

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTHAMPTON
DATE OF DECISION:	27 JUNE 2024
REPORT OF:	DIRECTOR OF STRATEGY AND PERFORMANCE / DIRECTOR OF PUBLIC HEALTH

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY		
Not applicable		
BRIEF SUMMARY		
<p>To address significant health challenges in the city, Southampton City Council (SCC) has successfully been awarded a £5 million grant, over a five-year period, to become a Health Determinants Research Collaboration (HDRC).</p> <p>This award presents SCC with an exciting opportunity to be more evidence informed in its decisions on the projects and programmes that impact on health and health inequalities.</p> <p>The funding will be used to build the infrastructure, capacity and capability needed to support officers and elected members to use research evidence when making decisions. This will ultimately allow the HDRC to attract further funding through applying for research grants.</p> <p>Involving the local community at all stages is a fundamental part of HDRC Southampton and aligns with our prevention transformation programme.</p>		
RECOMMENDATIONS:		
	(i)	That the Panel note and understand the aims of HDRC Southampton, the methods of implementation and the anticipated outcomes.
	(ii)	That the Panel utilise knowledge about HDRC Southampton when considering health issues in Southampton over the coming years.
	(iii)	That the Panel support a cultural shift to more evidence informed decision making across Southampton City Council.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To improve awareness and understanding of HDRC Southampton, and the principles upon which it is based, to support better decision-making related to health in the city.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
	Background
3.	Southampton has significant health challenges and inequalities in health. For instance, male life expectancy is just 73 years in Bevois ward compared to 83 years in Bassett. Additionally, not only do people in the most deprived parts of Southampton have shorter lives, but they also spend a greater proportion of their life in ill-health than those living in the most affluent areas. In the most deprived parts of the city, healthy life expectancy is just 57.1 years for males, so in these areas, men are living a quarter of their shorter lives in ill health (compared to a healthy life expectancy of 71 years in the least deprived parts of the city).
4.	Factors which influence health, known as the wider determinants or building blocks of health, are often significantly worse in our city than the national average. The number of residents claiming out-of-work benefits has grown since the pandemic and 16% of working age adults are on Universal Credit. Levels of child poverty are high, with 22% of Southampton's children living in low-income families and 33% eligible for free school meals. We have high rates of overcrowded households and there is an inequality gap in pay of £37 a week on average between those working in and those resident in the city. Southampton ranks 55th out of 317 local authorities (where 1 is the most deprived), making it more deprived than the Office for National Statistics 'most similar' authorities of Bristol (82nd) and Leeds (92nd).
5.	The National Institute of Health and Care Research (NIHR) is investing in Health Determinants Research Collaborations (HDRCs) ¹ to boost research infrastructure, capacity and capability within local government in order to support better decision-making related to health. The NIHR intends that HDRCs embed a culture of using evidence when making decisions and that, through HDRCs, local authorities are supported to generate and use research to impact the building blocks of health and reduce health inequalities.
6.	Over the past two years, 30 local authorities have received HDRC funding. Southampton City Council (SCC), in collaboration with its partners ² , was successful with its bid in 2023 and became HDRC Southampton ³ on 1 st January 2024. The funding totals £5 million pounds over a five-year period (ending 31 st December 2028).
7.	The NIHR is clear that the HDRC funding is to build research infrastructure, capability and capacity and not actually to fund the research itself – through these investments, HDRCs should be able to secure additional external funding for that. Indeed, across the Wessex health and care system, the

¹ <https://www.nihr.ac.uk/explore-nihr/support/health-determinants-research-collaborations.htm>

² University of Southampton, Solent University and Southampton Voluntary Services

³ <https://data.southampton.gov.uk/research/hdrc-southampton/>

	NIHR provides approximately £36m per year in core NIHR infrastructure funding to enable researchers to leverage additional grant income. Typically, every £1 of this core infrastructure funding leverages £10 in grant funding, showing the potential investment that HDRC Southampton could bring to the city.
8.	As a council, we are ready for the culture change needed to become evidence informed. This approach aligns with our transformation plans and our new operating model. A recent survey to understand our baseline position in terms of being evidence-led, revealed that although less than a third (31%) of staff currently use research in relation to their work, there is a big appetite for change. For instance, many of the respondents (69%) said they want to do robust research and 82% want to develop skills to find, review, and use evidence.
9.	There are also some good examples of evidence informed decision making within SCC on which HDRC Southampton can build. For instance, in 2022 we were successful in applying to the NIHR PHIRST ⁴ scheme to evaluate our approach to healthy placemaking. This evaluation is now complete ⁵ and found many benefits of our approach, such as intersectoral working, increased workforce capacity and more health relevant policies and plans. This robust evidence has supported the decision to employ a permanent Healthy Places post in the Planning Team. Additionally, the evaluation is being used by local authorities across the country to support their work on healthy placemaking and has raised Southampton's profile on this agenda.
	Aims and objectives of HDRC Southampton
10.	HDRC Southampton aims to improve health, and reduce health inequalities, by working with our partners and communities to develop our research capacity and embed a culture of using research evidence when making decisions on the building blocks of health.
11.	We plan to achieve this through the following objectives: <ol style="list-style-type: none"> 1. To advance meaningful Public Involvement and Community Engagement to give everyone the opportunity to influence what research is undertaken and to get involved in that research. 2. To develop the infrastructure, governance, and processes for SCC to lead research into areas deemed most important by our communities and partners. 3. To establish a culture of evidence informed decision making and evaluation, where staff and elected members feel confident in accessing and using research, through learning opportunities, promotion, and academic support. 4. To collaboratively secure funding to expand our local evidence base. 5. To monitor and evaluate the impact of our HDRC, sharing findings and acting on them in partnership with our communities, to ensure our approaches are relevant and meaningful.

⁴ <https://phirst.nihr.ac.uk/>

⁵ <https://phirst.nihr.ac.uk/evaluations/building-healthy-environments/>

	Implementation
12.	The HDRC Southampton business plan includes three work packages plus an over-arching work package on Public Involvement and Community Engagement. This plan was informed by the Southampton supporting and enabling research in a local authority environment (SERLA) study ⁶ which revealed that overcoming barriers to using evidence, requires investment in people, research infrastructure and the building of partnerships.
13.	<p>The activities in each of the three work packages are summarised below:</p> <p>(a) <u>Public Involvement and Community Engagement</u> A vital principle of HDRC Southampton is to work with our local communities to ensure that we understand and address the issues that are their priority, and that all our work is shaped with them. This will be achieved through public involvement in management of the HDRC, in setting research priorities, in co-production of research and in ensuring impact from the work of the HDRC.</p> <p>(b) <u>Building Research Capacity</u> This work package involves investing in people by recruiting an HDRC Team, building the research infrastructure in the council and fostering partnerships with our communities and other stakeholders to prioritise evidence uncertainties relating to the determinants of health and health inequalities.</p> <p>(c) <u>Culture of evidence informed decision making</u> To change the culture of decision making at SCC, HDRC Southampton will use multiple communications channels to promote the use of evidence to staff and elected members. Learning and development opportunities will be offered to increase staff capability and confidence in accessing and using research evidence. In conjunction with Democratic Services, the processes needed to use evidence within council decision making will be further developed. For instance, modifying the templates for Cabinet and Management Board reports to include how research evidence has informed decisions.</p> <p>(d) <u>Evaluation, Dissemination, and Impact</u> HDRC Southampton will develop resources and provide support for staff to routinely evaluate the projects and programmes that the council invests in. This allows for continual improvement as we learn what works and what doesn't in the Southampton context. The HDRC itself will also be subject to evaluation. The learning from all these evaluations, and from other research undertaken, will be widely shared both within the city and beyond.</p>
	Governance to ensure delivery
14.	In order to ensure delivery of HDRC Southampton's business plan, a robust governance structure has been established. As shown in Appendix 1, this comprises of a Management Group (involving the lead applicants, the HDRC Co-Directors and the joint Research and Development Leads) to direct HDRC operational activities.

⁶ McGee et al 2022 Supporting and enabling health research in a local authority (SERLA): an exploratory study <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13396-2>

15.	Our joint lead HDRC applicants will report to SCC's Management Board, Southampton's Health and Wellbeing Board and, when appropriate, to Cabinet.
16.	The HDRC Management Group will be supported by a Steering Group involving all co-applicants (including academic collaborators), two public contributors, wider stakeholders, plus political support from the four parties represented in Southampton's administration.
17.	A Public Involvement and Community Engagement Group will provide advice and guidance for inclusive public involvement in the HDRC and will support engagement and involvement from across our diverse communities.
18.	To align the work programme and tasks to delivery of HDRC Southampton's objectives, the Business Plan is accompanied by a Gantt chart detailing key milestones for the four work packages. Appendix 2 provides a summary of these milestones.
	Anticipated outcomes
19.	Key to success of the HDRC is alignment with other initiatives across the council including Transformation Programmes, the Health in All Policies approach and the Data Strategy.
20.	<p>The long-term aim of HDRC Southampton is to reduce health inequalities and improve population health and wellbeing. In the short and medium term, the following outcomes are anticipated:</p> <ul style="list-style-type: none"> • A council whose staff and elected members feel confident in accessing and using research evidence in their work. • A council which evaluates all that it does and learns from those evaluations to inform future decision making. • Increased public trust in council spending as decisions become evidence-informed and this is formally recorded in meeting reports. • Social value such as through the upskilling of staff and of residents (e.g. as peer researchers). • Strengthened action on the building blocks of health through working with our communities to implement the findings of research and evaluation. • Sustainability of the HDRC Southampton approach through the generation of research funding.
21.	An evaluation framework will be developed in the first year of implementation and this will be used to monitor the success of HDRC Southampton. Additionally, six-monthly monitoring reports are required by the funder, NIHR.
22.	What research HDRC Southampton carries out will be decided through a prioritisation process in partnership with our local communities and other stakeholders. However, even before the research priorities are agreed, we can start to form plans based on known evidence gaps in the city. For example, as a council we need to be evaluating major projects so that we can be sure they are having the intended impact and make amendments to them if not. So, one possibility might be to evaluate the impact of the new Outdoor Sports Centre to understand if it is supporting our most inactive residents to move more. Alternatively, we know climate change is a major public health threat so research into vulnerability to heat, and how to best use our limited

	green infrastructure resource to mitigate this, might be something we seek funding to explore.
23.	Additionally, we can look at research already being done by other HDRCs to understand the kind of impact that could happen in Southampton. HDRC Doncaster, for example, have established a birth cohort study called Born and Bred In Doncaster ⁷ . This involves tracking babies born in the city through their lives by linking their electronic health data to other datasets such as dental, education and social services records. It will enable locally commissioned services to be adapted to better meet the needs of Doncaster's population. HDRC Medway is supporting evaluation of local culture and arts based initiatives to understand how to get the best outcomes in terms of improving health and reducing health inequalities.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
24.	The HDRC is funded by a ring-fenced grant from the National Institute of Health and Care Research. This award totals £5m over a five-year period from January 2024.
<u>Property/Other</u>	
25.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
26.	Not applicable
<u>Other Legal Implications:</u>	
27.	None
RISK MANAGEMENT IMPLICATIONS	
28.	Failure to deliver on the HDRC objectives presents risks to the council and continuing health challenges for the city. The governance arrangements outlined in Appendix 1 have been established in part to ensure that risk is managed and objectives are delivered.
POLICY FRAMEWORK IMPLICATIONS	
29.	HDRC Southampton aligns with the aims of Southampton's Health and Wellbeing Strategy, particularly around reducing health inequalities and making the city a healthy place to live and work. Additionally, HDRC Southampton supports the ambitions of the Corporate Plan to make better, more informed decisions.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	

⁷ <https://www.dbth.nhs.uk/research-and-innovation/babi-d/>

Appendices	
1.	HDRC Southampton Governance Structure
2.	Key Milestones for HDRC Southampton

Documents In Members' Rooms

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	