

Developing a Public Health Research System to Support Local Government in Kent

Protocol

5th October 2020

Lead Investigator

Dr Lindsay Forbes

Centre for Health Service Studies, University of Kent, Canterbury, Kent, CT2 7NF, UK

Research team

Dr Amanda Bates

Dr Sarah Hotham

Dr Rowena Merritt

Professor Sally Kendall

Professor Stephen Peckham

Dr Melanie Rees-Roberts

Collaborators

Emma Hendricks (Senior Public Health Researcher, Medway Council)

Dr Abraham George (Public Health Consultant, Kent County Council)

Timescale

August to December 2020

This study/project is funded by the National Institute for Health Research (NIHR) *Public Health Research Funding Stream* (project reference 131931). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Background and aim

This project will build the foundations of a public health system across the county of Kent. Public Health activity in England is led by upper tier and unitary local authorities (LAs), which took over responsibility for public health from the NHS in 2012.^{1,2} Public health activity includes services (for example, sexual health, school nurses, health visitors and smoking cessation) and wider actions to improve and promote health of the population, including promoting healthy behaviour and ensuring that the responsibility to improve health is embedded in wider local government activities, such as housing, infrastructure projects, education, transport, waste management, and urban planning.

It is widely recognised that the evidence base for many public health interventions is limited, especially those focusing on the wider determinants of health, rather than specific services.³ To add to this problem, research and evidence are not as embedded in local authorities as firmly as in the NHS, so they do not participate in research or use evidence as frequently.⁴⁻¹³ NHS organisations are required to participate in research and there is a well-funded infrastructure to support his.¹⁴ NHS staff generally understand the expectation to use evidence and participate in research, and many are highly motivated by involvement in research. There is also evidence to suggest that patient outcomes are better in NHS organisations where more research is carried out – the mechanism for this is unclear, but it may be to do with a more motivated and engaged workforce, more careful follow up of patients, or more rapid adoption of new evidence-based practice, for example. ¹⁵

This four month project aims to understand how to develop a system that will support Kent upper tier and unitary authorities i.e. Kent County Council (KCC) and Medway Council, to use health evidence more effectively across the range of public health functions, and to develop, in collaboration with university researchers, good quality applications for research funding. In the long run, it is hoped that building the capacity to use, contribute to and lead research will embed research more firmly in local authority culture, and ultimately contribute to more evidence-based decision-making relating to health in local government. We recognise that the barriers to embedding a research culture are likely to be organisation-wide, rather than in public health departments; public health as a discipline is firmly evidence-orientated.

KCC serves more than 1.5 million people living in a largely rural area of about 1,400 square miles, with several large towns and many deprived coastal communities. There are 12 districts; for 8 of these, the proportion of lower layer super output areas within the 10% most deprived in England is <5%, but this figure is over 30% for the districts of Thanet and Swale. Medway Council serves a smaller area with about 280,000 people living in the Medway conurbation and surrounding rural area; 27% lower layer super output areas are within the 10% most deprived in England. England.

Funding for this study arose from the National Institute for Health Research's (NIHR) observation that it has received few high-quality applications to the Public Health Research Funding Stream. Of these, very few were developed in collaboration with local authority public health departments. NIHR is therefore funding a series of projects across the country, of which this is one, to understand the reasons for this and support public health networks to find local solutions.

Plan of investigation

This study will be carried out in 4 months from August 2020. NIHR requires us to report by 14th December 2020.

We will use Yin's case study methods as a methodological framework.¹⁷ This facilitates the analysis of both quantitative and qualitative data to investigate a complex decision-making process.

The project's objectives are to understand:

- What is current research activity in the local authorities?
- What are perceptions, values, beliefs and attitudes in relation to developing research capacity among local authority staff and elected members?
- What is the understanding of resources available to support research among local authority staff and elected members?
- What should be put in place to develop a system to support research to improve health in collaboration with the local authority?

Summary of methods

After setting up a public engagement mechanism, we will carry out interviews with key informants including officers and elected members from both councils. We will also examine relevant meeting agendas and minutes, and where possible observe relevant meetings. We will then bring together council representatives, academics and other stakeholders (including members of the public) in a workshop to develop a logic model and plan for the structure and function of a research system and what is needed to implement it. The recruitment document is included in Appendix I.

Public engagement mechanism

This group will include 3-5 members. Amanda Bates, who will lead on public and community involvement, engagement and participation (PCIEP), will send information about the study and a description of the role and tasks expected to members of an established PCIEP group based at CHSS—the Opening Doors to Research Group. If they wish to participate, they will be asked to contact Amanda.

We will expand the invitation to participate in the group to include individuals recruited through the local authorities. We will seek advice about whom to contact from our collaborators at the councils. We will provide our collaborators with information about the study and description of the role, as for the Opening Doors to Research Group. We will ask them to send this information to potential participants and if they indicate they wish to participate, we will ask them to contact Amanda Bates.

Observations and document analysis of relevant council meetings

We will discuss with our council collaborators which meetings (e.g. Health and Wellbeing Board, relevant committee meetings) would be useful in terms of examining relevant documentation (going back 3 years) and observations. The purpose will be to observe how research informs development of policy, planning and commissioning of services. It is likely that these meetings are statutorily public, but nevertheless we recognise that we will need to follow procedures to ensure that participants are aware they are to be observed by researchers and to ensure that their confidential information is protected in reports. Permission will be sought from relevant senior staff in the LA for a researcher to be present. We will ask that all meeting attendees be notified prior to the meeting (i.e. when the Agenda is circulated) that a researcher will be present. We will provide the LA with ground rules for our attendance to make clear we will not record or publicly report names or specific job roles. We will not attribute quotes to a specific person/job but instead use generic terms to identify people – for example, 'elected member' or 'council officer'. In addition we will not include the dates or name of meetings to add a further layer of protection.

Interviews

Participants

12 individuals across both LAs from these groups:

• public health consultants/specialists

- officers across other LA functions (e.g. education, highways and travel, strategic planning, social care)
- elected members with an interest in public health (those on the joint Health and Wellbeing Board)

The sample size has been based on the idea of achieving a maximum variation sample ¹⁸ and the practicalities of this very short term project.

Recruitment

We will consult with our LA public health collaborators to identify appropriate participants to invite to take part in interviews. Suitable individuals to be invited for interview will initially be approached by our named collaborators in each LA, who will provide brief details of the study and ask for volunteers to express an interest and grant permission to share their email contact details with the CHSS research team. If this permission is given, we will send the individuals information sheets (Appendix). 2-5 days later we will recontact the individuals and arrange an interview time.

Instrument

Participants will participate in a semi-structured telephone interview using the attached interview guide (Appendix A). The content of the interview guides was guided by our research questions and by relevant published literature, for example, the ORACLe measure developed to capture an organisation's capacity to engage in evidence-informed health policy, ¹⁹ with input from the PCIEP Group.

Data collection

Semi-structured telephone interviews will last about 30-60 minutes and will be carried out by an experienced qualitative researcher. The interviews will be recorded, with consent. Consent to take part will also be recorded before any data collection starts. Interviews will be transcribed verbatim.

Payment for participation

Public members of the group will be paid £25 per hour for attending meetings or commenting on documents. They will be paid £75 for attending the consensus workshop. This is in line with NHS guidelines on payments for members of the public who advise on research.

Analysis

Transcribed interview data and notes of meeting observations and documents will be analysed in NVivo software using a framework analysis approach.²⁰ This involves five key stages: familiarization; identifying a thematic framework; indexing; charting; mapping and interpretation. The Framework method allows combining exploring pre-determined themes with more open and emerging categories from the data. We will involve interested members of the PCIEP group in the development of the framework and interpretation of the findings. The overall thematic framework will allow differences and commonalities between study sites (upper tier LA and unitary authority) to emerge and links the analysis to the questionnaire survey.

Consensus workshop (early November 2020)

Purpose

To agree a plan, including structure, function and resources needed for a public health research system across Kent and Medway.

Participants

We will aim to include approximately 30 participants, including officers from LAs, representatives from other statutory and voluntary sectors, and members of the public.

Setting and duration

The workshop will be carried out in large council rooms, socially distanced, or remotely, as appropriate. It will last a maximum of three hours.

Methods

All participants will receive an information sheet before attending (appendix) and will be asked to agree to take part in an email.

We will preliminary findings of the work carried out above, develop a logic model and engage in a prioritisation exercise to inform the development of a plan, including structure, function and resources needed for a research system. The process will be guided by a nominal group technique (NGT)²¹ NGT embodies the participatory approach and empowers individuals by providing an opportunity to have their voices heard. No personal data will be collected from attendees.

There will be no remuneration for this activity, although we will pay reasonable expenses.

Key ethical considerations

The research team will seek approval from the University of Kent ethics committee. In this study ethical principles of Informed Consent, confidentiality and 'do no harm' will be strictly adhered to, as will aspects relating to data storage and transfer.

Access and consent

We will observe the following principles for all three sets of activities:

- Potential participants will be provided with information before consenting and providing any data.
- The participant will be able to withdraw at any time without giving a reason.
- Links will be provided in the information sheet if a participant wishes to contact the researchers or complain.

For the interviews

- Consent will be recorded at the beginning of interviews.
- The interview schedule has been developed not to be overly long so as not to take up too much professional time.
- Interview data will be coded and all personal identifying information will be removed to reduce the potential for identification in any written report.

Data Protection Issues

<u>Collection and processing of data (including personal data):</u> All participants in the project will only provide information that is necessary to meet the research questions. The nature of this information will be clearly provided in the information sheet along with information regarding their right to withdraw at any time and that for service users, withdrawing will not affect any current or future care.

Contact emails and telephone numbers will be collected from staff members and councillors who have agreed to take part in an interviews. Interviews will be recorded on a password protected Dictaphone.

For interviews a unique code will be assigned to each participant and will be used to label the relevant documentation and files (e.g. questionnaires, audio recordings and transcripts from interviews and case studies) to ensure anonymity. Once the unique code has been assigned to the

documents, personal information that may enable the participant to be identified will be removed from the research data.

Storage of data (including personal data): Electronic files with personal information will be password protected, and stored on the university network in folders that can only be accessed by the research team. These folders will not be transferred from the network onto personal computers. Access to the data collected during the project (including the participants' personal data) will be restricted to the research team, and data will not be shared with anyone else. This is possible by placing clear restrictions to individual access to files on the university network. Any personal data will be destroyed on completion of the project. The coded data will be stored for five years following the completion of the study, when it will be destroyed.

<u>Handling of data</u>: Any personal data will be stored in a password-protected computer folder on the university network with unique codes allocated to each participant (interview data). Personal information that may enable the participant to be identified will be removed from the interview transcripts.

Analysis and reporting of data: Responses on the interview transcripts will be anonymised before analysis and will not be linked back to the personal data. The research team will ensure that specific individuals and teams are not identifiable in written reports and that quotes cannot be traced back to the persons concerned. However, while they will not be named, there is the potential that interviewees may be identifiable to local staff working in the community and the local authority. While their data will be coded and anonymised as described, this potential risk will be fully explained to the professionals prior to obtaining consent. Care will be taken on how the data is reported, and the professionals and managers will see drafts of the report before wider dissemination.

References

- 1. Heath S. Local authorities' public health responsibilites. https://commonslibrary.parliament.uk/research-briefings/sn06844/: House of Commons Library, 2014.
- 2. Health and Social Care Act 2012. England; 2012.
- 3. Dorling H, Cook A, Ollerhead L, Westmore M. The NIHR Public Health Research Programme: responding to local authority research needs in the United Kingdom. *Health Res Policy Sys* 2015; **13**: 77.
- 4. Kelly MP, Atkins L, Littleford C, Leng G, Michie S. Evidence-based medicine meets democracy: the role of evidence-based public health guidelines in local government. *J Pub Health* 2017; **39**(4): 678-84.
- 5. Kneale D, Rojas-Garcia A, Raine R, Thomas J. The use of evidence in English local public health decision-making: a systematic scoping review. *Implement Sci* 2017; **12**(1): 53.
- 6. Kneale D, Rojas-García A, Thomas J. Obstacles and opportunities to using research evidence in local public health decision-making in England. *Health Res Policy Sys* 2019; **17**(1): 61.
- 7. Kneale D, Rojas-García A, Thomas J. Exploring the importance of evidence in local health and wellbeing strategies. *J Pub Health* 2018; **40**(suppl 1): i13-i23.
- 8. Atkins L, Kelly MP, Littleford C, Leng G, Michie S. Reversing the pipeline? Implementing public health evidence-based guidance in english local government. *Implement Sci* 2017; **12**(1): 63.
- 9. Marks L, Hunter DJ, Scalabrini S, et al. The return of public health to local government in England: changing the parameters of the public health prioritization debate? *Public Health* 2015; **129**(9): 1194-203.

- 10. McGill E, Egan M, Petticrew M, et al. Trading quality for relevance: non-health decision-makers' use of evidence on the social determinants of health. *BMJ Open* 2015; **5**(4): e007053.
- 11. Oliver KA, de Vocht F. Defining 'evidence' in public health: a survey of policymakers' uses and preferences. *Eur J Public Health* 2017; **27**(suppl_2): 112-7.
- 12. Phillips G, Green J. Working for the public health: politics, localism and epistemologies of practice. *Sociol Hlth Ill* 2015; **37**(4): 491-505.
- 13. Lorenc T, Tyner EF, Petticrew M, et al. Cultures of evidence across policy sectors: systematic review of qualitative evidence. *Eur J Pub Health* 2014; **24**(6): 1041-7.
- 14. England N. NHS ENgland Research Plan. Leeds: NHS England, 2017.
- 15. Krzyzanowska MK, Kaplan R, Sullivan R. How may clinical research improve healthcare outcomes? *Ann Oncol* 2011; **22**: vii10-vii5.
- 16. Kent County Council. The Index of Multiple Deprivation (IMD2019): Headline findings for Kent. Kent: Kent County Council, 2020.
- 17. Yin R. Case study research: Design and Methods (4th Ed.). Thousand Oaks, CA: Sage; 2009.
- 18. Benoot C, Hannes K, Bilsen J. The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory. *BMC Med Res Methodol* 2016; **16**(1): 21.
- 19. Makkar SR, Turner T, Williamson A, et al. The development of ORACLe: a measure of an organisation's capacity to engage in evidence-informed health policy. *Health Res Policy Sys* 2016; **14**(1): 4.
- 20. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol* 2013; **13**(1): 117.
- 21. Rankin NM, McGregor D, Butow PN, et al. Adapting the nominal group technique for priority setting of evidence-practice gaps in implementation science. *BMC Med Res Methodol* 2016; **16**(1): 110

Appendices

- 1. Document used to recruit members of public to Public steering group
- 2. Information sheets (3)
- 3. Consent forms (2)
- 4. Topic guide

Appendix 1



Would you like to help develop a Public Health research system to support Local Government in Kent?

Background and summary of the research:

After the Health and Social Care Act of 2012, councils took over responsibilities for public health from the NHS. This included responsibility for promoting and improving health (e.g. sexual health clinics, health visitors, promoting physical activity, and promoting good health through its other activities such as transport, urban planning and education). In the NHS, organisations that do research have better patient outcomes and research is recognised to be a key part of what the NHS does.

There are concerns that councils do not use research evidence and take part in research as much, not seeing it as part of their role, or useful. Councils may not have the research knowledge, experience and culture that is generally embedded in the NHS. There are also concerns that councils' established ways of working do not always give research evidence the recognition that perhaps it should in decision-making.

Our project aims to understand how to develop a system to support councils to use research evidence more effectively and to develop, usually in collaboration with university research departments, good quality applications for funding. We will use Kent County Council and Medway Council as study sites.

In this research we will:

- Develop a questionnaire in collaboration with members of the public and the council employees.
- Survey council employees to map out how research is used, what research has been carried out, and investigate what they know about research and their attitudes to it.
- Interview council employees and councillors to gain further insights into these issues and explore what they think might work to promote research culture.
- Carry out a workshop bringing together university researchers, council
 employees, councillors and members of the public to identify the possible
 structure and function of such a research system and a plan for
 implementation.

Based on our findings, we will design a research system to enable better use of research evidence and to facilitate more research being carried out in Kent, an estimate of resources needed to make it happen and a framework to guide other councils to do the same with their local universities. We will work with the councils to implement the findings.

In the long run we hope that this will enhance the process of council decision-making and improve outcomes for communities in Kent and Medway.

Public Advisory Group (PAG) members:

We are looking for five members of the public who can contribute to this project. We are keen to work with people who can bring an independent view from the perspective of the general public. Interested members of the public will be invited to form a group to share their views and discuss the following key aspects of the project:

- Knowledge of health and social care services provided by the council.
- Interest in council services that aim to promote and improve health are there any key elements we should be thinking about from a public perspective?
- Review of information documents for research participants e.g. information sheets, interview questions.
- Ongoing review of the project findings and progress throughout.
- Taking part in the workshop with researchers, councillors and council
 employees to discuss what the findings tell us and how we can best use them
 to plan a future research system.
- Being a member of the project steering group if interested (2 public members required).

The group will meet online 4 times during the 4 month project (between August 2020 and November 2020) and will also be invited to a consensus workshop at the end of the project (possibly face to face, guidelines permitting).

In addition to attending the meetings and the workshop, tasks may also be carried out by e-mail or on the phone/video with the project team e.g. commenting on documents. Your role in the project will be supported by Amanda Bates. Amanda works at the University of Kent and has a lot of experience of working with patients and the public in research and will also offer any training and support you need to carry out your role.

Provisional meeting schedule (each meeting is 1.5 hours and will be held online):

Proposed date	Aim for meeting

1. 24 th August 2020 (2:00- 3:30pm)	Informal introduction meeting – background to the project, initial thoughts and looking ahead.
2. September 2020	Working with researchers to develop the questionnaire and interview content and to advise researchers on how best to recruit people to take part in the research.
3. October 2020	Help researchers think about what the questionnaire and interview results mean. Discuss with researchers who needs to know about the research and the best way of doing this.
4. End October/early November 2020	Working with researchers to help shape the content of the project report and the consensus workshop.
5. November 2020	Actively participate in the Consensus Workshop and ensuring the public voice is incorporated into embedding research culture in local authorities. Consensus workshop

Your responsibilities:

- We ask that you share your views and experiences as a member of the public from your personal or professional experience of council provided healthcare services to help inform this project.
- You do not have to attend all meetings. You are free to attend one, some or all meetings or just take part by e-mail/phone.
- You will always be given adequate time to review any project documentation and given clear timeframes for any comments needed.
- There may be some documents to read to prepare for each meeting and/or additional (optional) tasks. The time involved in preparation for meetings will be 90 minutes at an absolute maximum.
- The group will be a place to share experiences and views openly. Therefore, a policy of any views expressed will be confidential and not shared outside the group.

Our responsibilities:

- The project team will provide all information needed to help you input into the study.
- We do not expect you to commit to every meeting or task and will always ensure adequate time is given for any meeting preparation or task.

 The project team will keep any views and experiences shared in strict confidence. Any meeting notes will not refer to the views of individual members.

Payment and expenses:

- As a member of the group, you will be paid £25 per hour for attending meetings or commenting on documents. You will be paid £75 for attending the consensus workshop. This is in line with NHS guidelines on payments for members of the public who advise on research.
- Reasonable standard class travel expenses will be reimbursed for attendance at the consensus workshop (the 4 project meetings will be held online). A claim form will be circulated after each meeting. Original receipts will be requested as proof of expenses.
- You will remain responsible for the payment of all relevant taxes and responsible for declaring the income to any relevant authorities as a result of input into the project.

Contact details:

If you are interested in helping us with the project, please contact Amanda who will be happy to talk everything through with you and answer any questions you may have. Please be reassured that a conversation with Amanda will not commit you to being involved if you decide it's not right for you!

Dr Amanda Bates, Patient Experience and Public Involvement Lead, Centre for Health Services Studies, University of Kent Email: a.j.bates@kent.ac.uk Tel: 01227 824406



Appendix 2: information sheets



Developing a Public Health Research System to Support Local Government in Kent

Introduction

We are a research team from the Centre for Health Services Studies, based at the University of Kent. Our study aims to understand how to develop a system to support councils to use research evidence more effectively and to develop good quality applications for funding.

We would like to invite you to take part in an informal interview so we can gain an understanding of what needs to be in place to promote the use of research evidence and greater involvement in research.

Why is this study being carried out?

There are concerns that councils do not use research evidence and take part in research as much as the NHS, not seeing it as part of their role, or useful. Councils may not have the research knowledge, experience and culture that is generally embedded in the NHS.

The study has so far involved a survey of council employees to map out how research is used, what research has been carried out, and investigate what they know about research and their attitudes to it. Next, we plan to interview council employees and councillors to gain further insights into these issues and explore what they think might work to promote research culture. We will then bring together university researchers, council employees, councillors and members of the public in a Consensus Workshop to identify the possible structure and function of the research system and a plan for implementation.

The outputs of this study would be a design for a research system to enable better use of research evidence and to facilitate more research being carried out in Kent. In the long run we hope that this will enhance the process of council decision-making and improve outcomes for the communities served.

Participant Information Sheet (Interviews)

Why have I been invited?

Because you work within a local authority function that has an impact on the wider determinants of health or you are a councillor.

Do I have to take part?

No. It is up to you whether you want to take part. If you do decide to take part, you can withdraw from the study at any point, without giving a reason. You can also withdraw your data at a later stage by contacting the Data Controller at University of Kent (<u>S.Hotham@kent.ac.uk</u>).

What are you asking me to do?

We are asking you to agree to participate in a telephone interview that should last 30-60 minutes, with a researcher from the University of Kent. In the interview you will be asked about how research is used, what research has been carried out, and investigate what you know about research and your attitudes to it. We will also explore what you think might work to promote research culture.

We will ask your permission to record this call on a password protected device. Only the researcher and her supervisor (Dr Sarah Hotham) will have access to the interview. As soon as it is transcribed the audio file will be deleted.

Who has reviewed this study?

An ethics committee at the University of Kent has reviewed the proposal and the materials being used for this study.

Will I get to know the results of the study?

You will be asked if you'd like to know the results of the study when giving consent to take part. A summary will be sent after the study has finished.

What do I do now?

If you would like to take part, please complete the Expression of Interest form. The Researcher will then be in touch via your preferred method to arrange an interview.

Who do I contact if I have questions about the study?

If you have further questions about the study, please contact the researcher at University of Kent, Sarah Hotham. Email: S.Hotham@kent.ac.uk

What are the advantages and disadvantages of part?

In the long run we hope that this study will enhance the process of council decision-making and improve outcomes for the communities served. There are no obvious disadvantages to taking part in the interview.

What happens if something goes wrong?

If you have any complaints about the conduct of this research, you should contact Professor Lindsay Forbes. Email: <u>L.Forbes@kent.ac.uk</u>

How we collect and use your personal information

Any sensitive information you give us regarding yourself or others will not be shared with anyone. The University of Kent are the data controllers for the information you provide in the interview. University of Kent will retain your information to understand who they are working with to improve the reach of their services. The legal basis for collecting and processing the sensitive personal data is on the basis of the explicit consent you have provided. We would like to reassure you that any information collected about you will be coded and strictly confidential, and we will protect your identity.

The interview data will stored on a password protected network at the university and will only ever be accessed by the research team. The interview will also be stored on a password protected Dictaphone and deleted once transcribed. Anonymised data will

be destroyed after five years. You will not be identifiable in any written reports. Your name or anything else that could make you identifiable will be removed. Anonymous information will be used for reports, publications and presentations. The results of the evaluation will be shared through national reports and via social media. You will not be identifiable in this information.

For more information on how the University of Kent uses your personal information please look at Centre for Health Services Studies (CHSS) research privacy notice. https://www.kent.ac.uk/chss/contact/privacy.html



Developing a Public Health Research System to Support Local Government in Kent

Introduction

We are a research team from the Centre for Health Services Studies, based at the University of Kent. Our study aims to understand how to develop a system to support councils to use research evidence more effectively and to develop good quality applications for funding.

The study involves a survey of council employees to map out how research is used, what research has been carried out, and investigate what they know about research and their attitudes to it. We will also interview council employees and councillors to gain further insights into these issues and explore what they think might work to promote research culture. We will then bring together university researchers, council employees, councillors and members of the public in a Consensus Workshop to identify the possible structure and function of the research system and a plan for implementation.

We would like to invite you to take part in a Public and Community Involvement, Engagement and Participation (PCIEP) Advisory Group that has been set up to contribute to this project.

Why is this study being carried out?

There are concerns that councils do not use research evidence and take part in research as much as the NHS, not seeing it as part of their role, or useful. Councils may not have the research knowledge, experience and culture that is generally embedded in the NHS.

The outputs of this study would be a design for a research system to enable better use of research evidence and to facilitate more research being carried out in Kent. In the long run we hope that this will enhance the process of council decision-making and improve outcomes for the communities served.

Participant Information Sheet (PCIEP)

Why have I been invited?

Because you are a member of the Opening Doors to Research Group at CHSS or from a Local Authority service user group.

Do I have to take part?

No. It is up to you whether you want to take part. If you do decide to take part, you can withdraw from the study at any point, without giving a reason. You can also withdraw your data at a later stage by contacting the Data Controller at University of Kent (S.Hotham@kent.ac.uk).

What are you asking me to do?

We are looking for volunteers to join the PCIEP Advisory Group to contribute to the project in the following ways:

- 1. Co-develop content of the survey and interview questions
- 2. Suggest organisations and individuals who could be approached for a key informant interview.
- 3. Contribute to analysis of qualitative data
- 4. Co-produce dissemination strategy, shaping whom the findings and recommendations should be shared with and how best to do this to ensure these reach a wide and varied audience.
- 5. Contribute to expected outputs (i.e. report and PowerPoint presentation).
- 6. Inform content of and actively participate in the Consensus Workshop.

We envisage the group meeting once a month over the course of the project. We will ask your permission to record these meetings on a password protected device. Only the research team will have access to the recordings. As soon as they are transcribed the audio file will be deleted.

Who has reviewed this study?

An ethics committee at the University of Kent has reviewed the proposal and the materials being used for this study.

Will I get to know the results of the study?

You will be asked if you'd like to know the results of the study when giving consent to take part. A summary will be sent after the study has finished.

What do I do now?

If you would like to take part, please complete the Expression of Interest form. The Researcher will then be in touch via your preferred method to arrange an interview.

Participant Information Sheet (PCIEP)

Who do I contact if I have questions about the study?

If you have further questions about the study, please contact the researcher at University of Kent, Sarah Hotham. Email: <u>S.Hotham@kent.ac.uk</u>

What are the advantages and disadvantages of part?

In the long run we hope that this study will enhance the process of council decision-making and improve outcomes for the communities served. There are no obvious disadvantages to taking part in the workshop.

What happens if something goes wrong?

If you have any complaints about the conduct of this research, you should contact Professor Lindsay Forbes. Email: <u>L.Forbes@kent.ac.uk</u>

How we collect and use your personal information

Any sensitive information you give us regarding yourself or others will not be shared with anyone. The University of Kent are the data controllers for the information you provide in the PCIEP group. University of Kent will retain your information to understand who they are working with to improve the reach of their services. The legal

basis for collecting and processing the sensitive personal data is on the basis of the explicit consent you have provided. We would like to reassure you that any information collected about you will be coded and strictly confidential, and we will protect your identity.

The meetings data will stored on a password protected network at the university and will only ever be accessed by the research team. The recordings will also be stored on a password protected Dictaphone and deleted once transcribed. Anonymised data will be destroyed after five years. You will not be identifiable in any written reports. Your name or anything else that could make you identifiable will be removed. Anonymous information will be used for reports, publications and presentations. The results of the study will be shared through national reports and via social media. You will not be identifiable in this information.

For more information on how the University of Kent uses your personal information please look at Centre for Health Services Studies (CHSS) research privacy notice. https://www.kent.ac.uk/chss/contact/privacy.html



Developing a Public Health Research System to Support Local Government in Kent

Introduction

We are a research team from the Centre for Health Services Studies, based at the University of Kent. Our study aims to understand how to develop a system to support councils to use research evidence more effectively and to develop good quality applications for funding.

The study has so far involved a survey of council employees to map out how research is used, what research has been carried out, and investigate what they know about research and their attitudes to it. We then interviewed council employees and councillors to gain further insights into these issues and explore what they think might work to promote research culture.

We would like to invite you to take part in a Consensus Workshop bringing together university researchers, council employees, councillors and members of the public to identify the possible structure and function of such a research system and a plan for implementation.

Why is this study being carried out?

There are concerns that councils do not use research evidence and take part in research as much as the NHS, not seeing it as part of their role, or useful. Councils may not have the research knowledge, experience and culture that is generally embedded in the NHS.

The outputs of this study would be a design for a research system to enable better use of research evidence and to facilitate more research being carried out in Kent. In the long run we hope that this will enhance the process of council decision-making and improve outcomes for the communities served.

Why have I been invited?

Because we need to bring together university researchers, council employees, councillors and members of the public to help to develop a public health research system.

Do I have to take part?

Participant Information Sheet (Consensus workshop)

No. It is up to you whether you want to take part. If you do decide to take part, you can withdraw from the study at any point, without giving a reason. You can also withdraw your data at a later stage by contacting the Data Controller at University of Kent (S.Hotham@kent.ac.uk).

What are you asking me to do?

We are asking you to agree to participate in a Consensus Workshop. The purpose of the workshop is to present preliminary findings of the work carried out so far, develop a logic model (a visual diagram that illustrates how the research and evidence can inform public health programmes, practice and policy activities in Kent), and engage in a prioritisation exercise to inform the development of a plan, including structure, model and engage in a prioritisation exercise to inform the development of a plan, including structure, function and resources needed for a research system.

We will ask your permission to record this workshop on a password protected device. Only the researcher and her supervisor (Dr Sarah Hotham) will have access to the recording. As soon as it is transcribed the audio file will be deleted.

Who has reviewed this study?

An ethics committee at the University of Kent has reviewed the proposal and the materials being used for this study.

Will I get to know the results of the study?

You will be asked if you'd like to know the results of the study when giving consent to take part. A summary will be sent after the study has finished.

What do I do now?

If you would like to take part, please complete the Expression of Interest form. The Researcher will then be in touch via your preferred method to arrange an interview.

Who do I contact if I have questions about the study?

If you have further questions about the study, please contact the researcher at University of Kent, Sarah Hotham. Email: S.Hotham@kent.ac.uk

What are the advantages and disadvantages of part?

In the long run we hope that this study will enhance the process of council decision-making and improve outcomes for the communities served. There are no obvious disadvantages to taking part in the workshop.

What happens if something goes wrong?

If you have any complaints about the conduct of this research, you should contact Professor Lindsay Forbes. Email: <u>L.Forbes@kent.ac.uk</u>

How we collect and use your personal information

Any sensitive information you give us regarding yourself or others will not be shared with anyone. The University of Kent are the data controllers for the information you provide in the interview. University of Kent will retain your information to understand who they are working with to improve the reach of their services. The legal basis for collecting and processing the sensitive personal data is on the basis of the explicit consent you have provided. We would like to reassure you that any information collected about you will be coded and strictly confidential, and we will protect your identity.

The workshop data will stored on a password protected network at the university and will only ever be accessed by the research team. The interview will also be stored on a password protected Dictaphone and deleted once transcribed. Anonymised data will be destroyed after five years. You will not be identifiable in any written reports. Your

name or anything else that could make you identifiable will be removed. Anonymous information will be used for reports, publications and presentations. The results of the evaluation will be shared through national reports and via social media. You will not be identifiable in this information.

For more information on how the University of Kent uses your personal information please look at Centre for Health Services Studies (CHSS) research privacy notice. https://www.kent.ac.uk/chss/contact/privacy.html



Centre for Health Services Studies

Developing a Public Health Research System to Support Local Government in Kent

CONSENT FORM (interview)

Please read the statements below and **initial each box** if you agree.

Initial

I confirm that I have read and understood the information sheet for the above study.	
I have had the opportunity to consider the information and have had any questions answered satisfactorily.	
I understand that my participation is voluntary and that if I do take part, I am free to withdraw at any time.	
I don't have to give a reason and this will not affect my legal rights or access to any service.	
I understand that I do not have to answer anything which I do not want to answer.	
I understand that my data will be pseudo-anonymised (where any	
personal identifiable data is replaced by artificial identifiers, for example	
a reference number instead of a participants name) and stored on a	
password-encrypted computer network at the University of Kent for 5	
years (at which point it will be destroyed). All email addresses and contact	
telephone numbers of participants will be deleted immediately after the	
data collection takes place or after summary results sent out and will not	
be stored for 5 years.	
I agree to take part in the above study.	

			Yes	No
I understand that my intervie the use of anonymous quotes		permission for		
I would like to be sent a sumr	mary of results once the stud	dy has finished.		
(Participant Name)	(Signature)	(Date)		
(Researcher Name)	(Signature)	(Date)	-	
Participant ID				



Centre for Health Services Studies

Developing a Public Health Research System to Support Local Government in Kent

CONSENT FORM (workshop)

Please read the statements below and **initial each box** if you agree.

Initial

I confirm that I have read and understood the information sheet for the above study.	
I have had the opportunity to consider the information and have had any questions answered satisfactorily.	
·	
I understand that my participation is voluntary and that if I do take part, I am free to withdraw at any time.	
I don't have to give a reason and this will not affect my legal rights or access to any service.	
arry service.	
I understand that I do not have to answer anything which I do not want to answer.	
to answer.	
I understand that my data will be pseudo-anonymised (where any	
personal identifiable data is replaced by artificial identifiers, for example	
a reference number instead of a participants name) and stored on a	
password-encrypted computer network at the University of Kent for 5	
years (at which point it will be destroyed). All email addresses and contact	
telephone numbers of participants will be deleted immediately after the	

be stored for 5 years.				
I agree to take part in the	above study.			
			Yes	No
I understand that the mee permission for the use of	ting/workshop will be recordo anonymous quotes.	ed and give		
I would like to be sent a su	ummary of results once the st	udy has finished.		
(Doutining at Nama)	(Signatura)			
(Participant Name)	(Signature)	(Date)		
(Researcher Name)	(Signature)	(Date)	-	

Appendix 4 Topic Guide

Confirm consent form has been correctly completed by participant and researcher.

- Thank you for taking part.
- The interview should last around 30 minutes.
- My name is [...], I'm a [job title] at the University of Kent.
- The purpose of this interview is to explore your thoughts about how research informs policy-making and service design in Local Authorities
- Please don't answer anything that you don't want to answer. Remember that you are free to withdraw at any point, without giving a reason.
- There are no right or wrong answers. We are interested in finding out your thoughts, feelings and experiences.
- Whilst I have a set of questions, I want you to feel free to direct the conversation to other areas if you feel they are relevant
- Our conversation is confidential and your interview answers will be anonymised.
- Do I still have your permission to record us? It is for analysis purposes, only.

De	escription/questions	Note to interviewer	Approx. time (mins)
a)	 1. General Background Could you tell me a bit about your job and what you do? Probe: What Local Authority (i.e. Medway or KCC) do you work in? What department? What is your role? How long have you worked in this role (and in LA)? What are you key responsibilities and activities? 		5 mins
	2. Current research and evaluation activity in the LAa. Are you aware of your organisational research strategy and values?	Probe to understand if they are	

b. What does evidence based practice mean to you? Can you provide about about a ware of? Do	
a) What current research relevant to public health are you aware of Do I research or	
a) with at current research relevant to public health are you aware of tho presearch of presearch of	
you have one example from your own experience? evaluation –	
Probe: if needed,	
 Conducted internally by LA or external partner organisation 	
commissioned to conduct? describe	
 What formal, contractual relationships with external research the 	
organisations are you aware of? differences	
 What informal, collaborative relationships with external beforehand 	
research organisations are you aware of?	
3. Documented processes to encourage use of research	
a) In your organisation what guidelines on the use of research relevant to	
public health have been developed?	
b) Do these processes encourage or require staff to use research in:	
o policy development	
o design of services/progammes/interventions (i.e. influence on	
service level agreements)	
o commissioning of services	
 design of monitoring and evaluation frameworks 	
4. Tools and programmes to actively support use of research in	
developing public health policy and programmes	
a) What resources are available for employees to improve their	
confidence or expertise for use of research relevant to public health (i.e.	
policy-making, service design, commissioning)?	
Probe:	
Training/learning opportunities for professional development	
Training/learning opportunities for professional development	
 Training/learning opportunities for professional development on research skills? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? Probe: 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? Probe: Formal/informal partnerships with academics? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? Probe: Formal/informal partnerships with academics? Regular interactions with researchers? 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? Probe: Formal/informal partnerships with academics? Regular interactions with researchers? Formal invitations to researchers to join meetings, advisory groups, expert on committees? Formal invitations to LA staff to attend academic events (e.g. 	
 Training/learning opportunities for professional development on research skills? How to access and apply for research funding? Access to journals/referencing software/subject-specific librarians? Journal clubs, seminars Mentorship What mechanisms are in place that help strengthen staff relationships with academics/universities? Probe: Formal/informal partnerships with academics? Regular interactions with researchers? Formal invitations to researchers to join meetings, advisory groups, expert on committees? 	

also as a) What do you know about local and national infrastructures to support development and implementation of public health research? Probe: NIHR: PHR funding stream/ PHINDER/PHRIST MRC: PHIND CRN, RDS, ARC b) What role do you see for universities in supporting research relevant to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example? If no, why do think this is? What is preventing this from routinely
development and implementation of public health research? Probe: NIHR: PHR funding stream/ PHINDER/PHRIST MRC: PHIND CRN, RDS, ARC b) What role do you see for universities in supporting research relevant to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
 NIHR: PHR funding stream/ PHINDER/PHRIST MRC: PHIND CRN, RDS, ARC What role do you see for universities in supporting research relevant to public health? How should the public be involved in setting research priorities in their LA? Probe:
 MRC: PHIND CRN, RDS, ARC b) What role do you see for universities in supporting research relevant to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe:
 CRN, RDS, ARC b) What role do you see for universities in supporting research relevant to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
b) What role do you see for universities in supporting research relevant to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
to public health? c) How should the public be involved in setting research priorities in their LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
LA? Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
Probe: Service user groups? Established PPIE groups (i.e. Engaging Kent) 6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
 Service user groups? Established PPIE groups (i.e. Engaging Kent) Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: If yes, can you provide an example?
 Established PPIE groups (i.e. Engaging Kent) Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe:
6. Methods to allow adequate, evidence-based evaluations of the organisations policies and programmes a) Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: Olif yes, can you provide an example?
organisations policies and programmes a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: o If yes, can you provide an example?
a)Does your organisation encourage or require that evaluation be built into policy development and programme design? Probe: Olif yes, can you provide an example?
policy development and programme design? Probe:
Probe: o If yes, can you provide an example?
o If yes, can you provide an example?
happening?
b) Are these evaluation methods based on research?
If we can we have ide on a second 2
 If yes, can you provide an example? If no, why do think this is? What is preventing this from routinely
happening?
inappeg.
7. Perceptions, values, beliefs and attitudes in relation to
developing research capacity
a) To what extent would you describe your LA as a research/evidence
informed organisation? Probe:
Researcher to provide example if needed
b) To what extent is the development of research skills incorporated in to
staff performance appraisals/promotions? How is this enabled?
c) To what extent do leaders of your organisation refer to research in
their internal communication (e.g. newsletters, bulletins, updates,
tweets, etc.)?
d) What are the key challenges to research that the organisation faces?

9. Any additional thoughts or questions?

#