# Towards the Understanding, Planning, and Measuring of Societal Impact in Research Agendas for the Health of the Public

Review and recommendations

based on analysis of the

UK Prevention Research Partnership

Contents

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New approaches to population health research are clearly needed…This new partnership seeks to incentivise this shift to occur.

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# Executive Summary

The UK Prevention Research Partnership (UKPRP)[1] was established "*to generate new insights into actionable, sustainable and cost-effective ways*"[2] of preventing non-communicable diseases (NCDs) and reducing unfair health inequalities in the UK. Specifically, the stated expectation was for research that contributes to '*demonstrable changes in policy and practice*'[3] upstream. This focus on real-world impact aligns well with UK Research and Innovation's stated definition of research impact – i.e. "*the demonstrable contribution that excellent research makes to society and the economy*"[4]. Yet despite that consistency, there appears in practice to be considerable uncertainty in relation to the planning and achieving of societal impact.

This report is a shortened and simplified version of the peer-reviewed paper produced under the UKPRP's Prevention Research Network's Interest Group on Impact-oriented Research.[5,6] Both outputs are split into three main sections that respectively cover: i) foundational understandings in relation to research and impact; ii) findings from interviews with UKPRP researchers; and iii) analysis of impact-focused aspects of UKPRP project documentation. The headline messages from each of these sections are as follows:

## 1. The UKPRP: Ambitions, Aims, and Impact

The UKPRP's research agenda aims to respond practically to urgent and complex challenges, and to do this via new approaches to transdisciplinary working and co-production with non-academic partners. The UKPRP envisages NCD prevention research that is "responsive to multiple actions within a complex adaptive system."[7] The overall agenda aims to promote changes in research cultures, ways of working and structures. We represent this against background ideas concerning different senses of 'impact' within research.

## 2. Interview Findings and Analysis

The interview findings show a wide range of understandings of 'impact' across the UKPRP network, much of which is potentially inconsistent or mutually contradictory. Plural understandings can be desirable, but only if recognised and well managed. *Measuring* impact in this complex context is seen as a very considerable challenge. New approaches - both systems-based and transdisciplinary - are needed that go beyond 'traditional' forms of (and assumptions in) public health research. The multiple issues that need addressing include: time and resourcing, communications and expectations, the managing of inevitable uncertainties, and flexibility. Despite the many challenges, there was a notable consensus on the value of the UKPRP initiative.

## 3. Analysis of Project Documentation

[1] UKPRP (2026) www.ukprp.org
[2] UKPRP (2019) Visual Identity guidelines. https://ukprp.org/wp-content/uploads/2019/09/UKPRP-VISUAL-Guidelines-v7_RTinteractive.pdf
[3] Ibid.
[4] UKRI (2026) https://www.ukri.org/councils/esrc/impact-toolkit-for-economic-and-social-sciences/defining-impact/
[5] UKPRP (2026) www.ukprp.org/prevention-research-network/
[6] Jack G Martin, Daniel Black, John Coggon, How societal impact is understood and approached across a newly formed community of researchers with an ambitious 'health of the public' agenda, *Research Evaluation*, Volume 34, 2025, rvaf029, https://doi.org/10.1093/reseval/rvaf029
[7] UKPRP, The UK Prevention Research Partnership (UKPRP): Vision, objectives and rationale, pp. 2-3 https://ukprp.org/wp-content/uploads/2019/08/UKPRP-Background-and-Rationale.pdf

The approach to identifying and engaging scholars and partners from outside of 'traditional' public health spheres was rarely made clear in research teams' documentation. There was a notable lack of engagement with the private sector, with some groups actively avoiding it for ethical reasons. There was a notable difference across the groups in terms of resourcing the work on impact. Capturing and analysing shifts in tacit understandings, for example via meeting minutes, was relatively undeveloped.

# Introduction

This review aims to highlight the impact-related research practices of UK Prevention Research Partnership (UKPRP)-funded Consortia and to inform and improve the research practice of the wider prevention research community. In this initial section we explain how, and on what bases, impact is represented specifically through the UKPRP and its characterisation of its founding ambitions and aims. We then give a brief account of 'impact agendas' within the UK university environment. Readers should note that the entire report is based on the authors' observations and analysis: we neither write on behalf of research teams in which we are or have been involved, nor of organisations discussed in what follows (including the UKPRP), nor of wider members of the Interest Group on Impact-oriented Research, from whom we have gratefully learned across the course of this project.

## The UKPRP: Ambitions, Aims, and Impact

The UKPRP is an "alliance of research funders" with a shared commitment "to support[ing] research into the primary prevention of non-communicable diseases (NCDs)"[8] and aims to focus both on broadly conceived scientific goals, and effective practical, political and societal outcomes. A significant reference point for understanding this agenda is a report by the Academy of Medical Sciences (AMS), published in 2016. In that, the AMS characterises a "vision" that well captures the UKPRP's goals:

> The vision is to generate new insights into actionable, sustainable and cost-effective ways of preventing NCDs that will improve population health and reduce health inequalities in the UK. The research will address the 'upstream' determinants of NCDs and be co-produced with users (e.g. policy makers, practitioners, health providers, the third sector, the public etc.).[9]

In presenting its "vision, objectives, and rationale",[10] the UKPRP has explained that "[t]he expected outcome from the research funded by UKPRP is robust new knowledge which contributes to demonstrable changes in policy and practice […]."[11] This focus on real-world impact aligns with the premium that UK Research and Innovation (UKRI) places on "how the people and projects we invest in can have a major impact on our lives, the economy, our knowledge and the world we live in."[12]

The UKPRP may be seen as advancing the post-UK National Prevention Research Initiative (NPRI) (2005-2011)[13] aims better to effect change within systems; better to promote 'real-world' impact. It also provides an impetus to follow post-NPRI suggestions to look at prevention with a greater focus in particular on health inequalities and with due regard to mental health and well-

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[8] *Ibid.*. The funders are: the British Heart Foundation, Cancer Research UK, Chief Scientist Office, the Engineering and Physical Sciences Research Council, the Economic and Social Research Council, Ymchwil lechyd a Gofal Cymru/Health and Care Research Wales, HSC Public Health Agency Research and Development, the Medical Research Council, the Natural Environment Research Council, the National Institute for Health Research, the Health Foundation, and the Wellcome Trust.

[9] *Ibid.*.

[10] UKPRP, *The UK Prevention Research Partnership (UKPRP): Vision, objectives and rationale*, (UKPRP, 2017, available at <https://mrc.ukri.org/documents/pdf/ukprp-background-and-rationale/>.

[11] *Ibid.*, p. 6.

[12] <"the demonstrable contribution that excellent research makes to society and the economy">.

[13] See National Prevention Research Initiative, *Initiative Outcomes and Future Approaches*, (London: Medical Research Council, 2015).

being as "[k]ey areas to be addressed".[14] In other words, it is based on a position that forcefully advances a broad concept of health and identifies health inequalities as a priority to measure and address through impact-oriented prevention research.[15]

In explaining how prevention research should be approached, the UKPRP speaks to the limitations of assumptions in studies that suggest a linear relationship between problem and solution. In contrast, it envisages NCD prevention research that is "responsive to multiple actions within a complex adaptive system."[16] The overall agenda here is distinctive for how it promotes changes in research cultures, ways of working and even structures. Some of these changes might be framed as accelerations to existing, wider trends in the direction of academic travel. They include, for example: promoting engagement with different publics and organisations; encouraging co-production of research; embedding researchers in areas of practice; and measuring impacts across different timescales. Others might be considered as step-change developments. These include, for instance: differing disciplinary engagement; moves from inter- to transdisciplinarity; distinct understandings of causation and evidence. Within such proposed models of conducting research, if complexity and contingency are inherent to understanding, and replace linear accounts of problem/fix, then reproducibility of impact will itself be a much more complex question.[17]

This research agenda appears to be pointing towards a way of doing interdisciplinary research that, as UKPRP requests, will '*go beyond the traditional*' [18]. It combines different disciplines, autonomous research groups, tightly-bounded problem spaces and relatively well-known end-user/stakeholder groups. In addition, it demands the pragmatic integration of ill-fitting epistemologies, ontologies and methods, emergent, agile research co-design, and the acceptance and management of inevitable unknowns. This requires flexibility, but alongside rigour and critical reflection, shared understandings alongside plural definitions and acceptance of the imperfect.[19]

Finding agreement on a common language within such research - or at least a shared understanding of differing interpretations and definitions - is essential for effective planning and execution of research agendas. Even if researchers do not (cannot) agree to the same definition, there is a need to be familiar with one another's understandings. As part of that, it is important to recognise the distinct ways that the term 'impact' can be understood and related to underpinning evidence bases.

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[14] *Ibid*., p. 8.
[15] For an overview of different understandings of 'health', see John Coggon, *What Is Public Health?*, (London: Faculty of Public Health, 2023).
[16] UKPRP, *The UK Prevention Research Partnership (UKPRP): Vision, objectives and rationale*, pp. 2-3.
[17] Note also in *ibid*., p. 3: "The UKPRP will examine the best ways of modifying common risk factors for and determinants of NCDs, and reducing inequalities in these, through population level actions. It will *develop and build* on basic research in a number of relevant disciplines (e.g. social, biomedical, engineering, environmental and computing sciences); use and develop appropriate methods for evaluating the effectiveness and value of existing or novel preventive strategies; and engage with stakeholders to produce clear answers to important questions relevant to decision makers)."
[18] UKPRP (2017) *Vision, objectives and rationale.* https://ukprp.org/wp-content/uploads/2019/08/UKPRP-Background-and-Rationale.pdf
[19] Moon K and Blackman D (2017) A guide to ontology, epistemology, and philosophical perspectives for interdisciplinary researchers. Integration and Implementation Insights. A community blog and repository of resources for improving research impact on complex real-world problems. Available from: https://i2insights.org/2017/05/02/philosophy-for-interdisciplinarity/

In 1999, the US Agency for Healthcare Research and Quality published an elegantly simple 'Hierarchy of Research Impact',[20] which differentiates between academic impact (e.g. 'further research'), located at the bottom tier of the hierarchy, and societal impact, separating out the latter into increasingly elevated areas of impact from 'policies' through to 'practice' and, finally, 'outcomes'. This classification appears to sit well with the UKPRP emphasis on the need for changes to policy and practice. Furthermore, the distinctions within societal impacts allow a finer-grained understanding that is well applied in research agendas that focus on complex causal structures, upstream determinants of (ill) health, and (the flip side of that coin) outcomes that will materialise far downstream and over considerable timespans.

More recently, Reed advances a range of definitions of impact to include: '*instrumental*' (e.g. 'actual' changes in policy and practice); '*conceptual*' (e.g. broad new understandings / awareness raising); '*capacity-building*' (e.g. training of students or professionals, continuing professional development); *'attitudinal or cultural'* (e.g. increased willingness in general to engage in new collaborations); *'enduring connectivity'* (e.g. follow-on interactions, joint proposals, reciprocal visits, workshops).[21] All of this culminates to show that clarity of meaning is essential for clear shared understandings (of the problems, challenges and possible solutions). Reed's framing also provides a helpful means of stratifying different forms of impact, which we employ in Table 1 in the next part of this report.

There are other drivers that influence the impact agenda within universities. Within the UK's university sector, the nature of measuring and evaluating the impact of research in terms of its societal benefits has markedly changed across recent years. This is, amongst other things, partly through growing calls externally for academia to address complex real-world problems, but in particular through audit exercises framed most recently, in 2014 and 2021, within the Research Excellence Framework (REF). The REF exercises have neither sought to provide comprehensive analyses of research output within their given time horizons, nor to provide a comprehensive system of measures for the quality of research or the priorities that ought to govern what scholars study and how. They are, however, a highly significant measure of quality; one that defines much strategic decision-making within university environments. We discuss this further in the article that was published in *Research Evaluation*: 'How societal impact is understood and approached across a newly formed community of researchers with an ambitious 'health of the public' agenda'.[22]

**Main points**

- Beyond determinants directly within the university sector, research funders and programmes are a crucial influence on impact agendas, how they are defined, and with a view to what sorts of goals.
- The UK Prevention Research Partnership (UKPRP)—the funding initiative at the heart of this report—builds on aims for transdisciplinary, socially-impactful, population health research.
- The UKPRP's approach to framing the research space, and impact within that, is distinctive and calls for its own considered understanding on its own terms.

[20] Agency for Healthcare Research and Quality. *The Outcome of Outcomes Research at AHCPR: Final Report – Figure 1*; Agency for Healthcare Research and Quality: Rockville, ML, USA, 1999.
[21] Reed M (2018) The Research Impact Handbook (2nd edition).
[22] Martin, Black, Coggon (2025) https://doi.org/10.1093/reseval/rvaf029

# Interviews findings & analysis

The central aim in generating this report was to reveal the similarities and differences in understandings of impact and approaches to impact across the UKPRP funded groups, in order to learn from each other and develop best practice. A purposive sample of 13 semi-structured interviews was undertaken with 15 individuals with representation from all seven funded Consortia. The range of interviewee roles varied widely, including senior academic leads, dedicated impact personnel, strategic leads, researcher supporting co-production; including such specific roles as researchers-in-residence, knowledge brokers, consultants and professional service manager-administrators. The full methodology is written up in the peer-reviewed paper that accompanies this report.[23] In the final analysis, six main themes emerged:

a) Defining Impact;

b) Programme Theory & Pathways to Impact;

c) Stakeholder Analysis, Engagement and Co-Production;

d) Measuring & Reporting Impact;

e) Challenges, Structural Barriers and Lessons Learned;

f) UKPRP Influence.

## Defining impact

> *"The way in which we define impact just is all over the place"* (P10, Strategic lead)

> *"It does sometimes feel like we're talking at cross purposes"* (P9, Dedicated impact personnel)

The interview data strongly reinforces that there is considerable variation in how 'impact' is understood. Table 1 (below) displays the impact definitions according to the framing in Reed (2016)[24], which categorises impacts into five main areas: *instrumental*, *conceptual*, *capacity-building*, *attitudinal* or *cultural*, and *enduring connectivity*. Table 1 also shows the number of participants, by job role, that stated each kind of impact, as well as an example quote for each.

Almost all interviewees identified changes to policy and practice (instrumental impacts). Many identified conceptual impacts, namely: improved access to evidence and changes to public discourse. Beyond that there was considerable variation and little discernible consistency. Few interviewees identified impacts categorised as attitudinal, cultural or enduring connectivity.

Despite the prevalence of focus on both policy and practice, there was a clear distinction made between the two. There was also widespread agreement that there is no real consensus as to how researchers interpret impact within their Consortium. This plurality of definitions presented numerous challenges, requiring considerable work and time to resolve, and revealing different characterisations and perceptions between groups. Some attempted to establish a consensus within their Consortium, but with mixed results. Despite this, some reported their group was at ease with the plurality, and a number clearly had experience and a nuanced understanding of the challenge space, if not clear solutions.

[23] Martin, Black, Coggon (2025) https://doi.org/10.1093/reseval/rvaf029
[24] Reed, M. (2016) The Research Impact Handbook (1st edition)

## Programme Theory and Pathways to Impact

> *"I haven't looked at the logic model for some time. But I think the idea was ultimately…was a bit reductionist actually…a bit old fashioned in that sense in that sort of linear way."* (P1, Senior academic lead)

Interviewees' responses revealed a range of quite different programmes, theories, and approaches to impact planning. Understandably, given the complexity of the challenge space, they pointed to considerable uncertainty as to the optimal process to be taken to achieve the desired impact. There was also a strong sense across all interviewees that the expectation was to have a relatively fixed view up front for how impact will be realised, rather than co-producing the impact planning through the course of the project. For example, when discussing impact definition, one described a process of impact planning that is 'top-down' and takes place only at the start of the project life cycle.

One interviewee explained that developing different impact pathways for different elements of their programme was undesirable or impractical. Other interviewees, by contrast, characterised a far more exploratory approach to impact planning based on iterative co-design with end users. This approach was echoed by another participant, who also flagged the inevitable uncertainties in future direction this resulted in.

Ultimately, there appeared to be broad acknowledgement across the whole group of the challenge of trying to create meaningful change given the scale and complexity of policy-making institutions.

## Stakeholder Analysis, Engagement & Co-Production

> *"we had a few members of the team that sat on the Public Health Team already"* (P2 - Professional service manager-administrator).

Although there was no specific question on the meaning of co-production, it emerged as a common theme with a wide range of views on what it means. The dominant understanding from interviewees appeared to be around the development or maintaining of existing long-term relationships with 'policy-makers', or the role of researchers placed within partner or stakeholder organisations. The focus was on trust and relationships, indicating substantial experience in policy development. It suggests that end user co-production is valued, given the time it takes to achieve impact. There was also a recognition of the different phases of co-production over time.

That said, while these are important aspects of traditional impact pathways, these understandings arguably sit at odds with the UKPRP's stated requirement around end-user co-production, which is predicated on iterative problem identification, stakeholder analysis and the setting of system boundaries. In some cases, there also appeared to be a lack of experience of how to work well with practitioners in terms of understanding and managing expectations (e.g. with regard to time required for academic processes, immediacy of real-world policy needs, varying levels of uncertainty).

## Measuring & Reporting Impact

> *"It's early stages, but we will be developing quite, hopefully sophisticated approach to impact measurement going forward"* (P11, Professional service manager-administrators)

A clear and significant challenge evidenced repeatedly through the interview data concerns the measuring of impact due to the complexity of causal pathways, particularly over the long term. There was general support for the comprehensive logging and tracking of activity and engagement, yet there was also some scepticism around whether: i) such tracking actually constitutes impact evaluation, ii) it is even measuring/tracking what is important, or iii) the evaluation is even helpful, ultimately, in enabling impact. One interviewee suggested that it is "*insane"* to try and measure, and arguably pointless. Another interviewee raised the risk of consultation fatigue amongst key policy-makers. Another underlined the challenge of measuring certain kinds of impacts, such as awareness-raising.

There was a range of approaches to measurement. Many echoed the approaches taken in impact planning and co-production, in that they appeared to be relatively fixed up front, with known stakeholders who could be iteratively accessed throughout the project. Another relied on anticipation that effective relationships with new stakeholders will be made. Others demonstrated use of systems approaches, as well as phased and evolving evaluation design based less on tracking and more on qualitative post hoc assessment.

Overall, alongside the acknowledged challenge of impact measurement, there was the acknowledgement that evaluation approaches needed to be improved and better resourced.

### Challenges, Structural Barriers and Lessons Learned

> *"I think they could very easily separately spin off in different directions and lose some of their coordinated impact if we weren't careful"* (P4, Senior academic lead)

The research was seen as very different to previous research approaches, and specifically in terms of stakeholder co-production, which raised numerous challenges: e.g. the need for time and resource; the challenge of operationalising large research groups in new ways; measuring the impact of the communications and distinguishing that from impact from the evidence; staff turnover and issues of recruitment; in-house capacity and skills, particularly in administration (e.g. communications) and specific areas of research design (e.g. impact planning).

Beyond these, the main challenges identified were broader, more structural or institutional. There was a clear understanding of the added value of going beyond the traditional approaches that are "*concrete, deterministic, reductionist*", but a worry too "*whether they'll be able to keep funding going in this sort of area given how difficult it will be*" (P1, Senior academic lead).

Discussions related to the Research Excellence Framework (REF) elicited various indications of its constraints and limitations, particularly in terms of encouraging new ways of doing research. Not only is it unclear when to try and measure the potential impact of the research, but due to matters outside of one's control, the intended outcomes may never materialise, at least in a way that is measurable. These structural features (of the research environment) are seen by a few participants to benefit quantitative disciplines due to the metrics used.

### UKPRP Influence

> "*There are very few projects I've worked in where you're working so closely alongside decision-makers… [it] is probably the most innovative and bold project I've ever worked with"* (P7, Strategic lead)

Almost all participants supported the UKPRP's vision, ambition and willingness to do things differently, describing it as *"an important step forward"*. Despite many agreeing and already aligning

with the UKPRP's broad vision of impact, there were a number of elements that the researchers had to adapt to in terms of their impact approach (e.g. applying systems theory and approaches). Those with a background in what might be framed - against the UKPRP's transformative agenda - as *traditional* public health research, implied this was more of a radical change, whereas researchers from (some, at least) other disciplines were apparently more familiar with the challenges associated with the agenda.

Another aspect in which the UKPRP's aims have influenced how the participants conduct their research is by encouraging collaboration between disciplines, which was argued to have improved the quality of research in this field.

*Table 1: Categorising 'impacts' using Reed (2016) Fast Track Impact framing.*

| **Categories** ***Reed (2016)*** | **Impact definitions stated by participants** | **Number of participants stating each type of impact, by job role** | **Example quote** |
|---|---|---|---|
| ***Instrumental:*** *e.g., actual changes in policy or practice* | • **Changes to policy documents** | 3 x Senior Academic Leads<br>2 x Strategic Leads<br>4 x Dedicated Impact Personnel<br>3 x Professional Services Manager/Administrators | *"It's very much kind of evidence into policy process and ultimately policy change in government, different levels of government in the UK."* (P5 – Professional service manager-administrator) |
| | • **Changes in financial expenditure** | 1 x Strategic Lead<br>2 x Professional Services Manager/Administrators | *"by giving policymakers the tools to know how best to spend that money in order to actually improve people's health by addressing perhaps thinking about where that money's spent, how that money's spent."* (P7 - Strategic lead) |
| ***Conceptual:*** *e.g., broad new understanding/ awareness-raising* | • **Communications (bulletins) and media outputs** | 1 x Senior Academic Lead | "*So we had a lot of impact in those days, in the sense of we were putting out the bulletins to the [organisation], we were getting on the media, we were always getting on the media and actually we could record changes in practice over time*" (P1 - Senior Academic Lead) |
| | • **Improved access to evidence** | 2 x Senior Academic Leads<br>1 x Strategic Lead<br>1 x Dedicated Impact Personnel | *hopefully that will help in future provide the right type of evidence at the right stage, that's the idea.* (P12 - Dedicated impact personnel) |
| | • **Changes to public discourse** | 1 x Senior Academic Lead<br>2 x Strategic Leads<br>1 x Dedicated Impact Personnel<br>2 x Professional Services Manager/Administrators | "*there is lots of stuff in there around impact on public discourse.*" (P8 - Dedicated impact personnel) |
| | • **Submitting evidence to Parliamentary Committee hearings** | 1 x Dedicated Impact Personnel | "*things like submitting evidence to Parliamentary Committee hearings, so we have been doing that.*" (P9 - Dedicated impact personnel) |
| | • **Shifting the way people think** | 2 x Strategic Leads<br>2 x Professional Services Manager/Administrator | "*some kind of a positive impact, being able to shift the way in which…in our case they think about health*" (P10 - Strategic lead) |
| ***Capacity-building:*** *e.g., training of students or professionals, CPD* | • **The development of knowledge and skills** | 1 x Senior Academic Lead<br>1 x Strategic Lead<br>1 x Dedicated Impact Personnel<br>2 x Professional Services Manager/Administrators | *"that in itself feels like an impact because it's developing capacity and knowledge and skills"* (P2 - Professional Services Manager/Administrators) |
| | • **Number of PhDs** | 1 x Professional Services Manager/Administrators | *increasing capacity, increasing development and skills so number of PhDs, having Masters students working with us, having work experience with people that are in our* |

| | | | |
|---|---|---|---|
| | | | *communities, those sorts of things* (P2 - Professional Services Manager/Administrators) |
| | • **Empowerment of communities** | 1 x Senior Academic Lead | *"having a meaningful stake and role in shaping those designs and strategies … express so there's an impact there around empowerment of [subject] and communities in designing these responses"* P4 - Senior academic lead |
| | • **Academic career advancement and research expansion** | 1 x Dedicated Impact Personnel | "*if you think of it like a tree and you've got the professors at the top of the tree and then they have their mid-career researchers and early-career researchers, you want to get all of those mid-career researchers to become the top of another tree and then they have their own people and that is how you multiply the field basically*." P8 - Dedicated impact personnel |
| ***Attitudinal or cultural: e.g.,*** *increased willingness to engage in new collaborations* | • **Trust and credibility** | 1 x Dedicated Impact Personnel | "*so all these – outputs and the outcomes, I guess are what you would describe as Impact and they spread along. So it's like improved access to evidence, trust and credibility*" P8 - Dedicated impact personnel |
| | • **Local leaders "*understanding and engaging*" in the research** | 1 x Senior Academic Lead | "*I think there are some other kinds of intermediate impacts which is like leaders of local public systems, understanding and engaging in the research and evidence around the social determinants of health*." P4 - Senior academic lead |
| ***Enduring connectivity: e.g.,*** *follow-on interactions such as joint proposals* | • **The securing of ongoing research funding** | 2 x Senior Academic Leads<br>1 x Dedicated Impact Personnel<br>2 x Professional Services Manager/Administrators | "*obviously we're hoping to have like I guess it probably won't be through UKPRP but through a different funder, we're hoping to have a sort of [Consortium name] 2"* P5 - Professional service manager-administrator |

# Analysis of Project Documentation

In line with the overall UKPRP agenda of achieving societal impact, the UKPRP's guidelines required each Consortium to submit a pathways to impact statement and, similarly, each Network to produce a 'Research Manifesto': a document explaining the group's current position, vision, and objectives (N.B. UKRI, multiple funders from which contribute to UKPRP, at the time of writing no longer requires this as a separate statement, but for impact to be embedded throughout the application). In order to analyse more fully how each of the UKPRP research teams prepared its impact pathway designs, we collated all relevant materials that the teams were able to provide on their impact planning. The following is a comparative summary of that documentation.

The analysis was undertaken near the start of the first round of funded projects. It therefore reflects the original stated plans, rather than evolved plans following engagement with end users. There are inevitable data gaps in each group's documentation given, for example, that various matters are implicit. The purpose of this activity was not to evaluate the success or otherwise of these activities. Rather, we aimed to add to the interview data by gleaning understanding through analysis of a specific point of impact-focused documentation.

We have thematised our key messages primarily under each of the main audiences targeted in the impact statements, albeit with one additional theme – miscellaneous – referring to processes not specific to particular audiences:

a) Policy makers / public sector;

b) Private sector;

c) Third sector organisations / NGOs;

d) Other public bodies;

e) Public contributors (publics and members of the public);

f) Miscellaneous.

### Policymakers / Public Sector

Consistent throughout all documentation are plans to work with (public sector) policymakers. Those mentioned explicitly were civil servants, All-Party Parliamentary Groups (APPGs) and Select Committees. Strategies included:

- Involving policymakers in the creation of their impact documents (via workshops, round table events and scoping reviews);
- Expanding membership of policy and practice committees relevant to NCD prevention in the UK and internationally;
- Engaging with policy makers through advocacy partners;
- Soliciting a letter of support from and partnership agreement with an APPG;
- Ensuring narratives and policy ideas are engaging and timely;
- Ensuring outputs are accessible and tailored;
- Establishing close, responsive relationships with policymakers over time.

In addition, some had embedded analysts and a 'Visiting Fellowships Scheme' that would provide travel and subsistence costs to enable research and policy partners to spend dedicated time with each other. Use of embedded researchers tasked with helping target outputs at the most strategic sites of internal policy influence (e.g. active executive / working groups), key policy influencers and during emerging 'policy windows' (moments at which circumstances coalesce to enable change).

### Private Sector

Only two research teams mentioned in their documentation engagement with private sector organisations; both were Consortia. One made a reference to them without providing significant detail, stating solely that they would engage with '*interested private sector organisations'*. The other Consortium was open about their engagement with private sector organisations stating an aim to co-produce specifically with them, identifying several specific private sector stakeholders that they planned on engaging with. There was a notable lack of engagement with the private sector beyond those two Consortia.

The UKPRP Prevention Research Network set up an Interest Group in order to discuss the management of interactions between researchers and private sector organisations. Attitudes to working with private sector actors vary across the prevention research community, which may explain the differences we found in the Consortia's documentation. Those focusing specifically on the commercial determinants of health and unhealthy commodities appeared to find working with private sector groups the most problematic. Yet private sector engagement is often unavoidable within other research areas. Given the power and influence that private sector organisations have, and the growing focus on the commercial determinants of health, this raises questions as to impact strategies generally.

### Third sector Organisations / NGOs

Though there was clear engagement with a range of third sector organisations across the UKPRP Community of Practice, as a sector it was mentioned the least in the initial project documentation. Where it was mentioned, this was within a list of other stakeholders. It was also not defined specifically how impact would be brought about with these organisations in the short, medium or long term. Their engagement may have been implicit within the project teams' strategies and there may have been substantial engagement as the projects developed, though it is notable how little detail there is in the original project documentation.

### Other Public Bodies

Most of the groups had a similar approach regarding national and other public bodies (e.g. Office for Health Improvement and Disparities, Public Health Scotland). Two groups did not mention health organisations, but the rest stated that they would involve them either in their co-production plans or look to engage with them at every opportunity. One group employed two researchers to sit within two separate national health organisations. The stated benefits include strength of relationships and potential for policy impact. Exact pathways to societal impact were also not always clear in the documentation. However, in contrast to the stated activities relating to policy makers, methods for engaging with these other public bodies were identified and described.

### Public Contributors (Publics and Members of the Public)

Activities relating to this group focused mainly on communication modes and short-term impacts: e.g. engaging with younger members of the public using creative communications and the arts (play/song/poetry); working with the media through the press offices at project team members' own institutions; developing creative dissemination tools such as short video clips, visual and digital materials; utilising co-applicant and institutional social media feeds and blogs, and online publications such as 'The Conversation'. One consortium focused on local communities with whom they will co-develop interventions, particularly in areas of higher deprivation, therefore conscious effort was made to work with these communities to create a sense of agency through training, and bespoke dissemination events.

### Miscellaneous

There were three additional elements, which did not fit to a specific audience:

1. *Outputs and language:* A common short-term goal was to produce outputs in a range of formats in order for them to be accessible to a range of stakeholders: adapting terminology and jargon, as well as utilising social media, electronic newsletters, policy briefs, mailing lists, websites and blogs. Co-producing outputs with partners was also frequently mentioned.
2. *Formalised recording for helping to identify pathways to impact:* One of the groups stated that they were taking formal notes and minutes at all events to keep track of stakeholder thoughts and opinions as they change over time (e.g. potential changes to policy or practice; data collection systems; potential linkage to other areas of interest or links to other impact).
3. *Resourcing strategies for impact planning and monitoring:* Some of the research teams appointed specific roles responsible for impact. One consortium formed an 'Impact Group' made up of internal and external members who met regularly to: i) review impact goals and ensure alignment; ii) develop and review ongoing relationships, communication and engagement; iii) monitor impact indicators - outputs, outcomes and policy change. This consortium also created impact plans for each work package (rather than one for the whole project). Those that did not have a dedicated impact role explained this on the grounds that it is the responsibility of the whole team for the delivery of its impact goals.

# Recommendations

Our interview data have provided perspectives from researchers within the prevention agenda established through the UKPRP. We have sought to generate understanding of how 'impact' within this research agenda has been both conceived and approached across the funded Consortia. Our findings suggest that there is a wide-ranging plurality of understandings. Without clear articulation, however, there is a significant risk and even likelihood that a lack, or diminution, of shared understanding will be prevalent. The following headline messages / recommendations in bold do not appear to be the responsibility of any one actor, team, or agency. Rather, if they are to be acted upon, it would require – appropriately – a combined effort from funders and the academic community at large. That said, in order for anything to happen, it will require leadership and resourcing, so public or independent funders or other third sector organisations would appear to be needed to take on that leadership role.

1. **Formalise clear taxonomies of impact and make these widely accepted/used:** Differences in understanding, while inevitable up to a point, can lead if unaddressed to divergent missions and incoherence: even with valid pluralism, therefore, the generation of materials that allow for clear taxonomies of impact is recommended. Account needs to be given in this to different forces at play (for instance pressures from REF, differing disciplinary understandings, differing stakeholder understandings and assumptions, time horizons for materialisation of impact (see also 4 and 5, below)).

2. **Clarify different ways of governing research groups to include e.g. research development life cycles and changes in team structure:** The development of programme theory and impact pathways by the funded groups showed that most teams appeared to be following a more 'traditional' model of research design, with detailed plans set up front, and with the expectation that funders will require 'traditional' outputs and measures. There appeared to be a relatively widely shared notion that developing theories of change are static exercises and not iteratively co-produced. However, there had also been an explicit call from the funders for new approaches that were transdisciplinary and grounded in systems thinking and end user co-production - which points to different understandings of the effective operationalisation of these key areas. All research proceeds in phases and there are times when a more 'traditional' model is appropriate. This points to greater clarity required on what stage of the research development life-cycle proposals are at, the need for clarity on how to characterise that given the diversity across the different groups, and how to structure the research group accordingly. It also may indicate a need for funders to be more explicit about what they expect from the co-production, or whether they are looking to support both delivery phase as well as exploratory phase projects. This has significant implications for funder and researcher expectations on, for example, volume and timing of outputs, given that these vary considerably across the phases of a research programme.

3. **Build more flexibility into funding/design (if research grounded in co-design and co-production for addressing complex real world problems):** In regard to stakeholder engagement and co-production, we found that a relatively 'traditional' approach to research was the most popular: i.e., that understandings of the problem space were relatively fixed at the start, based on prior networks and prior research, and with the research design predicated on known system boundaries. This is understandable given the need for funders and reviewers to have reassurance up front of what (sort of) impacts the researchers are proposing to engage in and of what they will achieve. Nevertheless, it presents challenges that lie in tension with the stated need for co-production and, arguably, 'new approaches to

population health research' that 'go beyond the traditional'[25]. The evolving role of researchers supporting co-production have been found to be rewarding and these interviews indicate that there is substantial engagement with end user partners, and they can have significant influence within their sphere of operation. That sphere may be relatively fixed from the start however, and perhaps unable to shift as easily to accommodate new learnings and engage new sectors or stakeholder communities identified. A fixed approach allows for the pathway to impact to be established but may fall short of what could be possible in terms of flexibility and more agile engagement or an emerging unforeseen area of focus. It is of course a significant challenge to operationalise a more flexible approach, and that may be (perceived as) riskier. But it could be hugely beneficial if the funders were willing to allow for the time and resource for coordination and adjustment and less immediate outputs on findings.

4. **Support the development of new ways of evaluating impact allowing for inherent complexity and impacts over time:** The resounding message on the theme of impact evaluation was that it is very challenging. The innumerable variables and changes over time call into question 'traditional' methods of evaluation. The data from our interviews suggest approaches are needed in health of the public research that is advanced through complex systems evaluation. Such approaches may not use historically-favoured methods and may better need to factor in both unintended consequences and (possible) future impacts.

5. **Allow more resource and time for these new approaches, recognising risks given complexity and groundings in co-production:** There was clear consensus on the need for time and resource (skills as well as capacity) to develop new ways of working. For example, the pressures local government experience made engagement very challenging for some teams and added to the necessity for time. Yet these were by no means the only challenges, with many others to do with core operational activities. There was clear recognition of the wider institutional and structural barriers. These include the constraints of REF, but also differing issues to do with expectations, flexibility and divergent views on what actually constitutes innovation and 'impact'. This again links back to inviting the generation of materials that allow clear taxonomies of impact.

6. **Support the development of new ways of assessing research teams and proposals aimed at gaining evidence and using it to solve complex real-world problems:** Creating more flexibility relies on funders finding new ways of assessing quality of research teams and their ability to deliver, rather than the detail of the research designs themselves, which is inevitably lighter. This raises additional potential challenges which may, if not addressed, result in a lack of diversity and innovation in thinking.

In concluding, we would like to note and emphasise the following observation. Despite all of the variable challenge areas, and the plurality of understandings, our findings demonstrate a resounding and committed appreciation of the funders' vision and ambition: the focus on upstream intervention, on co-production with actors outside of academia, the acknowledgement of complexity, and the need for new approaches rooted in systems thinking and supported by systems navigators.

[25] UKPRP (2017) Vision, objectives and rationale. https://ukprp.org/wp-content/uploads/2019/08/UKPRP-Background-and-Rationale.pdf

# UKPRP Overview

**What is the UKPRP?**
The UK Prevention Research Partnership (UKPRP) is a multi-funder initiative that supports novel research into the primary prevention of non-communicable disease (NCD) to improve population health and reduce health inequalities. The Prevention Research Network is currently managed by members from UKPRP funded Networks and Consortia, and its members are made up of researchers from across the prevention research community.

**What is the Prevention Research Network? (Formerly Community of Practice)**
The UK Prevention Research Partnership (UKPRP) Prevention Research Network (PRN) evolved from the Community of Practice, which was focused on the research practice solely of UKPRP funded groups. Whereas the PRN is a forum to share ideas, opportunities, and challenges across the whole prevention research community. By exploring our experiences, we can learn from one another, and together, to improve our ways of working to support non-communicable disease prevention in the UK. The PRN provides a place to share our learning across key topics of mutual interest. The PRN is iterative and responds to the needs of the group, therefore new topics of interest have emerged as we have progressed, particularly after hosting the inaugural Prevention Research Conference in 2023. Over time, we will continue to build a body of publicly-available knowledge, methods, and tools to share learning with each other and the wider prevention research community. This can be found here.

A UKPRP Network is a new interdisciplinary community of researchers and users formed around a broad NCD primary prevention research challenge and support networking activity. Networks support interactions between diverse disciplines and users to exchange expertise, scientific insights and capability as the Network generates a shared vision around its chosen NCD prevention challenge. A key focus of a Network is to develop future capacity in the UK to address NCD prevention challenges. The funded Networks are:

**GENIUS's** aim is to build a community working towards a more health-promoting food and nutrition system in UK schools. The ultimate vision of the GENIUS Network is to harness the expertise and experience of a wide range of stakeholders to drive excellence in all parts of the UK school food system to benefit the health of all pupils.

**PETRA's** vision is to bring together experts in economics, environment (climate change, sustainable development, planetary health), law, public health, and public policy to look at how trade and investment agreements affect the health and wellbeing of the population in the UK.

**PHASE's** aim is to bring together public health and simulation experts to deliver translational research that uses agent-based models to address the complex challenges faced by decision makers in the prevention of non-communicable diseases.

**MatCHNet's** aim is to develop a multidisciplinary, community of public health researchers, methodologists, policy makers and service providers. This community will come together to prioritise and evaluate upstream policy interventions that potentially affect child and maternal health outcomes, using administrative data across the 4 nations.

Networks do not carry out research and so were excluded from this Report. A UKPRP Consortium is a novel combination of partners, including, where appropriate, industry (such as commercial/business partners), representing a range of academic disciplines and undertaking transdisciplinary[1] research addressing a specific challenge in the primary prevention of NCDs. UKPRP Consortia develop research strategies with users, for example policy makers, practitioners, civil society groups, health providers, the public, who may be part of the consortium, for the generation and implementation of new knowledge. The thinking behind consortia is that drawing together teams of experts from different disciplines and

sectors, and including users, should enable researchers to capitalise on a range of expertise to develop novel research into high-quality interventions that can deliver change at a population level, and so we sought the views of members from these groups. The funded Consortia are:

**ActEarly's** aim is to focus on upstream early life interventions to improve the health and opportunities for children living in two contrasting areas with high levels of child poverty: Bradford, Yorkshire and Tower Hamlets, London.

**GroundsWell's** aim is to create a virtuous cycle of research, data, policy, implementation, and active citizenship. By working together, we will all better understand and evidence the role of urban green and blue space within wider social, economic, environmental, cultural and health systems. We will identify and implement actions to maximise health benefits from urban green and blue space. Our democratisation of the research and decision-making process will be based on principles of co-design, co-implementation, co-evaluation, and co-translation.

**Kailo's** aim is to: Work closely with local partners and build strong relationships that reinforce local efforts to address the wider determinants of mental health issues amongst young people; Help build a shared and systemic view of the wider determinants of young people's mental health, which surface new perspectives, challenges and opportunities; Support work that puts young people at the centre of the process to understand their experience, design new strategies and inform decisions; Collaborate to push forward and validate sustainable systemic approaches, which can continue to play a role in driving transformative change for young people.

**SIPHER's** aim is to shift from health policy to healthy public policy. This means all policy sectors working together to tackle health inequalities and improve the health of the public. The conditions in which we are born, grow, live, work and age are key drivers of health and health inequalities. Preventing ill health related to these "social determinants of health" requires well-coordinated policies across many sectors, such as the economy, welfare, housing, education, and employment. SIPHER will deliver novel evidence of the costs and benefits of the complex, interlinked and long-term consequences of policy decisions. This will help our policy partner organisations identify opportunities for the strategic alignment of policies across relevant sectors and give the confidence to change the way major investment decisions are made.

**SPECTRUM's** aim is to focus on the commercial determinants of health and health inequalities. SPECTRUM will generate new evidence to inform the prevention of NCDs caused by unhealthy commodities, including tobacco, alcohol and unhealthy food and drink. Our research aims to transform policy and practice to encourage and enable healthy environments and behaviours.

**TRUUD's** aim is to work with decision makers and communities to prioritise health in urban decision-making processes. We are particularly focused on how non-communicable diseases (NCDs) can be prevented by changing the way that urban development decisions are made. We are focusing on major new infrastructure and transport systems in our case study areas of Bristol and Greater Manchester. We are working with senior decision-makers, related stakeholders (including community partners), and advisors at national, regional and city level. With them, we will identify where the most influence on decision-makers lies (e.g., land disposal, procurement, regulation, economics), then develop and test ways to prioritise health.

**Vision's** aim is to improve the measurement of violence to support the investigation of causal pathways, to develop a theory of change, and to evaluate interventions, in order to reduce the violence that harms health. Gender and other inequalities are mainstreamed throughout the analysis. The Consortium draws on multiple disciplines across the social and health sciences, including sociology, criminology, health, and economics. We will work with data from the Crime Survey for England and Wales, Third Sector specialist services, police, health services and much more. We will integrate and analyse data to build a theory of change and evaluate interventions.

The funders
No single research funder has the resources or expertise to address the complex factors and systems influencing health on their own. Therefore, a partnership of twelve funders including charities, UK Research and Innovation (UKRI) councils and the UK health and social care departments established the multimillion-pound UKPRP. For further details of the remit of each partner, please refer to the links below.

- British Heart Foundation
- Cancer Research UK
- Chief Scientist Office (Scottish Government Health and Social Care Directorates)
- Health and Social Care Research and Development (Welsh Government)
- Economic and Social Research Council
- Engineering and Physical Sciences Research Council
- Medical Research Council (MRC)
- Natural Environment Research Council
- National Institute for Health Research
- Public Health Agency (Northern Ireland)
- The Health Foundation
- Wellcome

The MRC administers the initiative on behalf of the UKPRP funding partners.