

Supporting and enabling health research in local authority: an exploratory study (SERLA)

Research Protocol

1. BACKGROUND and SCIENTIFIC RATIONALE

This spring marks seven years since the responsibility for public health was transferred back to Local Authorities (LAs) in England as part of the government's health and social care reforms [1]. LAs were given the legal responsibility to improve local public health and reduce health inequalities [2], with elected councillors inheriting ultimate decision-making powers for public health priority setting and commissioning [2]. LA public health helps the council deliver its legal duty and to help support their endeavours they receive an annual public health grant from the Department of Health and Social Care (DHSC). In 2019/20 the total public health grant for LAs was £3.13 billion [3] but this grant has been significantly cut by £200 million in recent years [4]. These continuous and substantial cuts to public services place significant challenges for LA actions increasing the need for reliable and timely evidence to optimise the use of resources and implement effective changes to improve population health [5].

Using research evidence to improve public health outcomes is widely recommended as it can help decision and policy makers to understand a problem, frame options to respond appropriately and address implementation considerations for interventions in various contexts [6, 7]. The academic community seeks to produce usable evidence to inform public health practice and decision making [8] but a recent systematic scoping review found that much of the research evidence is underutilised in LA public health because it is not always relevant to the local context due to its global nature. Consequently, decision makers often turn to other sources, such as local intelligence, expert opinion, anecdotal information, and local evaluation evidence of unknown methodological quality [8,9]. There are other reported barriers to using research evidence in local public health practice and decision-making including time constraints, capacity and expertise, mismatched timescales of policy and academic research, access and availability of research evidence, the role of evidence within a political organisation and no ring-fenced budget for research [9-12]. Nevertheless, there is an appetite for using research evidence to inform public health actions [13], but to facilitate and maximise its use it must demonstrate local salience [9,10].

The current body of literature postulates that researchers need to understand and respond to the evidence needs of decision-makers to support public health actions to address local priority needs [9,10,11,14]. Collaboration between researchers and practitioners is considered key in creating evidence that is of relevance to local need [9,10]. Useful methods for the co-production of evidence between academia and LAs may be achieved through joint appointments between LA and academia and or embedding researchers in the LA, but flexible research funding schemes are needed to support such models [14-16]. In the Academy of Medical Sciences report for '*Improving the health of the public by 2040*' they have called for transdisciplinary research to tackle future public health challenges [17]. Similarly, in their editorial, Lockwood and Walters [18] called for more research into wider determinants of health to adequately inform local public health actions and recommended involving LAs in the creation of public health evidence.

The NIHR has long history of providing significant funding for NHS research and research infrastructure, including developing a skilled workforce, recently pledging to extend its support to non-NHS public health and social care research [19]. They are major funder for the Public Health Research (PHR) programme who are ambitious about supporting LAs to build an evidence base to improve population health and reduce health inequalities. This ambition is evidenced through the current themed funding call and recent innovative funding streams including the Public Health Practice Evaluation Scheme (PHPES) [20] and the Public Health Intervention Responsive Studies (PHIRST) scheme [21].

Building an evidence-base for LA public health interventions is a high priority to improve population health [5]. It has been recommend that the NIHR provide a relevant mirroring of NHS research infrastructure for non-NHS environments such as LAs to inform public health actions [18], but LAs are an intensely complex system with internal (i.e. staff, structures, cultural values) and external (i.e. political environment, national directive) influences [16]. To our knowledge there is no published research evidence on how a research system could be developed, operationalised, and maintained within a political organisation. To fill this gap in knowledge, this study will use two major public health challenges as exemplars which aims to provide current and credible insight into public health actions in relation to standard practice (childhood obesity) and a crisis situation (COVID-19). We will also identify mechanisms for a research system to support LA health research to better inform future public health decision making and practice.

We have chosen childhood obesity and the current COVID-19 crisis as exemplars for this study because childhood obesity is a current high priority for Southampton LA public health as demonstrated in their recent scrutiny inquiry [23] and they are currently proactively involved in planning and preparing action to protect their community from the spread of COVID-19. We felt that including chronic and acute major public health challenges it would encourage active engagement in our study and help facilitate fruitful conversations with study participants about the processes, considerations, and people relevant for generating and using evidence under different circumstances.

2. RESEARCH AIMS and OBJECTIVES

This study aims to better understand the factors, relationships and processes that contribute towards using and generating research evidence that is relevant to local authority public health and shapes its practice. Using responses to the long-term challenge of childhood obesity and the evolving COVID-19 pandemic as exemplars.

The key objectives of the study are to:

1. Understand the process of accessing and using evidence in Southampton City Council.
2. Explore the attitudes and perceptions among officers and councillors for research and evaluation within a local authority environment.
3. Develop an understanding about what is necessary to create a research system to sustainably create influential and innovative research activity within a local authority environment.
4. Explore how community groups and the public are currently involved with Southampton City Council services and their views about how this process could be developed to embed greater involvement in future research and evaluation.

3. STUDY DESIGN and METHODS of DATA COLLECTION and DATA ANALYSIS

Study design

We will adopt a qualitative study design using semi-structured individual interviews.

Methods of data collection

Data will be collected using individual semi-structured interviews between September and October 2020. Considering the current COVID-19 pandemic and the government guidelines on social distancing, all interviews will be conducted using online platforms such as Microsoft Teams or by telephone, lasting no longer than 60 minutes. Due to the short timescale for the study, we aim to undertake 14 interviews with officers and councillors within Southampton City council, a representative of existing partnerships with LA and external organisations with respect to research, and community members. We will develop separate interview guides for LA staff and community members based on our study aims and objectives. Interview guides will be developed by the team, with PPIE representatives (see section 10 below for PPIE involvement) advising on important areas to cover and discuss when interviewing community members. Interview schedules will be reviewed by a qualitative expert from the Research Design Service (RDS) at the University of Southampton (UoS), and by PPIE representatives (the community interview schedule only). The project is expected to start in September and end in December, but these timelines may not be feasible if there is a second peak of COVID-19.

Data Analysis

All interviews will be transcribed in full using a transcription service regularly used by the University of Southampton. Transcripts and audio-recordings will be stored electronically on the University network. Anonymised interview transcripts will be imported into NVivo Software and subjected to thematic analysis [24]. A combination of inductive analysis and deductive techniques will be used to generate codes. This process will involve reading and re-reading text and assigning broad thematic codes, some of which will be pre-defined from the topics covered in the interview schedule. To aid credibility and trustworthiness of findings, analyses and interpretations will initially be discussed and checked with a qualitative expert from the RDS. Preliminary findings will be discussed with the study team and participants for interpretation and validation, to check that the themes accurately reflect their perspectives before being reported.

4. STUDY SETTING and CONTEXT

Southampton LA was the chosen setting for this study based on our existing professional networks with Southampton City Council and already having a member of the research team embedded within the LA public health team for the last 12 months (for 2 days per week), and who is available to undertake this study. During the embedded role, a reflective diary was kept and updated regularly by recording reflections and observations during the project work and key meetings (e.g. Health and Wellbeing Boards, Obesity Scrutiny Inquiry and Southampton Warmth for All Partnerships). The main take home message is that Southampton LA public health are not research active nor are they research ready but they are an ambitious and passionate team who are keen to make more use of research evidence to better inform decisions and practice. The embedded role has been an opportunity to develop a rapport with many officers working across Southampton LA and we believe this will be a catalyst for active engagement in our study.

Southampton City Council is unitary authority who are responsible for all local services within the city. They have been under Labour administration for several years, with electoral cycles being held three out of every four years. The council has 48 democratically elected councillors and operates with a

Leader and Cabinet. The Leader of the council is elected annually and then appoints a Cabinet of between two and nine members. Each Cabinet Member has their own portfolio to look after, example portfolios include Healthier and Safer City, and Green City and Environment. The Leader may delegate decisions to individual Cabinet Members or decisions may be made collectively by the whole cabinet [22]. These decisions are scrutinised during overview and scrutiny committees, such as the recent scrutiny inquiry into tackling childhood obesity [23]. The Leader and the Cabinet are responsible for making decisions on policy, plans and strategies [22].

5. SAMPLE and RECRUITMENT

A purposive sample of LA staff working across departments in the authority will be invited to take part in our study. These will include but are not limited to the Director of Public Health (DPH), Public Health Consultants, Public Health Practitioners, Strategic Intelligence Leads, Scrutiny Managers, Scrutiny Panel Members, Cabinet members and a range of Officers leading other council functions that influence the wider determinants of health (for example, urban planning, transport, housing, licensing). We have the support from the DPH for Southampton (co-applicant) to undertake this study within the LA. We will invite public members who are involved in the Southampton Peoples Panel to take part in this study. We will also invite community members who will be identified by PPIE representatives involved in the PPIE workstream of this study (see Appendix 1 for study design).

A recruitment email will be circulated to all potential participants accompanied with an information sheet and consent form explaining the purpose of the study and the interview process. At the beginning of each interview we will review the consent information with each participant. The interviewer will provide a clear and concise overview of the study rationale and the expected consequences of participating. It will be made clear that participation is entirely voluntary, and participants are free to withdraw from the study at any time without giving any reason and this will not affect their participation rights. It will also be emphasised that all the results will be kept confidential and will be anonymised for analysis.

6. DISSEMINATION, OUTPUTS and ANITICIPATED IMPACT

The main output includes a report and presentation slides based on a comprehensive overview of the work undertaken. A draft report will be submitted to the NIHR by mid-December 2020. All outputs will reference NIHR as the funding body. The LA will share the report with colleagues across the region and it will be publicly available to view online. We will also share the findings with local and national Public Policy colleagues across academia and PHE. We anticipate that this study will provide invaluable comprehensive insights into the mechanisms and actions needed to create a research system that is fit for purpose within a LA environment to better inform future practice and policy decisions within health and care systems. We plan to co-ordinate and host a national stakeholder event to disseminate our findings. This event will be open for other successful applicants of this funding call to collectively share our learnings and obtain a better consensus for a sustainable research system to support LAs research activity. In addition, we plan to present our findings at LGA and PHE conferences.

7. STUDY TIMELINE and MILESTONES

Key Milestones	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Project set-up & ethics	x	x			
Recruitment & interviews		x	x		
Transcription & analysis		x	x	x	
Draft report & presentation slides				x	x
Final report & presentation slides					x

8. PROJECT MANAGEMENT and GOVERNANCE

Professor Julie Parkes is the Chief Investigator for the study and will oversee the project, working closely the researcher and co-applicants to achieve the study aims and objectives. The study will be conducted by a researcher (Ciara McGee) who has previously been under the supervision of JP for a recent scoping study of non-NHS research activity across Wessex and supervision of the DPH for Southampton during her embedded role. Our Study Steering Committee (SSC) will consist of representatives of Directors of Public Health in Wessex and from the University of Southampton Public Policy Group.

9. ETHICAL and REGULATORY CONSIDERATIONS

We will seek ethical approval for the study from the University of Southampton Research Ethics Committee.

10. PATIENT and PUBLIC INVOLVEMENT

We will include members of the local community in all aspects of this work from planning to delivery. The PPI lead on this proposal currently leads a programme of work, 'Reaching Out', which focuses on building sustainable relationships with 'underrepresented' communities in Southampton. This work promotes diversity in public involvement and helps to ensure those people who may suffer disproportionately poor health outcomes have opportunities to contribute to the research agenda. Linking into this work has allowed representatives from different communities in Southampton to feed into this proposal. To date, we have discussed the project with a resident and representative of the Holyrood estate in Southampton. Holyrood is a neighbourhood of high deprivation (10% most deprived in the IMD) in central Southampton. We have also discussed the project with a representative who describes herself as an active member of the local Afghani community, and a volunteer for West Itchen community Trust, a charity promoting social cohesion in a diverse inner-city neighbourhood. We have also worked with these individuals to consider our plan for PPI going forward in the project, and the roles that they might have in contributing to this work, and to ensuring that consideration is made to an appropriate model for PPI to be integrated and embedded in a sustainable research system.

As key stakeholders and ultimate beneficiaries of any research infrastructure, it is vital that communities and populations in Southampton have a means of influencing and contributing to potential research carried out. We will therefore continue to involve community members as PPIE, their role being to help us understand how we can ensure meaningful involvement is embedded as part of any research system. This will help ensure future research is meaningful, appropriate, and relevant. Building on the good work that is happening in Southampton to engage with a diverse range of community groups, we will continue to link in with the Reaching Out project, utilising these contacts to involve a broad range of people. We will also seek to involve a public member who has some experience of public participation in a LA setting, who we hope to identify through our own networks or through partners in LA. We will work closely with these individuals and communities throughout the study. One example would be to help us think about the emerging themes from the qualitative data, particularly in relation to any knowledge generated around current community involvement in the LA setting. We will then work with our PPIE representatives to co-design an output relating to PPIE. This would include information about how SCC currently involve and engage communities, as well as recommendations for integrating PPIE into a sustainable research system. PPIE members will also be involved in the dissemination event, potentially through discussing and presenting the recommendations for integrated PPIE.

Due to the Covid-19 pandemic we will not be using the advisory group format for PPIE work, instead consulting with our PPIE members on a one to one basis. One to one training and support will also be provided by the PPI lead (materials developed by the regional NIHR Public Involvement Network may be used if required), and input will be over telephone/videocall/email – individual PPIE representatives will be able to decide their preferred method of input.

11. PROJECT EXPERTISE, ROLES and RESPONSIBILITIES

Professor Julie Parkes is a Professor in Public Health at the UoS and Head of School of Primary Care, Population Sciences and Medical Education Faculty of Medicine and Associate Dean for Public Health & Transformation Thames Valley and Wessex Health Education England, leading the Public Health Network across two regions in education and training. Chair of the Wessex PH Reference Group working closely with partners across Wessex in academia and LAs to facilitate closer collaborations and priority setting. Experience of applied health research, leading research streams within NIHR research infrastructure across sectors, and PI in research in community and public health settings. Established collaboration over the past 18 months with Wessex CRN and SCC in exploring utility of an embedded researcher in the LA Public Health team.

Professor Janis Baird Professor of Public Health and Epidemiology at the MRC Lifecourse Epidemiology Unit, UoS. She brings expertise in lifecourse epidemiology and complex intervention research including the research methods required to evaluate such interventions. In her research, she applies systems approaches to understand and improve health behaviours in childhood, adolescence and other preconceptional phases of the lifecourse. She works closely with public health partners locally and nationally and is currently involved in work on childhood obesity and Covid-19 with SCC. She will provide expertise in applied health research/infrastructure/local authority collaborations, advising on the study design and will contribute to support of researcher.

Professor Lee-Ann Fenge is a Professor of Social Care and Director of the Centre for Seldom Heard Voices at Bournemouth University. She has experience in participatory research methods with seldom heard groups including older people, young people with disabilities, and homeless people. She works closely with LA partners and has conducted service evaluations with LAs in London and the south of England. She brings expertise in social work/social care and inclusive qualitative research methodologies for PPI and will help to supervise the researcher, particularly the qualitative work and advising on the study design.

Dr Ivaylo Vassilev, Associate Professor is a social scientist with experience in using qualitative and quantitative network methods for understanding the role of social networks in shaping individual and group behaviours and practices. He has been involved with the development, evaluation and implementation of community-based interventions working with local partners in different settings. He will advise on the study design and data analysis as well as helping to supervise the researcher.

Dr Debbie Chase is the interim DPH for SCC, having been a consultant in Public Health in previous years following a PhD from the UoS. She has been key in development of the embedded researcher in the council and has overseen this work over the past year. She brings senior expertise in Public Health and in particular local authority processes, and will be able to utilise key relationships in the local economy and senior team in the council to advocate for, facilitate and support the study; oversight of the direction and conduct of the study.

Dr Ciara McGee is currently embedded within Southampton LA Public Health team exploring the research culture and environment within the authority. She will be responsible for the day to day

management and delivery of this project, supported by the research team. She has research experience using mixed methodology gained through her PhD and working on academic public health projects.

Megan Barlow-Pay is a senior PPI advisor supporting and delivering on PPIE within the NIHR. She has experience and expertise in working to engage seldom heard groups and has extensive connections across a range of different communities within Southampton. She will lead the PPIE workstream of the study and advise on the study design.

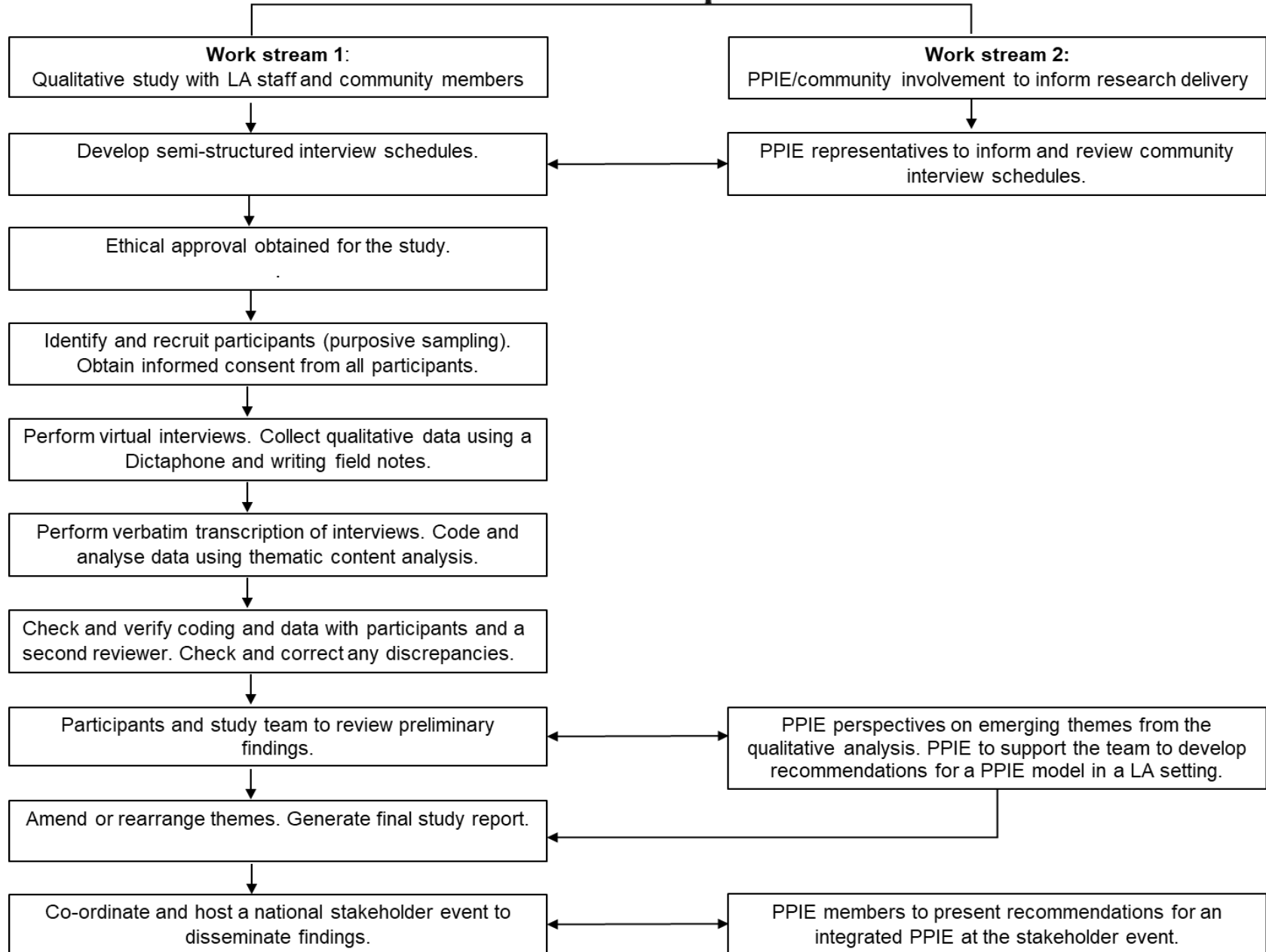
12. SUCCESS CRITERIA and STUDY BARRIERS

The successful completion of our study will provide an improved understanding on the factors that contribute towards generating research evidence that is of relevance to local public health. It will provide models of best practice to promote research within LAs that is relevant for public health and social care practice. The study findings will also facilitate further discussions between the NIHR and DHSC around sustainable research models to support LAs to become more research active and utilise evidence already in existence. A major barrier to our work is the short timescale given for this work, which may not be feasible to achieve due to the current COVID-19 crisis or if there is a second peak of the virus. To mitigate this barrier, we will conduct virtual semi-structured interviews using Microsoft Teams or by telephone.

13. Acknowledgment and Disclaimer

This study is funded by the National Institute for Health Research (NIHR) Public Health Research Programme (NIHR131747). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Appendix 1 Study Flow Chart



REFERENCES

1. Department of Health (2012). Public Health in Local Government: Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf [Accessed 1st April 2020]
2. Gorsky M, Lock K, Hogarth S. Public health and English and local government perspectives on the impact of 'returning home'. *Journal of Public Health*. 2014;36(4):546-51.
3. Department of Health and Social Care (2018). Public health ring-fenced grant 2019/20 circular.
4. TheKingsFund (2017). Chickens coming home to roost: local government public health budgets for 2017/18. Available from: <https://www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18> [Accessed 1st April 2020]
5. Dorling H, Cook D, Ollerhead L & Westmore M. The NIHR Public Health Research Programme: responding to local authority research needs in the United Kingdom, *Health Research Policy and System*. 2015;13:77.
6. Brownson RC, Fielding JE, Maylahn C. Evidence-based Public Health: A fundamental Concept for Public Health Practice. *Annual Review Public Health*. 2009;30:175-201.
7. Frias Khalid A, Lavis JN, EL- Jardali, F, & Vanstone M. Supporting the use of research evidence in decision-making in crisis zones in low-and middle-income countries: a critical interpretive synthesis. *Health Research Policy and Systems*. 2020;18:21.
8. Whitty C. What makes an academic paper useful for health policy. *British Medical Council*. 2015;13:301
9. Kneale D, Rojas-Garcia A, Raine R & Thomas J. The use of evidence in English local public health decision-making: a systematic scoping review. *Implementation Science*. 2017;12:53.
10. Kneale D, Rojas-Garcia A, & Thomas J. Obstacles and opportunities to using research evidence in local public health decision-making in England. *Health Research Policy and Systems*. 2019;17:61.
11. Atkins L, Kelly M, Littleford C, Leng G & Michie S. Reversing the pipeline? Implementing public health evidence-based guidance in English local government. *Implementation science*. 2017;12:63.
12. Curtis K, Fulton E & Brown K. Factors influencing application of behavioural science evidence by public health decision-makers and practitioners, and implications for practice *Preventive Medicine Reports*. 2018;12:106-115.
13. Kneale D, Rojas-Garcia A, & Thomas. Exploring the importance of evidence in local health and wellbeing strategies. *Journal of Public Health*. 2018;40(1):i13-23.
14. Van der Graaf, P, Forrest, L, Adams, J, Shucksmith, J & White M. How do public health professionals view and engage with research? A qualitative interview study and stakeholder workshop engaging public health professionals and researchers *BMC Public Health*. 2018;17:892.
15. Cheetham, M, Wiseman, A, Khazaeli, B, Gibson, E, Gray, P, Van der Graaf, P & Rushmer R. Embedded research: a promising way to create evidence-informed impact in public health? *Journal of Public Health*. 2018;(40):I64-I70.
16. Cheetham M, Redgate S, van der Graaf P, Local Authority Champions of Research Project: A report for the Health Foundation. [Unpublished report]. Available from: <http://www.fuse.ac.uk/askfuse/resources/LACoR%20report%20final%20311019%20draft%20for%20website.pdf> [Accessed 1st April 2020]
17. Academy of Medical Science (2016). *Improving the Health of the Public by 2040*, London.
18. Lockwood A & Walters H. Making the most of public health research. *Journal of Public Health*. 2018;40(4):673-674.
19. Department of Health (2018). Eligibility criteria for NIHR Clinical Research Network Support. Available from <https://www.nihr.ac.uk/documents/researchers/collaborations-services-and-support-for-your-research/run-your-study/Eligibility%20Criteria%20for%20NIHR%20Clinical%20Research%20Network%20Support.pdf> [Accessed 1st April 2020]

20. National Institute for Health Research, School for Public Health Research. Public Health Practice Evaluation Scheme (PHPES). Available from <https://sphr.nihr.ac.uk/get-involved/public-health-practice-evaluation-scheme-phpes/> [Accessed 1st April 2020]
21. National Institute for Health Research. Public Health Intervention Responsive Studies Team (PHIRST) call. Available from <https://www.nihr.ac.uk/funding/public-health-intervention-responsive-studies-teams-phirst-call-for-local-authority-initiatives/24248> [Accessed 1st April 2020]
22. Southampton City Council Councillors. Available from www.southampton.gov.uk/council-democracy/councillors/ [Accessed 8th April 2020]
23. Scrutiny Inquiry Panel – Tackling Childhood Obesity in Southampton Available from: www.southampton.gov.uk/council-democracy/meetings/scrutiny [Accessed 8th April 2020]
24. Marshall C, Rossman GB. Designing qualitative research. London: Sage; 2006.