



HEALTH AND WELLBEING BOARD 29 FEBRUARY 2024

JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF PUBLIC HEALTH

HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) BRIEFING REPORT

Purpose of report

1. The purpose of this report is to provide an update on Leicestershire County Council's funding award to become a National Institute of Health and Care Research (NIHR) Health Determinants Research Collaboration.
2. The Health and Wellbeing Board is requested to act as sponsor for this work by being an advocate for HDRC activity, enabling collaborative discussions and opportunities for future research.

Recommendation

3. The Board are recommended to:
 - a) Support the establishment and growth of place-based collaborative research focused on wider determinants of health;
 - b) Advocate for the use of research evidence in decision and policy making;
 - c) Receive further updates.

Policy Framework and Previous Decision

4. The NIHR is one of the largest funders of health and care research in the UK. It is funded by the Department for Health and Social Care to improve the health and wealth of the nation through research.
5. Since the publication of 'Health of the Public 2040' in 2016¹, which emphasised the need to better understand how to influence important drivers of health, such as housing, transport, employment, to reduce health inequalities, the NIHR has placed increasing importance on funding research in these wider determinants of health. It has also recognised the pivotal role that local government has in influencing these health determinants.

¹ <https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf>

6. In 2022 the NIHR established the HDRC programme, funding 10 local authorities to establish their own wider determinants of health research functions². In 2023 the NIHR launched its second round of funding and Leicestershire County Council was successful in securing £5.25m over 6 years to establish its own HDRC.
7. HDRC funding is an ‘infrastructure grant’ and as such the funding is not to undertake research, but rather to establish the capacity and capability to undertake research within the local authority, and in collaboration with allied universities, voluntary sector partners and the public.

Background

8. Whilst overall the health and wellbeing of Leicestershire is good, statistics mask serious health differences within the county. Over 11,000 residents experience the highest levels of disadvantage in the country, over 12,000 children live in poverty and over 32,000 people live in fuel poverty. There are high levels of asthma, cancer, obesity and diseases of the heart. People living in the most deprived areas live about 5-6 fewer years than those in the least deprived areas.
9. The HDRC investment will support the County Council to work with partner organisations and residents to generate more of its own data through research, using this and existing evidence to improve the services that it provides and inform the council’s strategic priorities.
10. Funding will be used to recruit a HDRC research team, embedded within the existing data and business intelligence service of the council, fund academic time for mentorship and collaboration, support research skills development and training, fund community engagement and coproduction activity and ensure knowledge exchange and impact, embedding research into practice.

Proposals

11. The overarching aim of Leicestershire County Council’s HDRC is to fully embed evidence-based decision making across the authority to reduce health inequalities and deliver health-promoting services that enable Leicestershire’s residents to thrive. The council’s research culture will develop through six pillars of action:
 - a) Increasing community participation in research, adopting the UK Standards for Public Involvement.
 - b) Maximizing new and existing data and expanding expertise in data engineering, artificial intelligence, evidence synthesis and qualitative methods.
 - c) Building research capacity through training, academic career pathways and building community research confidence.

² <https://www.nihr.ac.uk/news/50-million-awarded-to-local-government-to-tackle-interventions-for-health-inequalities-through-research/31654>

- d) Developing collaboration with academic partners, capitalising on the existing local NIHR infrastructure through a 'One NIHR' approach.
- e) Continuous improvement using an external developmental evaluation of performance and outcomes.
- f) Mobilising knowledge into policy and practice, working with networks and district councils.

12. The HDRC unit will be integrated into the Council's existing governance and core business. It will report to an Internal Leadership Board chaired by HDRC Co-Directors, the Corporate Management Team, Cabinet, and Full Council. The External Oversight Committee and Public Advisory Group will bring partners together to share expertise.

13. The key deliverables that have been agreed with the NIHR for the development year (January – December 2024) (year 1) are:

- Establish a 'research environment' plan for the HDRC: the plan will set out the building blocks for creating an active research environment in collaboration with stakeholders.
- Produce a research workforce development strategy: the strategy will set out how to build a research capable authority, supporting staff research skills development and recruitment of the HDRC team.
- Establish the Public Advisory Group: we will recruit the Public Advisory Group (PAG) so that they can help us develop our public and community involvement, engagement and participation (PCIEP) strategy and understand who our underserved communities are and their health needs.
- Develop a research governance plan: this plan will set out accountability structures and reporting pathways, how the HDRC will be supported through the senior leadership of the council and through the political processes.

Consultation/Patient and Public Involvement

14. The HDRC application was informed through community engagement during its development (e.g. survey and focus groups) and a public contributor was one of the co-applicants. Our public co-applicant is continuing to support the programme.

15. Other partners include: the universities of Loughborough, De Montfort, Nottingham and Leicester, including the Biomedical Research Centre and ARC-funded Centre for Ethnic Health Research; Voluntary Action and Healthwatch Leicestershire; the What Works Network and Leicester Academic Health Partners.

Resource Implications

16. The NIHR have awarded £5.25m to establish the HDRC over a 6 year period. There is a stop/go transition at the end of the development year (year 1) with progression subject to meeting the anticipated outcomes.

Background Papers

Improving the health of the public by 2040: Optimising the research environment for a healthier, fairer future, Academy of Medical Sciences (September 2016)

<https://acmedsci.ac.uk/file-download/41399-5807581429f81.pdf>

NIHR news release: initial launch of HDRC, October 2022

<https://www.nihr.ac.uk/news/50-million-awarded-to-local-government-to-tackle-interventions-for-health-inequalities-through-research/31654>

Circulation under the Local Issues Alert Procedure

Not applicable

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Relevant Impact Assessments

Equality Implications

17. An Equality impact assessment has not been undertaken at this point, however, the HDRC will be embedding equality, diversity and inclusion throughout its work, as the programme's aim is to reduce health inequalities.

Human Rights Implications

18. There are no human rights implications arising from the recommendations in this report.