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FULL/LONG TITLE OF THE PROJECT

Barriers to Health Research at Blackpool Council - developing potential solutions using consensus methodology

SHORT PROJECT TITLE

Blackpool LARS

PROTOCOL VERSION NUMBER AND DATE

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1.0	**03/10/2020**

RESEARCH REFERENCE NUMBERS

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1. Background and scientific rationale

The prevention of ill health has rightly become a national priority[1]. UK research funders have recognised an urgent need for research to identify effective interventions at the level of the population, rather than the individual[2]. However, for these interventions to improve and protect the health of the population they must be deliverable and sustainable in the communities in which people live. Local authorities in England deliver many of the services that have an effect on the health of their population. Their local insights mean that they can identify issues specific to their area and through licencing, planning and other regulations, they can determine wider environmental change. However, local authorities are often not able to evaluate the impact of their interventions and share this evidence more widely, or to use evidence to determine the best use of local resources. To achieve this would require significant changes to the working of a local authority, necessitating closer working with academics, practitioners, health and care partners, the third sector and the public. Such a network of stakeholders would allow a research active local authority to define evidence gaps, co-produce research and develop cost-effective interventions to improve the health of their local population.

Blackpool Council (BC) is a unitary local authority covering a population of 139k residents[3]. A coastal town and seaside resort on the North West coast, Blackpool is the most deprived of 317 local authority areas in England, with no districts within the top 3 deciles (least deprived). Deprivation has worsened over the past decade and 29.6% of the working age population are economically inactive, with 8% unemployed (a figure that will worsen with a downturn in tourism in 2020); 50% of residents in inner Blackpool live in privately rented accommodation[4].

Health inequalities are stark in Blackpool with the worst health outcomes in England. Blackpool has the unenviable position of having the lowest life expectancy from birth for men (74.5y) and women (79.5y), the highest rates of hospitalisations for alcohol-related harm and self-harm in adults, and the highest rate of violent crime[5]. Health inequalities are persistent from birth with the highest prevalence of mothers smoking at time of delivery, highest rate of children in care, and the highest rate of hospital admissions in children and young people for injuries, mental health conditions and self-harm in England. Blackpool also has the lowest attainment of GCSE's in England. For this reason the Council, alongside NHS partners in the Health and Wellbeing Board, have made early intervention in childhood a priority for the region. This work has included the "Survivor Mum's Companion Programme", a telephone based service to support pregnant women with a history of childhood trauma; an increased investment in smoking cessation support for pregnant women which led to a 44% increase in quit-rates in 2018 compared to the previous year; and the National Lottery funded Better Start Blackpool Partnership which runs a range of initiatives focussed on the health and wellbeing of families with children aged under 4[6].

Since 2018, Blackpool Council has been part of a vanguard Integrated Care System (ICS), *Healthier Lancashire and South Cumbria*, a partnership of NHS, local authority, public sector, voluntary, faith, social enterprise and academic organisations[7]. The ICS is formed of five local Integrated Health and Care Partnerships (ICPs) including *Healthier Fylde Coast Integrated Health Partnership* which covers the Blackpool and Fylde area. Improving population health and reducing health inequalities is a key goal of the ICS.

Lancaster University (LU)[8] is a research-intensive university based 23 miles from Blackpool, within the geographical footprint of the ICS. With a medical school and a Faculty of Health and Medicine, it has research expertise in mental health, learning disabilities, frailty, work-place health, obesity, physical activity, palliative care and health inequalities. Interdisciplinary research is Lancaster's key area of expertise. Research in design, eco-innovation, ageing, data science, materials science, energy, and social futures make up a system of University-wide research institutes and centres to allow collaboration across the disciplines to address regional, national and global challenges. Other research includes world-leading education research, economics, infancy and early development, food systems and consumption insights (food and alcohol), covering all the areas identified as priority by the Strategic Coordination of the Health of the Public Research Committee in 2019[9]. Lancaster University already has a range of collaborations with BC including student placements, data science, early-years, education and social-care research projects.

The work of BC has the potential to affect the wider determinants of health for a population with the highest levels of socioeconomic deprivation and the poorest health outcomes in England. The structure of the Integrated Care Partnerships and overarching Integrated Care System are now well established, with BC as a key partner. This, alongside a local academic partner with world-leading research in areas linked to BC's key functions, provides an opportunity for BC to develop evidence of the effect of its wide-ranging interventions on health outcomes within this wider health and care system. The aim of this project is to identify the barriers and facilitators to BC becoming a fully research-active local authority, within the context of an Integrated Care Partnership and wider System, and to identify interventions which would lead to the outcome of a research-active local authority.

2. Research questions

1. What are the barriers and facilitators to the use, development and dissemination of high-quality research evidence as to the effect of Blackpool Council's initiatives on the health and wellbeing of the community that is serves?

2. What is the current research capacity of Blackpool Council?

3. How can users of Blackpool Council services, and other relevant stakeholders, be better involved in the planning, design and delivery of research-informed initiatives?

4. What infrastructure would be required to ensure that all Blackpool Council data, including social care data, can be linked to local health outcome data, in order to better evaluate the effect of initiatives on health and welling?

5. How can the NIHR, Lancaster University and local partners within the Integrated Care System, support Blackpool Council to become research active and maintain this activity?

3. Research Plan & methods

The final output of this project will be a range of recommendations for actions by BC, Lancaster University, local health and care partners, other stakeholders, and the NIHR itself. These will be identified by following the pragmatic 6SQUID guidance[10] for intervention development and underpinned by Normalisation Process Theory(NPT)[11] as the theoretical framework.

In order to answer the research questions in a timely manner, a range of work packages will be conducted concurrently. These are described below, with an indication of which research questions they apply to (RQ). The work has been designed to be possible without any face-to-face meetings, in case of ongoing COVID-19 restrictions. All online surveys will be produced using Qualtrics[12] with meetings and calls using Microsoft Teams, both on Lancaster University's existing license.

WP1 - DELPHI (RQ 1)

An online, qualitative Delphi process[13] will be conducted to identify the perceived barriers to a "research-active local authority" and potential interventions. A wide range of stakeholders (n=45) will be consulted with a purposeful sampling framework (table 1), including businesses that provide services on behalf of BC, and members of Healthier Fylde Coast Integrated Health Partnership. BC participants will reflect the full range of council services[14] and elected members.

Table 1. Sampling framework for Delphi process

Stakeholder group	**n**	**Recruitment method**
BC directors & heads of services	5	BC Public Health
BC line managers/ team leads	10	BC Public Health
BC elected members	5	BC Public Health
LU senior engagement and research staff	5	Research team
BC commissioned service providers (commercial)	5	BC & LU Health Innovation Campus team
Research support services (e.g. NIHR RDS, CRN, ARC & AHSN)	5	Research team
Third sector organisations	5	LU and BC engagement teams; Empowerment Blackpool
Integrated care partnership members (e.g. NHS providers, CCGs)	5	Research team

The Delphi process will consist of three rounds of online surveys:

Round 1

The survey will consist of four main open-ended questions with sub-questions/ suggestions for elements to consider during the free-text responses. The questions will be based on the four core constructs of Normalisation Process Theory[11]:

Coherence: what the participants understand and perceive a "research active local authority" to be? What is its purpose, what will be the benefits and how that will fit with the goals of both BC and their own organisation?

Cognitive participation: are stakeholders likely to think it important and will there be commitment and engagement towards the goal of a research active local authority?

Collective action: how would BC becoming research active affect the functions of BC itself and those of the participants' own organisations? Would it be compatible with current working practices and how will it impact on resources and different professional groups?

Reflexive monitoring: how could we continue to gather stakeholder feedback as BC becomes research active? Other than the research outputs themselves, what monitoring should be in place to ensure the effects are positive for all stakeholders?

The survey data will be thematically analysed using the Braun and Clarke (2006) approach[15]. Inductive analysis will be conducted across all 4 main questions to identify barriers and facilitators to BC becoming a research-active local authority. Attention will be paid to barriers and facilitators identified in general across the stakeholder groups and those identified by particular groups. This method will allow rapid analysis between Delphi rounds whilst ensuring that the process is representative of the views of all participants.

Round 2

We will provide the participants with their own survey answers back from round 1, alongside the group consensus on the barriers/ facilitators, as identified in round 1. They will be able to provide free text comments on any of the factors listed and are encouraged to identify and comment on those that they believe are highest priority, those they disagree with, and list any further barriers/ facilitators they identify.

The survey data will be analysed looking for agreement on the key barriers without any disagreement between the main stakeholder groups. Key themes for the selection of barriers will be identified, with particular focus on those identified as high priority or where disagreement exists.

Round 3

Any identified barriers/ facilitators where there was disagreement in round 2 will be presented alongside the key arguments given. Participants will be asked to vote on whether it is included (with an inclusion threshold of 80% of any one stakeholder group or 60% of all participants agreeing). The agreed barriers and facilitators will be listed and participants will be invited to suggest potential solutions in free text comments.

At the end of this process, a full list of barriers, facilitators and potential solutions will have been identified, with an assessment made of priority.

WP2 – Research Skills Audit (RQ 2)

An online survey will be distributed to all heads of services within BC, covering all directorates. Questions will cover the numbers of staff who have responsibility for the planning, design and delivery of services that have research qualifications including higher degrees, the training opportunities and budget that is available for staff development and note of any specific courses that are frequently used. These will be split further into health-related, data-science and other research. Awareness and experience of the North West Research Design Service, Applied Research Collaboration and other NIHR organisations will also be covered in this survey.

WP3 – Service-user co-production (RQ 3)

Empowerment Blackpool[16] are a charity that work to ensure that marginalised people are included in the co-production of local services. They provide advocacy services for people with mental health conditions, domestic violence, social isolation and homelessness, and are commissioned to run Health Watch Blackpool. Empowerment will deliver this work package (and provide matched funds) to ensure a wide range of service-user inputs, including those considered hard-to-reach, using as combination of surveys, focus-groups and also their trained peer-researchers (as coronavirus restrictions allow). The sample will include people with young children, people with caring responsibilities, people with long-term conditions and disabilities, people using social care services, people accessing homelessness services. A range of ages, socioeconomic status and, where possible, ethnicities/ countries of origin will be sampled.

WP4 – Mapping survey & interviews with existing academic-local authority partnerships (RQ 1 & 2)

Through review of research systems and surveys of staff, LU will collate a list of all recent (≤5 years) projects which have been in collaboration with BC. This will include engagement and educational partnerships, alongside research and will cover all faculties of LU. Between 7-10 diverse projects will then be selected as case-studies, ensuring a spread of project types. For each case-study the lead from LU and BC be asked to complete an online survey with follow-up by phone for any clarifications if required. The project description, inception, the degree of co-production, major issues affecting delivery, outcomes and lessons learned will be recorded.

WP5 – Data linkage (RQ4)

NHS health outcome data for Healthier Fylde Coast (including primary care) are held in the Lancashire Person Record Exchange (LPRES), which is a county-wide system to share health records, including social care. Both have current permissions for clinical care only. The Data Science Institute (LU) will work with NHS partners and BC to map existing systems, data availability and current format/s, and define the key requirements to be enable BC data (covering all BC functions including social care) to be linked to health record data for research and evaluation purposes. This would include infrastructure and human resource requirements alongside information governance. Consideration will be given to data generated by commercial providers including contractual and technical requirements.

WP6 – Data synthesis & consensus meeting (RQ 5)

Following the 6SQuID step of intervention development[10], the data from WP1-5 will be synthesized based on the NPT framework. The NPT toolkit[17] will be completed by the research team to further define the problem and assist in identifying the proximal and distal influences. Causal factors that are considered to be potentially modifiable by BC, LU, local stakeholders and the NIHR will be identified.

An independently-facilitated consensus meeting involving leaders from BC, LU and Healthier Fylde Coast Partners will be held in the final month of the project (in person if possible). Ahead of this meeting, the research team will create a draft document summarising the findings of the work, the problems identified and the potential mechanisms of change, following the framework of NPT, which will be circulated in advance.

Participants at the consensus meeting will first be asked to agree to the common goal of a research-active local authority. The potential change mechanisms will be presented in turn, with discussion on i. whether they agree upon the programme theory, and ii. how to deliver the change mechanisms. The output of the meeting will be a high-level implementation plan for the key interventions required to deliver the goal of a research-active local authority, with actions for BC, LU and local health partners, and recommendations for NIHR. This will include a proposal for the structures required to progress the implementation plan.

4. Dissemination, outputs and anticipated impact

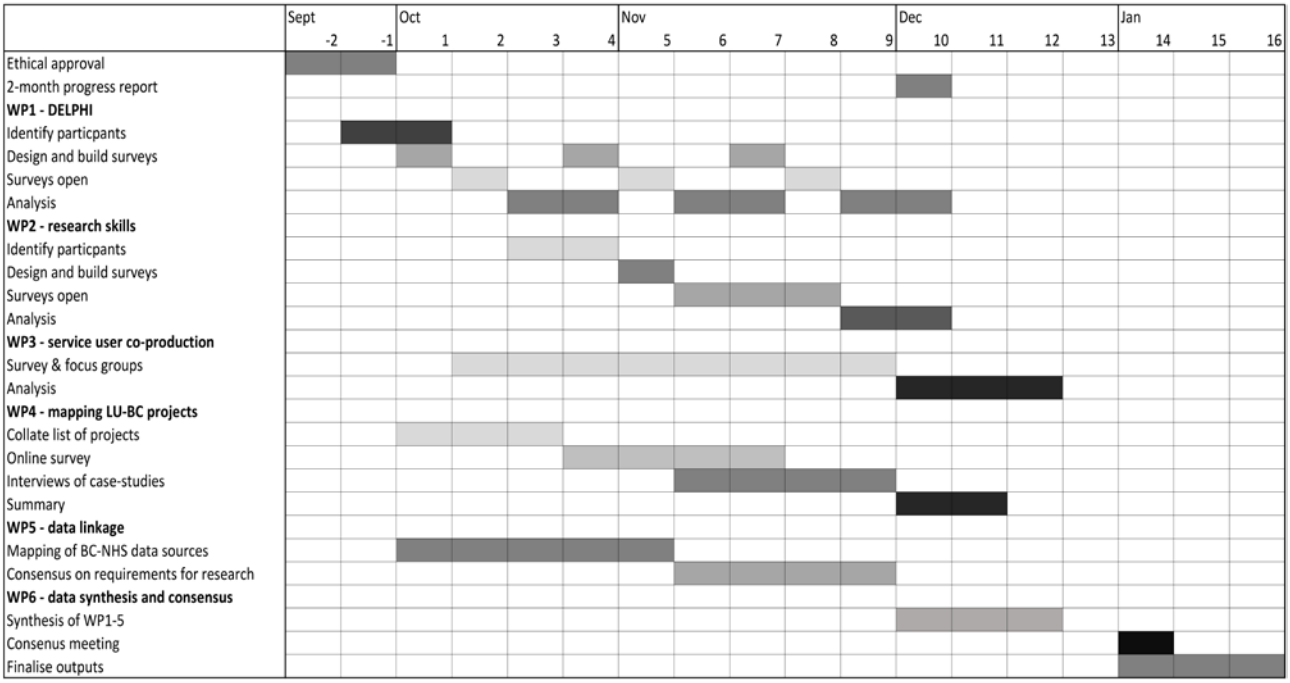
The main outputs will be a report for NIHR and DHSC, accompanied by a Power Point presentation. This will cover the methods and findings of the work, detailing the current research capability of BC and the additional interventions and resources required to create a fully operational research system. The findings will be summarised and a short report made available to all stakeholders who participated in the project. As there is no plan for publication in the NIHR journal, we shall publish the methodology in an open access journal. We are open to working with the other local authorities funded in this call to produce an overall document summarising common findings. This could then be shared with local authorities from across the UK, as it is likely that many of the findings will be universally applicable.

The output of this work will be a clear plan as to how to achieve the goal of a research-active local authority and wider research system in Blackpool. Where current resources allow, this implementation plan will be progressed with joint working between BC, LU and other local stakeholders. The structures needed to progress the plan will be agreed at the consensus meeting and constituted thereafter.

The funder must be acknowledged in all outputs as follows:

"This project is funded by the National Institute for Health Research (NIHR) [(PHR132482) Public Health Research]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care."

5. Project / research timetable (table 2)



6. Ethics/ Regulatory Approvals

This project has been discussed with Prof Roger Pickup, Chair of the Faculty of Health and Medicine Research Ethics Committee, Lancaster University. He has confirmed that this project would not be considered as research and does not require a formal ethical opinion. He has provided a letter confirming this.

7. Project management and governance

Each work package will have a named lead investigator with overall leadership from the CI. After an initial project start-up meeting, formal meetings of all investigators and project staff will be held monthly, to ensure adherence to the research plan and timetable, and coherence between the work packages. This will include Liz Petch to ensure that the BC-dependant elements are proceeding as planned.

8. Patient and Public Involvement

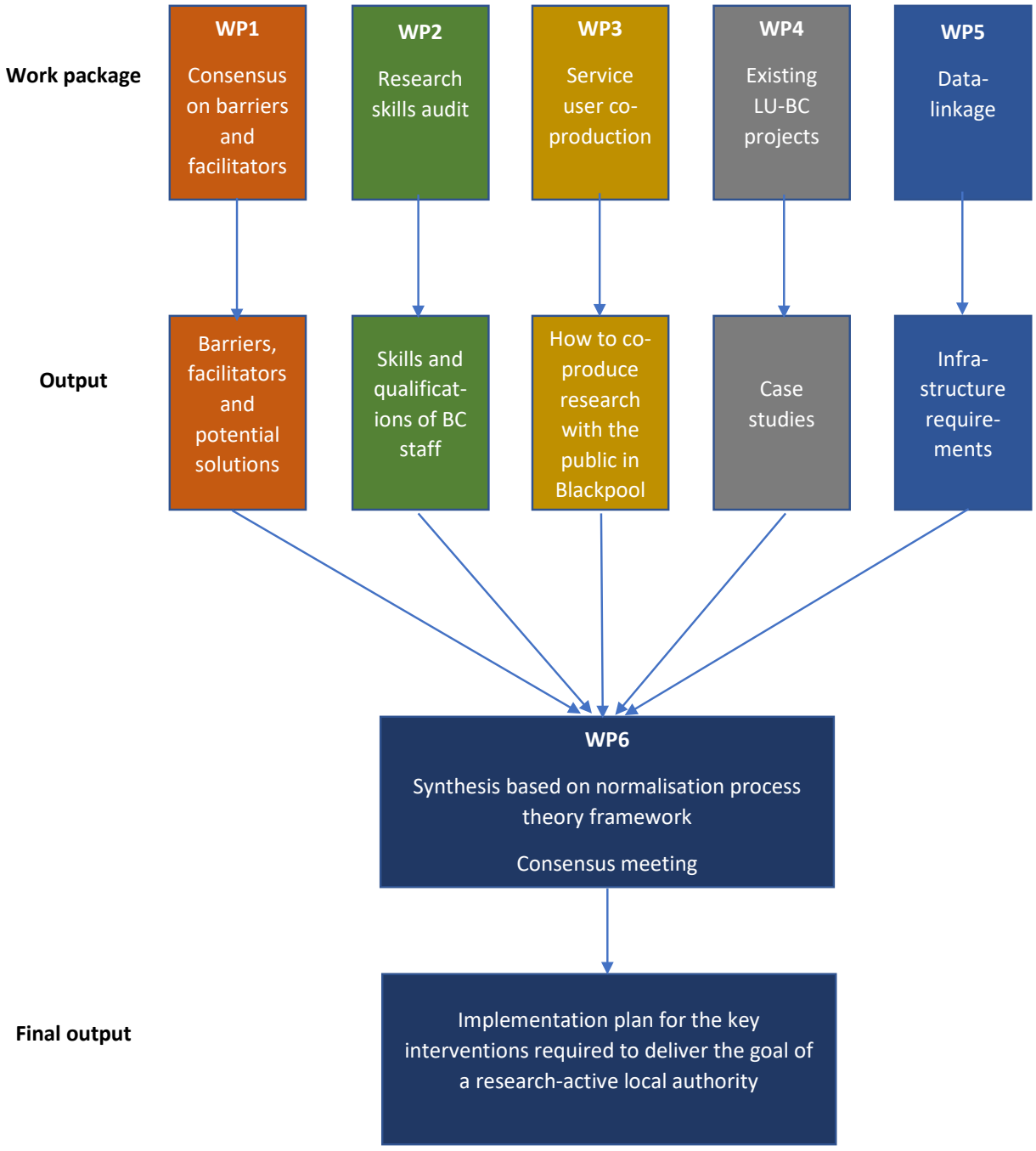
Co-production is a crucial element of a successful local authority research system and a key aim of this work is to explore the best ways that this could be done. However, the standard expert PPI model used in clinical trials would not work for this project in this region. Instead we have chosen to work with Empowerment Blackpool to ensure we are getting views that represent those who are most dependent on council services and are the people that we would hope would benefit the most from our future research. Empowerment has recently reduced the size of their team to instead employ locally based people, often with lived experience, to conduct research. They are provided with training as peer-researchers to conduct 1:1 and focus group research, using their lived-experiences to build trust and gain insights that would not be possible with external researchers.

9. Funding

This project is funded by the NIHR Public Health Research Programme. The funder must be acknowledged in all publications.

10. Summary Flow chart

Barriers and facilitators to Health Research at Blackpool Council



11. References:

1. Department of Health and Social Care. Advancing our health: prevention in the 2020s – consultation document - GOV.UK. Published 2019. Accessed August 5, 2020. https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document
2. Academy of Medical Sciences. *Health of the Public in 2040: Optimising the Research Environment for a Healthier, Fairer Future*.; 2016. Accessed August 5, 2020. https://acmedsci.ac.uk/policy/policy-projects/health-of-the-public-in-2040
3. Blackpool Council. Population. Accessed August 5, 2020. http://www.blackpooljsna.org.uk/Blackpool-Profile/Population.aspx
4. Blackpool Council. Housing and Homelessness. Published 2020. Accessed August 5, 2020. http://www.blackpooljsna.org.uk/People-and-Places/Wider-determinants-of-health/Housing.aspx
5. Blackpool Council. Blackpool Council Annual Health Report. Published 2019. Accessed August 5, 2020. https://view.joomag.com/blackpool-council-annual-health-report-2019-blackpool-council-annual-health-report-pages/0933220001564665163?short&
6. Blackpool Better Start. Accessed August 5, 2020. https://blackpoolbetterstart.org.uk/
7. Healthier Lancashire and South Cumbria. Accessed August 5, 2020. https://www.healthierlsc.co.uk/
8. Research at Lancaster University. Accessed August 5, 2020. https://www.lancaster.ac.uk/research/
9. Strategic Coordination of the Health of the Public Research Committee, (SCHOPR). Health of the public research principles and goals. Published 2019. Accessed August 5, 2020. https://acmedsci.ac.uk/file-download/70826993
10. Wight D, Wimbush E, Jepson R, Doi L. Six steps in quality intervention development (6SQuID). *J Epidemiol Community Health*. 2016;70(5):520-525. doi:10.1136/jech-2015-205952
11. Murray E, Treweek S, Pope C, et al. Normalisation process theory: A framework for developing, evaluating and implementing complex interventions. *BMC Med*. 2010;8(1):63. doi:10.1186/1741-7015-8-63
12. Qualtrics - Leading Experience Management & Survey Software. Accessed August 5, 2020. https://www.qualtrics.com/uk/
13. Brady SR. Utilizing and Adapting the Delphi Method for Use in Qualitative Research. doi:10.1177/1609406915621381
14. Blackpool Council. Blackpool Council Structure. Published 2020. Accessed August 5, 2020. https://www.blackpool.gov.uk/Your-Council/The-Council/Documents/Part7bOfficerManagementStructure.pdf
15. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101. doi:10.1191/1478088706qp063oa
16. Empowerment Charity. Accessed August 5, 2020. https://www.empowermentcharity.org.uk/
17. May, C., Rapley, T., Mair, F.S., Treweek, S., Murray, E., Ballini, L., Macfarlane, A. Girling, M., Finch TL. Normalization Process Theory | NPT Toolkit. 2015. Accessed August 5, 2020. http://www.normalizationprocess.org/npt-toolkit/