NIHR | Health Determinants Research Collaboration Cumberland

Improving the Determinants of Health: Cumberland Council's Research Plan

Phase 1 Summary of Scoping Reviews
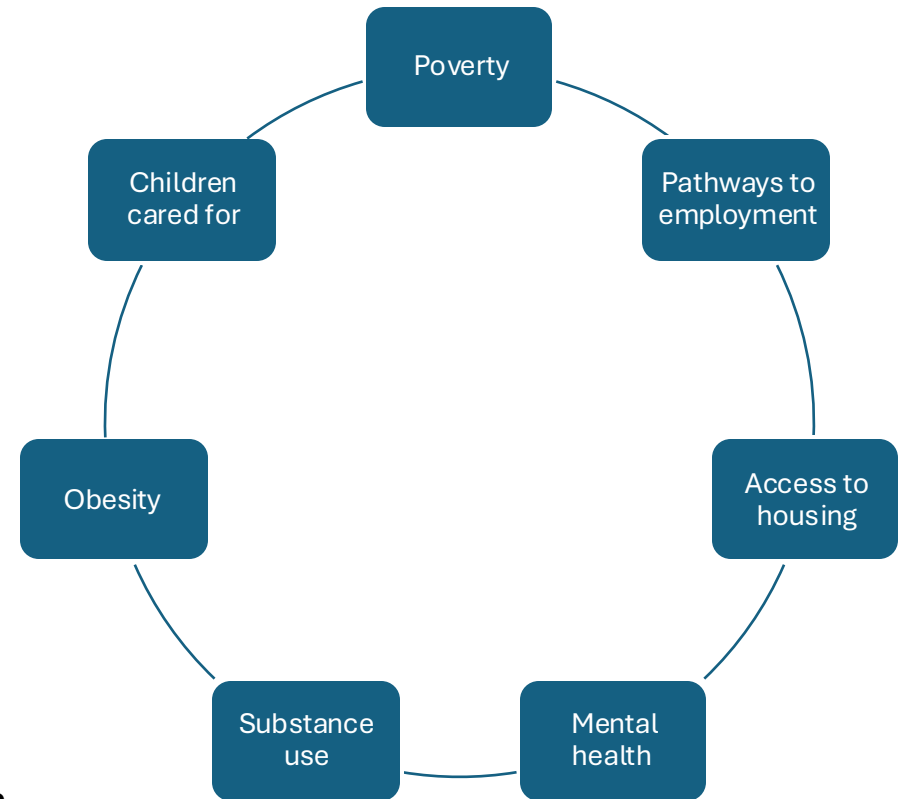
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Context

- The Health Determinant Research Collaboration is a five-year research project, funded by the National Institute for Health Research from January 2024 to December 2028. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.

- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners in order to establish seven priority areas in need of firmer evidence.

- In each of the seven themes the HDRC aims to uncover how serious the issues are and who experiences them, how they vary across our rural, coastal and urban areas, what barriers there are to improvements, and what might work to improve them.

- Each of the seven themes will have a scoping review to understand interesting recent interventions, secondary data analysis to understand what is already known, new data collection across the health and social care system, and deep dives into particular issues by community co-researchers.

- This report summarises the findings and implications from all the papers reviewed across all seven scoping reviews and inevitably is general. Specific examples of projects can be found in the seven full reviews.

- The review makes no comparison between what is best practice and what is currently provided in Cumberland.

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Method Used in Each Review

1. Search terms were agreed

2. Searches completed in academic databases and papers extracted. This resulted in 4497 potential papers.

3. Titles of papers were screened for obvious exclusions and included papers saved to a review folder

4. Titles and abstracts of papers were reviewed for relevance

5. Relevant papers were read in full and screened against inclusion criteria

6. All remaining papers were analysed to develop key themes. In total 242 papers were reviewed in full.

7. Examples of interventions that have evidence of success were included in each review.

Poverty

Pathways to employment

Access to housing

Mental health

Substance use

Obesity

Children cared for

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Our research question:

What practices and approaches have been evidenced as successfully addressing the determinants of health in each of the seven thematic research areas?

Poverty Review – Findings and Implications

- Scope: This review included UK based interventions, published between 2014-2025, focusing on poverty, deprivation and low income.

- There is very limited statistically significant quantitative data but qualitative data is positive – embed evaluation in all projects.

- Poverty is shown to have a negative impact on multiple areas of life and wellbeing and intersects with all the other research areas.

- Living with poor health is expensive and affects people living in poverty more.

- Collaborative project management is more effective than independent project managers.

- Long-term projects demonstrate positive impact on community with significant cost benefits.

- The importance of 'doing with' instead of 'doing to' via co-design and co-production.

- Take an asset-based approach, supporting communities to identify their strengths, needs and priorities.

- Community support helps sustain the changes any programme or intervention seeks to achieve.

- Include plans for interventions that do not explicitly target those experiencing poverty, as they often experience the greatest benefit of less targeted schemes.

- Embed training and support for facilitators into the project design.

- Work with statutory and 3rd sector partners for funding and resource support.

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Access to Housing Review – Findings and Implications

- Scope: This review included literature and interventions based in the UK, published between 2015-2025, focusing on housing inequality in relation to health.

- Research literature on housing inequality in relation to health is fragmented and difficult to categorise – there are few definitive answers.

- There are three main types of intervention: (1) interventions targeting specific vulnerable groups; (2) gateways to housing and housing services; (3) physical home improvements.

- Evidence in the form of health outcomes for interventions practiced is patchy, although there is some good positive evidence for physical improvement of public housing stock.

- Numerous vulnerable groups are impacted by poor housing situations and each has distinct needs.

- There is no evidence found on ways to manage or reduce housing waiting lists.

- Interventions are mainly focused on cities where demographic groups are concentrated, no interventions were specific to rural and coastal areas.

- Separate but complementary strategies are needed for public housing, across the private rental sector and owner-occupied in the region.

- In the Private Rental Sector, the Council can have a role aligning interests of landlords and tenants to create goodwill.

- The factors that are most important to people needing stable/better housing, having knock-on benefits for health and wellbeing. These are: affordability, stability, quality, connectedness.

- Services delivered in a personalised way (face-to-face where possible) are especially valued.

- Multiple vulnerabilities increase risk of housing issues/need; therefore this review intersects with the others, and specific groups need specific consideration.

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Pathways to Employment Review – Findings and Implications

- Scope: This review included UK based interventions, published between 2014-2025, focusing on gaining employment or returning to work interventions

- Most of the research in this area has been completed outside the UK.

- No research was found specifically targeting coastal or rural communities.

- Individual placement support (IPS) is the approach used most in supporting people into employment.

- Joined up working and cross agency/stakeholder collaboration is needed.

- Sustained employment is known to increase wellbeing and reduce inequality.

- Many of the barriers to achieving sustained employment overlap creating multiple issues.

- Designing a universal employment programme is challenging as the research highlights the need to be issue / person specific.

- Programmes can use a non-employment specific 'hook' or 'magnet' to support engagement and retention (e.g. sport, arts, vouchers).

- There is a lack of evidence for how to achieve effective employment support a) generally, b) UK specific, c) for rural and coastal communities, d) about the quality of employment achieved.

- There is a clear link between health, wellbeing and employment and overlap with many other areas covered by the scoping review project e.g. housing and poverty.

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Mental Health Review – Findings and Implications

- Scope: Interventions focused on Mental Health (not including Neurodiversity) delivered between 2014 and 2025, these included nature based, school based, online etc.

- A wide range of interventions are effective if tied into the participants' interests

- Effective interventions were offered on ongoing basis (e.g. Growing Well) or time limited with structured sessions.

- Social prescribing is complex and dynamic, and effective in reducing mental health issues.

- People with mental health issues prefer informal, non-stigmatising, strengths-based approaches.

- The most effective projects fully embrace co-production at all stages – planning, development, facilitation, evaluation.

- Training and awareness building for referrers and facilitators needs to be costed into schemes.

- Collaboration between organisations can enhance provision.

- There are a wide range of projects happening in Cumberland but limited research evidence of their impact on wellbeing or cost benefit.

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Substance Use Review – Findings and Implications

- Scope: This review included UK based interventions, published between 2014 and 2025 targeting alcohol use, substance use, smoking or a combination.

- There are a wide range of community interventions e.g. online, face to face, professional or peer led.

- Other than pharmacological interventions, most interventions have weak or no evidence of effectiveness.

- The evidence of efficacy is limited as formal evaluation is often not incorporated within intervention planning.

- Interventions are only part of the 'solution', supportive environments such as peer support networks are needed to sustain behaviour change.

- Stigma and discrimination are commonly experienced by participants (e.g., microaggressions) and need to be countered in interventions.

- Interventions need to be culturally relevant and easy to access.

- Communication and relationship development key for working with this vulnerable group.

- Intervention design needs to consider specific 'rural' requirements – simply moving online does not work. No articles were found specifically about interventions in rural settings.

- Ongoing training and support needed for sustainability of interventions.

Obesity Review – Findings and Implications

- Scope: This review included interventions for obesity, based in the UK and published between 2015-2025. These were broadly divided between 'Prevention' such as early years interventions and 'Treatment' such as weight management.

- The importance of supportive environments to sustain success is emphasised in the literature (e.g. schools, family homes).

- The evidence related to food-related interventions far outweighs those relating to physical activity.

- There has been little evidence found specifically about interventions in 'rural' settings.

- No single intervention to prevent obesity was shown to be effective, but some interventions stand out within multicomponent approaches:
  - Promotion of breastfeeding
  - School children starting the day with breakfast
  - Safe and active alternatives to car travel to and from school
  - Physical activity in informal, affordable group settings

- Tailoring the delivery of interventions to suit target groups could improve effectiveness – e.g. young people and adolescents.

- Patterns of stigmatising behaviour are quite well understood and important to tackle.

- A whole-system, local authority-led approach is the gold standard but this needs to be sustained over a long period.

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# Children Cared For Review – Findings and Implications

- Scope: Interventions were included if they looked at improving the lives or prospects of children and young people in care

- Peer-reviewed research literature on children cared for is mainly focused on improving the lives and prospects of children in care.

- Evidence of the effectiveness of interventions is patchy and there is very little peer-reviewed research literature on preventative interventions.

- Our categorisation of interventions shows "Managing mental health and psychological wellbeing " as the largest category.

- The research emphasizes that some young people thrive when cared for in supportive care environments.

- Children cared for are shown to have different needs at different ages – progression through different stages of education needs may provide a useful basis to stratify risk groups and plan tailored interventions.

- For care leavers, there are good models of pathways into Employment Education and Training as well as young people's own stories of "doing well" in everyday living, which may inspire others.

- Prevention of entry into care is under-researched, but the attention it has received from charities and think tanks has generated many well-intentioned recommendations, which document the need for preventative family- and community-based interventions.

- A poor care experience will expose a child to multiple vulnerabilities, exacerbated by conditions in the region; therefore this review intersects with several of the others.

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Main Messages

- A lack of evidence for efficacy of interventions makes it difficult to understand what works and heightens the importance of our own internal evaluation of services.

- There is a clear overlap between all the areas researched creating difficulties in separating out needs, but also illustrating multiple wins can be achieved from any single intervention.

- Poverty is potentially the highest priority area to address in and of itself, and because it affects all the other areas researched so strongly.

- The research highlights the difficulty of planning 'universal' services that meet the needs of very different people, and the multiple needs that any one individual may have. This further highlights the importance of tailored, specific interventions for varying demographics.

- Means of and barriers to engagement need to be considered carefully (e.g. intervention names, locations, incentives) and must be non-stigmatising and culturally sensitive.

- The research highlights the importance of:
  - Collaboration with other providers
  - Co-production with service users
  - Early interventions to prevent worsening situations
  - Long-term funding to allow time for change
  - Supportive environments to sustain any outcomes achieved longer term (families, communities, schools)
  - Adequate staff training and support to handle complex needs and deliver interventions with fidelity.

- There is a lack of attention of the needs of coastal and rural communities underpinning the need for us to explore these variations further in the delivery of the next phases of research (perhaps they are no different or perhaps they have been ignored).

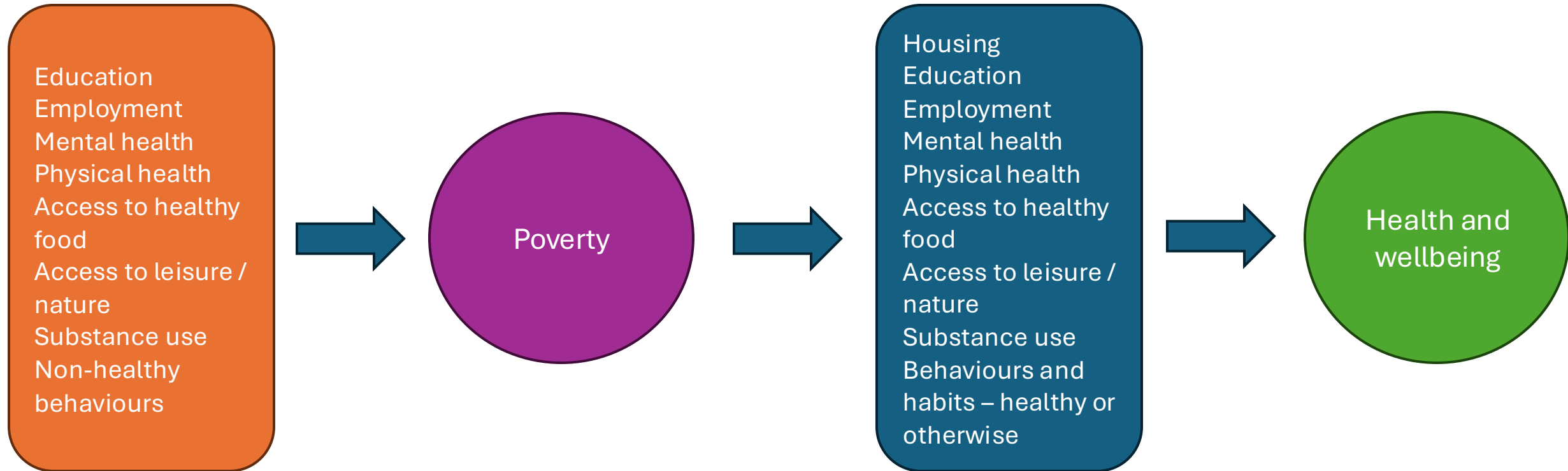Cumberland Council

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This diagram illustrates the size of influence different factors have on health outcomes.

You may wish to consider which of these factors you can influence.
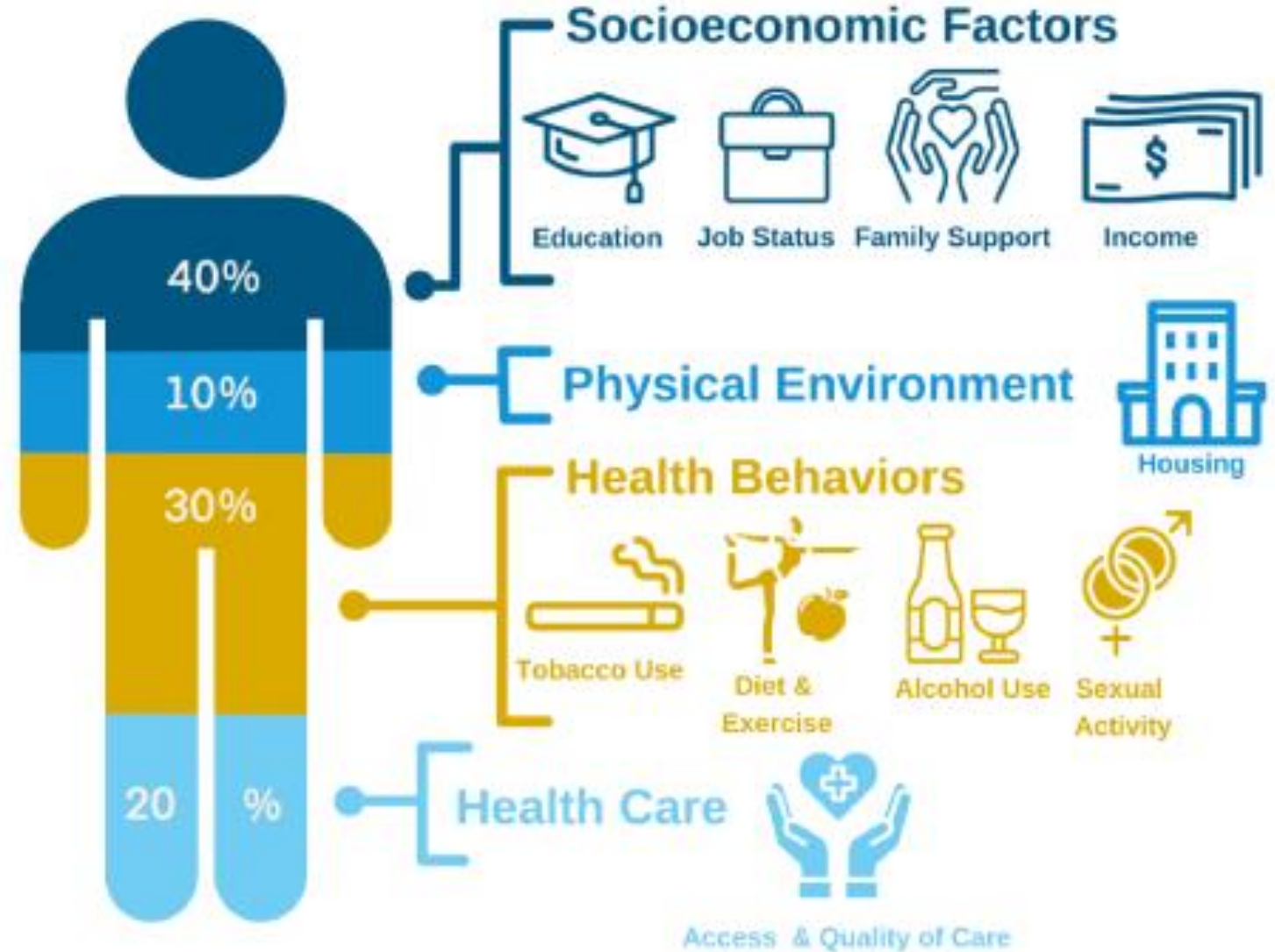
Many factors lead to people living in poverty, which in turn negatively affects further outcomes that lead to poor health and wellbeing. Poverty quickly becomes a vicious cycle.
Even if the Council cannot directly 'solve' poverty it may be able to improve the factors that contribute to poverty and so improve health and wellbeing.

Education
Employment
Mental health
Physical health
Access to healthy food
Access to leisure / nature
Substance use
Non-healthy behaviours

→

Poverty

→

Housing
Education
Employment
Mental health
Physical health
Access to healthy food
Access to leisure / nature
Substance use
Behaviours and habits – healthy or otherwise

→

Health and wellbeing

So What? Suggested Next Steps

Critically review the evidence summarised in the reviews for their relevance to current provision

Analyse where the practices and approaches identified may strengthen what is already provided or be grounds for innovations

Plan regular evaluation of existing and new practices and approaches to build confidence that what is delivered works.

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