Building a health and wellbeing research system for Kent and Medway

Final report for NIHR

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Executive summary

Our research aimed to build the foundations of a system to promote more public health research activity in Kent and Medway. The objectives were

- to gain a deeper understanding of the local context, culture and readiness in relation to research activity and research culture for local authority public health
- to develop stronger relationships between academics, council officers and other stakeholders
- to develop ideas about what would work to promote more public health research activity

We carried out a survey of council officers and councillors, interviews with council officers, and a consensus workshop including a range of stakeholders from the council, NHS, voluntary sector and members of the public. We also met with a public advisory group and with public health professionals to shape the project and took field notes.

Our key findings were:

- There was limited current research activity in the councils, although there was a strong appetite to do more
- Councils recognise potential value of research, but do not have funding or mechanisms for using it or doing it
- Councils do not prioritise resource for research
- Many council officers have research skills based on their training but have no time to use these
- Universities do not have any funding mechanism to support council research activity
- Priorities and ways of working in councils and academia are not aligned
- NIHR infrastructure not designed for research relevant to councils
- Members of the public are enthusiastic about this work

The next steps are to consult on a plan for a Health and Wellbeing Research Network for Kent and Medway to involve both councils, universities, members of the public and the NHS and identify funding for it. It will be important to identify ways of aligning the objectives to generate research culture and activity with those of the council – this includes fortifying the voice of the Director of Public Health as independent advocates for the public health and therefore for research about public health, and leveraging public enthusiasm for the project. A key feature of the network must be a funded research and development lead with a senior strategic role in the councils.

Developing the network could benefit from using other networks currently being established through the Kent Surrey and Sussex Applied Research Collaboration, and from recently established funding to support public health research through the local Clinical Research Network.

We also recommend identifying where top-down interventions may benefit public health research nationally, including:

- Working towards a 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)
- Reinforcing the role of the DPH as independent advocate for the public health – a function that which requires research evidence
- Reinforcing the idea that practitioners are ideally placed to shape research priorities, as is routinely understood in the NHS
- Identifying ways to make the Public Health Research Programme more practitioner-friendly

Background

Following the 2012 Health and Social Care Act in England, public health practitioners were moved out of the NHS, where they had been largely employed by Primary Care Trusts, to local government. Upper tier and unitary local authorities (LAs) took over responsibilities, previously the job of the NHS, to improve and protect the health of the population.[1] The rationale was to place responsibility for public health where there was much greater potential than in the NHS to tackle what really causes a population to be unhealthy: the fundamental social and structural determinants of health –, environment, housing, transport, work, education, and so on.[2]

This project is one of 14 funded by the NIHR Public Health Research Programme around England that aim to understand how local government can engage more in public health research and to the national health research agenda, recognising that practitioners are ideally placed to generate research ideas, although may need support to shape these into research questions.[3]

We carried out this project in the county of Kent: served by Kent County Council (KCC), an upper tier authority with 12 district councils, and Medway council, a unitary authority to the north of the county. KCC serves more than 1.5 million people living in a largely rural area of about 1,400 square miles, with several large and medium-sized towns. Medway Council serves a smaller area, with about 280,000 people living in the Medway conurbation and surrounding rural area.

Figure 1 provides a map of Kent showing the largest towns. Kent has a long coastline with some deprived coastal areas. The HS1 High Speed Rail link enables travel between Ashford and London in less than 40 minutes. The M20 leads from the M25 to the busy Channel Tunnel terminal and the Port of Dover. Despite excellent transport links to London for many towns, some of the coastal and rural areas feel cut-off, with poor transport links across the county. There is marked inequality in wealth and health. There are some very wealthy areas, especially in rural West Kent. For 8 of the 12 Kent districts, the proportion of lower layer super output areas within the 10% most deprived in England is <5%, but this figure is >30% for the districts of Thanet (in the far north east of the county) and Swale (in the north of the county to the east of the Medway Towns, an area that includes the Isle of Sheppey).[4] In Medway, 27% lower layer super output areas are within the 10% most deprived in England.[4]

Figure 1: Kent and Medway

As well as being geographically connected, KCC and Medway Council are linked by a joint Health and Wellbeing Board, and a shared Sustainability and Transformation Partnership (with an Integrated Care System (ICS) planned from April 2021). From April 2020, they have shared a single Clinical Commissioning Group. The same NIHR organisations cover both LAs: the Applied Research Collaboration Kent Surrey and Sussex (ARC KSS), Research Design Service South East and Kent Surrey and Sussex Local Clinical Research Network (KSS LCRN).

KCC and Medway public health practitioners have, over the last few years, been increasingly seeking links with academia and some wish to develop their research portfolios. KCC is an early implementer of linked dataset development, which present opportunities for advanced analytics to model population health. KSS LCRN was early to devote resource to promote public health research by embedding researchers in LAs in early 2020. A further opportunity for attracting more health research is the new Kent and Medway Medical School, which opened to its first students in 2020, although it does yet have a research strategy or activity.

Developing public health academic-practitioner links in Kent has been hampered by the lack of a natural central point with a strong public health research tradition around which academics and practitioners can assemble. The population is spread out – there is no one dominating town, and neither of the two universities based primarily in Kent (University of Kent and Canterbury Christ Church University) has a large or long-established public health research tradition. The Centre for Health Services Studies at the University of Kent at Canterbury has, however, grown very rapidly in last 5 years, with a largely public health and primary and community health services research and policy portfolio.

A body of research has examined what interventions might promote more research activity in LAs. These include: academic and practice centres to bridge the gap between cultures,[5,6] joint appointments, embedded researchers and researchers in residence,[7-10] honorary appointments for academics in LAs,[5] applied research training for public health professionals,[5,11] and academic services for LA professionals.[5] The evidence of effectiveness to generate more use of research evidence, more research ideas, more collaboration with academia, more applications for external research funding or more success in these is not clear.

Our research aimed to build the foundations of a system to promote more public health research activity in Kent and Medway. The objectives were

- to articulate a deeper understanding of the local context, culture and readiness in relation to research activity and research culture
- to build stronger engagement between academics, council officers and other stakeholders
- to develop ideas about what would work to promote more public health research activity from a wide range of stakeholders

Methods

Overview

The research questions to guide our data collection were

- What is current research activity?
- What are perceptions, values, beliefs and attitudes in relation to developing research capacity?
- What is the understanding of resources available to support research?
- What might work in developing a research system?

The project involved a synthesis of data from:

- interviews with council officers
- an online survey of council officers and councillors
- field notes from a consensus workshop of council officers, NHS managers, representatives of the voluntary sector and members of the public
- field notes from discussions at meetings of a public advisory group, steering group and with public health practitioners

As well as data collection, all these activities were intended to build engagement in this topic with the council, the public and other stakeholders to support strategy development and implementation in the future.

Governance arrangements

The protocol was reviewed by the University of Kent School of Social Policy, Sociology and Social Research School Research Centres Ethics Panel (reference: ID274).

For independent scrutiny, we set up a steering group that met twice over the course of the project, with seven members who were not on the research team. The role was to ensure that the study team adhered to the purpose and had good governance in place, including ethical conduct and safety of participants and to advise on any changed plans. Terms of reference and minutes are available on request.

Engaging with the public advisory group

We established a Public Advisory Group (PAG), consisting of four members who responded to an advertisement circulated to LA and university colleagues. The PAG met formally with the research team on five occasions over the course of the project. The purpose was to seek input on data collection and analysis and to support development of ideas for the research system. PAG members also undertook additional roles for example, chairing or attending steering group meetings and chairing a discussion group at the consensus workshop. In addition to the PAG members, four additional public representatives participated in the consensus workshop.

Engagement with public health practitioners

The research team, which including public health practitioners from each council met on six occasions each for about 1 hour to shape the research, facilitate data collection, discuss findings and shape the ideas for a public health research system.

Interviews with council officers

Kent County Council and Medway Council members of the research team identified potential interview participants from local government, to reach a broad spectrum of participants, from elected members, organisational leaders, officers in public health and other departments such as housing, social care and energy, aiming for representation from upper and lower tier authorities in Kent.

After requesting verbal consent, we carried out and recorded semi-structured interviews, online due to COVID-19 restrictions. The interview guide covered current research strategy and activity; use of evidence-based guidance; perceptions, values, beliefs, and attitudes in relation to developing research capacity; and key elements to developing a research system.

All interviews were transcribed verbatim. Transcriptions were imported into NVivo software. Analysis of the interviews used the constant comparative method.[12]

Online survey of council officers and councillors

We conducted a rapid scoping review of instruments used to understand, in health policy or public health organisations research culture, commitment, capacity and attitudes to research. While we found a number of publications describing instruments of this type, some of which were validated, none was applicable to the English public health system and short enough to be used over this timescale.[13-27] Drawing on the learning from the scoping review, the research team operationalised the research questions into key constructs of interest, and designed simple questions relating to:

- understanding of council role in relation to health
- organisational commitment to research
- research use in policy, planning and commissioning
- current research activity
- personal attitudes and capacity to use and conduct research

We did not attempt to collect data on what might work to develop a research system because we did not think this method was suitable for that. We designed a short questionnaire using Qualtrics for each council, which took about 7 minutes to complete and could be completed on a computer or mobile device. At KCC we distributed the link to this in an email to senior managers and councillors. At Medway Council the link was circulated in the staff newsletter and on the council intranet.

Consensus workshop

The purpose of the consensus workshop was to present preliminary findings of the interviews and survey and discuss the development of a public health research system in Kent and Medway. We invited 30 individuals, including councillors, officers from KCC, Medway Council and district councils, representatives of 4 Kent Integrated Care Partnerships, the Clinical Commissioning Group, voluntary sector organisations and members of the public. 20 agreed to take part and attended the 2-hour virtual workshop. Small groups were asked to consider three questions:

- What would help to ensure research is consistently embedded across LAs?
- How can the public be involved in developing a research strategy? What are the gaps in public involvement?
- What should we put in place to develop a strategy to support research aimed at improving health and wellbeing?

Results

Survey

348 people responded to the questionnaire, 333 council officers and 15 councillors. Table 1 shows the numbers of respondents by council and department or role. Public health and strategic commissioning officers were grouped together because in KCC, the Public Health department is within the Strategic Commissioning directorate.

Table 2 summarises responses about clarity of the vision to improve health in the council and recognition of departmental role in health improvement. Most respondents thought that the council had a clear vision to improve health (74%). Councillors had the lowest level of agreement about the clarity of the vision to improve health. Most officers recognised their department’s role in improving health (69%).

Table 1: Number of responses by role and council

		Kent	Medway	Total
Councillors		14	1	15
Officers	Adults' or children's services, including education	41	46	87
	Public Health/Strategic Commissioning	22	34	56
	Wider Determinants of Health (e.g. Housing, Planning, Environment)	43	28	71
	Corporate Services (e.g. Human Resources, Finance, Communications)	19	5	24
	Other department not classifiable	9	8	17
	Department not reported	37	41	78
Total		185	163	348

Table 2: Perceptions of vision to improve health in the council and recognition of health improvement role (data not provided for officers of unknown department)

	Numbers (%) who agreed or tended to agree with statements					
	Councillor (n=15)	Adults' & children's services (n=87)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=24)	Total (n=348)
There is a clear vision to improve the health of the population in the council	11 (73.3%)	69 (79.3%)	54 (96.4%)	54 (76.1%)	18 (75.0%)	282 (74.2%)
		(n=87)	(n=56)	(n=71)	(n=24)	(n=316)
My department has a role in improving the health of the population	n/a	74 (86.1%)	54 (96.4%)	53 (74.7%)	11 (45.8%)	245 (77.5%)

Table 3 summarises responses relating to using research evidence in council activity. About 74% respondents thought that the council saw research evidence as important, although a lower percentage (62%) thought that it promoted research evidence being used. This suggests that while research evidence was valued by the council, it may be that not all parts of the council know how to use it. There was very strong support for the idea that research evidence improves value for the public, but less strong support for the idea that the officer's department used research evidence, again reflecting value for evidence but limited mechanisms for using it. 47% respondents thought that public feedback was more important that research evidence (27% disagreed and 26% were neutral – data not shown), suggesting that on average councillors and officers thought that research evidence was important but did not carry greater weight than local concerns. Just over half of respondents thought that research evidence was accessible and about 74% said they could find evidence if it existed. Public health officers were more likely to say that research evidence was accessible and that they could find it, presumably reflecting that this is a core part of public health training.

53% officers said that they had been involved in research in the previous 3 years. Research activity was defined, in the questionnaire, as: *'the whole process of creating new knowledge, which includes developing research proposals, arranging research governance, collecting and analysing data, coming to conclusions and publicising the results'.* 15% had academic research experience, defined as having worked as part of a team on a research project that has led to a peer-reviewed publication.

Table 4 shows reported barriers to research activity. Most commonly cited were lack of time (62%) and limited skills (46%).

Table 5 shows responses to questions reflecting attitudes to carrying out more research about what does and doesn't work in councils – in terms of contributing to science, publishing more, and personally valuing taking part in more research. For all these questions, a very large proportion of respondents agreed across all roles and departments.

Table 3: Research evidence: attitudes and access

(data not provided for officers of unknown department)

	Numbers (%) who agreed or tended to agree with statements					
	Councillor (n=15)	Adults' & children's services (n=87)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=24)	Total (n=347)
The council as a whole sees research evidence as important in decision-making	12 (80.0%)	59 (67.8%)	49 (87.5%)	50 (70.4%)	16 (66.7%)	260 (74.1%)
The council promotes research evidence being built into service design or commissioning, or both	11 (73.3%)	46 (52.9%)	45 (80.4%)	37 (52.1%)	13 (54.2%)	211 (61.6%)
The council considers that feedback from local people is more important in decision-making than research evidence	5 (33.3%)	40 (46.0%)	32 (57.1%)	28 (39.4%)	15 (62.5%)	162 (46.8%)
I think that using research evidence improves value for the public	14 (93.3%)	80 (92.0%)	56 (100.0%)	65 (91.6%)	24 (100.0%)	281 (80.8%)
		(n=87)	(n=56)	(n=71)	(n=24)	(n=317)
My department uses research evidence in planning or commissioning or both	n/a	64 (73.6%)	54 (96.4%)	43 (60.6%)	15 (62.5%)	222 (66.7%)
Research evidence to support my department's work is easily accessible	n/a	46 (52.9%)	43 (76.8%)	31 (43.7%)	10 (41.7%)	171 (53.9%)
		(n=87)	(n=56)	(n=71)	(n=24)	(n=282)
I can find relevant research evidence or evidence-based guidance if it exists	n/a	64 (73.6%)	52 (92.9%)	46 (64.8%)	19 (79.2%)	209 (74.1%)

Table 4: Barriers to research activity in councils

Barrier	n	(%)
Officers do not have the time	214	(61.5)
Officers do not always have the skills	161	(46.3)
Job descriptions do not include research	104	(29.9)
Council's commitment to research limited	70	(20.1)
Weak links with university	51	(14.7)
Universities cannot respond quickly to needs for research	41	(11.8)

Table 5: Attitudes to research activity in councils

(data not provided for officers of unknown department)

	Numbers (%) who agreed or tended to agree with statements					
	Councillor (n=15)	Adults' & children's services (n=85)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=23)	Total (n=293)
I think that local authorities should contribute to developing scientific knowledge about what does and doesn't work	14 (93.3%)	81 (95.3%)	55 (98.2%)	64 (90.1%)	19 (82.6%)	269 (91.8%)
I think that local authorities should publish more evidence about what does and doesn't work	14 (93.3%)	77 (90.6%)	53 (94.6%)	66 (93.0%)	20 (87.0%)	269 (91.8%)
	(n=15)	(n=87)	(n=56)	(n=71)	(n=24)	(n=296)
I would personally value taking part in more research activity	12 (80.0%)	74 (85.1%)	52 (92.9%)	58 (81.7%)	21 (87.5%)	248 (83.8%)

Interviews

We interviewed 14 council officers (no councillors agreed to be interviewed): 4 from KCC, 2 from district councils, and 8 from Medway Council. 7 were public health professionals, 5 from social care and 2 from departments relating to the wider determinants of health. Although the number of interviews to be conducted was pre-determined by capacity of the research team, data saturation was reached early.

Only one participant thought that their organisation had a research strategy, although they were unclear if they had actually seen it. Some felt that their organisation was "*quite poor*" when it came to research and lacked a systematic approach to using research.

> *"There is no policy or strategy around research in [my department]. We recognise that research plays a really key part in informing our practice …. But there isn't a clear vision at the moment..."*

All participants were able to describe how their team used evidence-based practice in their work and some reported using national evidence-based guidance to inform commissioning and decision-making. Some noted a lack of guidance in their field of work. All participants believed that research was important and that it could add value. A couple of the participants felt that national guidance was sometimes not useful as it could not be applied in local circumstances

> *"I think the difficulty that they would have in trying to provide that level of guidance is they would either have to make it very generic in order to make it usable for the different disciplines that exist within the organisation."*

Knowledge of systems to support public health research was very mixed. Those in public health had the greatest awareness of research funders, such as NIHR and ARC KSS, although rarely had they received research funding. They reported a lack of time and expertise to write proposal.

Some participants felt there was a mismatch between what research LAs would find useful and what local academics might be interested in and what funders would ultimately support. A few explained that research, even that conducted by ‘applied researchers’ was still often too academic and lacked applicability.

> *“But it is also that application piece… it does feel a bit like there’s a disconnect between well that’s very nice and that’s very theoretical, but how does that help me in my, as a senior manager when I’m planning this piece of work, or improving it, or as a person on the ground actually delivering it, that can be quite frustrating.”*

> *“So when I say ‘academic’ I'm not talking there about not having enough rigour behind the process, but what I'm saying is it can’t just be a we’ve published a report, let’s just move onto the next thing. This is stuff that needs to have the ability with its recommendations and its findings to change policy on the ground.”*

Whilst most participants recognised that universities often had subject specialists, universities were not engaged with in a systematic way. Instead, an ad-hoc approach was taken, with personal contacts being used to identify relevant academics. With this in mind, most of the participants believed that having a research partnership with just one university would not be beneficial, as one university would not necessarily be able to provide the range of expertise a LA would need. A couple also stated that geography should not be the deciding factor either. Different values and goals between academics and LA was also seen as a barrier for any future partnerships.

> *“I think that there is a huge gulf between the academic values, goals, ambitions and what it actually means to apply that…. it’s easier for the academics to remain academic and it’s easier for me to remain applied.”*

> *“Well in the past, I was thinking that maybe geography plays an integral part around how we establish this partnership [between Local Authority and a university]. So you would want to actually try and network with the universities that are closer to you. So obviously Kent with Christchurch were the usual suspects. But I guess that the impression that I’m getting though is there wasn’t, I wasn’t seeing that much of a reciprocation in the past in terms of funding and support. So, in the meantime then other universities approached us to collaborate.”*

Most of the participants were not involved in any research currently, although a couple were actively looking for funding opportunities. Many of the participants stressed that service users and local residents were at the centre of all their work, would also be central in setting any research priorities.

For some of the participants, research was seen as a luxury and not possible to fit into their working life. their day-to-day job roles, it was difficult to fit in to their working life.

> *“[My LA] is an inadequate Local Authority so I’m under so much scrutiny it’s you know, so for somebody like me to put up a case to divert from the statutory responsibilities in the position [my LA] is in is quite hard, but there’s always, always enthusiasm to get involved in other people’s research.”*

A few of the participants spoke about the need to work longer hours to work on research projects, and to do such work in their own free time.

Whilst a few of the participants believed that research would be seen as favourable in their annual appraisals and might help with career progression, many felt that research was not needed to progress their career. Others believed it was not part of the culture or values of the LA, although it was still regarded by many as being something the councils were open to.

Lack of time, resources and funding opportunities were mentioned by most of the participants as barriers to conducting research, as well as limited skills. A few of the participants talked about the importance of having a dedicated research lead who they could go to if they wanted to conduct research, or if they needed research support.

> *"I'm honestly so stretched in terms of staffing just in a normal time, not even in COVID, that we just... I think we don't, probably don't have the time to research actually, and it doesn't seem an easy thing to do."*
>
> *"I'm for research and I would absolutely love it if someone came to me and said I want to do a piece of research, but the reality is given the workload that we do, given that you know, we're pretty streamlined, there's not a lot of fat in the system, it might be quite difficult on a day-to-day basis for [me] to do that."*

When discussing the value of such a research support post, most believed that it would be better to have this person in-house rather than an externally commissioned service, or a joint post held with a university. A joint post would have to be co-located with the LA.

> *"That person [joint academic post between university and LA] has to be sitting in our department and actually actively taking part in all of our work. So unless they actively take part in all of our work, then they will not make the connection in terms of what are the key priorities that we need to be developing and then marry it up to the funding opportunities that are actually out there."*

Field notes from the consensus workshop

What would help to ensure research is consistently embedded across LAs?

A key focus should be the development of a positive research culture within LAs. It was felt the value placed on research in LAs needed to be promoted, which in turn would encourage the development of the necessary support for research. Importance was placed on different ways to illustrate this value including increased opportunities for placements/secondments in universities, alongside academics supporting initiatives for workforce development. Some feedback focused on a need to build confidence in LA colleagues to use research and it was noted that academic support could facilitate this.

Attendees also spoke about the importance of developing a 'shared understanding' between academics and LA colleagues to encourage a collective agreement on key elements of the research process. Specific feedback identified agreeing aims of the research and how identifying how these complement or contrast with priorities of the LA, how to produce valid and reliable findings in shorter evaluation cycles so as to optimise timeliness of research and use of appropriate methodologies for researching public/population-level programmes.

How can the public be involved in developing a research strategy?

Patients and public frequently collaborated with both LAs on a range of initiatives, e.g. acting as Community Champions, participating in service user groups, or Citizens Panels; however, the extent to which these partnerships focused on designing and delivering research was unclear. Discussions highlighted the importance of academics working councils to build the profile of research and promote using evidence in service design and delivery. To facilitate public contributions, attendees suggested a number of principles:

- ensuring research strategy reflected community priorities
- developing innovative and interactive ways to engage with different audiences
- using a broad range of locations and modes of communication to reach people

- using plain English

Developing a strategy to support research aimed at improving health and wellbeing

There is already codesign work in progress through local HealthWatch organisations to understand what 'good' health and wellbeing looks like; attendees suggested that this could be used as a framework for research priorities. There was a recognition that effective leadership and appropriate funding is required to sustain a research infrastructure. The group was unanimous that a multi-stakeholder co-production approach - including public, NHS partners, voluntary sector, academics, councillors, commissioners, LA colleagues from across departments - is needed.

Key points from field notes

- 'Public health' research not always understood – people think that it refers to research done by public health departments, and does not refer to the work of the entire council – suggest call it 'health and wellbeing' research
- Need to build shared understanding of how research can benefit council decision-making e.g. investment and disinvestment decisions
- Need to find solutions where both universities and councils can benefit
- Consider a rapid response evidence synthesis unit based at university
- Universities not able to contribute any real support to research at the council unless funded to do so – university staff funded on the basis of applying for competitive research grants or teaching
- Councils have extremely tight budgets and high workloads among officers
- Need dedicated funding to support collaborative research
- Fall in public health grant over last 6 years has made the idea of contributing to research even more challenging
- Need leadership at the council for research and development
- Research needs to be represented and championed at Director level
- We can learn from the NHS R and D frameworks – since the Culyer report, research has become embedded in the NHS and has supporting infrastructure
- Specific university departments do not have expertise or interest in the full range of methodologies that would be useful for councils
- Epistemological frameworks used in academia not always appropriate e.g. limited knowledge and skills in systems research and applied analytics
- Tension between research and political drivers at the council
- Councillors' opinions are strongly respected at the council – important to get leverage through them
- Leverage support at the council using public voices
- Independent public health advocacy led by the Director of Public Health in support of research would also provide leverage
- NIHR funding applications need to have generalisable results – this is not always possible for the research that councils need doing
- There is no clear mechanism for collaborative research between councils
- NIHR applications very complicated and time-consuming
- Timescales in the research world are slow
- No source of funding for intervention costs and support costs with most research applications
- Need a stronger network across the geography to champion public health research, leveraging support from other health champions? NHS or ICS
- Can capitalise on recent announcement of funding from Department of Health and Social Care through LCRNs to support public health research in councils.

Discussion and recommendations

Key findings

- Limited current research activity in the councils, although strong appetite to do more
- Councils recognise potential value of research, but do not have funding or mechanisms for using it or doing it
- Councils do not prioritise resource for research
- Many council officers have research skills based on their training but have no time to use this
- Universities do not have any funding mechanism to support council research activity
- Priorities and ways of working in councils and academia are not aligned
- NIHR infrastructure not designed for research relevant to councils
- Members of the public enthusiastic about this work

The principles of the solution

- 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 ICS, and strengthen the voice of Directors of Public Health in favour of research, as part of their role as independent advocate for the health of the public
- 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

Strengths and limitations

This project was carried out very quickly, starting in August 2020 during a time when many people were on holiday and continuing into the Autumn as the rise in COVID19 cases made it very difficult for council staff to participate. Nevertheless, we achieved the planned number of interviews and a reasonable number of survey participants (at the time of writing the data are not available to allow us to calculate response rates at KCC; at Medway Council, it will not be possible to calculate response rates because of the distribution method). Engagement from the public health teams was excellent. We achieved very little engagement from councillors. We achieved a high level of engagement from members of the public, who made invaluable comments on methods as well as contributing to the ideas for developing a health and wellbeing research system for Kent and Medway.

Also at the time of writing, we have not yet analysed data on observation of meetings and we have not fully analysed the free text input that participants to the survey provided.

In terms of developing the principles for the solution and the plan itself, there has to date been insufficient consultation on it, given the rapid timescales and poor availability of key players such as Directors of Public Health and councillors. This means that we have to date been unable to prepare a logic model and costings for the system.

Existing literature

Our findings are in keeping with others in relation to how decisions are made in LAs and how it differs from the NHS, with a more restricted view of what constitutes research evidence, less research activity,[28,29] less prominence for research evidence in the process and a greater emphasis on local context and political constraints.[30-32] Our findings are also in line with other research in relation to the barriers to using and carrying out research, the tension between what academic evidence suggests and political drivers; long timescales; the need for local accountability; varying definitions of what constitutes evidence and what constitutes a public health intervention; the prominence of evidence of local needs, contexts and priorities; lack of capacity and limited training; financial constraints.[2,24,29,31-37]

Recommendations: 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 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

Recommendations: local

- Build a network of Kent and Medway public health researchers and practitioners
- Achieve buy-in across the health landscape
- Pending consultation, 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
- The purpose of the Kent and Medway Health and Wellbeing Network would be:
    - 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 (recognizing that the appropriate skill sets are not always available at local universities)
    - Discussing research findings to stimulate other ideas

Next steps – local

- Consult on a plan for a ‘health and wellbeing research network’ for Kent and Medway
- Involve public in developing the system to mobilise political support for prioritising research and to give a voice to local concerns
- Involve Kent and Medway ICS
- Make use of emerging networks in the ARC KSS
- Capitalise on LCRN investment in public health research support
- Develop a logic model and costed plan

Competing interests

None

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