

Health Determinants Research Collaborations (HDRCs) Evaluation

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ABSTRACT

The NIHR Health Determinants Research Collaborations (HDRC) scheme aims to develop sustainable capacity and capability for research in local authorities (LAs) to enable them to improve health and reduce health inequalities affecting their local area. The scheme is based in and led by the LAs with a focus on improving wider determinants of health and developing innovative collaborations with the academic sector. NIHR invited LAs across the UK to apply for funding. By October 2022, 10 HDRCs were fully funded (£50 million across the 10 teams) and a further three teams received £200,000 each for a development year with a view to being fully funded at the end of the year. A second call was launched in January 2023 and there are now 30 HDRCs. Our project was undertaken as a PH-PRU 'Responsive' project to evaluate the initial phase of the HDRC scheme and feed into its development.

Methods

Between August 2023- January 2024, we carried out 30 semi-structured in-depth interviews including members of the 10 fully funded HDRCs and the three development year teams: 24 LA participants; 2 HEI members; 2 PPIE members and 2 NIHR participants. A topic guide was developed, amended throughout the interview process covering themes such as: perspectives of barriers and facilitators to establishing a research infrastructure in local authorities: establishing the HDRC teams; the commissioning and feedback process ; issues of process and operation after commissioning ; and research governance; and communication ; PPIE; identifying research areas; if cultural change is being achieved and have HDRCs helped research infrastructure spread beyond public health to other areas of local government. Transcripts were coded in NVivo using thematic framework analysis. A scoping review was conducted of documents including background papers and application forms.

Results

The HDRC scheme has been universally appreciated and reported as filling an important structural gap in evidence-informed LA decision-making. Whilst the LAs have taken very different approaches to organizational structures, respondents highlighted that it provides an exciting opportunity in the face of cuts. LA participants were keen to point out that, whilst research did exist within LAs, the HDRC scheme provided the opportunity for systematic and methodological research. However, issues emerged over the development year; recruitment; research governance; as well as PPIE engagement. LA participants noted the emergence of short-term positive impacts on improving relationships with HEIs, and community partners but further work is needed to achieve long-term strategic sustainable development. Twenty-three recommendations are provided.

Conclusion

The HDRC scheme has an important role to play and could be developed further by refining some of its processes and developing a longer-term strategic plan.

EXECUTIVE SUMMARY

Background

The NIHR HDRC (Health Determinants Research Collaborations) scheme aims to develop capacity and capability for research to enable local government (LG) to improve community health and tackle health inequalities in their local areas. At the time of these interviews 10 HDRCs had been fully funded for 5 years, with a further three receiving development funding. A total of 30 HDRCs are now being funded. Our project was undertaken as a PH-PRU 'Responsive' project to evaluate the initial phase of the HDRC scheme and make recommendations for its development.

Objectives

1. To evaluate the initial phase of the HDRC scheme to capture learning around what did and did not work.
2. Make recommendations on the further development of the scheme.

Methods

This is a qualitative research study based on interviews and documentary analysis. The project received ethical approval (LSHTM Ethics ref: 29442). Interviewee selection was purposive and snowballed. We conducted 30 semi-structured in-depth interviews HDRCs members; NIHR staff and PPIE members. Interviews were carried out online, audio recorded and transcribed. A topic guide was used and amended throughout the interview process covering themes such as: establishing the HDRCs; the commissioning process; operation after commissioning; and barriers and facilitators to the programme. Transcripts were coded in NVivo using thematic framework analysis. A review was conducted of the application forms.

Findings and Recommendations

1. Establishing the HDRC scheme

1.1 Concept:

The HDRCs were universally appreciated and reported as filling an important structural gap in evidence-informed LA decision-making. LA participants found the HDRCs to be exciting especially in the context of the financial crisis and cutbacks in LAs. However, communication about the concept within the council and to the community was problematic, as the funding is for research infrastructure rather than individual projects or services. LA participants were eager to point out that, whilst research did exist within LAs, the HDRC scheme helps it to become systematic across the LA.

1.2 Commissioning, feedback, and monitoring:

The pre-application workshops were greatly appreciated by LAs. The application process was seen as daunting, especially the interview panel. Help from research support services was seen as valuable. The REALMS financial system was deemed complicated and time consuming. The positivity of feedback from NIHR was a deciding factor for some to continue with the next stage. The flexible approach to monitoring was valued.

1.3 Development year:

The development year was seen as both beneficial and challenging. For some, it provided a useful way of thinking through their approach so that they felt well placed to start the full programme. Some fully funded HDRCs thought a year of development funding was a great idea and wished that they too could have had a set-up year as recruitment had taken so long. There were concerns about the process regarding lack of clarification on what would enable transition onto the full programme, and unclear deadlines.

Recommendations:

1. **Internal and External Communication:** Ensure clear and sensitive communication about the nature of HDRC funding, emphasizing its focus

on infrastructure rather than direct service provision.

2. **Highlight Support Services:** NIHR could signpost available research support services in all regions or, if lacking, consider additional support.
3. **Financial Reporting:** Simplification of the finance system in REALMS would be appreciated.
4. **Acknowledge Setup Time:** NIHR could reassure fully funded HDRCs that it understands that setting up takes time and that the initial stages do not need to be rushed.
5. **Development Year Guidelines:** NIHR to provide development year teams with clearer guidance on timelines and requirements to achieve full HDRC status.

2. Operational themes

2.1. Relationship building:

LAs and NIHR: There is pressure from all LAs for NIHR to take a bigger coordinating role: setting up joint meetings; provision of shared learning and guidance, although NIHR has limited resources for this.

LAs and HEIs: The relationship with HEIs was seen as beneficial overall, allowing access to expertise in the wider determinants of health. Tension emerged due to disparate cultures with different priorities, terminologies, and timescales.

Relationship between HDRCs: Shared learning between HDRCs is seen as vital and joint meetings are highly regarded. Junior members of staff highlighted that meetings tend to be focused at a high level and more shared learning opportunities at other levels would be appreciated.

2.2 HDRC Organizational Structures:

At the application stage a few LAs expressed a desire to work in partnership with other LAs to form the HDRC. NIHR workshops clarified that this was not the ideal approach given the aim is to create research infrastructure within each LA. LAs also highlighted tensions regarding partnership working and managing competition, for example over recruitment of specialists, especially as the number of HDRCs increases. The internal structures of HDRCs vary widely: some are based within public health,

others within corporate structures, and all have different reporting routes. Our evaluation was too early to assess the pros and cons of the different approaches.

2.3 Capacity building and recruitment:

Recruitment was a universal challenge. HR resources were not always available. It proved time-consuming and developing job descriptions was frustrating. LA participants noted they were unable to offer competitive salaries and that council processes tend not to emphasize qualifications. Availability of certain skill sets was limited in some geographical areas. Roles, such as embedded researchers, brought benefits but also posed challenges.

2.4 Research Governance:

Limited work had been done by the HDRCs on research governance (RG). Whilst LAs expressed experience in safeguarding techniques, several expressed the need for learning about the requirement for RG in relation to working with their citizens. Time consuming RG procedures in HEI and NHS were deemed at odds with time constraints and capacity of LAs.

2.5 Patient & Public Involvement and Engagement (PPIE):

The HDRC offers opportunities to build community relationships. PPIE participants indicated that NIHR/NHS terminology was inappropriate preferring the term public or community engagement. Payment mechanisms were a potential barrier. Inclusion of 'usual suspects' resulted in a lack of diversity. They also raised issues of too many requests for participation and the power imbalance between the council and community. Clear communication was deemed especially important in the context of the cost-of-living crisis.

2.6 Research priorities:

LAs had started research prioritization, although both topics and approaches differed: Some focused on topics important to the organization; others drew on areas of importance to community; or utilized pre-existing university research on inequalities; or combined council priorities with opportunistic approaches to funding calls. Concern was expressed on how to contact university researchers and make connections for larger funding bids and ascertain what research already existed. Some HDRCs are

already part of HEI collaborations whilst others are starting tentative steps towards larger funding bids with them.

Recommendations:

6. **Clarify NIHR's role:** Clearly explain what support NIHR can provide to HDRCs after they receive funding.
7. **Highlight Good Practice:** NIHR to consider sharing best practice guidelines, especially for community engagement and research governance.
8. **Foster Understanding:** HEIs and LAs may need better understanding regarding the timescales of working with each other.
9. **Inclusive meetings:** HDRCs should ensure joint meetings address the concerns of staff at all levels.
10. **Evaluate organizational structure on impact:** NIHR evaluation of HDRCs impact should assess the role of different organizational structures.
11. **Involve HR and Finance Early:** HDRCs to consider involving HR and Finance departments from the start of the programme to ensure smooth operations.
12. **Acknowledge Recruitment Challenges:** Recognise that recruitment is time-consuming and sharing job descriptions among HDRCs may be beneficial.
13. **Staff Appointment Contracts:** Examine joint or honorary appointments to reduce management and bureaucratic challenges especially for roles such as embedded researchers.
14. **Research Governance for LAs:** Develop a pragmatic approach to research governance that acknowledges NHS and HEI procedures but takes account of LA requirements regarding timescales and community engagement.
15. **Clear Terms for Engagement:** Community involvement/engagement is preferred to patient focused terminology such as PPIE, in the LA sector.
16. **Payment Systems for Community Involvement:** Ensure there are clear ways to pay community members for their involvement which may help attract a more diverse range of participants.

17. **Feedback to Communities.** Develop clear dissemination plans to ensure consistent feedback to community engagement participants and to the wider local communities.
18. **Accessing Existing Research:** Consider setting up depositories of research and researchers on the wider determinates of health.

3. Impact and future strategy

Interviewees highlighted short-term beneficial impacts, including improved relationships with HEIs and community partners and winning external funding awards. LA participants are concerned about the long-term survival of the programme. They indicated steps to be taken to ensure its sustainability including senior officer engagement, knowledge translation and communication, and securing external funding. Shared learning on both processes and research is deemed important, as are developing links at regional and national levels.

Recommendations:

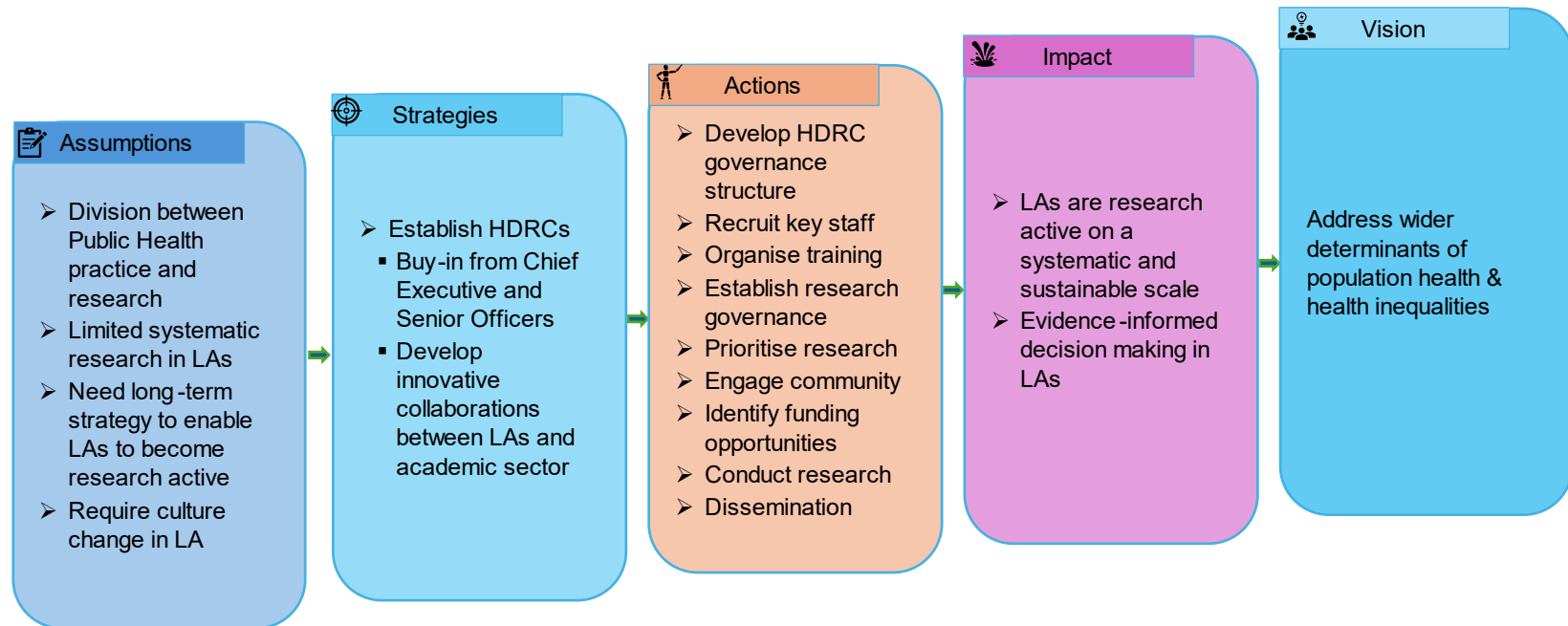
19. **Senior Staff Engagement:** HDRCs should consider continuing engagement of CEO and senior officer throughout the programme.
20. **Statutory Documents:** HDRCs could examine embedding research and evidence-based decision making in LA statutory documents.
21. **Knowledge Translation & Communication:** HDRCs to develop a clear system of knowledge translation and communication of research to decision-makers within LAs.
22. **Funding Opportunities:** Provide signposting for HDRCs to funding opportunities, especially across devolved nations where options may differ.
23. **Regional and National Level Engagement:** Establish the strategic role of HDRCs at the regional and national level.

Conclusion

HDRCs have an important role to play and could be developed further by refining processes and developing medium and long-term strategies.

THEORY OF CHANGE

The NIHR Health Determinants Research Collaborations Scheme



Embed a culture of evidence-informed decision making in local authority (LA) by developing capacity and capability to conduct research



REPORT

Introduction

There has been a growing awareness over the past decade of the need to foster more evaluative public health research, particularly collaborations between academics and local government, to develop the evidence-base for public health and to address health inequalities. This has involved a range of initiatives, including the NIHR Public Health Research programme, and the Public Health Practice Evaluation Scheme as part of the NIHR School for Public Health Research. The NIHR Public Health Intervention Responsive Studies Teams (PHIRST) scheme, focused on Higher Education Institutions (HEI), was established to enable Local Authorities (LAs) to rapidly evaluate interventions seeking to improve health and tackle health inequalities in their areas. To improve research infrastructure in LAs, the NIHR Health Determinants Research Collaborations (HDRC) scheme has been launched to develop sustainable capacity and capability for research in LAs to improve health and reduce health inequalities affecting their local area. This scheme is based in and led by the LAs with a focus on improving the wider determinants of health and developing innovative collaborations with the academic sector. NIHR invited LAs across the UK to apply for funding. By October 2022, 10 HDRCs were fully funded (£50 million across the 10 teams) and a further three teams received £200,000 each development funding with a view to being fully funded at the end of the year. A second call was launched in January 2023 and there are now 30 HDRCs.

This project was undertaken at LSHTM as a PH-PRU ‘Responsive’ project to evaluate the initial phase of the HDRC scheme and to make recommendations for its development.

Background

The Health Determinants Research Collaborations (HDRC) is a new scheme funded by the NIHR. The aim is to embed a culture of consistently using evidence in decision-making across the LAs to improve health and reduce health inequalities. As a collaboration between LAs and HEIs, they are designed to utilise the experience of LAs and research skills of the academic community. The focus is on improving wider determinants of health such as air and water pollution; food; housing; access to green and blue space; income; employment; transport; social inclusion; and climate change. Activities include applying for funding, including collaborating with academics to do so; training staff to access and make best use of evidence, and supporting broader LA functions affecting health.

The scheme is UK-wide with the first call for applications going out in October 2022. Ten HDRCs were fully funded (£50 million across ten teams) -: Tower Hamlets; Newcastle City; Doncaster Council; Aberdeen City; City of Bradford Metropolitan District Council; Plymouth City Council, Gateshead Council; Blackpool; Coventry City Council; and the London Borough of Lambeth. An additional three teams: Medway Council; Islington Council; and Middlesbrough Council and Redcar & Cleveland Council (South Tees) were given development funding for a year (receiving approx. £200K each) with the intention of them becoming full HDRCs in 2023/2024. NIHR launched a second call in January 2023 aiming to achieve a greater

geographical range with a further eleven LAs being awarded full HDRC status and six provided with development funding.

Aims of the PH-PRU evaluation of the HDRC scheme

The main aim of the PH-PRU HDRC evaluation project was to conduct a light-touch assessment of the initiative to date, similar to a formative evaluation, to identify what is working and not-working (broadly defined, as this is not an evaluation of effectiveness) and to make preliminary recommendations as to how the scheme could be developed further.

Objectives

The specific objectives were to:

- Evaluate the initial phase of the HDRC scheme to capture learning around what worked and what did not.
- Make recommendations on the further development of the HDRCs scheme.

Methods

There are specific guidelines for process and formative evaluations.¹ While this project used elements of these, the main aim was to conduct a light-touch evaluation of the scheme to date (broadly defined, as this is not an evaluation of effectiveness) and make recommendations for its development. This was a qualitative research study based on stakeholder interviews and a scoping review of relevant documents. The project received ethical approval (LSHTM Ethics ref: 29442) and an advisory panel was established: Matt Egan (LSHTM), Martin White (Cambridge) Ashley Adamson (Newcastle), and a Patient and Public Involvement and Engagement (PPIE) member, who reviewed information sheets and consent forms as well as the topic guide and will comment on dissemination activities.

Qualitative Interviews

Interviewee selection was purposive and snowballed with approximately four representatives from each of the fully funded 10 HDRCs and one member each from the three HDRCs in the development year.

Between August 2023- January 2024, we carried out 30 semi-structured in-depth interviews including 24 LA participants; 2 HEI members; 2 PPIE members and 2 NIHR participants. Interviews were conducted online by one research team member who took field notes and wrote interview reflection forms after each interview. Interviews lasted between 30 and 80 minutes with an average of about one hour and were audio recorded and transcribed. Where participants did not consent to an audio recording, the interviewer took additional notes. The topic guide was developed and amended throughout the interview process, covering themes such as: setting up HDRCs teams; commissioning process; and barriers and facilitators to the programme. Transcripts were coded in NVivo using thematic framework analysis. Initial coding was conducted by the interviewer and each code was validated independently by another research

¹ <http://www.populationhealthsciences.org/MRC-PHSRN-Process-evaluation-guidance-final-2-.pdf>.

team member. Where coding discrepancies occurred, these were discussed to agree on refinements to the coding framework.

Document review

We conducted a scoping review of documents. Interviewees were asked to provide relevant documents including the applications forms for the scheme. A thematic approach was used to analyze the documents to provide information on the applications and processes, and to cross-reference interview data.

Theory of Change

A theory of change was developed based on background documents and interviews.

Study limitations

Limitations include: the limited number of interviews (exacerbated by the lead interviewer being on sick leave for three months); the evaluation being carried out early in the process when recruitment was ongoing and certain aspects, such as research governance, were only just emerging onto HDRCs agendas. The interviews focused on the establishment of the scheme, relationship building; recruitment, PPIE and research prioritization and governance rather than impacts.

Findings & Recommendations

1. Establishing the HDRC scheme

1.1. Concept

HDRC is a universally appreciated concept with all the interviewees speaking enthusiastically about the scheme, including those who had experienced problems during the process.

It's a positive experience. Amazing opportunity and a privilege. Admin might be a headache but is worth it. -LA participant (B4)

The interviews for the evaluation were carried out at the height of the financial crisis and an important aspect emerged in relation to morale. For many participants it provided something beneficial and positive within the context of cutbacks in LAs.

Excitement - in bad situation – something creative and positive amongst the cuts – LA participant

LA participants observed that HDRC fills an important structural gap in evidence-informed decision making. They pointed out that, whilst research already existed within LAs, it tended to be ad hoc and driven by individual interest, whereas the HDRC scheme helps research to become systematic across the whole LA.

...the research that we were undertaking was probably driven by individual interests, ...connections, and not necessarily things that were useful from a corporate point of view.... so, we...wanted to shift to do things more methodically. -LA participant (A1)

The HDRC scheme was seen as allowing a focus of the research on the wider determinants of health,

I think HDRC is an important part of whole Council action on reducing inequalities and improving wellbeing ... when we get all of the research up and running ... it will become a vehicle to support the development of that. LA participant (C5)

Some teams noted the importance of improving capacity and changing the culture around research, especially evaluation.

it's also given us the capacity to think through how we can develop the capacity in the Council changing, you know, changing the culture around research and evaluation. LA participant (I9)

The funding level for the HDRC scheme was described as good, helping to engender interest in universities and the council and to raise its profile. One of the biggest challenges to emerge was finding the best way to communicate to the public and the council that the funding is for infrastructure rather than services.

kind of tricky ... from a comms advice point of view and they were absolutely right. We didn't do any public announcements that said, yay, we've got £5m because ... It was at the absolute height of the cost-of-living crisis. LA participant (W1)

LA participants noted the importance and challenge of clearly explaining that the HDRC's aim is to transform the council rather than for provision of services.

kind of ironically, what money that's gone into something that where it's genuinely needed can be perceived as just more money going into public health and still nothing changes and people aren't healthier. LA participant (T3)

LA participants found explaining the concept of the HDRC to communities complicated, particularly in the cost-of-living crisis context. The focus on infrastructure was difficult to explain when communities wanted improved services.

evidence based...decisions, interventions they know this, but then they're like right now, they (the community) just thinking the first thing on their minds is either food, you know how to survive and the heating now that it's getting cold. And there are other things that are probably their higher priority rather than research. LA participant (X2)

Correctly communicating the unique features of the HDRC in a very crowded market was deemed important to distinguish it from other programmes around the country.

my nightmare is that an HDRC just becomes another part of that soup and doesn't amplify or capitalize the things that others are doing... doesn't have its own USP. LA participant (T3)

For some, the HDRC was seen as a method of providing evidence to disinvest from some programmes, while others reported finding it difficult asking departments to do research when they have had to reduce staffing levels, and a few noted resentment from the rest of the council.

Despite these challenges all LA participants would like the HDRC scheme to continue and were keen to make it sustainable.

1.2. Commissioning, feedback, and monitoring

The commissioning process involved workshops to help guide potential applicants; Expressions of Interest from potential HDRC teams were reviewed and shortlisted by a sub-committee at NIHR. Shortlisted teams were asked to submit a Stage 2 application form and to attend an interview.¹

The pre-application workshops were highly appreciated – who to work with or to exclude, development of organizational structures and what aspects to include.

the process itself from the beginning to the end was felt really quite supportive and I know it's easy to say because we were successful, I might feel differently if we were less successful, but the initial workshops that we had were really useful. LA participant (W1)

Some of the IT systems were seen as not appropriate for local government needs, being more suited to academic research programmes rather than infrastructure building.

The guidance probably wasn't quite in tune with the local government, so there was a bit of learning for NIHR along the way in terms of how the system was set up.... There were glitches that we had to overcome because it was set up for research applications and not for this. LA participant (N5)

it was relatively easy to navigate, but the process of some of the things that needed to be on there were not particularly relevant to local government or to an infrastructure type bid. So needing to, you know, even having to describe something as a detailed research plan when actually it was more of a business case for doing an infrastructure project. LA participant (W1)

The application process was described as daunting, especially the interview panel. Confusing IT systems and language posed a problem particularly for less experienced teams and those who were developing new relationships with academic partners. Some LA participants were reliant on HEI partners to interpret NIHR language. Several teams had help from research support services, which was perceived as very valuable.

LA participants especially flagged that they specifically struggled with adding the financial data required to Realms.

The bit where it's been the most painful is the finance and that that is the bit where I think probably thinking about how it could be done differently would be beneficial. I'm absolutely fine about doing thorough budgeting. We do that all the time and we had done all of that. But the thing that took time was getting it into the realm system. Honestly, days were wasted trying to get things into realm systems...It was literally getting it from the Excel document into realms..... a real challenge in terms of getting it to work....The other thing is it's very difficult to then download from realms to work on it. It's not an automatic download. You know that would be fantastic because if they got that bit working, it would be quite easy to do what we needed to do. LA participant (M8)

Feedback from NIHR after the first stage was highlighted by participants as important, with positive feedback encouraging some teams to decide it was worth continuing to the next stages in the application process.

For the majority of the initial 10 successful teams the delay in the announcement of the award did create concerns – practically in terms of managing collaborations but even so far as to fear that the funding might be withdrawn.

On the whole LA participants spoke well of the level of monitoring, with flexibility of the NIHR being a recurring theme.

it is flexible and pragmatic, open to a conversation, so I find that incredibly helpful...that degree of sort of flexibility, pragmatism and...willingness to listen, that's been a real plus... differentiates them from all the other parts of government. LA participant (B4)

Additional clarity would be appreciated on what the NIHR expected in terms of reporting around budgeting.

what are you comfortable with us doing within the allocated money... who should we tell these things to and when is it just annually or you know because the reality is that the money that we're spending is changing all the time. LA participant (D4)

Informal catch-up mechanisms are valued alongside formal reporting structures. One LA flagged that the timing of reporting might be an issue for LAs during election periods.

1.3. The development year

Initially, 10 HDRCs were fully funded and a further three LAs received development award funding during 2022/23, with the prospect of them becoming full HDRCs in the following financial year. The development year was seen as both beneficial and challenging. For some, it provided a useful way of thinking through their approach so that they felt well placed to start the full programme.

we weren't quite at the point of a full HDRC was probably correct...I think it worked for us ... it was the right call...it's allowed us to do more work. LA participant (C5)

However, one team noted their disappointment with not gaining the full funding.

initially ... maybe it took some of the sparkle off having been selected. LA participant (V9)

There were some concerns about the process regarding lack of clarification on what would enable the transition onto the full programme, and confusion around deadlines.

where NIHR could improve things, they were unclear about... they didn't give us a deadline for when they would want the stop go criteria. LA participant (V9)

Interestingly, some fully funded HDRCs thought a year of development funding was a useful idea and wished that they too could have had a set-up year as recruitment had taken so long and they felt they were behind schedule.

Summary:

The HDRCs were universally appreciated and reported as filling an important structural gap in evidence-informed LA decision-making. LA participants found the HDRCs to be especially exciting in the context of the financial crisis and cutbacks in LAs. LA participants were eager to point out that, whilst research did exist within LAs, the HDRC scheme provides more comprehensive and systematic research opportunities. They are keen to see the scheme continue. However, communicating the concept within the council and to the community was deemed tricky to explain because funding is for research infrastructure rather than individual research projects or services. In addition, there were issues around the commissioning process. For instance, the pre-application workshops were greatly appreciated by LAs but the application process was seen as daunting, especially the interview panel and the REALMS financial reporting system was deemed complicated and time consuming. Help from research support services, available to some teams, was viewed as very helpful. Feedback from NIHR was spoken well of and the positivity of feedback was a deciding factor for some to continue with the next stage. A delay in the announcement of funding did create concerns – practically in terms of managing collaborations, but also generating fears that the funding might be withdrawn.

The development year was seen as both beneficial and challenging. For some, it provided a useful way of thinking through their approach so that they felt well placed to start the full programme. Some fully funded HDRCs thought a year of development funding was a great idea and wished that they too could have had a set-up year because they felt they were behind as recruitment has taken so long. However, the development year posed some challenges with one team noting their disappointment with not gaining the full funding. There were also some concerns about the process regarding lack of clarification on what would enable transition onto the full programme, and unclear deadlines.

Recommendations:

1. **Internal and External Communication:** Ensure clear and sensitive communication about the nature of HDRC funding, emphasizing its focus on infrastructure rather than direct service provision.
2. **Highlight Support Services:** NIHR could sign-post available research support services in all regions or, if lacking, consider additional support.
3. **Financial Reporting:** Simplification of the finance system would be appreciated
4. **Acknowledge Setup Time:** NIHR could reassure fully funded HDRCs that it understands that setting up takes time and that the initial stages do not need to be rushed.
5. **Development Year Guidelines:** NIHR to provide development year teams with clearer guidance on timelines and requirements to achieve full HDRC status.

2. Operational themes

2.1. Relationship building

HDRCs are a collaboration between LAs and HEIs led by the LA and monitored by NIHR. Relationship building is therefore an important part of this process. Some LAs had existing long-term relationships with HEIs, others were building them from scratch. Overall, the collaborations were seen as highly beneficial, but some issues were identified by participants.

LAs and NIHR

There is pressure from all LAs for NIHR to take a bigger coordinating role after commissioning for setting up joint meetings; provision of shared learning and guidance; job descriptions; PPIE, validated tools for evaluation, and other areas where the NIHR has more expertise.

...there needs to be... central coordination so that we can actually learn from each other and get together on a more formal basis. LA participant (B4)

However, NIHR participants pointed out that they have limited resources for this role and that it should be the responsibility of the HDRCs themselves.

we have only got a small team and we haven't got any dedicated money for it, and we didn't want to be running an HDRC network...The HDRCs can do that if they want to. NIHR participant (X1)

LAs and HEIs

Several HDRC teams had long-standing relationships with HEIs that were well developed prior to applying for HDRC status, while other teams were establishing new relationships. For LA participants, the relationship with HEI was seen as beneficial overall, relying on their help with the application and interview process, interpreting NIHR language and particularly, the ability to draw on their expertise in the wider determinants of health.

an asset to the HDRC.... just the degree of expertise in the wider determinants of health. LA participant (B4)

However, tension exists in some of these relationships due to disparate cultures and priorities, terminologies, and timescales.

a lack of common language, and certainly lack of common culture between the Council side... and the university... we relied on the university to interpret the NHS NIHR language, and that's probably created some issues. LA participant (C5)

One LA participant noted that there are lessons to be learned in terms of culture change across the partnership, not just in the LA.

For example, HEI's may need to find ways to work to tighter timescales than they are used to; while LAs should be aware of factors that lengthen academic timescales, such as research ethics.

The relationship building also posed issues in some HEIs new to collaborating with LAs.

City Council ...want the researchers employed by the City Council...what's in it for the university?
HEI participant (L7)

The areas where staff were employed also posed issues which will be discussed under recruitment. For some HEI interviewees the possibility of publications and funding opportunities were seen as a benefit but at a much later stage.

The establishment of some of the contracts were outside the experience of LA participants,

We get the support from our universities who are more familiar with some of the contractual and some of the contractual sections around intellectual property and those type of things where that's not a major issue in the Council. LA participant (D4)

There was a temptation for some to rely on the HEI teams.

...the temptation would be to just say, well, actually, can we just pay the university lawyers to do it? LA participant (D4)

But it was recognized that to achieve genuine cultural change in the council it would be appropriate to bring this in-house.

if we can get some support from the university lawyers and have some knowledge transfer into that we're trying to affect change there's the quick way of doing things... is not always the right way because it's ... a shortcut that isn't truly collaborative and isn't gonna give you anything against your outcome. LA participant (D4)

Relationship between HDRCs

Collaboration, joint meetings, and shared learning are exciting elements for the HDRC interviewees.

we all came home just buzzing...it felt so good to be around people who have the same mission as us, who are handling things slightly different, but often in very similar ways coming up against the exact same issues.... to just reap the benefits of that massively, massively valuable network, you know the HDRC is in combination, and I think it's gonna be where there's like huge value. LA participant (T3)

However, junior members of staff reported that joint meetings tend to be focused on high level strategy and planning and there could be more shared learning opportunities at other levels.

2.2. HDRC Organizational Structures

At the application stage a few LAs expressed a desire to work in partnership with other LAs to form the HDRC, noting that they are used to working collaboratively whereas the individual bids felt more competitive. NIHR workshops clarified that collaboration between LAs was not the ideal approach given the aim is to create infrastructure within each LA. They noted concerns around working with existing partners and managing competition, for example, over recruitment of specialists, especially as the

number of HDRCs increases within a region. Funded HDRCs have concerns on how to work with other HDRCs in the region and those that did not gain HDRC status.

The structures of HDRCs vary widely with differing reporting structures, with some based within public health led by a Director of Public Health, whilst others are situated within corporate structures. One HDRC described reporting directly to the Chief Executive and making the HDRC very visible within the LA corporate leadership team with management panels representing political commitment. Those that are based more centrally view it as a way of more easily achieving cross-council support.

I think it's working well that it's based in this centre rather than in public health in itself, because I think straight away you get people to view it as a cross-cutting priority. LA participant (H8)

Some LAs indicated that having administration, human resources, finance and legal teams embedded in the programme proved helpful.

Having an administrator to smooth the wheels of that is actually vital because otherwise nothing... no one would ever meet because we just wouldn't be able to find the time...this is around so many stakeholders its impossible to get people together and all the IT systems are different, and no one can read each other's calendars. LA participant (D4)

To some extent, LA participants expect that all HDRCs might evolve into similar structures over time.

degree of improvisation emerging so I can imagine that at least in the early days, you might see some variations across the HDRC...And then as the learning ensues across HDRC, a greater degree of isomorphism around the shared model. LA participant (L7)

Our evaluation was too early to determine the pros and cons of the different approaches for cultural change and embedding infrastructure. This would be a useful area for impact studies to consider.

2.3. Capacity building and recruitment

The Initial establishment of HDRC teams improved leadership capacity but building the rest of the team has been time consuming as most roles need to be recruited from outside the LA. Recruitment has been challenging from the start and was described as a major frustration.

key sort of amber type risk at the moment for our programme is recruitment.

Really great to get a hand-picked, bespoke team, but really not great to have it take the whole first nine months of the grant. LA participant (T3)

Developing job descriptions for several roles was complicated as jobs are tightly controlled in LAs.

Local government is very fixed in its job profiles, understandably, for lots of good reasons.

Very novel posts evaluated and understood by HR has taken a while and you know, again understandably they, they're not necessarily geared up to do this. LA participant (T3)

While some teams had allowed for HR resources, others had not. Even when it was pre-arranged, these resources were not always available when needed.

we've been able to ... substitute time with a senior and HR member of staff who is coming to our fortnightly delivery meetings and ... really engaged in this...this is one of the biggest difficulties we've had really. LA participant (R4)

LA participants noted they were unable to offer competitive salaries particularly as council processes tend not to emphasize qualifications. They also highlighted the limited availability of some skill sets in specific geographical areas.

in quite a lot of the HDRC locations, ... there's a correlation, isn't there, between areas that really struggle with health inequalities and areas that don't have very thriving ... tertiary knowledge sector type labour markets. LA participant (T3)

Data scientists, to assist with the complicated data linkages needed by LAs, as well as health economists, posed problems.

we can't tap that market or that market just doesn't really exist in in all parts of the country.... It only exists, perhaps in the Southeast.... Genuinely shocked by how no economists seem to work in local government. LA participant (T3)

Awareness of the local system is also necessary with some LAs citing concern with the impact on the broader system of a large-scale recruitment drive by the HDRCs, with possible impact on hospitals. Some LAs were careful to develop communication with other sectors to ensure there was no local resentment.

New roles, such as embedded researchers, brought benefits but also posed challenges due to where they were employed, with some being employed by the HEI but seconded to the LA. Other HDRCs employed an embedded researcher directly, although this meant they may lack facilities that would be provided in an HEI e.g., access to journals, clear career paths and support from other academics.

So, things like, I guess when that comes to mind is getting access to journal articles, for example. So obviously everyone who's got like an academic link can do that fine. But if we wanted to allow the rest of the Council to get access, that's like a big thing, and I think it's these sorts of very common problems. LA participant (S8)

Others have abandoned the idea of embedding researchers and focus on establishing agreements with the HEI.

I think we're more likely to work just as it's collaborating partners on research projects in the same way that two universities might collaborate together on a research project rather than having a university researcher embedded as part of our team. We have quite a bit of research experience within the Council team already and we'll be developing a training programme for Council colleagues and using our own staff to train Council colleagues and then using the university as academic support. LA participant (V9)

Setting up collaboration agreements also proved challenging.

The legal departments' pressures are always gonna be dealing with political demands and social care cases. And you know, collaboration agreements are probably quite low down on that. LA participant (H8)

Even with the establishment of the HDRC, capacity across the council remains a challenge. HDRC teams are small, and spreading learning across the LA remains a challenge due to time constraints and possible staffing cuts in other departments. For instance, embedded researchers/research ambassadors have been one method of helping with capacity, but the lack of manpower within some departments can limit what they can achieve and the training that can be provided.

2.4. Research Governance

As HDRCs begin to conduct research, governance, especially ethics, becomes an increasingly critical element. At the time of the interviews little work had been done on research governance (RG). Whilst LAs have experience in safeguarding techniques, several expressed the need for learning about the requirement for RG in relation to working with their citizens.

...if any research is happening with patients, obviously in NHS governance is gone through and ...if any research is happening with participants under the auspices of ... social care...then that's kind of all sorted. But beyond that, it's like pretty bespoke. LA participant (T3)

LA participants stated that understanding and developing the role of ethics alongside council processes such as safeguarding was a challenge.

We began to have discussions around research, safeguarding...and trying to integrate that ...in terms of ethics.... I think we are still discussing ... where ethics fits. LA participant (Q2)

Some LAs highlighted that involvement of legal teams was helpful in this aspect.

don't wanna reinvent the wheel, it's trying to make sure that the governance is right for the context and right for the riskYou need some version that works for the Council. LA participant (D4)

Some found the experience within the NHS helpful,

People at the hospital are part of the HDRC and supporting with the development of the infrastructure because the one thing I think we are good at within the NHS is that infrastructure to support research and to support research in a way that has got really strong governance....experience of using the system within the hospital is being...really positive... The people who are involved in that at the hospital are part of the HDRC to support the HDRC in terms of developing the governance processes, because they're bringing all of that experience across, ...experience of and doing research in the real world, ... doing academic quality work. LA participant (J6)

Some LAs were utilising University Ethics committees, while others stated that the time-consuming nature of RG procedures in HEI and the NHS were at odds with time constraints and capacity of LAs, and that they would prefer a more pragmatic approach.

other research that we do that we can take through a research governance process and doesn't necessarily need to go through a full ethics approval process. LA participant (J6)

In addition, some participants noted that 'good' ethics required 'good research' and that training would be an important feature.

We are starting to focus on research quality as a huge part of research ethics and actually, what can we do to give colleagues the right advice and guidance.... LA participant (T3)

2.5. Patient & Public Involvement and Engagement

PPIE is an important component of the HDRCs work and it is an area which most interviewees thought the LA was most comfortable with. Some HDRCs' highlighted that their community engagement was proceeding faster than their ability to conduct research.

A key problem was that LA participants found NIHR /NHS terminology of PPIE inappropriate: the term PPIE was confusing and there was a clear preference for the use of terms such as public or community engagement.

PPIE participants raised significant concerns with some of the processes. They highlighted payment mechanisms as a potential barrier to recruitment and saw a role for the NIHR in assisting with cross HDRC mechanisms.

How on earth are we going to involve citizens ... and pay them for their contributions...it's a huge stumbling block...NIHR should have... had a cross HDRC sit down...to work out payment expenses policy.... PPIE participant (F7)

A lack of diversity in PPIE recruitment was a further issue raised, suggesting the need for inclusion of participants from more diverse backgrounds. Fixing the payment mechanism was proposed as a solution to part of this problem as accessing vulnerable groups may be due to payment problems.

PPIE participants also raised concerns about the potential for limited dissemination or action as members of the community had considered previous research to be extractive.

They felt like they weren't even acknowledged, you know, or valued for their input. LA participant (X2)

Some teams are providing feedback throughout the life of the HDRCs, and others are conducting workshops with the community to assess their priorities and to carry out research collaboratively. LA participants found explaining the concept of the HDRC to communities complicated, particularly in the cost-of-living crisis context. The focus on infrastructure was difficult to explain when communities wanted improved services.

evidence based...decisions, interventions they know this, but then they're like right now, they (the community) just thinking the first thing on their minds is either food, you know how to survive and the heating now that it's getting cold. And there are other things that are probably their higher priority, rather than research. LA participant (X2)

PPIE participants also flagged the issues of too many requests for participation from numerous organisations and the power imbalance between the council and community.

2.6. Research Priorities

Research prioritization is an important aspect of HDRC work. At the time of the interviews the HDRCs had started some research prioritization, although both topics and approaches differed. Some HDRCs focused on topics important to the organization and had political support, Others considered combining council priorities with pragmatic and opportunistic approaches emerging from funding calls.

Knowing what research has already been conducted is a challenge for some LAs.

it's quite a challenge to ...figure out where to target research..because ... just to get up to speed with any specific research area ... it's all very well saying ...we want to target air pollution, but ... to actually figure out what's already been done, it takes you know so much time. LA participant (Z6)

Some senior council members expressed a desire for access to depositories of information on specific wider determinates of health e.g. obesity. One-page briefings were especially of interest alongside links to more detailed reports or contacts of those working on the topic.

I'd like I'd like digestible summaries..... can find out that the lessons learned ... and I can then go and change our practice as a consequence of that... can I access the research world in such a systematic way? LA participant (Y6)

Efficient research prioritization is important for successful outcomes to the HDRC.

That's so the ability for us to say we have a carer's strategy coming out, can you do an evidence review for us....to look at what our collective budgets are under our different priorities and ...to think about, given that we're all facing cuts, where would those cuts and why is the system rather than each of us working in our silo as an organization and I know that the HDRC is trying to influence to get a health economist in to support that work, LA participant (H8)

The HDRC is seen as helping the decision-making process about what interventions or research to continue and what to curtail especially important in a time of financial constraint.

if you've gotta make choices about what you're stopping and what you're continuing, then that broader value for money... because we're going to have to make more disinvestment decisions.if we're disinvesting in a pool, ... which is the least worst one to do. It becomes about what's the most effective interventions from a value for money perspective, not just a narrow public

health....but it can also help with the investment decisions. I can see how this research world can fit into that and support whatever decision, whether it's a financial investment or disinvestment, every decision of Council ends up being money. LA participant (Y6)

Summary:

There are several cross-cutting themes that provide notable challenges for HDRC issues of process and operation. LA and HEI relationship building is generally excellent, has engendered deeper relationship and the network is seen as beneficial especially for access to the wider determinates of health research. However, it needs further thought around benefits for both organizations, HEIs may need more awareness of the constraints in LAs, and HEI could help with improved signposting for LAs to existing research and researchers. LAs speak well of the relationship with NIHR but there is pressure from all LAs for NIHR to take a bigger coordinating role after commissioning around setting up joint meetings; provision of shared learning and guidance; job descriptions; PPIE, etc., although NIHR has limited resources for this. Shared learning between HDRCs is seen as vital and joint meetings are highly regarded. However, junior members of staff flagged that joint meetings tend to be focused at a high level and there could be more shared learning opportunities at other levels. Organizational structures vary widely across HDRCs and maybe important for impact.

Recruitment was a universal challenge. HR resources were not always available. It proved time-consuming and developing job descriptions was frustrating. LA participants noted they were unable to offer competitive salaries and that council processes tend not to emphasize qualifications. Availability of some skill sets was limited in some geographical areas. Roles such as embedded researchers brought benefits but also posed challenges: If they were employed in the LA, they lack amenities that would be provided in a university post e.g.: access to journals and clear career paths.; formalized early assistance from HR, contracts and legal teams appears beneficial. HDRC teams are small and spreading infrastructure across LAs remains a challenge due to time constraints and possible staffing cuts in other departments.

At the time of the interviews little work had been done on research governance (RG) although all interviewees were aware of its importance. Whilst LAs are experienced in safeguarding techniques, several expressed the need for learning around the requirement for RG in relation to working with their citizens. Time consuming RG procedures in HEIs and the NHS were deemed at odds with the time constraints and capacity of LAs.

The HDRC scheme has offered the opportunity to build community relationships and for many HDRCs PPIE engagement as developed a pace. However, PPIE participants noted that NIHR /NHS terminology was inappropriate and LA participants preferred the term public or community engagement. Payment mechanisms were a potential barrier. Inclusion of 'usual suspects' resulted in a lack of diversity. PPIE participants also flagged the issues of too many requests for participation from numerous organisations and the power imbalance between the council and community. There were also concerns about unclear explanations of the concept of HDRCs to communities. Clear communication was especially deemed important in the context of the cost-of-living crisis.

LAs had started some research prioritization, although both topics and approaches differed. Some noted a focus on topics important to the organization but also drawing on what is important to the community,

others on pre-existing university research on inequalities, or combining council priorities with pragmatic and opportunistic approaches emerging from funding calls. Some LAs have started receiving small amounts of research funding. Concern was expressed on how to contact university researchers and make connections deemed necessary for larger funding bids and establish what research already existed. Some HDRCs are already part of HEI collaborations whilst others are starting tentative steps towards larger funding bids.

Recommendations:

Relationship building and organization

6. **Clarify NIHR's role:** Clearly explain what support NIHR can provide to HDRCs after they receive funding.
7. **Highlight Good Practice:** NIHR to consider sharing best practice guidelines, especially for community engagement and research governance.
8. **Foster Understanding with HEIs:** HEIs and LAs may need better understanding regarding the timescales of working with each other.
9. **Inclusive meetings:** HDRCs should ensure joint meetings address the concerns of staff at all levels.
10. **Evaluate organizational structure on impact:** NIHR evaluation of HDRCs impact should assess the role of different organizational structures.

Capacity building and recruitment

11. **Involve HR and Finance Early:** HDRCs to consider involving HR and Finance departments from the start of the programme to ensure smooth operations.
12. **Acknowledge Recruitment Challenges:** Recognise that recruitment is time-consuming and sharing job descriptions among HDRCs may be beneficial.
13. **Staff Appointment Contracts:** Examine joint or honorary appointments to reduce management and bureaucratic challenges especially for roles such as embedded researchers.

Research Governance

14. **Research Governance for LAs:** Develop a pragmatic approach to research governance that acknowledges NHS and HEI procedures but takes account of LA requirements regarding timescales and community engagement.

Patient and public involvement and engagement (PPIE)

15. **Clear Terms for Engagement:** Community involvement/engagement is preferred to patient focused terminology such as PPIE, in the LA sector.
16. **Payment Systems for Community Involvement:** Ensure there are clear ways to pay community members for their involvement which may help attract a more diverse range of participants.
17. **Feedback to Communities.** Develop clear dissemination plans to ensure consistent feedback to community engagement participants and to the wider local communities.

Research prioritisation

18. **Accessing Existing Research:** Consider setting up depositories of research and researchers on the wider determinates of health.

3. Impact and future strategy

Our evaluation was not designed to capture impact. However, from the interviews it was clear that participation in the HDRC has already had some early positive impacts for LAs. Participants were keen to build on and maintain progress made to date and to see a legacy for the HDRC.

it's real legacy will be how we take the skills and how we as officers take that in to inform the decision making of Council and allow ourselves on a more recurring basis to be able to access the research world. The legacy for HDRC will be that the Council is understanding that it needs to access public health research and ..key bit will then be what we'll do internally is make sure that that members understand that they should have access to that as part of their decision making.
LA participant (Y6)

However, LA participants expressed anxiety regarding threats to the long-term sustainability of the programme:

They are just gonna be a cliff edge in five years and our local authorities expected to mainstream this. LA Participant (T3)

Key threats raised included: maintaining support across elections and changes in senior staff, especially elected officials; and cost cutting within councils including losing staff and a focus on statutory requirements. Participants were already thinking about ideas for sustainability of the programme and potential future strategy. They offered several suggestions as to how the programme could be sustained and improved.

3.1. Maintaining support across elections cycles and changes in staff

Senior engagement was seen as very important.

that sort of senior management and political commitments being very important. LA participant (L7)

But as elected officials may change over the course of the funding and beyond, maintaining interest and support following elections were of concern. One way suggested to achieve this was by obtaining the support of the CEOs.

So, what we're concentrating on is having chief executive and senior officer buy-in because ...the elected member buy-in might change if the elected members change. NIHR participant (1X)

3.2. Embed research into statutory documents

LAs noted that sustainability could be achieved by embedding research into council plans such as partnership plans etc.

quite a few people moved on in their roles so it's always very kind of volatile and changeable.... a bit that I feel could be an enabler...is to have the HDRC embedded into the ... two plans. One is called the partnership plan. LA participant (A7)

3.3. Knowledge translation and transfer: communicating research to decision-makers

LA participants spoke of the need for effective knowledge translation and transfer to impact knowledge-based decision-making. How research results and methods could be effectively explained to decision makers was highlighted as an important aspect of achieving cultural change. For example, aspects of research such as qualitative, and quantitative methods, randomization and ethics were flagged as issues that were particularly challenging to explain.

They struggled with the concept of randomization because that feels unfair.... So, they kind of struggled with that idea, but then they also struggled from a values point of view about ... incentives... you end up with this kind of political lack of understanding type conversations. LA participant (W1)

The ability to tell a story as well as visualizing data was suggested as ways of improving knowledge translation. One LA (LA participant (E2)) participant noted that it is the elected council members that make the decisions, not the officials and some LAs provide workshops for cabinet members. Therefore, training on how to communicate evidence to council members is important.

Securing research funding

Obtaining independent research funding was seen as crucial to sustaining the HDRCs.

You know we will be doing everything we can ... to make the case for HDRC research capacity to be put into mainstream budgets... to not just disappear after five years. where will that money come from? LA participant (T3)

HDRCs were aware that it would take time to be in the position to obtain funding.

The aspiration is to get their grants, but you're gonna start with changing the culture, ... around some of the things that we're doing already, like evaluations to inform decision-making and then slowly the things will emerge where there might be a research grant that can come out of it. I think that just needs to be a little bit of recognition that it will take us a little bit of time to get there ..we need to get the right building blocks ... in place.We are doing stuff, but you know, I think it takes a few systematic reviews before you find the bit where you know and this then makes the foundation for your next grant. LA participant (I9)

Some HDRCs are already part of HEI collaborations or funding, others are starting tentative steps towards obtaining larger levels of research funding.

we've been involved in a number of funding bids and some of those have been successful. LA participant (W1)

A few have started with small bids and hope to build on these.

we've got some small-scale type pieces of work going on that we hope will grow into potential bids. LA participant (W1)

Access to small grant funding re-occurred as a theme.

but maybe small grants that would support the projects that can be done as part of that capacity building. LA participant (I9)

However, knowledge of the support structures, funding options, and research context is critical and several HDRCs feel this is lacking. Some of the less experienced teams expressed confusion as to how to find and contact appropriate academic researchers, find pre-existing research and make these connections deemed necessary for larger funding bids.

how do we connect with what researchers are already thinking about and doing (wider determinants of health) because we are just in our infancy... how we ... make those connections with academia and bring in our own priorities locally and try to marry the two together. LA participant (Q2)

The HDRCs in the devolved administrations found the system 'English centric' and noted that the NIHR lacked understanding around the funding and research support available for them.

3.4. Embedding culture change across the council

Embedding infrastructure change across all LA departments and levels is an important part of the process. The organisational structures play a role here. For those based in public health the challenges have been to involve other areas of the council increasing the understanding that all aspects of LA functions impact health.

We say health in our title, but everything affects health, so this is everybody's business across the Council.... LA participant (Z6)

Interestingly, the Covid-19 pandemic was seen as helping to break down silos around public health that might have existed since Public Health was integrated into local government from in 2013 in England (in Scotland it remains outside local government).

it broke down some of the silos... really allowed people to understand where our expertise was, but that we didn't wanna do it in isolation We wanted to work collaboratively. We wanted to work in a pragmatic way...if we were going to use data to work out where we sent our test and trace team or where we sent our different resources, we needed to understand our communities and we were not necessarily best placed to do that. LA participant (R4)

'Research ambassadors' have been used by some LAs to assist with this aspect.

identifying the relevant research ambassadors, maybe two from the voluntary sector will be helpful there. HEI participant (L7)

Several HDRCs began by targeting departments deemed more responsive or with whom they already had a relationship and using them as ‘research ambassadors’.

Have targeted more responsive departments... and they'll be research ambassadors.

In contrast, some of the HDRCs based in more corporate structures believe this structure has made it easier to involve the whole council.

3.5. Integration within the wider system

To assist with structural issues a few LAs raised the need for increased HDRC visibility at a national level and saw it as necessary to tie into broader national aims with links to key Government departments such as the Department for Levelling Up, Housing & Communities (DLUHC).

about that capacity at a national level... I think is too big a problem for each HDRC to solve on its own. LA participant (T3)

Sharing experience on policy and research across the United Kingdom was also deemed important and NIHR was seen as having a unifying role.

here are policy divergences and being able to understand and share that across local government. role for NIHR trying to bring those kind of communities together and a I guess a sense of and just have a nice conversation with government colleagues yesterday if you can trust how we responded to the public health crisis of COVID.... o that that would be I think there's scope for bringing folk together and talking about sharing some of the research, disseminating at taking that into what's the policy consistency and the divergences across the nations. NIHR could be a real unifying across local government and public health across the United Kingdom, LA participant (Y6)

Summary

The HDRC is part of a much wider range of programmes to develop research and interventions on the wider determinants of health and to develop evidence-based policy in LAs. Interviewees discussed short term beneficial impacts including improved relationships with HEI and their community as well as winning external funding awards. However, LA participants are concerned about the medium and long-term survival of the programme and cultural change beyond the five years of funding. Participants indicated that steps can be taken to ensure the sustainability of the HDRC scheme including senior officer engagement, knowledge translation and communication, and securing external funding. For participants shared learning on both processes and research is important as are the development of links at regional and national levels.

Recommendations:

19. **Senior Staff Engagement:** HDRCs should consider continuing engagement of CEO and senior officer throughout the programme.
20. **Statutory Documents:** HDRCs could examine embedding research and evidence-based decision making in LA statutory documents.
21. **Knowledge Translation and Communication:** HDRCs to develop a clear system of knowledge translation and communication of research to decision- makers within LAs.
22. **Funding Opportunities:** Provide signposting for HDRCs to funding opportunities, especially across devolved nations where options may differ.
23. **Regional and National Level Engagement:** Establish the strategic role of HDRCs at the regional and national level.

Conclusion

The HDRC scheme has an important role to play in improving the evidence base for health-related interventions in LAs and is much valued by them. It could be developed further by refining its processes and developing medium and long-term strategies.

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ⁱ NIHR, Call for proposals: NIHR Health Determinants Research Collaborations (HDRC) specification document. <https://www.nihr.ac.uk/documents/specification-document-call-for-proposals-nihr-health-determinants-research-collaborations-hdrc/32383?pr=#applicant-workshop> ; 30th May 2023. Last accessed 14.05.23.