

Developing a Local Authority Research System for Blackpool

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1.1 Introduction

Blackpool Council (BC) is a unitary local authority covering a population of 139,000 residents¹. A coastal town and seaside resort on the North West Coast, Blackpool is the most deprived of 317 local authority areas in England, with no districts within the top 3 deciles (least deprived). Furthermore, this deprivation has continued to worsen over the past decade, with 29.6% of the working age population are described as 'economically inactive', and an additional 8% unemployed. Furthermore, 50% of residents in inner Blackpool live in privately rented accommodation².

Health inequalities are stark in Blackpool with the worst health outcomes in England. Blackpool has the unenviable position of having the lowest life expectancy from birth for men (74.5y) and women (79.5y), the highest rates of hospitalisations for alcohol-related harm and self-harm in adults, and the highest rate of violent crime³. Health inequalities are persistent from birth with the highest prevalence of mothers smoking at time of delivery, highest rate of children in care, and the highest rate of hospital admissions in children and young people for injuries, mental health conditions and self-harm in England. Blackpool also has the lowest attainment of GCSE's in England. For this reason, the Council, alongside NHS partners in the Health and Wellbeing Board, have made early intervention in childhood a priority for the region. This work has included the "Survivor Mum's Companion Programme", a telephone-based service to support pregnant women with a history of childhood trauma; an increased investment in smoking cessation support for pregnant women which led to a 44% increase in quit-rates in 2018 compared to the previous year; and the National Lottery funded Better Start Blackpool Partnership which runs a range of initiatives focussed on the health and wellbeing of families with children aged under 4.

In 2018, Blackpool Council became part of a vanguard Integrated Care System (ICS) *Healthier Lancashire and South Cumbria*, which is a partnership of NHS, local authority, public sector, voluntary, faith, social enterprise and academic organisations⁴. The ICS is formed of five locally integrated Health and Care Partnerships (ICPs) including *Healthier Fylde Coast Integrated Health Partnership* which covers the Blackpool and Fylde area. Improving population health and reducing health inequalities is a key goal of the ICS.

Lancaster University (LU) is a research-intensive university based 23 miles from Blackpool, within the geographical footprint of the ICS. With a medical school and a Faculty of Health and Medicine, it has research expertise in mental health, learning disabilities, frailty, work-place health, obesity, physical activity, palliative care and health inequalities. Interdisciplinary research is Lancaster's key area of expertise. Research in design, eco-innovation, ageing, data science, materials science, energy, and social futures make up a system of University-wide research institutes and centres to allow collaboration across the disciplines to address regional, national and global challenges.

The work of BC has the potential to affect the wider determinants of health for a population with the highest levels of socioeconomic deprivation and the poorest health outcomes in England. The structure of the Integrated Care Partnerships and overarching Integrated Care System are now well established, with BC as a key partner. This, alongside a local academic partner with world-leading research in areas linked to BC's key functions, provides an opportunity for BC to develop evidence of the effect of its wide-ranging interventions on health outcomes within this wider health and care system. The aim of this study is to identify the barriers and facilitators to BC becoming a fully research-active local authority, within the context of an Integrated Care Partnership and wider System, and to identify interventions which would lead to the outcome of a research-active local authority.

1.2 Aim

To identify the barriers and facilitators to BC becoming a fully research-active local authority, within the context of an Integrated Care Partnership and wider System, and to identify interventions which would lead to the outcome of a research-active local authority.

1.3 Research Questions

1. What are the barriers and facilitators to the use, development and dissemination of high-quality research evidence as to the effect of Blackpool Council's initiatives on the health and wellbeing of the community that it serves?
2. What is the current research capacity of Blackpool Council?
3. How can users of Blackpool Council services, and other relevant stakeholders, be better involved in the planning, design and delivery of research-informed initiatives?
4. What infrastructure would be required to ensure that all Blackpool Council data, including social care data, can be linked to local health outcome data, in order to better evaluate the effect of initiatives on health and wellbeing?
5. How can the NIHR, Lancaster University and local partners within the Integrated Care System, support Blackpool Council to become research active and maintain this activity?

2. Work Packages

A total of 6 work packages (WP) were implemented as part of this study:

2.1 WP 1 Qualitative Delphi "barriers to a research-active local authority" (Research Question 1)

A consensus process was completed across three rounds of assessment. In the first round an online, qualitative Delphi process⁶ was conducted to identify the perceived barriers to Blackpool Council become a 'research-active local authority', and to consider potential interventions. The questions used in the survey were based on the four constructs of Normalisation Process Theory⁵, which acted as a foundation for the theoretical framework in which analysis was conducted.

In round 2, participants received their own survey information back, alongside the group consensus on the barriers and facilitators as identified in round 1 and were asked to prioritise the importance of the listed items. If participants disagreed with the barriers and/or facilitators presented, they were given the opportunity to explain why.

In round 3 participants were given the responses and justifications from round 2 and asked to confirm if they agreed with other participant's responses or not. Participants were also asked to provide potential solutions to the barriers identified (irrespective of feasibility). Finally, they were asked to suggest potential solutions for each of the barriers.

Analysis:

An iterative and data led approach was taken to analysis across all three Delphi stages. NVivo qualitative data software has been used to physically categorise and analyse the data. The qualitative interrogation of the findings across the three Delphi data sets has been undertaken through the application of thematic analysis⁷ to systematically identify, organise and offer insight into "patterns of meaning (themes)...[to allow] the researcher to see and make sense of collective or shared meanings

and experiences". In addition, the use of Constructivist Grounded Theory⁸ has allowed an iterative approach to be taken between data analysis and future stages of data collection across the 3 Delphi stages:

- **Delphi 1:** Normalisation Process Theory⁵ was used to structure the identification of facilitators and barriers to research activity in Blackpool Council;
- **Delphi 2:** identified barriers were then categorised according to severity into four major classes (1. lack of funding and capacity for research; 2. lack of research infrastructure, understanding of, and expertise in research; 3. existing culture of HE led research with a limited culture KE within Blackpool Council; and 4. burden for small stakeholders and a lack of familiarity with Blackpool Council structure and processes), and additional facilitators that added to Delphi 1 were separated off;
- **Delphi 3:** solutions to the four major barrier classes identified within Delphi 2 were further thematically categorised and merged with facilitators from previous Delphi analyses. Barriers and facilitators identified were further categorised to create three superordinate themes: 'capacity-based infrastructure', 'relational infrastructure', and 'culture change'. For items to be included as a barrier or facilitator there a minimum of 60% across all participants, or 80% agreement within a stakeholder group.

Online questionnaires used within each round are attached in Appendices 1-3.

2.2 WP 2 Research skills in Blackpool Council (Research Question 2)

WP2 was a skills audit assessment designed to better understand the resources currently in place at Blackpool Council that allowed for research-focused activity. This was initially intended as a survey of Blackpool Council staff relating to existing capacity for planning, designing, and delivery services; which staff members had HE qualifications (or equivalent); and training opportunities/funding available for staff development. However, due to constraints relating to Covid-19, this survey was deemed inappropriate due to the fact that Blackpool Council had cancelled their own staff survey for 2020. Instead, conversations with members of HR within Blackpool Council took place to identify where in the Council research-focused activity was currently taking place. Informal interviews were then undertaken with key individuals within these hubs of research-focused activity, and case studies for each hub were created.

2.3 WP 3 Service-user co-production (Research Question 3)

Empowerment Blackpool, a charity organisation with the goal of including marginalised individuals living in the local area of Blackpool into the co-production process of local services, conducted the work for this work package. The purpose of this was to gauge the opinion of the public in how to incorporate public input into all facets of research, including setting research priorities, evaluating and creating better local services, and the disseminating findings. In this work package, participants were asked to complete an online survey, and were then invited to discuss their answers in detail at two subsequent focus groups (see Appendix 4 for online survey).

2.4 WP 4 Mapping survey & interviews with existing academic-local authority partnerships (Research Question 1 & 2)

In WP4, staff at Lancaster University completed an online survey (see Appendix 5) summarising their most recent research, teaching, or engagement project with Blackpool Council, or other local authority areas. Following this, seven participants were invited to take part in interviews to discuss their project with BC in greater depth. This interview covered how the project was created, implemented, and

analysed, what the practical issues of completing the project were and how they affected project outcomes. They were asked to consider what changes to the process would be made if the project were to be repeated.

2.5 WP 5 Data Linkage (Research Question 4)

A 'Pulse' consultation was conducted with key IT and governance individuals within Blackpool Council, the NHS (trusts and CCG), and ICS with the goal of considering methods in which data linkage can be achieved between organisations.

2.6 WP 6 Data synthesis & consensus meeting

Solutions to 4 main identified barrier groups (1. lack of funding and capacity for research; 2. lack of research infrastructure, understanding of, and expertise in research; 3. existing culture of higher education led research with a limited culture of knowledge exchange within Blackpool Council; and 4. burden for small stakeholders and a lack of familiarity with Blackpool Council structure and processes) were assigned to the major organisational features (Human Resources; Funding for Research; Training; Information Governance & Data Management; Collaboration and Inclusivity; and Fostering Systems Resilience) that had emerged throughout the 3 Delphi stages (WP1). Any additional solutions to barriers from WP2-5 were then added. In addition, solutions relating to KPIs and ways of monitoring success, were assigned to the 3 superordinate themes (i.e. Capacity-Based Infrastructure, Relational Infrastructure and Culture Change) that had emerged from Delphi 1, to allow participants in the final consensus meeting to think about how success could be best monitored and evidenced over time.

A consensus meeting between representatives of Blackpool Council, Lancaster University, the National Institute of Health Research (NIHR), Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire and South Cumbria NHS Foundation Trust was then completed. During the consensus meeting each representative considered the solutions to barriers and the capacity of their organisation to implement the solution offered, what may not be achievable under current circumstances, and what may be needed to implement solutions to barriers in the future providing the necessary resources were provided. From this process, an action plan was created with actions assigned to each organisation.

3. Participants

3.1 WP 1 Qualitative Delphi “barriers to a research-active local authority” (Research Question 1)

A total of 35 participants completed the online questionnaire. Of the 35 participants, 14 worked in Blackpool Council, six were staff from Lancaster University, four NHS staff, six Research Support staff (NWC ARC/RDS/CRN/AHSN), two 3rd Sector staff, and three who worked in health in some capacity. Of those 35 participants, 30 completed the round 2 and round 3.

3.2 WP 2 Research skills in Blackpool Council (Research Question 2)

Conversations with the Head of HR and the Workforce Development Manager within BC were undertaken, to identify where within the Council existing research-focused activity was taking place. Subsequently, informal research interviews were undertaken with one member of Blackpool Council located within the Corporate Delivery Unit, and two programme leads for the two Blackpool Council-linked lottery funded projects - Better Start and HeadStart – about research undertaken within these elements, as well as the capacity for research that existed across the Council as a whole. This approach was taken in lieu of a formal questionnaire that was intended to be administered to Blackpool Council staff, on account of constraints related to workload and wellbeing in the context of Covid-19, which had resulted in Blackpool Council cancelling their own staff survey for 2020.

3.3 WP 3 Service-user co-production (Research Question 3)

A total of 46 residents from the Blackpool local area completed the online questionnaire. Participants were predominantly aged 25-54, female, white-English, and/or did not own their own accommodation. Of the 46 residents who completed the online survey, 15 engaged in further focus groups.

3.4 WP 4 Mapping survey & interviews with existing academic-local authority partnerships (Research Question 1 & 2)

A total of 19 Lancaster University staff completed the online survey. Of those 19 staff, three were from Management School, one Research & Enterprise Services, six Science & Technology, nine from the Health & Medicine department. From the 19 projects that were reviewed, 10 were classified as research projects, two were teaching projects, and the remaining seven engagement projects. Of the 19 participants who completed the online survey, five took part in interviews to discuss their projects in greater details, expanding on some of the practical issues faced, and how they believe they could be overcome.

3.5 WP 5 Data Linkage (Research Question 4)

Four individuals took part in the pulse interviews: Business Intelligence & ICT Programme Director for Blackpool NHS; the Senior Public Health Analyst and Information and Systems Manager for Blackpool Council; and the Digital Lead of the Healthier Lancashire and South Cumbria Partnership.

3.6 WP 6 Data synthesis & consensus meeting

A total of seven individuals took part in the designation of tasks for the action plan: two members of Blackpool Council (Public Health Consultant, Strategic HR manager), three from Lancaster University (Associate Dean for Enterprise and Engagement, Associate Dean for Interdisciplinary Research, Head of Stakeholder Relations), one from the NIHR (Deputy Clinical Director North West Coast CRN), one from Blackpool Teaching Hospitals Foundation Trust (Research, Development and Innovation Manager), and one from Lancashire and South Cumbria NHS Foundation Trust (Senior Research Facilitator).

4. Results

4.1 Delphi process (WP1), research skills case studies (WP2) and existing partnerships case studies (WP4)

The Delphi process, participants, response rate barriers identified, are summarised in figure 1.

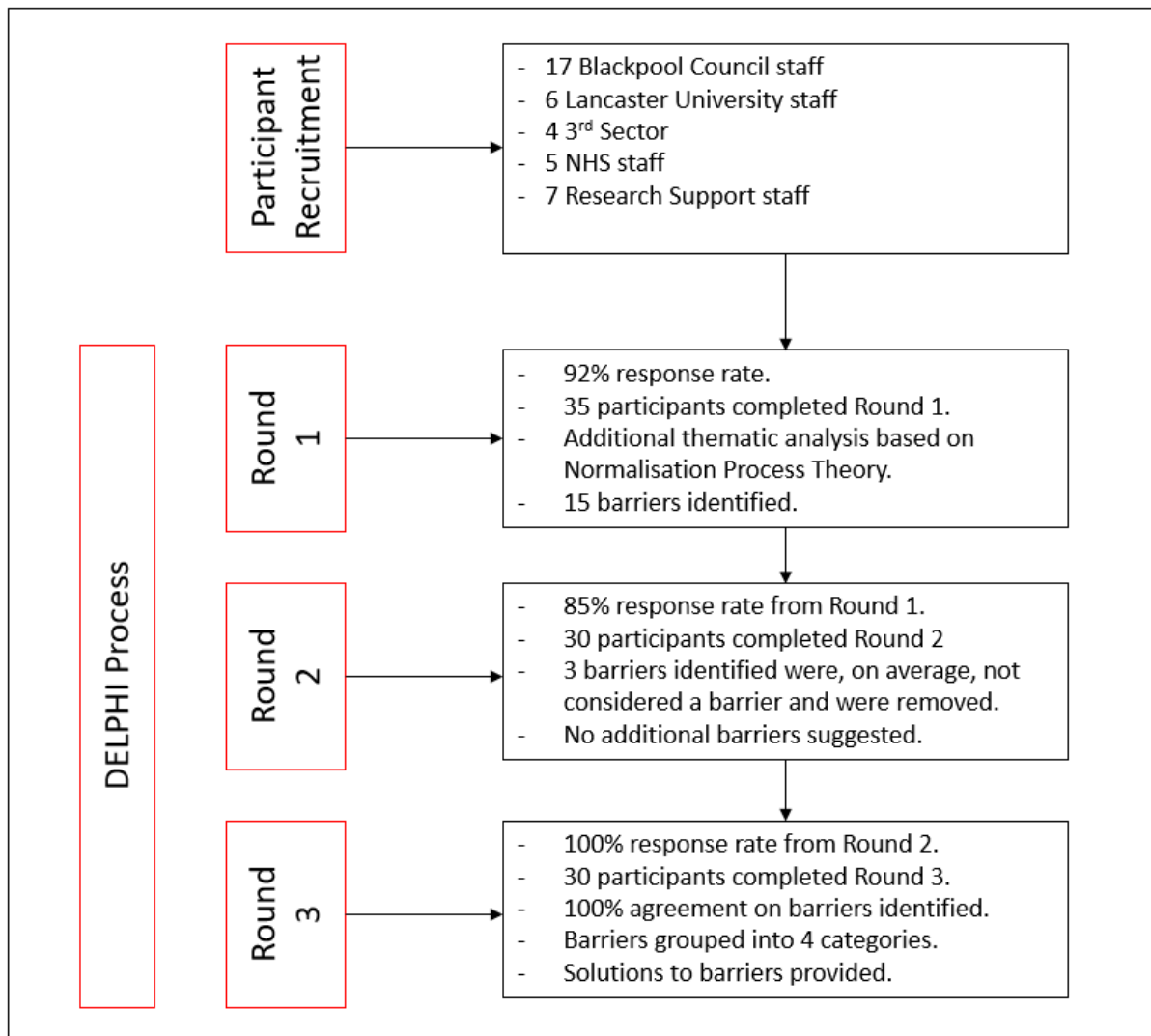


Fig 1. Summary of Delphi process to identify barriers to a research-active local authority in Blackpool

The Better Start, HeadStart, and Corporate Delivery Unit case studies, as well as the interviews examining existing partnerships between Lancaster University and local authorities are presented in Appendices 6 and 7.

4.2 Identified barriers to a research active local authority (WP1)

The 12 barriers identified by the end of round 3 of the Delphi process, grouped by overarching theme, are presented in figure 2.

Barriers to a Research Active Local Authority in Blackpool	
<i>Lack of Funding and Capacity for Research</i>	
1	Lack of funding to conduct research.
2	Lack of time to conduct research.
3	Limited staff capacity to dedicate time to obtaining research funding.
<i>Lack of Research Infrastructure, Understanding of, and Expertise in Research</i>	
4	Lack of research infrastructure in Blackpool Council.
5	Lack of expertise in how to conduct research.
6	Communication barriers between researchers and non-research active stakeholders
<i>Existing culture of HE led research with a limited culture KE within Blackpool Council</i>	
7	External organisations not familiar with Blackpool Council's structure and function.
8	Lack of a research trajectory/career in Blackpool Council.
9	Research is usually led by universities and not the council.
<i>Burden for small Stakeholders and a lack of familiarity with Blackpool Council structures and processes</i>	
10	Limited existing culture of knowledge exchange/data sharing.
11	Poor understanding of the value of evidence-based practice/research.
12	Research could be an additional burden for small private/3 rd Sector providers.

Fig 2. Barriers to a research active local authority in Blackpool identified via Delphi process

4.3 Solutions to identified barriers – synthesis of work packages 1-5

Table 1a shows potential solutions to lack of funding and capacity for research.

Table 1b shows potential solutions to lack of research infrastructure, understanding of and expertise in research.

Table 1c shows potential solutions to existing culture of HE led research with a limited culture KE within Blackpool Council.

Table 1d shows potential solutions to burden for small Stakeholders and a lack of familiarity with Blackpool Council structures and processes.

Table 1e covers key performance indicators, monitoring and support for implementation.

Table 1a: Barrier = Lack of funding and capacity for research

Barriers/ Solutions	Human Resources	Funding for research	Training	IG & Data Management	Collaboration and Expert Support	Communication & Inclusivity	Fostering Systems Resilience
Lack of funding and capacity for research	<p>Dedicated research support posts;</p> <p>Harnessing existing capacity and repurposing roles e.g. business intelligence function in CDU re-focussed to carry out R&E on narrower datasets;</p> <p>Creating a career path in Blackpool Council;</p> <p>Workload allocation for identifying funding for research.</p>	<p>Allocating centralised budgets to research;</p> <p>Variable allocation of resources according to impact of research within different directorates;</p> <p>Sharing resources with other LAs;</p> <p>Providing dedicated time for identifying funding for research e.g. built into workload allocation for working week.</p>	<p>Bid writing workshops.</p>	<p>Creating a data pool;</p> <p>Developing Blackpool Council's research linked software capacity.</p>	<p>Meaningful collaboration with HEIs to harness expertise;</p> <p>Capitalising on local HE assets e.g. the Health Innovation Campus at Lancaster University;</p> <p>Creating joint posts on bids;</p> <p>Situating researchers in residence within Blackpool Council;</p> <p>Creating joint funding bids;</p> <p>Accessing NIHR funding for staff development.</p>	<p>Creating applied and relevant research;</p> <p>Communicating the benefits of research locally e.g. through social media;</p> <p>Use of volunteers locally in research e.g. in local colleges or businesses;</p> <p>Agreeing research priorities with Stakeholders and flagging funding opportunities.</p>	<p>Support from the top through values-based leadership;</p> <p>Incremental transfer of capacity over time;</p> <p>Quick wins to prove usefulness of research and cost effectiveness of initial outlay;</p> <p>Encouraging a less risk averse culture through the Risk Register.</p>

Glossary: CDU = Corporate Delivery Unit; R&E = Research and Evaluation; HE = Higher Education; HEI = Higher Education Institution; NIHR = National Institute of Health Research

Table 1b: Barrier = Lack of research infrastructure, understanding of and expertise in research

Barriers/ Solutions	Human Resources	Funding for research	Training	IG & Data Management	Collaboration and Expert Support	Communication & Inclusivity	Fostering Systems Resilience
Lack of research infrastructure, understanding of and expertise in research	<p>Dedicated research support posts;</p> <p>Creating a career path in Blackpool Council and building research into new posts;</p> <p>Targeting candidates with research expertise;</p> <p>Harnessing existing capacity and repurposing roles;</p> <p>Advertising HE linked jobs to attract high-quality staff;</p> <p>Workload allocation for staff involvement in research.</p>	N/A	<p>Training for Blackpool Council staff through HEIs to bolster expertise e.g. creating Masters and Doctoral placements, and mentoring for individual staff members;</p> <p>Creating different training schemes e.g. Graduate/ Apprenticeship schemes.</p>	<p>Exploring ways to homogenise key data sets that are heterogenous and out-sourced in future rounds of data collection;</p> <p>Exploring ways of Linking data sets that do not have a single identifier such as an NHS number in the case of health data;</p> <p>Explore and consult re. the ethics and feasibility of utilising non-research focused LA datasets for public good.</p>	<p>Shared research posts e.g. with consultants and external providers to build capacity;</p> <p>Learning from other LAs re. research;</p> <p>Learning from international partners;</p> <p>Situating researchers in residence within Blackpool Council;</p> <p>Auditing Blackpool Council re. existing research capability.</p>	<p>Creating applied and relevant research;</p> <p>Communicating the benefit of research locally e.g. through social media;</p> <p>Pursing staff ideas re. research;</p> <p>Training Stakeholders and local residents in research focused skills.</p>	<p>Support from the top through values-led leadership;</p> <p>Learn from, communicate and build on good practice;</p> <p>Taking a long-term and process-based strategy for organisational change;</p> <p>Embedding research and EBP as a core component of work rather than a bolt-on;</p> <p>Employing evaluation as a core tool;</p> <p>Focusing on non-research active staff to achieve buy-in.</p>

Glossary: EBP = Evidence Based Practice; HE = Higher Education; HEI = Higher Education Institution; LA = Local Authority

Table 1c: Barrier = Existing culture of HE led research with a limited culture KE within Blackpool Council

Barriers/ Solutions	Human Resources	Funding for research	Training	IG & Data Management	Collaboration and Expert Support	Communication & Inclusivity	Fostering Systems Resilience
Existing culture of HE led research with a limited culture KE within Blackpool Council	N/A	N/A	Training within Blackpool Council to build capacity and understanding of research.	Aligning data sharing procedures re. GDPR; Learning from Covid-19 data sharing agreements to explore what could be maintained and expanded going forward; Joint governance; Establishing trust over time between Blackpool Council and other agencies e.g. NHS; Establishing trust between the public and Blackpool Council re. use of personal data; Ensuring projects are bounded to avoid 'scope creep; RQs are well defined; and data is being used for a specific purpose that benefits Blackpool Council and local population.	Capacity building through collaborative support and partnership work; Utilising HE expertise in knowledge exchange; Building teams with variable levels of expertise to diffuse research experience; Linking to other local research-led initiatives e.g. Better Start and HeadStart; Shared research focused posts; Mapping and co-design of research that has mutual relevance to Blackpool Council and HEIs/RSAs; Connecting research support agencies to avoiding duplication of offer; Creating research hubs; Learning from other LAs re. Information Governance.	Creating applied and relevant research; Communicating the benefits of research locally e.g. through social media; Use of volunteers locally in research; Utilising inclusive and non-academic language; Frequent communication between stakeholders re. planned and ongoing research projects; Citizen panels for identifying research priorities; Linking research activity to Scrutiny within Lancashire County Council; Reportable metrics including publications and bespoke KPIs e.g. SMART approach. An approach to public engagement that emphasises kindness; talking, asking and listening; and service users as equal partners in research; Clear signposting to public re. opportunities to be involved in research.	Taking a long-term and process-based strategy for organisational change; Building on success incrementally over time; Creating a common research-focused language across networks; Pursuing LA-led funding opportunities; Support and recognition of impact-based work within HE e.g. through senior appointments on boards; Aligning timescales between HEIs/RSAs, Blackpool Council and local Stakeholders; Building research and decision-making into Commissioning across services; Bolstering external perceptions of Blackpool Council as a role-model and test-bed for change.

Glossary: GDPR = General Data Protection Regulation; HE = Higher Education; HEI = Higher Education Institution; KPI = Key Performance Indicator; LA = Local Authority; RSA = Research Support Agency

Table 1d: Barrier = Burden for small Stakeholders and a lack of familiarity with Blackpool Council structures and processes

Barriers/ Solutions	Human Resources	Funding for research	Training	IG & Data Management	Collaboration and Expert Support	Communication & Inclusivity	Fostering Systems Resilience
Burden for small Stakeholders and a lack of familiarity with Blackpool Council structures and processes	Dedicated staff to support other sectors.	Training and development Remuneration for Stakeholders; Layering of resources across Stakeholders.	Masters and Doctoral students undertaking research-focused placements in Stakeholder organisations	Exploring ways to homogenise key data sets that are heterogeneous and outsourced in future rounds of data collection.	Co-production of research between HEIs/RSAs and Blackpool Council; Links to NIHR Clinical Research Network; Providing a named research lead and 'Research Champions' within Blackpool Council.	Communicating the benefits of research locally e.g. through social media; Transparency re aims and outcomes of participation; Keeping participation simple for Stakeholders; Providing road map to Blackpool Council re its structure and functions, particularly at the beginning of a project; Ensuring inclusivity and ownership from start of a project to bolster buy-in; Taking negative feedback from Stakeholders on board; Identifying barriers to collaboration within 3rd sector through targeting non-advocates; Mapping the impact of Evidence Based Practice on Stakeholders; Providing a research-focused AGM for Stakeholders.	Flexibility from Blackpool Council to encourage Stakeholder participation; Embedding research within service improvement and prioritising most pressing issues and needs.

Glossary: AGM = Annual General Meeting; EBP = Evidence Based Practice; HEI = Higher Education Institution; NIHR = National Institute of Health Research

Table 1e = Key performance indicators, monitoring and support

KPIs and Monitoring and Supporting Success/Solutions	Capacity-based Infrastructure	Relational Infrastructure	Culture Change
Key Performance Indicators	<p>Utilising reportable metrics e.g. research publications;</p> <p>Measuring impact on internal policy, on interventions and of individual research projects;</p> <p>Bespoke KPIs per project e.g. SMART approach;</p> <p>Research active staff members and CPD through all levels of organisation;</p> <p>Completing projects to time and on budget.</p>	<p>Increased collaboration with HE and Stakeholder engagement through co-production;</p> <p>Public engagement through co-production of projects that are of relevance and benefit to the local population.</p>	<p>Embedding research in Blackpool Council through widespread use of EBP in decision-making;</p> <p>Increased organisational transparency;</p> <p>Evidence and innovation as strategic goals;</p> <p>Changes to the way resources are allocated;</p> <p>Perceptions of Blackpool Council as RALA both externally and internally;</p> <p>Increased trust in Blackpool Council resulting from public engagement through clearly articulated research.</p>
Monitoring and Supporting Success	<p>Evidencing impact clearly and inclusively;</p> <p>Providing time for reflective practice.</p>	<p>Obtaining good and useful feedback from Stakeholders and the local population;</p> <p>Harnessing Social Media to communicate successes;</p> <p>Providing a research focused AGM.</p> <p>Providing incentives to support public engagement;</p> <p>Providing the public with newsletters and open events re. research activity;</p> <p>Informal conversations with the public and undertaking surveys online, face-to-face and through health care providers such as GPs.</p>	<p>Utilising inter-linked and consistent forms of evaluation to identify and track evidence of culture change, systems resilience and sustainability of research-focused activity over the long term.</p>

Glossary: CPD = Continuing Professional Development; EBP = Evidence Based Practice; HE = Higher Education; KPI = Key Performance Indicator; RALA = Research Active Local Authority

4. Action Plan to develop a Local Authority Research System

Tables 2a-d outline the actions discussed at the consensus meeting and the organisation responsible. Table 2e covers issues left outstanding, as they were now generally under the wider remit of the integrated care system who were not represented at the meeting.

Table 2a: Capacity and Funding

Action	Organisation	Rationale
Training: Bid-writing workshops	Blackpool Council; Lancaster University; Empowerment	Both Blackpool Council and 3 rd sector organisations are able to capitalise on higher education expertise in writing research bids
Undertaking research: Joint funding bids	Blackpool Council; Lancaster University; NIHR; Blackpool NHS Trust; Lancs. NHS Trust; Empowerment	Capitalising on HE/NIHR/NHS expertise in writing/delivering research bids for LA-led projects and research questions, to create applied and relevant research on a place-based basis
Local assets:	Blackpool Council; Lancaster University	Capitalising on the HIC at Lancaster University through PhD studentships and the creation of a 'virtual researcher in residence'
Co-production:	Blackpool Council; NIHR; Blackpool NHS Trust; Lancs. NHS Trust; Empowerment	Volunteers sourced from local colleges and businesses, and individuals with lived experience as 'peer researchers'
Impactful collaboration	Blackpool Council; Lancaster University; Blackpool NHS Trust; Lancs. NHS Trust; Empowerment	Agreeing research priorities; Flagging research opportunities to partners; Translating research into economic or social benefit through Impact Acceleration; Developing a memorandum of understanding between partners setting out core values for partnership work
Quick Wins	Blackpool Council; Lancaster University; Blackpool NHS Trust; Lancs. NHS Trust; Empowerment	To prove usefulness and cost effectiveness of research; Learning lessons from the CLARC, where a lack of quick wins eroded morale

Table 2b: Infrastructure and Expertise

Action	Organisation	Rationale
Training: Research skills	Blackpool Council; Lancaster University NIHR; Empowerment	Training staff, 3 rd sector organisation stakeholders and local residents to bolster expertise e.g. creating new Graduate/Apprenticeship schemes; Masters and Doctoral placements within LU: matching well-defined pieces of work with a placement; Creating a 'virtual centre for research' to harness existing capacity within BC (Better Start, HeadStart & the Corporate Delivery Unit); Situating virtual 'researchers in residence' within BC; Accessing resources and training through NIHR Involve
Human resources:	Blackpool Council	Auditing BC for existing research-focused capacity; Harnessing existing capacity (Better Start, HeadStart & the Corporate Delivery Unit); Creating shared research posts with external agencies to build capacity
Human resources:	Lancaster University; Lancs. NHS Trust	Advertising HE-linked jobs to attract high-quality staff through honorary contracts; Sharing job descriptions for clinical research associates undertaking secondments to other services
Knowledge Exchange activities	Blackpool Council; Lancs. Care Trust	Learning about best practice from international partners; Creating a forum for research-focused learning e.g. through attending NHS RECs
Funding	NIHR	Creating dedicated research support posts: to help create a career structure e.g. through NIHR Academy; helping BC to develop systems for bid and workload allocation; research funding calls linked to place-based research and local priorities; funding for co-production and training of peer-researchers

Table 2c: Existing Culture of HE led Research

Action	Organisation	Rationale
Mutually relevant/LA-led research	Blackpool Council; Lancaster University	Mapping of internal research priorities within CDU and mutually relevant research for BC/HEIs/RSAs; Pursuing LA-led funding opportunities: through such initiatives as Leading Places - a Blackburn with Darwen/Lancaster University LA-led initiative where LU supported bid writing; Citizen panels for identifying local research priorities
Avoiding scope creep	Blackpool Council	Ensuring projects are bounded through well-defined research questions where data is used for a specific purpose that benefits Blackpool Council and the local population.
Public engagement and inclusivity	Lancs. NHS Trust; Empowerment	Clear signposting to public re. opportunities to be involved in research e.g. through NHS experiences re inclusivity in research; Through supporting Blackpool Council in developing a mental health strategy; Emphasising service users as equal partners in research - kindness, talking, asking and listening
Communicating the benefits of research	Blackpool Council; Lancaster University; Blackpool NHS Trust; Lancs. NHS Trust	Communicating the benefits of research locally e.g. through social media; Reportable metrics including publications and bespoke KPIs agreed collaboratively e.g. SMART approach
Connecting RSAs and HEIs	NIHR	Connecting research support agencies to avoiding duplication of offer

Table 2d: Burden and limited familiarity with Blackpool Council structures and processes

Action	Organisation	Rationale
Embedding research in service improvement	Blackpool Council; Lancaster University; Empowerment	Prioritising most pressing issues and needs: to avoid hearts ruling over minds by utilising evidence-based practice; Masters and Doctoral students undertaking research-focused placements in stakeholder organisations
Transparency, remuneration and keeping things simple	Blackpool Council; Lancaster University; Blackpool NHS Trust; Lancs. NHS Trust; Empowerment	In relation to participation for stakeholders as a core ethos
Named contacts	Lancs. NHS Trust	Sharing research champions framework that they have utilised in Lancs. Care NHS Trust with Blackpool Council
Identifying barriers to collaboration: from stakeholders	Lancs. NHS Trust	Sharing lessons learnt in relation to identifying barriers and strategies for tackling resistance to undertaking research

Table 2e: Barriers requiring a regional response

Action	Rationale
Creating a homogenised data pool and linking data	<p>Reluctance within Blackpool Council to pool data resulting from concerns around privacy, as well as historical ill-feeling from past initiatives where data has been shared with limited benefit to BC.</p> <p>Therefore, exploring ways of linking data sets through undertaking a mapping exercise to gauge interest levels and how the momentum could be created would be beneficial.</p> <p>However, this is an issue that would require a regional response</p>
Joint governance	<p>Fledgling discussions at ICS level around JG as well as expertise in Blackpool NHS Trust that could be shared.</p> <p>Once again, an issue that requires a regional response</p>

5. Next steps

This work has identified a range of barriers to Blackpool developing a research active local authority. Fortunately, a range of solutions were also identified and stakeholder organisations agreed a raft of actions to implement these.

In order to progress, the next steps will be:

1. All organisations (Blackpool Council, Empowerment Blackpool, Lancaster University, Lancashire and South Cumbria NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust) have been asked to consider their organisation's priority areas for research.
2. Implement all identified actions that can be progressed immediately (e.g. sharing of resources)
3. A series of further meetings will be organised for March/April 2021 to:
 - a. agree structures and processes required to implement a local authority research system
 - b. discuss and agree actions related to "key performance indicators, monitoring and support" (table 1e)
 - c. compare research priorities between organisations and agree over-arching research priorities for the Blackpool region

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Appendix 1: WP1 Round 1 Questionnaire

1. What do you think a “research active local authority” would look like in practice? What kinds of activities would it undertake?
2. To what extent is the description you have just given of a research active local authority different to the way Blackpool Council currently works?
3. Do you feel anyone would benefit from the council being research active? If so, who would they be?
4. Would Blackpool Council benefit from becoming research active?
 - a. **If ‘yes’** - In what ways do you feel Blackpool Council would benefit from becoming research active?
 - b. **If ‘no’** - Why do you feel that Blackpool Council would not benefit from becoming research active?
5. **If participant is working outside Blackpool Council** - Would your organisation benefit from Blackpool Council becoming more research active?
 - a. **If ‘yes’** - In what ways do you feel your organisation would benefit from Blackpool Council becoming more research active?
 - b. **If ‘no’** - Why do you feel your organisation would not benefit from Blackpool Council becoming more research active?
6. How would being research active fit with the goals of Blackpool Council as an organisation? Please explain why you think so and, if possible, provide examples.
7. Do you think that Blackpool Council becoming research active is important?
 - a. **If ‘yes’** - Why do you think that Blackpool Council becoming research active is important?
 - b. **If ‘no’** - Why do you think that Blackpool Council becoming research active is not important?
8. Do you think your organisation will be committed and engaged towards helping Blackpool Council become research active in the future?
 - a. **If ‘yes’** - In what ways do you feel your organisation might be able to help Blackpool Council become more research active?
 - b. **If ‘no’** - Why do you feel your organisation might not be in a position to help Blackpool Council become research active?
9. **If participant is a part of Blackpool Council** - How do you think Blackpool Council being research active would affect your work within the council, and how do you think it would affect the organisations that provide the council with different services?
10. **If participant is working outside Blackpool Council** - How do you think Blackpool Council being research active would affect the work of the council, how do you think it would affect the work of your organisation?
11. Do you think that Blackpool Council being research active is compatible with current ways of working in your organisation?
12. **If ‘yes’** - In what specific ways is Blackpool Council becoming research active compatible with current ways of working in your organisation?
13. **If ‘no’** - Why do you feel that Blackpool Council becoming research active is incompatible with current ways of working in your organisation?
14. **If participant is a part of Blackpool Council** - How would becoming research active affect resources, workload, and responsibility for the work within Blackpool Council?

15. **If participant is working outside Blackpool Council** - How would Blackpool Council becoming research active affect resources, workloads, and responsibility for your organisation's work with the council?
16. How would we know that Blackpool Council had successfully become research active or if the research activity was a success?
17. How do you feel we can continue to get input from stakeholders to improve the systems around research activities at Blackpool Council?
18. What, in your opinion, would success as a research active local authority look like, and in what ways could we most effectively monitor that success?
19. How should we ensure that the process of supporting Blackpool Council in becoming research active is a positive experience for all stakeholders?

Appendix 2: WP1 Round 2 Questionnaire

- Below are 15 perceived barriers towards Blackpool Council becoming more research active. Please select one barrier severity per answer, and please do so from the point of view from your organisation.

	Substantial Barrier	Moderate Barrier	Small Barrier	Not a barrier	Do not Know
Lack of time to conduct research					
Lack of expertise of how to conduct research					
Lack of funding for research					
Limited Staff capacity to dedicate time to getting research funding					
External organisations not familiar with Blackpool Council's structure and function					
Research could be an additional burden for smaller private/3 rd sector providers					
Communication barriers between researchers and non-researchers					
Complicated research structures in the region					
Lack of research infrastructure in Blackpool Council					
Limited existing culture of knowledge exchange/ data sharing in the council.					
Poor understanding of the value of evidence-based practice/research					
Research is usually led by Universities and not the council					
Lack of a research trajectory/career in Blackpool Council					
National projects don't fit with Blackpool's needs					
Risk averse culture – research activity seen as a risk to service delivery					

2. **If participant chose 'substantial barrier'** - you chose **insert barrier** as a substantial barrier to Blackpool Council becoming more research active. Could you provide more detail as to why you chose this answer?
3. **If participant chose 'not a barrier'** - you do not consider **insert barrier** as a barrier to Blackpool Council becoming more research active. Could you provide more detail as to why you chose this answer?
4. Here are a list of barriers from earlier in the questionnaire:
 1. Lack of time to conduct research
 2. Lack of expertise is how to conduct research
 3. Lack of funding for research
 4. Limited staff capacity to dedicate time to getting research funding
 5. External organisations not familiar with Blackpool Councils structure and function
 6. Research could be additional burden for smaller private/ 3rd sector provider
 7. Communication barriers between researchers and non-researchers
 8. Complicated research structures in the region
 9. Lack of research infrastructure in Blackpool Council
 10. Limited existing culture of knowledge exchange/ data sharing
 11. Poor understanding of the value of evidence-based practice/ research
 12. Research is usually led by Universities and not the Council
 13. Lack of a research trajectory/ career in Blackpool Council
 14. National projects don't fit with Blackpool's needs
 15. Risk adverse culture – research activity seen as a risk to service delivery

Having once again reviewed this list, do you feel there are any barriers to Blackpool Council becoming research active that are not on this list? If so, what are they and why do you think they are barriers?

Appendix 3: WP1 Round 3 Questionnaire

1. Below is a list of 12 items identified as the greatest barriers towards Blackpool Council becoming more research active:
 1. Lack of funding to conduct research.
 2. Lack of time to conduct research.
 3. Limited staff capacity to dedicate time to obtaining research funding.
 4. Lack of research infrastructure in Blackpool Council.
 5. Lack of expertise in how to conduct research.
 6. Research could be an additional burden for small private/3rd Sector providers.
 7. External organisations are not familiar with Blackpool Council's structure and function.
 8. Limited existing culture of knowledge exchange/data sharing.
 9. Lack of a research trajectory/career in Blackpool Council.
 10. Communication barriers between researchers and non-research active stakeholders.
 11. Poor understanding of the value of evidence-based practice/research.
 12. Research is usually led by universities and not the council.

Please state that you agree that this list of barriers reflects the group consensus and agree with the findings.

2. **If participants chose 'no'** - Please explain why you do not agree with the group consensus that the barriers listed represent the greatest barriers towards Blackpool Council becoming more research active.
3. How do you think the barrier *lack of funding and/or time to conduct research, as well as a lack of staff capacity to dedicate time to gaining research funding* can be overcome?
4. How do you think the barrier *lack of research infrastructure in Blackpool Council, including a lack of a researcher career, a lack of expertise of how to conduct research, and how to fully understand the value of evidence-based practice/research* can be overcome?
5. How do you think the barrier *research is usually led by Universities and not the council, meaning that there are communication barriers between research and non-research active stakeholders, as well as a limited culture of knowledge exchange/data sharing* can be overcome?
6. How do you think the barrier *research could be an additional burden for small private/3rd sector providers, especially as external organisations are not familiar with Blackpool Council's structure and function* can be overcome?

Appendix 4: WP3 Questionnaire



Local Insight and Local Authority

What are your views on a research informed system?

Healthwatch Blackpool would like to know what you think?

In order to evaluate services and change, local insight is often needed by the people that use and access services.

Healthwatch Blackpool would like to know and understand how our local community could contribute to local research systems in order to support an authority that is deliverable, sustainable and effective.

Have you used a Blackpool Council service?

We would like to hear from you!

Before you start it's important to know:

- Your views and options will be treated confidentially and anonymously.
- We don't handle individual complaints BUT can signpost you in the right direction for complaints and information regarding health and social care services.
- We look for trends within your feedback and produce summary reports of all views received showing the biggest issues raised, to help us decide which areas to prioritise for further research.
- All information will be handled and shared in accordance with General Data Protection Regulation (GDPR) and Data Protection Act 2018. We will take all necessary steps to ensure that your information is treated securely.

Insights and information within this survey will be shared with the National Institute of Health Research and relevant stakeholders, including Blackpool Council. The project aims to shine a spotlight on how the authority can be better involved in planning, design and delivery of research informed initiatives.

1. I give permission for my response to be stored by Healthwatch Blackpool in accordance with their privacy statement so that they can use it to help improve the delivery of health and care services in the area which I live and across the country*

☐ I give consent

Local Insight and Local Authority

What are your views on a research informed system?

Tell us a bit about you

By telling us more information about yourself , you will help us to better understand how peoples experience may differ depending on their personal characteristics. If you do not wish to answer any of the questions below , you do not have to.

* 2. Are you a Blackpool resident?

- ☐ Yes
☐ No

* 3. What is your age?

- | | |
|--|--|
| <input type="checkbox"/> 12-17 years old | <input type="checkbox"/> 45-54 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 35-44 years old | |

* 4. What is your gender?

- | | |
|---|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Prefer not to self describe |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary | |
| <input type="checkbox"/> Other (please specify) | |

5. Is your gender different to the sex that you were assigned at birth?

- ☐ Yes
☐ No
☐ Prefer not to say

6. Please specify your ethnicity

- ☐ **White** - English/Welsh/Scottish/Northern Irish / British/ Irish
- ☐ **Mixed/multiple ethnic groups** - White/Black Caribbean White/Black African White/Asian , Any other mixed/multiple background
- ☐ **Asian/Asian British** - Indian/Pakistani/Bangladeshi/Chinese/Any other Asian background
- ☐ **Black/African/Caribbean/Black British**- African/Caribbean/ Any other Black/African/Caribbean background
- ☐ **Prefer not to say**
- ☐ **Other** (please specify)

7. Please tell us which sexual orientation you identify with

- | | |
|--|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Prefer to self-describe |

8. How would you describe your living situation?

- | | |
|---|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> I am homeless/rough sleeper |
| <input type="checkbox"/> I live with friends/family | <input type="checkbox"/> Other |
| <input type="checkbox"/> I live in hospital | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> I live in a care home | |

9. Do you have a child/children under the age of 18?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

10. If your answer is yes to the above question, how many children do you have?

- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4+ |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Not applicable |

11. Are you currently in employment or education?

- | | |
|---|--|
| <input type="checkbox"/> Yes employment | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes education | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes both | |

12. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

13. Do you consider yourself to have a long-term health condition?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14. Do you consider yourself to be a carer?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

15. Have you ever accessed social care services in Blackpool?

- ☐ Yes and still accessing
- ☐ Yes but no longer accessing
- ☐ No
- ☐ Prefer not to say

Local Insight and Local Authority

What are your views on a research informed system?

We would like to better understand the views and opinions of the Blackpool community.

Local authorities in England deliver many services that may affect the health of their population.

In order to understand what works , what could be better and what services can be sustained , local insight is needed. We would like to learn what you think of a 'research system' that evidences the above and in turn benefits local decision making.

What do you think of a research informed initiative in Blackpool? Have your say!

16. What do you understand about the idea of a research active local authority?

17. Do you think there would be advantages to you and the wider population?

- ☐ Yes
☐ No
☐ Prefer not to say

18. If your answer is yes , please comment on what you feel are the advantages

19. Do you think there would be disadvantages to you and the wider population?

- ☐ Yes
☐ No
☐ Prefer not to say

20. If your answer is no , please comment on what you feel are the disadvantages

21. What do you think members of the public can contribute to a new research informed system?

22. Do you have any ideas on the best ways to involve the population?

23. How do you feel that the public can support the authority to prioritise areas , design research, deliver research and understand the findings?

24. How do the local authority make sure that a wide range of viewpoints are received?

25. How do we monitor the value of a research informed authority?

26. How does the authority make sure the system lasts?

27. Do you think there is value in a research informed authority

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Local Insight and Local Authority

What are your views on a research informed system?

Thank you for taking the time to fill out this survey. It will allow us to work with local health and social care service providers to improve the services and highlight good practice.

If you would like to speak further about your experiences with a member of our team you can contact us via the following details:

Email – enquiries@healthwatchblackpool.co.uk

Telephone – 0300 32 32 100 (option 4)

For more detailed information about our work, visit our website: www.healthwatchblackpool.co.uk

28. If you would be happy to be contacted for more information or your information to be used as a case study , please tell us the best way to make contact.

Appendix 5: WP4 Questionnaire

1. Please enter what department you work in.
2. We would like to select a few projects to find out more detail about how the project worked, what went well and what lessons were learned for future projects with local authorities. Can we contact you by email to arrange a quick chat to get more details if required?
3. What local authority was this project with?
4. Who at the local authority was the main point of contact and which departments of the local authority were involved?
5. Can you please give the project a title?
6. Was the project research, teaching, or engagement related?
7. Please give a brief description of the project.
8. Who initiated the project? (was it you, Lancaster colleague, council staff or someone else?)
9. How was the project plan/proposal developed?
10. How was this project conducted in practical terms (e.g. Lancaster University staff embedded in the council, council staff undertaking project work, University-council working group established)?
11. What were the outputs and impacts of the project?

Appendix 6: Better Start, Head Start, and Corporate Delivery Unit Case Studies

Better Start (BS)

Remit: 10-year Lottery funded partnership made up of the LA, CCG, Hospital Trust, Police, Community and led by the NSPCC to implement a system's change programme harnessing EBP, to build the capacity of parents with young children under 4.

Core work: The Centre for Early Childhood Development (CECD) is the backbone and 'engine room' of the BS Partnership, made up of programme developers and researchers. The research element is overseen by Oxford University and an international Expert Advisory Group of academics provides advice to the programme developments. High levels of research activity overall, publishing peer reviewed papers and undertaking high impact research into early child development on a place-based basis. The CECD is the only Harvard Frontier of Innovation site in the UK and is linked to many key academic institutions including Michigan, Oxford, Birmingham, Murdoch Children's Research Institute (Aus.) and New York Academy of Science.

Supporting research focused work: CECD have commissioned Oxford University to work with BC, the CDU and the Hospital Trust, to build a data sharing platform across the town. In addition, they have supported BC's in-house research team- the Infusion Research group - by involving them in small pieces of consultation work. CECD has led on two major systems change programmes across the town: 1) enhancing the HV offer moving from 5 mandated visits to 8, and through consultation with parents, producing new assessment tools; increasing access to data; putting in formative feedback systems and processes; and supporting HVs to undertake small-scale research projects. 2) by using the science of brain development to drive a trauma informed approach across the town and change the way professionals and the community think and act. BS represent a blueprint for the use of EBP in BC.

HeadStart (HS)

Remit: 6-year lottery funded research project to test and learn different approaches to mental health prevention in young people, embedding a co-produced whole town approach to resilience to protect youth mental health as a theory of change.

Core work: The national HS research is led by Anna Freud Centre, with University of Brighton leading locally. They utilise a community practice approach through training stakeholders in research skills, to embed and sustain resilience-focused work. Whilst all work is co-produced, specific examples of co-production include Resilience Committees in schools, offering opportunities for pupils routinely excluded from research activity, to have influence in changing systems in their school setting. Another example the Covid-19 School and College Survey, a research project co-produced with young people exploring the impact of the pandemic.

Supporting research focused work: HS's experience in the co-commissioning and co-production of research with young people, parents and carers best captures their legacy in terms of research-focused work. HS provide a tangible exemplar of how co-production through research can most effectively work. HS practice is theoretically underpinned by an inequalities approach to resilience, Resilient Therapy (Hart et al, 2016). From a research perspective, a participatory mixed methods framework is supported by utilising the Value Creation Framework (Wenger-Traynor et al, 2017) to evidence the transformative impact of the work.

Corporate Delivery Unit (CDU)

Remit: Team of 3 monitoring and managing a wide variety of population level data collected by BCs routine work across approx. 60 departments.

Core work: The CDU examines trends over time to identify priorities through metrics for indices of deprivation; consultation for specific legal processes; elements of engagement through opinion seeking as well as primary research e.g. rolling visitor survey; producing logic models and theories of change; and performance management and strategic evaluation. Highly variable role from consultation to delivering elements of/full research projects with close links to BC's Policy and Strategy function.

Supporting research focused work: The CDU supports BC through highlighting the importance of high-quality data sets in service delivery and research e.g. 'geofencing' that uses mobile phone and GPS data for the evaluation of different services; and trying to ensure that BC staff understand the difference between good and bad quality data/research. They work closely with the Visitor Economy where there is a greater understanding of the value of research-focused work. The climate emergency is one area that would benefit from a data-led approach through the CDU to enable Blackpool as a town to respond to climate change and create positive behaviours in an evidence-based manner.

Appendix 7: Existing Lancaster University-Local Authority collaboration case studies

Case Study 1	
Title	The Healthy Child: Engagement and Leadership Development - A Collaboration between Lancaster University and Lancashire County Council
Project Description	The small scale QR-SPF funded project supported Lancashire County Council's (LCC) approach to partnership working across Lancashire through 'Team around the School' over a few months of being set-up within the the Locality Networks (LNs). The goal of this project was to: Create clear headlines for the work that will be helpful in several ways to facilitate benchmarking Lancashire's starting point and vision for the future. Develop the governance and workstream action plans that are taking place centrally.
Practical Issues	Numerous people from different departments were involved in the project but did not have an unambiguous goal and methodological approach in place for the project, so different departments wanted different things from the study.
Potential Solutions	The use of a research co-ordinator within the Council who would liaise with the departments and help create that clear approach and desired outcome for the project.
Case Study 2	
Title	Understanding place-centred public health strategies implemented in a context of financial constraint: a comparative case study approach (NIHR, SPHR, Places & Communities Workstream A, WP4)
Project Description	Researchers from the NIHR School for Public Health Research are exploring different approaches taken by local authorities to priorities and invest resources to tackle social determinants of health and health inequalities. This project aimed to better understand how positive changes in health outcomes occurred in areas with high income deprivation.
Practical Issues	The emergence of COVID19 put the project on hold for 6 months. During that time relationships between the researcher and the organisation faded and became distant, so once research could restart, it was difficult bringing everything and everyone back up to speed and re-building those relationships.
Potential Solutions	Continuing communication with the organisation even when the project was on hold would have helped maintain the working relationship to a better extent.
Case Study 3	
Title	Whyndyke Garden Village: Healthy New Town
Project Description	It was supporting the Whyndyke Garden Village team to create a logic model to send to NHS England to demonstrate their thinking as part of the Healthy New Town project.
Practical Issues	The funders did not fully understand the extent of the tasks i.e. they supplied a basis of where they are as an organisation, and where they would like to be, and asked the researcher to design that process of trajectory but offered little guidance or information in aiding that process. Furthermore, as there were many people involved in the project from different departments and/or external organisations, arranging meetings to suit everyone's schedules was also challenging.
Potential Solutions	Better communication around the feasibility of the outcomes, as well as a better understanding of the necessary processes to make this happen across all parties would allow for realistic goals to be set.

Case Study 4

Title	Road Assessment
Project Description	The council sponsored an MSc Data Science dissertation project, to use survey data on the highways and build a predictive model for which segments would need to be repaired soon.
Practical Issues	Attempting to bridge procedures and programmes used between the University and the Council and understanding the skillset that each side has available e.g., a 'quantitative expert' in the council may mean using Excel well, but in the University, it is being familiar with advanced statistical programs such as R. This also means when liaising with staff in the council and asking for their work, it is in a completely new and unfamiliar program design, which takes time to learn.
Potential Solutions	Embedding the researcher within the council to better understand their systems and methods of working would help ease the process in which new research can begin and reduce issues occurring early on that can cause delays (e.g. using unfamiliar systems).

Case Study 5

Title	Applied Research considering Place-Based Health & Care
Project Description	Co-production and development of research linked to local priorities. Involves engagement with key stakeholders as well as the design of research.
Practical Issues	Biggest issue was the communication differences, with the university talking from a researcher perspective, and the council from another.
Potential Solutions	Having someone who can act as a bridge between the two organisations, bridge the gap and broker, facilitate, and help maintain relationships.