

Building a health and wellbeing research system for Kent and Medway

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CENTRE FOR HEALTH SERVICES STUDIES



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Kent and Medway

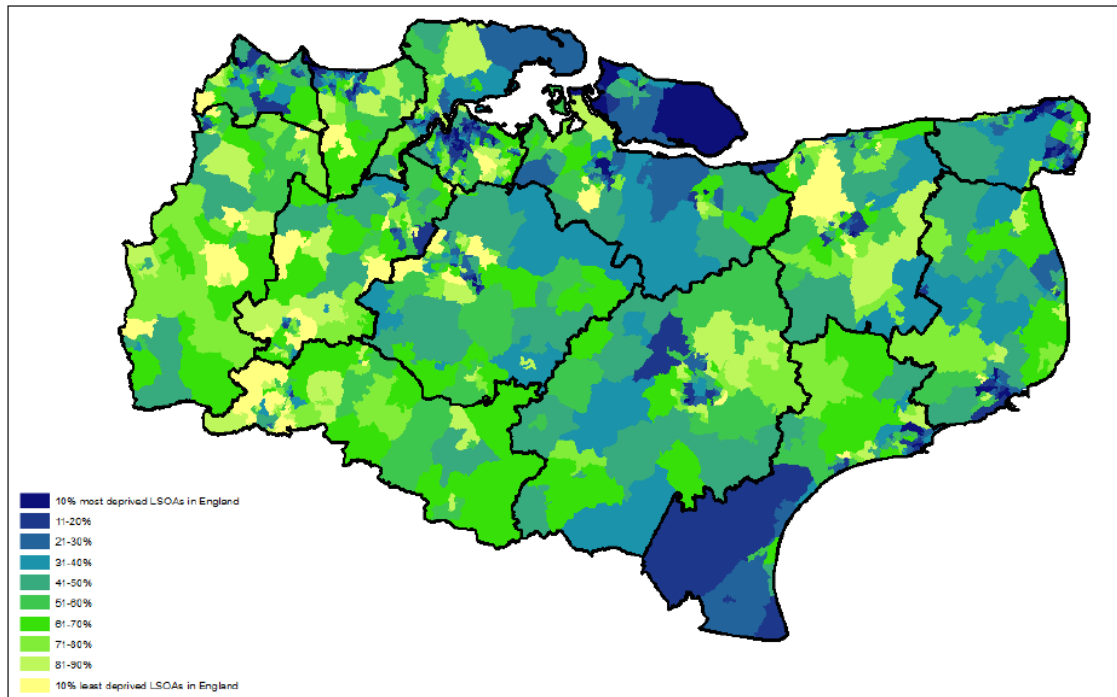


- Medway Unitary Authority: population ~280 thousand
- Kent County Council: population ~1.5 million
- Single Health and Wellbeing Board and CCG
- Single Integrated Care System envisaged

- High Speed rail link London to Ashford
- The M20, Channel Tunnel and Port
- Lots of coast – seaside, military or fishing history
- Paradoxically poor transport links to some parts of the county

Large inequalities in wealth and health

Indices of Deprivation 2019 (IoD2019): Overall IMD2019
National rank of Lower Super Output Areas in Kent & Medway



Source: The English Indices of Deprivation 2019 (IoD2019): The Ministry of Housing, Communities & Local Government (MHCLG)
Map produced by Strategic Commissioning - Analytics, Kent County Council © Crown Copyright and database right 2019, Ordnance Survey 100019238



- Some of the richest and poorest LSOAs in England
- Areas of poverty and poor health
 - Rural
 - Coastal
 - Urban

Since the Health and Social Care Act 2012....

- Local government took over responsibility for health of the public from NHS
- Greater potential to improve health through the wider determinants of health
- Fractured historical relationships between NHS public health practitioners and public health academics
- Research culture – embedded in NHS – was not fully transplanted into local government
- Political drivers more powerful in local government than in NHS
- Decrease in public health grant over last 8 years
- But – NIHR funded LCRNs to provide some public health researcher support to local government starting late 2020

Specific challenges and opportunities for public health research in Kent and Medway

Challenges

- No long-established university public health research department
- Large geographical area, large spread-out population, no natural 'centre'
- Strong transport links to London – has dominated academia in the South East

Opportunities

- Centre for Health Services Studies at University of Kent rapidly grown in last 5 years, with largely public health research portfolio
- Kent County Council is early implementer of linked dataset development with potential for achieving novel population health insights
- Public health practitioners at Kent County Council and Medway Council increasingly seeking links with academia
- Kent Surrey Sussex Local Clinical Research Network funded some support for public health research to local authorities in early 2020
- Kent and Medway Medical School opened in 2020

Our research - August to November 2020

Objectives: to build

- understanding of context
- engagement between academics and councils
- a vision for a public health research system
- **Methods**
 - Online survey of council officers and councillors (348 participants)
 - 14 in-depth interviews with council officers – public health, housing and social care
 - Notes from 6 meetings with public health professionals at both councils
 - Notes from 4 meetings with a public advisory group
 - Notes from 2 meetings of a steering group
 - Notes from a consensus workshop – 20 council officers, NHS managers, voluntary sector, members of the public

Understanding context

Attitudes to research evidence

Survey

	Agreed
The council sees research evidence as important in decision-making	260 (75%)
The council promotes research evidence being built into service design/commissioning	211 (61%)
The council considers that feedback from local people is more important in decision-making than research evidence	162 (47%)
My department uses research evidence in planning/commissioning	232 (67%)
I think that using research evidence improves value for the public	281 (81%)

Interviews

- Officers believed using research evidence was important and could add value

Understanding context

Access to research evidence

Survey

	Agreed
Research evidence is easily accessible	177 (51%)
I can find relevant research evidence or evidence-based guidance	217 (62%)

Interviews

- Council officers able to describe use of evidence-based practice in their team's work
- Guidelines often too generic for local application
- Lack of evidence-based guidance in some fields

Understanding context

Current research activity

Survey

Research activity defined for respondents as

‘the process of creating new knowledge, which includes developing research proposals, arranging research governance, collecting and analysing data, coming to conclusions and publicising the results’

	Agreed
My department has been involved in research activity in the last 3 yrs	164 (47%)

Interviews

- Few council officers involved in research
- Public health professionals had developed research skills in training but limited opportunities to use them
- Some did look for funding opportunities when possible
- Some commissioning of local research described

Understanding context

Capacity and appetite for research activity

Survey

	Agreed
LAs should contribute to developing scientific knowledge about what does and doesn't work	272 (78%)
LAs should publish more evidence about what does and doesn't work	270 (78%)
I would personally value taking part in more research activity	248 (71%)
I have worked on a research project leading to peer-reviewed publication	45 (13%)

Interviews

- Research cannot be fitted into working life – generally a free-time activity
- Statutory responsibilities dominate despite enthusiasm and skills for research
- Councils theoretically supportive of research although not part of culture or values of the organisations
- NIHR applications complicated, designed for the NHS

Understanding context

Barriers to public health research activity

Survey

	Agreed	
Officers do not have the time	214	(62%)
Officers do not always have the skills	161	(46%)
Officers' job descriptions do not include research	104	(30%)
Council's commitment to research limited	70	(20%)
Weak links with universities	51	(15%)
Universities cannot respond quickly enough to research needs	41	(12%)

Interviews

- Mismatch between research needs of local authorities and needs of academics to achieve prestigious national funding
- No systematic university support for local authority research
- Academics and practitioners have different values and goals
- Limited knowledge of NIHR and resources to support research activity

Understanding context

Other findings and observations

Survey

	Agreed
There is a clear vision to improve health in the council	282 (81%)
My department has a role in improving the health of the population	258 (74%)

Other observations

Challenges

- Limited engagement in our research from councillors and senior management (outside public health departments)
- Understanding that public health research is about the whole of council activity, not just the public health department, is not universal

Opportunities

- Members of the public enthusiastic
- Applied Research Collaboration, Integrated Care System, Clinical Research Network

Understanding context

Summary of key findings

- Appropriate evidence-based guidance not always available or accessible
- Limited current research activity, although appetite to do more
- Organisations and individuals mostly value research but do not have the culture, resource or mechanisms to do it
- Many officers with research skills but not able to use them
- Priorities and ways of working in councils and academia are not aligned

Engaging and building the vision

Principles

- Need leadership for research at strategic level within the councils
- Be clear that public health is job of entire council, not just the public health department
- Make the political drivers work - support the public to be advocate for research and a partner in developing research priorities and strategy, involve the NHS through the integrated care system
- Build shared understanding that academic research findings can enhance value for the public, informing investment and disinvestment decisions
- Find solutions that can benefit both academics and councils
- Learn from how the NHS has made research activity part of its work

Engaging and building the vision

The way forward in Kent and Medway

- Consult on a plan for a 'health and wellbeing research network'
- Gain support from council leadership
- Involve public in developing the system
 - to mobilise political support for prioritising research
 - to give a voice to local concerns
- Involve Kent and Medway integrated care system
 - to learn from NHS experience
 - to promote cross-organizational leadership for improving health
- Make use of emerging networks in the Applied Research Collaboration
- Capitalise on LCRN investment in public health research support

NB: Not as far advanced as planned because of COVID19 pandemic

Building the vision

A Kent and Medway Health & Wellbeing Research Network

- Build a network of Kent and Medway public health researchers and practitioners
- Develop and agree terms of reference
- Achieve buy-in across the health landscape
- Identify resource for
 - Administrative, academic and public involvement support for the network
 - Funded leadership role for research for councils, similar to R and D lead in NHS trusts
 - A responsive academic evidence synthesis function for councils

Kent and Medway Health & Wellbeing Research Network - purpose

- Building relationships and shared understanding of priorities, interests and knowledge and skills sets across public health practitioner/academic interface
- Providing continuing professional development resource (for academics and practitioners)
- Sharing and testing research ideas
- Identifying funding opportunities and possible research partners
- Discussing research findings to stimulate other ideas
- Identifying opportunities in the health research landscape e.g. Kent and Medway Medical School, Integrated Care System, policy developments, new appointees, Local Clinical Research Network

Building the vision

The way forward - national

- Synthesise findings of all projects funded by this call to find common themes and identify where top-down interventions would be effective
- Work towards national commitment to the idea that R and D for health is core function of local government and must be resourced (a Culyer report for local government)
- Reinforce the role of the DPH as independent advocate for the public health – a function that which requires research evidence
- Reinforce the idea that practitioners are ideally placed to shape research priorities, as is routinely understood in the NHS
- Identify ways to make the Public Health Research Programme more practitioner-friendly

Next steps in Kent and Medway

- Continue an informal working group to share research ideas and funding opportunities set up during the COVID19 pandemic
- Consult widely on
 - Expanded and formalised terms of reference including public, integrated care system and voluntary sector involvement
 - How to reinforce the idea of importance of research to the health improvement and protection function at the highest level in the councils
 - How to leverage resource to develop the system

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