpool programme.
Sarah Thwaite, Healthwatch Liverpool	Champion for public involvement within the HDRC research strategy, supporting the HDRC Community Evidence Network ensuring public voice in all areas.
Clare White, LCVS	Champion for VCSFE sector ensuring engagement as equal partners in co-producing research and building research capacity for research by VCSFE in partnership with local government research.
Professor Ben Barr, UoL	Coordinating engagement across the two HEIs. Leading academic support for HDRC Liverpool. Application of data-driven research methods for rapid evaluation.
Professor Iain Buchan, UoL	Ensuring LCC is central to civic data infrastructure, including integration into NHS regional Secure Data Environments and LCR Civic Data Cooperative.
Professor Mark Bellis, LJMU	Coordinating engagement across the two HEIs. Leading academic support for HDRC Liverpool. Leading academic support from LJMU
Professor Gillian Hutcheon, LJMU	Leading academic input into LCC research capacity building.
Dr Lisa Jones, LJMU	Leading academic input into evidence synthesis and decision support.
Dr Brendan Collins, UoL	Health economic expertise leading development of cost-benefit modelling for decision support.
Dr Chris Kypridemos, UoL	Supporting the development of decision support modelling.
Sue Jarvis, UoL	Leading knowledge exchange activities through Heseltine institute
Hannah Timpson, LJMU	Providing expertise and advice on participatory research methods
Programme Manager, LCC	Day-to-day management of HDRC Liverpool supporting, developing and implementing the HDRC research strategy,

	ensuring engagement across directorates and representing HDRC Liverpool across directorate meetings.
Project Manager, LCC	Developing and implementing project management systems, supporting all HDRC projects, the practical management of public and practice engagement systems, including EDI monitoring
Project Support Officer, LCC	Support the finance function for HDRC including costing of pre-award funding applications; engaging with funding bodies, universities and commissioners; post-award finance management; issue financial reports to funding bodies, and support procurement, assisting in the organisation of workshops, travel and events.
Evidence Champions, LCC	Evidence champions in each directorate developing research, reviewing decision support needs and identifying research priorities, participating in Research Delivery Networks to deliver research programmes.
Public and community involvement manager, LCC	Support community-led research.
Community research involvement worker x 3	Support community-led research.
Data technician	Enabling linkage and processing of health determinants datasets within Liverpool Civic Data Cooperative, including privacy protecting and information Governance compliance.
Data Scientist	Ensuring maximum use of determinants data for research purposes through supporting existing pooled analytics resources across universities, NHS and local government to deliver local government focused research analytics.
Evidence Synthesis Researcher x2	Initiate and develop evidence synthesis research projects and evidence reviews.
Modeller	Develop LCC decision support systems that integrate evidence synthesis with modelling of impacts and costs for the Liverpool population.
Knowledge translation officers x2	Maximising the impact of LHDRC research within LCC, across the region, nationally and internationally, utilising our extensive networks and applying innovative approaches for knowledge mobilisation, dissemination, and impact.
Researcher in Applied Public Health Methods (Training Lead)	Co-design and deliver capacity building and training activities to support LCC staff to increase their knowledge and understanding of evidence synthesis approaches.
Embedded researchers X 5	Existing researchers from LJMU and UoL to be embedded within LCC and VCSFE, supporting applied research and skills sharing

Internships X 5	Existing LCC and VCSFE staff supported to get involved in research, alongside skills development package.
PhD studentships	3 matched PhD studentships provided by UoL and LJMU enabling LCC and VCSFE staff or other appropriate candidates to develop applied LA public health research skills.