

Decision Report - Executive Decision

Forward Plan Reference: FP/24/02/08

Decision Date – 08 April 2024

Key Decision – Somerset Health Determinants

Research Collaboration Funding



Somerset Health Determinants Research Collaboration Funding

Executive Member(s): Cllr Adam Dance - Lead Member for Public Health, Equalities and Diversity

Local Member(s) and Division: N/A

Lead Officer: Alice Munro, Consultant in Public Health

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Summary / Background

1. Somerset Council, in response to a highly competitive national call from the National Institute of Health Research (NIHR), submitted a successful bid to establish a Health Determinants Research Collaboration (HDRC). This is a collaboration between the local authority and local academic and community partners, that seeks to build the capacity of the council to translate evidence into practice and to become research active.
2. Somerset Council were confirmed as successful in partnership with the University of West of England, University College London Institute of Health Equity and Spark Somerset and have been awarded a £4,899,427 contract over five years from Jan 2024 to Dec 2028. The contract will provide the council with the funding to deliver on the business plan submitted, to use evidence and become research active across all council functions, which can influence the 'building blocks' of health, such as transport, planning, education, and economic development. The business plan proposes embedding community participation in research, in order that research is driven by local needs and builds skills and capacity in the wider community to understand and undertake research.
3. The value of the subcontracts, associated waivers, and collaboration agreements with the three named partners were agreed at the bid submission stage and approved by the NIHR and are therefore not subject to further negotiation.
4. Somerset lacks a university that can support local service development and evaluation. The HDRC will enable core capacity to be developed to strengthen existing and develop new academic collaborations to undertake research and translate evidence into practice. The majority of the funding will be spent within the Council to build a team to staff to undertake five workstreams spanning community participation, business development, data and intelligence, training and development, and communications and dissemination.

5. Somerset's HDRC is one of thirty now funded across the UK to build local capacity to use evidence and do research.
6. The UCL Institute of Health Equity have agreed to provide support to ensure we develop the culture and values needed to reduce health inequalities through action on wider determinants. Their role in supporting the Council to develop a culture of collaborative working to address the wider determinants of health and develop social innovations will involve supporting the development of a Public Health Ambassador programme with coordination of ambassador network meetings, and advice to the system on how Somerset could innovate to reduce health inequalities.
7. The HDRC will build on existing relationships with the University of the West of England (UWE) and develop the research and partnership infrastructure required to enable this. UWE intend to use the HDRC as one mechanism to expand their 'civic university' footprint in Somerset. This funding will finance the time of Professor Jane Powell as the co-investigator, and of Dr Emily Dodd to support the community participation workstream.
8. Spark Somerset will employ an experienced community researcher on a 0.6 FTE contract from April 2024 to jointly lead the public participation workstream of the HDRC.

Recommendations

9. The Executive Member for Public Health agrees:
 - a. To endorse the Somerset HDRC and to promote and guide the work of the HDRC over the five years as appropriate.
 - b. To endorse the agreement of collaboration agreements, waivers and sub-contracts with the partners named in the bid, namely: University of West of England, University College London, and Spark Somerset.
 - c. To delegate responsibility to the Executive Director of Public and Population Health and / or their Deputy to finalise commissioning arrangements associated with the HDRC, which will include sub-contracts and collaboration agreements with each of the delivery partners.

Reasons for recommendations

10. The recommendation is made to deliver on the Business Plan that was submitted to the contractor (see appendix). The HDRC budget is required to be spent in accordance with the Business Plan.

Other options considered

11. No alternative decision options have been considered at this stage as options for the HDRC partners and budget were considered at business planning stage.

This decision is to deliver on the HDRC Business Plan in accordance with the contract with the NIHR.

Links to Council Plan and Medium-Term Financial Plan

12. The HDRC Business Plan (see appendix) is grounded in the four priorities of the Somerset Council Plan, all of which are aligned with the aim of a healthier, fairer Somerset with reduced inequalities in health, and equal opportunities for leading a healthy life. The HDRC seeks to influence the building blocks of health, which are factors that the Council has wide-ranging influence over spanning a variety of Council functions: transport, housing, planning, adults and children's social care, climate and place, communities and partnerships.
13. The proposed decision supports or furthers the Council's priorities, as it will enable the formation of a team that can support colleagues to apply evidence to practice, generate new evidence where there are gaps, and involve communities in evidence-informed decision making and research. In doing so, it will also seek to generate income to fund new research via the submission of research funding applications.

Financial and Risk Implications

14. The HDRC is funded via monies received from the NIHR. The money will be paid to the Council on a monthly basis until the end of the contract. The amount received each month is based on the budget submitted by Somerset Council and varies year on year. If there is underspend in any given year, the amount will be returned to the funder who will redistribute the funds over the following years. The total contract value will remain constant over the five years.
15. An annual progress report will be submitted to the funder, with the first due in June 2024. The funder has assigned a manager to Somerset Council who is a named point of contact for support on meeting the expectations of the funder. The specific deliverables are those that the Council have outlined in the Business Plan and accompanying project plan. Failure to produce the deliverables within budget may result in termination of the contract.
16. At the end of the five years there may be redundancy costs if sustainable funding has not been secured for the posts created in the HDRC. The staffing budget within the HDRC Business Plan allows for potential redundancy costs, which will vary on a case-by-case basis depending on length of service and terms of existing contracts.
17. Over the five years there are likely to be uplifts in pay, which the Council were not allowed to factor into the budget in the application stage. The budget therefore costs pay at a higher rate than the proposed starting pay points for posts in the HDRC to allow for inflationary increases over the five years.
18. Other inflationary costs may be incurred over the five years. The funder did secure an uplift of about 2% for existing HDRCs in this financial year but are not able to guarantee inflationary adjustments to the contract in future years.

19. The key risks associated with the HDRC are outlined below.

Key risk 1: Termination of the contract

The HDRC is in the second wave of NIHR funded HDRCs, that now total 30 across the country. The funder is therefore familiar with the range of challenges currently facing all local authorities that may affect delivery on some of the aims of the HDRC. The funder takes a supportive approach to contract management of HDRCs. There is therefore low likelihood that the contract will be terminated without undue warning and opportunity to accept support to address challenges in delivering on the business plan.

Likelihood	Low	Impact	Medium	Risk Score	6
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Key risk 2: Inflationary pay adjustments and redundancy costs are not covered by the HDRC budget

This is a low risk as pay was costed higher than starting pay points in the Business Plan for proposed jobs of various grades. Therefore, there is headroom in the budget for inflationary pay increases and future redundancy costs if these are incurred, and the funder does not provide inflation adjusted uplifts in the contract value year on year.

Likelihood	Low	Impact	Medium	Risk Score	6
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Key risk 3: Unable to recruit to newly created posts

There is a low likelihood that not all posts in the structure can be filled. We will mitigate this by recruiting internally as and where qualified candidates are available within the Council, and recruiting externally where the relevant skill mix is not available internally.

Likelihood	Low	Impact	Medium	Risk Score	6
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Legal Implications

20. We will work with Legal and Procurement colleagues to draw up collaboration agreements, waivers, and sub-contracts with the three partners to the HDRC. Advice from Procurement includes to put waivers in place to allow for direct award of contracts to partners to the HDRC.
21. There is potential that further local partners will become involved with the HDRC if they can support delivery on the HDRC business plan. Current and future agreements will be covered by non-key decisions published alongside this key decision paper.

HR Implications

22. The posts in the HDRC will be for five years and will be recruited to on a fixed term basis. Redundancy costs will be covered by the budget. Posts will be internally advertised in the first instance, though some posts are likely to require external recruitment.
23. Existing posts to be part-funded from the HDRC budget include 0.6 FTE of one PH Consultant, 0.4 FTE of a Public Health Specialist and 0.4FTE of a Health Improvement Manager. The activities to be funded from the HDRC will not require a change in job descriptions and therefore on consultation with HR there are no HR implications.

Other Implications:

Equalities Implications

24. See below the Equalities Impact Assessment. Key considerations are inclusion in research and ensuring that as the HDRC seeks to involve communities in participatory research, we do so in a way that provides a level playing field for access to people who may otherwise face barriers. The HDRC budget includes monies to cover the cost of adaptations, translation and remuneration of participants as needed.
25. The HDRC will also apply principles of Community-based Participatory Research, which includes asking participants how they would like to be compensated for their time. This may include skills development and other opportunities that are not a financial cost. In so doing we hope to extend the reach and inclusiveness of research activity across the county.
26. A final consideration is that the Public Sector Equalities Duty must apply equally to all partners to the HDRC. The same duty already applies to universities, and this will be restated in our collaboration agreements.

Community Safety Implications

27. The HDRC will support a network of Public Health Ambassadors in Somerset Council, including officers working in Planning and with Local Community Networks. These Ambassadors will have a remit and training in how to apply evidence to practice and develop research ideas regarding the building blocks of health.
28. Resilient and safe communities are a building block of health, and Ambassadors will be supported to consider community wellbeing when working at a place level to, for example, develop services, build infrastructure, or support neighbourhood plan development.
29. The HDRC's partnership with Spark and emphasis on community participation in research will target the involvement of under-represented groups in research into the building blocks of health. It will create opportunities to build the evidence

base for what works to improve community safety among other topics that may be a priority for the HDRC.

30. LCN leads will be supported to develop, use, and share measures of community wellbeing that can be applied at a locality level, and which can be the basis for prioritisation of research and/or monitoring of impact or evaluation of interventions aimed at strengthening communities.

Climate Change and Sustainability Implications

31. This decision does not have major direct environmental impacts.
32. It is intended that the Somerset HDRC will indirectly help further the objectives in the Climate and Ecological Emergency strategy through its remit to influence activity spanning the building blocks of health, which includes healthy local environments.
33. The HDRC will create opportunities to strengthen the application of existing and new evidence to council decisions that have potential environmental impacts, and to research how we can sustainably improve health outcomes in Somerset and maximise the 'co-benefits to health' of action to reduce carbon emissions.
34. With a focus on public participation in research that can reduce health inequalities, there will be opportunities for residents of Somerset to develop skills and capabilities to use and do research, contributing to a stronger skills base in the county.

Health and Safety Implications

35. There are no direct health and safety implications. This programme of work will involve creating posts and initiating activities that are integrated with existing teams and work programmes and therefore subject to the same health and safety standards that are already upheld within the organisation. Any new recruits will complete Somerset Council's mandatory training on work-related hazards and how to reduce risk.

Health and Wellbeing Implications

36. This decision will have positive impacts across all three priorities outlined in the Improving Lives Strategy (Health and Wellbeing Strategy): to improve health and wellbeing in Somerset and reduce ill health and inequalities in health. It will achieve this by seeking to build capacity in all relevant council functions to use evidence, innovate, research, and evaluate how the Council can support the building blocks of health across Somerset. The remit and purpose of the HDRC is outlined in the background to this decision paper, with the overarching purpose being to improve health and wellbeing and reduce inequalities in health by building capacity for evidence informed decision making and the generation of new evidence from research where gaps exist.

Social Value

37. This decision relates to a process in which the Council is the provider, and procurement of sub-contractors is embedded in the partnership approach. The purpose of the HDRC is to support deliver on wider social, economic, and environmental benefits and in particular will contribute to the following priority area:
38. Creating a healthier community in Somerset:
- The HDRC intends to involve communities across Somerset in the research process, as well as support communities to understand how to access evidence and produce new evidence to inform decisions across the county. The Business Plan contains proposals to develop a workstream devoted to public participation in the whole research cycle. Communities of interest will be identified through a prioritisation process and through work to align research with Council strategic priorities. By involving communities that face particular drivers of health inequalities, such as rural and coastal communities, children and young people, and people experiencing multiple disadvantages, the HDRC will invite people to be involved in scoping, planning, conducting and communicating research – as such there will be significant skills development opportunities for people who take part.
 - The HDRC will work with Local Community Network Leads to reach communities of interest across the county and build awareness of how to access evidence and contribute to research in communities of greatest need.
39. Fairer life chances and opportunity for all:
- The procurement of universities to collaborate as partners will facilitate the above, with direct support to community involvement from the University of West of England, and training opportunities made available to community participants in research that will contribute to the skills base in Somerset and potentially to future employability.

Scrutiny comments / recommendations:

40. The proposed decision has not been considered by a Scrutiny Committee but will be circulated to the Chairs of Adults and Health, Communities, Climate and Place and Children's Scrutiny Committees.

Appendices

- Appendix A – Equalities Impact Assessment

Report Sign-Off (if appropriate)

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	13/03/2024
Communications	Peter Elliott	19/03/2024
Finance & Procurement	Nicola Hix	27/03/2024
Workforce	Dawn Bettridge	19/03/2024
Asset Management	Oliver Woodhams	13/03/2024
Executive Director / Senior Manager	Trudi Grant	12/03/2024
Strategy & Performance	Alyn Jones	26/03/24
Executive Lead Member	Cllr Adam Dance – Lead Member for Public Health, Equalities and Diversity	27/03.2024
Consulted:	Councillor Name	
Local Division Members	Not applicable	
Opposition Spokesperson	Cllr Lucy Trimnell - Opposition Spokesperson for Public Health and Equalities	27/03/2024
Scrutiny Chair - Adults and Health	Cllr Gill Slocombe	26/03/2024
Scrutiny Chair - Communities	Cllr Gwil Wren	22/03/2024
Scrutiny Chair – Climate and Place	Cllr Martin Dimery	14/03/2024
Scrutiny Chair – Children’s	Cllr Leigh Redman	22/03/2024

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Version	01	Date	26/03/2024
Description of what is being impact assessed			
<p>The subcontracts and collaboration agreements with Somerset HDRC partners and the delegation of future spending decisions to the Director of the HDRC and Deputy Director of Public Health.</p> <p>The key considerations in this EIA are that participation in the HDRC and research generated by the HDRC should be inclusive of people from all backgrounds, that barriers to participation should be mitigated, and that all partners subscribe to the letters and ethos of the Public Sector Equality Duty.</p>			
Evidence			
<p>What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset’s Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles, should be detailed here</p> <p>Fingertips Health Inequalities Dashboard Inequality Tools - OHID (phe.org.uk): this provides evidence of inequalities in health and life expectancy in Somerset, whilst the separate Segment tool also identifies the leading illnesses that contribute to these inequalities. The intersectional dimensions are poorly understood, and the HDRC will be an opportunity to better understand how people with protected characteristics are affected by health inequalities in Somerset.</p> <p>In producing this we also looked at the evidence for what causes health inequalities and how these can be addressed for different population groups:</p> <p>The Marmot Review 2010 and Marmot Review 10 Years On Health Equity in England: The Marmot Review 10 Years On - The Health Foundation: these reviews together informed the research themes presented in the Business Plan, with priority themes being drawn from the Marmot principles about how to address the socio-economic causes of health inequalities across the life course. Based on findings in the Reviews the HDRC will</p>			

seek to produce research that examines how and why people with protected characteristics may be disproportionately impacted by adverse social determinants of health in Somerset.

The Somerset Improving Lives Strategy [Somerset Improving Lives Strategy](#): this is a system wide strategy to improve health and lives in Somerset and reduce health inequalities. In the Business Plan the aims of the Strategy have been mapped to the Marmot principles (see above) to frame how the HDRC will seek to produce research that addresses the causes of health inequalities across the life course.

Qualitative intelligence gathered from colleagues and a sample of external stakeholders who advised on the business plan, some from under-represented groups including homeless, children and young people, and groups representing people from global majority backgrounds living in Somerset.

The collective findings informed the development of both the business plan for the HDRC and the integrated Community Participation Workstream to co-produce, with protected groups, a range of audience-driven mechanisms to ensure their participation from the outset and in all phases of the research and knowledge translation process.

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

In the development of the business plan for the HDRC we consulted with groups serving and representing people with some protected characteristics, including Gypsy, Roma and Travellers, and people from global majority backgrounds in Somerset. We also included homeless and rough sleeper groups. The business case drew on these conversations and resulted in a strong emphasis on public participation and significant resource for a dedicated Community Participation Workstream.

Analysis of impact on protected groups

Partners to the HDRC are also required to adhere to the Public Sector Equalities Duty. The table below summarises the potential for beneficial impacts on groups with protected characteristics and how risks to that impact will be mitigated.

The principles of Community-based Participatory Research will be applied to public participation in the HDRC and include measures to make research inclusive and accessible to all from the outset and in all phases of the research and knowledge translation process.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> We intend to take a life course approach to the wider determinants of health through research supported by the HDRC, guided by support from the UCL Institute of Health Equity, supporting research that promotes the best start in life, maximising opportunities for children and young people, and healthy ageing in Somerset. We will work through professional services and directly with stakeholder groups representing different age groups to involve people of all ages in research. Adaptations will be made to enable participation where age-related barriers such as limited mobility, hearing or sight may prevent someone from participating in HDRC related activities. 	□	□	☒
Disability	<ul style="list-style-type: none"> We expect the HDRC's work to be fully inclusive of people with disabilities and have included a budget line for adaptations and expenses to enable participation of people who may face barriers due to disability. This is separate to the funding allocated in this NKD. 	□	□	☒
Gender reassignment	<ul style="list-style-type: none"> We expect the HDRC's work to be fully inclusive of people of all gender identities and will keep under review whether we are achieving this. 	□	□	☒
Marriage and civil partnership	<ul style="list-style-type: none"> Has been considered and no negative impact expected. 	□	☒	□

Pregnancy and maternity	<ul style="list-style-type: none"> • A priority research theme of the HDRC is to give all children the best start in life. Through a prioritisation exercise we will refine the priorities and intend to reach a range of stakeholders that will include people who are pregnant or new parents and/or who work with them. • The programme budget includes budget for adaptations to enable inclusion, and this can include support with childcare costs to enable participation as needed. 	□	□	☒
Race and ethnicity	<ul style="list-style-type: none"> • We expect the HDRC’s work to be inclusive of people of all races and ethnicities and will keep under review whether we are achieving this. The programme budget includes budget to pay for translation services or other measures to facilitate inclusive participatory research. • The principles of Community-based Participatory Research will be applied to public participation in the HDRC and include measures to make research inclusive and accessible to all. 	□	□	☒
Religion or belief	<ul style="list-style-type: none"> • HDRC related communications will be culturally sensitive and the HDRC will work with communities of faith as appropriate to enable participation in research. 	□	□	☒
Sex	<ul style="list-style-type: none"> • The HDRC seeks to address determinants of health inequalities, and as it is known that women are more impacted by cuts in public spending than men, an emphasis will be placed on ensuring women’s voices are represented in decision making around research priorities and plans. In particular, the HDRC will seek out the voices of women affected by intersectional disadvantages such as deprivation and structural racism. 	□	□	☒
Sexual orientation	<ul style="list-style-type: none"> • The principles of Community-based Participatory Research will be applied to public participation in the HDRC and include measures to make research inclusive and accessible to all. 	□	□	☒

<p>Other, e.g., carers, veterans, homeless, low income, rurality/isolation, etc.</p>	<p>The HDRC programme is focused on research into the building blocks of health and determinants of health inequalities. There is an emphasis on better understanding how people in rural and coastal communities are disadvantaged. As such we will seek to co-produce research that is inclusive of groups who face multiple disadvantages, including carers, homeless and low-income households. The emphasis on public participation should, as with the groups above, mean that we achieve some direct representation of and support to these groups.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<p>Negative outcomes action plan Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.</p>				
Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
	Select date			<input type="checkbox"/>
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	Select date			<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
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If negative impacts remain, please provide an explanation below.

Completed by:	Alice Munro
Date	04/03/2024
Signed off by:	Alice Munro
Date	26/03/2024
Equality Lead sign off name:	Tom Rutland
Equality Lead sign off date:	26/03/2024
To be reviewed by: (officer name)	
Review date:	

- **Appendix B NIHR Somerset Health Determinants Research Collaboration Business Plan**



NIHR159191
Business Plan Jan 20