

Local Authority Research Systems – A qualitative study to inform the development of a South Gloucestershire Council wide research system

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Executive summary

Introduction

- Co-location of public health (PH) with social care (SC), housing, transport, and place services enables leaders to take a population-level and multidisciplinary approach to meeting health needs and problem-solving.
- The South Gloucestershire Council (SGC) Public Health and Wellbeing Division has aimed to create an academic function within the Division, influence research activity and policy across the Council, and is increasingly recognised for its research activity, dissemination, and publication record.
- We investigated how to create a research system in SGC to produce sustainable and influential research activity across PH, SC, and place services.

Methods

- We conducted 30-minute semi-structured interviews with elected members and the senior leadership of SGC as well as key stakeholders from local research organisations (LROs), including NIHR infrastructure.
- Interviews were conducted using topic guides that asked questions regarding:
 - Research experience and people
 - Co-producing and disseminating outputs
 - Co-production
 - Innovation
 - SGC decision making
 - SC research
 - Research system growth and sustainability
 - COVID-19
- Data were analysed using the framework method

Results

- We interviewed 27 participants (22 LROs and 5 SGC). All participants were interested in research but described several needs and challenges. The main findings are summarised below:

Needs:

- There is a need for a SGC research contact or lead to facilitate collaboration and relationship-building across the Council

- More shared or joint posts between SGC and LROs, SC clinical/service academic career structures
- Collaborative cross-boundary working as SGC sits within a Sustainability and Transformation Partnership (STP) and Clinical Commissioning Group (CCG) that include Bristol City Council and North Somerset Council

Challenges:

- Difficulties identifying SGC priorities and population's needs given the lack of a local research network or interface
- Problems accessing SGC data that often goes unanalysed
- Challenges with research timescales relative to LA needs, engaging and incentivising academic researchers
- Resource issues further exacerbated by COVID-19.

Recommendations

We recommend the following:

- Creation of a LA research lead post working across Council Directorates
- Creation of local LA research networks
- Support for more shared or joint posts, similar to the medical clinical academic model, between LROs and LAs, particularly in SC
- Increased accessibility and use of LA data and support for LA research and governance training
- Collaborative cross-boundary research systems where LAs share healthcare footprints
- Infrastructure to support research conducted at pace to respond to LA needs
- Funding and incentivisation for academics to engage with LA research
- Resource to support LA research including ringfenced funding and staff time

Limitations

Limitations of the project include:

- Short project duration prevented further interviews from being conducted
- Qualitative data analysis conducted by a single researcher (MND)

Introduction

The Health and Social Care Act of 2012 resulted in the transfer of Public Health (PH) from the National Health Service (NHS) to Local Authorities (LAs), co-locating it with social care (SC), housing, transport, and place services. An advantage of the location of PH within LAs is that it enables leaders to take a population-level and non-clinical approach to meeting health needs and addressing and preventing issues using interventions and research. It also facilitates a multidisciplinary approach to problem-solving.¹ The co-location of diverse expertise in LAs means that they are also “hotbeds” for innovation, well placed for collaboration with universities or industry to create a joint innovation function. Such a function would provide an interface where strategic and operational LA needs can be translated into research proposals to create practical solutions to real world problems.

Collaborations with academic and industry partners are crucial to conducting research but these relationships can be imperfect. The need for research on real-world initiatives, in timescales that are relevant to local government, with the aim of informing future policy decisions, is often not the focus of academic or private sector organisations that often prioritise research that is publishable in prestigious journals or profitable. As such, the imperative to close the translational gaps between scientific research evidence and routine practice at the local authority level still remains, although some local progress has been made. Therefore there is a need for local authority research systems to be formed that will: i) enable LAs to become research active, ii) lead and support the co-production of sustainable, innovative, localised, tailored, and influential research with academia and the private sector,^{2, 3} iii) allow LAs to evaluate their initiatives’ impact on health and health inequalities, and iv) produce and use evidence in a timely way to help shape local and national practice and policy.

Since 2014, the Public Health and Wellbeing Division based at South Gloucestershire Council (SGC) has aimed to create an academic function within the Division and influence research activity and policy across the Council. This has been done by supporting joint consultant posts with the University of Bristol as well as developing a strong academic training record among its staff by funding Masters degrees in PH. The Division is also increasingly recognised for its research activity, dissemination, and publication record. It has established a strong presence at local events and conferences and has received national recognition for its research activity. A recent unpublished qualitative study aimed at improving understanding of the SGC PH Division research and evaluation culture has laid the groundwork to developing a research system in SGC. In this qualitative study, we investigated “how do we create a research system in SGC to produce sustainable and influential research activity across PH, SC, and place services?”

Methods

Participants

This study used expert sampling to identify participants for inclusion. We included elected members and the senior leadership of SGC as well as key stakeholders from local research organisations (LROs), including NIHR infrastructure, that are active in

the areas of PH, SC, and place services who we anticipate to be crucial members of the SGC research system. A list of these organisations can be found in Appendix 1.

Procedure

Prospective participants were contacted by email and provided information sheets. Before the start of the interview, verbal consent was recorded, and an electronic consent form was completed and returned to the researcher. Interviews were semi-structured and conducted on an individual basis online using Microsoft Teams. Interviews were recorded using the meeting software and on an encrypted audio recorder with stakeholders' consent. A single researcher (MND) interviewed all stakeholders to ensure consistency; interviews were expected to last between 30-45 minutes. Given the potential impact of reflexivity,⁴ the researcher avoided misleading, judging, reacting, or implying a forceful message during the interviews and analyses. A brief introduction of the project was given at the beginning of the interview session. Interviews were conducted using topic guides that were tailored based on the stakeholder's organisation (SGC or LRO, see Appendix 2 and 3 for interview scripts). Topics consisted of research and collaboration experience, resource, and expertise, key roles and individuals, co-production, SGC decision making, research system growth and sustainability, research outputs, innovation, SC research, and the effects of COVID-19.

Analysis plan

Data from interviews were electronically transcribed verbatim using Otter.ai,⁵ stored securely, and coded using NVivo qualitative data analysis software.⁶ Line-by-line coding was performed to identify concepts and key phrases that were then categorised into an analytical framework for thematic analysis using the framework method.^{7, 8}

Patient & Public Involvement (PPI)

We recruited individuals for a PPI group from among South Gloucestershire Council (SGC) Public Health and Wellbeing Division staff. The PPI group contributed to designing the topic guides for the qualitative interviews and reviewed a draft of the final report and presentation slides. Meetings were held electronically, and group members were compensated for their participation. We also worked with People in Health West of England to identify two members of the public who joined our project steering committee.

Results

We interviewed 27 participants, five from SGC and 22 from LROs. Participating organisations are italicised in Appendix 1. Interviews lasted an average of 30 minutes, nine seconds, ranging from 15 minutes one second to 55 minutes, 15 seconds, for a total of 13 hours, 34 minutes, and nine seconds of interview time across participants.

Research experience and people

We asked SGC participants how research fits within their Division or Council plan and what resource and expertise they had to support research. We also asked SGC and LRO participants about their experience working together on research.

SGC research, resource, and expertise

SGC participants reported that research has historically been absent or not well embedded in their Division or Council plan. Participants noted that research occurred on an ad-hoc basis and there is a need to be more proactive. However, they also noted that research is included in new Council plans and policies, stressing its importance in identifying priorities and measuring performance. They noted there was no lack of interest in research, but identified operational pressures, lack of capacity, and siloed departments with no central data repository as challenges.

SGC participants reported varying levels of resource for research, including no resource at all, no separate budget, and committed core and new COVID resource for research within the PH Division, including new Local Outbreak Management Plan posts to support a new communication, engagement, and insight function as well as the Division's Evidence, Performance, and Insight team. Expertise similarly ranged from no background at all in research, to spread across individuals within Divisions and the Council, as well as within specific teams.

Collaboration experience and key people and roles

Responses varied widely, from direct working on research projects, to indirect working or no research collaboration experience at all. Indirect working included sitting on regional groups or boards together, co-participation in academic work, as well as relationships between individual researchers within organisations and SGC. Participants also reported shared or joint posts between their organisation and SGC and people moving between organisations.

Every participant was able to name people and roles from their organisation who would be key to supporting SGC to conduct high quality research and bid for research funding. Responses included the participant themselves, directors, managers, and senior members of organisations, specific teams or groups, and individual researchers, including theme or centre leads. This information can be used to continue conversations and work to progress the SGC research system with relevant contacts from each organisation.

Co-production

Participants were asked how their organisation could support (LRO) or what support they needed (SGC) to co-produce research, particularly into the wider determinants of health, and to describe challenges with co-production.

Several participants expressed uncertainty around the meaning of co-production:

"Yeah the challenge for us is, everyone has a slightly different definition of co-production. [...] But I think that's one of the challenges is just defining that and seeing how, what it means to different people." Participant 5, LRO

However, other participants reported they were developing co-production practices, or actively co-producing research, either with the public, SGC, or both. Some LRO participants offered public involvement and participation support for research via community, service user, and academic connections and infrastructure, including engaging hard-to-reach groups. Participants also offered methodological expertise, academic support and training, shared or joint posts, and funding. However, the slow timescale of co-production was challenging, with one participant stating it was easier not to do it at all. Some participants found forming relationships for co-production and incentivising LA research difficult, including engaging academic researchers.

"My experience in research is that it's finding the right people to develop a relationship that allows them to do that co-production. So most projects work best when there are people who [...] have developed a relationship and know each other, or where they are developing that relationship. There's clear outcomes for both sides of it. So you know that [...] researchers would find that there was something in it for them, but there is a benefit also for the Council. So that co-production needs there to be a clear [...] win-win situation." Participant 1, LRO

SGC participants required support to co-produce with academics, work across LA boundaries, and form relationships with the right people. This included an SGC-based role to act as a key research contact or link:

"Think it would be some, somebody in a role that would help bridge the Division's contribution into the academic world. So to support concerns, interests, questions that we have into a way that [...] could inform future research bids, or informal conversation with other partner organisations, such as the other two local authorities in BNSSG to see where there would be a commonality of theme despite the disparate nature of our populations." P15, SGC

An SGC participant also noted that research often resulted in abandoned dissemination and sharing of best practice, as staff need to move on to the next project, lacking the time or skills to incorporate findings into service work. They stated that co-producing with academics involved feeding into research, but not owning it or having findings come back to them, suggesting a broken feedback loop. They expressed a need for increased understanding of research among staff, including templates, training, and awareness-raising. There was also a need for resource and capacity:

"So yea, we would actually have to get the resourcing right to make sure that the staff were [...] still able to keep our eye on the ball in terms of the day to day service, service delivery and service improvements. But making sure that we also had the sort of the time, the headspace, and the resource to [...] be able to carry out that sort of research that is important for continued service improvements." P27, SGC

SGC decision making

LRO participants were asked what support their organisation requires to conduct research and provide evidence to support SGC decision making, while SGC

participants were asked what can be done to promote and prioritise the use of data and research findings to optimise internal decision making.

Challenges reported by LRO participants included identifying SGC's needs, forming links to academia, differing timescales, and issues with resource. They required more SGC engagement and collaboration, including a SGC research contact, and joint posts. They also recommended the development of shared language and priorities, as well as access to SGC data.

To promote the use of evidence, SGC participants also acknowledged the need to have a strong sense of what SGC's challenges are and the problems it's trying to solve, as well as forming relationships with the right people and establishing links to academia. They suggested integrating using research and evidence into their continuous professional development, consistently collecting and using data, and the inclusion of research and data in Council plans, priorities, and strategies to inform resource allocation.

Research system growth and sustainability

Participants were asked what resource they needed to support the sustainability and growth of the SGC research system and its research activity.

LRO participants struggled to identify SGC's needs and suggested LAs lacked a history of research, mentioning siloed resources and missing infrastructure. As in other areas, there were challenges with resource in the form of time, capacity, personnel, and funding. There were also challenges with forming relationships with the right people, identifying a SGC contact, cross-boundary working, and research priorities being determined politically or by external structures:

"However, I am very aware that the Sustainability and Transformation Partnership (STP) has more priorities than anybody could think of. There's STP priorities, there's Clinical Commissioning Group (CCG) priorities. There's locality priorities, there's [...] the primary care network's priorities. Quite often determined not by evidence, but determined by political impetus. And that makes it quite hard to then focus resources and actually do some valuable research" P22, LRO

LRO participants emphasised the need for shared or joint posts and career structures (in particular, below consultant level) to facilitate joint working and sharing best practice. There was also a need for linked data systems and a structure to facilitated communication and collaboration with SGC.

SGC participants reported challenges to properly analyse their own Council and services data. They also emphasised challenges ensuring research has a corporate profile and is a recognised priority, including being built into plans or budgets. They mentioned needing senior commitment to allocating staff time release to conduct research. They also reported the need for capacity, matched funding, and holiday for overworked staff. They also echoed LRO participants' needs of cross-boundary working, relationships with the right people, establishing links to academia, and raising the profile of the Council's embedded researcher as an SGC contact.

Co-producing and disseminating outputs

Participants were asked what their organisation's challenges were in producing (SGC) or co-producing and disseminating outputs with SGC (LRO) that are insightful, timely, and relevant to the local population, and what they needed to support this.

The most commonly reported challenge by LRO participants was the slow timescales of research and dissemination relative to LA needs. They also described challenges with communications, including disseminating to a wider regional footprint, the translation of research, and engaging the public and practice colleagues. They also noted a particular challenge with the accessibility and engagement of academia, acknowledging a discrepancy between LA and academic outputs. Participants also reported political challenges affecting public messaging, cross-boundary working, and managing the political sensitivity of research findings. These sometimes resulted in delays getting relevant approvals and signoffs for outputs. The most common response for support required amongst LRO participants was having a SGC research lead and staff contact details to facilitate brokering relationships and identifying SGC's needs. Participants suggested the creation of a research and engagement network or platform and informal opportunities to meet and disseminate information to SGC leadership and staff.

SGC participants expressed similar challenges to LRO participants. They reported communication challenges, specifically communicating research outcomes and complex information in relevant and different ways to multiple audiences. They also noted that formal academic publications might be uncomfortable for SGC staff and acknowledged the lack of a Council infrastructure to produce reports, publications, and share best practice. They reported time and capacity issues, with people working in the field, full inboxes, and lack of lead-in time for projects, as LAs must think ahead about what their needs will be. Finally, they echoed LRO participants' political challenges, struggling with communicating findings showing poor outcomes or underperformance. SGC participants expressed a need to establish a research and engagement strategy across SGC. They emphasised that research should be included as part of job descriptions. They also expressed the need to spread a research culture across SGC and its service areas to embrace the use of research and data to drive innovation, improvements, and public satisfaction.

Innovation

Participants were asked what innovation looks like for their organisations and if they would be interested in the development of a joint innovation function between their organisations. Oxfordshire County Council's successful Innovation Hub (iHub) was given as an example.

Definition

Participants gave varied definitions of innovation for their respective organisations. Their responses are summarised in Figure 1.

"Well and there's elements of systems. I mean, we're all part of the ARC West system, for example, you know, but there has to be a system that also works in each local authority area, but [...] they all need to tie up together. So I guess we don't want to create false boundaries, where actually we need to promote joint working." P20, LRO

Social care research

Participants were asked how their organisation can promote and support SC research and to describe the relationship between SC research and PH research. Participants' SC research experience and activity ranged from non-existent to directly leading and award-winning.

Some LRO participants reported challenges with SC research. These included an under-developed or lacking SC research culture, evidence base, and missing clinical or service academics found in medicine. They also described challenges identifying and engaging with SC researchers and difficulties developing community and provider partnerships, with a lack of representation for care workers. Participants mentioned barriers with regards to data sharing and linkage, as well as finance, capacity, and personnel issues further exacerbated by COVID-19. Other LRO participants offered support for SC research by tapping into networks of service users and professionals to facilitating engagement, collaboration, implementation, and communication, including engaging hard to reach groups. Some participants offered financial support in addition to shared or joint posts and help to increase awareness of SC funding opportunities. There was also support to work closer with LAs to target and prioritise research as well as working across NIHR infrastructure to break down siloes and encourage different groups to work together. They also offered dissemination support, including to highlight SC researchers and areas of excellence.

SGC participants echoed capacity concerns raised by LRO. They reported the need for training and development and of raising the awareness of research opportunities. They noted the lack of a SGC SC research lead and the need for a working definition of research across the Council. SGC participants could offer insight on the Council's SC priorities and challenges, and provide real lived examples and experiences via its social work team and their clients. They expressed interest, support, and ambition for SC research, evaluation, and innovation from staff at all levels of SGC.

Relationship with public health research

Many participants could not answer or struggled to answer this question, and responses varied. Some participants struggled to find a difference or described large overlaps between SC and PH research:

"I've described the relationship between SC research and PH research as very close, so overlapping, intersecting if you like, almost like a Venn diagram. [...] So I don't think you can entirely separate the two." P20, LRO

While other participants considered the two to be different, emphasising a difference in cultures:

“My understanding is that they've had separate kind of histories, and are now kind of coming together under the LA umbrella. But the cultures are different, [...] So PH comes from quite a scientific background. So people are kind of indoctrinated into that as part of [...] working in PH. Whereas it's not for SC, it's much more about the care [...] So people are coming from it from a totally different cultural way.” P10, LRO

Others were somewhere in the middle, describing them as conceptually but not institutionally linked. Participants supported more collaboration between the two and noting the need to meet somewhere in the middle and talk to each other. Participants also reported that PH medicine was easier to deal with and its research more established, while SC research was under-developed and lacked set funds and integration between services.

SGC participants described a PH, SC, place triangle as a critical relationship, or PH and SC research on a continuum or as a Venn diagram with an important and relevant space in the middle for both, acknowledging greater understanding between the two would be helpful. One participant described that when PH was implemented well and addressed the wider determinants of health, then fewer people would require SC. There was also recognition of closer working between PH and SC within SGC with shared meetings, cross-boundary working, and supporting local services to be developed and evaluated.

COVID-19

Participants were asked how the research landscape, opportunities, challenges, and future has changed for their organisation due to COVID-19 and how this might impact future collaboration.

LRO participants commonly reported opportunities to conduct new research for a rapidly changing landscape and new and increased collaboration, closer cross-boundary working, and highlighted LA priorities. However, they also identified many challenges, with several reporting research “on the backburner”, paused, or stopped completely, with difficulties balancing new and normal work. There were opportunities and challenges with new ways of working, in particular shifting to virtual and remote working and engagement. While some struggled digitally, including a risk of digital exclusion for service users, this also facilitated some research and helped overcome geographical challenges. There were challenges due to COVID-19 funding streams with very short deadlines, at a time where participants reported issues with resources, and feelings of fear, insecurity, and uncertainty. Although it also resulted in less red tape, and faster funding, ethics review, and outputs for research, with responsive and adaptive communications. There were concerns about the strain of research on services and operating under COVID constraints while attempting to conduct agile but robust and relevant research. They also acknowledged that the pandemic disproportionately affected deprived populations and exacerbated inequalities.

SGC participants described the pandemic as a massive disruption to everything, beyond the capacity of a single organisation and requiring focus on the immediate response. One participant reported having no headspace for research, and

described a lack of local contact, visibility, and evidence from academic partners to help inform practice. They also noted time and capacity issues with longer term thinking paused and a resetting of expectations, but acknowledged that research can support an “Invest to save” approach moving forward. However, the pandemic also offered emergent areas of understanding and stronger insight on local communities and inequalities with opportunities to drive change. They described a much stronger health and SC interface and a better mutual understanding with health partners due to closer working. With staff working virtually from home, they described the pandemic as an opportunity to embrace innovation forced upon SGC.

Impact on future collaboration

Several LRO participants reported a positive impact of the pandemic on future collaboration with SGC with a lot of potential COVID research. They emphasised the importance of increased future contact, collaboration, and working together more closely as partners and coordinating future work for shared benefits. There was also an emphasis on increased collaborative cross-boundary working across LAs, with an opportunity to examine the wider determinants of health and inequalities in a larger footprint and do work on vulnerable groups together.

SGC participants equally emphasised the importance of research collaborations, citing a thirst for knowledge and understanding and the willingness to be open and inclusive. They acknowledged the need for co-production and links to academia, while considering the alignment of SGC and LROs’ priorities:

“And so there are things which we're gonna start from scratch again. And if we're all in the right places at the right time, then there is a real opportunity to start with a clean slate. But the stars have to align” P25, SGC

Discussion

To understand how to create a research system in SGC across PH, SC, and place services, we interviewed 27 participants from SGC and LROs about their research and collaboration experience, key roles and individuals, co-production, SGC decision making, research system growth and sustainability, research outputs, innovation, SC research, and the effects of COVID-19.

Participants were all very interested in research but described several challenges and needs. A common request was for a SGC research contact or lead to facilitate collaboration and forming relationships with the right people. Since 2018, SGC’s Public Health and Wellbeing Division has employed an embedded researcher working across the Council, University of Bristol, and NIHR infrastructure. Our findings suggest there is a need for such a role to represent research across the Council Directorates including SC and place services and for this role to be highlighted both within the Council and with LROs. Participants struggled to identify SGC priorities and its population’s needs, noting a lack of a local research network or interface. They expressed a need for more shared or joint posts between SGC and LROs, including SC clinical/service academic career structures, similar to the medical clinical academic model. They also described problems accessing SGC data that often goes unanalysed due to a lack of Council capacity or expertise. There was

also a common need for collaborative cross-boundary working. SGC sits within an STP and CCG that include Bristol City Council and North Somerset Council. Many LROs and local NIHR infrastructure work across this larger healthcare footprint, requiring their work to be generalisable across LAs. Therefore, research activity should occur across existing regional footprints without resource being monopolised by larger partners. While active in co-production, participants reported struggling with the timescales of delivering research responding to LA needs as well as engaging and incentivising academic researchers. Finally, participants reported issues with resource, including funding, time, capacity, and personnel, further exacerbated by COVID-19.

Recommendations

Based on this project's findings, we suggest the following recommendations:

- Creation of a LA research lead post working across Council Directorates
- Creation of local LA research networks
- Support for more shared or joint posts similar to the medical clinical academic model between LROs and LAs, particularly in SC
- Increased accessibility and use of LA data and support for LA research and governance training
- Collaborative cross-boundary research systems where LAs share healthcare footprints
- Infrastructure to support research conducted at pace to respond to LA needs
- Funding and incentivisation for academics to engage with LA research
- Resource to support LA research including ringfenced funding and staff time

Limitations

Limitations for this work included a short project duration which prevented further interviews from being conducted. Additionally, the qualitative data analysis was conducted by a single researcher (MND).

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Appendices

Appendix 1 – List of organisations with participating organisations italicised

- *South Gloucestershire Council (Elected members, Children, Adults and Health Directorate, Adult Social Care and Housing; Public Health and Wellbeing; Environment and Community Services)*
- *NIHR Infrastructure (Applied Research Collaboration [ARC] West; School for Public Health Research, Bristol; CRN West of England; Research Design Service, Bristol, School for Social Care Research, Bristol; Health Protection Research Unit in Behavioural Science and Evaluation; Bristol Biomedical Research Centre)*
- *Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group*
- Healthier Together (Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership)
- West of England Academic Health Science Network (WEAHSN)
- *Public Health England (PHE) South West Centre*
- Relevant schools/departments/centres from universities in the region – *University of Bristol, University of the West of England, University of Bath, and Bath Spa University*
- *Bristol Health Partners (Health Integration Teams)*
- Research in Practice (Adults; Children & Families)
- *Service providers*
- *Voluntary sector organisations*
- The Association of Directors of Public Health, the Association of Directors of Environment, Economy, Planning & Transport, the Association of Directors of Children’s Services, and the Association of Directors of Adult Social Services
- *Staff from the LAs who form the West of England Public Health Partnership (Bristol, South Gloucestershire, North Somerset and Bath and North East Somerset).*

Appendix 2 - SGC interview script

Introduction:

Hello and thank you for taking the time to speak to me today. My name is Michael Dalili and I am a Senior Research Associate in Public Health working across the University of Bristol and South Gloucestershire Council. Have you had a chance to read the study information sheet? Do you have any questions?

As a reminder, this study aims to determine how do we create a research system in South Gloucestershire Council to produce sustainable and influential research activity across public health, social care, and place services. By research, we mean the attempt to acquire transferable new knowledge to answer questions with scientific methods, including studies that produce or test theories and studies that describe phenomena. You have been invited to participate because you are a member of South Gloucestershire Council. Before we begin the interview, we need to go through the consent form together.

Thank you, we will now begin the interview.

Questions

- 1. How does research fit within your Division/SGC plan?**
 - a. What resource do you have to support research?**
- 2. Can you describe the research expertise within your Division(s)/SGC?**
- 3. What are the key roles and who are the key people to enable SGC to successfully undertake high quality research and bid for research funding?**
- 4. Can you describe your experiences working with local research organisations (e.g. local NIHR infrastructure, universities, etc.)?**
- 5. What support do you need to co-produce research with other organisations (particularly into wider determinants of health)?**
 - a. Any particular challenges with co-production?**
- 6. What can be done to promote and prioritise the use of data and research findings to optimise internal decision making?**
- 7. What resource is necessary to grow the SGC research system and research activity?**
- 8. What are the challenges to produce and share outputs (reports, publications, etc.) that are insightful, timely, and relevant to local populations?**
 - a. What support do you need to do this?**
- 9. What does innovation look like for your Division/SGC?**
 - a. Would you be interested in the development of a joint innovation function with local universities?**

Example: Oxfordshire County Council (OCC) has a successful Innovation Hub (iHub) that was created to meet the government's challenge for LAs to think differently and drive efficiencies by looking for opportunities to collaborate with academia and the private sector. As a result, OCC has secured funding and investment for innovation and research to tackle local problems and drive new solutions, with over £130 million in revenue and over 50 projects to date.

10. How can SGC promote and support social care research?

- a. **How would you describe the relationship between social care research and public health research?**

11. How has the research landscape, opportunities, challenges, and future changed for SGC due to COVID-19 and how might this impact future collaboration with local research organisations?

Conclusion, opportunity to ask questions, and thanks

Thank you very much, that was the last question I had for you. Do you have any questions for me?

Great, well thank you again for participating in this study and I hope you have a great day.

Appendix 3 – Local research organisation interview script

Introduction:

Hello and thank you for taking the time to speak to me today. My name is Michael Dalili and I am a Senior Research Associate in Public Health working across the University of Bristol and South Gloucestershire Council. Have you had a chance to read the study information sheet? Do you have any questions?

As a reminder, this study aims to determine how do we create a research system in South Gloucestershire Council to produce sustainable and influential research activity across public health, social care, and place services. By research, we mean the attempt to acquire transferable new knowledge to answer questions with scientific methods, including studies that produce or test theories and studies that describe phenomena. You have been invited to participate because you are a member of XXX, who we anticipate would be part of a South Gloucestershire Council research system. Before we begin the interview, we need to go through the consent form together.

Thank you, we will now begin the interview.

Questions

- 1. What have your research experiences and those of your organisation been working with SGC?**
- 2. What are the roles and who are the people in your organisation that are key to supporting SGC to conduct high quality research and bid for research funding?**
- 3. How can your organisation support co-produced research (particularly into wider determinants of health)?**
 - a. Any particular challenges with co-production?**
- 4. What support does your organisation require to conduct research and provide evidence to support SGC decision making?**
- 5. What resource does your organisation require to support the sustainability and growth of the SGC research system and its research activity?**
- 6. What are your organisation's challenges in co-producing and disseminating outputs with SGC that are insightful, timely, and relevant to the local population?**
 - a. What support do you need to do this?**
- 7. What does innovation look like for your organisation?**
 - a. Would your organisation be interested in the development of a joint innovation function with SGC?**

Example: Oxfordshire County Council (OCC) has a successful Innovation Hub (iHub) that was created to meet the government's challenge for LAs

to think differently and drive efficiencies by looking for opportunities to collaborate with academia and the private sector. As a result, OCC has secured funding and investment for innovation and research to tackle local problems and drive new solutions, with over £130 million in revenue and over 50 projects to date.

- 8. How can your organisation promote and support social care research?**
 - a. How would you describe the relationship between social care research and public health research?**

- 9. How has the research landscape, opportunities, challenges, and future changed for your organisation due to COVID-19 and might this impact future collaboration with SGC?**

Conclusion, opportunity to ask questions, and thanks

Thank you very much, that was the last question I had for you. Do you have any questions for me?

Great, well thank you again for participating in this study and I hope you have a great day.