



Public Health and Research

Public Health and Health In Scrutiny

Date of meeting: 24/03/2026

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: all
- Report author: Alex Hammant, Ivan Browne, Annabelle Long
- Author contact details: alex.hammant@leicester.gov.uk, ivan.browne@dmu.ac.uk, Annabelle.long@leicester.gov.uk
- Report version number: 1

1. Summary

As we know, Leicester is a unique city. As the first city in the country where the global majority constitutes the majority of the population, Leicester presents a distinctive demographic, epidemiological, and social profile that demands a distinctive approach to public health decision-making. Evidence generated elsewhere — in cities with different population structures, different patterns of disease, and different social determinants — often cannot be transposed onto Leicester without critical appraisal. Otherwise, we risk making the wrong assumptions which would ultimately hinder rather than help. To make the right decisions for our population, we must ensure that the evidence base we draw upon is applicable to our communities, and importantly, that it is generated in genuine partnership with them.

This report sets out the rationale and early progress of Leicester City Council's Public Health team in building its research capacity. The team already has some expertise and experience in evidence review, data analysis, and evidence-based practice. This programme of work represents a strategic step to enhance those capabilities further, and in addition, to formalise and facilitate research governance, and to forge the partnerships with universities, with other relevant bodies, and with our own population that will underpin high-quality, locally relevant public health research for the future.

The report outlines the first stage of this work. This includes a public health workforce research capacity audit, the appointment of a Local Authority Research Practitioner (LARP), a new research clinic, the creation of a Public Health Research Working Group, the development of a forward-looking research strategy, strengthened university partnerships, new research governance infrastructure, and a research repository. These are early steps, and the overall aim is to improve the quality and reliability of the work we do with our communities to help improve their help.

2. Recommendation(s) to scrutiny:

Health Scrutiny Commission are invited to:

- Note and support the strategic direction of the Public Health team in building local research capacity, recognising the unique demographic and epidemiological context of Leicester City as the primary driver of this work.
- Endorse the principle that research conducted in or about Leicester's population should be done with our communities rather than at them, and that research partnerships should be held to account in sharing findings with the population they concern.
- Support the expansion of the LARP research clinic beyond the Public Health team to wider council services, enabling colleagues across the organisation to access research support and strengthen evidence-based practice.
- Note the development of a research repository to record and oversee collaborations with external partners and endorse its use as a mechanism for accountability and knowledge transfer back to our population.
- Note the progress on research governance and ethics infrastructure and support efforts to make it easier for Leicester City Council employees to engage in ethical, well-governed research activity.
- Request a further update at [agreed timeframe] on the implementation of the Public Health Research Strategy, including progress on governance framework development and research repository

3. Detailed report

1. Why Build Research Capacity? The Leicester Context

Public health decision-making must be grounded in evidence. That evidence must, however, be fit for purpose — relevant to the population it is meant to serve, sensitive to their circumstances, and generated through approaches that are trustworthy and ethically sound.

Leicester's population is unique in the context of English public health. It is the first city in the United Kingdom where the global majority constitutes the majority of the population. This has implications for the evidence base that informs our decisions. Patterns of disease burden, risk factor prevalence, cultural determinants of health behaviour, access to services, and community trust in institutions all vary in important ways across Leicester's diverse communities. Evidence generated in predominantly white British cohorts, or in cities with very different population profiles, may not translate. Applied uncritically, it risks producing decisions that are poorly matched to the actual needs of the people we serve.

There is also an ethical dimension that cannot be overlooked. Research has historically been done at marginalised communities rather than with them — extracting data, producing findings, and often not returning meaningful benefit to the communities involved. Through this work we are committing to a different model: one in which our

population is a genuine partner in research, not merely a subject of it. This means community involvement in research design, transparent sharing of findings, and a commitment to ensuring that insights generated in Leicester benefit Leicester. It is important to emphasise that this work builds on existing strengths. The Public Health team already brings some experience in research as shown in the capacity audit. This programme formalises, extends, and connects those capabilities rather than starting from scratch.

2. Workforce Research Capacity Audit

As a necessary first step, the Public Health team undertook a structured audit of existing research capacity across the workforce. This was designed to map current skills, experience, and interests in research activity, and to identify gaps that the broader programme should seek to address.

The audit was delivered online using Microsoft Forms and had a response rate of 41%. It used a validated tool. Just under half the respondents (43%) reported having current involvement in research, with 47% reporting involvement over the last 12 months. There were some research skills which were used more often, for example, 91% of respondents reported they had experience of collecting data. The most used data collection methods were surveys and focus groups.

The levels of confidence that respondents showed in research skills varied widely. Understandably, the team were generally more confident in skills that they were using regularly such as finding relevant literature and evidence, designing questionnaires and collecting data. There was less confidence in skills that may be seen as more classically academic such as securing research funding, submitting an ethics application and writing for publication.

There were high levels of interest in learning new research skills with particular interest shown in analysing data, writing reports and securing funding.

The audit findings have directly informed the priorities of the LARP's work programme, future workforce development, and the design of the Public Health Research Strategy, ensuring that our approach to capacity-building is grounded with an assessment of where we are starting from.

3. The Local Authority Research Practitioner (LARP)

An early investment in research capacity has been the appointment of a LARP - a role jointly funded through the National Institute for Health and Care Research (NIHR) and De Montfort University. The LARP programme was developed nationally to embed dedicated research expertise within local authority public health teams.

Since her arrival, our LARP, Annabelle Long, has established a research clinic - a practical, accessible resource through which colleagues can bring any and all research related questions. She provides advice and support for example, guidance on methodology and study design, exploring potential collaboration opportunities, and building confidence and competence in research. This clinic has initially focused within the Public Health team, but it is the team's ambition to extend it to colleagues across Leicester City Council. The potential value of this model extends beyond public health and potentially there are many council teams who are well placed to contribute to and benefit from this work.

The presence of the LARP role also strengthens Leicester's relationship with the NIHR and positions the council to engage more actively with nationally funded research programmes and funding opportunities, increasing our potential to attract external investment in locally relevant research. Furthermore, Annabelle is able to network with wider research stakeholders: for example, the Integrated Care Board, Leicester Partnership Trust, the East Midlands research Co-operative, local Health Determinants Research Collaborators, and the local civic university partnership, which provides opportunities for best practice sharing, collaboration and identification of novel, local research opportunities.

4. University Partnerships

Leicester benefits from two universities within the city — De Montfort University (DMU) and the University of Leicester (UoL) — both of which carry significant public health, health sciences, and social research expertise. The Public Health team has existing collaborative relationships with both institutions, as well as Loughborough University, and is taking deliberate steps to formalise and deepen these. For example, through our involvement in the civic university's partnership.

De Montfort University has recently established a new Masters in Public Health (MPH) programme, and Leicester City Council's Public Health team is an active collaborating partner. This includes staff involvement in teaching, curriculum development, and academic input that draws on the realities of public health practice in a complex urban local authority. The collaboration is mutually beneficial: it contributes to training the next generation of public health professionals while creating structured opportunities for council staff to engage with academic thinking, refresh their knowledge base, and strengthen their own skills.

The University of Leicester collaboration is also being developed and strengthened, with joint working on research and shared projects of direct relevance to the city's population, for example, members of the public health team have been involved in TB research within the city.

These partnerships are being developed on the basis of mutual benefit, clear expectations, and reciprocity. We want to ensure that they are not passive arrangements in which the universities lead and the council provides access to data or communities. If access to data or our communities is requested, Leicester City Council expects to be an active partner, and the research repository described below is one mechanism through which partner institutions will be held to account on their obligations to our population.

Additionally, work is underway for the very first Public Health research showcase conference (name to be finalised) where members of the public health team will be showing their work to local university partners. The idea is that this will be a space for local academic partners to understand and appreciate the work which is already going on at the local authority level and provide them with inspiration for how their academic output could be more aligned with the immediate and real-world issues which our local residents are facing.

5. Public Health Research Working Group and Research Strategy

The Public Health team has established a Public Health Research Working Group, bringing together colleagues with an interest in research activity. This group will provide internal governance of the team's research programme, coordinates activity across different workstreams, and ensures that research priorities remain aligned with the council's wider public health objectives and with the needs of Leicester's population. The Working Group has developed and agreed a Public Health Research Strategy which is currently under-going internal sign-off, setting the direction for research activity over the coming years. The vision of the group is to embed a strong and inclusive research culture with the long-term ambition that this will translate into more effective and inclusive programmes which will improve health and reduce health inequalities across Leicester. Subject to sign-off, the priority areas are developing research culture and capacity; promoting and securing research funding; simplifying and strengthening research practice through robust governance and ethics processes; exchanging knowledge and research findings with our communities.

A central feature of the strategy is community involvement and collaboration at all stages of the research process. Research in Leicester will, wherever appropriate, be co-designed with local people — drawing on lived experience, building community trust, and ensuring that both the questions asked and the findings produced are accessible and meaningful to those they concern. This is both a point of principle and a point of practice: research shaped by the communities it affects is more likely to address the right questions, generate relevant findings, and ultimately influence decisions in ways that make a difference on the ground.

6. Research Governance and Ethics

For council employees to engage in research with confidence — and for that research to be trusted — robust governance and ethical frameworks are essential. At present, the pathway for staff wishing to conduct research is not always clear, and this can act as a practical barrier to engagement. We are working to strengthen Leicester City Council's research governance infrastructure, with the explicit aim of making it simpler and more accessible for staff to conduct research that is ethical, well-governed, and properly overseen.

We have undertaken a mapping exercise which has presented examples of broadly four local authority research ethics models. Some authorities have no process at all and saw research as an activity initiated outside of the local authority and only conducted by external researchers. Several authorities use an assurance model where they have a formal process to ensure projects have had an external ethics review, but projects were still conducted by external researchers with the local authority having oversight only. Other local authorities were seen to have an advice model and used a mixture of formal and informal advice on projects to ensure ethical acceptability. Both external researchers and local authority staff were seen as potential research creators. This is the model that best fits current practice within the Leicester City Council Public Health team.

Finally, a small number of local authorities were viewed as having a review model, having internally led ethics committees that were independent of external committees and tailored to specific local authority needs. This model allowed research to be conducted by internal staff without needing a university collaborator to gain access to a formal ethics committee.

We have developed an options appraisal discussing the pros and cons of each approach and will be presenting to DMT with a suggestion that Leicester City Council aims for a review model with an internal ethics committee. We would undertake a risk-based approach, with an initial registration and screening process to ensure that only projects that require a formal ethics process would follow this route to strike a balance between facilitation and robustness.

Strong governance protects the organisation and, most importantly, our population. Ensuring that research conducted in Leicester — whether led internally or in partnership with external organisations — is properly consented, ethically reviewed, and subject to appropriate oversight is a prerequisite for the model of community partnership and public trust that our strategy depends upon.

7. Research Repository

Leicester City Council is developing a research repository — a systematic record of all formal research collaborations between the Public Health team (and, in time, the wider council) and external partners, including universities, NHS bodies, and other organisations.

The repository serves two key functions. First, it provides oversight: the council will maintain a clear, consolidated picture of what research is being conducted in Leicester, with whom, on what terms, and with what data. This enables proper governance and reduces the risk of activity occurring without appropriate knowledge or accountability. It also reduces the risk of organisations and teams working in silos, potentially repeating work and reducing community trust. Second, it is a mechanism for accountability with external partners: organisations collaborating with the council will be expected — as a condition of partnership — to share completed data, findings, and outputs with Leicester City Council and with the population their research concerns. The repository creates a formal record against which this expectation can be tracked and, where necessary, enforced.

This matters particularly in Leicester. Our population is a valuable resource for researchers, and there is a risk that research conducted here — particularly by external bodies — extracts data and generates outputs that never return to the communities that made the research possible. The repository is a practical mechanism for ensuring that benefit flows back to Leicester, and that our population is not simply a convenient sample for others' academic advancement.

8. Individual Research Projects

In addition to the structural and strategic work described above, a number of individual research projects are in early stages of development. These reflect both the research interests and expertise of team members, and the priority public health challenges facing Leicester's population. Some examples include, Annabelle working with public health team colleagues in developing a participatory action research project looking at Shisha messaging, a particular issue in Leicester which will require a bespoke solution. Therefore, effort is being made to involve those most effected in our community. Members of the team are working to influence a DMU-led British Heart Foundation grant application looking into targeted hypertension case-finding within the city, especially

trying to target those who would not normally see a GP. We are working with University of Leicester to investigate the feasibility of delivering NHS health checks in the community, also in areas of greatest need. We are working with colleagues to help develop robust data collection methods for Leicester City Football Club in their community project work. A Research Working Group subgroup are working on writing up data on in-hospital smoking cessation work, in collaboration with UHL, for publication. Annabelle has been working closely with public health colleagues to help disseminate previous work on urinary incontinence in care homes through an academic journal.

9. Conclusion

Leicester's demographic uniqueness is both a challenge and an opportunity. A city whose population does not mirror national norms cannot simply import evidence from elsewhere and expect it to fit. But if we as a city invest in generating and interpreting our own evidence - in partnership with our communities, our universities, and national research bodies – we can become a leader in this area and champion our communities at the same time. We can contribute to national knowledge as well as draw upon it, as we aim to practice community-centred, population-responsive public health practice. The work described in this report represents early progress. Scrutiny is asked to note, and if in agreement also, support, and engage with this work as it continues to develop.

4. Background information and other papers:

5. Summary of appendices:

Research Knowledge and Skills Audit

Introduction

The term research can often mean different things to different people, and people within the council may be doing research without calling it that. The Specialist Centre for Public Health (SCPH) collaborated on a consensus exercise with 60 participants from local authorities who came from a range of different job roles, directorates and geographical areas to develop a definition of research for local authorities (National Institute for Health Research (NIHR) SCPH, 2025)

“Local Authority research supports decision making about practice, policies and interventions at a local, regional or national level and/or helps us understand how people are impacted by the context in which they live, work and go about their daily lives”

Part of my role as the local authority research practitioner within Leicester City Council is to increase research capacity and capability. To understand what skills and capability were already present with the team, with the help of the new Public Health Research Group, we undertook a brief survey. The survey drew on this definition to include a broad scope of research which would include using any form of information, insight or data to increase understanding of a topic.

Methods

A brief ten question survey was developed using questions from the individual level of the validated research capacity in context tool developed by Queensland Health and Griffith University (Holden *et al.*, 2011).

The survey was online and delivered via Microsoft Forms. An all-staff email with the survey link was sent to all public health staff with a reminder sent a week later.

Data from MS Forms was downloaded onto an Excel sheet. MS forms also provided basic descriptive statistics for the completed survey responses.

Results

Response Rate

There were 47 responses to the survey (response rate of 41%). There was an even spread of responses from the three public health teams with 39% of respondents coming from the IMPACT team, 33% from the Prevention team and 28% from the EPIC team [Fig 1].

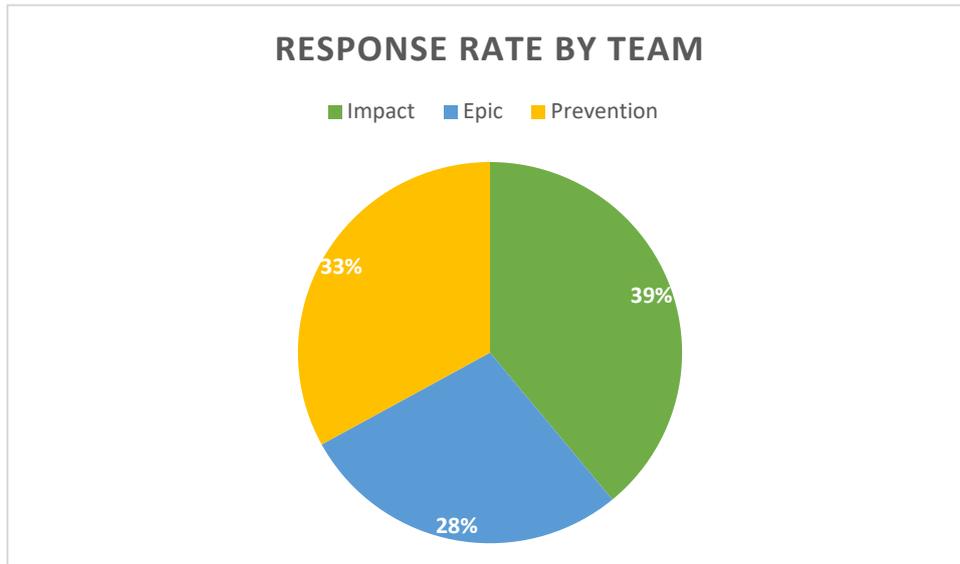


Figure 1: Survey response rate by team

Research Involvement and Experience

Two thirds of respondents reported having an undergraduate degree (66%) with a third having a master's degree (34%). A further 15% of respondents reported having other post graduate qualifications. However, it is likely that up to 83% of respondents had an undergraduate degree as some people reported post graduate qualifications but not undergraduate qualifications. Just under half the respondents (43%) reported having current involvement in research with 45% having no current involvement; 47% reported being involved in research in the last 12 months with 47% not being involved. When exploring research activity by team, over half of the respondents from EPIC (54%) and Prevention (53%), reported current involvement in research with 28% of IMPACT team members reporting current involvement [Fig 2].

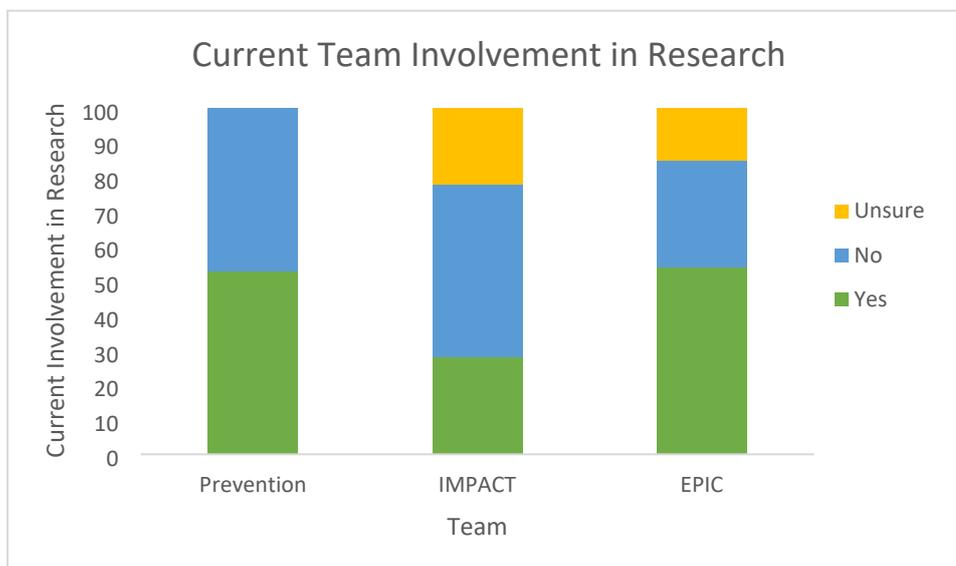


Figure 2: Current research involvement by team

Service evaluations were the most common research activity taking place across the department with eight respondents reporting involvement. Surveys and focus groups were the most used data collection methods across the three teams. There was also a wide range of areas that were using research activities including healthy weight, oral health, vaping, women's health and health inequalities.

The EPIC team reported taking part in the most service evaluations (four respondents involved in six evaluations) and were also more likely to report qualitative type data collection including focus groups, engagement activity and gathering insights. The IMPACT team reported more quantitative types of research activity including surveys, data analysis and report writing. The Prevention team had the most widespread range of research related activities, reporting using both quantitative and qualitative methods.

There was a wide spread of different research experiences with 91% of respondents reporting they had experience of collecting data to 4% of respondents reporting they had experience of securing research funding [Fig 3].

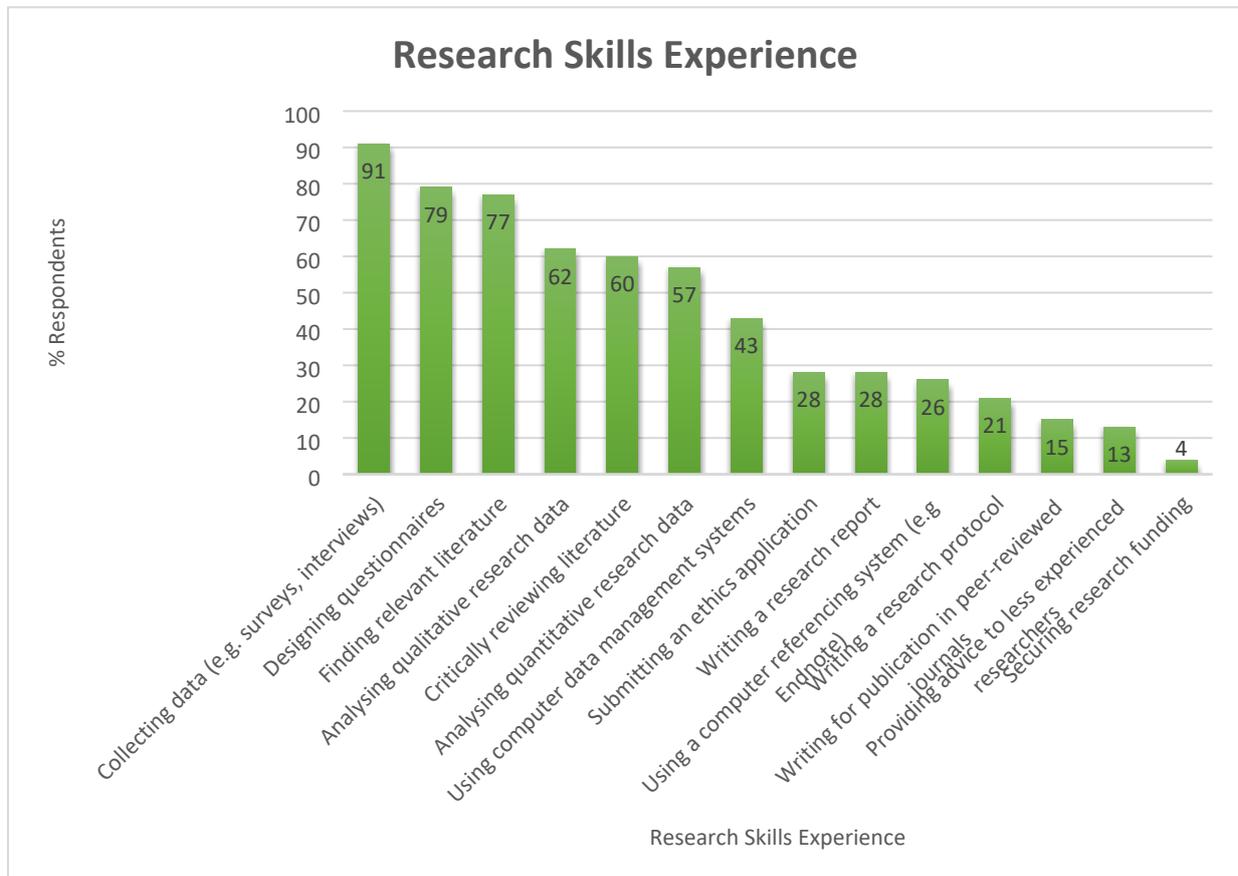


Figure 3: Current research skills experience

Research Skills: Interest and Confidence

There was even coverage of the skills people wanted to learn that ranged from 28% wanting to be able to provide advice to less experienced researchers to 62% wanting to learning how to analysis qualitative data [Fig 4].

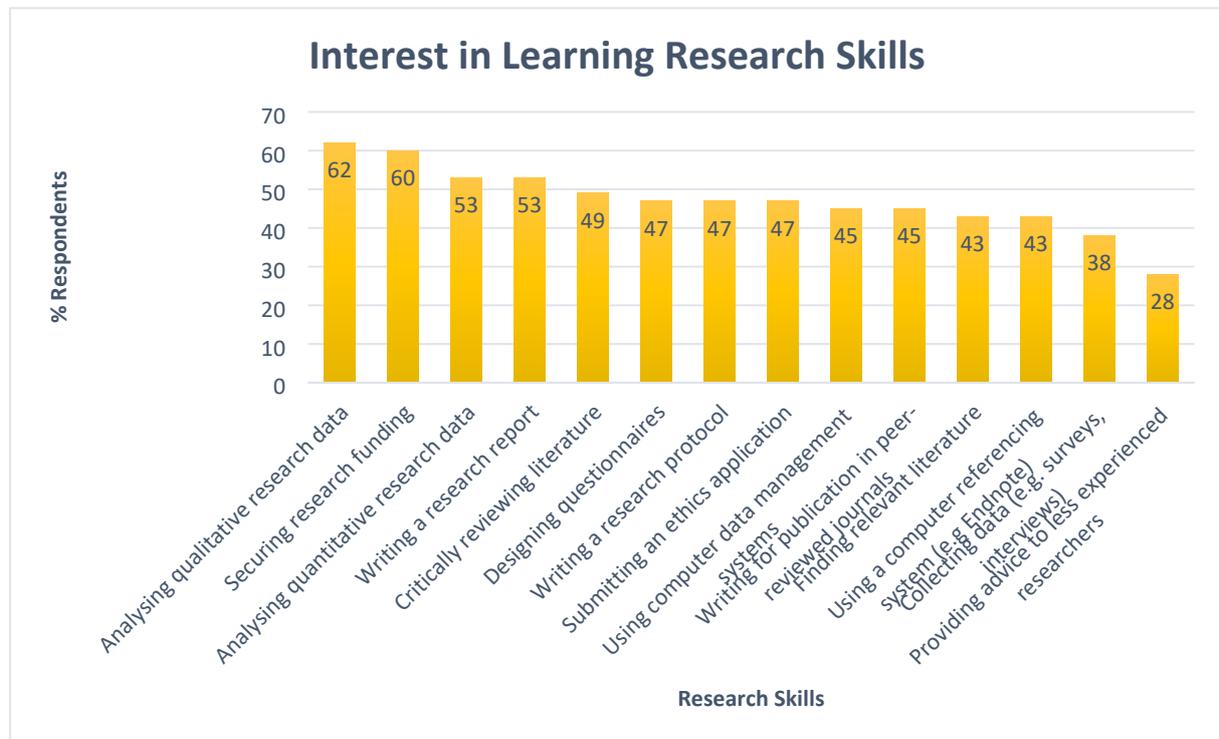


Figure 4: Interest in learning research skills

The top five research skills that people wanted to learn were analysing qualitative research data (40%), securing research funding (38%), analysing quantitative data (34%), critically reviewing literature (32%); using computer data management systems and submitting an ethics application were both 30% [Fig 5].

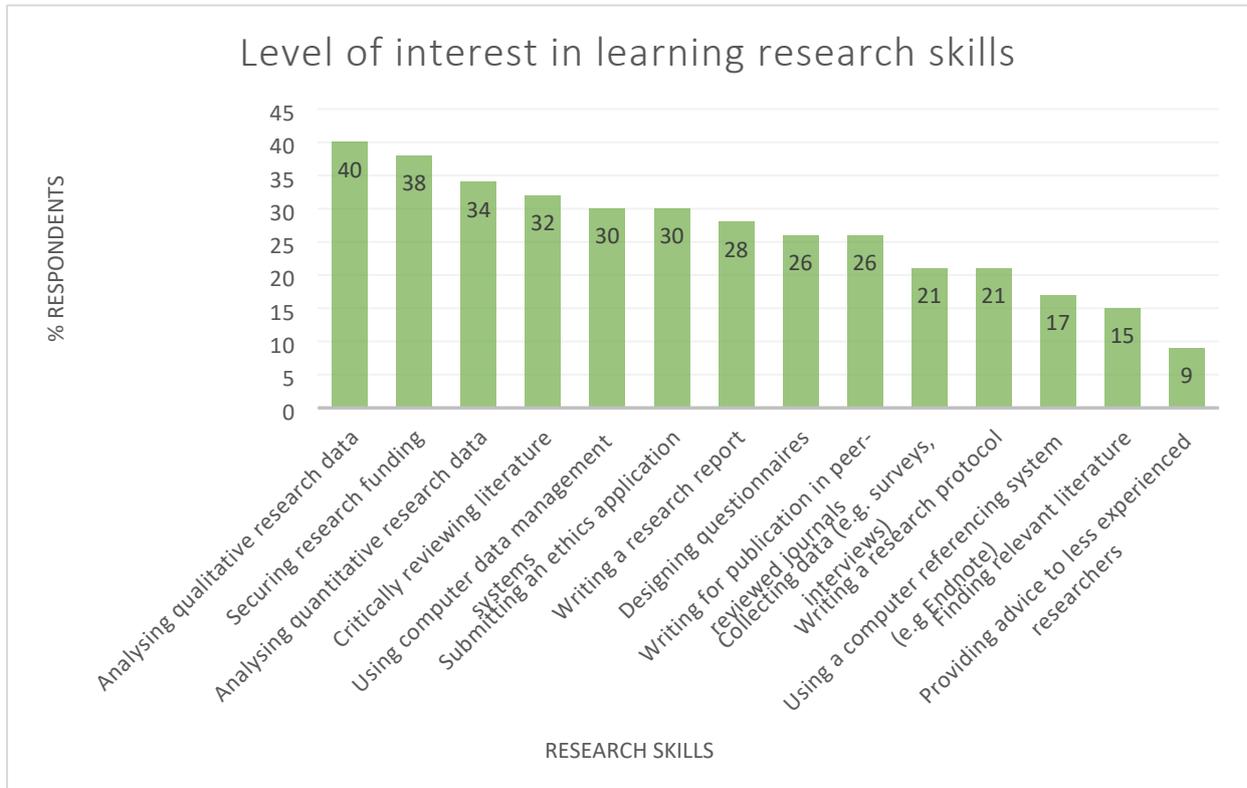


Figure 5: Level of interest in learning research skills

The levels of confidence that respondents showed in research skills varied widely from high levels of confidence in skills that are being regularly used for usual council work such as finding relevant literature (81% confident), designing questionnaires (74% confident) and collecting data (83% confident). There was less confidence in skills that may be seen as more academic such as securing research funding (11% confident), submitting an ethics application (15% confident), writing for publication in peer-reviewed journals (17% confident) and providing advice to less experienced researchers (17% confident) [Fig 6].

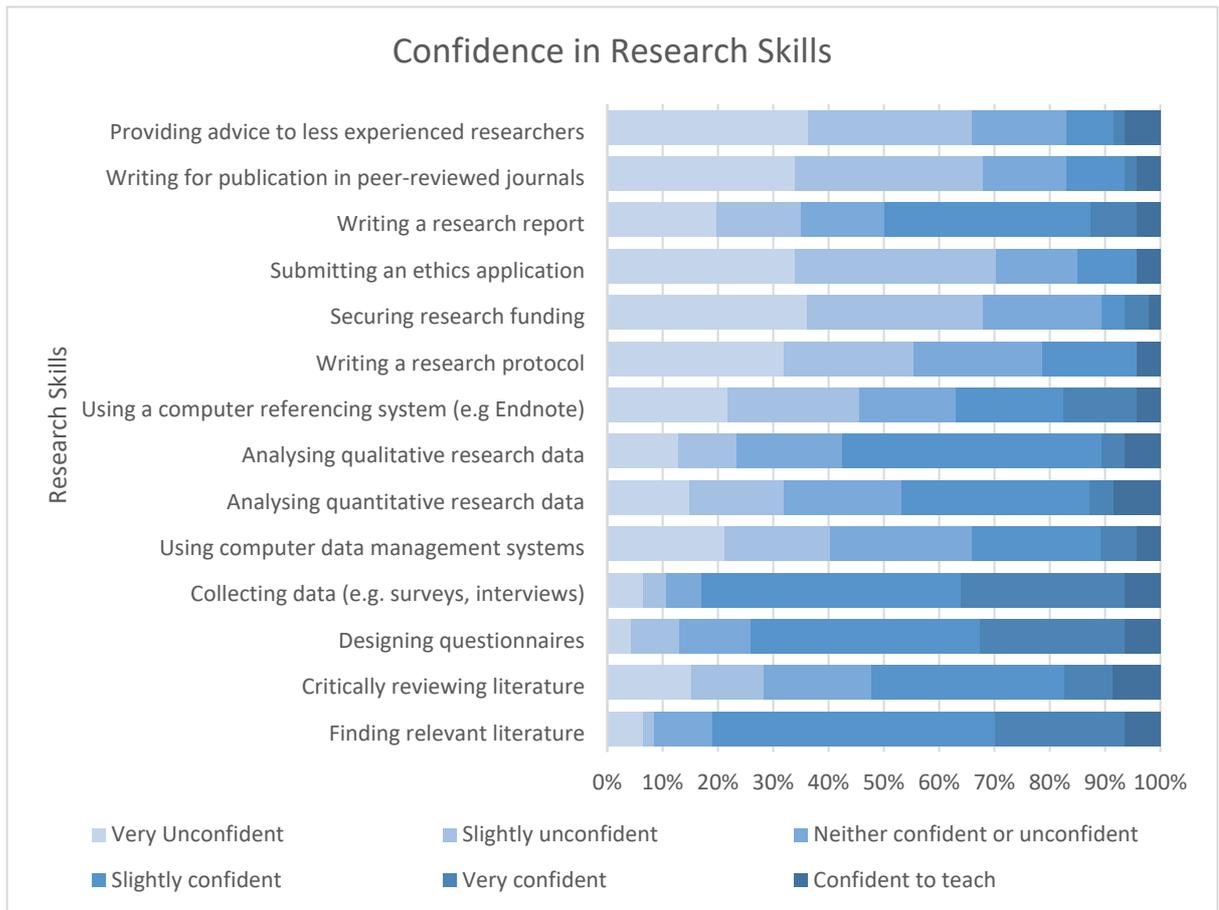


Figure 6: Confidence levels in research skills

Discussion

Summary of Findings

This survey aimed to provide a baseline assessment of the research knowledge and skills in the Leicester City Council Public Health team.

Findings indicated that there was a high level of experience in research skills that may be seen as day-to-day council business such as finding relevant literature, designing questionnaires and collecting data. There was a much lower level of experience in research skills that may be seen as more academic such as securing research funding, submitting an ethics application and writing for publication in peer-reviewed journals.

Just under half the respondents had been involved in research in the last 12 months with just over 40% currently involved.

There was widespread interest in learning new research skills with over half the respondents keen to gain knowledge about analysing data, securing research funding and writing research reports.

Comparison with other Research

This survey used questions from the individual level of the validated research capacity in context tool which has been used by other local authorities to look at research capacity.

Coventry Health Determinants Research Council (HDRC) looked at research capacity and culture in the early part of their second year of funding. Their survey was completed across the whole of the council and had a 7% response rate. They found 23% of those who responded had been involved in research in the last 12 months, whilst 27% reported using research evidence to inform their work in the last 12 months (Bell, Chapman and Taylor, 2025). The findings for Leicester City may well be higher as the survey was completed by public health staff only, which is often a more research active part of a council. In their findings Coventry reported that both the public health and education departments were overrepresented in the survey sample which would add further weight to this argument.

They had similar findings for research experience, having higher levels of experience in finding relevant literature, collecting data and analysing research data, with lower levels of experience in writing research protocols, writing for publication in peer-reviewed journals, submitting ethics applications and securing research funding (Bell, Chapman and Taylor, 2025).

Seven additional HDRC's from the first wave of NIHR funding completed baseline assessments of research capacity, capability and culture through online surveys also using the research capacity in context tool. These were again completed across the whole council workforce and had a response rate that varied from 2 – 10%. Levels of experience in research skills were similar across these local authorities which corresponded to the findings from both Coventry and Leicester (Bell *et al.*, 2025).

Many of these local authorities also found that respondents had 'hidden' research skills gained through undergraduate or postgraduate degree training with research methods modules (Bell *et al.*, 2025). There were similar findings in Leicester with just under half the respondents reporting postgraduate qualifications which were likely to have included some research methods training. These research skills appear to be underutilised in the local authority setting and efforts should be made to both recognise their existence and harness them for the benefit of the council as a whole.,

Conclusion

This work has provided a baseline assessment of the research knowledge and skills in the Leicester City Council Public Health team. There are examples of research knowledge, skills and experience across the breadth of the Public Health team that can be built upon as we look to develop the research capacity and capability within Leicester City Council.

References

- Bell, L., Chapman, R. and Taylor, B., 2025. Early assessment of research culture, capacity, and collaboration in the Coventry health determinants research collaboration. *NIHR Open Res*, 5(13), p.13.
- Bell, L., Chapman, R., Ashton, C., Batey, C., Brazier, J., Castle, E., Chaggar, A., Elston, J., Esat, F., Simpkins, H.G. and Ho, L., 2025. Baseline assessments of research capacity, capability and culture in UK local authorities: reflections

from evaluators embedded in Health Determinants Research Collaborations. *Health Research Policy and Systems*, 23(1), p.68.

Holden, L., Pager, S., Golenko, X. and Ware, R.S., 2012. Validation of the research capacity and culture (RCC) tool: measuring RCC at individual, team and organisation levels. *Australian journal of primary health*, 18(1), pp.62-67.

Specialist Centre for Public Health, National Institute for Health and Care Research, 2025. *Definition of research study*. Available at: <https://sites.google.com/view/nihrrsscph/research-governance-and-ethics/definition-of-research-study> (Accessed:7th October 2025).