

# Exploring the will and readiness for research in Wakefield

NIHR 131900 Local Authority Research Systems



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# About Wakefield Metropolitan District Council (WMDC)

- Wakefield has city and metropolitan status but is one of the largest cities in the UK without its own university.
- Wakefield district is ranked the 65th most deprived out of 326 districts in England and, on average, people die younger here than in other parts of England.
- Wakefield Metropolitan Borough Council (WMDC) comprises four directorates (Regeneration & Economic Growth, Adults, Health & Communities, Children & Young People, and Business Change).
- Each directorate has a key role in reducing health inequalities through addressing the wider determinants of health.



# The starting point



- Research mapping exercise conducted in March 2020 recognised:
  - Lots of will in WMDC to 'do' more research
  - Lots of research activity happening, mainly little 'r' (service evaluations, surveys, analysis of existing data)
  - Support required to identify the steps they need to take to develop their capacity to take part in and lead research in the future.
  - WMDC had some with regional public health research infrastructure and networks (Practice and Research Collaborative (PaRC) and Local Authority Research linK (LARK)).
- This research was led by a collaborative team including Sheffield Hallam University (SHU), Leeds Becket University (LBU), WMDC and Mid Yorkshire NHS Hospital Trust (MYHNHST)

# What is the capacity to collaborate and deliver research across Wakefield MDC?

## Aims:

- To explore the current assets in WMDC that can be built on and replicated within the organisation to foster a stronger research culture.
- To identify any perceived barriers that exist to WMDC working with academic partners to establish research capacity and opportunities.
- To explore with key members of WMDC how a sustainable research system could be developed to impact on local resident's health and reduce health inequalities and identify the most important outcomes from research.

## Objectives:

- To conduct interviews and focus groups with key informants to explore the current and potential research assets and perceived barriers to developing, conducting and delivering research.
- Adopt the research capacity development model to explore what capacity there is within the local system at the individual, directorate and organisational levels to prioritise and develop the research agenda.
- To explore how our proposed methodology - the Embedded Researcher (ER) model - could be developed with WMDC as a future method for developing their research system and narrowing the gap between academia and practice.

# Methods – data collection and analysis

- Embedded Researcher Model
- Interviews (n=7) with Corporate Directors and Service Managers
- Focus groups (n=3) (Elected Members, Public Health Officers, Officers with research interests)
- Meeting observations (n=4)
- Documentary analysis (n=4)
- Field notes

  

- Framework analysis using the Research Capacity Framework (Cooke 2005)

# Public Involvement (PI) engagement

- PI conducted with a Public Involvement in Research Group (PIRG) at Sheffield Hallam University as a result of challenges accessing communities in Wakefield during the research



# Perceptions of NIHR and other research infrastructure

- Limited knowledge of the research infrastructure external to the local authority.
- Knowledge linked to organisations in areas of expertise such as Research In Practice (RIP) and Association of Directors of Adults Social Services (ADASS).
- Links primarily aimed at supporting teaching and learning partnerships rather than research.
- The NIHR, Academic Health Science Network (AHSN), Collaboration of Leadership in Applied Health Research and Care (CLAHRC), LARK and the PaRC were discussed by participants whose role linked to 'health' activity.
- The focus of 'health' research acts as a barrier to engagement with the NIHR for the local authority context

"There's a real tendency to do more NHS and healthcare-type research, and less probably to do more council, adult social care-type research"

# The current research environment in WMDC

- Use of evidence informed practice is patchy across WMDC
- Public health and policy teams are the 'go to' for research
- Lack of capacity and competing demands impact on ability to engage with the research agenda
- There is no local university based in Wakefield which impedes ability to do research

BUT there is will and interest, so we are pushing an open door....



*"I sometimes see research as a bit of a luxury, and maybe it's seeing research as an integral part of what we do rather than a luxury to what we actually are doing."*

# Challenges to conducting research

- Time and capacity and need to focus on the day job.
- Commissioning and democratic cycles create a tension between academic process and rigour and the political need to get things done in a timely way.
- The disconnect between the language and discourse of the different constituents (academics, officers, elected members, local community).
- Long term relationship building between local authorities, researchers, and communities.

*“...I just said you’re going to have to roll around in the grass for a while and make friends with people and become invisible .....that’s my approach to qualitative research”*



# How research could be developed at WMDC

“...maybe we actually embed it more within the staff development side of it as well and actually identify research as a key competence and a key skill that council people need to have.”

- Embedded researchers and secondments into / out of WMDC
- Embedded researchers based in community organisations
- Leadership and championing the research agenda across WMDC
- Research training and embed ‘research’ into job roles
- Develop research governance system

# Assets within WMDC to fostering a stronger research culture

- Shared understanding of the value and impact of research across the organisation.
- The drive from public health to establish research and the use of evidence as standard in decision-making practices.
- Individuals within the organisation with highly developed research skills.
- Continuing and consolidating established research practices – collecting data through administrative processes, surveys and consultations with the community.
- Existing relationships with Higher Education Institutes.
- Willingness and interest in developing research capacity from key leaders.
- Recognition of potential benefits from an embedded researcher or secondments between organisations.
- Access to formal and informal training in research skills.

# Barriers within WMDC to fostering a stronger research culture

- Limited awareness, both individually and organisationally, of local research infrastructure.
- Lack of consistency in the use of research and evidence informed practice.
- Limited time and resource to conduct research activity in addition to the delivery of services.
- Tensions arising from the political nature of the organisation and the constraints of the commissioning and political cycles.
- Differences in the culture and practice of academia and a local authority, particularly in relation to language and terminology.
- No clear strategy for realising the organisational benefits from secondments or embedding research.
- No clear leadership across the organisation to drive the research agenda.
- Absence of a structure to provide research governance.

# Key messages and actions for WMDC

- Senior leaders to raise the profile of the benefits of being a 'research ready' organisation – including encouraging personnel to develop the evidence-base and use evidence to inform practice and decision-making.
- Promote existing good research practice in WMDC. Providing tangible and applied examples of how research is already impacting on policy and practice and the health of the Wakefield district.
- Maintain and develop the existing relationships to local research infrastructure (PaRC, LARK, AHSN). Promote the benefits arising from these relationships and build on these where opportunity arises.
- Identify senior leaders to champion a research agenda across the organisation.



# Key messages and actions for WMDC – mid term



- Produce a strategic document outlining the research vision and aspiration within WMDC and a plan to develop research practice across the organisation, including approaches to deployment, training and workforce development.
- Maintain current relationships with local universities and other local research active partners to and further develop other sustainable collaborations with academic institutions. WMDC should seek to work with them to develop capacity and expertise, including the potential for secondments and ER opportunities.
- Work with partners with relevant experience (e.g. MYHNHST) to set up governance processes for managing research within WMDC.
- Capitalise and build upon the skills and motivation of research active staff. These colleagues could provide ongoing informal research training and mentoring for others across the organisation.
- Staff should be supported and encouraged to be cognisant to local and national opportunities for reactive and proactive research collaborations and research funding.
- Identify staff groups where research could be further embedded into their role and include the development of research skills into staff appraisals and developmental opportunities. Existing good practice in this regard may be drawn from the public health directorate.

# Key messages and actions for WMDC – long term

- Establish a process for seconding staff into, or from, academic institutions and/or community groups to increase research capacity and skills within WMDC.
- Senior leaders to be involved in workforce planning for research with Human Resources at WMDC.
- Promote the use of evidence based decision-making at all levels across WMDC.
- Harness the existing research skills of WMDC employees to address the research gaps that exist within the city.



# Key messages and implications for research funders

- Promote the benefits of engaging with research to local authorities. This could comprise of the benefits for improved local service delivery and the benefits to population health
- Commit long term and considerable funding to develop ER and research hubs in local authorities.
- Streamline the research application process so as not to alienate time poor, delivery focused local authority colleagues who have a significant contribution to make.
- Provide support for local authorities to navigate and apply for NIHR funding opportunities and research governance systems and ethics procedures.
- Recognise the constraints within the local authority, particularly political and commissioning cycles where the need for rapid evidence is critical.
- Funding of research using coproduction approaches and realist methodologies which would support the development and use of research in local authorities.



# Key messages and implications for academic institutions

- There is considerable value in building relationships with local authorities for research and impact. However, these require time and continued dialogue to share and understand the organisational agendas and priorities.
- The nature of service delivery, decision making, commissioning and political governance within local authorities require academic institutions to work in agile and dynamic ways for partnerships to flourish.
- Building collaborations and research relationships with local authorities is a long term process.
- Academic institutions should consider being proactive in approaching local authorities with opportunities to engage in research. Colleagues in local authorities often have limited capacity to identify opportunities but may be readily available to support.
- Explore and promote opportunities for secondments across both organisations to maximise research opportunities and impact.
- Ensure that language and ways of working are inclusive and appropriate to the audience. Focus on the practical application of research findings and be creative with dissemination approaches.
- Focus on action orientated methodologies that would allow immediate translation of research findings to policy and practice.



# Additional benefits of the study and strengths of the ER approach

- Remote working and expediency of conducting interviews and focus groups online.
- Wide collaboration - research team included representation from four organisations geographically spread across the Yorkshire region.
- The research collaboration with the MYHNHS Trust has identified a willingness to collaborate with WMDC and future opportunities are being sought.
- The ER approach drew on ethnographic principles, including interviews and observations, but was fundamentally premised on being responsive and agile to opportunities that were presented within WMDC