

Welcome to Cheshire and Merseyside's public health research hub workshop

#CMPHCollaborativeResearchHub



Welcome and introduction

Dr Ifeoma Onyia, Director of Public Health, Halton and Lead Director of Public Health for Research in Cheshire and Merseyside



Agenda for today

Session 1 - Welcome and introduction by Dr Ifeoma Onyia

Session 2 – Investigating research capacity in public health from an academic view - Lisa Jones & Dr Gillian Hutcheon, Liverpool John Moores University

Session 3 – Engaging communities in public health research - Dr Jo-Anne Puddephatt, Edgehill University

Session 5 - Feedback from breakout rooms, actions and next steps



Lisa Jones, Public Health Institute, Liverpool John Moores University



Public health research The academic view

Lisa Jones, Reader in Public Health Public Health Institute, LJMU





About me

- Reader in Public Health
- Expertise in systematic reviews and other types of evidence synthesis
- Teach research methods and critical appraisal skills
- Interested in evidence use in public health decision making





Public health research at LJMU

- Research focused institute
- Address health issues at all levels from policy development to service delivery
- Key achievements:
 - Integrated Monitoring System
 - World Health Organization Collaborating Centre for Violence Prevention



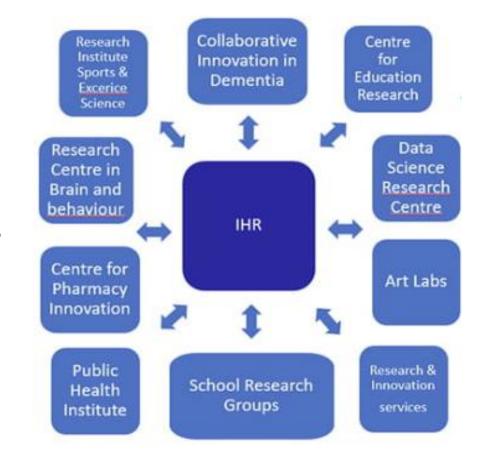




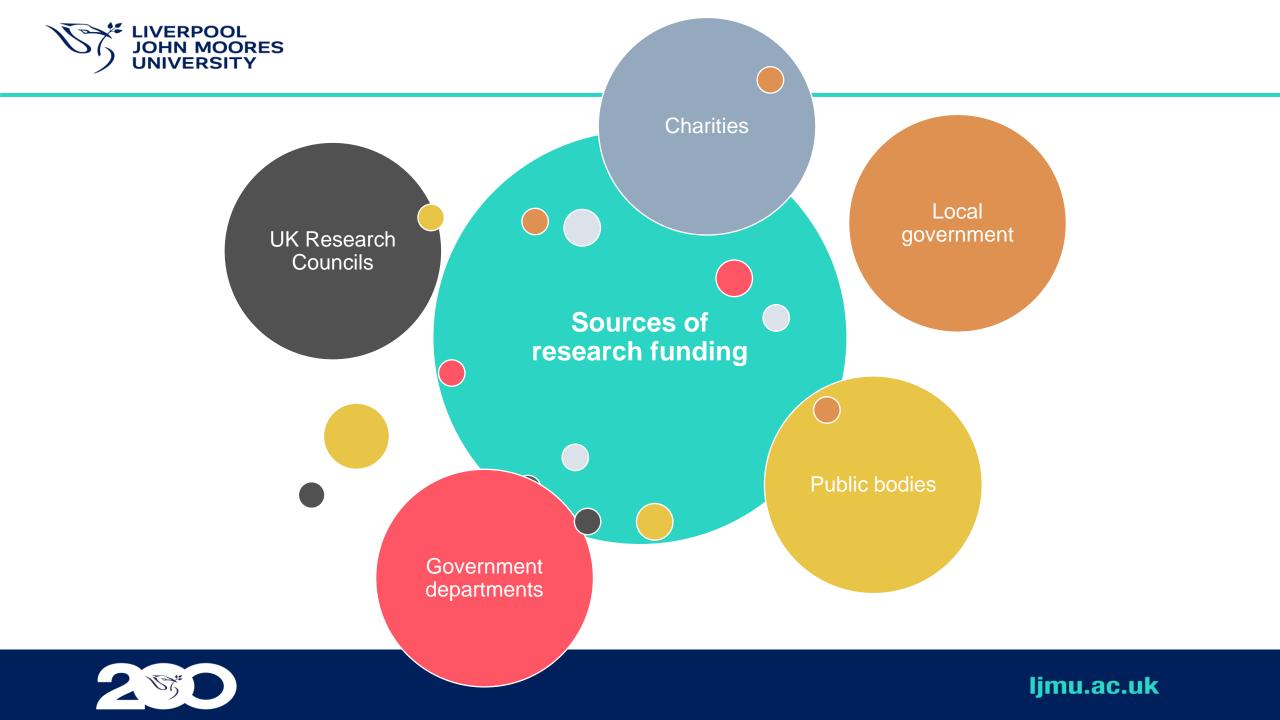
Public health research at LJMU

Institute for Health Research

- Hub for all LJMU health research
- Supports knowledge transfer and collaborative partnerships









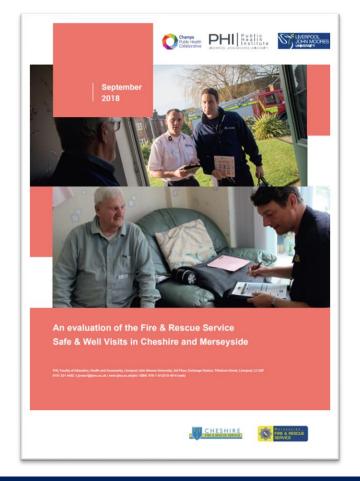






Champs Intelligence & Evidence Service

- Commissioned service from 2015 to 2021
- Provided high quality research in response to collaborative priorities
- Facilitated collaborative links







The academic and practice/policy gap





Perspectives

Bridging the academic and practice/policy gap in public health: perspectives from Scotland and Canada

J. McAteer¹, E. Di Ruggiero², A. Fraser³, J. W. Frank⁴

Scottish Collaboration for Public Health Research and Policy, School of Health in Social Science, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, UK

ABSTRACT

This article presents a critical commentary of specific organizational models and practices for bridging 'the gap' between public health research and policy and practice. The authors draw on personal experiences of such models in addition to the wider knowledge translation and exchange literature to reflect on their strengths and weaknesses as implemented in Scotland and Canada since the early 1990s.

Keywords organizations, public health, research

Background and rationale

The challenge of bringing health research findings to bear on relevant professional practices and public policies in areas such as public health is well documented. Prodigious growth has occurred within the 'knowledge translation and exchange' (KTE) field over the last 2 decades, starting in health services research, moving steadily through 'evidence-based medicine' driven by clinical research, and more recently via an analogous thrust in population and public

policy and practice community. More widely, only around half of public health programmes and policies are reported as evidence based in the USA and the UK.^{6,7} Certainly, much work has been conducted recently in relation to this particular issue.^{8,9}

This paper presents a critical commentary of specific organizational models and practices for facilitating collaborative partnerships between research, policy and practice in an effort to bridge the gap, ¹⁰ drawing on the experiences of the authors in two countries. Scotland and Canada (The authors



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The academic and practice/policy gap

- Challenges of scope and scale
- 'Evidence-based' not as straightforward for public health compared to medicine



VS.







The academic and practice/policy gap







Why bridge the gap?

"Research helps build a strong evidence base for Local Authorities to make the best decisions in designing, commissioning and delivering services in the interests of local people"

National Institute for Health and Care Research





How to overcome the gap?







Centres with a core purpose to bridge the gap



Research centres with a mandate to broker



On the job research training for PH professionals



Provision of honorary contracts (both ways)



Specific KTE strategies to increase joint working







Centres with a core purpose to bridge the gap



Research centres with a mandate to broker



On the job research training for PH professionals



Provision of honorary contracts (both ways)



Specific KTE strategies to increase joint working







- Centre for Translational Research in Public Health
- Virtual centre operating across 5 universities in the North East
- Connected with partners from across all sectors
- AskFuse service helps policy and practice partners with their queries





How AskFuse can help you

What is the evidence base for?

Reviewing and summarising existing research to answer your questions

What is our own evidence telling us?

Analysing and interpreting your data

How can we develop joint research agendas to meet practice needs?

How can AskFuse and our organisation co-facilitate a learning event?

How can we apply and use the learning from programmes that we have developed?

Did the new intervention that we developed work?

Undertaking rapid evaluation of services and projects

How can we measure and keep track of a new programme we are developing?

Undertaking full evaluations of effectiveness and developing larger scale projects with external funding









Centres with a core purpose to bridge the gap



Research centres with a mandate to broker



On the job research training for PH professionals



Provision of honorary contracts (both ways)



Specific KTE strategies to increase joint working





NIHR training opportunities

- Local Authority Short Placement Award for Research Collaboration
- Local Authority Academic Fellowship Programme
 - Pre-Doctoral LA Fellowship
 - Doctoral LA Fellowship
 - Advanced LA Fellowship







Centres with a core purpose to bridge the gap



Research centres with a mandate to broker



On the job research training for PH professionals



Provision of honorary contracts (both ways)



Specific KTE strategies to increase joint working







Centres with a core purpose to bridge the gap



Research centres with a mandate to broker



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Provision of honorary contracts (both ways)



Specific knowledge transfer & exchange strategies to increase joint working





Knowledge transfer and exchange



Building networks and relationships



Building engagement into the academic research process



Enhancing capacity to use research



Communicating findings through user-friendly products



Your thoughts?

- 1. What are the **top 3 ways** that the Universities in the region could support public health research outside of academia?
- 2. What examples do you have of partnerships with Universities, research teams or individual researchers that **have worked** well to support you to be involved with, or carry out research?





Thank you!

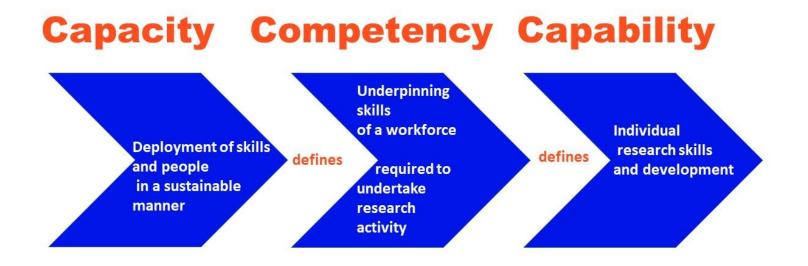
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Dr Gillian Hutcheon, Liverpool John Moores University

Understanding, Building and Evaluating Research Capacity and Culture in Health and Social Care



Prof. Gillian Hutcheon, Liverpool John Moores University G.A.Hutcheon@ljmu.ac.uk

Understanding Research Capacity & Culture (RCC)

- What is the current level of research expertise and activity?
- What are the existing relationships between senior managers, practitioners, academics, community groups and the public?
 - How can they better support each other to co-design relevant research projects?
 - How can we increase collaboration?
- What does research means to different people?
 - Evidence-based research / research into practice
 - Research literacy
 - 'Speaking the same language'
- What does the current research capacity and culture look like?
 - How do we measure this?
 - How do we know if RCC is improving?

LJMU RCC Research



- Open to:

 Doctors
- ✓ Nurses
 ✓ AHPs
- Data Analysts
- Managers
- Scientists
- Pharmacists
- Midwives

Why take part?

- •Improve knowledge of NHS research activity
- •Help us understand support for research
- •Support more inclusive & diverse research
- Inform a future programme for researcher development
- Increase the number of staff
 supported to undertake research
- •Improve research engagement



Whether you are: An active researcher,

new to research,

interested or a supporter.

Follow the link or scan the QR code. Ijmu.onlinesurveys.ac.uk/rcc-nhsliverpoo



Contact: GA.Hutcheon@ljmu.ac.uk or S.A.Smith@ljmu.ac.uk

- Understand how NHS staff perceive research capacity and culture across a range of disciplines in different hospital trusts
- Enable trusts and the whole system to understand how best to embed a culture of research and build research capacity.
- Enable organisations and team leaders to better understand what action is required to improve research culture, identify the required skill development, better support researchers and drive motivation for research



all of which will support future research capacity building and lead to improvements in healthcare services.

- Self-reported perceptions of RCC across
 - Organisation
 - Team
 - Individual
- Focus groups / Interviews
 - What does research mean to you within your organisation and how could it improve?
- Extend into primary, community and public health and social care settings

Evaluation of Research Capacity & Culture

- Research Capacity and Culture Survey (RCC tool)
 - Validated in Australia
 - CAHPR National AHP survey
 - UK friendly version of RCC tool
 - Comer, C., Collings, R., McCracken, A. et al. BMC Health Serv Res 22, 1094 (2022).

AHP Research Survey



Q3145AHPs working across th

Why this study is important

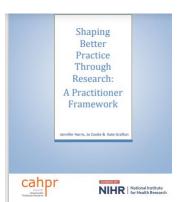
- · AHPs play a key role in meeting escalating healthcare demands
- Research is the single most important way to improve healthcare
- · AHP-led research evidence is needed to underpin advancing AHP roles
- . Little is known about current AHP research capacity or culture

ORGANISATION LEVEL

Please select your organisation: (Drop down box)

Please rate your organisation's success or skill level for each of the following aspects (1 = no success/skill and 9 = highest possible success/skill)

		1	2	3	4	5	6	7	8	9	Unsure
1)	Has adequate resources to support staff										
	research training										
2)	Has funds, equipment or admin to										
	support research activities										
3)	Has a plan or policy for research										
	development										
4)	Has senior managers that support										
<u> </u>	research										
5)	Ensures staff career pathways are										
<u> </u>	available in research										
6)	Ensures organisations planning is guided										
<u> </u>	by evidence					_		<u> </u>		<u> </u>	
-	Has consumers involved in research										
-	Accesses external funding for research										
9)	Promotes clinical practice based on										
<u> </u>	evidence					_					
10)	Encourages research activities relevant										
	to practice										
11)	Has software programs for analysing										
	research data										
12)	Has mechanisms to monitor research quality										
13)	Has identified expert accessible for	\vdash	\vdash				\vdash	\vdash		\vdash	
10,	research advice										
14)	Supports a multi-disciplinary approach						\vdash	\vdash		\vdash	
′	to research										
15)	Has regular forums/bulletins to present										
	research findings										
16)	Engages external partners (e.g.										
'	universities) in research										
17)	Supports applications for research										
'	scholarships/ degrees										
18)	supports the peer-reviewed publication										
of research											
	<u> </u>										



8 domains

Research methodology and methods

Research education and training

Research strategy and planning

Research management and leadership

Research-informed practice, dissemination and impact

Working with others and collaborating in research

Career development

Research delivery

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AHP Practitioner Framework

Competency levels

Awareness	Awareness of the applied research context and who/where to go to if xyz happens. Demonstrate understanding of how your work fits within this context.	e.g. Junior Practitioner	
Core	Have working knowledge and skill within your working area. i.e. not assumed to be transferrable; can be learnt even if technically tricky where the context is predictable. Able to support Awareness level.	e.g. Established Practitioner	
	Work under guidance and within defined parameters and make judgements between a predefined range of options.		U
Intermediate	Able to transfer/adapt knowledge and skill to different areas/topics that may be unpredictable. Able to support the Core and Awareness levels. Prioritises own work/activities, demonstrates experience of working in a complex environment and shows creativity in developing solutions by determining the options.	e.g. Clinical Researcher Advanced Clinical Practitioner Advanced Specialist Practitioners	p C st C
Advanced	Able to apply knowledge and skill in highly complex and unpredictable research areas and contexts. Able to support all other levels. Provides leadership and takes overall responsibility, making complex or highly complex judgements. Conceives, designs develops and adapts solutions through critical analysis, evaluation and synthesis.	Advanced Specialist Practitioners Consultant Practitioner Professor of Clinical Research/ Practice	e p e N

Jennifer Harris, Jo Cooke & Kate Grafton https://cahpr.csp.org.uk/documents/cah pr-research-practitioners-framework

Example from Research skills and knowledge framework

A. Translation of knowledge into practice	Entry Level	
Uses evidence-informed approaches and a range of evidence sources including	Awareness	
research, scholarship and continuing professional development to inform		
practice		
Uses Critically appraised evidence to address problems and issues arising in	Awareness	
practice		
Critiques / evaluates local practice using a range of techniques including	Awareness	
standardised tools / measures and innovative methodologies		
Communicates relevance of research findings and best practice to colleagues,	Core	
advocacy groups and wider community		
Promotes evidence-based practice to improve service user outcome, patient	Core	
experience and organisation culture		
Works with stakeholders, including patients and members of the public to co-		
produce outputs that are useful to them	Intermediate	
e.g. check lists, training materials, decision aids, Patient Reported Outcome		
Measures		

Framework for Research Capacity Building in Public Health & Social Care

- Value of Research
- Research skills development
- Research training / career pathways
- Dedicated time
- Integrated teams
- PPIE
- Inclusivity
- Closer academic relationships
- Cross sector collaborations
- Ability to prioritise
- Infrastructure / resources

Greater evidence based decision making

Toolkit for Research Development

What do we need a toolkit for?

- Support the Framework
- Supports people at different levels from awareness to advanced
- Will enable researchers* to:
 - access relevant training
 - develop appropriate research expertise
 - develop leadership skills
 - Use research within their practice
 - Make evidence based decisions

^{*} includes managers, practitioners, public advisors etc.

Current Activity

• With **Dr Priyanka Vasantavada** (Research Practitioner in Public Health Oxford County Council)

workplan

- Seeking funding for fellowship to support this piece of work
- Working with current and potential HRDCs
- Adapting RCC survey for public health and social care (plus wider LA/LCC remits)
- Focus groups to better understand current situation and what staff want in term of RCB
- Co-development of researcher framework adapting AHP practitioner framework
- Creation of a toolkit to support researcher development

Interested?

- In the research?
- In being part of a focus group?
- Using the survey (when developed) in your organisation?

- Please get in touch
 - G.A.Hutcheon@LJMU.ac.uk
- We may host a meeting/workshop on this at LJMU in Autumn/Winter 2023



Dr Jo-Anne-Puddephatt, Edge Hill University

Working together to improve health and wellbeing in Cheshire and Merseyside

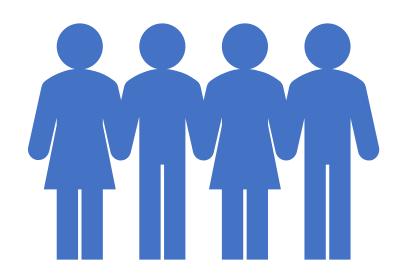
Engaging Communities in Public Health Research

Dr Jo-Anne Puddephatt, Lecturer in Psychology, Edge Hill University

jo-anne.puddephatt@edgehill.ac.uk







Overview of talk

- My research and research at Edge Hill University
- Traditional approaches to conducting research
- Approaches to identifying needs of communities
- How can we involve people in research
- Roles of people in research
- Next steps for my research

My research

- Academic/researcher
- Previously worked in secondary mental healthcare and third sector
- Interested in co-occurring alcohol and mental health problems and inequalities
- Mixed-methods
 - Secondary data, interviews, focus groups
- Worked collaboratively with people with lived experience and local organisations
 - Interested in co-producing research around alcohol, mental health

Research at Edge Hill University

- Research groups based on different topics
 - 1. Substance use and appetite
 - 2. BabyLab
 - 3. Cancer and chronic conditions
 - 4. Neurodiversity
 - 5. The sensing brain
 - 6. The ageing brain
 - 7. Education and learning
 - 8. Social cognition and communication
- https://www.edgehill.ac.uk/departments/aca demic/psychology/research/

Traditional approaches in conducting research

- Research has traditionally been developed through a combination of observation and theory
- Either use observation and theory to guide research design or test it
- Aim is to generate knowledge

Problems with traditional approaches

- Reliance on previous research being published or openly available
- Funding can be wasted
 - Poorly designed research
 - Findings not published
- Fails to take into account local priorities and perspectives
 - Needs and issues can be context-specific
 - Differ depending on the communities of interest
- In my earlier research, I was not considering other factors that people with lived experience faced which had led to declines in their mental health

How can research better identify the needs of communities?



Examples of research methods to identify needs of communities

Workshops

Things to consider when engaging communities in research

 Short-term and long-term goals of engagement Example of engaging communities in research

Challenges

- Recruiting enough people to form a group
- Funding to facilitate meetings
- Maintaining a long-term relationship
 - Personal circumstances may change
 - Updates may not be as regular as desired

How can we involve people in research?

Consultation

- Ask members of the public for their views
- Use feedback to inform decision making

Example

- Funded by the Medical Research Council
- Recruited veterans through Royal British Legion
- Ran focus groups to provide feedback on the development of a mobile intervention
- Feedback led to changes in the design of the intervention
- Findings published in an open-access journal



Leightley, D., Puddephatt, J. A., Jones, N., Mahmoodi, T., Chui, Z., Field, M., ... & Goodwin, L. (2018). A smartphone app and personalized text messaging framework (InDEx) to monitor and reduce alcohol use in ex-serving personnel: development and feasibility study. *JMIR mHealth and uHealth*, 6(9), e10074.

Puddephatt, J. A., Leightley, D., Palmer, L., Jones, N., Mahmoodi, T., Drummond, C., ... & Goodwin, L. (2019). A qualitative evaluation of the acceptability of a tailored smartphone alcohol intervention for a military population: Information About Drinking for Ex-Serving Personnel (InDEx) app. *JMIR mHealth and uHealth*, 7(5), e12267.

Collaboration

- On-going partnership where decisions about the research are shared
- Approach can be used at any stage of the research process

Example

- •PhD involved a public and participatory involvement group and stakeholder groups
- •Identified the need to consider medication use, social support and neighbourhood deprivation
- •Involved in the interpretation of all findings

Puddephatt, J. A., Irizar, P., Jones, A., Gage, S. H., & Goodwin, L. (2022). Associations of common mental disorder with alcohol use in the adult general population: a systematic review and meta-analysis. *Addiction*, *117*(6), 1543-1572.

Puddephatt, J. A., Jones, A., Gage, S. H., Fear, N. T., Field, M., McManus, S., ... & Goodwin, L. (2021). Associations of alcohol use, mental health and socioeconomic status in England: findings from a representative population survey. *Drug and alcohol dependence*, *219*, 108463.

Puddephatt, J. A., Jones, A., Gage, S. H. & Goodwin, L. (under review). Socioeconomic status, alcohol use and the role of social support and neighbourhood disadvantage among people with a mental health problem: a cross sectional study. *Social Psychiatry and Psychiatric Epidemiology*.

Co-production

- Working together with shared power and responsibility throughout the research process
- Those most affected by issues (communities) are best placed to design research with the support of others
- Making sure that all members are enabled to carry out different responsibilities
- I am currently working on funding applications to facilitate the development of working groups of people with direct or indirect experience with alcohol problems

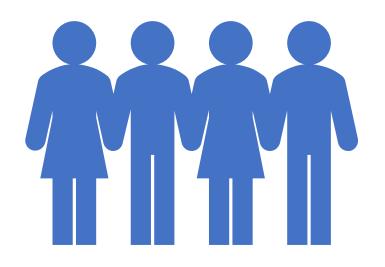
Who is involved in the research, and what is their role?





People living in local communities

- Highlight issues which may differ across groups living in the same community
 - Including accessing and using different services
- Alcohol Change UK funded project
 - Involved working with minority ethnic groups to understand the patterns of drinking and poor mental health
 - Vital in providing an insight into experiences of minority ethnic groups and helped design studies that involved interviewing NHS staff



People from organisations who provide services to those living in communities

- Highlight services currently available to communities and providing information on the issues their service users and staff experience
- Alcohol Change UK funded project
 - Organisations from stakeholder group confirmed our findings on how common alcohol use and mental health was among minority ethnic groups who present to their services





People involved in the decision-making and allocation of funding

- Provide an insight on where priorities are and how funding is allocated
- Particularly useful in the development of the research proposal and dissemination of findings



Academics and researchers

- Have expertise in methodology, knowledge of previous research and theory
- Able to contribute towards research design, data collection, analysis, and dissemination
- Society for the Study of Addiction funded PhD
 - Stakeholder group involved academics and researchers
 - Helped to identify reports and largesurveys which were subsequently use research projects

Next steps for my own research

Build long-term networks

Co-develop funding applications

Co-develop research which focus on real-life issues

Thank you

Any questions?



Break out groups

Group 1 - What challenges and benefits can you think of when conducting research with academics and other organisations?

Group 2 - What can researchers and local authorities do to make sure that research is done collaboratively and effectively?

Feedback Question for both groups: What are the top 3 ways that the universities in the region could support public health research outside of academia?

Working together to improve health and wellbeing in Cheshire and Merseyside



Thanks for attending today's event

For more information, contact

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Working together to improve health and wellbeing in Cheshire and Merseyside