

# How to develop an existing Memorandum of Understanding between Public Health South Tees and Teesside University into a research system for Middlesbrough Council and Redcar and Cleveland Borough Council into a Research Ecosystem



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# Context

- The health of people in Middlesbrough and Redcar & Cleveland (MCRCBC) is generally worse than England averages
- MCRCBC serve a population that faces significant social and economic issues which contribute to inequalities. Systemic problems lay at the heart of these inequalities and need a long-term systemic response to support communities and populations to value their health and wellbeing. Further, the region has been hit hard by the COVID pandemic.
- As a civic university, it is important for Teesside University (TU) to work with local partners in the area. A Memorandum of Understanding (MOU) was signed in May 2019 between TU and MCRCBC to develop shared work around teaching, business and enterprise and research in the public health field. To date this work has focused on collaborations with Public Health South Tees (PHST – the shared function of the two LAs).



# The MOU

- To date the MOU has focused on collaborations with Public Health South Tees (PHST – the shared function of the two LAs).
- This proposed project aimed to use the learning from the work to date to develop links in other departments at both TU and MCRCBC and to make recommendations for the future work of the MOU.



# Aims and objectives of project

The aim of the work was to explore how the existing MOU between PHST at MCRCBC and TU can be developed further to include other departments to develop a research system that will enable the authorities to become more research active in public health and other areas and included six objectives:

**OBJECTIVE 1:** To examine how the current MOU is being operationalised with PHST and TU.

**OBJECTIVE 2:** To examine how the existing MOU can be extended to include all departments at MCRCBC by surveying all Heads of Service (HOS), demographically elected Councillors and relevant stakeholders, such as Senior Managers at the Clinical Commissioning Groups (CCGs) and senior clinical staff from South Tees Hospitals NHS Foundation Trust and VCS organisations.

**OBJECTIVE 3:** To investigate more fully key research priorities, capacity issues, commissioning, research needs and barriers and facilitators with three departments at MCRCBC.

**OBJECTIVE 4:** To ascertain key research priorities, capacity issues, commissioning, research needs and barriers and facilitators from the TU perspective.

**OBJECTIVE 5:** To work with members of the public and the voluntary sector to make recommendations to develop a Patient/participant information (PPI) group to be involved in future research.

**OBJECTIVE 6:** To make recommendations for developing the existing MOU to include strategies related to capacity issues, key research priorities and bidding activity.



# What we did

- A survey with Heads of Service at the LA, local councilors and voluntary organisations
- Four sessions with members of the community
- Interviews/focus groups:

Objective/Group		Participants		
		Male	Female	Total
1 – MOU group	1 Focus Group	6	5	11
3A – Children’s Social Care	2 Focus Groups	0	19	19
3B - Planning	1 Focus Group	3	2	5
3C - Regeneration	2 Focus Groups	7	5	12
4A – University leaders	Interviews	3	2	5
4B – Researchers	Focus Group	0	7	7
<b>Total</b>		<b>19</b>	<b>40</b>	<b>59</b>

# Methods – qualitative work

- Data was subjected to framework analysis
- The likelihood of embedding new ways of working was informed by Normalization Process Theory (NPT).
- This model considers factors that affect implementation in four key areas; how people make sense of a new practice (coherence); the willingness of people to sign-up and commit to the new practice (cognitive participation); their ability to take on the work required of the practice (collective action); and activity undertaken to monitor and review the practice (reflexive monitoring).

# What we found

## Qualitative coding of research aims

<b>MAIN THEME 1: AIMS OF MOU</b>	
	<b>NPT CODE</b>
SUB-THEME 1A: Relationship building	Coherence
SUB-THEME 1B: Making co-production research easier	Coherence
SUB-THEME 1C: LA staff being involved in research	Coherence
SUB-THEME: Building confidence of academics/researchers	Coherence
SUB-THEME 1E: Importance of MOU	Coherence
<b>MAIN THEME 2: FACILITATORS</b>	
SUB-THEME 2A: Appoint leads/contact people	Collective action
SUB-THEME 2B: Internal and external communication	Collective action
SUB-THEME 2C: Training opportunities for LA staff	Collective action
SUB-THEME 2D: Follow up post projects	Reflexive Monitoring
<b>MAIN THEME 3: CHALLENGES</b>	
SUB-THEME 3A: Cross departmental work	Cognitive Participation
SUB-THEME 3B: Staff turn-over/organisational	Cognitive Participation
SUB-THEME 3C: Restrictions/formality	Cognitive Participation

# What we found

*"Being involved (in co-production research) would give officers more ownership of the research to be able to develop it specifically for our own needs and to guide how it develops" (Group 3B).*

*"It's really important.... That we ensure that we bring in stakeholders, local authorities, private sector partners, really early doors, to embed them and understand their needs and requirements are and make sure that actually, we are genuinely co-creating a lot of our research" (Group 4A)*

*"It's not just research informing practice, but also practice informing research to make it relevant in practice. [..] practitioners will learn from researchers and researchers too will learn from practitioners" (Group 4B).*

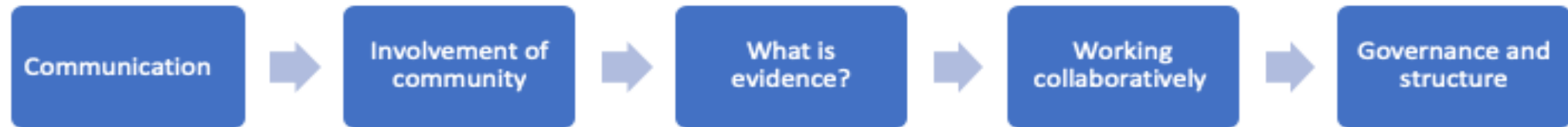
*"I think the important part (of a MOU) is really how to bring the University into tackling real issues that matter to the people of Teesside, given that we are a civic university" (Group 4A)*



# What we found - survey

- In total 25 individuals responded to the survey from HOS ( $n=9$ ; 4 *male*) CCGs/VCS organisations ( $n=5$ ; 1 *male*) and Ward Councillors ( $n=11$ ; 5 *male*).

## What is needed



# What we found – research priorities of respondents

HOS GROUP 2	CCG/VCS GROUP 2	Ward Councillors GROUP 2	Children's Services/LA GROUP 3A	Planning/LA GROUP 3B	Regeneration/LA GROUP 3C
Behaviours during COVID restrictions	Trauma and substance use and therapy	Why do we make so little progress in improving the health and wellbeing of our residents?	How do we measure success in Children's Social Care?	Understanding the needs of local people	The impact of capital growth investment on local communities
How effective is a Practice Model at improving and shaping service delivery?	Understanding how to work in complexity	Understanding the needs of constituents	How do we maximise the voice of the child in what we do?	Addressing local health inequalities	Unemployment growth
What works when supporting adolescents who are neglected?	The impact of social prescribing	The impact of private landlords on the area	How can we use public health information (e.g. through school health nurse) to inform social work practice?	Balancing economic growth, health and deprivation	The role of wellbeing, mindfulness and mental health in regen
How effective is the use of Care Orders at home to ensure permanency for the child?	What makes a good collaboration?	Economic regeneration of the town (using other town models)	Contextual Safeguarding	The impact of health on economic development	Dementia accessibility in buildings
What factors affect the stability of long-term placements with family/friends?	The impact of person-centred support on people with complex needs	Transport issues	The impact of unregistered provision for children on the edges of care	Deprivation and Hot Food takeaways	Localised information on air quality
What are the risk factors for children of parents who are in drug treatment?	Impact of COVID and in particular with faith and BAME communities and organisations	Green spaces and the use of alleys as potential shared community spaces	The use of care orders in the home		Health and welfare benefits of external spaces
Financial and economic analyses	Impact of youth work		Domestic violence/domestic abuse and adolescent to parent violence		
Need long term data and trends on different areas			Teenage pregnancy		

# What we did – community group

- The community group met four times during the project, with each session lasting around an hour.
- Sessions involved between 10-15 participants.
- Sessions were recorded and then transcribed, and in addition responses were gathered via a secure online ‘forum’ (padlet), the link to which was only shared with those who had attended the particular session to which it pertained.



# What we found – community group

## Why were you interested in taking part in this group?

- "To develop understanding and knowledge. Also share thoughts, ideas and opinions to help drive or influence change".*
- "I want to see how working with local community groups and leaders within the community to influence others. My agenda is to get people more active"*
- "I'm interested in facilitating health behaviour change in a bottom-up way, rather than dictating to people what they should be doing (which may not be realistic)."*
- "To develop research that will hopefully make a difference".*

## What community-led groups are you aware of? Do they generate or use research to aid their work?

- I work for two national charities that provide training (debt issues) for Citizens Advice, Local Authorities, housing associations and independent advice agencies. Research is integral to the work in identifying current trends and training issues"*
- "I am aware of a number of community led groups but I'm not sure if they use or generate research. The group I represent is trying to use evidence for the types of support we would like to deliver, to ensure a greater chance of success by learning from others".*

## Where do you see research as fitting into helping your community?

- "Listening to the voice of the people who live in the community is the strongest indicator of the issues. Without research you cannot know what the community priorities are and how things can improve. Also, being involved with research and then being informed of the outcomes and action plans can raise a sense of belonging and value".*
- "I believe that an understanding of evidence in relation to your goals is important both for success and to identify any new knowledge that might be developed".*

## What expertise do you feel you could bring to a community research group?

- "I've seen the impact from a personal and professional perspective. I've seen the impact it could make and whilst I don't profess to be an expert, do have some understanding".*
- "Research experience and a willingness to challenge"*

## When you were setting up this community research group, who would you recruit?

- "A cross section of people, from all walks of life who can bring different experience and views.*
- "Who is on the group is less important than who is directing/overseeing its work. If local people are influencing what is being researched there is more chance of obtaining trust and buy-in. Ensuring all voices are heard should be a key principle, this will require a range of approaches to match people's preferred means of communicating."*
- "I would recommend an Asset Based approach to seek to ensure lived experience is valued"*
- "Recruit local influencers? Those that speak to others and can come with more than their own views"*

# Recommendations – community group

- The research group must be representative of the population, in terms of age, ethnicity, gender etc., and the privacy of members must be ensured.
- There must be a clear statement/justification for why research is needed. This could be Terms of Reference or a 'Mission Statement'.
- Integrity must be at the heart of any research that the group participates in. To ensure this, the group should be an independent organisation. Transparency is a fundamental part of this integrity.
- All research questions must be underpinned by sufficient prior public engagement. The group must represent and serve the interests of the community.
- The research group itself must have a clearly defined structure, which includes clear 'chains of authority', aims and objectives, and guidelines for record-keeping.
- The group must have a clear idea of to whom the research is to be disseminated and why, as well as who the group is ultimately answerable to.
- Any research process must be flexible and needs to be iterative in light of potential input from the community.
- The group should benefit the community and those who participate in the group itself but should not make unrealistic promises.



# A research ecosystem should involve



# Key components needed

<b>Coherence</b>	<b>Reflexive Monitoring</b>	<b>Cognitive Participation</b>	<b>Collective Action</b>
To work together to secure funding for the work – in particular to pay for key people to carry out the work	Discussion of current/past research projects within MOU meetings	Clear guidelines on how to carry out research and expectations	Flexible and different ways of working on co-production projects should be developed and encouraged
Set up a sub group of the MOU group to concentrate on the research perspective and feed into the MOU group	Follow-up activities and satisfaction measuring across different key players involved	Data sharing agreements	Key partnerships should be developed in relation to the work
Information re the MOU should be discussed as part of inductions in each organisation	Research champions identified in different departments at the LA	Regular training on key components of research	Working with LA staff to ensure staff have any co-production research projects acknowledged in work load
Training opportunities	Research champions identified in different schools at the TU	Key training and involvement in bidding for funding (including CRN and NIHR)	
Support	Research Champions identified in the different VCS organisations	Flexibility to consider staff turnover	
<b>A community group should be set up which feeds into all aspects of the work</b>			

# Recommendations for moving forward

- To use the current MOU as a mechanism to secure funding, including from NIHR national and regional infrastructure (e.g. Clinical Research Network) for co-production research with embedded researchers and taking into consideration findings from this current project.
- To consider including other departments at the LA and identify research champions across those.
- To have a sub-group which leads on research work between the LAs
- To include Assistant Deans for Research and Innovation as members of the group
- To look at including research students across different schools at TU on research projects
- To identify latent skills of staff in the LA
- To include community involvement
- To use the MOU as the key mechanism for co-production research between the LA and TU going forward.
- To carry out a mapping exercise of work being carried out by the LAs and TU and to identify a repository for the work
- To develop a training package for TU and LA staff in relation to co-production research
- To produce a regular newsletter of work done/being carried out to be shared across TU, the LA and other key players

