

Logic Model v1.0

Public Partnerships Strategic Commitments (2025 - 2030) V1.0

Aim: To improve the way NIHR, its funded researchers and teams work with patients, carers and the broader public in order to ensure the relevance and quality of research and to maximise the impact of research in people's lives.

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG TERM OUTCOMES/IMPACT
<p>Strategic Context</p> <p>Best Research for Best Health: The Next Chapter</p> <p>Going the extra mile</p> <p>O'Shaughnessy Review</p> <p>UK Standards for Public Involvement</p> <p>Research Inclusion strategy and action plan</p> <p>Shared Commitment to Public Involvement in Health and Social Care Research</p> <p>Race Equality Framework</p> <p>NIHR Infrastructure and Resource</p> <p>Partnerships/ Collaborations International partnerships</p> <p>Stakeholders</p>	<p>Embed research inclusion</p> <ul style="list-style-type: none"> Support inclusive clinical trial and study design Embed consistent approaches and facilitate activities to involve people from all backgrounds in research Adopt NIHR disability framework recommendations Improve access to involvement opportunities via digital channels <p>Strengthen Partnerships</p> <ul style="list-style-type: none"> Develop and grow effective pre-application funding for researcher-community partnership building, accessible to charities and community groups Evolve effective local coordination of public partnerships across the NIHR and with partners Fund and learn from targeted partnerships with people and communities who face the most deprivation & experience the worst health outcomes <p>Reward and recognition (R&R)</p> <ul style="list-style-type: none"> Establish a minimum set of requirements for R&R that embed consistency across health research Review NIHR payment rates Strengthen requirement for NIHR-funded orgs. to make easy and acceptable R&R to public contributors and community organisations <p>Require Feedback</p> <ul style="list-style-type: none"> Strengthen the requirement for the research workforce to feed back progress and results in accessible and inclusive ways Support guidance and mechanisms to ensure routine reporting <p>Strengthen Capacity & Capability</p> <ul style="list-style-type: none"> Support and facilitate innovative approaches that increase capacity building for public partnerships activity Invest in and develop 'Learning for Involvement' as a destination to access resources and good practice to support public partnerships learning and development; Require NIHR funded research workforce to undertake public partnerships induction and training; Provide guidance and training on public partnerships for ECR's 	<p>Embed research inclusion</p> <ul style="list-style-type: none"> Clinical trial participants and public contributors to NIHR committees and advisory groups are more reflective of the population. Facilitated access to involvement opportunities <p>Strengthen Partnerships</p> <ul style="list-style-type: none"> Researcher-community partnerships are built / strengthened Effective locality coordination approaches established A "community ready" research workforce <p>Improve reward and recognition</p> <ul style="list-style-type: none"> Consistency in R&R across academia, NHS and others Updated NIHR payment rates and application guidance Appropriate systems that enable easy and quick payments to diverse public contributors <p>Require Feedback</p> <ul style="list-style-type: none"> Research workforce plan & evidence how they feed back progress and results to participants in accessible & inclusive ways; Public partnership best practice is identified. Public Partnerships feedback is well reported <p>Strengthen Capacity & Capability</p> <ul style="list-style-type: none"> Shared learning and peer support; Resources and good practice to support public partnerships accessed through Learning for Involvement Clarity about public partnerships training expectations 	<p><i>(2-5 years)</i></p> <p>Embed research inclusion Sustained progress is made in widening participation, embedding inclusion and increasing the diversity of people and communities who participate in, shape and deliver research.</p> <p>Strengthen Partnerships Beneficial and sustainable partnerships are strengthened and grown between researchers and diverse communities and community-based organisations</p> <p>Improve reward and recognition Systems of reward and recognition for the involvement of people and communities are more equitable, efficient and consistent across NIHR coordinating centres, infrastructure and research.</p> <p>Require Feedback People and communities routinely receive and have the opportunity for feedback from their involvement and participation in research</p> <p>Strengthen Capacity & Capability Improved experiences of public partnerships being meaningful and effective</p>	<p><i>(5-10 years)</i></p> <p>NIHR's work and research improves health and care and reduces health inequalities.</p> <p>People and communities are equal partners and innovators</p> <p>People whose health needs are greatest gain the most from health and care research (O'Shaughnessy)</p> <p>Increased trust in the NIHR's work and health and care research</p> <p>Health and care research reflects what matters to people and communities</p>

Assumptions:

- Social, economic and health context remains stable.
- Finance will be the same as or more than what is in the wider NIHR system now.
- Capacity will be the same as or more than what is in the wider NIHR system now.
- Strategic commitment leads know of and can build on learning within and beyond the NIHR
- There is a bilateral relationship between public partnership and digital programme
- There are contractual and other drivers influencing parts of the NIHR to improve public partnerships

Public Partnerships Strategic Commitments logic model

Meerat Kaur (corresponding Author)¹, Zoe Gray¹, Sophie Jarvis², Georgia Pike³, Jeremy Taylor⁴

¹ Public Partnerships team,, National Institute for Health and Care Research

² Research Infrastructure, National Institute for Health and Care Research

³ Monitoring, Evaluation and Learning team, National Institute for Health and Care Research

⁴ Director of Public Voice, National Institute for Health and Care Research

Established in 2006, the [National Institute for Health and Care Research](#) (NIHR) seeks to improve the health and wealth of the nation through research and is funded by the Department of Health and Social Care (DHSC). Its funding programmes support high quality research in a broad range of topic areas that benefit the NHS, public health and social care.

The NIHR is committed to working with patients, service users, carers and communities to shape the NIHR's work and research. We call this public partnerships, and it is how we ensure that our research reflects what matters to people and communities, and meets their needs. The [NIHR Strategic Commitments 2025-2030](#) demonstrate our ambition to be diverse, inclusive and impactful in how we work with people and communities to:

- Embed research inclusion
- Strengthen partnerships
- Improve reward and recognition
- Require feedback
- Strengthen capability and capacity

Public partnerships are central to NIHR's mission. Patients, Service users, carers and the public play a vital role in helping shape research, contribute to NIHR funding decisions, and participate in studies and trials so it is imperative NIHR stays current and continues advancing in approaches to sustaining this partnership.

To assist with planning, implementation and evaluation of Strategic Commitments, a logic model has been created to serve as a visual representation of the programme. A logic model outlines the resources which will be put into the programme ('inputs'), the activities which will take place in the course of the programme, and the outputs or direct results of the programme. It then details the outcomes or changes that might be expected as a result of these other components of the programme.

The logic model is shown above and described below:

Inputs

The first component of the logic model focuses on inputs, the resources which are put into the programme in order to undertake the activities which produce the outputs. The inputs are:

- Strategic Context
 - Best Research for Best Health: The Next Chapter
 - Going the extra mile
 - O’Shaughnessy Review
 - UK Standards for Public Involvement
 - Research Inclusion strategy and action plan
 - Shared Commitment to Public Involvement in Health and Social Care Research
 - Race Equality Framework
- NIHR Infrastructure and Resource
- Partnerships/Collaborations
 - International partnerships
- Stakeholders

Activities

The above inputs feed into the second component of the logic model which consists of the activities conducted by the award holders and NIHR:

- **Embed research inclusion**
 - Support inclusive clinical trial and study design.
 - Embed consistent approaches and facilitate activities to involve people from all backgrounds in research.
 - Adopt NIHR disability framework recommendations.
 - Improve access to involvement opportunities via digital channels
- **Strengthen Partnerships**
 - Develop and grow effective pre-application funding for researcher-community partnership building, accessible to charities and community groups.
 - Evolve effective local coordination of public partnerships across the NIHR and with partners.
 - Fund and learn from targeted partnerships with people and communities who face the most deprivation & experience the worst health outcomes.
- **Reward and recognition (R&R)**
 - Establish a minimum set of requirements for R&R that embed consistency across health research.
 - Review NIHR payment rates.
 - Strengthen requirement for NIHR-funded orgs. to make easy and acceptable R&R to public contributors and community organisations.
- **Require Feedback**

Public Partnerships Strategic Commitments Logic Model

- Strengthen the requirement for the research workforce to feed back progress and results in accessible and inclusive ways.
- Support guidance and mechanisms to ensure routine reporting.
- **Strengthen Capacity & Capability**
 - Support and facilitate innovative approaches that increase capacity building for public partnerships activity.
 - Invest in and develop 'Learning for Involvement' as a destination to access resources and good practice to support public partnerships learning and development.
 - Require NIHR funded research workforce to undertake public partnerships induction and training.
 - Provide guidance and training on public partnerships for Early Career Researcher's (ECR).

Outputs

The tangible, measurable products, goods and services which are expected to result from the inputs and activities from the different awards are:

- **Embed research inclusion**
 - Clinical trial participants and public contributors to NIHR committees and advisory groups are more reflective of the population.
 - Facilitated access to involvement opportunities.
- **Strengthen Partnerships**
 - Researcher-community partnerships are built / strengthened.
 - Effective locality coordination approaches established.
 - A "community ready" research workforce.
- **Improve reward and recognition**
 - Consistency in R&R across academia, NHS and others
 - Updated NIHR payment rates and application guidance
 - Appropriate systems that enable easy and quick payments to diverse public contributors.
- **Require Feedback**
 - Research workforce plan & evidence how they feed back progress and results to participants in accessible & inclusive ways;
 - Public partnership best practice is identified.
 - Public Partnerships feedback is well reported
- **Strengthen Capacity & Capability**
 - Shared learning and peer support.
 - Resources and good practice to support public partnerships accessed through Learning for Involvement.
 - Clarity about public partnerships training expectations.

Short-Term Outcomes (2 - 5 Years)

Outcomes are the changes or benefits the programme intends to produce by funding a portfolio of research. The inputs, activities and outputs are expected to create changes in the short, medium and long term. The inputs, activities and outputs are within the control of the Strategic Commitment team, whereas the short- and medium-term outcomes these create are within the programme's sphere of influence rather than control, and the long-term impacts are within an indirect sphere of influence.

With that in mind, as a result of all of the inputs, activities and outputs, we might expect the following outcomes in the short to medium term of two to five years:

- **Embed research inclusion**
 - Sustained progress is made in widening participation, embedding inclusion and increasing the diversity of people and communities who participate in, shape and deliver research.
- **Strengthen Partnerships**
 - Beneficial and sustainable partnerships are strengthened and grown between researchers and diverse communities and community-based organisations
- **Improve reward and recognition**
 - Systems of reward and recognition for the involvement of people and communities are more equitable, efficient and consistent across NIHR coordinating centres, infrastructure and research.
- **Require Feedback**
 - People and communities routinely receive and have the opportunity for feedback from their involvement and participation in research
- **Strengthen Capacity & Capability**
 - Improved experiences of public partnerships being meaningful and effective

Long-Term Outcomes/Impact (5 - 10 Years)

Long term outcomes are those which might be seen within five to ten years onwards. They are changes which the programme hopes to contribute towards but it must be acknowledged that they are outside the programme's direct sphere of influence and will be influenced by multiple other factors:

- NIHR's work and research improves health and care and reduces health inequalities.
- People and communities are equal partners and innovators.
- People whose health needs are greatest gain the most from health and care research (O'Shaughnessy).
- Increased trust in the NIHR's work and health and care research.
- Health and care research reflects what matters to people and communities.

Assumptions and Context

For Strategic Commitments to be delivered and achieve its outcomes through the components described above relies on some assumptions:

- Social, economic and health context remains stable.
- Finance will be the same as or more than what is in the wider NIHR system now.
- Capacity will be the same as or more than what is in the wider NIHR system now.
- Strategic commitment leads know of and can build on learning within and beyond the NIHR.
- There is a bilateral relationship between public partnership and digital programme.
- There are contractual and other drivers influencing parts of the NIHR to improve public partnerships.

Contributions and Acknowledgements

The NIHR supports the principles of open research, including full and appropriate recognition of the many varied contributions to the creation of knowledge. To support this, we use the [CRediT taxonomy](#) to accurately reflect how each team member has brought their knowledge and skills to the development and delivery of this work. Those that have contributed to this work are listed alphabetically:

- Meerat Kaur: Conceptualisation, Methodology, Project administration, Supervision, Validation, Visualisation, Writing - Original draft, Writing– review & editing
- Sophie Jarvis: Project administration, Visualization, Writing – original draft, Writing – review & editing
- Georgia Pike: Methodology, Project administration, Supervision, Validation, Visualisation, Writing - Original draft, Writing– review & editing
- Zoe Gray: Supervision, Writing – review & editing
- Jeremy Taylor: Project administration, Visualization, Writing – original draft, Writing – review & editing

Competing interests

This work has been undertaken as part of the delivery of the National Institute for Health and Care Research (NIHR), which is funded by the Department of Health and Social Care. No competing interests were disclosed.