

**Letter to editor regarding: “Local authorities need tailored research ethics processes to support research capacity building”**

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Dear Editor-in-Chief,

We read with interest the article published by Levitas et al. in *Public Health in Practice* and we welcome the timely representation of the possibilities regarding ethical procedures which are typical to local authority (LA) based research work [1]. Levitas et al. conclude that there is limited understanding about the structure, nature and approaches to research ethics and governance processes in LAs. Based on our own experiential experience of over two years as a National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC), we would like to make an addition to the literature, by providing a brief reflective overview on our operational journey with University ethics committees and our own internal LA governance framework. To provide context, our insight comes from the perspective of researchers from a LA-based HDRC team and our collaborating academic partner institutions. Together, we have experience of developing and delivering a research function within local government and supporting multiple projects across a variety of LA services.

On reading the article, and through our reflection, we find ourselves somewhere between the ‘assurance’ and the ‘advice’ models as identified by Levitas et al. [1]. To explain, through our collaboration with partner academic institutions we utilise embedded researchers (for a description, see: [2]) that take a lead on an ethical submission for a research project via their university committee. Embedded researchers are typically assigned as the ‘principal investigator’. In some cases, the LA setting might require smaller and more locally relevant projects such as rapid evaluations of service provision or consultations. Although these projects are different, they are no less important to the function of a LA. These projects within a LA still require the ‘skills’ and ‘tools’ of research which relate to academic practice. If a HDRC has the required function to support research capacity and capability within local government [3], we would argue that part of that process is to encourage LA officers to be ethically mindful when considering both research and smaller scale locally relevant projects. Currently, to assess potential projects we are using an ‘Ethical Considerations Flowchart’ (see Fig. 1), which allows our LA officers to make decisions and to contact relevant colleagues who can discuss and provide additional advice. This was devised in discussion with our embedded researchers and our research governance officers within the LA.

After two years of NIHR funding, it is now becoming increasingly routine that research projects can enter the practice of services within the LA. Furthermore, a HDRC is seen as a driver for change for the LA to become research active, allowing for better evidence to inform local decision-making processes. It is certainly an appropriate time to consider a move away from the research ‘done to’ LAs approach (i.e. the ‘assurance’ model) as the increased investment now facilitates the need to develop an inclusive and bespoke setting-based framework. As LAs become research mature, we would support a move to a hybrid model which incorporates both research governance and ethical clearance. The creation of a model which may sit outside university structures can take heart from the example set by the UK National Health Service’s research ethics service [4], which has this arrangement.

Our short contribution in this letter highlights an important journey our HDRC has been through and that we are mindful of conducting relevant ethical and governance processes for the diversity of projects across the LA. Our current step-by-step pathway adds more procedural clarity for colleagues in similar positions to ourselves. This now underpins decisions in the LA for producing high quality applied research [5] but also other types of smaller and more locally relevant projects, using research tasks and tools in this setting (e.g. service improvement, evaluations and consultations).

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2. Holding E, Gettings R, Foster A, Dowrick L, Hampshire S, Haywood A, Homer C, Booth A, Goyder E. Developing the embedded researcher role: Learning from the first year of the National Institute for Health and Care Research (NIHR), Health Determinants Research Collaboration (HDRC), Doncaster, UK. *Public Health Pract* 2024;7:100516 <https://doi.org/10.1016/j.puhip.2024.100516>.
3. National Institute for Health and Care Research. Health Determinants Research Collaborations (HDRC), <https://www.nihr.ac.uk/about-us/what-we-do/working-with-partners/local-authorities/health-determinants-research-collaborations>; 2025 [accessed 10 May 2025].
4. National Health Service Health Research Authority. Research Ethics Service and Research Ethics Committees, <https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/>; 2025 [accessed 10 May 2025].
5. Dowrick L, Shackleton V, Nazir-Desforjes S, Gettings R, Holding E, Rogerson M, Homer C, Williams C. Young people's experiences of vaping in their community: a co-created study between embedded researchers and local authority public health practitioners. *Perspect Public Health* 2025;145:113-119 <https://doi.org/10.1177/17579139251325156>