Local Authority Research Systems:

Exploring the will and readiness for research in Wakefield

Final Report
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Acknowledgements

Background and context

About Wakefield and the local authority

Wakefield has city and metropolitan status but is one of the largest cities in the UK without its own university. Wakefield district is ranked the 65th most deprived out of 326 districts in England and, on average, people die younger here than in other parts of England. Wakefield Metropolitan Borough Council (WMDC) comprises four directorates (Regeneration & Economic Growth, Adults, Health & Communities, Children & Young People, and Business Change), each with a key role in reducing health inequalities through addressing the wider determinants of health.

The research context

The research was undertaken in collaboration with WMDC, Sheffield Hallam University (SHU), Leeds Beckett University (LBU) and Mid Yorkshire Hospitals NHS Trust (MYHNHST). SHU was the lead organisation for the study because of the strong links with regional public health research infrastructure and networks (Practice and Research Collaborative (PaRC) and Local Authority Research linK (LARK)). This research was delivered under the NIHR PHR 20/30 research call which aimed to explore the support needs of local authorities to develop a research system. This is critical given the function and impact local authorities have on the health and well-being of the populations they serve. A research mapping exercise conducted in March 2020 had recognised that WMDC required support to identify the steps they need to take to develop their capacity to contribute and lead future research. To identify these steps, the research team sought to explore the following:

Research Question

What is the capacity to collaborate and deliver research across WMDC?

Aims

- To explore the current assets in WMDC that can be built on and replicated within the organisation to foster a stronger research culture.
- To identify any perceived barriers that exist to WMDC working with academic partners to establish research capacity and opportunities.
- To explore with key members of WMDC how a sustainable research system could be developed to impact on local resident's health and reduce health inequalities and identify the most important outcomes from research.

Objectives

- To conduct interviews and focus groups with key informants to explore the current and potential research assets and perceived barriers to developing, conducting and delivering research.
- Adopt the research capacity development model to explore what capacity there is within the local system at the individual, directorate and organisational levels to prioritise and develop the research agenda.
- To explore how our proposed methodology - the Embedded Researcher (ER) model - could be developed with WMDC as a future method for developing their research system and narrowing the gap between academia and practice.

Methods

An embedded researcher (ER) model was used to undertake data collection for the study. Drawing on ethnographic approaches, the ER model has been used in similar studies and is seen as a mechanism

to facilitate understanding of the culture and the socio-political nuances within local government (Cheetham 2018). A researcher was employed through LBU to be the ER throughout the duration of the study. The researcher had been previously employed in an applied setting related to healthcare and public health with experience of different organisational cultures as well as academic research.

Data collection

Data collection comprised four complementary strands: interviews (n=7); focus groups (n=3); meeting observations (n=4); and documentary analysis of key strategic documents identified by the project steering group and interview participants (n=4).

Interviews were conducted by the ER with Corporate Directors and Service Managers purposively sampled to enable the research questions to be explored fully. Participants were recruited via email invitation and interviews were conducted remotely. All participants were provided with a Corporate Management Team (CMT) briefing paper written by the WMDC co-applicants and a participant information sheet prior to interview to ensure informed consent could be given. These documents stated the funding role of NIHR within the project. Consultation with the study steering group informed the sampling of three focus groups which were conducted with: Elected Members (n=3), Public Health Officers (n=6) and Officers across WMDC with research interests (n=4). Focus group participants were recruited via targeted emails from the study co-applicants based within WMDC. Focus groups were facilitated by an external collaborator who authored the Research Capacity Building Framework (Cooke 2005) which informed the data collection tools. The ER and other members of the research team took field notes during focus groups discussions. Interviews and focus groups were conducted and recorded online using Microsoft Teams and Skype for Business.

Potential meetings in the local authority for the ER to observe were identified through discussion with the interviewees, Public Health Intelligence Manager, and the Director of Public Health. A total of seven meetings were identified. A total of four meetings were observed between the 16th and 30th of September 2020. These were:
- Adults, Health and Communities Departmental Management Team
- Wakefield Health and Wellbeing Board
- Spatial Planning, Regeneration and Health
- West Yorkshire and Harrogate Health and Care Partnership Improving Population Health Programme Board.

Further meetings were scheduled to be observed, but as a result of unforeseen issues (such as the purpose of the meeting changing in response to the pandemic, or logistical issues with the timing or accessibility of the meeting) this did not take place.

The final strand of data collection was undertaken through documentary analysis of key documents describing the use of, or approach to, research within WMDC. These were identified through the key respondent interviewees and an internet search of WMDC documents available in the public domain. This resulted in 15 documents being collected for inclusion in the analysis between 24th August and October 12th 2020.

To ensure the documents were pertinent to the aims of the research, and to manage the time and resource available to complete the analysis, an inclusion and exclusion criteria were applied independently by members of the research team and a consensus reached. This included consideration of:
- Whether the document was a statutory duty for the council to produce
- Whether the document fully informed the aims of research by having a public health focus

- Whether the document described the council's approach to the doing and using of research.

This resulted in four documents being included in the documentary analysis:
- Niche and Healthwatch Wakefield. 2017. Connecting Care in Wakefield Evaluation Report January 2017
- Wakefield Health and Wellbeing Plan 3 Year Plan September 2018
- Wakefield Together. 2019. Children and Young People's Plan 2019-2022
- Wakefield Council. 2019. Working for Wakefield Our People Strategy 2019 – 2022.

Data analysis

Interview and focus group recordings were transcribed by an external transcription company, anonymised and shared on a secure online file which was accessible by all members of the research team. The development of the data collection tools, and the analytic approach were informed by the Research Capacity Framework (Cooke 2005, 2020). Data were analysed using framework analysis (Ritchie et al 2003). All transcripts were coded on NVivo by the ER and two members of the research team cross checked a sample for coding accuracy.

WMDC has no formal ethics or governance procedures in place therefore ethics approval was granted from LBU and SHU prior to data collection taken place.

Public Involvement

As a result of the challenges accessing communities in Wakefield during the pandemic, Patient and Public Involvement was undertaken via the Public Involvement in Research Group (PIRG) based at the SHU Advanced Wellbeing Research Centre (AWRC). This group reviewed the research proposal and were asked about the importance of local authorities prioritising research related activity across their departments and how local authorities should work with the populations and communities which they serve to include them in the development and delivery of research. The feedback from the PIRG included very similar themes to those identified from the study participants.

Study findings

The findings are structured around key information highlighted as important by National Institute for Health Research (NIHR) and Department of Health and Social Care (DHSC). In addressing the study aims, a table is included to identify the key assets and barriers to fostering a stronger research culture that were derived from the data. The findings will support the future direction of investment and planning in public health research and the local authority research infrastructure.

Perceptions of NIHR and other research infrastructure

Interview participants had limited knowledge of the research infrastructure external to the local authority. The knowledge of individuals was associated with organisations that linked to their areas of expertise such as Research In Practice (RIP) and Association of Directors of Adults Social Services (ADASS). The NIHR, Academic Health Science Network (AHSN), Collaboration of Leadership in Applied Health Research and Care (CLAHRC), LARK and the PaRC were discussed by one participant whose remit linked to health research. Existing links with research organisations (e.g. RIP) within WMDC were primarily aimed at supporting teaching and learning partnerships rather than research *per se*. The understanding and knowledge of these organisations and networks was limited, particularly those outside of the Public Health Directorate. Furthermore, the focus of research within these organisations was presented as a barrier to engagement from the local authority context:

> *"There's a real tendency to do more NHS and healthcare-type research, and less probably to do more council, adult social care-type research"* (I 1)

The current research environment in WMDC

Across all Directorates there was a consistent understanding of the types, value and potential impact of research across the local authority:

> *"Research can ultimately help in supporting decision making across the authority."* (FG 6)

Despite this, the use of evidence informed practice was described as 'patchy and sporadic'. Participants described a policy team within the local authority that were the 'go to' for data and service transformation. However, there was an overriding sense that the public health team in WMDC were the drivers of research activity in the local authority because of the NHS links and established ways of working with research evidence. This led to a reliance on the public health team to conduct research and lead on evidence based practice:

> *"We really look to very much are our public health colleagues who feels like are sort of giving us another link and for the council a wider link into evidence-based practice."* (I 3)

Across WMDC there were Directors and Officers with research skills and expertise and recognised research qualifications, such as Postgraduate degrees and PhDs, but even these individuals often found the demands of day-to-day tasks outweighed the opportunity to drive the research agenda. The research active staff also found challenges in accessing the information that they required, for example online access to ATHENS and peer-reviewed journal articles which required subscription. It was clear that research was perceived to be a luxury and that this could be reconfigured in people's deployment within WMDC:

> *"I sometimes see research as a bit of a luxury, and maybe it's seeing research as an integral part of what we do rather than a luxury to what we actually are doing."* (FG 11)

> *"I think that sometimes we just get on with the day job and there isn't really an awful lot of room and capacity to actually engage with research and actually explore better ways of doing things. So to some extent I think it's an area that we could improve."* (I 7)

Participants described using pragmatic and operational approaches to conduct research in the local authority. These approaches included surveys and the collection and analysis of routine administrative data. These sorts of data gathering exercises were part of the day-to-day roles of many officers. The methods would often not involve developing an initial research protocol, as is accustomed in research delivery in academic institutions. Methods of community consultation were not perceived as formal research, although the observation of meetings illustrated how the local authority valued this feedback to inform their decision making which was a real and potential asset to supporting research capacity. The documentary analysis also demonstrated the value of the council's consultation and engagement work, where the value of the voice of the local people was described as central to the development of services:

> *"We do engagement with the community about, I suppose a big part of my service is about community engagement and actually getting out and about and finding out what the issues are in communities. But I suppose that's seen as part of the day*

job and maybe it's not actually seen as, we wouldn't actually call it research, it's more part of the day job." (I 7)

The absence of a university based in Wakefield was thought to impede the ability to develop research collaborations, particularly when linked to the sense of 'place'. Some Corporate Directors reflected on some of their previous roles where research collaborations were stronger because of the co-location of local authorities and educational institutions. WMDC has a Memorandum of Understanding with a local university and this was considered something to be revisited and further developed:

"…slightly odd position because it doesn't have a university. So it has consistently I think probably missed out. Not just in terms of funding and input, but also because you really need a champion." (I 1)

There was a definite willingness and interest in developing research capacity across WMDC. Data collection was conducted during significant changes to the Corporate Management Team, but this was conceived as an optimum time to place renewed emphasis on developing a research system at WMDC:

"There is a willingness and a desire to engage with research and the messages from research and academic institutions across the council. We might not be able to have it all mapped out who's doing what and who's sorting out who, but I do feel that as a council that is something that, where there's certainly an interest and an appetite." (I 3)

"I do think in this moment you're probably pushing at a relatively open door." (I 4)

Challenges to conducting research

Along with individual time and capacity, the challenges to conducting research in the local authority included completing studies within the commissioning and democratic cycles. A tension between academic process and rigour and the political need to get things done in a timely way to ensure political capital, was frequently cited:

"It's understanding the timescales and it's sometimes you may be asked to look at a problem and they're expecting a solution very, very quickly; whereas for quality research it's going to take a prolonged period of time. Obviously within local authority we tend to work in four-year cycles really, if that, coming towards elections and things like that. So it's understanding that things don't happen overnight and that if you want quality information, quality data, it's going to take time to collect before the solutions can even be dreamt up." (FG 15)

Participants reported using research evidence to identify problems and also in response to political cues. The meeting observations also illustrated the use of reports from service directors in Cabinet meetings to inform discussion and decision making of elected members:

"Sometimes politics and research meet in a way that's positive and constructive, and sometimes it collides, and sometimes research and objective factual information is inevitably used politically or influenced by politics. So sometimes you can get a more purist approach to applying research in local authorities, and sometimes you can't, and that is, you know, it's not a criticism, it's just a statement of our, you know, the reality of our operating context is we are a political organisation." (I 6)

The translation of research findings for audiences, particularly the language used, presented a further challenge. The disconnect between the language and discourse of the different constituents of the research process in WMDC was highlighted. Academics, officers in the local authority and community

members did not always share a common framework for discussing the evidence. An example was provided on how these challenges could be overcome particularly related to engaging with the community.

> *"I think there possibly is a gap in translating research so that it is more applicable to the world of local authorities." (FG 10)*

> *"In communities and some of the demographics that I'm trying to work with, I think quite often if something very formal comes in or an academic researcher comes in, quite often there's a trust issue there, it's like, who's this high-flyer, they don't understand my community, they're just coming in asking questions for the sake of it." (FG 15)*

Participants stressed the need for long term relationship building between local authorities, researchers, and communities. One participant likened research in local authorities to nature programmes:

> *"…I just said you're going to have to roll around in the grass for a while and make friends with people and become invisible …….that's my approach to qualitative research" (FG 1)*

How research could be developed at WMDC
Embedded researchers and secondments

There was consensus across all interviews and focus groups, that research should be prioritised across WMDC. The development of research capacity was discussed using different approaches, including secondments and ER posts. On the latter idea, embedded research posts were discussed with varying options for how this may work in practice. On the former idea of secondments, almost all participants discussed the potential benefits of these between different organisations. Staff working for the local authority seconded into an academic institution and vice-versa were described. A range of potential positive outcomes of secondments included: extending peoples' knowledge and understanding; and becoming familiar with the culture of different organisations to enhance professional practice:

> *"If a member of my team said do you know what I'd love to spend a day a week with an academic institution researching this, as long as we can make it work in terms of, you know, the pressures that we have, work pressures, then I would really support that. I think those can be extremely successful experiences." (P I1)*

Potential benefits of ERs based in communities to form relationships, listen to stories and understand the lived experiences of people were also discussed. An ER could be deployed effectively to oversee a number of key responsibilities, including: building on WMDC's current practices of community consultation and surveys; and supporting the development of research proposals that meet the needs of the community not the opinions of Officers or elected members:

> *"I think I'm really interested in genuinely going to talk to people about their lived experience and genuinely try and understand what they are interested in and what makes a difference to their lives and starting at that point before diving into research. I think the problem is as an expert in your field you often get quite focused on what you think the problem is and what you think the issue is, and sometimes that's why I think we need to go back to the grassroots and genuinely understand what people's expectation is of health and wellbeing. And once we've got that then*

> *it would be absolutely appropriate at putting out a research bid or whatever around what that, what more detailed stuff we might need to do in that area."(I 1)*

Calls for a clear strategy to provide embedded research opportunities which are utilised and celebrated across the organisation were made. ER and secondments were suggested to provide challenges regarding the finances of doing such activities and the impact on capacity issues. However, these were not viewed as insurmountable:

> *"I think there would be a desire to certainly have people from the universities seconded into the council……. but then there was also a financial implication to it and it was in, it's identifying the budget sometimes. So I think there would be desire for that to happen, we'd just need to look at how between the university and the council that that would work financially."(I 7)*

Leadership

Leadership and championing the research agenda was a common theme and a salient factor in the success of embedding research in WMDC. The observation of meetings demonstrated the value that senior managers placed on the outputs of research produced within their Directorates and identified where there were opportunities for research to inform future developments through, for example, completion of feasibility studies. Whilst this was often reported as being achieved through the Public Health team, it was recognised that a formal role was required to join the service directorates across the council:

> *"I think it would be quite a significant step to take. But I think somebody needs to champion it and it needs to be seen as kind of, it needs to have senior level buy-in. (I 7)"*

Training

Research training was discussed during the interviews and focus groups in terms of the current offer and what could be provided in the future. The documentary analysis highlighted the successful training of staff and volunteers in delivery of the Connecting Care evaluation. Furthermore, the analysis of the People Strategy document further reinforced the organisational commitment to offering 'lifelong learning' and career development. Participants reported that some directorates were able to access postgraduate training programmes which included research modules and the completion of research dissertations. Other suggestions to offer research training included lunch time seminars on key research topics delivered by academic institutions. A skills audit to determine what the research knowledge and skills were across WMDC was also proposed but challenges in the lack of internal training capacity were raised. Embedding research into the key competencies of WMDC staff was recognised a one way of raising the priority of research:

> *"…maybe we actually embed it more within the staff development side of it as well and actually identify research as a key competence and a key skill that council people need to have." (I 7)*

Research Governance

The absence of any ethical or governance support was noted as a key challenge for WMDC to undertake and lead future research projects and is something that would need to be considered to develop a sustainable and safe research system:

> *"There should be safeguarding and governance arrangements within councils which would be similar to the ones that they have in public health. So I suppose to some extent if we are serious about developing a culture of using evidence and*

undertaking research, it's about how do we actually safeguard the organisation in terms of those governance arrangements as well." (I 7)

Assets and barriers within WMDC to fostering a stronger research culture

One of the overarching aims of the current study was to identify the assets and barriers to fostering a stronger research culture. A key asset was a shared understanding of the value of research and the desire and interest in developing a stronger culture of research across the organisation. This featured across all levels of WMDC from elected members, senior leadership to personnel working at officer level. Key barriers related to the translation of this 'desire' into practical action and the cultural disconnect between academic and local authority language, culture and timeframes. While Table 1 is drawn from data exclusively from WMDC, there is some possibility that these issues are common across other local authorities.

Table 1. Assets and barriers within WMDC to fostering a stronger research culture

Assets identified for WMDC to foster a stronger research culture	Barriers to WMDC working with academic partners to establish research capacity and opportunities
Shared understanding of the value and impact of research across the organisation.	Limited awareness, both individually and organisationally, of local research infrastructure.
The drive from Public Health to establish research and the use of evidence as standard in decision-making practices.	Lack of consistency in the use of research and evidence informed practice.
Individuals within the organisation with highly developed research skills.	Limited time and resource to conduct research activity in addition to the delivery of services.
Continuing and consolidating established research practices – collecting data through administrative processes, surveys and consultations with the community.	Tensions arising from the political nature of the organisation and the constraints of the commissioning and political cycles.
Existing relationships with Higher Education Institutes.	Differences in the culture and practice of academia and a local authority, particularly in relation to language and terminology.
Willingness and interest in developing research capacity from key leaders.	No clear strategy for realising the organisational benefits from secondments or embedding research.
Recognition of potential benefits from an embedded researcher or secondments between organisations.	No clear leadership across the organisation to drive the research agenda.
Access to formal and informal training in research skills.	Absence of a structure to provide research governance.

Key messages and actions for WMDC

The research suggests that a sustainable research system could be developed within WMDC. This would potentially impact on the health of Wakefield residents and reduce health inequalities through the following actions:

Short term actions

- Senior leaders to raise the profile of the benefits of being a 'research ready' organisation – including encouraging personnel to develop the evidence-base and use evidence to inform practice and decision-making.

- Promote existing good research practice in WMDC. Providing tangible and applied examples of how research is already impacting on policy and practice and the health of the Wakefield district.

- Maintain and develop the existing relationships to local research infrastructure (PaRC, LARK, AHSN). Promote the benefits arising from these relationships and build on these where opportunity arises.

- Identify senior leaders to champion a research agenda across the organisation.

Medium terms actions

- Produce a strategic document outlining the research vision and aspiration within WMDC and a plan to develop research practice across the organisation, including approaches to deployment, training and workforce development.

- Maintain current relationships with local universities and other local research active partners to and further develop other sustainable collaborations with academic institutions. WMDC should seek to work with them to develop capacity and expertise, including the potential for secondments and ER opportunities.

- Work with partners with relevant experience (e.g. MYHNHST) to set up governance processes for managing research within WMDC.

- Capitalise and build upon the skills and motivation of research active staff. These colleagues could provide ongoing informal research training and mentoring for others across the organisation.

- Staff should be supported and encouraged to be cognisant to local and national opportunities for reactive and proactive research collaborations and research funding.

- Identify staff groups where research could be further embedded into their role and include the development of research skills into staff appraisals and developmental opportunities. Existing good practice in this regard may be drawn from the public health directorate.

Long term actions

- Establish a process for seconding staff into, or from, academic institutions and/or community groups to increase research capacity and skills within WMDC.

- Promote the use of evidence based decision-making at all levels across WMDC.

- Harness the existing research skills of WMDC employees to address the research gaps that exist within the city.

Key messages and implications for research funders

- Promote the benefits of engaging with research to local authorities. This could comprise of the benefits for improved local service delivery and the benefits to population health

- Commit long term and considerable funding to develop ER and research hubs in local authorities.

- Streamline the research application process so as not to alienate time poor, delivery focused local authority colleagues who have a significant contribution to make.

- Provide support for local authorities to navigate and apply for NIHR funding opportunities and research governance systems and ethics procedures.

- Recognise the constraints within the local authority, particularly political and commissioning cycles where the need for rapid evidence is critical.

Key messages and implications for academic institutions

- There is considerable value in building relationships with local authorities for research and impact. However, these require time and continued dialogue to share and understand the organisational agendas and priorities.

- The nature of service delivery, decision making, commissioning and political governance within local authorities require academic institutions to work in agile and dynamic ways for partnerships to flourish.

- Building collaborations and research relationships with local authorities is a long term process.

- Academic institutions should consider being proactive in approaching local authorities with opportunities to engage in research. Colleagues in local authorities often have limited capacity to identify opportunities but may be readily available to support.

- Explore and promote opportunities for secondments across both organisations to maximise research opportunities and impact.

- Ensure that language and ways of working are inclusive and appropriate to the audience. Focus on the practical application of research findings and be creative with dissemination approaches.

Additional benefits of the study and strengths of the ER approach

Delivering the project during the Covid pandemic and in the four month contract period was facilitated by the expediency of conducting interviews and focus groups online. Remote working facilitated access to interview all members of the Corporate Management Team and a variety of officers and elected members from across the council through removing the limitations associated with travelling to a venue to conduct a face to face interviews for both the researcher and the participants. It also removed the data protection concerns relating to audio recording devices as the software used to

record the interviews (Skype for Business) and focus groups (MS Teams) retained the files within the secure university system.

The research team included representation from four organisations geographically spread across the Yorkshire region. Remote working and access to online networking allowed for regular project meetings and two steering group meetings which would have been challenging prior to the epidemic.

The research collaboration with the MYHNHS Trust has identified a willingness to collaborate with WMDC. Areas of support could help meet some of the needs identified through this project and would support place-based research and develop a partnership that adds value, minimises duplication of effort and supports mutual learning and development of joint assets. It seems highly likely that a collaborative approach would be mutually beneficial in the long term and could form the foundation of a wider Wakefield Health and Social Care Research Hub with wider place based research collaborators.

The literature highlights the benefits and challenges associated with utilising an ER approach to gather data. Our experience was overwhelmingly positive, in terms of accessing rich and detailed data for analysis and interpretation. The ER approach drew on ethnographic principles, including interviews and observations, but was fundamentally premised on being responsive and agile to opportunities that were presented within WMDC. While the ER was 'digitally' embedded and not 'physically' embedded as a result of the pandemic, this did not pose significant disadvantage. Indeed, as discussed earlier, in some cases it facilitated expedient access to key personnel who may have otherwise not have been made available. The skill-set of the ER was crucial in being able to navigate both WMDC processes and also the academic collaborators making up the study team. This raised some challenges but, were mitigated by strong partnerships between the research team and WMDC staff (especially those acting as research collaborators) as well as the project steering group. This collective partnership between all constituents worked exceptionally well and enabled data gathering to be conducted relatively smoothly. The ER approach offered insight that we are confident would not have been uncovered using other approaches to data gathering.

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