Prioritisation of research areas for NIHR Health Determinants Research Collaboration (HDRC) Sandwell using a modified Listening Model for Defining Applied Research Priorities

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Summary

Background

HDRC Sandwell identified a need to prioritise certain areas to focus research, as the width and breadth of wider determinants of health and the limited capacity, time and resources available meant not every topic could be pursued over the course of the HDRC. In order to personalise this for Sandwell, a multi-stage systematic approach was developed, with input from stakeholders and voluntary sector partners. The development and implementation of this approach is shared, to demonstrate the evidence-based method and transparency.

Objective

The identification of research priorities for HDRC Sandwell that encompass data-driven wider determinants of health and community voice.

Methods

1. **Stakeholder engagement**: conversations with voluntary sector partners, other HDRCs, wider Council staff and HDRC Sandwell's steering group and board to discuss merit, purpose and options for research prioritisation exercise.
2. **Desktop study**: A data review of available statistics, including sources such as Fingertips, Sandwell Council Resident's Survey, NHS data and more, on the wider determinants of health and health outcomes in Sandwell to create a longlist of areas that need improvement. This was aligned to priority areas set out in the Council Plan.
3. **Validation/sense check**: working with Sandwell Consortium to turn the longlist from the desktop data review into a public survey, with a focus on readability and accessibility.
4. **Thematic grouping**: grouping of the longlist into thematic areas.
5. **Survey**: draft survey generated using thematic grouping as a structure, use of insight from sense check and open text responses to gather deeper understanding of public perceptions of personal health-related priorities.
6. **Readability**: translation of specialist health terminology into readable and accessible survey questions, using the Flesch-Kincaid readability test.
7. **Survey pre-testing**: surveys pre-tested before official launch at a series of six community engagement HDRC Sandwell roadshows across Sandwell, held in community centres.
8. **Survey launch**: launch of survey, online and on paper, utilising Sandwell Council's Public Health Development Officers to support roll out, and online marketing and communications material produced by the HDRC team.
9. **Youth engagement**: young people at Sandwell's annual SHAPE festival voting on thematic areas.

10. **Analysis**: collation of survey results, open text responses and youth voice input.
11. **Policy**: embedding research prioritisation results into HDRC Sandwell Research Strategy, Policy Framework and other governance structures.
12. **Feedback**: sharing findings with stakeholders and community groups.

Results

The key thematic areas identified from the research prioritisation data review were community, education, crime, economy, physical and mental health, and environment.

Within these key areas, community priorities from the survey (n=152) were access to maternal care, cost of living, depression, fitness, and weight management, how well children do in school, feeling safe locally, community cohesion, and litter in local streets.

Conclusion

HDRC Sandwell conducted a research prioritisation exercise to support the prioritisation of resource and capacity of research on wider determinants of health. Through a data-driven and community voice approach, key research themes and community priority actions within themes were identified.

Background

Health Determinants Research Collaborations (HDRCs) are a relatively new concept for the research world, with the National Institute for Health and Social Care Research (NIHR) funding 30 across the United Kingdom in the last few years. The aim of the programmes is to increase research capacity and capability within local authorities, through culture change and use of evidence in decision making on wider determinants of health (NIHR, 2025). They also are designed to carry out research where evidence is not already available. The move to introduce HDRCs across the UK is accompanied by increased calls globally to make better use of health research in policy and practice (Hanson, Rasanathan, & George, 2019).

NIHR HDRC Sandwell is part of Sandwell Council, a local authority based in the Black Country, with a growing population of 341,900 in the last Census (Sandwell Trends, 2021). At the most recent of Indices of Multiple Deprivation (IMD) in 2025, Sandwell ranked as the 19th most deprived local authority in England, out of a total 296 (Sandwell Trends, 2025). The IMD is produced by the Ministry of Housing, Communities and Local Government (MHCLG), and is a compound measure of 39 separate indicators across seven weighted areas (Appel, 2024). These areas and weightings are income (22.5%), employment (22.5%), health deprivation and disability (13.5%), education, skills and training (13.5%), crime (9.3%), barriers to housing and services (9.3%) and living environment (9.3%). Sandwell's high score in this IMD ranking demonstrates poor outcomes in all seven areas, with the towns of Smethwick, Tipton, Wednesbury and West Bromwich being the most heavily deprived in Sandwell. Compared to 2019 IMD measures, Sandwell "improved" by seven places from 12th to 19th most deprived in England, but this does not necessarily indicate that the deprivation in Sandwell has improved, only that it has improved relative to other areas. Mapping based on Lower Super Output Areas (LSOAs) show that Sandwell's deprivation is widespread across the borough, rather than being concentrated in certain hotspots (Sandwell Trends, 2025).

These factors that contribute to IMD scores also can be considered social or wider determinants of health, which are generally defined as the conditions outside of traditional healthcare that affect people's health, such as where people are born, live, and work (World Health Organization, 2025). Social determinants have been shown to have more of an impact on health than genetics (Pearce, Foliaki, Sporle, & Cunningham, 2004), and are impacted by a range of statutory functions delivered by local authorities Strengthening how local authorities use evidence and research in decision-making is therefore of utmost importance in reducing health inequalities.

However, with such a broad range of themes that can be considered social or wider determinants of health, including a growing interest in commercial and political determinants, and limited resource for a time-limited programme, HDRC Sandwell identified a need to narrow down to priority areas for the HDRC's research and collaborations based on the evidence available (Ranit, 2019) (Friel, et al., 2023).

Best practice examples of how to conduct a research prioritisation exercise were varied, with few factors agreed upon, and mainly pertained to large-scale academic research institutions (Bryant, Sanson-Fisher, Walsh, & Stewart, 2014). Some of the highlighted methods, such as James Lind Alliance (JLA) Priority Setting Partnerships, were considered but are aimed at clinical evidence uncertainties, which did not fit the focus and unique nature of the HDRC (James Lind Alliance, 2021). The Listening Model for

Defining Applied Research Priorities (England and Canada) was more suited to the HDRC's needs, which builds on Callahan's views that preventing one interest from dominating the process, being transparent and reflecting the values of relevant users were the most important deliberations (Callahan, 1999) (Lomas, Fulop, Gagnon, & Allen, 2003). The Listening Model highlighted the potential mismatch between epidemiological data priorities and perceptions of priorities from the public, by placing the data into a broader context, as well as the role of the political influences and policymakers, which HDRC Sandwell was eager to consider. Therefore, elements of the Listening Model's six steps were incorporated, with the steps being set out below:

1. Identify the stakeholders to participate,
2. Identify and assemble any needed data,
3. Design and complete stakeholder consultation to identify issues likely to be a priority over next three to five years,
4. Validate priority issues,
5. Translate issues into priority research themes,
6. Validate priority research themes.

Additionally, four elements have been identified in a systematic review as should be included in all research prioritisation processes; (1) a systematic and transparent approach to identifying any research gaps, (2) a systematic and transparent approach to gathering concerns, values, preferences, perspectives and experiences of end-users (whereby end-users are defined as those impacted by planned research), (3) involvement of people with relevant clinical and scientific expertise and lastly (4) a transparent prioritisation consensus process among stakeholders preparing research agenda (Lund, et al., 2022). These four elements were applicable and relevant to the values and goals of the HDRC programme, so they were incorporated into the approach of the Listening Model, with stakeholder input into design.

We recognise that since this work was carried out, a scoping review has been published by HDRC Coventry identifying methods for involving communities in priority setting (Shuttleworth, et al., 2025).

Methods

Stakeholder engagement

The start of this process, after initial identification of need, began with engagement with HDRC Sandwell's two voluntary sector partners: Sandwell Consortium, a third sector consortium of community-led organisations for Sandwell, and Sandwell Council for Voluntary Organisations (SCVO), a membership organisation representing voluntary, community and social enterprise organisations in Sandwell. Both organisations are also members of HDRC Sandwell's steering group and programme board, in addition to clinical and academic experts from various academic institutions, public health organisations and NHS staff.

The engagement set out to ascertain how the community perspective could be captured, the purpose of the research prioritisation approach and the need for the exercise to be carried out. Input was gathered from our partners, and the approach was discussed with the HDRC team, steering group and wider Public Health colleagues. This aimed to

ensure that the approach was felt appropriate by our voluntary sector partners, academic collaborators and public health professionals alike.

Desktop data review

Using datasets available to the Council, factors relating to health or wider determinants of health where Sandwell underperforms compared to regional or national averages were collated. All factors identified are important to the health and wellbeing of the population of Sandwell, but the team recognised that the HDRC could not focus on all identified factors, with the capacity and time limited nature of the programme. Factors were identified by two members of staff separately, then compared and sense checked, with the aim of ensuring relevance to the programme. These were then again validated by our voluntary sector partner Sandwell Consortium.

Survey design

Once themed, the individual factors under each theme needed to be condensed and developed into a survey. Sandwell Consortium supported this process by sense checking the theming and condensing of similar factors from the initial 58 into a final 33 (Table 2). The condensing was carried out separately by HDRC Sandwell team members and then discussed so that a consensus could be reached.

For the purpose of the survey, the 33 agreed upon factors were grouped into respective key themes, and participants were invited to choose what was a priority to them. At the end of each key theme section there was an open text response option to invite survey respondents to share other issues related to the key theme that they thought needed more local research. Additionally, the final open text question asked for other issues not listed, that affect health and wellbeing in their community that need more local research.

Sandwell Council standard equality monitoring questions pertaining to age, sex, gender, sexual orientation, disability, ethnicity, religion and postcode were collected. Respondents were also invited optionally to leave their contact details, with options to hear about future surveys, our community research programme or feedback about the research prioritisation exercise.

Readability

As the average reading age in England is 9-11 years old, recommendations from the Health Literacy guide published by the NHS in 2020 were applied (NHS Health Education England, 2020). The survey was transformed into non-specialist language with accompanying explanations of key terms, and readability was checked throughout using the Flesch-Kincaid Reading Grade Level (FKRGL) readability formula, in addition to document layout factors for both online and print versions and writing style to compensate for limitations in the FKRGL approach (Jindal & MacDermid, 2017) (Paasche-Orlow, Taylor, & Brancati, 2003). This was again shared with stakeholders and voluntary sector partners for review and approval before the survey was pre-tested or disseminated.

Pre-testing survey

HDRC Sandwell hosted six community roadshows in community venues in each of the six towns that make up Sandwell: Tipton, Oldbury, Smethwick, West Bromwich,

Wednesbury and Rowley Regis. At each of these events the survey was tested in paper format with members of the community. No amendments were required. The roadshows also had an interactive "What matters to you?" session, which invited attendees to write post it notes of what was a priority to them, in the context of wider determinants of health in a community setting. Staff were on hand to answer any questions that arose, and other activities at the roadshows defined wider determinants of health.

Survey

The survey (Appendix 1) was then launched online and on paper, with the approval from HDRC Sandwell steering group (including voluntary sector partners) and interested stakeholders. Sandwell Council's Public Health Development Officers shared the survey with their community networks, and it ran from 16 June 2025 to 15 August 2025. This utilised Sandwell Council Public Health's existing community-based connections and partnerships. Additionally, the survey was shared online through Sandwell Council's Healthy Sandwell social media platforms.

Youth engagement

Sandwell Council's SHAPE programme is a child and young person's voice programme, using five key themes that make up the SHAPE acronym: staying safe, being healthy, enjoying and achieving, making a positive contribution and economic wellbeing. HDRC Sandwell attended the annual SHAPE Youth Summer Fest on 12 July 2025, to raise awareness of the HDRC programme and gather youth perspective on the key thematic areas. Children and young people, and their families were invited to vote on which thematic area was the most important to them, as well as giving feedback on their reasoning.

Policy

The findings of the research prioritisation have been embedded into HDRC Sandwell's Research Strategy and Policy Framework, as well as other governance processes. It has also been shared with the wider Council, elected members and academic institutions, in addition to other local governments and HDRCs.

Feedback

The findings of the exercise were written up as a summary report and poster, which were shared on HDRC Sandwell's website. Additionally, the report has been circulated with the community centres of the roadshows and emailed to those who indicated they wanted to hear feedback on the exercise during the survey completion.

Results

Desktop data review

A total of 58 factors were identified, shown in Table 1, in no particular order. All factors identified are important to the health and wellbeing of the population of Sandwell, but the team recognised that the HDRC could not focus on all 58 factors, with the capacity and time limited nature of the programme. Many factors showed up in lots of sources.

Table 1- Initial data points gathered from data review of available sources.

	Factor	Primary Source
1	Poverty levels	Fingertips
2	IMD score	Sandwell Trends
3	First time entrants to youth justice system	Fingertips
4	Domestic abuse	Fingertips
5	Violent crime	Fingertips
6	School readiness	Fingertips
7	Unemployment	Fingertips
8	Cost of living	2024 Residents Survey
9	Rubbish/litter in the streets	2024 Residents Survey/ SHAPE Survey
10	Community cohesion to improve the local area	2024 Residents Survey
11	Feeling safe in local area	SHAPE Survey
12	Feeling safe after dark	2024 Residents Survey
13	Number of alcohol licensed premises	Fingertips
14	Density of fast-food outlets	Fingertips
15	Air quality (PM2.5)	Fingertips
16	Providing unpaid care	2021 Census
17	Average attainment 8 score	Sandwell Trends
18	Killed and seriously injured (KSI) casualties on Sandwell roads	Fingertips
19	Obesity/overweight adults	Fingertips
20	Obesity/overweight children in Year 6	Fingertips
21	Teenage pregnancies	Fingertips
22	Low birth weight (of babies)	Fingertips
23	Emergency hospital admissions (general)	Fingertips
24	Emergency hospital admissions for coronary heart disease, stroke, myocardial infarction, COPD	Fingertips
25	Lung cancer	Fingertips
26	Limiting long term illness or disability	Fingertips/ 2021 Census
27	Life expectancy (males & females)	Fingertips
28	NHS waiting lists	2024 Residents Survey
29	Generally having a healthy family	2024 Residents Survey
30	Ability to get GP appointment	2024 Residents Survey
31	Self-reporting of bad or very bad health	2021 Census
32	Hospital onset infection rate	Sandwell and West Birmingham NHS Data Review Report 2022
33	Antenatal appointment within 10 weeks	Sandwell and West Birmingham NHS Data Review Report 2022
34	Smoking status of mother at time of delivery	Fingertips
35	Infant mortality rate	Fingertips
36	Smoking prevalence in adults	Fingertips
37	Under 75 years mortality (all causes)	Fingertips
38	Suicide rate	Fingertips
39	Emergency hospital admissions for intentional self-harm	Fingertips
40	Physically active adults	Fingertips
41	Tuberculosis incidence (3-year average)	Fingertips
42	Vaccinations (males & females) –	Sandwell Trends

	HPC/MenACWY/Flu	
43	Adults eating NHS 5-a-day recommendation	Sandwell Trends
44	Years lived in good health	Sandwell Trends Ageing Joint Strategic Needs Assessment 2024
45	Percentage of NHS health checks offered to total eligible population	Fingertips
46	Percentage of NHS health checks received by total eligible population	Fingertips
47	Percentage of NHS health checks offered which were taken up	Fingertips
48	Prevalence of common mental health disorders	Fingertips
49	Depression	Fingertips
50	Depression and anxiety among social care users	Fingertips
51	Number of children in care	Fingertips
52	Pupils with learning disabilities	Fingertips
53	Children subject to a child protection plan	Fingertips
54	Inpatient stays in secondary mental health services	Fingertips
55	Premature mortality in adults with severe mental illness	Fingertips
56	Fuel poverty	Fingertips
57	Children in relative low-income families (under 16s)	Fingertips
58	Children in absolute low-income families (under 16s)	Fingertips

Thematic grouping

The 58 different factors were grouped and developed into a survey that could be understood by the population of Sandwell. In order to assist with the grouping, each factor was categorised into different aspects of the Council Plan and into different Marmot Principles (Marmot M. , 2010) (Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020). This was to ensure the focus of the thematic areas was politically aligned and set a clear goal of tackling health inequalities and deprivation. In order to take a systematic approach, the list of factors was grouped by three separate people and then compared and agreed. The alignment of factors with related Council Plan areas and Marmot Principles was agreed upon and then themed separately again.

The key thematic groups were agreed upon as: Community, Physical Health, Mental Health, Environment, Crime, Education and Economy. Another key theme that arose was NHS specific issues, which was deemed outside the scope of the HDRC. As a result, community priorities and concerns raised with regards to local NHS services were shared directly with NHS partners. For the thematic area of Physical Health, it was decided to have two community priorities to this section, as maternal care and infant health is a very large concern in the data and amongst healthcare professionals, Sandwell Council and elected members in Sandwell. Sandwell has significantly higher numbers of infant mortality with being 6th worst in England, (7.1 per 100,000) compared to not only England (4.1) average but West Midlands (5.9) average as well (Department of Health & Social Care Fingertips, 2023). Therefore, a community priority in this area as well as other Physical Health factors was decided to be collected.

Table 2- Condensed list of individual factors for survey, sense checked with voluntary sector groups, and readability checked.

	Factor	Theme
1	Cost of living (cost of food, housing, bills, etc)	Economy
2	Lack of job opportunities	Economy
3	Number of people in poverty	Economy
4	Fuel poverty (struggling to afford heating or electricity)	Economy
5	Litter in the streets	Environment
6	Air pollution in Sandwell	Environment
7	School readiness (having the skills needed to start school)	Education
8	How well kids do in school	Education
9	Violent crime	Crime
10	Local first offenders	Crime
11	Feeling safe locally	Crime
12	Domestic abuse	Crime
13	Number of fast food places	Community
14	Children under local authority care	Community
15	Encouraging working together within communities to improve the local area	Community
16	Number of shops selling alcohol	Community
17	Waiting for appointments/treatment	NHS
18	Hospital visits for any reason	NHS
19	NHS outreach and engagement with communities	NHS
20	NHS health checks	NHS
21	Feeling unhealthy	Physical Health- General
22	Longterm illness	Physical Health- General
23	Healthy eating	Physical Health- General
24	People dying young	Physical Health- General
25	Serious illness	Physical Health- General
26	Fitness and weight	Physical Health- General
27	Smoking	Physical Health- General
28	Number of local people with common mental health disorders	Mental Health
29	Deaths related to mental illness	Mental Health
30	Depression	Mental Health
31	Number of teenage pregnancies	Physical Health- Pregnancy/Maternal Care
32	Women being able to engage with or access support from maternity services	Physical Health- Pregnancy/Maternal Care
33	Infant health	Physical Health- Pregnancy/Maternal Care

Survey

The survey (n=152) results are shown in Table 3. Respondents were not limited to choosing one per theme, they were able to choose more than one answer. The demographics are shown in Table 4. The community priorities that were identified are cost of living, litter in the streets, how well kids do in school, feeling safe locally,

encouraging working together within communities to improve the local area (community cohesion), waiting for appointments/treatment(NHS), fitness and weight, depression and women being able to engage with or access support from maternity services. The NHS section has been shared with HDRC Sandwell's NHS partners and removed from the final list of priorities.

Table 3- results from the survey (n=152).

Factor	Response n(%)
Economy	
Cost of living	125 (88.7)
Lack of job opportunities	69 (48.9)
Number of people living in poverty	69 (48.9)
Fuel poverty	77 (54.6)
Environment	
Litter in the streets	123 (95.4)
Air pollution in Sandwell	53 (41.1)
Education	
School readiness	70 (65.4)
How well kids do in school	79 (73.8)
Crime	
Violent crime	87 (67.4)
Local first offenders	44 (34.1)
Feeling safe locally	108 (83.7)
Domestic abuse	54 (41.9)
Community	
Number of fast food places	78 (61.4)
Children under local authority care	35 (27.6)
Encouraging working together within communities to improve the local area	83 (65.4)
Number of shops selling alcohol	41 (32.3)
NHS	
Waiting for appointments/treatment	123 (94.6)
Hospital visits for any reason	60 (46.2)
NHS outreach and engagement with communities	63 (48.5)
NHS health checks	72 (55.4)
Physical Health	
Feeling unhealthy	63 (47.7)
Longterm illness	67 (50.8)
Healthy eating	74 (56.1)
People dying young	47 (35.6)
Serious illness	57 (43.2)
Fitness and weight	86 (65.2)
Smoking	46 (34.9)
Number of teenage pregnancies	42 (47.2)
Women being able to engage with or access support from maternity services	54 (60.7)
Infant health	52 (58.4)
Mental Health	
Number of local people with common mental health disorders	81 (70.4)
Deaths related to mental illness	56 (48.7)

Depression	90 (78.3)

Table 4- demographic responses for equality monitoring.

	n(%)
Age	
16-34	29 (19.3)
35-44	21 (14.0)
45-54	33 (22.0)
55-64	31 (20.7)
65-74	26 (17.3)
75 and over	8 (5.3)
Prefer not to say	2 (1.3)
Sex	
Male	32 (21.3)
Female	106 (70.7)
Prefer not to say	12 (8.0)
Gender identity	
Same as sex registered at birth	126 (90.7)
Other/Prefer not to say	13 (9.4)
Sexual orientation	
LGBTQIA+	9 (6.3)
Heterosexual	119 (83.8)
Prefer not to say	14 (9.9)
Disability	
Yes	52 (35.9)
No	89 (61.4)
Prefer not to say	4 (2.8)
Ethnicity	
White: English/Welsh/Scottish/Northern Irish/British/Irish	101 (67.3)
Asian: Indian/Pakistani/Bangladeshi/Chinese/etc.	27 (18)
Black/African/Caribbean background	8 (5.3)
Any other ethnic group	11 (7.3)
Prefer not to say	3 (2.0)
Religion	
No religion	54 (36.7)
Christian	58 (39.5)
Jewish	0
Hindu	6 (4.1)
Buddhist	0
Muslim	9 (6.1)
Sikh	15 (10.2)
Other	5 (3.4)

Qualitative Content Analysis

Using qualitative content analysis, the open text survey responses were coded individually using NVivo data analysis software and then grouped into parent code themes based upon common topics within the responses. Overall, there were 152 respondents with 653 coding references in the open text responses representing a range

of answers that were allocated into the following parent code themes: local community, crime, economy, education, environment, health, mental health, NHS, transportation, and pregnancy & infancy. These parent code themes corresponded closely with the overall themes used to sort the questions for the survey, identified from the data exercise and work with stakeholders when designing the survey.

The priorities were identified for the open text responses, based upon percentage coverage of the identified parent code themes within these responses. The highest number of responses, representing more than 10% of total responses, focussed on the local education (n=93, 14.2%), local crime (n=92, 14.1%), local mental health (n=89, 13.6%), local physical health (n=73, 11.1%), local NHS (n=70, 10.7%), and local community (n=67, 10.2%) themes.

Within these parent code themes, some notable codes were referenced 10 or more times. Under the local education theme, many responses were focused on schools (n=35, 37.6%), parenting skills (n=14, 15.0%), health education (n=13, 14.0%), and life skills & job readiness (n=13, 14.0%). The highest responses for local crime focused on drug abuse (n=15, 16.3%), more police (n=14, 15.2%), and safer streets (n=13, 14.1%). For local mental health, the majority focused on improving local mental health services (n=20, 22.5%) and youth mental health (n=10, 11.2%). Within the local health theme, the most common responses were around smoking, vaping and alcohol (n=18, 24.7%), access to healthy food (n=16, 22.0%), and physical wellbeing (n=10, 13.7%). Within the local NHS theme, most responses were about improving wait times for appointments (n=24, 34.3%) and improving local services (n=18, 25.7%). The local community theme was primarily focussed on concerns about housing and homelessness (n=16, 23.9%). This was closely followed by local pride and sense of community (n=15, 22.4%).

Whilst the local environment theme was not as large a priority overall (n=61, 9.3%), it is noteworthy that many responses were focused on litter and fly-tipping (n=29, 47.5%).

Youth engagement

Children, young people and families (n=75) were invited to vote on the key thematic areas at Sandwell Council's SHAPE Youth Summer Fest.

Table 5- results from the SHAPE Youth Summer Fest 2025 (n=75).

Theme	Votes n(%)
Economy	7 (9.3)
Crime	8 (10.7)
NHS	11 (14.7)
Physical Health	17 (22.7)
Mental Health	11 (14.7)
Community	5 (6.7)
Education	14 (18.7)
Environment	2 (2.7)

Community roadshows

HDRC Sandwell hosted community roadshows in each of the six towns that make up Sandwell in Spring 2025: Tipton, Oldbury, Rowley Regis, Smethwick, West Bromwich and Wednesbury. These events were held in local community centres in each town and

invited the public to learn about the HDRC programme and provide input into how the programme proceeded, communicated and developed. One of the questions asked at the community engagement roadshows was "What matters to you?", asking individuals or community organisations to contribute their priorities in their own words.

Rowley Regis- lack of community centre in Blackheath, closure of community centre relied on by the community.

Tipton- the environment, support for communities YPC (*young professional communities*), equitable health for BSL (*British Sign Language*) users, access to health services, cost effective travel, clean environment, getting involved, positivity in health, activities for mental and physical health, green environment, drug related issues, education, anti-social behaviour, Sandwell SEND (*Special Educational Needs and Disabilities*) services failing children who need immediate help.

Smethwick- pollution, trust/respect/communication, attitudes towards others/the planet/ self, no privatisation (*of NHS*), simple explanations (*of research*), to listen and share information, drug usage need(s) looking into it (*as it is*) on the rise, deaf supports and paying for hearing assistance on benefits, autism support, employment support for older adults with SEND.

West Bromwich- employment opportunities, state pension.

Wednesbury- decent homes standard, ASB (*antisocial behaviour*) re commissioning youth services, retaining our educated and skilled workforce, real regulation of private landlords, better transport links such as bus/trams/trains (*linking*) with each other, clear environment ops (*opportunities*) for young people.

There was no feedback provided for this question at the roadshow held in Oldbury.

These points were coded similarly to the open text survey responses, sorted into the parent code themes and then added to the final scores for each of the community priorities.

Overall scores

Each of the survey responses, open text responses, youth participation and roadshow input was combined to create scores for each identified community priority. This identified from the overall priority themes; Economy, Crime, NHS, Physical Health, Mental Health, Community, Education and Environment; the community priorities within them. Within these high-level themes, community priorities were identified as cost of living, feeling safe in your local area, waiting times for NHS appointments, weight and fitness and maternal care access, depression, community cohesion, doing well in school and litter.

Table 6- Overall combined results from data collection venues.

Community priority	Survey (closed text)	Survey (open text)	Youth feedback	Roadshow feedback
Economy				
General economy		45	7	4
Cost of living	125	14		1
Lack of job opportunities	69	10		2
Number of people living in poverty	69			
Fuel poverty	77			
Environment				
General environment		61	2	2
Litter in the streets	123	29		1
Air pollution in Sandwell	53	11		1
Education				
General education		93	14	4
School readiness	70			
How well kids do in school	79			
Crime				
General crime		92	8	
Violent crime	87			
Local first offenders	44			1
Feeling safe locally	108			3
Domestic abuse	54			
Community		67	5	3
Number of fast food places	78			
Children under local authority care	35			
Encouraging working together within communities to improve the local area	83			6
Number of shops selling alcohol	41			
NHS		70	11	1
Waiting for appointments/treatment	123			
Hospital visits for any reason	60			
NHS outreach and engagement with communities	63			1
NHS health checks	72			
Physical Health		73	17	2
Feeling unhealthy	63			
Longterm illness	67			
Healthy eating	74			
People dying young	47			
Serious illness	57			
Fitness and weight	86			
Smoking	46			
Number of teenage pregnancies	42			
Women being able to engage with	54			

or access support from maternity services				
Infant health	52			
Mental Health		89	11	1
Number of local people with common mental health disorders	81			
Deaths related to mental illness	56			
Depression	90			

Values shown in the table above represent the total number of responses for each category.

Discussion

This study demonstrates that a systematic and transparent approach to research prioritisation, grounded in both epidemiological evidence and community voice, can generate a coherent set of priorities for a local authority-based research collaboration. By adapting elements of the Listening Model and embedding the principles identified in recent systematic reviews of prioritisation methodologies, HDRC Sandwell created a structured process that balanced evidence, stakeholder perspectives and public input. The approach was designed to reflect local context, organisational values and the statutory role of local authorities in improving population health and reducing inequalities.

A notable finding was the close alignment between priorities emerging from the data review and those raised by residents in the survey's open text responses. Residents were invited to add any elements they thought was missing in the survey by the open text responses, and analysis of these results showed nothing was identified that was not already included in the survey from the data review.

Themes such as the cost of living, local safety, mental health, community cohesion, educational attainment and environmental quality align with longstanding areas of need identified in Sandwell's public health intelligence. This convergence supports the credibility of the final priorities and suggests that the integration of quantitative and qualitative methods helped to capture a comprehensive view of pertinent local determinants of health.

The inclusion of voluntary sector partners and community organisations throughout the process strengthened the cultural appropriateness and accessibility of the methodology. Their involvement contributed to clear language, relevant framing of the survey questions and increased trust among participants. Youth engagement at the SHAPE Summer Fest added an intergenerational dimension often lacking in local community engagement and research prioritisation. The high visibility of issues relating to physical health, mental health and education among young respondents highlights the potential for age-specific research strands in future HDRC activity. HDRC Sandwell acknowledge this relevance and importance and have appointed three Youth Representatives on HDRC Sandwell's Board.

While the process produced actionable priorities, several challenges emerged. The broad scope of wider determinants necessitated decisions about what was within the mandate of the HDRC. NHS-related issues were a clear example: they were of high concern to residents but outside the programme's delivery remit. These findings were shared with

NHS partners, but their exclusion from the final HDRC priorities illustrates the need for continuous collaboration across sectors.

Despite this, the process is replicable and offers a model for other HDRCs and local authorities embarking on similar exercises. The findings illustrate how structured community engagement, supported by evidence review, can support a more participatory approach to identifying local research priorities related to the wider determinants of health. Embedding the results in governance structures and strategic documents helps ensure that the priorities inform future research commissioning, partnership development and evaluation.

Strengths and Limitations

A key strength of this work is the multi-stage, systematic design, which combined evidence review, stakeholder engagement and public consultation. The adapted Listening Model provided a clear framework and ensured transparency throughout. Engagement with voluntary sector organisations strengthened the relevance and accessibility of the approach, particularly the survey design and readability checking. The pre-testing at community roadshows offered early feedback, and the inclusion of youth perspectives ensured that a wider range of experiences informed the final priorities.

The survey sample achieved demographic diversity, but it remained modest relative to Sandwell's population. Participation was voluntary, introducing the possibility of self-selection bias and under-representation of certain groups. The reliance on online and paper surveys may have excluded some residents with low digital confidence or limited literacy, or challenges with written English, although readability efforts aimed to mitigate this. Finally, the exclusion of NHS-specific issues from the HDRC priority list, while necessary for scope reasons, may risk under-recognising the interdependence between local authority determinants and healthcare access.

Implications for Research, Policy and Practice

The findings have several implications for local authority research planning and for HDRCs across the UK. Firstly, they demonstrate that a transparent and replicable mixed-methods prioritisation model can be effectively implemented in a local government setting. This is important given the growing emphasis on evidence-informed decision making within councils.

Secondly, the strong alignment between community voice and epidemiological need suggests that participatory methods can complement traditional public health intelligence and lead to more accepted and legitimate research agendas.

Thirdly, the prioritisation outputs offer a clear basis for HDRC Sandwell to commission or conduct research that targets local needs. Themes such as cost-of-living pressures, educational attainment, mental health, maternal health and local safety can help define research calls, partnership opportunities and evaluation activities, which has already been realised within HDRC Sandwell. Finally, the engagement with young people provides a model for ongoing involvement of children and young people in applied research planning, particularly where their voices are often absent.

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