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**To: Coventry Health and Wellbeing Board**

**Date: 4<sup>th</sup> December 2024**

**Subject: Opportunities and Impact of Leveraging the Health Determinants Research Collaboration, UHCW and ICS Research Infrastructure**

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## **1 Purpose of the Note**

The purpose of this note is to outline the opportunities, benefits, and impact of strengthening Coventry Health and Wellbeing Board's engagement with local wider determinants of health (WDH) and NHS research infrastructure. This includes identifying the overlapping areas of focus within the Coventry Health Determinants Research Collaboration (HDRC), with University Hospital Coventry & Warwickshire Institute for Health Equity and Social Care, and Coventry & Warwickshire Integrated Care System (ICS) research infrastructure. The note highlights how the Board's involvement in this infrastructure can help advance research development and enhance knowledge mobilisation and research implementation where beneficial to improving health and wellbeing and reducing health inequalities.

## **2 Recommendations**

- 1) For Health and Wellbeing Board to consider how it can utilise the HDRC and ICS research infrastructure to inform service, policy and strategy developments to improve health and wellbeing and reduce health inequalities
- 2) To develop a mechanism for the Health and Wellbeing Board to endorse and support collaborative research and related funding applications

## **3 Information/Background**

### **3.1 Overview of Local Health Research Infrastructure**

The Coventry HDRC, UHCW Institute for Health Equity and Social Care, and ICS research infrastructure share a common focus on improving by addressing health inequalities and improving health outcomes for residents. The HDRC has a focus on the wider determinants of health and public health, and the ICS and UHCW more emphasis on public health and health and social care. While each research infrastructure has distinct strengths, the portfolios overlap in several critical areas, particularly around health equity, research-to-practice efforts, decision making and system efficiency, and meaningful involvement of stakeholders: local authority, NHS, voluntary sector and importantly residents and patients.

- 3.2 **Coventry Health Determinants Research Collaboration (HDRC):** Coventry is one of 30 local authority areas across the UK which has been awarded funding over five years to establish a HDRC from 1<sup>st</sup> October 2022. The funding is being used to build a research infrastructure and ecosystem and develop capacity and capability in relation to the use and creation of research evidence, with a focus on causes and interventions related to inequalities in the wider determinants of health. It is aligned to Coventry as a Marmot City and the One Coventry Plan. Initial priority WDH include Early Years/Best Start, Housing & Homelessness, Local Economy & Employment, Digital Inclusion. However, research into other local WDH priorities can be supported when opportunities arise.
- 3.3 The funding has been used to establish a governance and delivery structure across the 2 universities, council, UHCW, VCSE and communities. With input from the UCL Institute for Health Equity. A HDRC research and development team is established in the local authority, and programme delivery is structured around 5 pillars. Key achievements to date include:
- Pillar 1:** Data and Governance – Council Research Intellectual Property and Research Governance Policies. Research Governance process and ethics committee in development.
- Pillar 2:** Training and skills – Training Needs Assessment Conducted. Integration of Research into the council appraisal system. Training programme including, secondments & placements, research webinars, So what club, bespoke support and advice for practitioners, citizen science training for residents. In development includes, a certified research skills course, drop in clinics, access to university modules, and introductory learning on health inequalities and wider determinants of health for residents and colleagues.
- Pillar 3:** Public Involvement – Development of Public Involvement and EDI principles. Creation of a VSCE group and Public Voices Group. Review of methods to work with communities in research priority setting. Going forward there will be testing of co-production approaches with community groups.
- Pillar 4:** Evaluation - Developed a 3-phase evaluation plan and obtained research ethics approval. Conducted our baseline study of research culture and collaboration functioning. Coventry is leading a joint output of HDRC evaluations.
- Pillar 5:** Impact and Implementation Developed a system for monitoring and managing our research project development “pipeline”. Developing new strategic alliances for research at regional/national level to facilitate funding opportunities & economies of scale. Developed the Research Ambassador role in the Council as research knowledge brokers, and have started recruiting up to 10 Research Ambassadors. Inputted and supported university applications for research funding and studentships.
- 3.4 To date the support through the HDRC in using existing evidence, research methods, links with universities has benefitted the council Employment & Skills, Economic Development, Sustainability, Cov Connects/Customer Services, Digital Inclusion, and Homelessness and Public Health teams.
- 3.5 For further information see: <https://www.coventry.gov.uk/hdrc>

**4 University Hospitals Coventry & Warwickshire Institute for Health Equity and Social Care:** UHCW's Institute leads on research into reducing inequalities in health and social care to improve population health outcomes through policy-oriented research and collaboration with local government and community organizations. Its work aligns with the Board's goals of addressing the root causes of health inequalities.

4.1 We know that waiting lists fuel health inequalities and the Institute led an evaluation of the impact of HEARTT™, a tool to prioritise those at most need on NHS elective waiting lists, and embedded a population health management approach within the service for people living with persistent low back pain in Coventry, which is currently being evaluated. For further information see: <https://research.mededcoventry.org/>

**5. Coventry & Warwickshire Integrated Care System (ICS) Research**

**Infrastructure:** The ICS framework enables coordinated healthcare research across the local system, supporting a unified approach to addressing regional health issues and providing practical, scalable health solutions that respond to Coventry's needs.

5.1 Coventry & Warwickshire System Research & Development Stakeholder Committee, on which Coventry HDRC is represented, has been established to provide an executive forum for joint R&D strategy development and collaborative working. To date, it has developed an ICS Research Strategy to maximise the benefits of research participation for our communities and to develop research empowered staff that value participating in, and implementing the findings from, its research agenda. Research Regional Delivery Workstreams (commercial research, operations and relationships, workforce capability and capacity and digital) have been agreed operationalised through an ICS R&D Manager Group which meets monthly to progress activities of mutual benefit.

5.2 Since the inception of this Committee, more collaborative funding applications have been submitted to increase capacity and capability across the ICS. To date, £100,000 has been awarded by NHSE to establish a local Research Engagement Network (REN) to support underserved community research engagement. Working in collaboration with the voluntary sector, the REN is supporting all system partners to work together to offer research opportunities to the populations that will benefit most. The Network has put focus on facilitating collaboration by publishing engagements and insights in a public space, see <https://happyhealthylives.meridian.wazoku.com/home-page>

**6 Overlapping Portfolios and Collaborative Opportunities**

The shared priorities of HDRC, UHCW, and ICS provide a strong foundation for collaborative efforts that can directly benefit Coventry's residents. Opportunities include:

**1. Advancing Research into Practice**

The research infrastructure' collective focus on data-driven, locally relevant research ensures that findings can be effectively translated into practice. By

embedding HDRC, UHCW, and ICS research into Board policies, Coventry's WDH & health interventions can be more precisely targeted and timely.

2. **Enhanced Knowledge Mobilisation**

With each research infrastructure contributing specific expertise, the Board can improve knowledge mobilisation through coordinated data sharing, consistent communication, and practical training for policymakers. HDRC's focus on WDH and inequalities, UHCW's focus on health care and inequalities, and ICS's system-wide health and social care approach provide a comprehensive base for mobilising actionable knowledge.

3. **Influencing Health Research and Policy Development**

Engagement with local research bodies strengthens Coventry's influence in guiding regional and national WDH, public health & healthcare research agendas. By aligning research priorities with local health needs, the Board can help ensure that resources and attention are focused on the issues that most affect Coventry residents.

4. **Improved Health Equity and Wellbeing Outcomes**

These research infrastructures enable a holistic approach to addressing WDH and health inequalities in Coventry. By integrating local data, equity-focused research, and system efficiencies, the Board can support more effective, evidence-based interventions that address the specific health inequalities impacting Coventry residents.

## 7 **Potential Impact on Coventry Residents' Health and Wellbeing**

1. **Targeted, Evidence-Based Interventions:** Data and research insights from HDRC, UHCW, and ICS can enable the Board to develop policy and strategy that directly respond to Coventry's unique health challenges.
2. **Sustainable Health Solutions:** ICS infrastructure's emphasis on efficient health systems supports scalable solutions that can improve health access and resource allocation for vulnerable populations, enhancing the long-term sustainability of Coventry's health services.
3. **Increased Community Engagement and Health Literacy:** Collaboration with HDRC and UHCW involves public involvement in research, leading to greater community engagement and understanding of WDH and health issues, contributing to healthier behaviours and informed residents.
4. **Enhanced Health Data and Analytics:** The collective data resources from HDRC, UHCW, and ICS provide a strong foundation for data-driven decision-making. Access to comprehensive WDH, and health data allows for proactive health risk identification, targeted interventions, and ongoing policy evaluation.

## 8 **Conclusion**

Enhanced collaboration with Coventry's HDRC, public health and healthcare research infrastructure presents a valuable opportunity for the Coventry Health and Wellbeing Board to drive meaningful, data-informed health improvements. By aligning with HDRC, UHCW's Institute, and ICS research initiatives, the Board can help establish Coventry as a leader in evidence-based public health policy, directly benefiting residents through targeted, effective interventions that address both inequalities in WDH and healthcare and health outcomes. This may be achieved

through ensuring the development of a clear process for system-wide working on research priorities where joined up research delivers more than the sum of its parts.

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