

Public Health: Plymouth Priorities

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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR, or the Department of Health.

Background

This project was a collaborative study between the University of Plymouth and Plymouth City Council.

Plymouth experiences higher levels of social and economic deprivation with the associated social and health problems, compared to other cities.

Local stakeholder recognised the need to understand the barriers to optimising public health research (PHR) in Plymouth.

Aim: to identify the best ways for Public Health research in Plymouth to be developed, supported and coordinated.

Objectives:

Map out local Public Health research that is already complete or in progress and identify local priorities for future research;

Work out what helps this research happen and what stops more research from being done;

See how any gaps in National Public Health research fit with the local research priorities; and

Build a next steps plan together.

Considerations

The study was funded to take place from November 2020-March 2021 thus due to wider restrictions all researchers were working remotely and all data collection captured via online platforms.

COVID-19 demands on the public health team and illness led to delays in completion, less coproduction than had been hoped for and the motivational workshops and the consensus meetings being delayed (first planned for 11th June) .

Approach: Realist Informed

A realist informed approach helps to bring together different types of knowledge and experiences. Realist research aims to explain causal processes and takes account of complexity. Mechanisms can be considered as human responses to opportunities which may, depending on context, lead to outcomes.

The study therefore needed first to gain an understanding of ‘what kind of place Plymouth is with respect to public health research?’ What contextual factors are distinct? What outputs and outcomes did people want? Implicit in this is the question ‘how different are we from other places?’ We also wondered if there were similar places to us for whom similar solutions may be helpful.

Most of all we wanted to understand what opportunities we or others could put in place to mobilise existing strengths and trigger development of a more productive system of public health research.

Research questions

1A) What Public Health research has been carried out in Plymouth in the last 5 years?

1B) What are the Public Health research priorities for Plymouth?

2] What are the barriers, and facilitators to conducting Public Health research in Plymouth?

3A) What are the key knowledge gaps in current Public Health research nationally?

3B) How do Plymouth's research priorities relate to these knowledge gaps?

4A) What research activities will the Local Authority and University undertake together in the future?

4B) What University, Local Authority and NIHR infrastructure organisations resource could be repurposed to support Public Health research? How should they work together?

4C) What additional national resource would be required to further Plymouth Public Health research?

Methods: data

Twelve interviews

Two Rapid Realist literature reviews

Four focused case studies, incorporating two-four interviews with key stakeholders and documentary analysis of relevant publications

Theory building based on synthesis of data derived from the above three sources.

Two 90-minute participatory 'motivational' workshop events

Four combined workshop/consensus meetings due to take place with appropriate key stakeholders

Key findings #1

The overall shift in priority for Public Health Research was generally agreed :

- Money and resources are invested to do the right things, at an appropriate time, in a way that local people find acceptable, and that generates local impact;
- The ability to deliver locally focused solutions, which reflected local priorities and resources;
- The identification and development of opportunities for regional and national networking, shared learning and engagement in of leadership of national research projects.

Key findings #2

Four key themes emerged: Place; Inequality; Time and funding; Methods.

Place

- Distinguishing characteristics included Plymouth: promoting itself as a 'trauma informed city', a 'compassionate city', a coastal community and a peripheral community.
- Plymouth has advantages such as opportunities to participate in leisure in 'green' and 'blue' environments making it distinct from many other large urban areas, however funding bodies are seen as favouring London and larger cities, to Plymouth's detriment.
- Currently Public Health Research is not showcased – hidden across multiple university groups and important PPH research not always written up.

Key findings #3

Inequality

Often there is felt to be a lack of understanding by those 'in the centre' of the health, and related socioeconomic issues, faced by the local population in 'coastal urban poverty' who experience both seasonal insecure employment and an artificially inflated high cost of living and housing.

Addressing health inequalities was a widespread shared motivation across university researchers and Plymouth Public Health practitioners

Two key (and old) questions were brought up in interviews:

- Why are those in greatest need least likely to access certain key services?
- Why there is a difference of 10 years in life expectancy between two wards in the same city?

Key findings #4

Time and Funding:

- Prioritising time, finding appropriate funding sources and aligning timelines between the Local Authority and the University were identified as being challenging by both Public Health staff and University researchers.
- Creating time to network to find appropriate people to work with and to understand lengthy and complex research funding application systems was seen as challenging.
- Severe financial constraints and the Covid 19 pandemic has impacted heavily on service delivery and restricted research activity

Key findings #4

Methods:

- Randomised Controlled Trials (RCTs), were experienced as the preferred method for funders due to an emphasis on national generalisability, making it difficult for a focus on locally salient issues.
- Tensions between Public Health and academic researchers over evaluation and research approaches were evident at times and raised questions about effectiveness and value for money of different activities.
- Innovative methodologies (e.g. Human Learning Systems (HLS) used by PPH) were seen as more helpful in understanding people's complex lives and living within complex systems. These were seen by some as consistent with those in the university with expertise in Realist Methods.

Realist informed interpretation

- In the context of a coastal city with health inequalities and researchers and PH practitioners motivated to address these, and skills and experience often aligned with that challenge, it makes sense to support them to engage in locally relevant public health research likely to lead to improvements in health in the locality, while being of value to those in areas with similar profiles. (i.e. Not solely focusing on developing local investigators and receptive context fit for hosting large national studies.)
- In the context of a University with public health research distributed haphazardly across Schools and a Public Health team engaged in innovative practice but rarely being recognised for it, systematic attention to developing coherence and new relationships across teams locally, and to providing regional support for training, bid writing and dissemination, is likely to lead to research with local impact and national relevance.
- See next slide: Programme theory: Advancing Plymouth Public Health Research

Programme theory: Advancing Plymouth Public Health Research

Systems and leadership aligned to support range of public health practitioners develop and engage in projects

NIHR and
National Public Health
Bodies

University and
Local Authority

Regional NIHR and
public health bodies

Nationally funded
multi-centre research
valued locally

Spectrum of
activities

Locally driven needs
assessments and evaluations of interest
to those in similar contexts

Plymouth Public Health Practitioners and University Researchers using complimentary skills and innovative methods -
working together on projects that matter to those caring about health inequalities

Generalisable
knowledge to be
mainly used
elsewhere

Spectrum of
outputs valued
locally and nationally

Local intelligence
primarily having a
local impact

Recommendations #1

- Identify regional and local opportunities to build infrastructure with a single point of contact who has an overview and can identify local need. The central contact can look for potential opportunities and possible regional collaborations.
- Work proactively for upcoming funding opportunities and match people with Public Health expertise with people with methodological expertise and similar areas of interest.
- Develop potential joint projects using Appreciative Enquiry and Human Learning Systems approaches, Realist Evaluation with the aim of sharing best practice and providing exemplar methods for other University and Public Health researchers.

Recommendations #2

- **Support development of researchers in training (PhD, Masters) and public health practitioners through regional training programme**
- **Embed Researchers in Residence (RiR) to build capacity and move research closer to the communities it serves.**
- **Incentivise practitioners, local care teams, GPs and academics to produce quality research about locally significant issues.**
- **NIHR infrastructure to develop simpler processes that support research in non-NHS settings and to support non-medical model of PHR including excess treatment costs**

Recommendations #3

- UoP to collaborate with other academic centres more established in Public Health Research and with similar local issues: deep health inequalities, coastal and peripheral.
- Funding calls to allow for locally focused projects, perhaps assessed on a regional basis, which emphasise wider learning, and an understanding of context, rather than focusing on narrow definitions of generalisability.
- Increased lead times on funding calls allowing Local Authority partners to become involved and learn about the process, thus able to take the lead in the future.

Conclusion

The study highlighted significant opportunity and motivation for University of Plymouth and Plymouth Public Health to address inequalities through a set of research oriented activities including:

- Support the development of less traditional research methods capable of reflecting the complexity and the heterogeneity and contributing to local solutions and generalisable knowledge;
- Develop capacity by aligning key organisations relationships and activities – both Plymouth Public Health alongside University of Plymouth, and regional NIHR and public health bodies
- Mobilise the considerable strengths, skills and energy of key actors - both public health practitioners and researchers and also the local population - to understand and address localised and specific need.

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