Surrey HDRC Detailed Business Plan and Protocol

Version Number	Authors and Reviews	Date
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1.Background and rationale

1.1 Surrey as a place

Surrey has a 2-tier system of local government with one county council and 11 district and borough councils (Ds&Bs). It has a complex mix of rural, semi-rural and urban areas.. Whilst deprivation levels are generally low, there are areas of high deprivation such as Reigate and Banstead, Spelthorne, Woking and Guildford. SCC Health & Wellbeing Strategy [3] was updated in 2022 to identify priority groups, neighbourhood areas (wards) and key factors, including wider determinants of health (WDH), driving inequalities at the ward level. Hooley, Merstham and Netherne in Reigate and Banstead Borough Council (RBBC) is a key area in Surrey where 25% people have no qualifications (vs 16% across SCC), 40% aged 16-74 are in full-time employment (vs 42% across SCC) and overall crime rate is higher than SCC average.

We recognise the difficulties of delivering public health in an upper tier council where responsibility for the wider determinants of health is shared with lower tier councils. In this proposal, SCC will collaborate with RBBC where both have joint responsibility for wider determinants of health (e.g., housing, tackling poverty, greener economy, education). We will provide evidence that promoting a research culture across both tiers results in greater benefits. We will use learning from this to develop a 'blueprint' to scale and spread to other Surrey Ds&Bs. RBBC is unique across Surrey Ds&Bs in that it employs a team of Community Development Workers, who focus on the six communities ranked highest on the Index of Multiple Deprivation, including Merstham which is ranked highest in Surrey. Their work with local communities takes a strengths-based approach, using qualitative and quantitative data to carry out population need analysis.

Our academic partner in this collaboration, University of Surrey (UoS), has significant and nationally leading strength in applied health and social care research. SCC & UoS have a long history of collaboration in areas of health, education, business support, transport planning and environmental pollution e.g., Charting Surrey's Post-Covid Rescue, Recovery and Growth [4]. Further to these partnerships is UoS's involvement in the regional Applied Research Collaboration, ARC KSS. This synergy has resulted in developing the Surrey Academic Health and Care Partnership (SAHCP) between SCC, UoS, Surrey Heartlands Integrated Care System (ICS) and Health Innovation Kent Surrey Sussex (HIN KSS. We proactively combine a community-led approach to understanding wider determinants of health through lived experience (supported through creating innovative roles such as Community Link Officers) and underpin interventions with evidence derived from rigorous academic research. This collaboration and ongoing multi-agency conversation creates a symbiotic relationship between needs assessment, evidence, research and improvement.

Why HDRC is needed

Current challenges and barriers

- **Inconsistent understanding of what constitutes research** by SCC/RBBC staff, including senior leadership and policy makers: This can lead to inconsistencies in conducting research and implementing evidence-informed recommendations into practice [6].Research is often commissioned externally, is expensive, does not build capacity nor embed existing skills. Research, particularly on WDH, is complex and requires significant resources to ensure appropriate data collection and evaluation [7]. In addition, research knowledge, skills and competency vary significantly across SCC directorates and RBBC. Thus, even when relevant research and evidence is available, staff lack confidence in using research to change practice.
- **Current culture:** Use of evidence/research is often subject to political influence [8], hindering adoption of a consistent process for identifying and prioritising key research themes. Research is often considered low priority and excluded from budgeting decisions. A crucial enabler will be to have elected members involved as champions responsible for applying local research findings to policy formulation [9]. Similarly, SCC/RBBC officers' views on

research are important and so we need to enhance the research culture at all levels in SCC/RBBC and partner organisations/communities.

- **Uncoordinated approach** to research across SCC directorates and RBBC and beyond, which often results in 'last-minute' reactive (rather than proactive) efforts that are often not appropriately budgeted for. Due to limited capacity and resource, we are not able to share good practice or learning widely. Therefore, it is difficult for to effectively increase our understanding of the knowledge on the key challenges we face as well as and conduct high quality, impactful research to expand the evidence base on interventions to tackle them to improve the health of our citizens. Research evidence is often perceived to have limited contextual relevance [7] and the research process is seen as being too lengthy to meet the tight deadlines for service commissioning or policy formulation.
- **Working across a 2-tier council system**, balancing county level research priorities and its relevance to Ds&Bs to make policy change/implementation more challenging.
- **Limited recognition by non-public health** council services of the role they play in improving health and the need for initiatives to be underpinned by robust evidence.
- **Lack of clear ethics and governance** processes associated with research.

How will HDRC add value:
Surrey HDRC (S-HDRC) will form a centre of excellence that will promote a change in research culture across a 2-tier local authority that will ensure high-quality research aimed at addressing WDH is generated, implemented and will act as a disruptor to the traditional research landscape. Through effective leadership and collaboration both across SCC and RBBC, S-HDRC will introduce and support a consistent understanding of research practice to build locally relevant evidence to determine what works, for whom and when, taking account of circumstances and context to improve health outcomes.

We define our **research culture** as: ***Our ability to create an environment where we can motivate, foster and champion research to address health inequalities. An environment where sustainability of research funding is seen as a priority by the decision makers and staff's time spent on research activities are valued by the management team.***

S-HDRC will result in the following added values (AD):

AD 1: Sustainable research culture change through collaboration in a two-tier Local Authority:

a. Research governance and infrastructure created.

S-HDRC will create a streamlined process for implementing research findings into local decision making and policy formulation by building a robust research infrastructure This will be achieved by embedding S-HDRC in the key decision-making structures within SCC, such as corporate leadership teams in SCC and RBBC corporate policy team and Health and Wellbeing Board (HWBB). The current Wider Determinants of Health Research Collaborative (WDHRC) will evolve to form the oversight group which will be supported by the delivery group, responsible for implementing S-HDRC workstreams. S-HDRC will support our strategic direction of being more research active by enabling a co-ordinated approach to prioritising and co-producing research, ensuring more effective allocation of resources. The well-connected leadership team will also be instrumental in influencing corporate and council decision makers across SCC and RBBC. S-HDRC will also help develop a robust process for research ethics, ensuring safety, legality and efficacy of studies.

b. Understanding what is meant by research and valuing research by elected members and council officers.

. A lack/inconsistent understanding of research and its application in everyday practice results in the full potential of council officers working across different services, to reduce health inequalities not always being realised. S-HDRC will be instrumental in changing this perception by building research practice as part of SCC and RBBC shared values,

enabled by members of the oversight and operational groups championing research, ensuring greater emphasis on evidence-informed decision making. S-HDRC will also ensure we embed processes, so it is integral to staff professional development. S-HDRC will develop a comprehensive communication plan and dissemination programme to share knowledge across other D&Bs. We will organise local conferences to showcase that the research done in the local authority setting can be pragmatic, relevant and applicable in driving innovation to address WDH and influence other Ds&Bs to adopt the same approach. These will raise the profile of S-HDRC, build a common understanding of research through success stories/case studies showing how staff across different directorates can use research to improve outcomes for citizens of Surrey.

c. Build capacity.

Both SCC and RBCC recognise research as a key driver for improvement, however the scale of work is limited by capacity and the skills available. S-HDRC funding will enable us to create new posts and secondment opportunities (through the research champion programme) to build research capacity, tailor and develop bespoke skills training and materials, secure further funding to ensure sustainability for research, train the new generation of researchers across SCC and our partners and create access to a range of comprehensive resources. This will include e-learning materials, access to the latest national research opportunities and career development (NIHR and wider academic partners), published evidence.

d. Increase local evidence-base on the wider determinants of health.

We co-produce and implement the research prioritisation framework across SCC, RBBC and the wider public sector ecosystem, other Ds&Bs and Voluntary community and faith sector (VCFS) organisations. Key to this will be a baseline mapping of the local evidence base to identify gaps, shared areas of opportunities for collaboration across partners and prioritise key areas for focus on WDH. The gaps identified will inform the research training programme to ensure the research champions plan and deliver research projects accordingly. The framework will horizon-scan for new research themes so research needs are identified, prioritised and planned.

AD 2: Joined up approach to public involvement in research co-production.

Both SCC and RBBC have a strong focus on community involvement in co-production and delivery of services and S-HDRC will enable us to make our research and public involvement more inclusive. This will be achieved by setting up a dedicated public involvement and coproduction workstream. to enable them to be integral to the research cycle, from identifying research priorities to designing, piloting, and conducting projects. We will provide bespoke training for members of this workstream. This group will be instrumental in setting up the public involvement and subject expert panel (relevant to each research theme). This will strengthen our co-production methods and foster a culture of a research-active community with the necessary strengths, skills and capacity.

AD 3: Strengthening collaboration

S-HDRC will strengthen collaboration with a wide range of academic and non-academic partners and foster cross-fertilisation of ideas and joint funding applications for innovation and research. It will support recruitment and retention of highly skilled and talented individuals to work at SCC/RBBC by offering opportunities to undertake/lead research as part of their role. S-HDRC will also allow us to test how we can best share the rich data and insights held by our D&Bs (testing this first with RBBC) and VCFS and develop information sharing platforms.

2. HDRC vision and objectives

Vision: To implement a coordinated research infrastructure to increase research capacity, which delivers a robust research programme to improve health outcomes among Surrey residents. We will produce high-quality local insights, driven by tangible resident involvement, about the wider determinants of health to inform the development of impactful strategies, policies and initiatives. This will be achieved by collaborating with UoS to build our internal

research capacity, maximising collaboration across a multi-agency workforce and enabling the application of knowledge into evidence-based practice. This programme's success will be anchored by an innovative and agile approach to culture change, effective leadership and public involvement.

HDRC objectives:

S-HDRC will be delivered through five key workstreams (WS) described in detail in section 3.

1. Culture change, leadership and collaboration

1.1. Enact a council(s)-wide culture change initiative that ensures research and evidence are central to all decision making and that key decision makers across SCC directorates are aware of the value of research for improving outcomes for their citizens.

1.2. Enable all SCC and RBBC officers to understand the value of research through training that demonstrates how their service can use research to reduce wider determinants of health inequalities. Influence other Ds&Bs to adopt the same approach.

1.3. Champion using research and evidence through senior corporate directors, chief executives and elected members.

1.4. Strengthen collaborations between SCC, RBBC and partner organisations so they share data and intelligence more effectively to identify evidence gaps and prioritise research projects.

1.5 Strengthen collaboration with academic institutes to generate research and share knowledge and expertise.

1.6 Share knowledge and experience with other HDRCs.

2. Build research capacity, infrastructure and knowledge sharing

2.1 Build research capacity between SCC and RBBC

2.2. Make research involvement accessible across Surrey, including LA officers, as well as the public.

2.3 Improve processes for harnessing knowledge generation to catalyse innovation, improve advocacy and implement pragmatic solutions that reduce health inequalities.

2.4. Create research secondment/placement opportunities and career development programmes to build capacity beyond the funding period.

3. Enhance public involvement, equality, diversity and inclusion (EDI) in research

3.1 Build trust with SCC residents to encourage more involvement from underserved groups by working in partnership with community members and the VCFS organisations. .

3.2 Develop a coherent and well co-ordinated public involvement process to enable co-production of research.

3.3 Address systemic inequalities that prevent underserved and seldom heard groups from conducting and participating in research by implementing inclusive research practices across all aspects of the programme and develop a peer researchers champion role.

4. Research sustainability

4.1. Use our experience and evaluation of S-HDRC to elucidate what roles and skills are needed to ensure long-term sustainability of the programme.

4.2. Use the skills and capacity generated though HDRC to secure further research funding externally and internally.

3. HDRC structure and five-year delivery plan

Prior to the initiation of the HDRC workstreams, a development year (Y0), will take place as outlined below.

3.0 Development year

The HDRC developmental year will ensure our research is underpinned by the involvement of those with lived experience of severe health disparities to identify the priorities for co-designed, co-delivered and co-disseminated

research on the wider health determinants in Surrey. During this developmental year we aim for SCC and UoS, in collaboration with our local communities, to lay the foundations needed to enable us to become a research-ready local authority. Specifically, we aim to establish an embedded culture of evidence-based practice and co-produced research which aligns with locally identified priorities to address WDH within the county (see Appendix A) .

Objectives

- To develop and embed the S-HDRC across the council and establish methods of communication (formal and informal) so that the Ds&Bs are aware of S-HDRC and new ways of working.
- To create effective procedures for involving residents who are rarely heard and are impacted by health inequalities, to identify research priorities related to health determinants in the county.
- To create a framework for knowledge exchange and skills development, conduct a needs assessment and establish a training programme. This aimsto foster sustainable growth in evidence-based interventions and policies.
- To streamline current knowledge mobilisation and sharing processes across the council and its partner organisations.

Implementation group membership

The delivery of the programme will be by the core (operational) group, led by Ruth Hutchinson and supported by Professor Paul Townsend (UoS). The core group will be joined and supported by newly recruited roles.

Governance and reporting

The core operational group will initially report to the existing WDHRC which will evolve in Y0 to become the fully functioning Surrey HDRC. The WDHRC reports to the Prevention and the Wider Determinants of Health Board, which is accountable to the Health and Wellbeing Board. Regular feedback will also be provided to SCC CLT via Ruth Hutchinson, to Cabinet through Cllr Nuti (portfolio holder for Health) and Ds&Bs via Mari Roberts-Wood.

Stop/Go criteria

The following criteria will be used to assess our developmental year (more detail is provided in Table 2 below):

1. Development and embedding of HDRC governance within the wider council structure and communication to Ds&Bs
2. Development and publishing of a research prioritisation framework for HDRC to address the WDH
3. Initiation of process for capacity building.
4. Knowledge mobilisation and data governance.

Please see Appendix A for full detailed plan

3.1. S-HDRC workstreams

Post the developmental year, S-HDRC will be delivered by five workstreams (WS) shown in Table 1. WS 1-4 will be led by SCC senior staff from different directorates based on their knowledge and expertise. The WS leads will be supported by an academic and a VCFS organisation co-lead. WS 5 will be led by the two new Public Involvement Advisors (Lay experts).

Table 1: S-HDRC Delivery Plan

Workstreams (WS)	**WS1** Research governance infrastructure & prioritisation	**WS2** Research capacity building & training	**WS3:** Knowledge management, transfer & dissemination	**WS4** Research implementation, impact assessment & evaluation	**WS5** Public involvement & research co-design
	Programme management and monitoring				
	Public Involvement and stakeholders communication				
HDRC objective	1.5, 3.2, 3.3, 4.1, 4.2	2.1,2.2, 2.3, 2,4,2.3, 4.1, 4.2	1.1, 1.2,1.6 3.1	1.1, 1.2, 1.3, 2.3,	1.4, 2.2, 3.1, 3.2,
HDRC added value	1a, 2, 3	1c, 3	1b, 1c, 1d, 3	1d	1c,1d, 2
Delivery year	1	2-5	2-5	3-5	1-5

WS1: Research governance infrastructure and prioritisation: The governance and research prioritisation framework developed in Y0 will be implemented under WS1. WS1 will be co-led by Assistant Director for Data and Insights, SCC, Public Health Consultant (PH intelligence) and Dr Bernadette Egan (UoS) who will collaborate closely with WS 2, 4,5. WS1 membership will include a senior member of the Corporate Information Governance team to ensure appropriate training is available. This will be supported by the new Ethics and Governance lead (joint between UoS and SCC) and the S-HDRC Programme Manager.

Developing an appropriate process to ensure robust research ethics and data governance

SCC has a Research Ethics team and has developed a process for obtaining ethical approval of research proposals. SCC and RBBC will work with UoS to implement the robust joint framework for research ethics and governance which was developed in Y0. This will ensure a seamless process that is aligned with data sharing protection requirements. This will be overseen by the S-HDRC Ethics and Governance lead working closely with Assistant Director of HDRC, Progamme Manager, SCC Research Ethics team and UoS Research Integrity & Governance Office (RIGO).

Process for research prioritisation to ensure effective allocation of resource

In Y0 we will have conducted workshops with a broad range of stakeholders to define a long list of research priorities based on local data and intelligence and priorities to address health inequalities. We anticipate the key areas of focus will be: behavioural/ public health; wider determinants of health (e.g., food insecurity, housing, planning, environment (e.g., air quality, reducing waste):; place-based (e.g., interventions to reduce health inequalities (e.g. reducing social isolation, community cohesion in improving health outcomes): In Year 1 this prioritisation framework will be signed off and utilised to identify research opportunities, in collaboration with the embedded researchers and UoS.

We will set up an **Independent Scientific Advisory Committee (ISAC)** which will meet annually to advise on our approach and identification of research priority areas. Membership will comprise academics and experts in health economics, public health policy, public involvement, regional Office of Health Improvement and Disparities (OHID) representatives, CRN KSS Core Team, HIN KSS and Prof Stephen Peckham (Director, NIHR ARC KSS). ISAC will be chaired by Terry Blair-Stevens, (Consultant in Public Health, OHID Southeast).

WS 2: Research capacity building and training: The focus will be to build capacity through establishing new posts, to further refine and deliver the bespoke research training programmes developed in Y0, supporting evaluation of programmes on the WDH and developing prospective research funding proposals. This workstream will also be responsible for creating a **research champion** programme to lead on the prioritised research themes and oversee the corresponding community of practice. WS2 will work closely with SCC and RBBC learning training and development lead and HR directorate to embed research training modules into staff induction and ongoing professional development. The core training offer will be accessible to all LA staff working across all Ds&Bs. A key leverage for embedding research is the Surrey Way Framework [10] which is currently being developed. WS2 will be led by Public Health working jointly with UoS. See capacity building (section 7) for more details.

WS3: Knowledge management, transfer and dissemination: This WS will focus on promoting research and ensuring it is seen as important and relevant. This will be achieved through disseminating case studies to build trust in the process and increase people's perception of the relevance of research in an LA setting. WS3 will also recruit the research champions and work with WS 2 to ensure they receive appropriate training. Transformation Design lead in Customer and Communities team, SCC will lead this workstream, working closely with SCC corporate communication team. They will be joined by S-HDRC Communication Officer to lead this across SCC and RBBC. This workstream will be supported by the new Programme Manager and work closely with WS 1, 2, 5. Key activities for this group will be:

Knowledge mobilisation: Current knowledge mobilisation practices will be mapped in Y0 and the associated recommendations will be acted upon to enable effective communication of research findings on WDH to various audiences in accessible formats. **Structures to enable cross sector collaborations (both within SCC and with Ds&Bs) will be embedded:** Develop structures and governance to support cross-sector collaboration including sharing research resources and outputs. **Best practice and guidance will be rolled out**: Unified resources will be rolled out to cement good practice in research; create and promote knowledge mobilisation toolkit to support planning for mobilising knowledge in research projects. **Produce case studies, insights and stories:** Develop a shared knowledge repository for: research case studies; case studies demonstrating the use of knowledge mobilisation approaches; published articles, research resources and research funding opportunities. **Organise networks and forums for networking and learning:** Develop shared space and platforms for meeting, sharing knowledge and networking around research and knowledge mobilisation; support and develop Communities of Practice (CoP).

Workstream 4: Research implementation, impact assessment and evaluation: WS4 will aim to embed research evidence in everyday practice and also be responsible for evaluating, tracking and assessing the effectiveness and impact of new interventions which are initiated as a result of local research. This WS will be led by S-HDRC Assistant Director, working closely with Director of Environment, Executive Director for Customer & Communities, Director for Economy and Growth. Group membership will include Public Health Consultant (Health Protection)) who leads on several council programmes on the built environment and air quality. This group will be supported by the new research fellows and will oversee new research studies providing expertise on the design, management and evaluation of study protocols, sample selection and statistical analysis. WS4 will work closely with WS 2, 5 to ensure public involvement is embedded in research implementation and evaluation.

Workstream 5: Public involvement (PI) and research co-production

PI will be a fundamental aspect of S-HDRC and WS5 will be led jointly strategic lead for Residents Insights, SCC and Jonathan Lees and chaired by one of the PI advisors posts (see below). Established in Y0, this element will be embedded further in W5.

Members of public /VCSF (**peer researchers):** Peer researchers will have lived experience or be nominated from specific seldom heard groups. They will help with identifying research priorities, act as members of project advisory

groups, co-designing research, developing public information leaflets. The peer researchers will also be key in setting up public involvement subject expert panels to align with the priority research themes.

PI advisors (n=2): Will have practical experience of public involvement and will provide advice on research projects by ensuring appropriate methods and approaches are utilised and the work is relevant to our key stakeholders. In particular, they will assess its relevance from public, industry, research and health perspectives.

Participatory & co-production researcher (n=2): These roles will manage and oversee delivery of public co-production and insight work, ensuring the voice of people drives S-HDRC strategies and methods. They will lead on co-production of research, using innovative and best practice approaches to understand what the public needs and expects of S-HDRC. One researcher will be hosted in RBBC and the other in the Good Company (a VCSF organisation and food bank)) with flexibility to rotate to other VCSF organisations over the 5 years. These roles will work closely with the other research and embedded academic roles and support S-HDRC Assistant Director to co-produce the research prioritisation process**.**

Key activities of the group will be mapped to stages of the research cycle:

Identifying priorities for research: this will occur in Y0 through discussion with the broader community network, holding workshops, peer group interviews or using methods such as appreciative inquiry. **Research commissioning**: PI advisors will review research proposals to ensure PI is central and improve quality. **Research design and management**: ensuring research participation is inclusive, co-produce research tools and information leaflets, provide support for public involvement in research. **Undertake research**: in collaboration with our peer researchers, carrying out interviews, focus groups, field work and data analysis**. Dissemination**: Co-design reports, newsletters, conference presentations, public events, champion and promote public events. **Implementation:** strengthen and support implementation of research findings into practice by influencing via established, top-down routes (Surrey HWB Board) and bottom-up, and innovative methods (grass-root community groups, peer researchers and VCSF organisations). WS5 will be supported by a comprehensive and structured training programme with additional development opportunities for PI & peer researchers to build knowledge and confidence.,. We will use the EDI INCLUDE framework [11] to ensure research activities are inclusive and accessible.

4.HDRC Management

The current WDRC will evolve into S-HDRC Research and Innovation Committee (RIC) chaired by Mrs Ruth Hutchinson, SCC Director of Public Health (and S-HDRC Director) and co-led with Prof Paul Townsend (UoS). Core group membership will include Mari Roberts-Wood (Chief Executive, RBBC), representatives from other Ds &Bs (as we scale our implementation), Customer & Communities Strategic Lead, Chief of Staff for Environment, Transport and Infrastructure), Director of Research and Innovation, NHS Surrey Heartlands, , Head of Corporate Communication, CEO (Surrey Minority Ethnic Forum (SMEF), Lay member and Jonathan Lees, (Managing Director, Good Company, S-HDRC Lay member). RIC will also include a representative of the Research Operational Group, (ROG). RIC will meet quarterly and provide oversight, identifying and planning future research via horizon scanning and implementing research evidence into policy and practice. It will work closely with the existing WDH Board chaired by Mari Roberts-Wood. RIC group members will also champion research across the organisation and their directorates. ROG will comprise the leads/co-leads for each of the 5 WSs. It will meet monthly, be responsible for the delivery of S-HDRC objectives and will report to RIC. The activities of both groups will be managed and co-ordinated by S-HDRC Programme Manager, Communication Manager, Data & Ethics lead who will have regular meetings with S-HDRC Director and Assistant Director.

5. HDRC Governance

S-HDRC RIC will provide quarterly updates to; 1) SCC Chief Executive & CLT through Ruth Hutchinson; 2) Ds&Bs Chief Executive Forum via Mari Roberts-Wood; 3) Surrey HWB Board through the Wider Determinants of Health Board via

S-HDRC Deputy Director and S-HDRC Programme Manager; 4) Cabinet via Cllr Mike Nuti & Cllr Tim Oliver. Updates will include details of upcoming research training and progress made on research programmes. Once completed, a research study's findings will be reported to SCC CLT via RIC. If results recommend policy change or new policy formulation, CLT will be responsible for directing policy/strategy teams to implement them into practice, where indicated. An update will also be provided to the HWB Board to identify other opportunities for collaboration and integration across agencies. S-HDRC will be the central point connecting key research capabilities to the SCC CLT (including SCC corporate policy team), HWB Board and the Prevention & Wider Determinants of Health Board. The operational arm of S-HDRC will also work with the public involvement: subject matter experts panel who will be the key drivers of the research themes. This is to ensure a bottom-up approach in agreeing the research strategy, aligned to priority 3 of the HWB Strategy (tackling the WDH and shaped according to the population needs identified through epidemiological principles and public involvement rather than political influences). RIC will also meet and provide updates to the Independent Scientific Advisory Committee on an annual basis. ROG will provide quarterly reports to RIC via the S-HDRC Assistant Director and Programme Manager.

6. Collaborations

Academic partners – We will collaborate with UoS and other academic partners to co-develop the research and governance structures and strategy, develop research training and facilitate collaborative multidisciplinary research aimed at addressing WDH. They will have a central role in:

- During Y0, conducting an initial research skills audit to identify gaps in research capabilities, informing development of a research training programme to enhance skills and knowledge on 1) optimising use of evidence/research across SCC; 2) conducting primary research 3) developing a set of research principles for pragmatic application to the LA setting with a strong emphasis on robust evaluation to inform further refinement and commissioning
- DuringY0, work with SCC and RBBC to strengthen research ethics processes so they are robust and align with those applied by both the NHS and UoS. This will involve working closely with the UoS Research Integrity & Governance Office and the University Ethics Committee
- Provide supervision of research champions within SCC and RBBC and peer researchers to build confidence and establish a collaborative network
- Contribute to creating an impact evaluation framework suitable for LAs
- Support in writing and submitting grant applications to NIHR and other funders
- Set up procedures for SCC/RBBC to access UoS Information Services and relevant software to support data analysis and visualisation

Ds&Bs : More systematic research collaborations between SCC, RBBC and UoS; . greater capacity through research/evaluation skills training across SCC and RBBC. Maire Roberts-Wood is the sponsor for the wider determinants of health and chairs the Chief Executive Forum attended by other 10 district councils. Here she has a strong platform to influence her counterparts. A key aspect would be to provide evidence of how an increase in research focused approaches (in RBBC), can tackle health inequalities. Affordable housing is a potential area we want to use as an example to focus our efforts in Reigate and Banstead, and we are aware this is a priority for other district councils

VCSF Organisations: We already have strong partnerships with a broad range of VCSF organisations e.g. Surrey Good Food Company, Surrey Minority Ethnic Forum, Surrey Youth Focus, Surrey Coalition for Disabled People, Active Surrey, Active Prospect, and Surrey Healthwatch. Through S-HDRC we aim to provide research skills training as part of the Peer Research Programme to further increase skills and confidence in the evidence they produce. This will legitimise the insights VCSF produce in the eyes of commissioners and researchers and will enhance their ability to disseminate rigorous research and evidence.

Public and Communities: This will occur through implementing the Peer Researcher Programme. Gathering the perspectives of seldom heard groups or residents is vital for the co-production approach that will underpin our research strategy. There will be an emphasis on gaining wider representation, especially in research on stigmatised and/or sensitive subjects such as domestic violence, loneliness and food poverty. The aim will be to generate public interest and awareness about wider determinants of health inequalities via community events, roadshows and public talks to create research readiness.

7. Capacity Building

7.1 Creation of embedded academic posts

We will create several academic and non-academic posts to support the delivery of S-HDRC.

7.2 Training and development

Training offer

• **Training course:** Members of WS2 will work closely with the Organisation Development and HR teams in SCC and will review current job descriptions to develop a skills needs assessment. Gaps in research skills will be identified and training planned to meet the requirements for each target group. Training will be aligned with SCC/RBBC staff development programmes. We anticipate three different types of training for the identified cohorts described in Table 1 below. They will be delivered by a variety of approaches to suit different needs (i.e. face to face, live interactive and webinar type sessions).

Table 2: Training Programme

Training offer	Audience	What it includes	Expected number/ year	Delivery Method
A: General	Staff working in SCC, Ds&BsVCSF	What is research and how it can help to reduce health inequalities, Surrey S-HDRC, research governance, data management, research co-production and public involvement. Signposting to local resources freely available	+200	On-line: SCC and RBBC training hub as part of mandatory training. e-learning hosted on S-HDRC website For on-line version, when someone completes this course and passes the quiz at the end, they will be issued an automated certificate as evidence of their learning. Face to face (0.5 day workshops)
*B: Tailored	Current researchers and research active SCC/RBBC and other Ds&Bs staff (including research champions	Research methods, evidence review, critical appraisal, project evaluation Signposting to local resources and community of practice networks	30-100	Face to face workshops
*C: Tailored	Current researchers and research active staff, Peer Researchers	Co-production research methods, story telling. Signposting to local resources and community of practice networks	20-50	Face to face workshops

*Training for B and C will be developed with advice and expertise from wider academic partners: ARC KSS Academy.

• **Training resource and materials:** a new website for S-HDRC will act as a single point of access and repository for: local and national training resources (training A-C), latest evidence, local data sources and analytic support, local

research and evaluation templates, recent updates and briefing reports, information about public involvement and participation in research projects, key HRDC events, research funding opportunities and research jobs/vacancies
• **Access to master modules course**: LA staff will be able to access an online version of the Research Design Module (MSc in Health Sciences) which will be hosted on the S-HDRC website.

Development offer to increase research skills:
Research Champions: This programme targeted at SCC and RBBC staff will be initiated in year 2. The Research Champions (**4 per year from year 2**) will be recruited on an annual basis and undertake a bespoke training programme to increase knowledge, skills and confidence to develop their research abilities. They will be current staff members on permanent contracts who can be seconded to these posts (50% FTE). They will be allocated a mentor (a S-HDRC Research Fellows) to support them with research design and implementation.
Peer researcher: The Peer Researcher training programme will focus on building skills and confidence to conduct and be involved in co-producing research. In total **6 Peer Researchers** will be trained annually. We will set up a Community of Practice for Research Champions and Peer Researchers to share experiences and provide opportunities for networking. These events will both, face to face (6 monthly) and on-line (3 monthly) sessions.
Short research placements: SCC is already one of **Local Authority Academic Fellowship (LAAF)** Programme sites offering fellowship schemes and short placements to those wanting to develop as health and/or social care researchers. S-HDRC will work closely with **Southeast School of Public Health** and provide placements for public health professionals to complete short placements. This will be co-ordinated by the public health specialist training supervisor for public health registrars and the public health workforce development lead.
Delivering regular webinars will be organised to signpost individuals to existing NIHR research and fellowship schemes. We have links with NIHR Infrastructure and Capacity Building Structures (ICBS). We anticipate supporting at least three staff members to apply for and complete one pre-doctoral fellowship and one PhD fellowship during HDRC programme.

7. 3. Implementing processes to establish a research pipeline

- Identify research needs using the prioritisation tool developed for S-HRDC
- Frequent drop-in sessions provided by the Research Fellows to advise on potential research projects and support for writing research grant applications
- Piloting new research ideas to gather data to be used for pump priming research

7.4 Embedding a sustained culture of evidence-based practice

- Organise an annual local conference to showcase local research and success stories on how research can be used to address WDH (open to all SCC, D&Bs, VCSF organisations). Keynote speakers will include members of SCC/ D&Bs executive leadership team joined by an elected member
- Adapt the current staff induction programme by working with HR to include information about HDRC, and embed in the 'Surrey Way' framework
- Work with the HR directorate to update roles and responsibilities of managers to ensure staff complete mandatory training on HDRC (training A) and ensure evidence-based practice is embedded in their teams and everyday work

8.Culture change and success measures
. We have defined culture change as the use of evidence-based learning derived from S-HDRC in addressing health inequalities and the extent to which SCC /RBBC staff understand the value of research in addressing the WDH and appreciate how they can play a role in this approach.
To implement our approach we will:

- Harness the commitment of elected members to secure political buy-in and leadership for championing the translation of research into practice
- Maximise the potential of senior corporate and leadership teams across SCC directorates and Ds&Bs (to influence this agenda within their own departments and beyond where they interface with different boards and committees
- Train and upskill staff and provide opportunities to enable them to translate knowledge into practice and provide mentorship to build confidence
- Embed an evidence-based approach within SCC and RBBC and included as part of staff professional development
- Set up a Community of Practice for staff, research champions and peer researchers to share knowledge and facilitate a culture of research co-production
- Use case studies and outputs from the research champion programme to influence and promote S- HDRC evidence-based approach across other Ds&Bs and the wider council. This will be disseminated using our knowledge mobilisation strategy which will include hosting regular local webinars, presentations at the Health and Wellbeing Board and cabinet. As well as using Research Champion as peer-to-peer advocates.
- Strengthen advocacy for evidence-based practice and research by ensuring wider stakeholder involvement in priority setting and delivery of research relevant to the local context

9.HDRC impact- A robust evaluation plan will be delivered for S-HDRC. The Impact and Evaluation lead will work closely with the national NIHR team to facilitate overall programme evaluation. Success will be measured via the following outputs and outcomes described by Theory of Change (uploaded with the logic model).

Build research skills and capacity to enable sustainable growth of evidence-based interventions and policies

- Completion of a research skills development needs assessment to baseline level of knowledge, skill and confidence by end of Y0
- Full implementation of a new research infrastructure and governance and ethics structure in collaboration with UoS (from Y1)
- Two research proposals submitted in Y1 , 5-10 in year 5, secure funding from at least one NIHR grant by the end of Y2 and three primary research projects started by end of Y3
- Implement Research Champion (SCC and RBBC) programme: 16 champions over 4 years
- Delivery of research training programme to 200 SCC/RBBC staff per year from Y1
- Delivery of critical appraisal and evidence searching training to 100 staff per year who will be set up with an OpenAthens account from Y1
- Research and training hub set up developed in Y0 and fully launched in Y1 to provide access to the latest published local research and funding/research involvement opportunities
- 40 reviews of evidence conducted on WDH
- Three peer-review journal articles submitted by S-HDRC trained staff (including research champions) in year 3, four in Y4, five in Y5
- Two fellowship (pre- doctoral, doctoral and post-doctoral) applications and placements (NIHR SPARC) submitted in Y2, three in Y3 and 4 and five in Y5

Embed a culture of research practice at the heart of the SCC's policy making on the wider determinants of health which are relevant to the partner Districts and Boroughs in a two tier LA system

Political and leadership level

- Agreed definition of research and research practice in SCC and RBBC by the end of Y0

- Increase in positive perception of council leaders and senior officers about the role of research at improving health and wellbeing over the five years of S-HDRC (assessed by qualitative research methods)
- Presentation of annual S-HDRC research report by cabinet members at Committees in Common, HWB Board
- 50% increase from year 1-5 in the number of cabinet papers, presented to HWB Board and Committees in Common, Adult Health, Security Environment and Highways Select Committee with reference to/ or include local research findings/evidence
- 50% increase from year 2-5 in the number of key decisions made by SCC leadership team based on local research findings compared to baseline (baseline will be assessed by an audit of minutes and decision logs before the implementation of S-HDRC

Across all directorates (beyond public health)

- 50% increased number of locally generated evidence-based joint policies by SCC and RBBC
- Minimum two publications or presentations of local research in their respective directorate at regional or national conferences
- Incorporation of research into current policies in development: Whole system Food Strategy, Housing, Surrey Skills Plan and the Lifetime of Learning Education Strategy and Health in All Policies programme.

PI and co-production of research on health inequalities

- Implementation of a peer research programme for the Public Involvement (Subject Matter Experts) panel: 24 trained over five years (6/year from Y2)
- 80% of research conducted by SCC and RBBC identified by the PPIE panel (baseline assessed by an audit of cabinet papers prior to implementing S-HDRC)
- Public events organised (5/year) to promote research involvement and promotional materials: short films, newsletters, local communications campaigns
- Elected members to chair at least one PI event and support its promotion

Enhanced research collaboration between all SCC directorates with UoS

- SCC/RBBC support recruitment to 10 CRN portfolio studies by the end of year 5
- At least 10 new requests for staff to receive training/become research champions in year 1, 20 in year 2-3 and 30 in years 3, 4 and 5
- Embedded academic posts/secondment opportunities in SCC and RBBC directorates (Education), Employment, Housing, Environment, Transport and Infrastructure) to enable transdisciplinary working and placements between UoS and SCC/RBBC

10. Public involvement

Public involvement will be embedded across the research cycle - from identifying priorities for research in Y0, to implementation - as well being part of S-HDRC governance, facilitated by the Public Involvement and Co-production WS. Public involvement will be instrumental in co-producing the research strategy and priority setting in Y0. In addition, we will set up a Public involvement (Subject Matter Experts) panel relevant to each research theme. This group will consist of public members with lived experience (relevant to the research theme), researchers and VCSF organisations. To enable these activities we will use the UK Standards for Public Involvement [14] to provide support and training.

Inclusive opportunities: HDRC will plan engagement events, ensuring inclusive opportunities for public involvement and accessible by the public and people from seldom heard communities. As per INVOLVE we have allocated funding to facilitate participation and translation of research materials into accessible formats (e.g., Plain English, British Sign Language, easy read, visual representation, translation into different languages).

Support and learning to lay members via peer researcher programme: This programme will embed research activities within SCC and RBBC, and generate more rigorous and ethically sound local research through Peer Researches [14] to build local research and will contribute to the development of a research culture across the system.

Working together: Matchmaking Research Champions with Peer Researchers to create greater synergy between partners and collaborators. We will also build on our existing co-production work as part of Surrey Thriving Community vision.

Communication: Public members will work closely with the communication lead to ensure all communication is timely, written and presented in accessible format. See Dissemination strategy for more details (Section 16).

Impact: we will conduct an evaluation of co-production impact on research implementation using guidance on evaluating Public Involvement in research [23] and Public Involvement Impact Assessment Framework (PiiAF) [15] to improve quality, evidence effectiveness as well as informing the public of the difference they have made. We will also work closely with ARC KSS to learn from their approach and explore its appropriateness to apply locally.

In addition, we are working with KSS CRN PPIE Lead (Madeline Bell) to increase public readiness for research involvement. Madeline will be part of S-HDRC Public Involvement and Co-production workstream. We will work together and link with agencies trusted by underserved communities to share our messages about public health research, what it is, who it could be for, and how to take part.

11. How are the wider determinants of health integral to the HDRC vision

In Surrey, we recognise that focusing on identifying the WDH requires working across different government departments and introducing new methodological approaches, including those more suited to evaluation within complex systems [16] [17]. The HWB Strategy was updated in 2022 following publication of the Covid-19 Community Impact Assessment [18]. The aim is to strengthen our focus on tackling health inequalities at place whilst also targeting the most vulnerable communities disproportionately impacted by COVID-19. The implementation of Priority 1 (Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being) and Priority 3 (Supporting people to reach their potential by addressing WDH) is overseen by the multi-agency Prevention and Wider Determinants of Health Board. By working closely with this Board, S-HDRC will strengthen our integrated working with wider partners and directorates and other services which impact the WDH to share tools, [19] knowledge [20]and better understand the local issues and identify key areas for research and related questions which are common across stakeholders

At the end of the 5-year period we will ensure that through close collaborative working in SCC/RBBC, public involvement and collaboration with UoS, HDRC will develop a programme of research based on local needs for ameliorating WDH. S-HDRC will also support SCC/RBBC staff by cultivating a culture of evidence-based practice through developing greater knowledge, skills and confidence in undertaking research, generating ideas for future research and applying it to address the WDH. S-HDRC will also lead the evaluation and impact assessment of the research ideas identified through the research prioritisation tool to ensure limited resources are directed to the right areas of focus beyond public health. We will also work closely with other HDRC sites to scale up our approach.

12. HDRC's will aim to address health inequalities

Addressing health inequalities currently is included in all major key SCC strategies. Substantial work has been completed to identify key geographical areas and populations in Surrey which are more likely to experience health inequalities (available on Surrey i and JSNA). There is also strong political leadership and involvement in addressing health inequalities in Surrey. The Adult Scrutiny Panel is currently conducting a comprehensive piece of work and collecting evidence from a range of witnesses across Surrey to look at key health inequalities issues to identify gaps

and provide recommendations for further improvements. All the above will provide us with a very strong platform to establish S-HDRC using the following key approaches:

1. **Integrated approach**: We will include a link to the local dashboard and data sources related to WDH so they are visible to all and facilitate collaboration to address them.
2. **Place-based research**: Conduct research at place to determine key issues, and then co-design interventions, with evaluations embedded, to build our local evidence base on what works and for whom and why.
3. **Public involvement and co-production**: Conduct engagement with the public and relevant stakeholders to identify issues and potential solutions.
4. **Collaboration**: with relevant academics from UoS to expand capacity, learning and resources.
5. **Fostering innovation**: Host sandpit events for 'wicked' problems to identify innovative solutions.
6. **Share learning and outcomes**: Locally and nationally to share best practice, inform commissioning intentions and refinement of policies/interventions, flagging those which do not work in local context and population.

13. Timescale and milestones

Y0 Milestones: These are included in the extended explanation of Y0 above and do not need to be repeated here.
Y1 Milestones: Implementation of the new research governance structure (including all new appointments). Embed and carry out research based on the success indicators. For example, at least 2 research proposals will be submitted, Research Champions and Peer Researchers will continue their work and the development programme will be revised accordingly. Research strategy, public involvement strategy embedded based on priorities for research on wider determinants of health, including a plan of research for Years 2-5. SCC Research Ethics processes and procedures in place and fully operational. Launch of research skills training programme. Formal launch of HDRC during which the first round of collaborative research funding will be announced. Process and procedure for awarding collaborative research funding agreed. Impact and dissemination plan and framework agreed and operationalised (including novel methods for dissemination). Public involvement and stakeholders events held.
Y 2-3 Milestones: First round of collaborative funding awarded and first collaborative transdisciplinary research study initiated. First round of research training successfully completed. Joint data governance procedures fully operational. First research showcase held. Completion of formal NIHR review.
Y 4-5 Milestones: Plan for sustaining HDRC beyond 5 years agreed and in place. Initiation of new 5-year HDRC Research Strategy. Completion of formal NIHR reviews. Final showcase event for NIHR HDR.

14. Socioeconomic position and health inequalities

We will ensure we provide equitable involvement opportunities based on merit, irrespective of background, beliefs and socio-economic context. We will use NIHR INVOLVE Diversity & Inclusion Terms of Reference [14] to develop the TOR for the public involvement and research co-production (WS 5). Throughout the HDRC programme, we will:
Embed EDI in research design: for each research project, WS5 will establish who should be involved as participants, and how to facilitate their involvement. Tailored recruitment approaches will be used to include different communities by being aware of different linguistic, communication and practical needs, and levels of health literacy and awareness of health and social care research. We will **proactively monitor participants'** socio-demographic characteristics to ensure inclusivity as per NIHR inclusion road map [14]. **Funding allocation**: as per INVOLVE we have allocated funding to facilitate participation and translation of research materials into accessible formats (e.g., Plain English, British Sign Language, visual representation, translation into different languages). **Enhance public involvement** through involving community and faith leaders who will lead promotion at community/faith events to ensure we reach seldom heard groups and choose convenient locations [24]. **Empower by providing training** and use of peer champions to ensure representation from seldom heard groups and those from most deprived areas of the County. We will use NIHR INCLUDE Guidance to develop an effective strategy to include under- served groups.

15. Dissemination and communication of outputs

Dissemination

We will co-develop a comprehensive dissemination plan according to the target audience. S-HDRC website will also be used to share knowledge and disseminate key findings to:

- **Policy makers:** Cabinet papers, briefings to Health & Wellbeing Boards, board papers for senior corporate leadership team, papers for Ds&Bs Chief Executive Forum, Strategic Commissioning leadership team
- **Local & regional collaborators:** Newsletters, annual conferences, showcase events, webinars
- **Public & Surrey citizens:** Infographics, short films, public events, social media, Health Inequalities Summit co-developed with PI steering group & elected members
- **Nationally:** Publications, reports, conference presentations and abstracts

Shared learning and scalability will be incorporated in the development of our communities of practice through events, workshops, webinars and symposia to enable sharing of knowledge and skills to develop.. An evaluation plan will be developed to assess the impact of campaigns in terms of cultural appropriateness (e.g. language barriers), accessibility and effectiveness and in reaching out to various groups and audiences. Key impacts will be assessed using the NIHR Impact Toolkit [25].

Communication and dissemination of outputs

Elected members: The leader of the Council, Tim Oliver, and Cllr Nuti are the sponsors of S-HDRC. Through Cllr Oliver, we will proactively engage other elected members across Surrey and local communities to get involvement and support for the co-design of our research strategy. We will have a regular briefing update about HDRC progress at HWB Board.

Senior CLT & Chief executives of Ds&Bs: Executive Director for Public Health, Adults Wellbeing and Health Partnerships will provide regular updates about S-HDRC to the senior leadership team via update reports and presentations.

Research champions and peer researchers: We will hold annual conferences where information can be shared to advocate and promote S-HDRC approach on evidence-based decision making and addressing health inequalities. We will use the intranet to advertise key events, promote programme participation by the wider SCC staff and Ds&Bs working with our communications team.

Wider population: We will co-produce our engagement and communication plan with our Public Involvement and Co-production WS to ensure we identify the most appropriate communication channels. We will organise community events as part of our engagement to encourage local citizens to become active participants in research. Outputs from this programme will be taken forward locally by senior leadership team members who are part of the oversight group and will be used to refine the programmes that deliver on the priorities of the Health & Wellbeing Strategy and policies which drive the corporate strategy to reduce health inequalities as listed below:

Research Capacity

- Research Champion Programme; Peer Researcher Programme
- Research and evaluation strategy; PI strategy
- Guidance on conducting research and evaluations in Surrey (based on toolkit for increasing participation of ethnically diverse groups in health and care research and the INCLUDE Ethnicity Framework.
- Research training materials (resource and courses): evidence review study design, data collection/analysis, evaluation. Research and training hub (using the Surrey-I website as a host)

Dissemination and sharing

- Communication and engagement plan and materials such as video, posters, films co-designed with our Public Involvement panel

- Implementation toolkit to measure: culture change , attitudes, awareness, behaviour, capacity, decision-making, processes.
- Annual Public events (x4), annual conferences with partners, policy makers (x4)
- Publication of local research (produced by local research champions and academics (in peer reviewed journals, national/regional conferences), publication of briefing papers for the HWBB, leadership team and reports for national publication
- Evaluation of S-HDRC programme

16. Expected impact of S-HDRC

Short-term-medium term (Years 1-3): Fewer perceived barriers to change in SCC culture to be more research active; increase in confidence and application of research in local context, development of a prioritisation framework, relating to WDH, increase in the number of collaborations with a broader range of partners; NIHR, ARC KSS and other HDRC sites as well as industry and HIN KSS success in securing additional research funding.

Medium-long term (Year 3-5): Changes to services are evidence driven, co-produced and targeted to those who most need them; strengthen the voice of community and public by building research capacity and establish a consistent application of research across SCC, Ds&Bs, partner and VCSF organisations ; improvement in service effectiveness and efficiency delivered by SCC/RBBC by application of local research outputs/findings to tackle health inequalities. We envisage that we will increase our collaborations and build our research capacity within the first 2-3 years. Culture changes are likely to be realised between years 4-5 when the new processes become fully embedded.

17. Possible risk and mitigations

1. Resistance to implementing evidence. Mitigation: Securing full commitment from the senior leadership and other leaders across the local system from the outsetand involving them as part of S-HDRC governance structure.
2. Workforce shortages impact ability of staff to implement research. Mitigation: Build capacity across the wider system to build continuity, use the prioritisation framework to ensure the top priority areas of research can continue and reallocate resources accordingly.
3. Difficult to create impact when the public is faced with large cost of living increases. Mitigation: Ensure impact evaluation also includes process evaluation

18. Scalability and sustainability

External research support from: NIHR Fellowship schemes, other NIHR funding Programmes, INNOVATE UK, Local Enterprise Partnerships (e.g. M3 Enterprise), charitable and philanthropic research and development funding, HIN KSS, ARC KSS, Surrey Health Tech Accelerator.

19. Safeguarding and ethics

We will abide by relevant safeguarding procedures as well as Professional Codes of Conduct such as General Medical Council and Nursing and Midwifery Council where staff have a registered professional qualification. We will ensure all research policies are in line with appropriate ethics approval and data sharing agreements.

20. Intellectual Property (IP)

Background IP will sit with Surrey County Council (as it already sits with Surrey County Council).
Foreground: IP generated as a result of activity organised through the HDRC would sit with the Council by default, with the potential for this to be negotiated differently for specific projects if that was felt to be appropriate.

Appendix A: Surrey HDRC Development Year

Introduction

We firmly believe a new approach is needed to address health inequalities in Surrey and the wider environs to ensure that local priorities are met, and policy influencing is underpinned by robust research evidence. To better understand the impact of the wider determinants of health (WDH) on our local population, we need to strengthen our research capacity, infrastructure and implementation. The HDRC developmental year will ensure our research is underpinned by the involvement of those with lived experience of severe health disparities to identify the priorities for co-designed, co-delivered and co-disseminated research on the wider health determinants in Surrey.

Overall Aim

We aim for SCC and UoS, in collaboration with our local communities, to lay the foundations needed to enable us to become a research-ready local authority. Specifically, we aim to establish an embedded culture of evidence-based practice and co-produced research which aligns with locally identified priorities to address WDH within the county.

Objectives

- To develop and embed the S-HDRC across the council and establish methods of communication (formal and informal) so that the Districts and Boroughs (Ds&Bs) are aware of S-HDRC and new ways of working.
- To create effective procedures for involving residents who are rarely heard and are impacted by health inequalities, to identify research priorities related to health determinants in the County.
- To create a framework for knowledge and skills, conduct a needs assessment and establish a training programme. This aims to facilitate the development and implementation of knowledge, fostering sustainable growth in evidence-based interventions and policies.
- To build on and streamline current knowledge mobilisation and sharing processes across the council and its partner organisations.

Approach

. We will develop a model of co-production, which will enable people with lived experience of health inequalities to co-produce robust, meaningful research which aligns with the priorities of the most marginalised communities. The most seldom heard members of our communities will be trained and developed as peer-researchers to be given an equal role in co-researching, co-designing, co-delivering and co-evaluating services and initiatives with the aim of reducing health inequalities in Surrey.

Implementation group membership

The delivery of the programme will be by the core (operational) group as listed in Table 1, led by Ruth Hutchinson and supported by Professor Paul Townsend (UoS). The core group will be joined and supported by newly recruited roles.

Table 1: **Core delivery group and leadership arrangement**

Already in post			
Named person	**Role**	**Role in the delivery**	**FTE**
Ruth Hutchinson	Director of Public Health,	HDRC Director	5%
Professor Paul A. Townsend	Pro Vice Chancellor and Executive Dean University of Surrey	HDRC academic Co-lead	2%

Dr Negin Sarafraz-Shekary	Public Health Principal and PH Research Lead	HDRC implementation lead and LA lead for and building research skills capacity	20%
Professor Jo Armes	Professor of Cancer Care at the University of Surrey & Lead for Digital Innovation for ARC KSS	HDRC academic lead (training development and building research skills capacity)	2%
Dr Bernadette Egan	Senior Research Fellow at Surrey/Deputy Chair of University Ethics Committee	Interim HDRC ethics and governance lead. Work with the NHS and UoS to develop a process for research ethics and governance structure	8.25%
Mr Jonathan Lees	Managing Director, Surrey Good Company and lay member	Interim HDRC PI advisor To develop and implement our model of co-production and co-develop the research prioritisation framework and areas of health inequalities to focus on, PI strategy and communications	2%
TBC	CEO, Surrey Ethnic Minority Forum	Co-Interim HDRC PI advisor	2%
TBC	TBC	Embedded academic researcher	80%
New posts to be recruited in Y0			
TBC	Programme manager (n=1) (Surrey County Council)	• Ensure effective delivery of the Key Performance Indicators (KPIs), milestones and stop/ go criteria, according to the programme timeline including reporting. • Support establishment of HDRC governance structure and set up the different groups • Responsible for co-ordinating and planning workshops with stakeholders • Working with SCC HR Organisation Development Team to develop a research readiness programme for LA staff • Co-develop a communications strategy for programme initiation • Develop the IT platform for upload of training materials and research information (for knowledge mobilisation)	100%
TBC	Seconded UoS researcher (n=1)	• To undertake a baseline assessment of the current research culture and use of evidence in the council decision making process • To undertake a gap analysis of areas where local knowledge is lacking to address the WDH. This will inform the prioritisation list of focus areas • To co-develop a robust evaluation framework (including return on investment) to evidence the impacts of the programme plan. • To develop a research prioritisation framework • To develop a rapid evidence assessment toolkit • Research Skills need assessment	80%
TBC	Members of public /VCSF (n=4)	To develop (so it is ready to implement from year 1) our model of co-production in conjunction with residents and co-develop the research prioritisation framework and areas of health inequalities to focus on, PI strategy and comms	2%

TBC	Participatory & co-production researcher (n=1)	To develop, refine and implement our model of co-production and co-develop the research prioritisation framework and areas of health inequalities to focus on, PI strategy and comms	20%

Governance and reporting

The core operational group will initially report to the existing Wider Determinants of Health Research Collaborative (WDHRC). This will evolve in Y0 to become the full functioning Surrey HDRC. The WDHRC reports to the Prevention and the Wider Determinants of Health Board, which is accountable to the Health and Wellbeing Board. Regular feedback will also be provided to SCC CLT via Ruth Hutchinson, to Cabinet through Cllr Nuti (portfolio holder for Health) and Districts and Boroughs (Ds&Bs) via Mari Roberts-Wood.

Stop/Go criteria

The following criteria will be used to assess our developmental year (more detail is provided in Table 2 below):

1. Development and embedding of HDRC governance within the wider council structure and communication to Ds&Bs
2. Development and publishing of a research prioritisation framework for HDRC to address the WDH
3. Initiation of process for capacity building.
4. Knowledge mobilisation and data governance.

1.Development and embedding of HDRC governance within the wider council structure and communication to Ds&Bs

This objective will be facilitated through SCC Chief Executive and Tim Oliver (Leader of the Council) and supported by the following three phases:

- **Phase 1 Baselining of current research culture**: Conducted through research which includes an audit analysis of cabinet papers. This will identify what work needs to be undertaken, where and how, to change the research and decision-making culture within SCC. This work on culture change within SCC (as the host organisation) will be brought about using the 'COM-B' and 'behaviour change wheel' models (Weston et al., 2020).
- **Phase 2 Co-designing and engagement with wider partners**: We will organise workshops with SCC corporate leadership team (CLT) members, corporate policy team and our partner Districts & Borough (Ds&Bs) to identify opportunities to achieve shared objectives, co-develop the next steps and recommendations for embedding a research culture.
- **Phase 3 Testing and learning**: We will initiate and pilot this approach in Reigate and Banstead in the developmental year 0 (Y0) and ensure involvement of other Ds&Bs by showcasing the approach through a series of profile-raising workshops and reciprocal knowledge-transfer site visits.

We will also use the existing Prevention and the Wider Determinants of Health Board, which includes all D&Bs and the broader Council's directorate to strengthen S-HDRC's relationship with these partners. We will work with other awarded HDRC's such as Coventry and Blackpool to identify the most applicable success measures. Blackpool use the Value Creation Framework to consistently map evaluation across activities. If we were to use this tool it would be regularly completed throughout the wider HDRC work in conjunction with stakeholders, members of council departments and council leaders. The added value that HDRC has been able to instil will be identifiable through a wide-ranging set of Value Creation Stories from the perspectives of all stakeholders.

2.Development of a research prioritisation framework for HDRC to address the Wider Determinants of Health

We will focus our attention on meeting the needs of the community, particularly those with lived experience of severe health disparities, around priorities such as affordable housing. Our development year will ensure that the Surrey HDRC focuses on the WDH. We will do this by co-collaboratively determining our priorities in conjunction with residents. We will organise four workshops over 9 months during Y0 involving a diverse group of stakeholders to initially establish a comprehensive list of research priorities, based on local data and intelligence. Subsequently, we will prioritise research to address the wider determinants of health inequalities. The identification of research priorities will take place with seldom heard community groups with lived experience, facilitated by the public involvement (PI) advisor and participatory & co-production researcher. These two roles, together with four lay persons (recruited from the public/ VCSF organisations), will also be key in establishing public involvement subject expert panels which will align with the priority research themes. We will recruit two new embedded academic posts, who will take the lead in conducting a gap analysis of existing local knowledge on the WDH. Their roles will include determining the areas where research activities should be concentrated. To further help accelerate our Y 1 activity, we will also use Y0 to develop and pilot a rapid evidence review, assessment and framework for implementing evidence-based practice by adapting the Knowledge to Action Framework (Graham et al., 2006) to assist the process of rapid knowledge generation and translation for local decision making. Additionally, we will recruit a new lead for research ethics and governance. This individual will be responsible for establishing a research governance process, working closely with Surrey Heartlands Integrated Care System and UoS.

3.Initiation of process for capacity building

Research skills analyses are underway and will be further accelerated through recruitment of new embedded academic posts seconded from the UoS. We will also be working closely with HR and SCC Organisation Development and Culture team to develop strategy for staff research readiness. This will include organising two-three webinars across the next 12 months, one being delivered by SCC chief executive and Tim Oliver to emphasise the role of research in meeting our corporate objective of 'no one left behind'. We will map current staff skills to identify gaps / training requirements with corresponding training programmes developed and we will work with SCC Organisation Development and Culture team to identify strategies for embedding research skill development and skill in key job roles.

4. Knowledge mobilisation and data governance

As Mon-Williams et al (2023) note, the sharing of data across services is an essential step in creating efficient systems, capable of providing timely support for removing structural inequalities and enabling a whole-system approach to tackling WDH inequalities. In this development stage, we will baseline our understanding of knowledge mobilisation within SCC. We will also assess existing knowledge and research assets across our partners. This information will be used to formulate knowledge mobilisation strategies aimed at effectively communicating research findings to diverse audiences in easily accessible formats. We will develop and utilise structures along with governance to support cross-sector collaboration including sharing of research resources and outputs; unified resources for good practice in research; knowledge mobilisation toolkits to support planning for mobilising knowledge in research projects.

Table 2: Stop / Go criteria: activities and outputs

Stop/ Go criteria	Activity	Outputs (timeline by month (M))
1. Development and embedding	• Baselining of research culture and extension of use of evidence-base	• Audit of cabinet papers and Health and Wellbeing Board for last 18 months completed,

of HDRC governance within the wider council structure and communication to districts	in decision making within Surrey CC • Co-produce next steps for change with CLT members and other District Councils and Boroughs Chief Executives • Strengthening and establishing clear programme governance process within the Surrey CC • Identification of areas for improvement in the research culture	interviews with 15 senior and executive leaders and decision makers across the SCC conducted and a report on current research culture in SCC produced (M6) • 4 workshops delivered to develop a forward plan for embedding a research culture across SCC and shared with SCC CLT, Chief Executive of other Ds&Bs, Health and Wellbeing Board and Cabinet (M 9) • HDRC governance structure including: Terms of Reference and reporting processes for HDRC developed and agreed by SCC CLT and Health and Wellbeing Board and Cabinet (M9) • A framework developed for implementing and monitoring of evidence-based practice (M9) • Rapid evidence assessment guidance developed (M9)
2. Development of a research prioritisation framework for HDRC to address the Wider Determinants of Health	• Initiation of a model of co-production with seldom heard communities • Establish locally agreed priorities within these networks, including housing • Gap analysis and identification of key priority areas on WDH to address HI: This will be achieved by 1) combine public health data and intelligence with the lived experiences of health inequalities within communities. This will be achieved through the creation of forums involving advisors from various communities, including those with learning difficulties, physical disabilities, young people, older people, these living in the most deprived areas and from ethnic minority groups. 2) a rapid evidence assessment on priority areas to focus research activities and take account of previous evidence on what works, for who and in what context	• 4 lay people recruited and trained (M12) • Areas of health inequalities identified though co-production and approved by the Health and Wellbeing Board and Cabinet (M9) • Gap analysis of knowledge on WDH completed to identify priority areas (M9) • Research prioritisation framework co-developed and signed off by the Health and Wellbeing Bord (M6-9) • Programme evaluation framework developed to assess impact (including measures for culture change) (M9)
3. Initiation of processes for capacity building	• Mapping and assessing the current skills of staff to identify gaps / training requirements. Develop corresponding training programmes based on these needs.	• Y0 Job descriptions developed, and staff recruitment initiated (M2) • Research training needs assessment completed (LA staff) (M3) • Knowledge and skills framework developed (M4-5)

	• Working with HR and SCC Organisation Culture Development Team to develop a strategy for staff research readiness.	• Deliver two webinars for SCC staff jointly with SCC organisation development and culture team to promote staff research readiness (M12) • Research training programme developed (M 8-9) • Additional posts for Y1 benchmarked and Job Descriptions developed (M10-12)
4. Knowledge mobilisation and sharing	• Establish a baseline of how knowledge is currently shared within Surrey CC and with its partner organisations • Establish 'task and finish group' to develop a process for research governance	• Produce a social network analysis map/report to identify current knowledge mobilisation processes with recommendations made for possible improvements (M6) • Research ethics guidance and processes initiated (M6-9) • Public Involvement strategy developed (M8-9) • Communication strategy developed (M9-11) • HDRC on-line platform launched (M9)

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