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Local Authority Research Systems – A qualitative study to inform the development of a South Gloucestershire Council wide research system

Study Protocol

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Short study title / acronym

South Gloucestershire Council Research System Study - SGCRSS

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Background

The Health and Social Care Act of 2012 resulted in the transfer of Public Health (PH) from the National Health Service (NHS) to Local Authorities (LAs), co-locating it with social care, housing, transport, and place services. An advantage of the location of PH within LAs is that it enables leaders to take a population-level and non-clinical approach to meeting health needs and addressing and preventing issues using interventions and research. The Academy of Medical Sciences "Improving the health of the public by 2040" report¹ stressed the importance of forming transdisciplinary teams and adopting a systems approach² to investigating and understanding the broad

range of interrelated factors that influence the health of the public, known as the wider determinants of health. These include social, cultural, and technological factors, the built and natural environment, and the effects of policies, education, and place. A recent government policy paper³ and the NHS Long Term Plan⁴ also place a heavy emphasis on prevention, achieved through targeting wider determinants through intervention at a local population level. Given the place of PH in local authorities alongside related services such as social care, transport, and place services, problems can be tackled with transdisciplinary solutions by teams of cross-disciplinary professionals. The co-location of diverse expertise in LAs means that they are also "hotbeds" for innovation, well placed for collaboration with universities or industry to create a joint innovation function. Such a function would provide an interface where strategic and operational LA needs can be translated into research proposals to create practical solutions to real world problems.

Evidence of this way of working has been shown by other local authorities. Oxfordshire County Council (OCC) has a successful Innovation Hub (iHub) that was created to meet the government's challenge for LAs to think differently and drive efficiencies by looking for opportunities to collaborate with academia and the private sector. As a result, OCC has secured funding and investment for innovation and research to tackle local problems and drive new solutions, with over £130 million in revenue and over 50 projects to date.⁵ Collaborations with academic and industry partners are crucial to conducting research but these relationships can be imperfect. The need for research on real-world initiatives, in timescales that are relevant to local government, with the aim of informing future policy decisions, is often not the focus of academic or private sector organisations that often prioritise research that is publishable in prestigious journals or that is profitable. As such, the imperative to close the translational gaps between scientific research evidence and routine practice at the local authority level still remains, although some local progress has been made.⁶ Even within local government, the use, implementation, and production of evidence and research is a complex, dynamic process subject to social, contextual, and political influence.⁷ Therefore there is a need for local authority research systems to be formed that will: i) enable LAs to become research active, ii) lead and support the co-production of sustainable, innovative, localised, tailored, and influential research with academia and the private sector,^{8,9} iii) allow LAs to evaluate their initiatives' impact on health and health inequalities, and iv) produce and use evidence in a timely way to help shape local and national practice and policy.

<u>Rationale</u>

With a population of over 282,000, South Gloucestershire comprises multiple suburban areas to the north and east of Bristol as well as a large rural hinterland. It is a promising region for research, with a combination of affluent and deprived communities, an increasing inequalities gap, historically poor educational outcomes, several high tech industries, and the second-highest projected population growth by 2043 among unitary authorities nationwide.¹⁰ Since 2014, the Public Health and Wellbeing Division based at South

Gloucestershire Council (SGC) has aimed to create an academic function within the Division. This has been done by supporting joint consultant posts with the University of Bristol as well as developing a strong academic training record among its staff by funding Masters degrees in PH. Working in collaboration with the Local Clinical Research Network (CRN) West of England and the former Collaboration for Leadership in Applied Health Research and Care (CLAHRC, now ARC) West, the Division has also funded an embedded researcher. The Division is also increasingly recognised for its research activity, dissemination, and publication record. It has established a strong presence at local events and conferences and has received national recognition for its research activity, including a visit in 2019 from Professor Chris Whitty, Chief Medical Officer, Department of Health and Social Care (DHSC) Chief Scientific Advisor, and Dr Louise Wood, Director of Science, Research and Evidence at DHSC.

We recently conducted a qualitative study aimed at improving understanding of the SGC PH division research and evaluation culture. We interviewed five programme leads and 20 of their staff and found that while they valued research and evaluation and were interested in training and development, they faced several barriers. These included problems with data sharing, lack of expertise, time, and resources, cost, not feeling 'academic', and lack of recognition for their contributions to research. While the division supports training and development, some struggled to make the most of these opportunities due to several factors including capacity and the council's professional development system. These findings provide some insight into the conditions required to build a research system in SGC and will supplement the information from the proposed project.

Research Question

How do we create a research system in SGC to produce sustainable and influential research activity across PH, social care, and place services?

Research Aim

We will conduct qualitative interviews with key stakeholders to determine what is necessary for the research system to sustainably produce influential and innovative research activity.

Study Design

Qualitative study

Study Site

This study will be conducted online and by telephone.

Participants and Recruitment

This study will use expert sampling to identify participants for inclusion. We will include elected members and senior leadership of SGC as well as key stakeholders from local NIHR infrastructure and organisations that are research active in the areas of PH, social care, and place services. These organisations include:

- South Gloucestershire Council (Integrated Children's Services; Adult Social Care and Housing; Public Health and Wellbeing; Strategic Planning and Housing; Transport and Strategic Projects; Safe and Strong Communities; Street Care and Transport)
- NIHR Infrastructure (Applied Research Collaboration [ARC] West; School for Public Health Research, Bristol; CRN West of England; Research Design Service, Bristol, School for Social Care Research, Bristol; Health Protection Research Unit in Behavioural Science and Evaluation; Bristol Biomedical Research Centre)
- Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group
- Healthier Together (Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership)
- Relevant schools/departments/centres from universities in the region University of Bristol, University of the West of England, University of Bath, and Bath Spa University
- Bristol Health Partners (Health Integration Teams)
- Research in Practice (Adults; Children & Families)
- Sirona Care & Health, UNITY, DHI
- Voluntary sector organisations
- The Association of Directors of Public Health, the Association of Directors of Environment, Economy, Planning & Transport, the Association of Directors of Children's Services, and the Association of Directors of Adult Social Services
- Directors of PH from the LAs who form the West of England Public Health Partnership (Bristol, South Gloucestershire, North Somerset and Bath and North East Somerset).

These organisations have been selected for our sample as we expect them to be crucial members of the South Gloucestershire Council research system. We expect to interview at least 30 participants for this study. Participants will be recruited via email or telephone and will be sent a study information sheet electronically at first contact.

<u>Consent</u>

Informed consent will be obtained verbally and recorded electronically. If the participant is interviewed using Skype Business or Microsoft Teams, a consent meeting will be recorded prior to an interview/data collection meeting, with the audio also being recorded using an encrypted recorder. If the participant is interviewed by telephone, the verbal consent will be recorded using an encrypted recorder prior to commencing the interview/data collection. The experimenter will read out the clauses on the consent form to be responded to by the participant. The participant will be asked to complete and return an electronic copy of the consent form back to the experimenter following the interview. Consent data (recording and form) will be uploaded to a secure computer then deleted from the recording device. Consent data with participants' identifiable data will be stored separately from interview data.

Procedure

Prospective participants will be contacted by email or telephone and information sheets will be sent electronically. They will be given at least 24 hours to decide whether to participate or not. Once participation has been agreed, an interview will be scheduled. Before the start of the interview, participants will be sent a consent form and verbal consent will be recorded in a separate video and/or audio recording and an electronic form completed and returned to the experimenter following the interview. Interviews will be conducted over Skype Business, Microsoft Teams, or by telephone. These will be recorded with the participant's consent via the software and/or using an encrypted audio recorder (video recordings will be audio recorded in order to have a back-up recording and to facilitate transcription).

Data collection

Interviews will be semi-structured and conducted on an individual basis online using Skype Business or Microsoft Teams, or on the telephone. Interviews will be recorded using the meeting software and/or on an encrypted audio recorder with stakeholders' consent. A single researcher will interview all stakeholders to ensure consistency; interviews will last between 30-45 minutes. Given the potential impact of reflexivity,¹¹ the researcher will avoid misleading, judging, reacting, or implying a forceful message during the interviews and analyses. A brief introduction of the project and scope of the interview will be given at the beginning of the interview session. Interviews will be conducted using topic guides that will be tailored based on the stakeholder's organisation. Topics will include the following:

External (NIHR Infrastructure, universities, etc.)

• Relationships and experiences interacting with SGC

- Key roles and individuals necessary to enable SGC to successfully access research funding and undertake high quality research
- Resource required to sustain and grow the SGC research system and its activity
- How to promote social care research and its relationship with PH research
- How to conduct research and provide evidence to support SGC decision making
- How to coproduce research and outputs with SGC that are insightful, timely, and relevant to the local population
- How to support coproduced research into wider determinants of health
- The development of a joint innovation function with SGC
- SGC research system landscape, opportunities, and challenges due to COVID-19

Internal (SGC leadership, SGC divisions)

- Relationships and experiences with local organisations (e.g. local NIHR infrastructure, universities, etc.)
- Local research expertise within each division
- SGC leadership stance on and support for research activity
- Identifying the key roles and individuals to enable SGC to successfully access research funding and undertake high quality research
- Resource required to sustain and grow the SGC research system and activity
- Promotion of social care research and its relationship with PH research
- Using evidence to optimise the effectiveness & efficiency of internal decision making
- Producing and sharing outputs that are insightful, timely, and relevant to local populations
- How to support coproduced research into wider determinants of health

- The development of a joint innovation function with local universities
- SGC research system landscape, opportunities, and challenges due to COVID-19

Topic guides will be developed with input from the study's Patient and Public Involvement (PPI) group, as described below. Video and/or audio recordings of the interviews will be uploaded to a secure computer then deleted from the recording device. All data will be stored on password protected university networked computers.

Analysis Plan

Data from interviews will be electronically transcribed verbatim, stored securely, and coded using NVivo qualitative data analysis software.¹² Lineby-line coding will be performed to identify concepts and key phrases that are then categorised into an analytical framework for thematic analysis using the framework method.^{13,14} This method will allow us to systematically analyse our data using a combined approach, incorporating our pre-defined aims and topics while allowing for unexpected themes to emerge. Findings will be interpreted and reported according to the Standards for Reporting Qualitative Research (SRQR) reporting guideline.¹⁵

Study Flow Chart

As described below, the project will begin with obtaining research governance and ethical approval for our qualitative study in August 2020. With approvals obtained, we will begin qualitative data collection in late August/early September 2020. In October 2020, we will complete qualitative data collection and begin data analysis. Analyses will be completed by November 2020 so that we can produce our project report and accompanying presentation slides for the December 1st 2020 deadline.

<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>		
Commence and Education					
Set up PPI group					
	Qualitative Study				
			Final Report + Slides		
			Prepare Publication		
Monthly PPI Group Meetings					
Steering Committee Meeting Public Enga	Steering Com	mittee Meeting	Steering Committee Meeting		
			Public Engagement Event		

Project management

Day to day management of the project will be the responsibility of Dr Michael Dalili. Project supervision will be provided by Dr Kyla Thomas remotely during her maternity leave, supported by the SGC Director of PH Sara Blackmore and the Head of School for Population Health Sciences, Bristol Medical School, Professor Matthew Hickman, for the duration of the project through monthly meetings. We will have a project steering committee composed of the project collaborators from the University of Bristol, ARC West, South Gloucestershire Council, and two members of the public that will meet three times: towards the start (month 1), midpoint (end of month 2), and end (month 4) of the project. These meetings will occur remotely due to COVID-19.

Patient & Public Involvement (PPI)

We will recruit individuals for a PPI group from among South Gloucestershire Council (SGC) Public Health and Wellbeing Division staff. The roles of these staff members include programme leads, Specialist Health Improvement Practitioners (SHIPs), partnership officers, team leaders, analysts, officers, and co-ordinators. We have chosen to recruit from this group because several members of staff have previously expressed an interest in research and evaluation and are themselves important members of the SGC research system. We believe this informed and invested group of staff members from the Public Health and Wellbeing Division will continue to offer invaluable insight to establishing the research system by contributing to and shaping this project.

The PPI group will be involved in designing the topic guides for the qualitative interviews. They will feedback on proposed questions and have the opportunity to recommend additions or changes to the guides and their

content. The group will also review drafts of the final report, presentation slides, and any subsequent publications or reports prior to submission or dissemination. They will ensure these outputs are fit for purpose and that our disseminations are accessible and helpful to a lay audience. We will also ask the group for suggestions on how and where to communicate this project and its findings to the public.

Given current constraints due to the pandemic, the group will meet and feedback to the project team electronically monthly (or as necessary). Group members will be compensated for their participation monetarily or using vouchers and, should meetings move to in-person, will be reimbursed travel fees.

We will work with People in Health West of England (PHWE) to identify members of the public to join our project steering committee. We will also hold two public engagement events in collaboration with SGC. The first event will be held prior to starting the qualitative study to enable public involvement and input on the development of our topic guides for the study's interviews. The second event will be held towards the end of our project so that we may share our findings with the public. These will be virtual events held using Microsoft Teams and promoted locally by the SGC communications team via social media and by PHWE. They will also be directly promoted with several local public stakeholders including voluntary, community, social enterprise, ethnicity, health, disability, LGBTQ+, age, equalities, and young people organisations or groups.

Data Management

All aspects of the Data Protection Act will be adhered to. Consent data will be retained by the School of Population Health Sciences for a period of 5 years after study completion.

Anonymised study data

All data will be stored anonymously using ID codes; data collected on online meeting platforms (Skype Business or Microsoft Teams) and electronic devices (encrypted voice recorder) will be uploaded to a secure computer then deleted from the recording device. Transcriptions will be anonymised and moved into NVivo for analysis. All data will be stored on password protected university networked computers. A database of names and unique identifiers will be securely stored separately to study data.

Revoked data

If a participant decides that they do not want their data used after their participation they have the right to request that the data are withdrawn. Quotes from and references to their transcripts will not be used in the final report and interview recordings and associated transcripts will be deleted. As data will be anonymised and included in project outputs, you will be able to

withdraw all data up until the point at which the data is anonymised (after this time it will not be possible).

Insurance

This study will be sponsored by the University of Bristol. The University has Public Liability Insurance to cover the liability of the University to research participants.

Outputs and dissemination

A 5,000-word report of the findings of the qualitative study will be produced as well as a PowerPoint presentation to share these findings with the NIHR and DHSC. The report will also describe the structure of SGC's research system, its current state, and what additional support and resources it requires to grow and increase the output of sustainable and influential research activity. The report and presentation will be delivered by 1st December 2020.

Additionally, COVID-19 depending, we will attend local and national conferences to present the findings of our qualitative study. These include the Public Health England annual conference and the South West Public Health scientific conference. Finally, we will aim to publish the findings of our qualitative study following the end of the project as an open-access article in a peer-reviewed journal and as a public report on the council's website.

Study Personnel

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Conflicts of Interest

The authors declare no conflicts of interest.

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Appendices

Appendix 1 Amendment History

Amendment No.	Protocol version no.	Date issued	Author(s) of changes	Details of changes made
1	1.1	28/07/20	MD	Cut-off for withdrawing from study added. Page number added.
2	1.2	18/08/20	MD	Added service providers and voluntary sector organisations, removed PHE
3	2.0	14/09/20	MD	Changes made according to suggestions of ethics committee.

List details of all protocol amendments here whenever a new version of the protocol is produced.

Protocol amendments must be submitted to the Sponsor for approval prior to submission to the REC.