fuse The Centre for Translational Research in Public Health

Welcome

Fuse Research Programme Meeting

Developing Local Authority Research Systems in the North East and North Cumbria: learning from 3 successful NIHR projects and working across research infrastructures

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NIHR | Applied Research Collaboration North East and North Cumbria

NIHR | Clinical Research Network North East and North Cumbria

NIHR | Research Design Service North East and North Cumbria

Programme

10:00	**Welcome and introductions** **Prof Ashley Adamson, Fuse Director, Newcastle University**
10:05	**Prof Brian Ferguson, Director of the Public Health Research Programme, NIHR** *Developing a public health research system to support local government*
10:20	**Dr Jo Gray, Associate Professor, Northumbria University & practice partner** *Research-informed decision-making: learning from each other to develop research capacity and activity within South Tyneside Council whilst harnessing the benefits of a wider regional research support infrastructure*
10:30	**Clare Humble, former Insights Manager, Newcastle City Council & academic partner** *Designing and implementing a research infrastructure in Newcastle City Council to maximise the effectiveness and efficiency of local decision making and enable active participation in the NIHR Applied Research Collaboration (ARC) North East and North Cumbria (NENC)*
10:40	**Prof Dorothy Newbury Birch, Professor of Alcohol and Public Health Research, Teesside University & Scott Lloyd, Advanced Public Health Practitioner, Public Health South Tees** *How to develop an existing Memorandum of Understanding between Public Health South Tees and Teesside University into a research ecosystem for Middlesbrough Council and Redcar & Cleveland Borough Council*
10:50	**Prof Caroline Wroe, Clinical Director, NIHR Clinical Research Network (CRN) North East and North Cumbria (NENC)** *How can the CRN support my research?*
11:00	**Break**
11:10	**Panel discussion** *How can we support research systems in local authorities across research infrastructures?* • Dr Sarah Sowden, Public Health Speciality Group Lead, CRN NENC • Prof Eileen Kaner, Director ARC NENC • Prof Ashley Adamson, Fuse Director • Tom Hall, Director of Public Health, South Tyneside Council
11:55	**Next steps**

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Rules of engagement

- Ensure your microphone is **muted** and remains so unless invited to speak
- Please **stop your own video** to help with streaming quality - but please feel free to start it during the discussion/breakouts
- During the presentation and the Q&A, **type your questions in the chat box** - the Chair will manage and put the questions to our speakers
- Professional conduct is expected
- If you feel that someone is behaving inappropriately or is a cause for concern, **message one of the hosts or co-hosts**

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What is Fuse?

- Centre of Excellence in Public Health Research
- A virtual centre, operating across the 5 NE universities
- USP - Translational Research in Public Health
- Working in partnership with policy makers and practitioners, enabling research findings to be understood and applied to public health issues
- Founding member of the NIHR School for Public Health Research

Durham University · Newcastle University · Northumbria University NEWCASTLE · Teesside University · University of Sunderland

www.fuse.ac.uk

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Developing a public health research system to support local government

Prof Brian Ferguson, Director of the Public Health Research Programme, NIHR

NIHR SOUTH TYNESIDE LOCAL AUTHORITY REPORT

Learning from each other to develop research capacity and activity within South Tyneside Council whilst harnessing the benefits of a wider regional research support infrastructure

Newcastle University

Northumbria University NEWCASTLE

Inspire South Tyneside
Working together to improve communities

South Tyneside Council

FUNDED BY NIHR | National Institute for Health Research

NHS North of England Commissioning Support Unit

OUR AIMS

The aims of this study were to co-create a research capacity toolkit to enhance the research infrastructure within South Tyneside Council and existing regional research collaborations, to ensure decisions are research informed and made in such a way to maximise effectiveness, efficiency and equity.

OUR OBJECTIVES

The objectives of this project were to:

- conduct a research needs assessment to explore the research needs and capacity of South Tyneside Council (STC)
- explore how STC interacts and collaborates as an active member of existing research infrastructures both regionally and national
- synthesise findings and co-create a research capacity framework, building on existing platforms and gaps in the organisation related to research
- produce a research capacity toolkit and incorporating a framework and a “a road map for research” to aid utilisation of research

HOW WE DID IT

We collected information in the engagement with and utilisation of research by STC employees:

- Quantitative

  - An online survey of all STC staff (n=124)

- Qualitive

  - A focus groups with employees who had responded to the survey (n=20)

- Consensus Development Workshop

  - A workshop was established to form consensus amongst the study research team and steering group members, on issues to be included in the research capacity toolkit

HOW WE DID IT - SURVEY

- An online survey was emailed to all 2,881 STC employees with a response rate of 4.30%
- The survey had two main purposes:
  - 9 questions identifying details of their employment
  - 6 questions measuring employees use and knowledge of research and their confidence in using research
- Details of employment was captured using closed ended categories
- Use, knowledge of and confidence in using research was captured using a series of Likert scales

HOW WE DID IT – FOCUS GROUP

- Employees who responded to the survey were invited to take part in one of six focus groups
- These focus groups were used to gain a deeper understanding of employees' experiences and perspectives in relation to engagement and use of research within their role
- The main topics were explored :
  - Definitions, use and value of research within their role
  - Barriers to how research is being used within their role
  - Opportunities for changes and improvements towards research capacity

WHAT WE FOUND - SURVEY

- Enthusiasm and confidence for engaging with research activities and using research methods was high. Holding a post-graduate degree was a significant predictor of confidence
- Participants felt the biggest barrier was lack of time
- Participants felt that they would be unlikely to engage in any research training in the next twelve months
- Senior managers and managers and were more likely to engage with research activities and methods in their roles

WHAT WE FOUND – FOCUS GROUPS

- Confidence and enthusiasm was high in relation to engagement with research activities and use of research methods
- Definitions and understandings of research were vague and deviated away from academic and NIHR norms with competency and capacity lacking in relation to these
- Barriers included lack of time, access to funding, the need for upskilling and training, communication and organisational research culture within STC and the wider external research community
- The use of secondary research using non-systematic search methods were more likely to be utilised relative to primary research which in the main, was limited to satisfaction surveys

DISCUSSION & RECOMMENDATIONS

- Based on the findings we proposed a research capacity toolkit
- External funding to support a research infra structure within STC
- Increased communication and links with external organisations and research partners (e.g. NIHR RDS, academic institutions)
- Development and adoption of a comprehensive research strategy within STC
- Implementation of a research infrastructure within STC including a hub and/or department dedicated to research including appropriate leadership and resources
- Needs assessment and upskilling within STC likely to include applied research methods for employees
- Action from research funding bodies to recognise local government research agendas and needs

EXPECTED OUTCOMES AND IMPACTS

- Evidenced Based or informed decision making
- Improvements in service effectiveness and outcomes
- Efficiency gains with potential for financial savings
- Extended partnerships and research collaborations

DESIGNING AND IMPLEMENTING A RESEARCH INFRASTRUCTURE IN NEWCASTLE CITY COUNCIL TO MAXIMISE THE EFFECTIVENESS AND EFFICIENCY OF LOCAL DECISION MAKING

CLARE HUMBLE

C.HUMBLE2@NEWCASTLE.AC.UK

NIHR SCHOOL FOR SOCIAL CARE RESEARCH FELLOW

FORMER INSIGHTS MANAGER, NEWCASTLE CITY COUNCIL

BACKGROUND

- Wide range of people generating and using data and evidence, both in analytical/research roles and wider
- Invested in internal research and analytical capacity
- Proactively work with Directors and senior offices to support the use of evidence (in its broadest sense) in decision making
- Challenges in balancing research activity and statutory requirements, accessing published research, accessing research funding

RESEARCH AIMS

- Explore the existing research and analytical expertise across Newcastle City Council (NCC) in both dedicated research/analytical roles and others. What skills exist, where are the gaps and how is the resulting research/analysis being used.
- Explore how NCC could engage actively with research organisations and groups, as both a research active and host organisation as well as a commissioner of research.
- Using this understanding to develop an infrastructure within NCC to ensure that high quality research is produced and applied. To include, how local authorities and academic institutions can meaningfully cocreate research in the city and how can we do it in a way that is joined up across the council and not working in silos.

WORK PACKAGES

Work Package 1:
Scoping Activities within Newcastle City Council

Work Package 2:
Identification and mapping of existing relationships with academic institutions

Work Package 3:
Development of a research infrastructure proposal for Newcastle City Council

FINDINGS

- **Existing capacity and expertise exists** within Newcastle City Council in dedicated and wider roles however more could be done to raise the profile of these skills
- A **research culture exists** in pockets across within Newcastle City Council but this is driven by specific individuals and relies on their individual enterprise rather than an organisational ethos
- There is no formal **strategic vision for research** which limits the progress being made to drive forward the research agenda
- **Relationships** were key to establishing research partnerships and creating producing research that is actionable
- **A lack of a research Infrastructure is a** barrier to progression, both to council staff being able to engage with research effectively, but also to would-be collaborators, for whom there is no clear avenue for engaging with the council about research.
- **Funding for research** is focussed on academic standards which often can't be met within local government
- Examples of **good practice** are already in place and should be developed further

PROPOSED INFRASTRUCTURE

- Clear need for a formal structure to:
  - Raise the profile of research within Newcastle City Council
  - Support emerging research culture
  - Capitalise on existing research capabilities withing the organisation
  - Facilitate collaboration with external partnerships

- A proposed structure was presented to NCC which strengthens the relationship between research, policy and service transformation.

QUESTIONS?

How to develop an existing Memorandum of Understanding between Public Health South Tees and Teesside University into a research system for Middlesbrough Council and Redcar and Cleveland Borough Council into a Research Ecosystem

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Authors

Professor Dorothy Newbury-Birch[1], Scott Lloyd[1,2], Dr Andrew Divers[1], Dr Natalie Connor[1], Dr Tracey Crosbie[1], Dr Diane Simpson[3], Professor Tim Townshend[4], Dr Peter Van der Graaf[1], Professor Vida Zohoori[1]

[1]Teesside University
[1]Public Health South Tees
[1] University of Sunderland
[1]Newcastle University

Corresponding author: d.newbury-birch@tees.ac.uk

Funded by NIHR 131912

Middlesbrough moving forward

this is Redcar & Cleveland

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Context

- The health of people in Middlesbrough and Redcar & Cleveland (MCRCBC) is generally worse than England averages

- MCRCBC serve a population that faces significant social and economic issues which contribute to inequalities. Systemic problems lay at the heart of these inequalities and need a long-term systemic response to support communities and populations to value their health and wellbeing. Further, the region has been hit hard by the COVID pandemic.

- As a civic university, it is important for Teesside University (TU) to work with local partners in the area. A Memorandum of Understanding (MOU) was signed in May 2019 between TU and MCRCBC to develop shared work around teaching, business and enterprise and research in the public health field. To date this work has focused on collaborations with Public Health South Tees (PHST – the shared function of the two LAs).

The MOU

- To date the MOU has focused on collaborations with Public Health South Tees (PHST – the shared function of the two LAs).

- This proposed project aimed to use the learning from the work to date to develop links in other departments at both TU and MCRCBC and to make recommendations for the future work of the MOU.

Aims and objectives of project

The aim of the work was to explore how the existing MOU between PHST at MCRCBC and TU can be developed further to include other departments to develop a research system that will enable the authorities to become more research active in public health and other areas and included six objectives:

OBJECTIVE 1: To examine how the current MOU is being operationalised with PHST and TU.

OBJECTIVE 2: To examine how the existing MOU can be extended to include all departments at MCRCBC by surveying all Heads of Service (HOS), demographically elected Councillors and relevant stakeholders, such as Senior Managers at the Clinical Commissioning Groups (CCGs) and senior clinical staff from South Tees Hospitals NHS Foundation Trust and VCS organisations.

OBJECTIVE 3: To investigate more fully key research priorities, capacity issues, commissioning, research needs and barriers and facilitators with three departments at MCRCBC.

OBJECTIVE 4: To ascertain key research priorities, capacity issues, commissioning, research needs and barriers and facilitators from the TU perspective.

OBJECTIVE 5: To work with members of the public and the voluntary sector to make recommendations to develop a Patient/participant information (PPI) group to be involved in future research.

OBJECTIVE 6: To make recommendations for developing the existing MOU to include strategies related to capacity issues, key research priorities and bidding activity.

What we did

- A survey with Heads of Service at the LA, local councilors and voluntary organisations
- Four sessions with members of the community
- Interviews/focus groups:

Objective/Group		Participants		
		Male	Female	Total
1 – MOU group	1 Focus Group	6	5	11
3A – Children's Social Care	2 Focus Groups	0	19	19
3B - Planning	1 Focus Group	3	2	5
3C - Regeneration	2 Focus Groups	7	5	12
4A – University leaders	Interviews	3	2	5
4B – Researchers	Focus Group	0	7	7
Total		19	40	59

Methods – qualitative work

- Data was subjected to framework analysis
- The likelihood of embedding new ways of working was informed by Normalization Process Theory (NPT).
- This model considers factors that affect implementation in four key areas; how people make sense of a new practice (coherence); the willingness of people to sign-up and commit to the new practice (cognitive participation); their ability to take on the work required of the practice (collective action); and activity undertaken to monitor and review the practice (reflexive monitoring).

What we found

Qualitative coding of research aims

MAIN THEME 1: AIMS OF MOU	
	NPT CODE
SUB-THEME 1A: Relationship building	Coherence
SUB-THEME 1B: Making co-production research easier	Coherence
SUB-THEME 1C: LA staff being involved in research	Coherence
SUB-THEME: Building confidence of academics/researchers	Coherence
SUB-THEME 1E: Importance of MOU	Coherence
MAIN THEME 2: FACILITATORS	
SUB-THEME 2A: Appoint leads/contact people	Collective action
SUB-THEME 2B: Internal and external communication	Collective action
SUB-THEME 2C: Training opportunities for LA staff	Collective action
SUB-THEME 2D: Follow up post projects	Reflexive Monitoring
MAIN THEME 3: CHALLENGES	
SUB-THEME 3A: Cross departmental work	Cognitive Participation
SUB-THEME 3B: Staff turn-over/organisational	Cognitive Participation
SUB-THEME 3C: Restrictions/formality	Cognitive Participation

What we found

"Being involved (in co-production research) would give officers more ownership of the research to be able to develop it specifically for our own needs and to guide how it develops" (Group 3B).

"It's really important…. That we ensure that we bring in stakeholders, local authorities, private sector partners, really early doors, to embed them and understand their needs and requirements are and make sure that actually, we are genuinely co-creating a lot of our research" (Group 4A)

"It's not just research informing practice, but also practice informing research to make it relevant in practice. [..] practitioners will learn from researchers and researchers too will learn from practitioners" (Group 4B).

"I think the important part (of a MOU) is really how to bring the University into tackling real issues that matter to the people of Teesside, given that we are a civic university" (Group 4A)

What we found - survey

- In total 25 individuals responded to the survey from HOS (*n=9; 4 male*) CCGs/VCS organisations (*n=5; 1 male*) and Ward Councillors (*n=11; 5 male*).

What is needed

What we found – research priorities of respondents

HOS	CCG/VCS	Ward Councillors	Children's Services/LA	Planning/LA	Regeneration/LA
GROUP 2	GROUP 2	GROUP 2	GROUP 3A	GROUP 3B	GROUP 3C
Behaviours during COVID restrictions	Trauma and substance use and therapy	Why do we make so little progress in improving the health and wellbeing of our residents?	How do we measure success in Children's Social Care?	Understanding the needs of local people	The impact of capital growth investment on local communities
How effective is a Practice Model at improving and shaping service delivery?	Understanding how to work in complexity	Understanding the needs of constituents	How do we maximise the voice of the child in what we do?	Addressing local health inequalities	Unemployment growth
What works when supporting adolescents who are neglected?	The impact of social prescribing	The impact of private landlords on the area	How can we use public health information (e.g. through school health nurse) to inform social work practice?	Balancing economic growth, health and deprivation	The role of wellbeing, mindfulness and mental health in regen
How effective is the use of Care Orders at home to ensure permanency for the child?	What makes a good collaboration?	Economic regeneration of the town (using other town models)	Contextual Safeguarding	The impact of health on economic development	Dementia accessibility in buildings
What factors affect the stability of long-term placements with family/friends?	The impact of person-centred support on people with complex needs	Transport issues	The impact of unregistered provision for children on the edges of care	Deprivation and Hot Food takeaways	Localised information on air quality
What are the risk factors for children of parents who are in drug treatment?	Impact of COVID and in particular with faith and BAME communities and organisations	Green spaces and the use of alleys as potential shared community spaces	The use of care orders in the home		Health and welfare benefits of external spaces
Financial and economic analyses	Impact of youth work		Domestic violence/domestic abuse and adolescent to parent violence		
Need long term data and trends on different areas			Teenage pregnancy		

What we did – community group

- The community group met four times during the project, with each session lasting around an hour.
- Sessions involved between 10-15 participants.
- Sessions were recorded and then transcribed, and in addition responses were gathered via a secure online ‘forum’ (padlet), the link to which was only shared with those who had attended the particular session to which it pertained.

What we found – community group

Why were you interested in taking part in this group?
"To develop understanding and knowledge. Also share thoughts, ideas and opinions to help drive or influence change".
"I want to see how working with local community groups and leaders within the community to influence others. My agenda is to get people more active"
"I'm interested in facilitating health behaviour change in a bottom-up way, rather than dictating to people what they should be doing (which may not be realistic)."
"To develop research that will hopefully make a difference".
What community-led groups are you aware of? Do they generate or use research to aid their work?
I work for two national charities that provide training (debt issues) for Citizens Advice, Local Authorities, housing associations and independent advice agencies. Research is integral to the work in identifying current trends and training issues"
"I am aware of a number of community led groups but I'm not sure if they use or generate research. The group I represent is trying to use evidence for the types of support we would like to deliver, to ensure a greater chance of success by learning from others".
Where do you see research as fitting into helping your community?
"Listening to the voice of the people who live in the community is the strongest indicator of the issues. Without research you cannot know what the community priorities are and how things can improve. Also, being involved with research and then being informed of the outcomes and action plans can raise a sense of belonging and value".
"I believe that an understanding of evidence in relation to your goals is important both for success and to identify any new knowledge that might be developed".
What expertise do you feel you could bring to a community research group?
"I've seen the impact from a personal and professional perspective. I've seen the impact it could make and whilst I don't profess to be an expert, do have some understanding".
"Research experience and a willingness to challenge"
When you were setting up this community research group, who would you recruit?
"A cross section of people, from all walks of life who can bring different experience and views.
"Who is on the group is less important than who is directing/overseeing its work. If local people are influencing what is being researched there is more chance of obtaining trust and buy-in. Ensuring all voices are heard should be a key principle, this will require a range of approaches to match people's preferred means of communicating."
"I would recommend an Asset Based approach to seek to ensure lived experience is valued"
"Recruit local influencers? Those that speak to others and can come with more than their own views"

Recommendations – community group

- The research group must be representative of the population, in terms of age, ethnicity, gender etc., and the privacy of members must be ensured.
- There must be a clear statement/justification for why research is needed. This could be Terms of Reference or a 'Mission Statement'.
- Integrity must be at the heart of any research that the group participates in. To ensure this, the group should be an independent organisation. Transparency is a fundamental part of this integrity.
- All research questions must be underpinned by sufficient prior public engagement. The group must represent and serve the interests of the community.
- The research group itself must have a clearly defined structure, which includes clear 'chains of authority', aims and objectives, and guidelines for record-keeping.
- The group must have a clear idea of to whom the research is to be disseminated and why, as well as who the group is ultimately answerable to.
- Any research process must be flexible and needs to be iterative in light of potential input from the community.
- The group should benefit the community and those who participate in the group itself but should not make unrealistic promises.

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A research ecosystem should involve

Key components needed

Coherence	Reflexive Monitoring	Cognitive Participation	Collective Action
To work together to secure funding for the work – in particular to pay for key people to carry out the work	Discussion of current/past research projects within MOU meetings	Clear guidelines on how to carry out research and expectations	Flexible and different ways of working on co-production projects should be developed and encouraged
Set up a sub group of the MOU group to concentrate on the research perspective and feed into the MOU group	Follow-up activities and satisfaction measuring across different key players involved	Data sharing agreements	Key partnerships should be developed in relation to the work
Information re the MOU should be discussed as part of inductions in each organisation	Research champions identified in different departments at the LA	Regular training on key components of research	Working with LA staff to ensure staff have any co-production research projects acknowledged in work load
Training opportunities	Research champions identified in different schools at the TU	Key training and involvement in bidding for funding (including CRN and NIHR)	
Support	Research Champions identified in the different VCS organisations	Flexibility to consider staff turnover	
A community group should be set up which feeds into all aspects of the work			

Recommendations for moving forward

- To use the current MOU as a mechanism to secure funding, including from NIHR national and regional infrastructure (e.g. Clinical Research Network) for co-production research with embedded researchers and taking into consideration findings from this current project.
- To consider including other departments at the LA and identify research champions across those.
- To have a sub-group which leads on research work between the LAs
- To include Assistant Deans for Research and Innovation as members of the group
- To look at including research students across different schools at TU on research projects
- To identify latent skills of staff in the LA
- To include community involvement
- To use the MOU as the key mechanism for co-production research between the LA and TU going forward.
- To carry out a mapping exercise of work being carried out by the LAs and TU and to identify a repository for the work
- To develop a training package for TU and LA staff in relation to co-production research
- To produce a regular newsletter of work done/being carried out to be shared across TU, the LA and other key players

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How can the CRN support my research?

Professor Caroline Wroe

Clinical Director - Clinical Research Network
North East and North Cumbria

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What is the CRN?

NIHR Clinical Research Network

Funds and coordinates >14,000 research support staff

- in every NHS Trust in England
- in 1000's of GP practices
- non-NHS settings including care homes, hospices, local authorities, dental surgeries, community pharmacies, schools and prisons

Made up of:

- 15 Local Clinical Research Networks (LCRNs), each covering a region of England
- 30 Clinical Research Specialties

Partners in our region:

Acute Trusts

- Northumbria Healthcare
- The Newcastle upon Tyne Hospitals
- North East Ambulance Service
- North Cumbria Integrated Care
- Gateshead Health
- South Tyneside and Sunderland
- County Durham and Darlington
- North Tees and Hartlepool Hospitals
- South Tees Hospitals

Mental Health Trusts

- Cumbria, Northumberland, Tyne and Wear
- Tees, Esk and Wear Valleys

Community and non-NHS

- GP Practices
- Dentists
- Opticians
- Podiatrists
- Pharmacies
- Schools
- Care Homes
- Councils
  - Public Health
  - Social Care

NIHR | National Institute for Health Research

Some practical examples of what the CRN has done in 2020/21

NIHR | Clinical Research Network North East and North Cumbria

Impact Report 2020/2021

Context

Our workforce

60-70 core team staff

Finance

£18.2 million allocated funding

increased to £19.3 million

vaccine trials, Urgent Public Health studies, RESTART, RECOVERY weekend working pilot

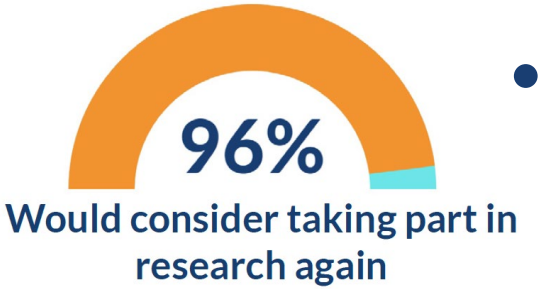
split between core team functions, NHS partner organisations and local authority public health

£15.8 million to directly support research delivery

LCRN core business, developing strategic funding calls, workforce and training development

People and communities

- Recruited **66,078** participants to **520** studies



- Collected **1416** Participant in Research Survey (PRES) responses across all age categories

- Produced resources to engage with under-served communities for COVID-19 vaccine uptake

- Top region for ENRICH (Enabling Research in Care Homes) - recruited **178** participants
- Research Champions gave **195** hours of time to support our work.

Partnerships

- Worked with **NHS Trusts** to deliver 497 studies that recruited 43,340 participants

- **Patients and the public**: Set up the Learning Disability Research Support Group in partnership with Lawnmowers Theatre Company

- Partnered with the **Academic Health Science Network** (AHSN) on **MedConnect North**

- Collaborating **across NIHR**: co-funded an 'embedded researcher' role with NIHR ARC NENC

Partnerships

- Created new roles in **local authorities** to support public health and social care research

- Joined the **Newcastle Health Innovation Partners**' Strategy Board, part of the **regional NIHR infrastructure** group

NEWCASTLE HEALTH INNOVATION PARTNERS
DISCOVER. DEVELOP. DELIVER

- Supported 199 local **GP practices** to recruit 3,601 participants to studies
- Patient and public involvement sessions for mothers and babies funded by NIHR CRN PPIE small grant scheme

Developing the research workforce

- Contributed to the employment of **914** research delivery staff

190 Chief Investigator led studies

798 Principal Investigator led studies

- L&D team adapted national and regional training programmes to be delivered virtually
- Associate Principal Investigator Scheme: 37 applications covering 22 studies
- The Direct Delivery Team: facilitating research delivery across a broad range of settings by widening access to research

Funding and Support for Non-NHS Research 2020/21

LCRN CRN NENC have supported non-NHS research settings with funding for:

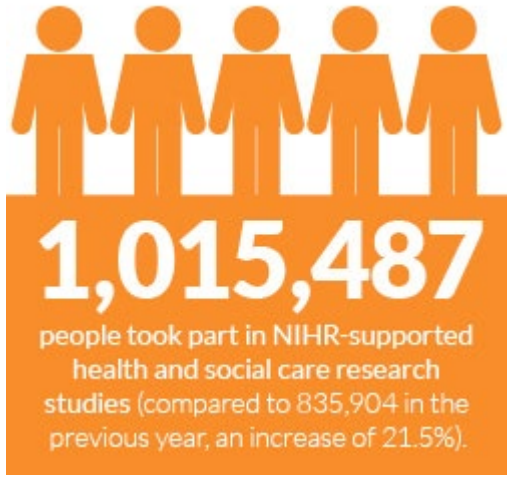
- Greenshoots awards
- Research Delivery Awards
- Targeting Health Needs awards
- Public Health Engagement Leads
- Research funding for Directors of Public Health
- Local Authority Research Operations Officers

GREENSHOOTS

CRN Support for translational research in Public health and Social care

Programme of work to meet immediate need

- Development of a process for non-NHS study applications for CRN Support
- Consistent approach to research governance elements
- Impact analysis across Research Delivery to understand the challenges of set-up and delivery of non-NHS studies in CRN
- Support to navigate excess treatment and research costs



NIHR | National Institute for Health Research

Study Support Service

- Supports researchers to develop, set up and deliver research
- CRN provides a range of services across the research pathway for eligible studies
- Consistent, high quality support provided for all CRN portfolio studies

NIHR | National Institute for Health Research

Direct Delivery Team-a new workforce to support research

Additional Funding DHSC 2021/22

- As the research landscape evolves, the focus on novel, more digitally-enabled study designs and delivery of research outside of health and social care settings becomes essential.

- DHSC has agreed that £12.5m funding provided for the 2021/22 financial year is to be used to build a new workforce - a ‘CRN Direct Delivery Team’ - in each LCRN with the flexibility, capability and capacity to deliver priority research studies across broader settings, particularly outside of hospital settings.

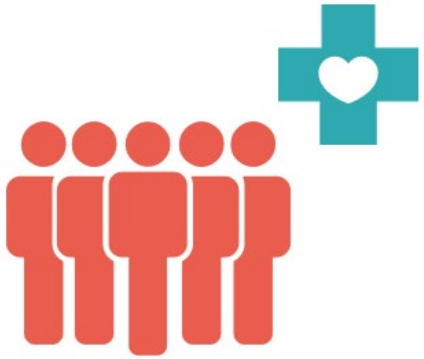
Principles

- These roles will be able to deliver research in a variety of settings including social care and local authority services

- The CRN Direct Delivery Team will respond to the health needs of the local population, in particular to proactively identify and work with underserved populations who do not currently access either healthcare or health research.

- LCRNs will be permitted to use some of this funding on digital technologies that will support the CRN Direct Delivery Team in undertaking its role.

Focus in Year One



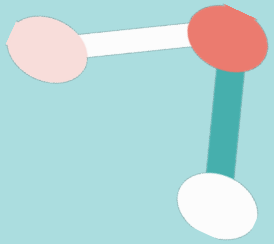
- Recruitment of Direct Delivery Team
- Focus on training and inducting the new team
- Experience for new staff across all settings
- Establishment of model in terms of workforce required and deployment methodology
- Investment in developing the portfolio of research outwith secondary care (for 1 year only)
- ‘Listening’ to our new customer requirements
- Re-evalution of the skills required to deliver research in non-NHS settings required

A practical example

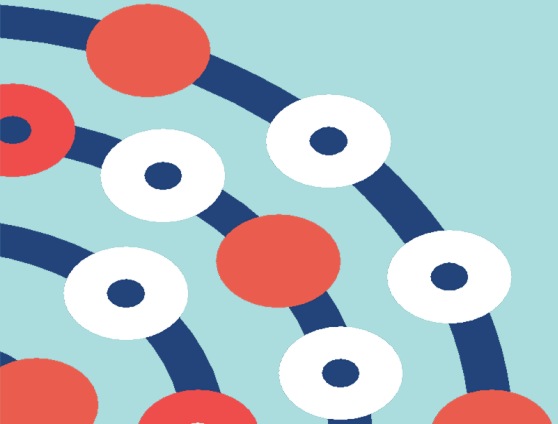
CRN Support for MapMe

- Early Contact and Engagement
- Study Setup
- Performance Monitoring
- Supporting other LCRNs to setup study
- Data processing
- Possible support with delivery staff
- Finances

NIHR | National Institute for Health Research



Questions?



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Break

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Panel discussion:

How can we support research systems in local authorities across research infrastructures?

Speakers and:

Dr Sarah Sowden, Public Health Speciality Group Lead, CRN NENC

Prof Eileen Kaner, Director ARC NENC

Prof Ashley Adamson, Fuse Director

Tom Hall, Director of Public Health, South Tyneside Council

Thank you

- To our speakers
- The Fuse team
- You!

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Online events coming soon

Research Programme Meetings

- *Impact of social prescribing on health and wellbeing: Findings from a large-scale multi-methods study*
  Monday 11 October 2021, 12:30 to 15:15

- *Parental substance use and young people's resilience*
  Wednesday 10 November, 10:00 to 12:00

Quarterly Research Meeting

- *Supporting smokers to quit: driving future strategy by incorporating computer modelling and smokers' participation*
  Thursday 14 October 2021, 10:00 to 12:00

Visit the Fuse website for further details
www.fuse.ac.uk/events