

Appendix 1

RCT HDRC Programme of work, success measures and impact

| | Description | Success measures | Outcomes/impact |
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| Overall RCT HDRC | The vibrant research culture of the RCT HDRC underpins an evidence-based decision-making system, which breaks the cycle of poverty, by improving the life chances of the most disadvantaged and addressing the wider determinants of health. | <ul style="list-style-type: none"> • Research and evidence used as basis for development of RCT 2028 Corporate Plan. • National and regional research infrastructure mobilised. • Evidence of other decision-making bodies using HDRC outputs. • Evidence of other research infrastructure supporting RCT HDRC. | <ul style="list-style-type: none"> • LA is a research active organisation underpinned by a sustainable research infrastructure. • RCT has a reputation as a centre of excellence for health determinants research. • Improved health outcomes for individuals. |
| WP1: Involve and engage the public in all RCT HDRC activities | Working collaboratively with Interlink RCT, the HDRC will seek to engage and involve the public in all areas of work. Citizen researchers will be recruited to inform HDRC priorities and actions, join HDRC groups and boards, co-produce and co-deliver research projects and support dissemination activities. WP1 will engage seldom heard groups through innovative and creative approaches to maximise participation. | <ul style="list-style-type: none"> • Recruitment process for identification and selection of citizen researchers developed and implemented. • Successful recruitment of members of the public as citizen researchers and within RCT HDRC governance. • Ongoing public engagement with RCT HDRC. • Positive feedback from members of public on experience of involvement and participation and evidence of changes made as a result. • Positive feedback from LA staff on impact of engagement. | <ul style="list-style-type: none"> • Increased awareness of research and health literacy across RCT communities. • Sustainable mechanisms for public involvement in LA research, including citizen researcher models. • Involvement of the public in LA decision-making, prioritisation and planning. • Sharing of best practice of the citizen researcher model in RCT HDRC across Wales & UK. |
| WP2: Mobilise evidence to support decision making | Evidence needs will be addressed through the LA annual self-assessment cycle. Knowledge mobilisation projects to address identified needs will be co-developed and co-delivered with practitioners, decision-makers, academics and citizen researchers. Evidence will be synthesised and relevant and responsive outputs will be created and disseminated. | <ul style="list-style-type: none"> • Engagement of LA staff, academic experts, and citizen researchers in project design/delivery. • Engagement with knowledge mobilisation outputs. • Positive feedback on quality of outputs (relevance, timeliness, accessibility, if actionable). | <ul style="list-style-type: none"> • LA decisions about the wider determinants of health are informed by research. • Service commissioning, provision and policies are evidence-informed. • Outcomes relating to the wider determinants of health are improved. |

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| | | <ul style="list-style-type: none"> • Use of outputs (e.g. reference RCT HDRC outputs in policy documents). | |
| <p>WP3: Develop skills and capacity to generate, translate and use evidence</p> | <p>LA skills, capacity and capability will be mapped through the Council performance management framework process, followed by a capability and capacity consultation to identify opportunities to use existing training provision, and where new training provision is required. Short courses will be co-developed and delivered to build capacity and capability amongst citizens and LA staff.</p> | <ul style="list-style-type: none"> • Number of staff and citizens pursuing relevant training opportunities • Staff and citizen engagement with RCT HDRC projects, training and research incubation. • Impact on capabilities / skills evidenced through Performance Management Framework (PMF) process. • Evidence of improvements in use of evidence, evaluation and knowledge mobilisation through the LAs Annual Service Self Evaluation process. | <ul style="list-style-type: none"> • Increased capacity and capability of LA staff to routinely generate and use research evidence. • Improved internal evaluation within the LA drawing on skills gained from training. • A skilled and diverse multi-agency partnership of research staff and stakeholders. |
| <p>WP4: Facilitate development of research proposals and funding applications to address identified evidence gaps</p> | <p>Multi-disciplinary groups, including citizen researchers, LA representatives, academic experts and partners, will be convened to develop research funding applications to address evidence gaps identified in WP2. As the HDRC progresses, LA staff will be supported to lead and facilitate development of bids as co- and lead-applicants.</p> | <ul style="list-style-type: none"> • Number of research development groups launched (up to 2 by the end of Year 1; with up to 3 per year for the following four years). • Number of research bids submitted per year (up to 4). • Proportion of submitted bids led by RCT. | <ul style="list-style-type: none"> • Funding secured for research to inform and externally evaluate LA efforts to address wider determinants of health. • A transition to leadership by LA staff, supported by academic partners, of research projects and funding applications. • LA is research active, with staff strategically identifying opportunities for research development. |
| <p>WP5: Adjust LA structures and processes to facilitate and integrate research and evidence activity</p> | <p>Evidence and research use will be embedded in the LA annual PMF cycle. Access to, and use of evidence, will be strengthened. Opportunities to adapt behaviours, structures and processes to promote, support and facilitate research culture, and embed evidence more systematically in reports for consideration by decision-makers will be identified.</p> | <ul style="list-style-type: none"> • Integration of RCT HDRC activities into PMF and preparation of Socio-economic impact assessments that evaluate the potential impact of policy developments. • Adaptation of PMF processes to facilitate spread of learning and capture impact. • Engagement with RCT HDRC outputs, and other sources of evidence becomes a 'routine' behaviour for staff, senior leaders and elected members. | <ul style="list-style-type: none"> • Increased awareness of research and health literacy among LA staff • Corporate plans build on and integrate evidence. • A sustainable research infrastructure is developed to support local evidence use to inform practice. • Research culture is embedded in LA. |

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| | | <ul style="list-style-type: none"> • RCT HDRC facilitating placements and collaborations across partner organisations that extend beyond work programmes. • Changes to recruitment for key roles in the LA to recognise skills and competencies required to sustain ongoing evidence use and research activity. | |
| <p>WP6: Create the governance structure to support HDRC delivery, monitor impact and disseminate learning</p> | <p>Robust governance structures will be established, and partnership agreements established to support effective HDRC set up and management of the HDRC. Activity indicators and outcome measures will be developed and monitored to capture impact, and outputs will be disseminated effectively with local, regional and national audiences, via established and new networks of influence of collaborating partners.</p> | <ul style="list-style-type: none"> • Building productive working relationships across partners in the Strategic Oversight Board and Operational Delivery Group based on a Collaboration Agreement. • Timely and impactful reporting on progress against RCT HDRC objectives to inform RCT Leadership Team, Cabinet and NIHR, and to support learning and evaluation of impact. • Engagement with outputs from outside RCT LA. | <ul style="list-style-type: none"> • Strong partnerships between the public, LA, Interlink RCT, HB, CU, PHW and other partners. • RCT HDRC is integrated with and supported by national and regional research infrastructure. • Learning from RCT HDRC is shared across other LAs, HBs and UK-wide. |