Positioning Hartlepool and Stockton-on-Tees Borough Councils to be ready for a future Health Determinants Research Collaboration bid: Final Report

Judith Eberhardt[1,2], Dorothy Newbury-Birch[1], Andrew Divers[1], Emma Tuschick[1], Robert Portman[2], Sally Neaum[1], Ben Lamb[1], Craig Blundred[3], Claire Robinson[3], Sarah Bowman-Abouna[4], Tanja Braun[4]

[1]Centre for Social Innovation, School of Social Sciences, Humanities and Law, Teesside University
[2]Centre for Applied Psychological Science, School of Social Sciences, Humanities and Law, Teesside University
[3]Public Health Directorate, Hartlepool Borough Council
[4]Public Health Directorate, Stockton-on-Tees Borough Council

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1. Executive Summary

Background and rationale: Residents of Hartlepool and Stockton-on-Tees tend to have poorer health outcomes and shorter live expectancy than the average person in England due to health inequalities caused by social and economic issues. Additionally, the region has been severely affected by COVID-19 and a cost-of-living crisis. Both councils have established a Joint Health and Wellbeing Strategy to improve the health and wellbeing of people living in the boroughs and to reduce inequalities. A Health Determinants Research Collaboration (HDRC) is currently being established between Teesside University and councils in Middlesbrough and Redcar & Cleveland to actively participate, use and develop research to inform innovation in practice and deliver real and sustainable impacts to population health. Both Hartlepool and Stockton-on-Tees are likely to benefit from a similar HDRC with the University. However, to help determine the feasibility of HDRCs for both councils, it is necessary to assess the need for staff training and the views and attitudes of council staff and community members towards research.

Aims and methods: The present study, conducted by experts at Teesside University in collaboration with Public Health at Hartlepool and Stockton-on-Tees, aimed to help position Hartlepool and Stockton-on-Tees for future opportunities by understanding their research needs, priorities, and capacity to develop a research culture and governance that would enable them to become more research-active. Two online surveys with council staff (82 respondents from Hartlepool and 80 from Stockton-on-Tees), 17 in-depth interviews with staff, and five focus groups with community members were conducted to gain insight into staff's research training needs as well as elicit the views and attitudes of staff and community members towards research and establishing a research culture in both councils.

Results: Survey results for both councils indicated that staff attitudes towards using research in their role were positive, with most seeing it as important. However, fewer than half of respondents had experience in conducting research. Training and mentorship were considered important prerequisites to conducting research. Barriers to developing a research culture included lack of time, funding, lack of research resources and experience, and being unsure where to start. Interviews with staff in both councils revealed five central themes:

1. Developing personal research skills through higher education or 'on the job', and an appetite for skill development
2. A variety of experience of conducting research in one's current role
3. Practical and organisational barriers to conducting research
4. Research as a valuable part of one's current role, and the perceived ambiguous attitudes of councils to research
5. An interest in contributing to a research culture, and potential barriers to implementation

Staff often developed personal research skills through higher education or 'on the job', and nearly all wished to further develop their research skills. There was a variety of experience of conducting research in one's current role, with some using research as part of their day-to-day work, whilst others used it infrequently. Practical and organisational barriers to conducting research were experienced, most notably a lack of time, and lack of support from employers. Still, research was overwhelmingly seen as a valuable part of one's current role, despite the perceived ambiguous attitudes of councils towards research, and staff had overall had a significant interest in contributing to a research culture.

Three central themes emerged for community members:

1. Community group involvement as a positive experience
2. Strengths, capabilities, and challenges faced by community groups
3. The importance of community-led research

Community members spoke of the benefits of community groups in building a good relationship with the Council as well as promoting cohesiveness in the community; however, challenges around engaging and retaining members were discussed. In relation to the councils, issues around maintaining autonomy from the Council to focus on the perceived priorities of the community were observed, and it was expressed that there should be greater recognition of the contribution that the work of community groups makes to the health of the local population.

Discussion and recommendations: Our study demonstrates that whilst valuable research skills are developed by council staff on the job as well as through higher education, most do not have the opportunity to use research as part of their role, and there is both a need and an appetite for research skill development in staff of both councils. Research is overall seen as valuable and necessary by council staff and community members alike, but there are perceived barriers to its implementation on the part of staff, both on the individual as well as on the organisational level. Furthermore, some community members feel it is important that there be more autonomy for the community to set the agenda and determine its research priorities. As strategies for promoting a research culture and enhancing research activities in both councils, is recommended that both foster an environment that values research, build partnerships with external organisations such as Teesside University, co-produce research with community members in collaboration with the University, and set up a memorandum of understanding with the University to establish a framework for cooperation and collaboration. These strategies aim to encourage research evidence-based decision-making and enhance the credibility and impact of research activities in both councils. There were no grounds to submit a joint application for a future HDRC due to both Councils having different directors of public health and no joint functions which would mean that a joint application would not be successful, therefore separate applications will be developed, and a stage one application with Hartlepool has already been submitted in 2023. Discussion should take place in regard to submitting an application for a HDRC in Stockton-on-Tees in 2024.

2. Background

In Hartlepool and in Stockton-on-Tees, people's health is worse than in other areas of England. They tend to live shorter lives, and have worse health outcomes, than the average person in England. The biggest challenges in Hartlepool and in Stockton-on-Tees are caused by health inequalities. Life expectancy is 12.5 years lower for men and 10.4 years lower for women in the most deprived areas of Hartlepool than in the least deprived areas [1]. Similarly, life expectancy is 15.2 years lower for men and 13.8 years lower for women in the most deprived areas of Stockton-on-Tees than in the least deprived areas [2].

Councils in Hartlepool and in Stockton-on-Tees serve populations that face significant social and economic issues which contribute to inequalities. Systemic problems lie at the heart of these inequalities and need a long-term systemic response to support communities and populations to value their health and wellbeing. The key drivers for the stalling of both life expectancy at birth and healthy life expectancy are due to the broader changes in social determinants of health than they are about changes in health care. Furthermore, the region has been gravely affected by the COVID-19 pandemic and the cost-of-living crisis[3,4].

Hartlepool and Stockton-on-Tees have both established a Joint Health and Wellbeing Strategy setting out a vision and ambition that these councils will develop a culture and environment that promotes and supports health and wellbeing for all. An overall ambition is to improve the health and wellbeing of people living in both boroughs and to reduce inequalities [5,6].

2.1 Rationale

A Health Determinants Research Collaboration (HDRC), funded by the National Institute for Health and Care Research Public Health Research (NIHR PHR), is currently being established between Middlesbrough and Redcar & Cleveland councils, and Teesside University. Both Hartlepool and Stockton-on-Tees would benefit from a HDRC, as this would build capacity and capability across each council to actively (and routinely) participate, use, and develop research to inform innovation in practice and deliver real and sustainable impacts to population health. Furthermore, this would help increase the amount of research investment in these councils in relation to determinants of health and harness the anchor potential of key research contributors to build inclusive and sustainable economies as part of the overall research approach [7].

However, a key factor in establishing the feasibility of an HDRC with each council is assessing needs in relation to training of staff, as well as elicit the views and attitudes of staff and members of the public towards research, particularly community-led, co-produced research, which is likely to be of maximum benefit to the community [8,9].

3. Aims, objectives, and methods

This current work aimed to help position Hartlepool and Stockton-on-Tees to be ready for future opportunities (e.g., linking with the NIHR National Specialist Centre for Public Health Research [October 2023], commissioning of research or a future HDRC bid).

Objective 1: To better understand the current research needs, priorities, capacity, and governance (barriers and facilitators) within each council and identify opportunities to further embed public health and social care-focused research, using learning from the South Tees HDRC.
Objective 2: To provide each council with key recommendations to develop a develop a research culture and governance that will enable them to become more research active in the areas of public health and social care; and to develop a NIHR PHR funding application for the next call for HDRCs.

Methods

- Two online surveys (one for each council) were conducted between January and March 2023, eliciting council staff's views on and experiences of research, as well as their levels of training needs. Surveys were administered online using the University's JISC Online Surveys system and took 5-10 minutes to complete. Participants had the opportunity to register their interest in being interviewed to gain further in-depth insights. 82 participants in Hartlepool participated, and 80 individuals in Stockton-on-Tees.

- 17 in-depth interviews (6 with Hartlepool Staff, and 8 with Stockton-on-Tees and 3 with NHS staff working across both councils) were conducted with senior management and staff at both councils to elicit their understanding of research priorities and structures. Interviewees were recruited via the surveys, as well as using opportunity and snowball sampling strategies. Interviews lasted between 30 and 60 minutes and were conducted online using Microsoft Teams.

- Five focus groups were conducted with community members to ascertain their views on a HDRC in Hartlepool and in Stockton-on-Tees, to ensure place-based findings. Some of these focus groups took place face-to-face, and some online. Participants were members of community groups and were mostly interviewed as part of routine group meetings. Focus groups lasted 45 minutes to an hour. Participants received a £20 shopping voucher for their participation.

Ethical considerations

The present study received ethics approval from the School of Social Sciences and Law research ethics sub-committee at Teesside University. All participants provided informed consent. All participants were 18 or older. Survey participants were required to read an information page and indicate their consent by agreeing to a number of statements, prior to completing the survey. Interview and focus group participants were provided with a participant information sheet and a consent form, which they were asked to sign and return to the interviewer. All interviewers (n= 5) were academics trained in qualitative interviewing, data collection and research methods. All participants were provided with contact details for the research team in case they had further questions about the research or wished to discuss anything in relation to their participation. Data were anonymised and principles of confidentiality were adhered to.

Analysis

Survey data were analysed by examining frequencies of responses and generating descriptive statistics.

All interviews were audio recorded, transcribed verbatim and anonymised before being analysed thematically [10,11]. Applied thematic analysis is a phenomenological approach to qualitative analysis that focuses on the individual experiences of participants [10,11]. Analysis begins with line-by-line coding of transcripts with similar codes being grouped together into themes and sub-themes. An inductive approach was used when coding the transcripts as no existing theory was used to facilitate the coding [10,11]. These themes were discussed further and agreed by all members of the team.

4. Results

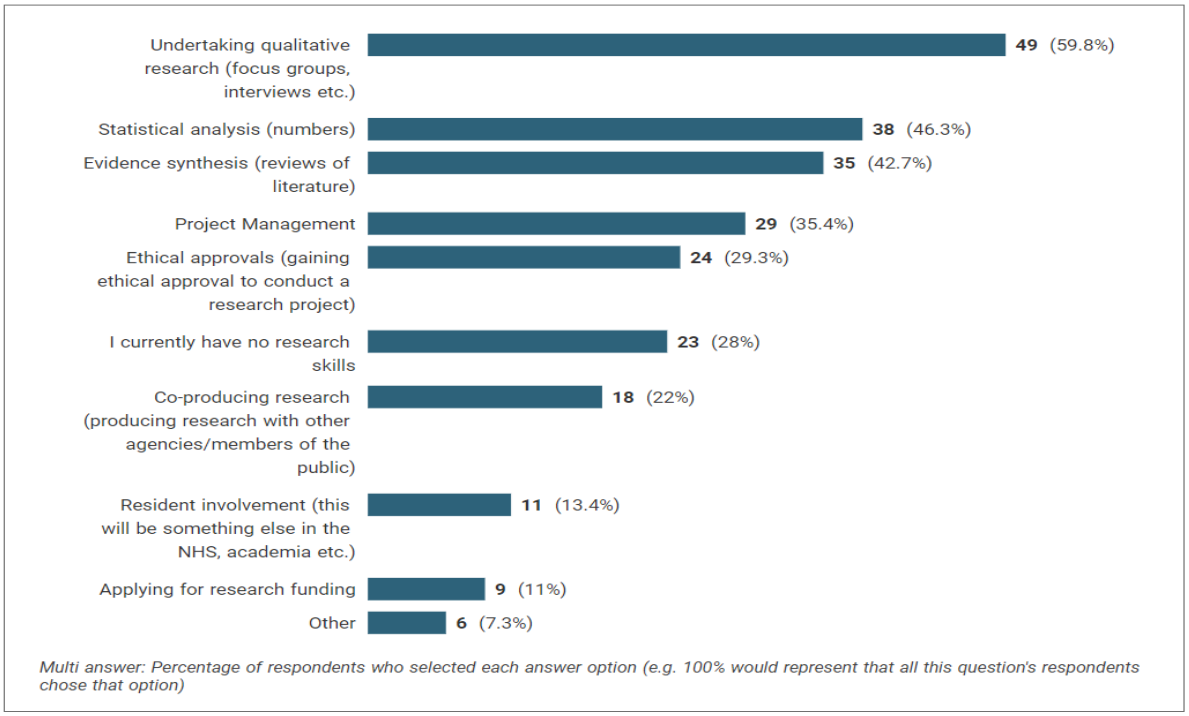
4.1 Hartlepool staff survey

The survey, conducted between January and March 2023, yielded 82 responses from council staff. Most worked in the Children's and Joint Commissioning Services Department (64%) or in Adult &

Community Based Services (35%). A significant proportion of respondents (35%) had been working for the Council for over 15 years, and around 40% combined had been working between 3 and 14 years; this reflected the breadth of levels of experience present in the sample. In terms of highest level of education, nearly 40% had a post-graduate degree, 24% had completed higher or secondary or further education, and 24% had an undergraduate degree.

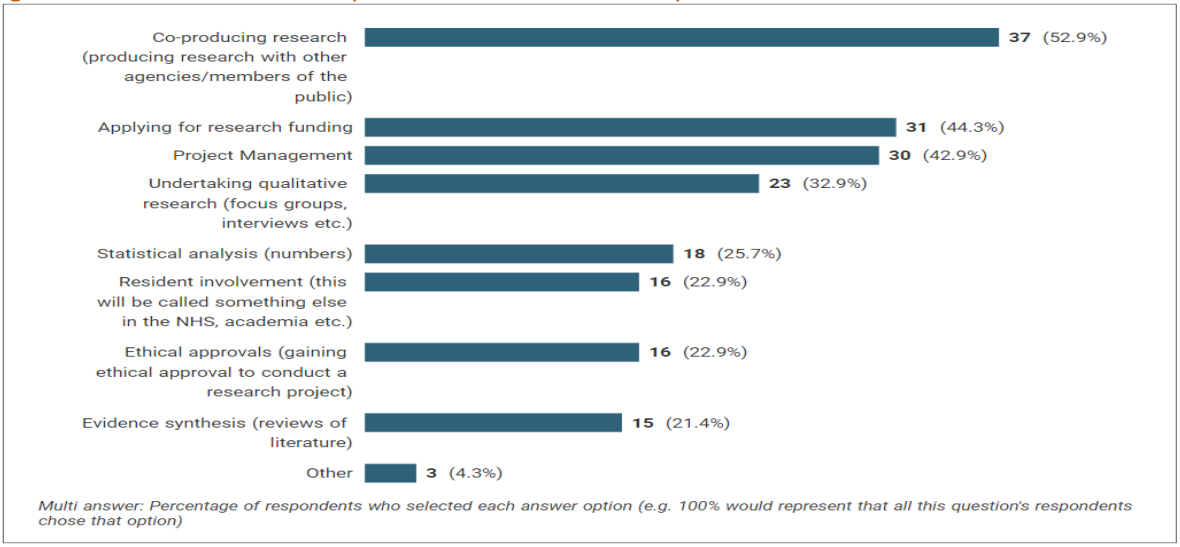
Surveyed Hartlepool staff possessed a broad range of research skills. Most had qualitative research skills (60%), statistical analysis skills (46%), and/or evidence synthesis skills (43%). 23% stated that they currently had no research skills (see Figure 1).

Figure 1. Existing research skills of surveyed Hartlepool staff



However, a variety of research skills that staff wished to develop were also noted. For most staff, this involved co-producing research (53%), applying for research funding (44%), and/or project management (43%) (see Figure 2).

Figure 2. Research skills Hartlepool staff wished to develop



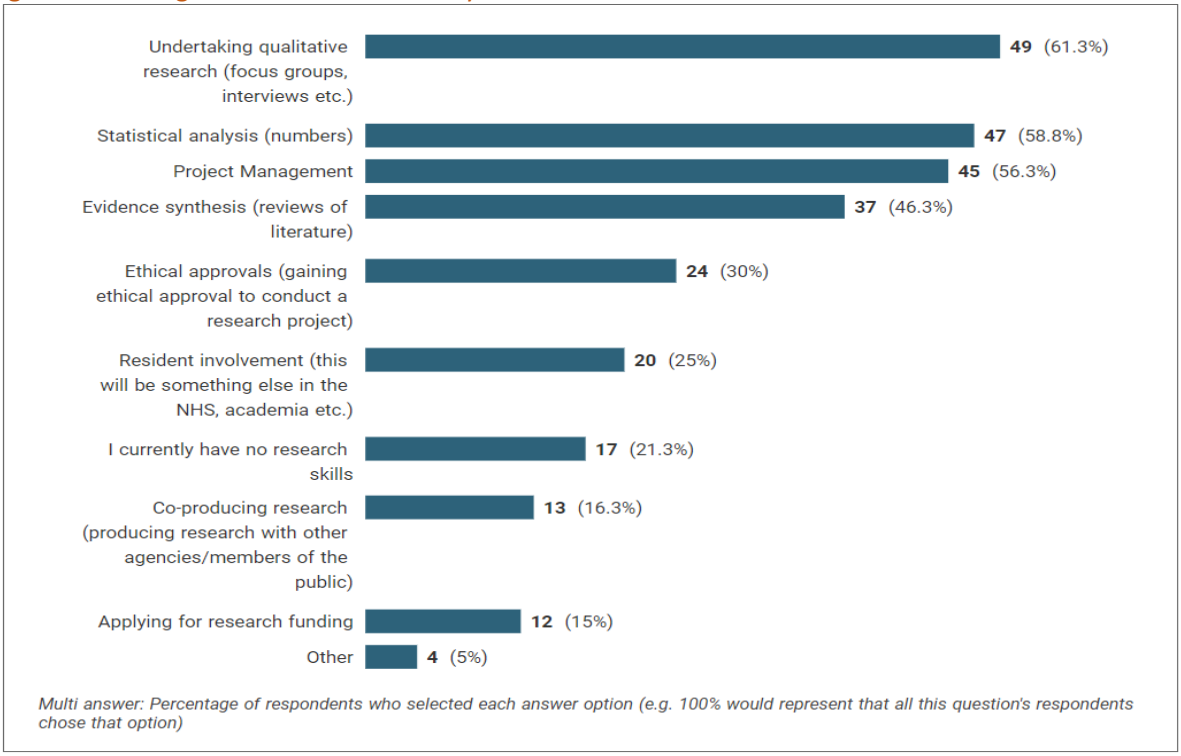
A number of **facilitators to the development of a research culture** were identified. Most importantly, staff attitudes towards using research as part of one's role were positive. Of the surveyed staff, many (79%) saw research as extremely important or very important to their role. Similarly, most (84%) saw evidence as extremely or very important, with 72% stating that they would like to use research and evidence more within their role. However, only 42% had any experience of conducting research in their role. More than half (63%) wanted an opportunity to take part in research in their current role; training (62%) and mentorship (54%) were cited as the two most important prerequisites to this.

Critically, the survey identified a number of **perceived barriers to the development of a research culture**. Most staff (75%) felt they had no time or capacity to generate research evidence. A lack of funding was also identified (41%), as well as being unsure where to start (33%), and a lack of research experience (31%).

4.2 Stockton-on-Tees staff survey

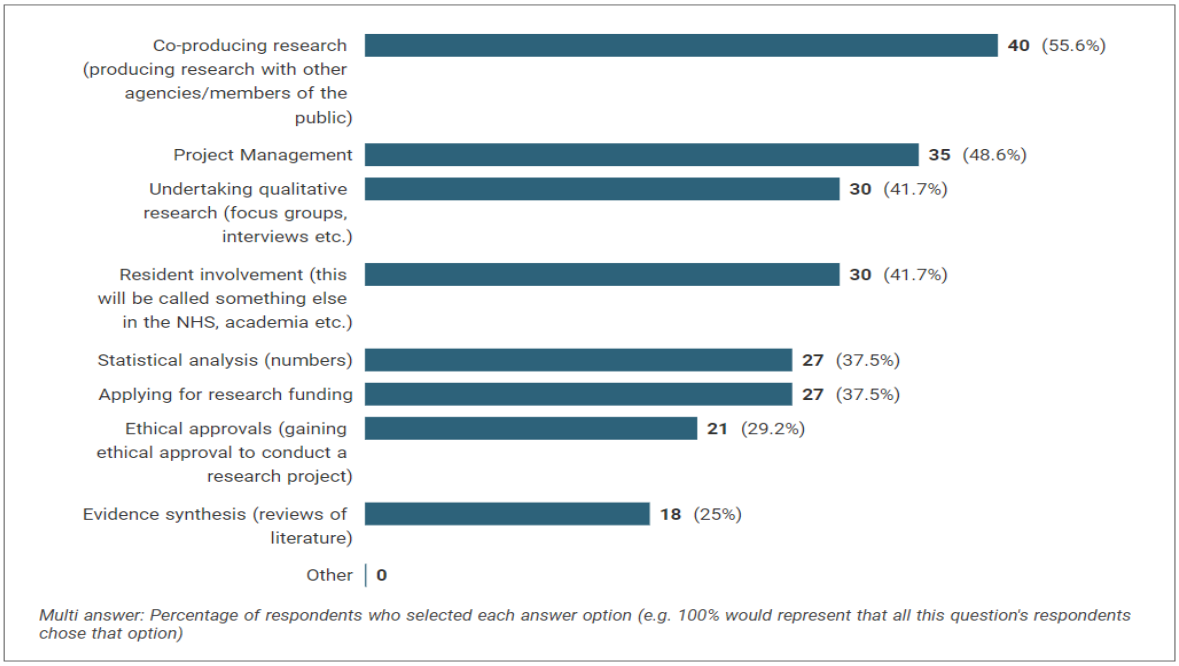
The survey, conducted between January and March 2023, yielded 80 responses from Stockton-on-Tees Borough Council staff. Most worked in Adults & Health (64%), Finance, Development & Regeneration (18%), or in Children's Services (16%). A significant number of respondents (30%) had been working for the Council for over 15 years, and around 40% combined had been working between 3 and 14 years, reflecting the breadth of levels of experience evident in the sample. Nearly 43% had a post-graduate degree, 36% had an undergraduate degree, and 15% had completed higher or secondary or further education. Surveyed Stockton-on-Tees staff possessed a broad range of research skills. Most had qualitative research skills (61%), statistical analysis skills (59%), and/or project management skills (56%) (see Figure 3).

Figure 3. Existing research skills of surveyed Stockton-on-Tees staff



Still, a range of research skills that staff wished to develop were identified. For most staff, this involved co-producing research (56%), project management (49%), and/or undertaking qualitative research (42%) (see Figure 4).

Figure 4. Research skills Stockton-on-Tees staff wished to develop



A number of **facilitators to the development of a research culture** were identified among Stockton-on-Tees Borough Council staff. Overall, staff attitudes towards using research as part of one's role were positive. Of the surveyed staff, more than half (56%) saw research as extremely important or very important to their role. Similarly, most (82%) saw evidence as extremely or very important, with 88% stating that they would like to use research and evidence more within their role. However, only

41% had any experience of conducting research in their role. More than three quarters (76%) wanted an opportunity to take part in research in their current role; training (68%) and mentorship (61%) were cited as the two most important prerequisites to this.

Crucially, the survey identified a number of **perceived barriers to the development of a research culture**. Many (68%) felt they had no time or capacity to generate research evidence. Being unsure where to start (44%), a lack of funding (40%), as well as a lack of research resources (37%) were the other most common barriers.

4.3 Hartlepool staff interviews

One-on-one interviews were conducted with six members of staff. Table 1 displays the directorate these staff worked in, their current role, and highest level of education. Five themes emerged from the interviews (see Table 2).

Table 1. Demographics – interviewed Hartlepool staff

Directorate	Leisure, recreation, and participation Children's commissioning (2) Children and adults and joint commissioning Hartlepool and Stockton Health GP Federation Public Health Department
Current role	Development Officer project lead Welfare Support Director of Nursing Child exploitation manager Public Health registrar Family support worker
Highest level of education	Higher education degree (2) Master's degree (3) PhD

Table 2. Themes from interviews with Hartlepool staff

6.	**Developing personal research skills through higher education or 'on the job', and an appetite for skill development**
7.	**A variety of experience of conducting research in one's current role**
8.	**Practical and organisational barriers to conducting research**
9.	**Research as a valuable part of one's current role, and the perceived ambiguous attitudes of councils to research**
10.	**An interest in contributing to a research culture, and potential barriers to implementation**

Theme 1: Developing personal research skills through higher education or 'on the job', and an appetite for skill development

When asked to define research, the majority of participants referred to research as the process of finding out information and facts in order to make decisions. Other definitions included the use of qualitative and quantitative methods (such as interviews and randomised control trials), a way to test out concepts, a learning source, generating new information, and analysis of information to prove or disprove a hypothesis. Some participants noted how broad research can be:

> *"Research could be just speaking to people as we are now. It might be books, might be observations, could be whole host of things and it's if you like, we will constantly be doing it*

all the time without knowing it. And we're gathering information. And then using that as knowledge to make decisions". (P1)

"[Research is] essential for people to be able to move on, change things, make changes, improve services" (P6)

Many participants had previous experience of research through their education, such as Master's degrees and PhDs.

"Very important, the master's teaches you a bit about the basics of qualitative and quantitative work". (P4)

For some, this was a long time ago and the skills had since been forgotten.

"I obviously, when I studied, we had to certainly, as part of my Master's degree, I chose to do a qualitative study, but that was a very long time ago and it's not something that I put into practice on a regular basis. So, I wouldn't say I was particularly skilled with it" (P2)

Others had learned their research skills on the job, such as writing reports and mapping data for the Council, or through learning from more experienced peers.

"I probably do, but I don't know what they are. I've never done a qualification as such. It's just things that I've learned through all the people learnt from…I made loads of mistakes, but it's what you learn from it. And just, I suppose, again, best practice seeing what other people are doing." (P6)

When asked if there were any research skills they would like to develop, some participants spoke of the projects they had in mind (such as looking into why people do not take up the offer to go to a food bank or speaking with people with lived experience) and would like the opportunity to undertake, if provided with a good level of support and/or training.

"For me, like I said, it's very much stuff that I've thought, oh, that would be interesting to know. Whereas if I'd had some sort of formal training around research skills then it might make things quicker or and even have more tools to look at how we could analyse the data better" (P3)

Another participant felt the COVID-19 pandemic had restricted their opportunity to develop their research skills and wanted to develop their interviewing skills.

"My own dissertation on my degree, I had to change my dissertation in my research from one thing to another because of COVID. So, I think it did, it did hinder my research skills, because I wasn't able to get into interviewing, I wasn't able to go in and see people, I had to do everything wrong, I had to completely change everything. So, I ended up having to do a very, very different dissertation. So, I think my research skills, that's something that I need to, I still need to work on due to the impact of COVID" (P6).

Others wanted to develop their confidence in the ethics and research funding bidding processes to be able to undertake more research.

"Having the confidence to and knowing how to and experience of going through ethics I think would be useful because it's otherwise quite limiting on what you can and can't do. See what

I think would depend on partners like academic partners to like kind of lead and develop bids and know how to do that sort of thing" (P4).

To summarise, participants defined research as a process of finding information to make decisions. Qualitative and quantitative methods, testing concepts, generating new information, and proving/disproving hypotheses were also mentioned as part of research. Participants had previous research experience through education or on the job, but some skills had been forgotten. Participants wanted to develop skills in areas such as project implementation, ethics, funding bidding, and interviewing. The recent COVID-19 pandemic was seen as a barrier to developing research skills.

Theme 2: A variety of experience of conducting research in one's current role

Common research activities conducted in participants current roles within the Council included creating reports and action plans for organisations, creating charts and tables to show their findings, conducting interviews, collecting statistical data, and collating spreadsheets.

"Conducting surveys and interviews so gathering information from all the councils in the area to say, well, how do you do what we do and finding out that we all do it totally differently. And the reasons why for that, but then also talking to our customers for want of a better term, the people who use our services, and asking them what was their experience of things, like, being hard up" (P1)

"A lot of the research that I do is around local insight and looking at I suppose other people's research to kind of back up and justify the work that I'm doing to create impact" (P5)

Others were more specific, such as taking a holistic approach, involving dissertation students in their research, using insight tools (for example, the census), and looking specifically into the impacts of COVID-19.

"Working as a clinician then obviously we use a lot of evidence in to determine kind of what level of care will provide and you know, what's the evidence based behind that, which is where research obviously comes in. […] We were very heavily involved as you might expect with some of the COVID work at primary care level and we were certainly involved in trying to think of what the IT was around trying to get people actually onto an existing study to test out various medications" (P2)

It was also found that previous experience of research helped participants in their current role, such as, for example, when it came to writing reports.

"When the report goes to whether it's senior management team or council members, then the citations are all there. The links are all there and that kind of thing" (P1)

In sum, participants engaged in various research activities such as creating reports and action plans, collecting statistical data, conducting interviews, and collating spreadsheets. Some participants used more specific research methods like using insight tools. Previous research experience was found to be helpful, particularly in report writing.

Theme 3: Practical and organisational barriers to conducting research

A number of barriers to conducting research were discussed by interviewees. Time and funding were commonly referred to as significant barriers that participants faced when trying to conduct research as part of their role.

"Under the you know the pressures of the budget and things. But you know, Council members say no, we wanna keep that going. We won't be able to provide it, but the money every year gets squeezed is all. Budgets get squeezed…. We get bombarded every single day with opportunities to do training, if we spent all the time, if you took all the training opportunities, you'd never actually do any work. You'd be constantly in training" (P1)

"Certainly, clinically it's always about time or it's usually about time" (P2).

"Time is certainly a big factor because we are a small team and extremely busy. So, […] tools that would allow for the analysis of data to be done a lot quicker will be beneficial" (P3).

"It could be somebody's full-time job, but nobody else can stump it up" (P5)

"I think it'd be challenging for most people to fit stuff in around the caseloads to do any sort of research, as much as I would love to have the time to do it, it would have to be done in my own time" (P6)

Aside from time and money, other participants felt that barriers to research existed within the workplace culture, and additionally, that the public were experiencing survey fatigue.

"I'm not sure people really understand where research fits in and why it's important and how they could be part of that. I think there's probably lots of missed opportunities. […] I think there's probably more of a research culture in a hospital setting than there possibly is in the smaller organisations which GP surgeries, because people just don't prioritise it enough. […] The face-to-face patient care, the day-to-day, they focus on demand rather than on the projection and building it into their workload. So, I think there'll always be some barriers there" (P2)

"If we wanted the words of the people in the area, [take] the clipboard, and 'can I ask you a few questions, please?'. People haven't got time. […] And I feel that it's a tradable asset, isn't it? Research and information, people pay a lot of money for it. And I think people are sick, absolutely sick to the back teeth of filling in surveys and giving up their details and things like that. So, I feel that that's a bit of a barrier at the moment, of public trust" (P5)

To summarise, interviewees discussed several barriers to conducting research, including time and funding constraints. Workplace culture was also identified as a barrier to research, and some participants felt that survey fatigue among the public was a further obstacle.

Theme 4: Research as a valuable part of one's current role, and the perceived ambiguous attitudes of councils to research

All participants, even those who did not use research as regularly in their role, felt research was very important and was described as being particularly valuable to their current role.

"I think it's extremely important. Especially for coming up with new ways of working, new procedures that may improve the lives of children and also speed up and [increase] the efficiency of, and support children and the families" (P3)

"It's not the be- and end-all, but it is really important as well. Some jobs in public health jobs haven't had the opportunity, but yeah, feels like there's a really interesting real opportunity

to be involved because it can make a difference both to your, the areas you're trying to work on and make a difference to, but can also help other people as well" (P4)

"It's something I probably don't think about on a regular basis. You know, on a day-to-day basis. But of course it's important. It's important certainly in healthcare and […] healthcare is a changing environment, and we change things because we learn more all the time and you've got, and we learn that through decent-quality research" (P2)

However, participants were less sure of how important councils perceived research to be, and the appetite for research in certain departments. Some participants believed research to be extremely important to councils, whereas others were not so confident of this.

"The whole the whole process of doing something like the heck of a long time before it actually gets done, so it's almost in some cases you could be researching something and you're adding this exists in by the time they presented the members and the information's out of date because the government might have […] decided something different in the same time or, you know, whatever it might be, the whole thing could have just changed" (P1)

"They [council] supported me during [my studies]. […] They didn't have to, but they had the choice to really support me, because I think it's important for my progression" (P6)

"I don't think it's as relevant to all the departments. I feel it's really relevant to the section that that I work in. […] We are preventative and community-based services, a lot of research within our department is really useful. And then we link up with public health. So, yeah, I think every department has its own value on research" (P5)

All participants agreed that using more research within the Council would be a good thing, with some noting that this was already happening, but that it could take place in a more organised, coordinated way.

"Yeah, it's nice with if it's coordinated as well, rather than each person doing their bit of research. If you can learn from each other and transfer the skills as well, because someone already doing some qualitative research on the particular aspect of the community that you also need to know the answers to, and so combining efforts can be really useful" (P4)

"I think that's happening already. So, we have a director that leads on research, who sets the strategy for this organisation, but last week we appointed a GP clinical lead to try and increase that in general practice. So, we work at scale on behalf of 32 practices in Stockton and Hartlepool, so that GP's job is to try and drip-feed more research into some of those GP practices" (P2)

"I think some areas maybe have more, do more research than us. But maybe people need to be introduced to it. Actually, some people might be really experienced, but […] need exposure to see how it could help them." (P4)

In sum, all participants considered research to be important and valuable to their current role, even those who did not use it frequently. However, there were mixed opinions on how important research was perceived to be by the Council and its departments. Participants agreed that using more research would be beneficial, with some noting that it was already happening but could be more organised and coordinated.

Theme 5: An interest in contributing to a research culture, and potential barriers to implementation

All participants were asked if they would be interested in contributing to a research culture and infrastructure within their Council, which may involve setting up a health determinants research collaboration between Teesside University and the council. All participants were very interested in contributing to this but pointed out potential barriers to its implementation, and to their own involvement. These included a lack of time to contribute, and the need for a shift in attitudes towards the use of research and evidence.

> *"I'd like to, I don't know how much use I'd be and again, it's how much times is needed, it needs to be ramped up run past higher than me. But yes, yeah" (P5).*

> *"Town planning, there's a whole set of rules and regulations around that. My interest would be, probably from looking inward from the outside, not just across the department, but looking from the outside. For example, Hartlepool just got an award of £20 million to do work on the town centre […]. Yeah. Are they just generally make things look nicer or more accessible, or try? And really you know, improve things like that. […] Well, where's the input? […] Who leads on that? The imagination side of that. And then, where did the goal to get the evidence, the data to back up what they're proposing to do?" (P1)*

> *"Yeah, before you happy to do that. [Asked why]. Because it's the right thing, because as one of the directors if, if that's part of our strategy, then it might, you know what, I'm partly responsible to deliver on that. I'm. But something would have to shift" (P2).*

Overall, participants expressed interest in contributing to a research culture and infrastructure, but they also mentioned potential barriers such as lack of time and a need for a shift in attitudes towards the use of research and evidence.

4.4 Stockton-on-Tees staff interviews

Eleven members of staff were interviewed in total – a combination of Stockton-on-Tees Council employees (8), and NHS employees working across Stockton-on-Tees and Hartlepool (3). Table 3 displays the directorates these staff worked in, their current role, and their highest level of education. Table 4 presents an overview of the themes developed from the interviews with staff from Stockton-on-Tees Borough Council and a few working for the NHS, across both Councils.

Table 3. Stockton-on-Tees staff - demographics

Directorate	Children's Services NHS Adults and Health Directorate (5) Department of Health Library services Arts Council Digital Transformation and Customer Services
Current role	Strategic planning and design officer Head of research in the mental health trust Strategic health and well-being manager for children Health well-being and workforce director Librarian Health and well-being manager Museum manager

	Digital delivery team member Integrated stretch strategy and development team member Director of Public Health Consultant in Public Health
Highest level of education	Undergraduate degree (4) Master's degree (2) PhD (3) Degree Not stated (1)

Table 4. Stockton-on-Tees staff interview themes

1. Developing personal research skills through higher education, and an appetite for skill development
2. A variety of experience of conducting research in one's current role
3. Practical barriers to conducting research: a lack of time and resources
4. Research as a valuable part of one's current role, and the perceived ambiguous attitudes of councils to research
5. An interest in contributing to a research culture, and potential barriers to implementation

Theme 1: Developing personal research skills through higher education, and an appetite for skill development

When asked how they would describe and define research, the participants commonly referred to qualitative and quantitative methods; literature reviews; gaining a better understanding into a topic; finding new evidence to publish and share; interviewing people; and looking at figures.

> *"Collecting evidence in order to support a theory, I think in order to present recommendations and therefore be able to make changes". (P1)*

> *"Always concrete evidence, but a better understanding of why things are a certain way, why things work or what's happening, and the different mechanisms. So, I think research is very much about inquiry and helpful inquiry into lots of different phenomenon's" (P3)*

> *"Research is a process by which you come to understand something that you are interested in or that you're looking into for somebody else. It's like a process of learning". (P5)*

Some participants viewed research as a means of gaining insight into other councils and to identify the different models that existed within them.

> *"To look at what other local authorities are doing and other organisations or charities. The different models that exist that are being actively used elsewhere and also looking at what innovations are ongoing and what kind of research other people are doing and to explore new ideas". (P1)*

Most interviewees had gained their research skills from their educational backgrounds, such as undergraduate and postgraduate degrees, as well as PhDs.

> *"Only what I've done for my Master's research project, and I did the qualitative Master's project. I also did my undergrad it was in biomedical sciences so and that was very statistical based". (P3)*

> *"So, when it comes to research skills, from my perspective, having not done anything formally, or in a controlled environment, my skills in that respect are nil, really. But within the modules that I'm doing at university, it's helping to build that background knowledge base and how to conduct research. So, my skills are limited, but my understanding of the processes is, is getting there". (P9)*

However, there were some participants who were very experienced with research and were involved with it almost daily, such as research managers, and those who conducted research projects of their own.

> *"I am more of a qualitative researcher, I as well as undertake my own qualitative research. I also support other research, whether that's supervised, supervision of others, I've got supervision of a PhD student and I am part of kind of steering groups and things like that, so you know in terms of publications, I've had publications and things so, but it tends to be qualitative research". (P4)*

When asked if they would like to develop their research skills, some interviewees spoke of their desire to learn management skills in order to lead on research projects and how they could become more efficient in undertaking this work. However, barriers towards achieving this were also mentioned.

> *"I think I just don't have enough hours in the day. I would absolutely love to do a PhD". (P3)*

> *"I suppose that that's not kind of my role to develop my own skills. And you know, I haven't got the capacity within my own world to be a researcher myself." (P2)*

> *"I suppose with the applications that we do use online; they're always being updated. There often isn't enough time in the day to really keep your skills very well honed. And so, yeah, I suppose with the online digital side of things, I would like more time to become more proficient". (P5)*

Other participants were very enthusiastic to develop their skills and gave specific examples of what they would like to learn more about.

> *"I'm really interested in developing those skills more. I only joined the local authority in October, and this is the first kind of job role I've had where it is really research focused. I would really like to do more formal training around things like interview techniques or […] collecting effective quality of live data, but also around maybe data analysis as well". (P1)*

> *"To improve my knowledge around […] writing research bids, I think was one of the areas I felt that I could develop and would certainly be interested in developing". (P6)*

Another participant felt they first needed to understand research more before developing any specific skills.

> *"I wouldn't say there's any particular area of that process that I would like to focus on, but just the whole from start to finish that whole process". (P9)*

Overall, participants defined research as using qualitative and quantitative methods, literature reviews, gaining understanding, and finding evidence. They gained research skills through education and experience, and some desired to develop management or specific research skills.

Theme 2: A variety of experience of conducting research in one's current role

There was a mixture of responses in relation to the kind of research that was undertaken as part of participants' current roles, however, qualitative methods, informing policy, and dissemination seemed to be prominent.

> *"A lot of the research that I do currently is focused internally within the local authority. […] Research for me would be talking to other people. I'm mapping, exploring what's already there... helping with doing interviews with children and things like that and in school settings and I recently participated in an engagement event". (P1)*

> *"Between the policy practice and rather than doing the research myself, it's about looking at the evidence base and informing national policy or trying to inform national policy afterwards. So, I spend a lot of my time doing that". (P4)*

> *"We do surveys, we do interviews, focus groups, we use research methods, and we try to be as good as possible at doing it properly". (P10)*

Co-production was mentioned as being particularly of interest to the Council:

> *"Researching different ways of talking to people and finding out there's quite a big emphasis in the Council. They really want to do co-production as much as possible. So, a lot of it is designing engagement activities to get people's opinions across the Council, like, across the borough and make sure that that we are including that into the research that we're doing into the recommendations that we make". (P6)*

Quantitative methods and reviewing literature were also common activities undertaken by participants.

> *"It's less direct and it's less conducting the research I suppose for the most part. And then again looking for feedback is something that we commonly do. Other than that, it tends to be reviewing research". (P6)*

> *"I do a lot of stats as well, monthly stats and reports and things. So, it's a lot of, it's mostly quantitative". (P8)*

In sum, participants' current research activities included qualitative methods, informing policy, dissemination, quantitative methods, and literature reviews. Co-production was mentioned as a perceived priority of the Council when it came to research.

Theme 3: Practical barriers to conducting research: a lack of time and resources

Time and funding were commonly referred to when asked about barriers to conducting research within participants' roles. Other barriers centred around having a lack of access to resources, such as restricted internet access, lack of organisation, and lack of staff.

> *"Just having that set framework in place and I'm not sure that there is a clear framework that's established in terms of conducting research. Who to? What the process is?" (P6)*

> *"The proportion of the current research that we do is, as I mentioned before, communicating with other people within the local authority, and my problem is that people even don't know that we exist. They don't understand where we're coming from, or the purpose of the research that we're doing and automatically assume that it's for a negative effect". (P1)*

> *"The other thing that is actually a really big barrier for me is very, very limited Internet access. Also, a lot of websites that I want to go on to look for research purposes and it seemed to be completely restricted by the Council and I think that's like for gateways and then it's a very long process to try and get any of those lifted. And there's no, there's not really any clear guidance as to why there restricted in the first place. I think we've just got incredibly sensitive firewalls". (P1)*

> *"But then some of the other barriers for us in the North East is as a workforce. We have so many vacancies of public health practitioners and specialists, so we haven't got full compliments of teams in any organisation". (P4)*

However, one participant could not recall any barriers that they could not overcome.

> *"I think I'm quite lucky that within my role, there potentially isn't any barriers other than time. But as long as I can manage that time, which I think I could, certainly within the remit of researchers, one of the areas of my work plan, so it would fit in nicely with that. So, I wouldn't say there was any barriers". (P9)*

To sum up, barriers to conducting research in participants' roles included time, lack of access to resources, lack of organisation, and lack of staff.

Theme 4: Research as a valuable part of one's current role, and the perceived ambiguous attitudes of councils to research

Almost all participants highlighted how fundamentally important research was to them personally and to their current roles.

> *"I think it's absolutely vital because if you don't, if you just have an idea and you just go over and over on a whim, you just come up with it and just got, you've got no idea on the. If you didn't do any research at all, and any contextual research, you'd have zero idea of how it, how impactful it could be, or expectations for the what the performance could be. So, research is so important in designing services for people because everybody's different". (P1)*

> *"[Research is] 100% important, why wouldn't it be? Preaching to the converted". (P2)*

> *"I think when you are responsible for public money you should be able to give a good strong rationale as to why you're doing something and how you're doing it and why you think that works. And even if it doesn't work, then you can demonstrate the intent is there". (P3)*

Whilst all participants acknowledged the importance of research, some did not believe others were as interested in it as themselves, particularly politicians and employers.

> *"It's critical, it's critical. The issue I've got is whether politicians want to hear the evidence base". (P4)*

> *"To me personally, it's very important. I'm not sure it's considered so important in the bigger scheme of things because we are employed to do a job which doesn't always set aside time for research and developing research skills". (P5)*

When asked if they felt research was important to the Council, participants gave a variety of responses, some voicing doubt and uncertainty. It was remarked that the context of the research was often lost when it was summarised for higher management; furthermore, it was felt that research was not integrated across all levels of the council.

> *"I really hope so. And what I have found so far is that the vast majority of the research that we do isn't passed on to higher management. It's more of a 'give us the high-level facts, give us the summary'. So, to sum up, like, a bulk load of research and other stuff that you've done, it never becomes. It's not like in an academic paper where it would be, you know, collected and it became this big report. You do that and it always remains in draft form, and you're just then taking the top level and just passing that up, which I think means that some context can be lost". (P1)*

> *"I think it would depend on the area of the local authority and I think some people probably work more with it than others in their day-to-day work. I don't necessarily think that it's something that is embedded across all areas of the local authority in terms of everyone is regularly using research in their day-to-day lives or has no awareness". (P6)*

> *"Yeah, it feels like it's a bit distant at the minute for some and there are particular areas of professionals or groups of staff, I think who do use evidence a bit more. But yes, it's not integrated into ways of working and it might go as far as reading research papers and things like that. Um, so yeah, I think that I think there is a mixed picture there". (P11)*

Every participant felt the Council should be using research more. Some participants gave general responses.

> *"Oh, absolutely. And I think it needs to be far more". (P4)*

> *"I mean, I can't speak for the wider local authority. But within Adults & Health, I think there is scope for a lot more research". (P9)*

Others provided further context to their responses, emphasising the role of research in informing effective approaches to working, and offering the right services to people.

> *"I think we would stand to benefit from more research informing what we're doing and giving us that evidence-based approach in what we do. And again, I guess for me, from a local authority benefits perspective, I think it's around having the most effective approach or informing work where there are gaps, potentially by doing new research". (P6)*

> *"How can an authority as a whole, not just my department, how can authority as a whole move forward, offer the right products and services to people if they're not doing research into what people need?" (P8)*

In sum, participants considered research as fundamentally important to their current roles but were unsure how important it was to the Council. Some believed that research was not integrated across all levels of the council, and that the context of the research was often lost when it was presented to

higher management. Nonetheless, all participants agreed that the Council should be using research more to inform effective approaches to working and to offer the right services to people.

Theme 5: An interest in contributing to a research culture, and potential barriers to implementation

Nearly all interviewees were interested in contributing to a research culture for both personal and work-related reasons. These included personal and professional development and tackling major organisational challenges.

> *"I think I would. I'm not quite sure what that would mean, but […] that's something that I would be willing to take part in. I think from my own personal perspective that there could be opportunities to further develop my own experience and knowledge in the process of being involved in something like that, which would probably benefit my approach to my work and my own continuing professional development." (P6)*

> *"I'm happy to as my boss, the director of culture would say to do. But one-to-one obviously.... The more research you have that's linked to specific needs and gaps in knowledge is worthwhile, so I would, for those reasons I would be happy to attend". (P7)*

> *"I just think we've got a huge responsibility as an organisation, and we can't always have evidence for everything, and I know that I'm being really realistic and pragmatic about it and some things you don't want to research. But there are things where we've got specific challenges that we just can't seem to crack. I think it would be warranted". (P3)*

However, one participant felt that they would get involved only if they were allocated time to do so.

> *"That would put me off if there's no if there's no leeway to physically fit it in to go alongside your work.... Yeah, I can do it, but you've got to physically give me the hours in the day to do it". (P8)*

To summarise, the vast majority of interviewees expressed interest in contributing to a research culture for personal and work-related reasons; it was mentioned, however, that it would be helpful to be given allocated time for this.

4.5 Hartlepool community member focus groups

Two face-to-face focus groups were conducted with Hartlepool community group members and community group leaders to obtain their views on community-led research. Three themes emerged from the interviews (see Table 5).

Table 5. Themes from Hartlepool community member focus groups

4.	**Community group involvement as a positive experience**
5.	**Strengths, capabilities, and challenges faced by community groups**
6.	**The importance of community-led research**

Theme 1: Community group involvement as a positive experience

When thinking about the positives that community groups brought to the participants, the community group members valued how personal and relatable their relationships were with others within the meetings.

> *"When it comes to working with professionals, most of them have […] never actually experienced what we've all experienced and gone through but here, you've got the peer-to-*

peer support. You're not alone knowing the pain or your struggles, they understand that, and we can help each other out in that way, but most of the staff have never been through that." (Community group member)

"It's more peer to peer. I think that's the most important thing that everyone in the group knows that everyone else is, in some way. We […] make them feel relaxed, well, because a lot of them don't come because they're not relaxed, and then get comfortable […] speaking up and being in a group." (Community group member)

Similarly, for community group leaders, relationships appeared to be a part of what made community groups strong and positive, as well as giving the community a voice for making real change.

"I worked with a group of people in Thornaby who felt really strongly about the lack of a local doctor's surgery.... They've been, you know, defanged several times since then by various NHS reorganisations, you know, can't give the public too much stay and power, but then they had teeth anyway. I remember a public meeting; we got about 150 people come along and gave the health authorities […] a roasting over it and we got a GP to approach this. After that they set up a surgery in that area. I think it's still there; I think the building was eventually built." (Community group leader)

"There's, like, more balanced power dynamic between the school and ourselves as a community group, which I think is a strength in what we've been able to do in terms of support and the wider families of strengthened school, because we can just make things happen more easily […] and use our combined strengths for that and the football group. It's just one of those examples of the many things that happen across the world where people find a shared interest and they decide to start something." (Community group leader)

Theme 2: Strengths, capabilities, and challenges faced by community groups

When asked about the strengths and capabilities of community members themselves, community group leaders appeared to understand and value other people's skills.

"There's the strengths that come into groups which you can really kind of nourish and channel and still get yourself of, like, some satisfaction out of that, even if you're not like the key player or something like that. It's a balance between not being selfish and it's all it's your thing". (Community group leader)

"It kind of enabled me to kind of think that if I wanted something to happen or to change […] then it's absolutely doable. And with the right people and the right enthusiasm and some of the right tools." (Community group leader)

Community group members also commented on the usefulness of community groups in providing people with meaning and purpose.

"The recovery community is probably one of the best things to do and look for a different way to evaluate the success and what's okay, so all the other ways of defining what success is. And we need things like that, like, that measures how successful something is by the amount of people that participate in us. Giving people, like, a sense of meaning to their day, like something to do." (Community group member)

Community group leaders talked about challenges around roles and responsibilities; political problems; and communication difficulties and being able to read group dynamics. Having the time to be able to lead a community group meeting was also seen as a challenge.

> *"And then when you're doing that with other groups and other pieces of work that that makes demands on time management skills. And because our work is by its nature creative and there is potentially an infinite amount of this work. You know, there's a real art in not over-committing oneself and self-care as well." (Community group leader)*

When asked what the council should be doing to address these current barriers and challenges, the participants spoke of financial matters, better communication, as well as more recognition of the contribution the community makes to the health of Hartlepool and using this resource.

> *"One thing that they do need to address is […] what people think and don't think that they are responsible for and what's actually, like, local decision making compared to national decision making and where the money comes from". (Community group leader)*

> *"There should be a greater recognition of the contribution that civil society makes to the health of the town. And there is a huge, as there is in many or all of the places, desire by people to see their communities thrive and […] many people have a natural impulse to want to help others. And many groups form to achieve just that. I'm not sure how much the Council recognises what is a gold mine under their noses". (Community group leader)*

Theme 3: The importance of community-led research

Community group members were asked what community-led research meant to them. The members agreed that the community was at the heart of this and should have a say in what the important issues that needed to be tackled were.

> *"Research by the community for the community." (P3)*

> *"To hear their voice." (P4)*

> *"We are the people using the services. Instead of somebody in an office deciding 'let's make a service', the community need to be saying 'well this is what is missing'." (P5)*

Community group leaders reflected on the importance of community-led research, observing that there was a wealth of evidence already available that should be made more accessible to the public:

> *"There's a mass of research already out there and available, and it's always struck me that making that more accessible to the public would be a really empowering tool. […] It could be promoted accessibly, it could be made available via websites or however. But it strikes me that there's a mass of stuff that nobody knows about, and yet other communities have been through, they've experimented with globally". (Community group leader)*

> *"There's an abundance of that available [research] so that continuation of, what can we do with that now, where does that all feed into and how can it strengthen our neighbouring communities […]? But then do something valuable with it. […] That has an impact. You know, research is interesting, but what's more interesting is what happens as a result of that research". (Community group leader)*

4.6 Stockton-on-Tees community member focus groups

Three focus groups were conducted online with community members and community group leaders in Stockton-on-Tees to obtain their views on community-led research. Three themes emerged from these interviews which were similar to the themes obtained from the interviews with Hartlepool community members (see Table 6).

Table 6. Themes from Stockton-on-Tees community member focus groups

1.	**Community group involvement as a positive experience**
2.	**Strengths, capabilities, and challenges faced by community groups**
3.	**The importance of community-led research**

Theme 1: Community group involvement as a positive experience

Community research champions and group leaders reflected upon the positive experiences that community group involvement had produced, such as socialising, building a good relationship between the Council and the local community, and providing a supportive environment.

> *"[Community group members] litter pick and then they have coffee and cake afterwards and things. […] It gets people out the house that wouldn't perhaps normally do that and they […] make friends and yeah, I think it's brought quite a lot of people together." (Community group leader)*

> *"It works really, really well and is very well-supported by Stockton care for your area, who provide all the bags and pick everything up that they collect. So, it's a really good partnership between the Council and the and the local community." (Community group leader)*

> *"I've only just started, actually, so I can't say I've done loads of stuff for them, but that seems like a brilliant group of people who all work together, who have lived experience and who get out in the community to support people who are struggling with their mental health and to use physical activity as a way to improve that." (Community group leader)*

> *"I used to go along to [community group name], where they have a small LGBT group and they had, like, a trans champion, and a gay champion and a lesbian champion, somebody who could go out into that community, and represent that community and feedback for them, which was really successful." (Community research champion)*

Participants also spoke about how community group involvement helped people during, and in the aftermath of COVID-19 and strived to continue helping people.

> *"It was set up during the COVID lockdown. […] We then evolved into the community wellbeing champions and although we're still here to give out public health messages, we're also here now to be a conduit between communities in Stockton-on-Tees. So, it's two-way process, we're sending out messages, but we're getting feedback. So, our community champions network is absolutely diverse. […] It is about improving the health and wellbeing of the people […] and basically, that's really, really great." (Community research champion)*

Theme 2: Strengths, capabilities, and challenges faced by community groups

When speaking about the strengths and capabilities of community groups, community research champions and group leaders discussed how they could help people; keep warm, reduce the feelings of anxiety and loneliness, and lower anti-social behaviour through youth engagement. These areas

were very important to the group members themselves and to the wider community. Another strength of the groups was their ability to provide both face-to-face and online meetings which helped those with disabilities and those who were too anxious to join face-to-face meetings to be involved.

> *"I also think that Teams and Zoom and various other platforms are really useful, and especially when some people can meet in person and others can't. If the technology works and it needs somebody to ensure that it does, it works really well. The IT worked much better than I expected it to work, and the chairperson was able to incorporate the views of people in both groups and it just offered a much wider opportunity for the whole range of people that wanted to be involved to be involved, especially where disability is involved, so certainly groups have been involved in, have people with physical disabilities that would never ever be able to because they don't go out of their own home, but they're very intelligent people and they, you know, they can contribute considerably to the discussion." (Community group leader)*

The research community champions also spoke of their capabilities and flexibility in being able to go to the community members' houses where they felt comfortable and able to speak more freely, as well as their ability to reach seldom heard communities.

> *"For a lot of our customers, they really struggled to get feedback from the BAME community, the deaf community, asylum seeker refugee community, […] all of those areas that we support with our professional interpreting services. So, we're utilising our interpreters to get feedback from the patients, whilst they're asking, you know, what questions they've been asked, what did they understand, they understand the different ways in which we do things in the UK […]. We try and facilitate that to get the voice of those hidden communities heard by using the interpreters because generally, there's a level of trust there between the interpreter and the client that will allow them to open up a little bit and provide some feedback." (Research community champion)*

> *"It would be basically a steering group of people with learning disabilities who would feed back about what life was like for them, what could make things better, you know, […] and it was that lived experience that they brought that you can't get from anywhere else, you know, and so I think it's getting those community groups up and running. So yeah, I think getting the voice of the community is so important." (Research community champion)*

However, participants also spoke about the challenges they faced in relation to community groups which included attracting and maintaining group members (especially those who were hard to reach); a lack of collaborative working; sourcing funding; a lack of understanding what research is about; a lack of engagement; and there being no incentives to participate.

> *"Funding is an issue, you know, we'd all like to make a difference to our communities and there is money out there and we get it in the community, but there's always something else that you'd like to do. If only you had, […] 1000 pounds that that kind of thing or, you know, in some cases just a few 100 pounds." (Research community champion)*

> *"Working with people who can make things happen, by which I probably mean service providers in the public sector. Typically, the Council, probably parts of the NHS, the police, and so on. And you know, sometimes we all want to do the same thing, but we're not […] joined up enough [..] in terms of trying to achieve it." (Research community champion)*

> *"For me, it's understanding what research is all about. I've learned a lot in the last few years about […] how research happens. […] It's opened my eyes, really, to that. And I think generally the people I sort of socialise with and come across, network with, don't understand how research happens." (Community group leader)*

One participant felt that community groups would benefit from more autonomy from the Council:

> *"I felt […] that […] the local authority has wanted to control that rather than allow the community to go away and bring back results that the local authority may not totally agree with, and so it's a bit of a challenge for local authorities to let go." (Community group leader)*

When asked how they thought these challenges could be addressed, participants mentioned receiving better support from the Council and local services; receiving more funding; and upskilling community members in research-related areas.

> *"I think there's an opportunity there for them to be spread wider than just their immediate small groups, so. And housing associations perhaps, could have a much wider remit, and going into the community other than their specific areas of interest. But that would need funding, and it would need, you know, a lot of positive thoughts about how that might happen." (Community group leader)*

> *"I think if there was more time […] it would be the right thing to do, to upskill communities and the people involved, particularly in the data-gathering exercise. I think that would be achievable. And I think in terms of designing questionnaires and research topics and that sort of thing." (Community group leader)*

Theme 3: The importance of community-led research

Community research champions and group leaders discussed why they felt community-led research was important and how essential it was to hear the voices of those whom the research affected.

> *"I would say very much involving […] the general public, the people who have the experience of the issue is really important." (Community group leader)*

> *"It's an essential part of the research to involve the general public in designing and developing the research. I think mistakes can be made if it's just the researcher and without the involvement of the people [who] are with a special interest from a public perspective, […] feeding in valuable information to that discussion." (Community group leader)*

Participants also noted how important it was for the community to speak to like-minded people who they were familiar with and trusted, rather than professionals who were perceived to be removed from the community and therefore less likely to be trusted.

> *"I think people are more likely to, sorry, we're not gonna talk. They're gonna talk to somebody that they know. I think more than a new person coming in if they can have general everyday chit chats with their community person who can then feed it back, you're probably more likely to get more." (Community group leader)*

> *"I think people can be scared sometimes to say the wrong thing […] like […] someone like you, [a] professional coming in and asking questions. You might use words that is everyday words, but your everyday person might be like 'I don't know what you mean and I'm not gonna say anything because I might say the wrong thing. I might get someone into trouble'. Whereas if it's in their community group that they're comfortable, they're probably spill all the beans." (Community group leader)*

5. Discussion and Recommendations

This study demonstrates that there is both a need and an appetite for research skill development in staff of both councils. Research is seen as valuable and necessary by council staff and community members alike; these positive attitudes should be viewed as facilitators of the development of a research culture. Furthermore, some staff develop research skills on the job as well as through higher education, and these skills should be utillised in promoting an environment conducive to research and research-informed practice. However, barriers exist, largely in the form of a lack of time and resources, as well as perceived ambiguous attitudes towards research across both councils.

Based on our findings, we make the following recommendations:

1. **Promote and foster a research culture:** There is a need to foster an environment that values research and evidence-based decision-making across both councils. Many staff already have valuable research skills which should be utilised. Furthermore, additional training and resources should be allocated for staff to conduct research, encouraging collaboration and knowledge sharing, and recognising and rewarding staff's research contributions. This could be facilitated by, for example, putting in place research champions with allocated time for this role. Furthermore, training and research mentorship should be invested in.
2. **Allocate resources:** Funding and time are essential resources for conducting research. Both councils should allocate sufficient resources to support research activities, including staff time, funding for research projects, and access to data and information.
3. **Build partnerships:** Developing more extensive collaboration with external partners, such as Teesside University and other institutions, will help provide valuable resources and expertise, as well as enhance the credibility and impact of the research activities of both councils.
4. **Work with community members:** co-producing research with members of the community, through engagement with community groups. It is recommended that both Councils consult community members about the issues they perceive to be important and in need of investigation through community-led, co-produced research. This will provide the community with a sense of autonomy and will demonstrate that their concerns are actively being addressed, with their involvement. Teesside University has a substantial track record of using co-production in conducting research with the community – this experience and expertise should be harnessed in the form of collaborative research with both councils. Through the HDRC South Tees, we have developed a programme of training sessions which includes sessions on systematic reviewing, research ethics, managing research funding, health economics, and many other research-related topics. These sessions are open to all and have been disseminated to staff within both councils and have received considerable uptake so far. We will continue to share these opportunities with both councils.
5. **Set up a memorandum of understanding (MoU) with Teesside University:** This is already underway with both Councils and will establish a framework for cooperation and collaboration between Teesside University and both Councils in relation to research, innovation, and knowledge exchange.
6. **Submit separate applications for future HDRCs:** There is no rationale for a joint application for a future HDRC, as both Councils have different directors of public health or joint functions, which means a joint application would be unsuccessful (as per NIHR conversations). However, separate applications with each Council will be developed. A stage one application with Hartlepool has already been submitted in 2023. Discussion should take place in regard to submitting an application for a HDRC in Stockton-on-Tees in 2024.

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