<u>**Appendix 3a: Blackpool Health Determinants Research Collaboration**</u>

This is a time of excitement and change in Blackpool, and this bid represents a collective ambition to ensure that transformation is led by co-produced evidence-based decision-making and practice, with our community at the heart of our work. Having secured a Town Deal of £39.5 million to deliver regeneration, our priority is ensuring this investment leads to improvements in the health and wellbeing of all our communities. We want to base our actions on evidence and evaluation and ensure that we share what works and what doesn't, nationally and internationally.

Blackpool is home to 139,446 proud residents and welcomes 18 million visitors every year. Of all English local authorities, it is the most deprived as well as having the lowest life expectancy and a high proportion of deaths in younger age groups from suicide, drugs and alcohol. Overall the health and wellbeing of children in Blackpool is significantly worse than England averages; there are 3 times the number of children in care than is seen nationally. Inequalities in the wider determinants of health, such as employment and housing, underlie these outcomes. People working in Blackpool are far more likely to be working in temporary and insecure employment and the average weekly wage is 30% less than average. Housing stock and neighbourhood environments in some areas of Blackpool are extremely poor, with a legacy of poorly converted former guesthouses.

However, we are a resilient town: creative and innovative in our thinking which has led us to believe passionately in the value of co-production. In Blackpool we have developed a model of co-production, which brings together people who research, design, deliver and evaluate, with those people who have lived experience of health inequalities. At the heart of this approach is empowering the most marginalised members of our communities to be trained and developed as co-researchers to play an equal role in co-researching, co-designing, co-delivering and co-evaluating services and initiatives across Blackpool.

<u>**Existing Research Activity and Structures**</u>

Blackpool Council already has a range of research projects that it hosts and supports, including in Public Health, but limited research that has been led by the council. Research and evidence-based practice are not embedded across all directorates; however existing structures, namely the Corporate Delivery Unit (CDU), are in place to support research. The CDU sits in the office of the Deputy Chief Executive and supports the delivery and review of priority programmes of work that crosscut multiple directorates. The CDU hosts or partners with Blackpool's flagship research projects where we collaborate with academics nationally and internationally: Better Start Blackpool, a research active programme of initiatives for improving early child development in children 0-4 years; and HeadStart Blackpool, a research-active multi-agency programme aiming to increase resilience in young people and improve mental wellbeing. The CDU structure, management and governance will form the basis for the HDRC.

<u>**Barriers to Research Activity and Development of the HDRC Bid**</u>

From 10/20-01/21 we collaborated with Lancaster University (NIHR 132481) to identify the barriers to Blackpool Council becoming a fully research active local authority. This involved a Delphi consensus process and included the views of our local communities, local NHS trusts, and service providers. The findings mirrored those found by other local authorities funded in the same call, with 4 overarching barriers identified:

1. *Lack of funding and capacity for research*

2. *Lack of research infrastructure, understanding of and expertise in research*

3. *Existing culture of higher education led research with a limited culture of knowledge exchange within Blackpool Council*

4. *Burden for small stakeholders and a lack of familiarity with council structures and processes*

Solutions were identified through the consensus process and further co-developed with our partners for each barrier, across themes of human resources, funding for research, training, information governance, collaborations and expert support, communication and inclusivity. The design of our HDRC directly follows the recommendations of that work and are in line with the Strategic Coordination of the Health of the Public Research committee goals. The attached organogram outlines the HDRC structure, governance, main collaboration model and wider engagement.

Overall Aim

For Blackpool Council, in collaboration with our local communities and partner organisations, to become a sustainably research active local authority, to embed a culture of evidence-based practice and co-produced research in line with local and organisational priorities and through this, to address the wider determinants of health that are producing stark health inequalities in Blackpool.

Objectives

1. To work in equal partnership with our local citizens and communities, especially those with lived experience of severe health disparities, to identify the priorities for, co-design, co-deliver and co-disseminate research on health determinants in Blackpool.

2. To develop a knowledge and skills framework, needs assessment and training programme to support the process of knowledge creation and implementation across all council directorates.

3. To strengthen council processes to support research delivery, including:

    a) creation of a joint research office with NHS Blackpool Teaching Hospitals to utilise local expertise and create efficiencies in research finance, governance and delivery

    b) strengthening evidence-based (allied) commissioning procedures, including high quality evaluation and support for research activity, especially within smaller and third sector providers

    c) development of a simplified process for accessing and analysing council-controlled data for research, exploring opportunities with emerging local trusted research environments

4. To form a strong collaborative partnership with Lancaster University, NHS Blackpool Teaching Hospitals, Empowerment Blackpool and other relevant organisations to share expertise, resources, and intelligence, and co-produce high quality research funding proposals, alongside our local citizens.

5. To work within our Placed Based Partnership to identify priorities, engage in and lead wider collaborative research, and champion actions to support knowledge creation and implementation in partnership activities.

6. To develop a community of practice of local authorities, particularly those neighbouring councils in Lancashire and South Cumbria which are coastal councils with similar challenges to our own, where we can share our learning related to knowledge translation, cooperate on common problems, disseminate research findings and collaborate on research projects/bids.

Management and Governance

Blackpool HDRC will be integrated within our existing CDU under the Directorship of Antony Lockley, Director of Strategy and Assistant Chief Executive, ensuring it is driven by current council policy and that the evidence generated is integral to decision making. The CDU has an umbrella relationship across all council directorates, houses/partners with the council's existing research teams, and has responsibility for several functions key to research activity including policy and commissioning, performance management, climate emergency and ethical review of council research activity. This will allow the HDRC to build upon these existing activities and leadership to get full value from the NIHR investment.

The HDRC will be strategically managed by the Head of Research and Transformation within the CDU and led operationally by a Research and Development Manager. Research evidence reviews and funding bids will be led by an experienced Research Fellow (posts under this remit may be jointly recruited with Lancaster University to attract research qualified applicants). The HDRC Public Health Consultant will provide strategic scientific oversight to the work of the HDRC, and take a key role in dissemination of its co-created knowledge to academic, local government and community partners. In addition to staffing resource, the HDRC will hold a budget (£165k/year) for staff training programmes, engagement and dissemination activities, and flexible capacity expansion for time-limited opportunities.

The accountability and reporting mechanisms for the work of the HDRC core team will be through Blackpool Council's Corporate Leadership Team (CLT). This will ensure council-wide Director level accountability for the project, including the Director of Public Health. Project management tools, e.g. PRINCE 2, will be utilised to ensure a clear management and reporting structure is in place. An external steering group will be convened in line with NIHR's rule on membership and independence, and formal annual reviews to NIHR will involve all partners. Frequency of formal reports and meetings are outlined in the attached Gantt chart.

Collaborations and Partnerships

Alongside Blackpool Council, the collaboration will be Lancaster University, Blackpool Teaching Hospitals NHS Trust and Empowerment Blackpool (table 1).

Table 1. Collaboration Partners		
Organisation	Function	Outline roles in collaboration
Lancaster University	Higher Education Institution	• Academic research collaboration e.g. joint grant proposals, joint supervision of MSc and PhD students (students at Lancaster or partner organisation staff undertaking qualifications) • Educational courses e.g. Masters-level in clinical/health research, data science.

		• Honorary positions for collaboration partner staff, allowing access to library and software resources • Joint appointment of research-focussed HDRC staff • Gateway to NIHR infrastructure as host/ key partner in North West Coast ARC and CRN, SPHR (LiLaC) and RDS
Blackpool Teaching Hospitals NHS Trust	NHS Trust	• Formation of a joint research office with Blackpool Council • As host of a successful NIHR Patient Recruitment Centre, they will provide support and guidance on the management of a large NIHR infrastructure investment
Empowerment Blackpool	Charity	• Local charity providing advocacy for, and facilitating co-production with, marginalised communities • Co-lead development and implementation of the Blackpool Model of Co-production

A bid-writing committee with representatives from each organisation met fortnightly from Sept-Nov 2021, all contributing to the development of this application. The leadership teams in all partner organisations are excited by and fully supportive of this bid (see attached letters of support).

Developing and Leading a Research Culture and Influencing Leaders

Within Blackpool Council: With leadership from the Deputy Chief Executive**,** this HDRC bid acts as a catalyst for our developing research culture**.** Our research ambition is being embedded into the new Council Plan, clearly articulating the strategic partnership with Lancaster University. Key decision-making mechanisms, such as the CLT meeting, will have learning from research and evidence as a standing agenda item. In addition, all reports for CLT will have a section that requires the articulation of how evidence and research has informed the work.

Blackpool Council's Leadership Board will convene a shared space with Members, Directors and the Chief Executive to guide and be accountable for HDRC strategies and plans. This will enable an in-depth consideration of evidence reviewed and produced by the HDRC and determine how wider committees could be engaged. For example, links with the Executive, Health and Wellbeing Board and Scrutiny will enable a wider representation of elected members to engage, influence, support and scrutinise the work of the HDRC. Portfolio holders will oversee research projects in their areas via 1-1 meetings with senior officers and shape the response to emerging findings accordingly.

Within Blackpool and the Fylde Coast: The HDRC will act as a beacon for evidence-based practice in Blackpool and take a lead for health inequalities in the newly developed Fylde Coast Research and Evidence Forum. The forum will convene leads from across sectors to share, learn and collaborate on research into practice.

Within the wider region: We will create a Community of Practice (CoP) for research focussing on improving the wider determinants of health within the wider Integrated Care System of Lancashire and South Cumbria. This supports our co-productive principles by convening research-focused people

from different sectors, geographical areas and with differing expertise to come together and learn from each other. We will use this to share our learning from the Blackpool model of co-research and our programme of capacity building. Collaborative research bids/projects will be the practical outputs.

Co-Production

The model and practice of co-research piloted in Blackpool (see table 2) provides a practical framework for how community co-researchers will be employed, trained and supported to take an active role in all aspects of the HDRC work including priority setting, design, research delivery, analysis and dissemination. Existing relationships with a wide range of VCSFE partners support the recruitment of people impacted by inequalities, HR processes are tested and agreed, induction and ongoing support mechanisms have been refined. We are ready to scale up this successful innovative model; paying co-researchers the national living wage addresses individual inequality as well as the co-research addressing the town-wide inequalities.

Table 2. Examples of co-production in Blackpool's flagship projects
HeadStart: A Blackpool Council facilitated initiative which has placed young people at the heart of the 'Resilience Revolution', empowering them to overcome challenges caused by inequality and thrive both individually and as a community. Young people leading on co-production initiatives has been a hallmark of this programme, including being trained as co- Researchers and develop research and learning outputs, both formal and informal, on the impact of how multiple, systemic disadvantage creates barriers for them, their friends and their families getting on in life.
Blackpool Lived Experience Team: A team of individuals all of whom have experienced multiple disadvantage (Homelessness, Mental Illness, Substance Misuse and Offending). This team is working in partnership with the system to co-produce an integrated service pathway which offers effective solutions for people experiencing multiple disadvantage. The team has been trained as Peer Researchers and has proved to be highly effective in engaging with people who do not usually engage at all with health-related research.

Addressing the Wider Determinants of Health and Health Inequalities and Prioritising Local Needs

As an area with an often-overwhelming number of needs, it will be key for the HDRC to prioritise and focus research activity whilst developing further research capacity. In the initial years of our HDRC, we will align our activities to the priorities of the Fylde Coast Place-Based Partnership:

1. First 1001 days of life
2. Housing
3. Education, employment and skills
4. Mental health

These priorities were developed with a strong collaboration of leaders from VCSFE, Local Authority and NHS. Public Health data and intelligence was triangulated with the communities lived experience of health inequalities, specifically via the development of forums with advisors from communities such as those with learning difficulties, physical disabilities, young people, older people and LGBTQ communities.

The Public Health England Wider Determinants of Health Tool will be used to define the scope of the HDRC as well as guiding evaluation and outcomes. NIHR Northwest Coast Health Inequalities Assessment Toolkit will be used for every project with the aim of its use becoming routine in practice across Blackpool Council.

Capacity Building (Gantt chart attached)

Core HDRC development (0-9m)

1. Employment of Core HDRC Team

2. Establishment of joint research office with Blackpool Teaching Hospitals

3. Strengthening evidence-based (allied) commissioning procedures

4. Developing functioning partnership structures

5. Creation of the Blackpool Model (see below). We will refine and adapt existing frameworks that we will apply to the work of the HDRC and subsequent collaborative research projects, evaluate and disseminate through our CoP. We will work with our trained community researchers and consult with colleagues across the council and partners, to refine the frameworks to the needs of a local authority setting and our population.

Table 3. Developing "The Blackpool Model"		
Function	**Output**	**Existing Framework for Adaptation**
The Blackpool Model of Co-Research on the Wider Determinants of Health	Model of co-production	Refinement of our existing model
	Framework for Implementing Evidence Based Practice	Knowledge to Action Framework
	Rapid evidence assessment toolkit	DEFRA/ NERC The Production of Quick Scoping Reviews and Rapid Evidence Assessments: A How to Guide
Knowledge and skills required for knowledge creation and implementation in a local authority setting	Knowledge and skills framework	Shaping Better Practice Through Research: A Practitioner Framework CAHPR
	Training needs assessment	Hennessy-Hicks Training Needs Analysis
	Training programme	Linked to the developed skills framework and the Blackpool Model of Co-Research
Evaluating, monitoring and supporting success of the HDRC	Evaluation Framework	Value Creation Framework

Capacity development within key council directorates (6-48m)

Based on priority areas, initial and intensive capacity development will focus on 5 key teams within the council: Children's Services Early Years team; Public Health; Housing (incl. Blackpool Coastal Housing Association); Economic Development, Employment and Skills team; and Adult Social Care Mental Health team (incl. mental health social work). In each department, 3 key activities will take place:

1. Training needs assessment, development and delivery of staff training programmes
2. Rapid evidence assessment based on the current work priorities to identify key research priorities
3. Joint working between the department and the HDRC partners to address research priorities

Sustainable capacity development within wider council directorates (24-60m)

Using learning from the intensive capacity development, a sustainable model of capacity building based on targeted intensive training and continuous professional development will be developed. This may include the development of online modules, seminars and workshops, alongside support to access NIHR academy opportunities. A train-the-trainer model will be developed to create research champions within directorates who will support managers with training needs assessment, signpost to training and collaboration opportunities, cascade updates and calls from the HDRC core team and partner organisations, and support colleagues to pursue the opportunities these offer.

Success measures, dissemination, knowledge exchange and impact

Our Key Performance Indicators and methods for monitoring and supporting success were developed as part of our previous NIHR project (see logic model). Recognising the complexity of identifying and tracking evidence of culture change, systems resilience and sustainability of research-focused activity over the long term, we intend to use inter-linked and consistent forms of evaluation across activities, based on the Value Creation Framework. In conjunction with stakeholders, members of council departments and council leaders, we will regularly complete the tool throughout the wider HDRC work, and it will be integrated as part of the core structure of individual projects. The result is a wide-ranging set of Value Creation Stories from the perspectives of all stakeholders which, along with the quantitative data sources, will help us to understand the wider impact of the HDRC.