



Increasing local authority research capacity in Cheshire and Merseyside

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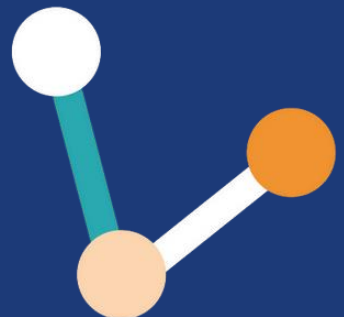
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Background

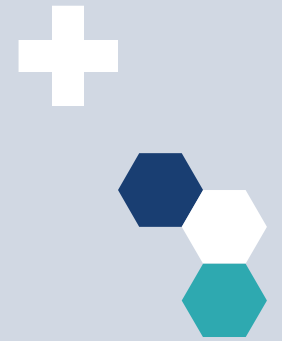
- Widening health inequalities suggests a need to shift the balance from acute treatment of illness to prevention, particularly targeting those who need it most (Marmot et al., 2020).
- Since 2013, local authorities (LAs) have been responsible for improving local population health.
- Local authority public health teams deliver services to tackle health inequalities and improve wellbeing, which requires rapid and relevant evidence to inform services.
- Many local authorities would like to conduct more research, but often lack the resources, time, and expertise.



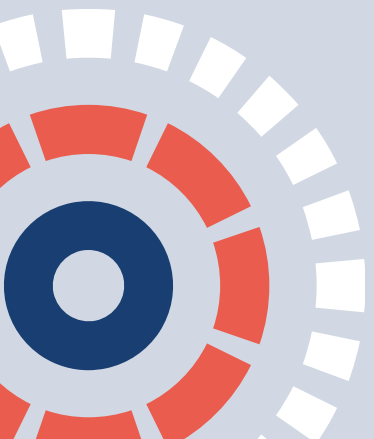


NIHR research to support local authority research

- The National Institute for Health Research (NIHR) is a major funder of health research, yet its research calls are not always suitable for local authorities to apply.
- In response to these challenges, the NIHR Public Health Research (PHR) launched a funding call in 2020 for local authorities to explore how current, or new, systems could be developed, at a local level, to support sustainable and influential research activity
- Up to £50,000 was awarded to each site (Bradford, Doncaster, Kent, Newcastle, Southampton, South Gloucestershire, Wakefield, Birmingham, Blackpool, Cardiff, South Tees, Norfolk, South Tyneside, Plymouth)



Summary of findings



Barriers to being more research active that are external to LAs

Academia and LA often have different priorities

Academics are unsure how to anticipate LA needs

LAs contribute to academic research, but its not co-produced & don't always hear findings

LAs have ad-hoc engagement with academics

Research process is too long for LAs

NIHR infrastructure is not always suitable for LAs to apply to

Some LAs have a limited understanding of NIHR infrastructure

Some NIHR infrastructure covers a large geography so less relevant to LAs

NIHR infrastructure clinically focused and inappropriate for public health needs

Wider research funding opportunities are not always suitable

Limited funding for intervention and support costs

Applying is time consuming and complex

LAs are often ineligible due to limited research experience

LA may lack skills to complete applications

Barriers to community engagement

Underrepresented communities can be hard to reach

Community may not value traditional research or see it as relevant to them

Time consuming for community to participate in research

Local communities may distrust researchers

Barriers to being more research active that are internal to LAs

Lacking research systems and policy

Limited research systems that supports research partnerships

Research tied to projects not roles, so conducting research is not always seen as LA staff's role

Often no system for sharing research with other departments in the LA – duplicated work

Research is ad-hoc & dependent on individuals who have connections

Mixed research skills

Varied research culture within LAs

Some LA staff do not know how to access or interpret research

Public health departments tend to have stronger research culture than other teams

Mixed understanding of what research is

Research not always prioritised by leadership

Senior leadership do not always drive research culture

Lack of buy-in about importance of research from some senior leaders and councillors

Some councillors prefer local knowledge to research

Limited time and resources

Limited time and resources to conduct research

Community may not value traditional research or see it as relevant to them

Research not prioritised compared to other activities within LA

Research unanalysed due to limited resources



How do these findings fit within our context? Over to you...

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