Health Determinants Research Collaboration Portsmouth: detailed Business Plan

Collaborative Learning Island Portsmouth (CLIP): Delivering Health Determinants Social Research to explore and tackle health inequalities experienced by our population

VERSION CONTROL

Version	Updated by	Date	Changes
1.0	Gail Mann	25.07.2023	Original submitted version
2.0	Matthew Gummerson	12.04.2024	Updated Business Case with Development Year activity

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HDRC Business Case (Detailed Research Plan): Portsmouth City Council (PCC)

Collaborative Learning Island Portsmouth (CLIP): Delivering Health Determinants Social Research to explore and tackle health inequalities experienced by our population.

Summary:

The Collaborative Learning Island Portsmouth (CLIP) Business Case describes our approach to implementing and delivering a unique HDRC, driven by a council, university and community collaborative that have continued to pursue and grow our vision for a research active council since our 2022 submission. It should be read alongside the Logic Model and Flow Diagram accompanying the Business Case, which is structured as follows:

Section 1 briefly explains why Portsmouth is the ideal place to build this collaboration in terms of the socio-economic factors impacting the health of our population; the potential for research capacity development; and the partnerships and collaborative culture that will enable success.

Section 2 outlines our vision for a future in which CLIP is generating research and learning activity to support a 360-degree analysis of and response to health and wellbeing challenges for the city, focused on health determinants. The HDRC will enable a tangible shift in culture, activity and decision making, to the routine use of evidence-informed approaches, where local research findings and academic evidence inform dialogue and action in the city.

Section 3 sets out in detail our 3 Aims and the 10 Objectives that support them. Note that in addition to these, our plans for the development year from January-December 2024 are noted in section 3, referencing the appendix A that holds our plan for the development year.

- Aim A: Create structural conditions for cultural change, combining system and senior leadership with the funded extension of existing teams
- Aim B: Deliver a community-based Health Determinants Social Research (HDSR) programme that grows community research, embeds public involvement, and establishes sustainable CLIP collaborations
- Aim C: Create a culture within the local authority that attends to evidence about health determinants inequalities and the prevention of ill-health in all of its decision making

This section describes collaborations and resources to underpin our success and the KPIs and plans for evaluation. These are central to how learning shapes the programme's development and produces impact/outputs.

Section 4 sets out the delivery strategy for our HDSR programme that draws together learning about the conditions that produce health inequalities, the lived experience of health inequalities and the efficacy in design and implementation of interventions. This is underpinned by our collaboration with the University of Portsmouth (UoP) and will support council decisions and a developing research culture in the council.

Section 5 provides additional information in relation to core HDRC requirements including the project timetable, leadership and governance, justification of costs, capacity, and sustainability.

Section 6 sets out our approach to intellectual property, knowledge translation, dissemination, outputs and anticipated impact. It describes the success factors, barriers and mitigations, and routes to sustainability that will ensure the success of our CLIP and its contribution to the overall HDRC programme.

1.0 Collaborative Learning Island Portsmouth (CLIP): Delivering Health Determinants Social Research to explore and tackle health inequalities experienced by our population.

1.1 Background and rationale

Portsmouth is the UK's only island city and is the second most densely populated area in the UK outside central London. Portsmouth's HDRC programme will operate from Charles Dickens Ward

(CDW) in the heart of the city, one of the 10% most deprived wards in the country (Indices of Multiple Deprivation, 2019) with parts among the most deprived 1% nationally. Residents in this and other areas of Portsmouth experience disadvantage in multiple ways and suffer significantly poorer health outcomes as a result. For example, in CDW, life expectancy is 8 years lower for men and 6 years lower for women than in the least deprived ward in the city (OHID, 2022). Life expectancy in Portsmouth is significantly lower than the England average and the gap for females has been widening in recent years. Furthermore, in 2019/20 8,000 children were in relative low-income families, including 35% of children in CDW. Yet there are exciting opportunities and potential for improvement. Current and planned infrastructure investment in the city aims to tackle known drivers of health inequalities in Portsmouth and include major urban regeneration projects, investment in leisure facilities to encourage physical activity, and tackling air quality by implementing a Clean Air Zone. Our HDRC project will build relationships that support knowledge exchange (KE) between the council, Portsmouth communities, UoP and other collaborators to translate knowledge into action and support improved health outcomes.

1.2 Strategic enablers

Locally, the city's Health and Wellbeing Strategy 2022-2030 is focused on health determinants to address the inequalities that lead to poor outcomes in our population. Approved by partners from across the city in February 2022, it established five priority areas for health and wellbeing, identified in the document as the 'causes of the causes'. These are Tackling Poverty, Housing, Air Quality and Active Travel, Positive Relationships and Educational Attainment. The ambition of the Health and Wellbeing Board (HWB) is to better understand and address these root causes of the city's health inequalities. Our HDRC (CLIP) will provide the evidence to inform HWB decisions and actions and has their support.

The Hampshire and Isle of Wight Integrated Care System, and Health and Care Portsmouth, provide a new backdrop for regional and place-based health and care planning that makes it increasingly important to evidence the relationship between how we work locally and the impact on outcomes for people in our local 'place'. Portsmouth's history of strong local partnerships is evidenced by the shared leadership, management and delivery roles within health (Health and Care Portsmouth) and neighbouring local authorities (e.g. Gosport Borough Council).

We will build on existing relationships which include the Wessex Clinical Research Network (CRN), and recently formed Wessex Health Partners, research teams in other local authorities e.g. Southampton City Council/ Hampshire County Council, and, through them, strengthen the extensive health determinants expertise of the wider academic community in the region. The system enablers of the national Applied Research Collaboration (ARC) and the Wessex themes of Healthy Communities and Workforce and Health Systems provide thematic and network support for our research ambitions, and our role as Local Authority partner in the new Research Support Service Public Health National Specialist Centre (RSS PHNSC) embeds us in this support system.

PCC leaders and staff demonstrate an appetite for evidence and teams engage through desktop research and ad hoc work with academics, notably in the context of Public Health commissioning and practice, Children’s Services, Community Safety, Economic Development, Housing and Transport. For example, Children's Services practitioners and researchers are working together to develop a neurodevelopmental pathway that provides early practical support for families from the point of referral; this has attracted national attention. We are also building on our close collaboration with HIVE Portsmouth, a key voluntary sector partner, as co-applicants for our HDRC.

The strong ambitions of the November 2021 Partnership Agreement between PCC and the University of Portsmouth (UoP) have provided a foundation in the last 12 months for ongoing and productive collaboration (see examples in section 3.2.4).These efforts have provided valuable learning about the infrastructure needed to support strategic collaboration for research and learning activity a council context, serving to strengthen our model.

Building on this learning, this bid to extend the PCC/UoP partnership aims develop research capacity both strategically and operationally. Our HDRC will tap into the potential for research

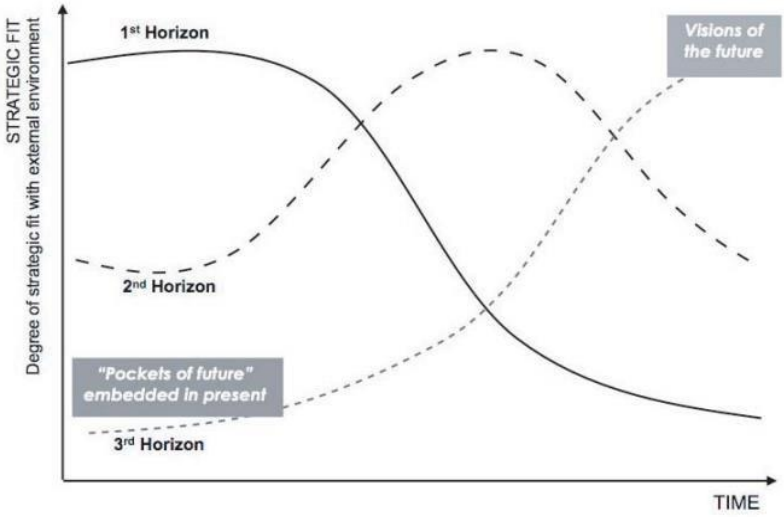
development within our Directorate teams and embed research development and prioritisation of health determinants within existing structures. The focus on both strategic and operational research development will support our aspirations for culture change and plans for sustainability. Our ambition is transformative: to grow an evidence-informed learning culture which iteratively shapes the way that we serve and support our communities. In addition to those that already engage with research, there are key teams and functions that hold knowledge and expertise that is research orientated. We intend to use the HDRC funding to centre and grow research within the organisation by extending the remit, capability and connectedness of these teams, creating multiple opportunities for dialogue and shared learning.

Our Research Development Lead (RDL) role (CRN funded since July 2021 and operationally managed by the Head of Strategic Intelligence and Research) has provided necessary capacity for joint working between PCC, UoP and system partners. Building on our 2022 HDRC bid, we have used the last 12 months to grow our public involvement strategy through different projects, and recently ran a workshop that brought together our UoP academic lead and partners, key council staff and public contributors to test and challenge our HDRC model. This event brought our model to life, exciting contributors to collaboratively shape its delivery. It is clear to us that becoming an HDRC will streamline collaboration and support a research infrastructure which is tailored to our unique context; one that supports research delivery and learning that can inform the decisions that we make locally and connects us to regional and national networks.

2.0 Vision: Three Horizons

Our CLIP vision and plans are informed by the Three Horizons model (Sharpe et al., 2016).

Figure 1 Three Horizons model (Curry and Hodgson, 2008)



Horizon 1 represents the current state that needs to change. For PCC, this is a lack of strategic and operational research infrastructure on which to build research culture and capacity. In equal measure it is the potential we hold in the research-oriented skills and strong partnerships that we intend to preserve and grow.

Horizon 2 sets out the strategy; the disruptive innovation and learning processes that work to shift culture and activity. Our CLIP design proposes new structures and mechanisms to deliver 'Discovery' research (see 2.3) embedded in Council operations and community places, working with UoP colleagues and system partners. This new structure will enable us to examine and share knowledge about key challenges for people who live and work in our city, making research discoveries about the specific local drivers of health inequality that can become central to the city's conversations about health and wellbeing, inform decisions and action, and drive the academic research agenda.

Horizon 3 is our alternative future; the new state that we are working towards. This finds CLIP generating research and learning activity, building on 'pockets of the future embedded in the present'. We intend to create a tangible shift in culture, activity and decision making, to the routine use of evidence-informed approaches, where local research findings and academic evidence inform dialogue and action in the city.

2.1 Vision: Health determinants and inequalities

Portsmouth's Health and Wellbeing Strategy 2022-2030 focuses on prevention by addressing health determinants. This strategy provides a foundation for our CLIP vision and research intentions, which will in turn inform interventions that prevent the impact of health inequalities. Our work will be oriented around two dovetailed propositions (see Logic Model: Delivery):

Firstly, that health inequalities are experienced directly by people, whose lives are imbued with their effects, yet for whom research led by institutions can lack meaning and value. This underpins our **Health Inequalities Experience research strategy** and will inform programmes to work with communities to understand and address inequality's impacts on our residents' health and wellbeing, informing the design of interventions that can prevent harm and ill-health.

Secondly, that health inequalities are produced by environmental factors that are influenced by policy. This underpins our **Health Inequalities Policy research strategy**. For compelling policy analysis, local evidence is needed in addition to peer reviewed research evidence of correlations between determinants, pathways and health outcomes. For example, high hospital admissions for respiratory conditions are influenced by wider determinants and local factors, e.g. poor air quality, and damp housing / fuel poverty / microplastics in homes, and by how individuals respond to their circumstances / environment. Our HDSR programme (see 3.2) will synthesise peer reviewed research evidence with local research outputs to build a rich picture of causal mechanisms, contexts and local effects. We will enable use of local intelligence to prioritise resources aiding decision making that takes account of the interests of the population.

2.2 Vision: Culture and principles

We envisage a research and learning culture that emphasises an active role for citizens. This will be sustained by our relationships and generated by dialogues about research findings; dialogues that informs the way we think, decide and act at different levels of our organisation and system.

In our quest for cultural change, we are ready to build new structures and relationships that draw community, practitioner and academic partners together around research to build a culture that is reliant on evidence for decision-making. In a recent HDRC partnership workshop, a theme from the discussion groups was the need to acknowledge the tacit power of those making research design decisions. Our work will adhere to the principle that collaborative and co-created research evidence supports better decision-making (Staley, 2009; Finegood, 2021; Sibbald et al., 2019). This principle will encourage people to think differently and apply relevant research to practice. To facilitate the change we want to see over 5 years, we have created the following principles as our main indicators of success (see 3.3.3, strand 2):

1. Our research activities address health and wellbeing inequalities relevant to our diverse population, recognising their economic, social and cultural drivers.
2. We foster positive working relationships with Portsmouth communities, council colleagues, the UoP and all partners to deliver meaningful, high-quality research and valuable outputs.

3. Public involvement informs our research priorities and practice. Co-production with local people; residents, council employees, local workers, and community groups will aid all our research and project development.
4. Our research activities are ethical, rigorous and methodologically appropriate to the research designed and reflect the complexity of the social contexts being studied (Egan et al., 2019).
5. Our research outputs are relevant to service design and delivery and generate knowledge that is universally accessible and applicable to our local policy contexts.
6. We work transparently, using every opportunity to share learning and activity internally (within PCC/UoP) and externally (with communities, partners, professionals locally, and HDRC partners and collaborators nationally and internationally).

2.3 Vision: Health Determinants Social Research (HDSR) Programme

We envisage a CLIP social research programme delivering **Discovery research** that provides evidenced explanations to guide decision-making. We define 'Discovery research' as exploratory research at the level of community and council, supported by UoP research expertise and wider partners. This term was agreed with community partners at a recent event and reflects how we will take account of, and value, all types of evidence in our theory building, inclusive of practitioner insights and the lived experience of community partners.

Discovery research (see also section 4.0) will directly address questions that PCC and its partners in the system and community generate. These questions reflect key challenges for the wellbeing of our Portsmouth population (for example)

- How can we design effective support for women who smoke during pregnancy, to prevent the impact on their/their children's future health, given that in 2020/2021 12.1% of pregnant women in Portsmouth were smoking at time of delivery (England average 9.6%)?
- Why is youth reoffending so much higher in Portsmouth than in other similar places, and what do our findings tell us to guide earlier interventions and preventative action?
- Drug related deaths are higher in Portsmouth (8 per 100,000) compared to similar areas (5 per 100,000). What actions will be most effective in preventing these deaths?

Prioritised focus areas such as these will involve practitioners and community partners from the outset, seeking knowledge through regional/national/international research networks. Projects will be carefully planned and resourced to ensure that scope and delivery timelines are met by the capacity available. Discovery research generates evidence that informs 'live' explanatory theories; reviewed iteratively and that may change over time. The research will inform decision-making about action, through new mechanisms of dissemination and dialogue that involve varied audiences. Interventions and actions are regularly evaluated to monitor and learn about their nature and anticipated and unanticipated impact, through our comprehensive evaluation plan (section 3.3.3).

3 Aims and objectives:

3.0 Year 0: HDRC Portsmouth Development Year plan

Feedback from the HDRC Review panel proposed that we undertake a development year to work on areas of culture change, health inequalities and capacity building. The panel also recommended that we should further develop our plans for community involvement during this development year to prepare for full HDRC delivery from January 2025-2030. We have worked closely with our core team (co-applicants and Directors) and have responded to this feedback through a Development Year Plan for January 2024-December 2024, including Year 0 objectives, Activity, Stop/Go criteria and costs. This document is included as an appendix to this document (see Appendix A).

3.1 Aim A: Create structural conditions for cultural change, combining system and senior leadership with the funded extension of existing teams (WP1)

This aim reflects that at Horizon 1, we place value in our relationships, infrastructure and capacity, as a starting point for stimulating culture change. Our programme leadership team (see

organogram) are responsible for programme delivery. The dual leadership of our Director of Public Health and Director of Housing, Neighbourhood and Building Services, reporting to the council's Directors Board and the city's Health and Wellbeing Board, will ensure that the HDRC retains a high profile and that roles that are HDRC funded will deliver against objectives in their embedded contexts. The shared commitment of these Directors underscores our intention for council-wide culture change, acknowledging the role of organisational success factors in embedding research (Teal et al, 2012).

Our HDRC delivery model is strengthened this year by the academic leadership of UoP's Associate Professor Nikki Fairchild. Nikki is Associate Professor in Creative Methodologies and Education in the School of Education, Language and Linguistics. Her own innovative place-based research in early childhood education and care explores young children and teachers' responses to space, policy and pedagogy and how this can be crafted to ensure equitable and sustainable outcomes for young children and their families. Associate Professor Fairchild has a UoP research leadership role and is experienced in developing research communities and research project management. She will drive relationships and collaborations with research specialists within UoP and other HEIs, supporting with the design and implementation of practical mechanisms such as the development of ethics, governance and data sharing processes, and facilitate the expansion of opportunities for research development that bridge council and UoP.

These leadership enablers and the HDRC structures that we describe below will create conditions for the shift in culture that we will be championing. Our plan is consistent with Realist social theory (Danermark et al, 2019) which views structures, culture, and people as inextricably linked. Cultural change happens through what is valued (and done) in organisations, rather than by simply embedding new structures. Dr Alan Tait (see section 3.3.3), a UoP academic advisor, will support planning and evaluation of organisational change. His expertise will create opportunity for academic research that contributes to knowledge about organisational and system culture change in public service systems. In addition to our HDRC collaboration Dr Tait is one of the academics currently supporting a joint Knowledge Transfer Partnership (KTP) bid to support the council's ambitions to grow internal capacity for evaluation practice.

3.1.1 Objective A1: Build on nascent research capacity and capability (leaders and practitioners) in existing council teams, extending current functions, recruiting to new roles, and funding training and development (WP1)

The following roles will report to the Programme Manager for their HDSR activity but remain part of their operational team, instilling strong links between PCC operational management and research functions, and opening opportunities for other team members. We will work with team managers and UoP colleagues to design and recruit to these new roles and to facilitate their integration, creating routes to academic development and research.

HIVE Portsmouth: CLIP Community Research Engagement (PPI) Lead (1.0 FTE): HIVE Portsmouth, our co-applicant and a strategic partnership of the voluntary sector, PCC and Health and Care Portsmouth, will operationally manage this role. This role will keep the centre of gravity for the research close to community groups, working with HIVE's member organisations to facilitate the involvement of citizens as active and equal partners in Discovery research. They will promote and apply Equality, Diversity and Inclusion (EDI) principles supported by our EDI lead, co-ordinate public involvement (PPI) activity and maintain strong advocacy relationships with community groups. This will involve generating ideas for, and partnership in, the delivery of HDSR Discovery research that reflects community-led concerns, motivations and questions. They will coordinate a Community Research Reference Group that the CLIP core team will report to for feedback/challenge about the HDSR programme. They will also manage the Community Researcher Development Fund (PPI budget) to support community-based research activity. These funds will pay for people's time and for training and resources to support these community researchers. They will be supported by an administrative role **(Community Research Coordinator - 1.0 FTE)** to manage the practicalities and systems for involving people in research.

CLIP Research Practitioner (1.0 FTE): This is a research delivery role housed within our community base. This researcher will work alongside community groups in the planning and delivery of HDSR Discovery work, supported by UoP academics. They will work closely with the HIVE Community Research and Engagement Lead and will link in with PCC's Community Engagement and Inclusion network which promotes and supports inclusive, integrated, and consistent approaches to co-production, engagement and inclusion and includes our EDI Officer. This network involves roles across PCC including Housing, Education, Adult Social Care, Museum Services and Public Health.

Systems Development Service (SDS): CLIP SDS Researchers (2.0 FTE): These researcher posts will be core to HDSR delivery. SDS serves as an existing model of how practitioner groups are supported to learn skills in critical questioning and data analysis for service redesign in a way that establishes sustainable practice in teams (recent example: Sexual Health Service redesign/influence on commissioning intentions (Scholfield, 2023)). The SDS report to one of our HDRC Directors (James Hill) and already work directly with council and commissioned teams to support changes in thinking, decision-making and practice. This existing organisational structure and function provides excellent analytical and complexity-friendly foundations for our model. They use a 'systems thinking' (Vanguard) approach (O'Donovan 2012, Locality 2014), enabling teams to assess their current performance and to experimentally redesign ways of working, based on new thinking leading to sustainable improvement. Their approach identifies what matters to citizens, ensuring new models create value for them. CLIP's HDSR programme will extend the scope and influence of the team's work, within a supportive research infrastructure creating new opportunities to work with academic colleagues.

CLIP's model includes funded research training opportunities for existing and new members of this team to learn and apply new methodologies to support inquiry into complex social challenges. Training will be offered to all CLIP team members and will include partners as appropriate. As an example, we have acquired funding from NHS England for Realist Evaluation training in September 2023 from an international expert for 15 of our HDRC collaborators and local project leads.

Public Health Team: CLIP Public Health Intelligence Analyst (1.0 FTE): This role will support our CLIP Health Inequalities Policy strategy by combining existing knowledge with local data analysis to generate research ideas, supporting researchers by synthesising existing evidence to inform projects and funding applications, and delivering targeted policy briefings that demonstrate the impact of health determinants research activity. The postholder will sit within our Public Health Intelligence team; a team that prioritise data and intelligence use to inform strategic direction and decision-making, linking public health intelligence such as the statutory Joint Strategic Needs Assessment (JSNA) with the needs of CLIP Discovery research.

Marketing and Insights Team: CLIP Insights Officer (1.0 FTE): Consultation with our residents and stakeholders is at the heart of the council's approach to communications and engagement, digital customer experience and customer services. This researcher will provide a new focus and capacity in this team, liaising with UoP researchers to advance new insights from existing datasets, and co-produce research proposals that build upon these. The postholder will explore, with UoP and local organisations, opportunities and initiatives for co-designing and delivering survey-based research focused on informing future research areas. In doing so, this role will increase academic research skills and capacity in the team and deliver survey research that informs the programme's work on health and wellbeing outcomes.

3.1.2 Objective A2: Deliver against our 'transparent working' principle through our communications function and online HDSR Knowledge Exchange (KE) platform (WP1 & WP6)

CLIP Communications Officers (2.5 FTE) and KE Platform: We will increase capacity in our Communications team to support new approaches to engaging communities around research and to lead on our CLIP dissemination strategy (see section 6.0). CLIP communications will be approached creatively and flexibly, considering the range of audiences with whom we will share what and how we are learning. These will range from formal reports and presentations; managing

events; facilitating/delivering social media content e.g. podcasts, blogposts, films; promoting our research plans/outputs with leaders, partners, and the public. The communications officers will also coordinate the curation of content for the KE platform to promote CLIP's learning and outputs amongst our partners and more widely through social media and the HDRC network.

3.1.3 Objective A3: Devise and implement Workforce Development and Research Governance strategies in partnership with UoP, leveraging support from NHS partners (WP1 & WP4)

Human Resources and Workforce Development (0.2 FTE): A workforce development role will embed research learning and development in the organisation's CPD offer, collaborating with the Research Development Lead, UoP and new RSS PHNSC to produce a workforce development and research capacity building strategy. Our model will fund two people to become Local Authority Research Practitioners, undertaking an NIHR programme (e.g. Predoctoral / Doctoral Local Authority Fellowship) or UoP Masters.

Information and Research Governance: UoP/ PCC combined function (PCC 0.3 FTE / UoP 0.1 FTE): We will develop a research design, ethics, safeguarding and governance process, working with the RSS PHNSC and UoP's Dr Simon Kolstoe, Reader in Bioethics and independent Chair of the UKHSA's Research Ethics and Governance Group (REGG). Dr Kolstoe's experience in supporting research design and evaluation in public service contexts will help us innovate, whilst benchmarking our research activities against national/international standards. We will involve PCC's Corporate Services Information Governance lead to create a bespoke research design process for our services and community that enables our work to be well designed and ethically robust. This learning can be combined with that of other successful HDRCs.

Research Grants Officer (0.3 FTE): This role will provide dedicated time to cost funding applications and manage the finances of funded projects, including the HDRC programme. They will draw support from the RSS PHNSC and enable more research activity by developing a council-wide approach to research funding (and guidance for other local authorities) that aligns with the budget setting process in local government.

3.1.4 Objective A4: Build research capacity and opportunities to acquire funding for academic research (WP1, 3, 4),

UoP Academic Lead (0.4 FTE): This is both a strategic and operational role undertaken by our co-applicant Associate Professor Nikki Fairchild. Strategically, part of the HDRC Leadership (see organogram) Dr Fairchild will be working with the HDRC team to develop and maintain research practices, culture and cultural change. Operationally she will connect UoP academics and community partners to develop projects (as identified in WP2); support research design, ethical approval, and apply for funding for projects needed to successfully access them. She will act as an interface between UoP and PCC and will be supported by a **Senior Research Associate (SRA) (0.6 FTE)**. The SRA will help facilitate the operational relationships between UoP, PCC and community partners. These roles will be co-located between the HSDR and the UoP, building on a successful model developed by UoP and Portsmouth Hospitals University Trust (PHU) that has contributed to PHU's position as the leading recruiter to NIHR research studies for Trusts of its type in the country. In addition, leadership provided by Professor Gordon Blunn (Director of the University's strategic Health and Wellbeing Theme), and the strategic buy-in of the University as a whole (evidenced by significant in-kind contributions to the HDRC), will ensure the HDRC is successful within the wider NIHR goals for public health and prevention research and enable academic collaborators to demonstrate the impact of their research.

3.2 Aim B: Deliver a community based HDSR programme that grows community research, embeds public involvement, and establishes sustainable CLIP collaborations.

The HDSR programme will address the societal drivers of inequalities; social, environmental, economic.

3.2.1 Objective B5: Strengthen community collaborations by basing our HDSR programme in a central accessible community base, hosted by our strategic voluntary sector partner (HIVE Portsmouth) (WP1)

Our co-applicant at HIVE Portsmouth, Innes Richens (Senior Health and Care Consultant), and CEO Lorna Reavley, have offered the HIVE Portsmouth Hub as the physical base for our HDSR programme office. Physically locating the HDSR programme team in a community base will create a space where community, council officers and UoP can collaborate to build a research programme that is well connected with community partners and welcoming to all. The base is centrally located close to both the council and university and with good transport links. Although this will be the base for our HDSR programme office, research activity will happen across the Portsmouth geography.

3.2.2 Objective B6: Embed public involvement, working with our system partners to test and learn about methods for effective community partnership and leadership in research (WP2)

Our infrastructure will support people in community groups and leaders to become equal partners in research delivery. To do this, a greater acknowledgement of and respect for those working in the sector (voluntary or paid) and their potential contribution to research is needed. Since our last application we have committed to learning about community leadership in research, and we have been successful in two community research funding applications (June 2023), evidencing our growing PPI research interest and involvement:

An NIHR CRN grant for Sandbox (see PPI upload) to fund 3 community researchers from the group. Their research will focus on topics explored in community discussions. The community researchers will be paid to do training and deliver this research, reporting to the funder in early 2024. PCC and partners will scaffold their work by connecting them with system leaders and practitioners for whom this research is relevant.

A partnership between PCC and Home-Start Portsmouth/Hope Portsmouth, led to NHS England funding 4 community researchers (CRs) for 12 months to develop skills/deliver cost-of-living research. PCC provides practical support (employment/laptops/IT support) and will connect the CRs with decision-makers in the city. Our experiences in both these projects have led to learning about the practicalities and policy that we need, to create conditions for strong community involvement and relationships for research.

CLIP infrastructure will further support communities to take an active role in research, e.g. on the Research Prioritisation Group (see section 4.0), as peer researchers, in elaborating a research idea, guiding dissemination, revealing evidence that has been previously inaccessible and undervalued. This will increase our understanding of health inequalities, and our ability to reduce their impact and effects. Our engagement strategy will seed a research culture that prioritises community concerns, avoiding assumptions, being sensitive to people's lived experiences and using creative methodologies (Kara, 2015) applicable to the research and context. Alongside Dr Nikki Fairchild, we will be supported academically by UoP experts in community and participatory research, Dr Chad Witcher (researcher in health promotion and older adult health and wellbeing) and Dr Simon Edwards (researcher with marginalised young people).

Solent NHS Trust (SNHST) deliver care across Portsmouth and Southampton communities and have expertise and a track record of working together with community organisations, family hubs, schools, care homes and the dental academy in reciprocal research partnerships. Their willingness to join forces on community-led research offers support and security to the development of our model. We have partnered with SNHST's Research Academy who will provide peer researcher training for a recently funded project to support our Sandbox community-led research project (see above).

PHU have been key partners in the delivery of the Sandbox project, and we are strengthening relationships for research collaboration, for example our PH Sexual Health commissioner working with Midwifery teams and PHU's PPI lead and Health Inequalities lead to explore issues of digital inclusion for women needing timely access maternity services. Although opportunities to work

together exist, a lack of research expertise and resource limits progress, HDRC research infrastructure would facilitate a better understanding of issues through a focused research strategy.

3.2.4 Objective B7: Build a learning collaborative between PCC and UoP that supports a council research and learning culture and UoP's Civic University strategy (WP4)

Our Learning Collaborative is supported by the 'Evidence, research, and insights' theme in the UoP/PCC Strategic Partnership Agreement; the HDRC will become the mechanism for monitoring this objective.

Current project examples: CLIP's design phase has been strengthened by existing and new project delivery and opportunities, current examples including:

The Brush-UP and Smiles Programme - a UoP/PCC jointly funded programme to improve oral health in Portsmouth's school children by improving access to oral health education, promotion and prevention and improving access to dental care, in partnership with clinical colleagues in SNHST.

Relationships brokered between PCC Housing Directorate's Play and Youth Services and academics from UoP's Sport, Health and Exercise Science have led to a joint-funded built environment for physical activity intervention (Navarro, no date) in a deprived area of Portsmouth. Public Health funded training for local teachers and play practitioners and ongoing research/learning partnerships will explore the impact of the intervention on physical activity, health wellbeing, and quality of life outcomes across the life course.

A Knowledge Transfer Partnership (KTP) to build council capacity and capability in evaluation practice. PCC are partnering with UoP Business and Law to apply for a KTP that will embed a researcher/evaluator working alongside teams to design and implement evaluation of interventions and practices.

Joint involvement in large funding bids relevant to health determinants that UoP/other HEI partners are involved in. A current example is an ESRC grant for sustainable food systems research, led by UoP's Professor Lisa Jack. The HDRC will enable coordinated support for the Work Package relating to healthy eating and cooking practices in more deprived communities. This close collaboration will embed resulting learning within PCC's decision-making structures.

UoP Health Psychology Masters students placements to support a pragmatic Realist Review of the limited uptake of free school meals in an inner-city school.

Pipeline for research collaboration: Communities of Inquiry (CoI):

We know that informal and unsupported networks of practitioners and academics exist in Portsmouth who have initiated joint working to achieve goals that are reciprocally important. For example, there is a Gypsy, Roma, Traveller (GRT) group with representatives from that community, from the council education services, a UoP researcher, the police and voluntary sector. Discussion with members of the group revealed benefits in deepening their understanding of the GRT community and perspectives of the challenges they face.

Communities of Inquiry are independently operating groups of researchers, practitioners, community representatives who share an interest and purpose. Our HDRC will support such informal collaborations, where support is needed to progress work. We will offer coaching support, connect them with other researchers and link them in with Discovery research. Since our last HDRC submission, this model has been tested with the CoI for Relational and Restorative Practice (Portsmouth Mediation Service Annual Report, 2023). Over the last year, the UoP and PCC have offered practical support to this group of academics, third sector representatives and practitioners. The group have been building their network by running workshops at a community venue (attended by around 50 people each) during 2023 on broad topics such as team working and leadership, effective restorative practice in schools and co-creation of a definition of forgiveness with people accessing drug and alcohol services. This model creates opportunities to build relationships between people across the system involved in parallel activity to share learning and to create support infrastructure to take research ideas forward.

The CLIP core team will support CoIs to develop terms of reference/success criteria and offer support/coaching. Using an annual census, CLIP will monitor the number of groups, meetings and outputs and evaluate these to understand the value and impact of informal knowledge sharing relationships. Our methods will capture the less tangible experiences of those involved to help us understand what does and does not work to inform future delivery and support.

Research Design and Governance: PCC and UoP will work together to innovate a research design, ethics, safeguarding and governance process for our CLIP HDSR programme, taking account of the timescales and specific needs of the council and community research environment (see 3.1.3 above). We will continue to collaborate with colleagues in the Research Design Service, (from October, the RSS PHNSC) for support around research design, funding applications, capacity building and sourcing required expertise in other HEIs.

Student training and support: PCC will support UoP students by offering paid 9-month competitive internships for third year undergraduate students as part of the CLIP programme (years 2,3,4), working on rotation with the programme team.

Post-graduate opportunities:

In 2023, PCC, in partnership with UoP's Professor James Ryan, was awarded funding from the Arts and Humanities Research Council (AHRC) for their Collaborative Doctoral Partnerships 4 (CDP4) programme, with an emphasis on a place-based approach and on delivering long-term benefits for our heritage collections, the local authority and for residents and communities. This programme will see PCC co-supervising 9 fully funded PhDs, from September 2024. This award evidences PCC's growing commitment to the development of a research and learning culture and will provide capacity building opportunities for staff, dovetailing with our HDRC ambition.

PCC's HDRC will support staff to take up NIHR awards (Internships, PLAF/DLAF/ALAF) and will continue to work with the UoP to solicit applications for Economic and Social Research Council (ESRC) South Coast Doctoral Training Partnership (SCDTP) studentships on topics pertinent to the city. These studentships will be supported through our workforce development function being involved in Discovery projects (where relevant), offering reciprocal benefits. As with the CDP4 programme, PCC staff will support these students and co-supervise where appropriate.

Collaboration with industry: Our HDRC is supported by Shaping Portsmouth, a business-led collaboration working in Portsmouth since 2010 that creates sustainable collaborations and innovative partnerships. It has 800 businesses, 500 Ambassadors and 120 active volunteers, who together help deliver inclusive growth and programmes aimed at supporting all citizens to be part of the city's economic developed. Shaping Portsmouth will be represented on our HDRC Steering Group by its CEO who will help to ensure that our community led research has impact across business partnerships as part of the shared vision - Imagine Portsmouth 2040. We will build on learning from UoP's recent, successful SIGHT (Supporting Innovation and Growth in Healthcare Technologies) programme which, supported by PHU and the Wessex CRN, providing opportunity for small and medium enterprises (SMEs) to gain support to develop health and care technologies.

3.3 Aim C: To create a culture within the local authority that attends to and prioritises evidence about health determinants and inequalities in all of its decision making

3.3.1 Objective C8: create an HDRC that is demonstrably driven by our research partnership principles (WP1)

Our touchstone principles, shared in our vision (section 2.2) are key to the culture change we want to see. We know that culture is complex (Mannion and Davies, 2018), rooted in human interactions (Stacey, 2007) and emergent of implicit and explicit values. These principles will be refined with our community partners and our HDSR team, once established and will then be central to our internal learning and evaluation, detailed in objective C10 (section 3.3.3), below.

3.3.2 Objective C9: Embed a sustained culture of research and evidence in PCC, with a focus on health determinants and health inequalities

Our model introduces new mechanisms for research and learning that will contribute towards a less reactive, more informed approach to decision-making, enabled, in time, by a themed and shared understanding of our city's challenges. Embedding our research infrastructure in existing council functions to grow capacity will draw people in those teams into research activity as part of their daily work. We will involve wider council staff in HDSR programme learning where Discovery research (section 4.0) is relevant to their work area; serving to extend their experience, offering development opportunities, demystifying and showing the value of research. This approach will build a culture of questioning and critical analysis, both key to improvement. Building and celebrating research capacity development through more formal teaching and learning opportunities such as RSS PHNSC Research Methods Training, Realist Evaluation training (Professor Justin Jagosh/ September 2023) and UoP Masters/MRes/PhDs and NIHR internships and pre-doctoral and doctoral opportunities, will establish research and evidence as core to effective practice and organisational sustainability.

Our approach to community partnership in research will also contribute to a culture shift as we support communities to produce and share evidence and experiences about the conditions that produce health inequality. This work, supported by well-resourced engagement and communications functions, will establish a stronger role for evidence from communities in council decision making, and will be explicitly built into the annual reporting requirements to the public Health and Wellbeing Board on each of its priorities. Research indicates that continuity in organisational vision is key to acceptance of any change (Venus et al, 2019). Our CLIP model proposes a change that supports our Health and Wellbeing Strategy (2022-2030) ambitions. The evidence we generate will serve to scaffold decision-making at all levels in the organisation and system. We acknowledge the need to work with individuals at all levels, recognising where resistance exists and working with individuals to understand and address reasons for this (Oreg et al., 2018). Learning from, and accountability to local partners as critical friends will enable the ongoing reflection and learning required for culture change.

Our dissemination strategy (section 6.0) is key to culture change. We will create opportunities for dialogue as part of dissemination. We are mindful of the importance of framing our findings in a way that is digestible and meaningful to our audiences (FrameWorks Institute, 2022). Supported collaborative spaces, such as the Communities of Inquiry (section 3.2.4) will create space for self-managed groups to build relationships, collaborate and share knowledge.

3.3.3 Objective C10: Commission an evaluation of the HDRC strategy to establish impact and to learn about contextual factors that support mechanisms of increased research engagement and use. (WP6)

We propose an evaluation model comprising three inextricably linked strands (Figure 2) to respond to the following evaluation challenges and opportunities:

- Evaluation is embedded in the programme from the start, building confidence, capacity and capability in evaluative thinking, and supporting the cultural shift we are seeking to create.
- Evaluation must be complexity friendly, given the uncertainty and unpredictability of the programme's context, the intended change and the unintended change that will emerge.
- Evaluation has multiple purposes and audiences: it will support accountability; inform improvement along the journey; evaluate outcomes/impact; and capture learning to help sustain, spread and scale impact.

Our overall approach is theory-based and Realist-informed (Pawson and Tilley, 1997). Taking the logic model as a starting point, we will co-produce a theory of change (ToC), making explicit our current understanding of the programme's mechanisms of change, its context and the key influences that could affect its end results.

The ToC will provide the evaluation blueprint, integrating the three strands to meet multiple evaluation needs. It will guide the learning agenda; identifying the questions to explore, why and when we are exploring them, and the types of evidence we need to capture within the different

strands of the evaluation. We will also use the ToC to confirm the KPIs and information we will track for programme monitoring. Our ToC will not be fixed; learning captured through each strand of evaluation will be used to adapt and refine the programme's theory.

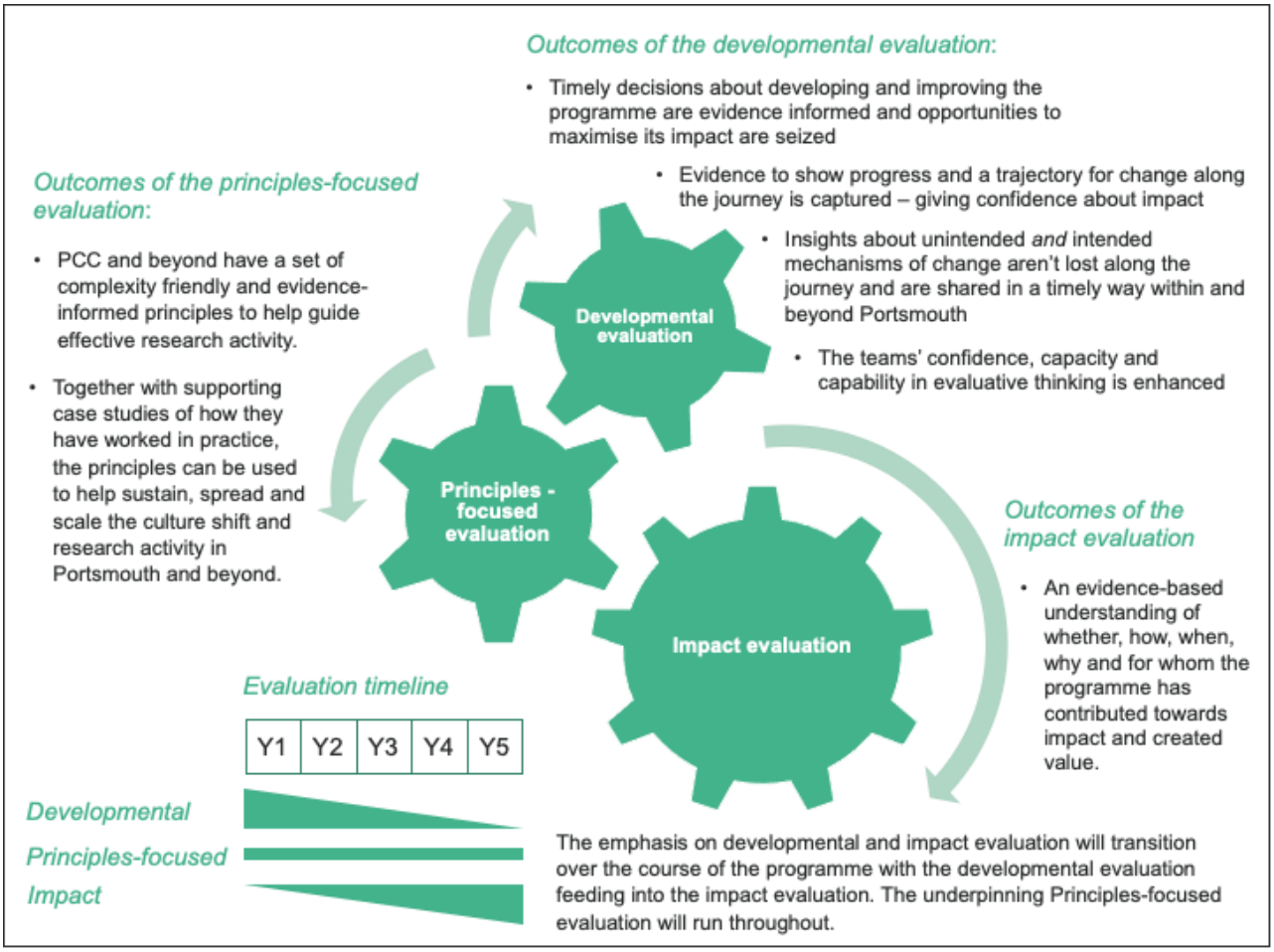
Strand 1: Developmental evaluation

Developmental evaluation is a highly appropriate evaluation approach for social change in complex and uncertain environments, and in circumstances in which a programme has yet to stabilise /become established (Patton, 2010). The approach will be participatory, dynamic and responsive to ongoing and emerging learning needs. The evaluator will support the programme team to engage in action learning, based on Plan, Do, Study and Act cycles. It will be rapid (not rushed) and will capture closer to real-time learning about: (1) what we are doing, how we are being and the programme's strategy as a whole (its strengths, opportunities for improvement and individual components; (2) what we are learning about becoming more research active and creating a culture shift as it unfolds; and (3) whether and how the system(s) and its actors are shifting because of our efforts, capturing learning that helps to move forward towards impact.

Strand 2: Principles-focused evaluation

Our research principles (see section 2.2) aim to provide direction, without prescription. They encapsulate values that are important to the programme vision and will be shared and frequently discussed by those involved in programme delivery. These principles can be evaluated for both process and results and can point to impact even though we are uncertain about how they will guide decisions and choices in practice. As such and from the programme outset, the principles-focused evaluation will accommodate complexity in ways that more traditional formative and impact evaluations are unable to (Patton 2018). Moreover, this evaluation will bridge the development and impact evaluation strands by exploring: (1) to what extent and what ways are the principles meaningful to those to whom they are meant to provide guidance; (2) to what extent are the principles adhered to; (3) if adhered to, to what extent and in what ways do they lead towards desired results and outcomes. We will review the proposed principles, anticipating that they may change over time in response to both emerging practice and the learning generated through this evaluation strand.

Figure 2 Evaluation approach: Three strands that will 'talk to each other' to ensure the evaluation meets multiple needs and learning purposes



Strand 3: Understanding Impact

Evaluating impact and outcomes requires the programme to be sufficiently stabilised; the impact evaluation will lag between the other two strands (see Figure 2). During programme implementation we will undertake an evaluability assessment to inform the timing of the impact evaluation and to improve the prospect of it producing useful and meaningful results.

At this stage we envisage evaluating whether and how the programme has contributed to the key outcomes set out in our pathway to impact and logic model (see upload), including a shift in culture of using evidence informed approaches to tackling health inequalities. Our intention is to set a baseline and assess any shifts in culture over time. In collaboration with Dr Alan Tait we have already identified several potential tools for use, including the Cultural Web (Johnson, 2000).

We will use the ToC process at the start of the programme to confirm the intended outcomes to be explored through the impact evaluation. Thereafter, methodology will be developed and the quantitative and qualitative data sources and analysis underpinning each outcome will be defined (albeit that the evidence might be captured through the other two evaluation strands and through programme monitoring). A key aspect of the impact evaluation will involve synthesising and reconciling the insights and learning relating to intended and unintended outcomes and impact that have been captured through the other two evaluation strands and programme monitoring. This will bring together a rich evidence base of whether, how, when, why and for whom the programme has created value and impact.

4.0 HDRC Delivery Strategy (years 2-5):

This period will see CLIP's research programme becoming an established and sustainable part of PCC and system infrastructure. We will build, through experience and learning from partner

HDRCs, a research delivery model that is flexible enough to adapt to new research questions/collaborations and timely enough to deliver research outputs that meet our learning needs. It will enable relationship building and shared learning between partners, opening many opportunities for academic collaborations and successful research funding applications.

CLIP will deliver an HDSR Programme that draws together learning about the conditions that produce health inequalities, the lived experience of health inequalities and the efficacy in design and implementation of interventions that tackle their effects. It will provide internally valuable learning that can inform council decisions and actions, becoming a fertile environment for new academic research collaborations with the UoP and other partner organisations. CLIP will collaborate with other successful HDRCs to contribute to learning about how building research capacity and capability in local authorities, in partnership with universities and other local anchor organisations, can support decision making and practice.

Our UoP partnership will mean we can deliver methodologically sound academic research and learning about key priority areas that will be either:

a) **Targeted:** Known/pressing local challenges linked to health inequalities, health determinants, and HWB priorities - based on existing insights/data/experience - where greater understanding, through research and learning, is needed to inform the design and implementation of interventions.

b) **Emergent:** developed through:
   - Partnership work with local communities; identifying their priorities
   - Gaps identified through internal research/learning e.g. systems thinking work
   - Existing academic and practitioner partnerships e.g. Communities of Inquiry

Proposed areas for research will be considered by a Research Prioritisation Group that has broad cross-community representation. The group will use a scoring matrix to support dialogue/deliberation and will then work with the applicants to develop methodologically sound research projects that are deliverable within the articulated resource. Learning about these priority areas will be shared with other HDRCs, our Health and Care system and involve other local authorities.

<u>Our research programme has two interconnected functions: Discovery research, and creating opportunities for Academic research:</u>

Discovery research: In response to key research priorities, the HDSR programme will undertake Discovery research. This exploratory research at the level of community and council, will be delivered by the HDSR programme team and includes place and community-based research. It will be supported practically and methodologically by UoP resources and researchers, and where appropriate, collaborators in other LAs and HEIs. Each Discovery research project will be rigorous and ethical, where methodology and methods fit the need of the research design. All research will have the underlying aim to improve health outcomes for the community. Research aims will focus on co-produced academic, PCC and community collaborations. The Discovery work will involve members of staff from teams through negotiated learning and development time, using a model similar to that of the existing Systems Development Service. Discovery research (see below) has three core (high level) functions:

a) To develop and communicate a better understanding of a public health/wellbeing priority in our Portsmouth context providing information for local decision making
b) To contribute to wider learning – by enabling us to share knowledge and practical strategies with neighbouring local authorities and fellow HDRCs
c) As scoping research offering a pipeline for academic research funding applications, where opportunities arise to contribute to knowledge.

Academic research collaboration: Identifying key priorities will lead to academic, PCC and community collaborations. The UoP is committed to a civic mission that enriches and promotes health, sustainability and inclusion to improve economic, social and cultural life. Discovery research

will contribute to UoP aims and will be co-produced with PCC and community stakeholders. The outcomes will result in increased research activity that provides community solutions locally and case studies, academic articles, and other outputs that can be shared nationally and internationally. We anticipate that increased partnership and collaboration between UoP and PCC will further develop and improve reciprocal working relationships. Providing opportunities for PCC staff to develop their own research confidence and competence will allow for successful future projects and collaborations, allow PCC to implement research-informed and evidence-based interventions, and provide research development opportunities for existing and future staff.

Discovery research case example: Local research to explore causes of, and strategies for reducing, dental decay in young children (includes insights from HDRC event 14/6/23)

Public Health England reports that 10.7% of UK's 3-year-olds have experience of tooth decay and 23% of 5-year-olds have had dental decay (PHE, 2021; 2020). The data show that this figure is up to three times higher for 3-year-old children, and 5 times higher for 5-year-olds in more deprived areas than in the least deprived areas. Our HDSR programme will examine this national issue at a local level, using existing evidence as a resource to support our understanding of the contexts and mechanisms that generate early years tooth decay, and those that are preventative.

This challenge was subject to a 90-minute discussion in our recent HDRC development workshop and the group that tackled this question had representation from UoP, VCS sector and Public Health. In developing the process the priority was on ensuring involvement focuses on community strengths rather than deficit perceptions (e.g. 'deprived' communities). Our principles (see 2.2) will support us to uphold this cultural positioning needed to precede planning. Using the roles and functions we have allocated for the CLIP HDSR Programme, the process would be:

1. A Discovery research plan, developed with: Portsmouth Parents Board/Home Start, community representatives, UoP Dental Academy, HDSR team, Public Health and Children's Services.

2. Our governance team and UoP ethics leads will establish a protocol for Discovery research.

3. A UoP Research Associate will examine and distil research evidence, drawing on support from UoP/ RSS PHNSC colleagues.

4. A community-led approach will explore the mechanisms underpinning poor dental health. We will be led by those who work with local parents to learn from community conversations about oral health and care to engage UoP researchers in creative community research.

5. The SDS team will map processes establishing what exists and collating the evidence emerging from different strands of the research.

6. Partnership with industry will open opportunities to learn about technological supports/apps for children's oral health that can support programme interventions or communications.

7. Dissemination of the work and findings will be supported by the CLIP Communications Lead, using data to highlight the challenges, and case study examples to illustrate findings. Creative and positive communications are essential to stimulate conversations locally, regionally and nationally.

5. Additional HDRC requirements

5.1 Governance, management and staffing structure

Key partners who will be involved in delivering the bid have also been involved in developing it. We have provided a separate document, as requested, detailing the collaborators who have aided the development of the programme. The governance and management are described in a separate upload, supported by an organogram that shows how the core CLIP team relates to the other roles described throughout this business case.

5.2 Public Involvement and Equality, Diversity and Inclusion (EDI)

We have clearly described above and in the PPI section (separate upload) our intention to use the HDRC funding to build research capacity in a partnership between the council, UoP, Portsmouth

community groups and our partners. Our reach into seldom heard communities will be assured by the post embedded within the HIVE, working with community groups in partnership with the PCC EDI Lead, and drawing on flexible funding for working with people from different ethnic groups (see Justification of Costs upload). The Community Research Reference Group, coordinated by the Community Research Engagement Lead will monitor the PPI and EDI activity and will be represented on, and report to the Steering Group (organogram and Gantt WP1). This community focused approach takes account of the overlapping dimensions of health inequalities described in the Health Equity Assessment Tool (GOV.UK. 2021) and within those, the protected characteristics set out in the Equality Act (2010). Our programme strategy centralises the experience of health inequalities and in doing this we will learn how to intervene to create change for all groups in our diverse population.

5.3 Capacity building and sustainability

We also anticipate capacity building through research engagement with non-HDRC funded roles by involving PCC and system partners' staff in Discovery research, and in partnership with the UoP through Communities of Inquiry (section 3.2.4). We have close working relationships with neighbouring local authorities including Southampton City Council whose Director of Public Health will join our Steering Group. We are partners of the new RSS PHSNC and active members of the Wessex Public Health Reference Group which provides a network of professionals working in public and population health across Wessex including those affiliated to academic and local government institutions. Through these and similar relationships we will involve Southampton, Hampshire and Isle of Wight and other colleagues in our local authority networks in our work and learning.

A local authority research function will enable research development opportunities for staff, and student development opportunities, supported by wider networks. These will support sustainability of research practice and succession planning. We will support staff to undertake research training and plan to offer two paid 9-month internships each year for UoP students with an interest in applied research and bridging academic and public sectors (section 3.2.4).

Our programme team will access research training and will be involved in our HDRC evaluation, providing opportunities to build confidence, capacity and capability in evaluative thinking in those involved in the HDRC, supporting the cultural shift the programme is seeking to create.

The system will look to CLIP to become involved where there are questions about how to address a particular challenge. A deepened critical thinking culture that has been seeded through the development of the programme will facilitate further questions and an ambition to utilise research to achieve better outcomes.

5.4 Justification of costs

5.4.1 How the spend meets the aims of the HDRC

We believe that the funding we have requested will enable us to become more research active in a systematic and sustainable manner. This is covered in detail in the 'Justification of Costs' alongside the budget. In summary, we have used as much of the funding as possible to extend existing research-related activities, while improving the use of evidence that will drive genuine change because it is derived with and from our communities. Resource to ensure full involvement and engagement of those communities is central to our model. The funding sought includes roles that bridge the council and UoP who will provide capacity, expertise and leadership to our growing collaboration. The evaluation will provide an evidence-based understanding of how, when, why and for whom the programme has created value and impact. This learning will be shared widely as we act as a champion for the value of research driven by the decision-making needs of local government.

5.4.2 Financial sustainability

Portsmouth's HDRC will aim to become sustainable by the end of the funding period through several routes:

***Culture*:** Ultimately the HDRC will succeed by demonstrating to local decision-makers the value of a more research-informed approach. By grounding our HDRC in discovering the research needs though community-focused approaches, we will ensure the outputs from research make a demonstrable difference to outcomes for local people. Further, building our HDRC by strengthening existing council teams and functions will embed this research-focussed approach in 'the way we do things round here'. This work will then continue beyond the funding window.

***Capacity*:** The additional capacity specific to research delivery, with integral support from UoP and regional partners will become self-funding through additional funded research applications, including to the NIHR. In this we are building on the successful Portsmouth Technologies Trials Unit model developed by Portsmouth Hospitals NHS Trust and the UoP.

***Collaboration*:** By using the funding to deepen and strengthen our strategic partnership with the UoP, we will create a lasting collaboration around research that includes both relationships and infrastructure that will outlive the HDRC funding. The HDRC will extend this research community to include the two highly research active NHS Trusts operating in the city.

***Continuity*:** By using the funding to enhance the skills of existing teams, we will enable them to engage in research. This means that there will cross-fertilisation of skills and ideas within teams so that if the funded roles come to an end, the knowledge and expertise generated, including about the value of research, will not be lost.

Total funding requested is £4,999,981

5.5 Project timetable, KPIs and Stop/Go criteria:

The Gantt chart (separate upload) describes the implementation plan timeline, with milestones and deliverables. The first 6 months will see the HDRC established with all core roles recruited to, governance in place and evaluation commissioned. The next 4 years see the HDRC enabling delivery of the programme of activity described in this business case. The final 6 months focus on mainstreaming the work and reporting outcomes and impact from the HDRC. Our success factors are described in detail in section 6. To summarise, the overall success of the HDRC (including KPI's) will be demonstrated when:

5.5.1 Roles are successfully recruited to and the project is delivered in line with this business case, creating the structures and culture that enable the council to become a centre of excellence for health determinants research delivery.

5.5.2 A programme of research work is delivered as a result of the HDRC that demonstrates the value of research to improving outcomes for local people. The majority of the KPIs relate to this, and include as a minimum:

- 5 research identification events with local communities/partners to identify priorities leading to 15-25 Discovery project ideas/focus areas with 100 PCC (and partner delivery) staff engaged in Discovery Research
- 10-15 Discovery Research with project plan approved by Project Board leading to 10 UoP collaborations resulting in funding applications to NIHR or other appropriate bodies
- 4 successful funding applications to NIHR or other appropriate bodies for HD research
- 2 local authority staff undertaking an NIHR programme e.g. Pre-doctoral/ Doctoral Local Authority Fellowship (PLAF/DLAF), or appropriate UoP Masters.
- 6 paid undergraduate internships working with the programme team
- 4 new post-doctoral studentships (e.g. ESRC SCDTP) working on collaborative HD projects
- The council, in collaboration with the UoP, mainstreams the funding at the end of the project to continue to deliver HDSR.

5.5.3 Portsmouth CLIP contributes to a successful HDRC programme nationally that demonstrates to other local authorities the value of engaging in more research and provides tangible outputs that will support them to do so. Section 6 describes the success factors and outputs in more detail and example outputs from our project. We will commission an external evaluation (section 3.3.3) to

demonstrate the success of the project, producing learning that will inform the further development of the HDRC which can be shared with NIHR and wider HDRC network.

For formal NIHR review points, the following stop/go criteria are proposed:

NIHR Review	Stop/Go criteria
Initiation (12/2023)	Leadership team will be in post, internal approval to proceed, and the recruitment of Programme Manager underway.
6 months (06/2024	Partnership Agreement with University of Portsmouth will be in place. Steering Group and Project Board will be established with agreed Terms of Reference. External Evaluation commissioned. All directly funded roles in the project will be recruited to. Community base for HDSR will be established
18 months (06/2025)	Project plan for Discovery Research approved by Project Board and delivery under way. Core activity on track as per Gantt chart.
Year 3 (12/2026)	Interim report (WP6) showing delivery against KPIs and milestones, which by this stage will have seen delivery of multiple sandpit events, research projects developed as a result, PCC staff engagement in formal learning opportunities and under/post-grad roles, and organisational change learning outputs
Year 4 (12/2027)	As above, plus reports on how learning has been shared with wider HDRC networks Sustainability plan for ongoing support for research within the council and in collaboration with the University

6. Impact, outputs and dissemination:

6.1 Programme success factors that will lead to impact:

Strong research and practice relationships with researchers at UoP, and other HEI partners: Collaborations between academics and PCC staff and teams will be commonplace with local people and community groups fully involved in research and communications. As partners in research, they will be part of the dialogue about their contribution, research findings, decisions and actions. We will be collaborating routinely with NHS and Voluntary Sector partners, working together and sharing insights about and with the communities we collectively support. CLIP will connect with other councils, HEI's and research bodies regionally and nationally, working jointly on health determinant projects. CLIP will be collaborating with other successful HDRCs to build research capacity in a local authority, in partnership with HEIs and other local anchor organisations, to understand how this can support decision making and practice.

Research as routine in learning and change:

Developmental evaluation, and involvement in/learning about Discovery projects will increase capacity and capability for evaluative thinking in our practice contexts. This will lead to research wider learning and practice opportunities, in our organisation, through UoP and via NIHR funded programmes taken up by community group members and council practitioners. These developments will enhance learning and support functions in PCC, access to a broad range of methodological support for research design, ethics, data analytics, health economics, community participatory research. Additionally systems and processes will be introduced to support system-wide working e.g. community engagement approaches, research design and ethics, data sharing.

New research dialogues inform decision-making:

Reflecting the city's Health and Wellbeing Strategy, the profile of health determinants and ways to mitigate their effects will be prevalent in the thinking, conversations and decision making of the local authority and other local anchor organisations. Discovery research briefings will be a mechanism for exploring/ learning about/ resolving areas of challenge for communities and will guide decisions about provision. The council will better understand where it should spend its time

and money to have greatest impact, tackling root-causes not symptoms and with an evidence-informed view of the most effective intervention points.

Bridging local and academic knowledge production

Academic research grant applications will be strengthened by relationships/collaboration and Discovery research will offer a fertile environment for grant proposals, leading to successful applications for awards from a range of funders. Work with Dr Alan Tait will embed and evaluate culture change. This presents opportunities for an academic research programme, including PhD topics on organisational and system culture change, contributing to knowledge in areas such as: innovating agile research design, ethics and governance processes in local authority systems change; people-centred systems in practice (Vanguard): developing research and learning cultures that embed evidence use in local authority and system partnerships; and, balancing process and outcome evaluations of culture change.

6.2 Outputs and Dissemination

The PM and RDL will lead the dissemination strategy, working with the CLIP communications officers. We will share our research and learning with multiple audiences in different formats, involving the people and organisations who have participated in the research, relevant practitioner teams, elected members, leaders and commissioners in organisations, academic partners locally and regionally, through the Wessex CRN and Directors group and the national Local Authority Research Practitioner network and the wider academic community both nationally and internationally. In line with NIHR guidance (How to disseminate your research, 2019), these formats will be tailored to the interest of the intended audience, for example:

Outputs	Audience, rationale and impact
Horizontal spaces (equality of power) for dialogue about ideas /focus areas / outputs	Face to face opportunity between community members, practitioners and decision-makers to build relationships and long-term interest in research foci, planning and outputs. Used in tandem with other dissemination methods. Introduces critical thinking and open dialogue.
Case studies	Report findings from single/comparative cases that provide explanatory evidence to inform decision making. Use and share citizen stories.
Research, Policy and Practice briefings and presentations	Formal reports to Steering Group and funder about research planning and delivery and other aspects of the programme. Focused reports and presentations on specific policy areas for teams and partners to share findings and their implications for practice. Presentations will be designed for multiple audiences and events and adapted for regional/national audiences where the findings warrant wider reach,
CLIP programme Evaluation reporting	An annual evaluation report will summarise learning about how the programme is contributing to decision making and culture shift. Interim presentations will be shared with funders, other HDRCs and LA through the Local Government Association.
Research funding applications and academic papers	Discovery research will create relationships and opportunities that lead to academic research opportunities. Joint working will enable shared learning and create networks for onward dissemination, including academic journals and at national/international conferences
Teaching materials e.g. EDI, methodology, PPI	Our learning will present opportunities to develop teaching materials about what we are learning for PCC staff and communities, UoP staff/students and other HEIs to inform pedagogy more broadly (for example: research design and ethics in community-led research, critical public pedagogy)

Content (e.g. blogs and podcasts) on social media platforms	Social media will be a key networking tool as we build relationships locally, with regional partners, and nationally to share learning and experience. We will use different media to share content, build interest and create learning collaborations, including local and national news outlets.
Learning events to share learning with other HDRCs	We will be initiating and attending learning events, to provide/gain peer support and encouragement, and learn from diverse methods and experiences

6.2.1 Intellectual Property: any Background Intellectual Property (IP) specific to the HDRC project that is owned by PCC will be made available. Partnership agreements will be put in place that cover access to each party's Background IP and the ownership and exploitation of Foreground IP and Research Data, including apportioning revenue and other shares between the parties. Foreground IP will rest with PCC unless this is agreed with one of the partners in discussion with the NIHR. A log will be kept of any Foreground IP and shared with NIHR.

6.3 Sustainability, impact and barriers to impact

Our vision (section 2) is based on the Three Horizons model (Sharpe et al., 2016) and the sustainability of CLIP is our Horizon 3 (H3). To achieve this, we will utilise the strengths in our current context (Horizon 1), implement our CLIP strategy to test and embed change (Horizon 2), keeping our Horizon 3 vision consistently in view. This approach will help us tackle a key barrier to impact: current custom and practice. Through our strategy we will move on from H1, growing an H3 culture that values and uses research evidence. Our strategy addresses this barrier at multiple levels, led at corporate level by our CLIP directors. The leadership of the Director of Public Health and Strategic Lead for Intelligence and Research within a supportive Public Health team will enable CLIP HDSR activity to become embedded in organisational process. The team have insights into, and pivotal influence on, the actions and decisions made in the council and will be able to both inform and initiate dialogue about HDSR findings and their implications for decision-makers.

Mechanisms for ongoing dialogue about research evidence are central to the sustainability of CLIP. In the short to medium term of the programme, the activity, relationships and evidence produced will begin to shape decisions and action in the parts of the council engaged in the research, in the wider local system, and in the specialisms relevant to the Discovery research undertaken. Dissemination for decision-making means bringing decision makers closer to the evidence to facilitate deliberation and so a key element of our local dissemination strategy is promoting dialogue. As the programme produces evidence that scaffolds decisions focused on public value, the value and impact of Discovery research will become increasingly evident. Our findings will be applicable to other organisations with similar demographic profiles, enabling joint research efforts where capacity exists to join up our work.

Due to the diversity of people involved in Discovery research and a focus on issues that are highly relevant to their lives and work, we anticipate dissemination routes and potential for impact to emerge organically as the work grows. In the Children's Dental example above, findings may prompt a Public Health social marketing campaign in partnership with Home Start, inform Health Visitor actions, may inform a programme that UoP Dental Academy run in schools, or provide scoping evidence for a research funding application. Additional impact will be gained from increased relational networks, and the research capacity building in the community and in PCC. At a system level, the themes emerging from the Discovery research and onward Academic research will enable the organisation to influence government grant funders as they make decisions about the nature of grants proposed.

7.0 Summary:

This business case presents an HDRC model that draws together learning about the conditions that produce health inequalities, the lived experience of health inequalities and the efficacy in design and implementation of interventions. Our model will provide internally valuable learning that can inform council decisions and actions, producing a fertile environment for new academic research collaborations with UoP and other partners. Our comprehensive evaluation strategy will enable CLIP to collaborate with other successful UK HDRCs, contributing to learning about how building research capacity and capability in a local authority, in partnership with universities and other local anchor organisations, can support decision making and practice.

Appendix A: Portsmouth City Council (PCC) HDRC Development year plan (January-December 2024)

This plan summarises our proposed activity for our HDRC development year and responds to the areas for which the HDRC panel requested further development to enable our proposed HDRC to be ready to move forward. By working on the areas of culture change, health inequalities and capacity building we will be able to more clearly articulate the aims and vision needed to achieve impact and sustainability of the HDRC. The panel also recommended that our plans for community involvement should be developed during the development year, to enable clearer articulation of our intentions.

Committee feedback 1: Strategic aspects around culture change, health inequalities, capacity building of the HDRC requires further development to enable the proposed HDRC to be in the right position to move forward and clearly articulate the aims and vision to achieve impact and sustainability of the HDRC.

Objective 1: Infrastructure set-up for development year to lead into Year 1 of full contract (2025).

Activity:

1. Establish interim HDRC Partnership Steering Group, as described on our HDRC Organogram, to monitor progress against objectives for Year 0
2. Establish the Community Research Reference Group (*see objective 6 below)*
3. Allocate time for key existing roles in year 0 (co-Directors, Assistant Director for Strategic Intelligence and Research, Research Development Lead)
4. Recruit to posts to work during year 0: Programme Manager, Project Administrator, Comms lead, Community Research Engagement Lead

Milestones / stop-go criteria

January 2024	Programme Manager and Community Research Engagement roles advertised
April 2024	Interim Steering Group established with draft Terms of Reference
July 2024	Programme Manager in post/ Community Research Engagement Lead in post
October 2024	Other funded roles in Development Year recruited to
October 2024	Community Research Reference Group established with draft Terms of Reference

Costs: Specify personnel costs for the funded roles here.
We are requesting 9-12 months funding during the Development Year for the existing posts that have leadership roles costed into the full HDRC: co-Directors, Head of Strategic Intelligence and Research, Research Development Lead, Strategic Lead and Academic Lead at UoP, Senior Health and Care Consultant at HIVE Portsmouth.
In addition, we have included 3-6 months funding for the Programme Manager and Project Administrator, Community Research lead and Communications Lead

Total salary costs (including overheads and partner indirect costs) **£239,261**

Objective 2: Engage with both mature and 'Development year' HDRCs for support, guidance, learning and collaboration.

Activity

1. Peer discussion at HDRC Director level - 4 quarterly meetings
2. 1-2 Learning visits to established HDRCs (2 or 3 members of core team)
3. Minimum of 6 action learning sets/ support meetings

Milestones / stop-go criteria: Not applicable

Costs: Travel/subsistence costs for core team learning visits covered within staff overhead costs

Objective 3: Engage teams and organisations who will be involved in our full HDRC post transition in learning experiences that support them to understand and align with our HDRC ambition, build insight into health inequalities, build productive relationships and learn from each other's roles, skill sets and perspectives. *(NB although community engagement is dealt with in Objective 6, we will also include community partners in these learning experiences)*.

Activity:

1. Deliver and evaluate a minimum of 4 mutual learning collaborations that build capacity and develop cultural commitment to generating and using research evidence to address health inequalities. These will also support identification of Discovery Research (see section 4.0 of Detailed Research Plan). These collaborations will be between (eg) University of Portsmouth (UoP) academics (led by Associate Professor Nikki Fairchild), PCC practitioners involved in our HDRC delivery and VCS and business leaders in the city#, and supports preparation for objectives 3.1 (Aim A) and 3.3.2 (Aim C) in the Detailed Research Plan. This work will also directly inform the development of Job Descriptions and Person Specifications for the posts listed in objective 3.1. The communications lead will promote this activity and the learning generated.

   <u>Examples of learning collaborations that will contribute to capacity building, our strategy for addressing health inequalities (experience and/or policy-led), and relationship development in preparation for Year 1:</u>

   a. PCC Public Health Intelligence analyst paired with Dental Academy researcher to identify research topic that combines local Public Health intelligence with academic methods to address/examine a local challenge e.g. poor oral health outcomes for children in more deprived parts of Portsmouth.
   b. Internal collaboration between PCC's Systems Development Service team and a member of the Public Health team on new research/ improvement work in preparation for closer joint working when HDRC begins e.g. access to sexual health services for marginalised communities / homeless healthcare pathway
   c. PCC Information Governance / UoP participation in design of ethics/governance processes suited to community research and co-production. Link with the NIHR Public Health National Specialist Centre for support/expertise.
   d. Research/Marketing officer work with UoP Survey specialist to agree opportunities for joint working and embedding academic practices during the 5 years of HDRC delivery to target areas of known health inequality e.g. healthy behaviours and impact on adolescent health.
   e. VCS partner (HIVE Portsmouth) working with Public Health and UoP academic to plan research into a known area of health inequality e.g. transport access for disabled people.
   f. PCC/UoP communications collaboration on development of a communications strategy for community research projects in a way that positively supports regional/national

awareness of, and city-wide dialogue about community involvement in health inequalities research.

2. Complete Job Descriptions and Person Specifications for HDRC roles operating as part of extended council teams (informed by the above)

3. Staff training: Design and deliver tailored training that supports the cultural and research delivery ambitions of our HDRC. These will be co-developed and delivered by our UoP co-applicant, Associate Professor Nikki Fairchild who will work alongside with existing partners in the city (Community researchers, VCS, NHS as well as PCC) who are developing their community research expertise and collaborating with us.
   Proposed topics:
   a. Community-led research: principles and practice (working with partners at HIVE Portsmouth, Solent Research Academy and Portsmouth Hospitals University Trust)
   b. Building Blocks of Health/ Research design workshop: Training with a dual purpose of promoting our focus on Health Determinants in an accessible way and supporting participants through a workshop activity, to work together to design Health Determinant-linked research projects.
   c. Realist Evaluation Action Learning and dissemination: Building on training and project initiation, this action learning will support those delivering projects to progress and share their learning and methods with other practitioners interested in evaluation methods.

Milestones / stop-go criteria

June 2024	A minimum of 2 examples of PCC/UoP learning exercises, reporting to Steering Group on progress/outcomes
July 2024	Delivery of a training session (collaboration between UoP and partners)
Sept. 2024	A minimum of 2 further examples of PCC/UoP learning exercises reporting to Steering Group on progress/outcomes
Nov. 2024	Completed Job Descriptions/ Person Specifications for 6 key roles to be recruited once we have confirmation of transition to the full HDRC award.
Nov. 2024	Delivery of a further training session resulting from a collaboration between UoP and partners

Costs: personnel costs covered in Objective 1, Communications budget, Training/event costs - room booking/ refreshments (£2,700 in Development Year to cover this and Objective 6)

Objective 4: Engage with and familiarise all council leaders and partners (Directors/Deputy Directors/ Health and Wellbeing Board, Health and Care Portsmouth) with the HDRC award in preparation for 2025 delivery. Draw from discussion opportunities highlighted by senior leaders for research, contributing to a bank of Discovery projects. This objective supports preparation for Objective 3.3 Aim C in Detailed Research Plan.

Activity:

1. Gain commitment from Directors/senior leaders to support their team members to engage in preparation activity (Objective 3) and reaffirm HDRC commitments.

2. PCC Board/ senior leadership development session - Building Blocks of Health and the value of the HDRC across Directorates.

3. Health and Wellbeing Board and Cabinet reports to further cement buy-in to the HDRC plans and opportunities.

4. Councillor HDRC development workshop. Involve Councillors in discussion about Health Determinants relevant to their wards and begin generating (Building Blocks of Health-related) ideas for areas where evidence would support decision-making. Gain commitment to engaging with the collaborative Discovery projects, supporting them as needed and considering the findings /implications for policy relevant to their communities/ portfolios.

5. Communications and dissemination (Detailed Research Plan 6.2). Deliver a case example – using an existing community project (CPAR/Sandbox) and/or relevant partner project findings eg Reducing Teenage Pregnancy (PHUT) we will develop/ test a communications strategy *(Comms role/partnering with UoP comms)* that ensures information is disseminated in accessible/compelling formats and that we test horizontal spaces for dialogue between community/researchers/decision makers about findings and implications for policy change.

Milestones / stop-go criteria

January 2024	Present to Directors Board to secure support for Development Year activity
March 2024	Report to Cabinet on Development Year plans and full HDRC opportunity
July 2024	PCC Senior Leadership development session
September 2024	Elected Member development session (post-election)
October 2024	Report Communication/dissemination case example

Costs: n/a - will be covered by costs of PCC roles set out above

Objective 5: Design and commission HDRC Evaluation

Activity:

1. Finalise evaluation needs and plan, based on the proposal in Detailed research Plan 3.3.3
2. Commission evaluation for HDRC delivery from Jan 2025

Milestones / stop-go criteria

June 2024	Evaluation design complete
December 2024	Evaluation commissioned

Costs: There are no additional costs with commissioning of the evaluation

Committee feedback 2: Community engagement and involvement needed clearer articulation and should be developed further during the development year:

Objective 6: Develop our strategy to progress a system-wide community research infrastructure in Portsmouth and collaborate with partners and the public to develop principles and practice guidelines. (Supports preparation for Objective 3.2 Aim B in the Detailed Research Plan)

Activity:

1. Meet with our city partners and local community researchers to join up the work we are (separately) doing in community research. This collaboration will align community research

principles and processes in the city (for example, employment arrangements for community researchers, a training offer for community research and supporting research to engage with policy and decision-makers).

2. Community research participation events/ small group conversations involving all partners to build on learning from current projects about the nature/value of community research and conditions that support its delivery. Use citizen spaces/ links with community groups.
3. Plan and deliver a workshop to engage community and business Leaders in Portsmouth in our HDRC, to strengthen our network of support organisations – facilitated by co-applicant at HIVE Portsmouth. This will enable those who already understand the assets and opportunities in the city's communities to be part of shaping the work.
4. Continue to support and learn from community research activity in the city, led by PCC (eg Sandbox and Community Participatory Action Research projects) and those led by partners (eg Solent Academy and the Young Foundation).
5. Develop HDRC community engagement strategy that reflects both principles and activity recommended through the above activities
6. Communications campaign to raise awareness of the strategy/partnership across the city and system/ value of community research
7. Establish HDRC Community Research Reference Group (and plan for our Research Prioritisation Group). We will work with partners to identify people who have been actively involved in delivering community research in the city, alongside our UoP/VCS/NHS partners

Milestones / stop-go criteria

May 2024 Workshop to engage community and business leaders in HDRC plan
July 2024 2 x Community participation gatherings
Sept. 2024 Co-produced principles and practice guidelines for community research published
October 2024 HDRC Community Reference Group established with draft Terms of Reference

Costs: personnel costs covered in Objective 1, Communications budget, Training/event costs - room booking/ refreshments (see costs for objective 3), HDRC base in Hive Hub at 50% of full HDRC capacity for development year