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Building a health and wellbeing research system for Kent and Medway

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Research team

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Executive summary

This research was funded by the National Institute for Health Research (NIHR) to understand how more public health research proposals originating in local government could be stimulated to address the weak evidence base for interventions to improve the health of the population.

Over 4 months in 2020, working alongside a public advisory group and public health professionals, we carried out a survey of council officers and councillors, interviews with council officers, a consensus workshop including a range of stakeholders.

Our key findings were:

- Broadly positive attitudes towards using and participating in research
- Many council officers have research skills and experience
- The main barrier to doing research in local government is time in the working day for council officers
- Priorities and ways of working in councils and academia are not aligned
- NIHR research calls are not designed to be relevant to local government

At a national level, we recommend identifying where top-down interventions may promote a stronger research culture in local government, including:

- Articulating a national commitment to the idea that research and development for health is core function of local government and must be resourced
- Reinforcing the role of the Director of Public Health as independent advocate for the public health – a function that which requires needs to use research evidence
- Reinforcing the idea that practitioners are ideally placed to shape research priorities
- Making NIHR Programmes more public health practitioner-friendly

Principles of the solution could be:

- Promote leadership for research in local government
- Reinforce the idea that public health is job of entire local government organisation
- Align the objectives of Directors of Public Health, councillors, the public, the Integrated Care System and universities to build the evidence base of what works to address the wider determinants of health
- Build shared understanding that academic research findings can enhance value for the public
- Learn from how the NHS has made research activity part of its work

Draft local recommendations:

- Build a network of Kent and Medway public health researchers and practitioners, using the Applied Research Collaboration KSS as a framework, involving the Integrated Care System, aiming to
    - Building collaborations, relationships and shared understanding
    - Providing a continuing professional development resource
    - Sharing and testing research ideas
    - Identifying funding opportunities and possible research partners
    - Discussing research findings to stimulate other ideas
- Consult on developing leadership for research in the councils
- Engage with councillors and the public, reinforcing how important research is for councils
- Consult on a responsive evidence synthesis function for councils, provided in collaboration with universities

Background and context

This project was one of several funded by the National Institute for Health Research (NIHR) Public Health Research Programme across England during 2020. Based in 13 areas of England, all broadly aimed to develop knowledge and understanding of how local government could contribute more substantively to the national public health research agenda. This contribution is important because local authorities – as key end-users of research – are in a pivotal position to shape and build the evidence base of effectiveness of interventions to improve and protect health, which is recognised to be weaker than for clinical interventions.

Our project focused on the two local authorities in the county of Kent: Kent County Council (KCC) and Medway Council, which are linked by a joint Health and Wellbeing Board, a shared Sustainability and Transformation Partnership (with an Integrated Care System (ICS) planned from April 2021) and a single Clinical Commissioning Group. Both local authorities are members of the Kent Surrey and Sussex Applied Research Collaboration (ARC KSS), a collaboration of NHS organisations, local government and universities aiming to promote applied research.

KCC and Medway public health practitioners have been increasingly seeking links with academia over the last few years, recognizing the potential to create evidence to support decision-making. One example is the opportunity for advanced analytics to model population health, given KCC's early development of link datasets.

Developing public health academic-practitioner links in Kent has been hampered by the lack of a natural central point with a public health research tradition around which academics and practitioners can assemble. There is no one dominating town, and neither of the two universities based primarily in Kent has a large or long-established public health research tradition, until the last few years.

The objectives of this project were

- to articulate a deeper understanding of the local context, culture and readiness in relation to research activity and research culture
- to build stronger engagement between academics, council officers and other stakeholders
- to develop ideas about what would work to promote more public health research activity from a wide range of stakeholders

Methods

We carried out the project between August and November 2020. It involved a synthesis of data from:

- an online survey of council officers and councillors
- interviews with council officers
- field notes from a consensus workshop of council officers, NHS managers, representatives of the voluntary sector and members of the public
- field notes from discussions of a public advisory group, steering group and with public health practitioners

Further details of the methods are provided in Appendix 1.

Results

Online survey

348 people responded to the questionnaire, 333 council officers and 15 councillors. Table 1 shows the numbers of respondents by local authority and department or role. For all the following questions, Appendix 2 provides results by council.

Recognition of the council's role in improving health of the population

The survey asked questions to gain insight into whether councillors and officers thought the council had a clear vision to improve health and whether councils thought their own department had a role in improving health. The reasoning was that to achieve any organisational or departmental commitment to engaging in research activity about health improvement requires an understanding that health improvement is the entire organisation's responsibility and by extension all departments of the organisation (recognising that some have more direct influence on health than others).

Most, although not all respondents thought that the council had a clear vision to improve health (74%). Councillors had the lowest level of agreement about the clarity of the organisational vision to improve health. Most officers recognised their department's role in improving health (78%). Not surprisingly, less than half of officers working in corporate services and more than 96% of officers working in public health or strategic commissioning thought their departments had a key role in improving health. About 75% of officers working in departments with a key role in improving health (concerning the wider determinants of health, including regeneration, transport, environment etc) recognised that role.

Table 1: Number of responses by role and council

		Kent	Medway	Total
Councillors		14	1	15
Officers	Adults' or children's services, including education	41	46	87
	Public Health/Strategic Commissioning*	22	34	56
	Wider Determinants of Health (e.g. Planning, Environment)	43	28	71
	Corporate Services (e.g. Human Resources, Finance, Communications)	19	5	24
	Other department not classifiable	9	8	17
	Department not reported	37	41	78
Total		185	163	348

*Public health and strategic commissioning officers were grouped together because in KCC, the Public Health department is within the Strategic Commissioning directorate, and some public health practitioners cited this rather than public health.

Table 2: Perceptions of vision to improve health in the council and recognition of health improvement role (data not provided for officers of unknown department)

	Agreed or tended to agree					
	Councillor (n=15)	Adults' & children's services (n=87)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=24)	Total* (n=348)
There is a clear vision to improve the health of the population in the council	11 (73.3%)	69 (79.3%)	54 (96.4%)	54 (76.1%)	18 (75.0%)	282 (81.0%)
		(n=87)	(n=56)	(n=71)	(n=24)	(n=333)
My department has a role in improving the health of the population	n/a	74 (85.1%)	54 (96.4%)	53 (74.7%)	11 (45.8%)	245 (73.6%)

*totals include those of unknown department

Using research evidence

The survey asked a number of questions to understand perceptions of the organisation's attitude to using research evidence in decision-making, personal views of the value of using research evidence, and experience of using research evidence. Table 3 summarises the responses.

Respondents showed very strong personal support for the idea that research evidence improves value for the public. Most respondents also thought that the council saw research evidence as important (74%). A lower percentage (62%) thought that the council promoted research evidence being used.

Of course, council decision-making is, rightly, also informed by voters' opinions and feedback; the survey asked a question to gain insight into perceptions of the relative importance of this and research evidence. We found that councillors and officers though that public feedback was given greater weight than research evidence (47% respondents thought that the council considered public feedback more important that research evidence, 27% disagreed and 26% were neutral – data not shown).

Two thirds of council officers reported that their departments used research evidence. Just over half of council officers thought that research evidence was accessible and about 74% said they could find evidence if it existed. Public health officers were more likely to say that research evidence was used, accessible and that they could find it, presumably reflecting that these skills are a core part of public health training.

Table 3: Research evidence: attitudes and access

(data not provided for officers of unknown department)

	Agreed or tended to agree					
	Councillor (n=15)	Adults' & children's services (n=87)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=24)	Total* (n=348)
I think that using research evidence improves value for the public	14 (93.3%)	80 (92.0%)	56 (100.0%)	65 (91.6%)	24 (100.0%)	281 (80.8%)
The council as a whole sees research evidence as important in decision-making	12 (80.0%)	59 (67.8%)	49 (87.5%)	50 (70.4%)	16 (66.7%)	260 (74.7%)
The council promotes research evidence being built into service design or commissioning, or both	11 (73.3%)	46 (52.9%)	45 (80.4%)	37 (52.1%)	13 (54.2%)	211 (60.6%)
The council considers that feedback from local people is more important in decision-making than research evidence	5 (33.3%)	40 (46.0%)	32 (57.1%)	28 (39.4%)	15 (62.5%)	162 (46.6%)
		(n=87)	(n=56)	(n=71)	(n=24)	(n=333)
My department uses research evidence in planning or commissioning or both	n/a	64 (73.6%)	54 (96.4%)	43 (60.6%)	15 (62.5%)	222 (66.7%)
Research evidence to support my department's work is easily accessible	n/a	46 (52.9%)	43 (76.8%)	31 (43.7%)	10 (41.7%)	171 (51.4%)
I can find relevant research evidence or evidence-based guidance if it exists	n/a	64 (73.6%)	52 (92.9%)	46 (64.8%)	19 (79.2%)	209 (62.8%)

*totals include those of unknown department

Personal research experience and barriers to research activity

To gain some insights into research experience we asked officers whether their department had been involved in research in the previous 3 years, defined as: *'the whole process of creating new knowledge, which includes developing research proposals, arranging research governance, collecting and analysing data, coming to conclusions and publicising the results'*; 47% said yes. 13% had academic research experience, defined as having worked as part of a team on a research project that has led to a peer-reviewed publication. Table 4 shows reported barriers to research activity. Most commonly cited were lack of time (62%) and limited skills (46%).

Attitudes to councils carrying out research

A very high proportion of councillors and council officers in all departments had very positive attitudes towards greater contribution of both themselves and councils in research (Table 5).

Table 4: Barriers to research activity in councils

Barrier	n	(%)
Officers do not have the time	214	(61.5)
Officers do not always have the skills	161	(46.3)
Job descriptions do not include research	104	(29.9)
Council's commitment to research limited	70	(20.1)
Weak links with university	51	(14.7)
Universities cannot respond quickly to needs for research	41	(11.8)

Table 5: Attitudes to research activity in councils

(data not provided for officers of unknown department)

	Agreed or tended to agree					
	Councillor (n=15)	Adults' & children's services (n=85)	Public health/ strategic commissioning (n=56)	Wider determinants (n=71)	Corporate (n=23)	Total* (n=348)
I think that local authorities should contribute to developing scientific knowledge about what does and doesn't work	14 (93.3%)	82 (94.3%)	55 (98.2%)	64 (90.1%)	20 (83.3%)	272 (78.6%)
I think that local authorities should publish more evidence about what does and doesn't work	14 (93.3%)	78 (89.7%)	53 (94.6%)	66 (93.0%)	20 (83.3%)	270 (77.6%)
I would personally value taking part in more research activity	12 (80.0%)	74 (85.1%)	52 (92.9%)	58 (81.7%)	21 (87.5%)	248 (71.3%)

*totals include those of unknown department

Interviews

We interviewed 14 council officers (no councillors were available to be interviewed): 4 from KCC, 2 from Kent district councils, and 8 from Medway Council. 7 were public health professionals, 5 from social care and 2 from departments relating to the wider determinants of health. Although the number of interviews to be conducted was predetermined by capacity of the research team over a very short term research period, data saturation was reached early.

Only one participant thought that their organisation had a research strategy, although they were unclear if they had actually seen it. Some felt that their organisation was "*quite poor*" when it came to research and lacked a systematic approach to using research.

> *"There is no policy or strategy around research in [my department]. We recognise that research plays a really key part in informing our practice …. But there isn't a clear vision at the moment..."*

All participants were able to describe how their team used evidence-based practice in their work and some reported using national evidence-based guidance to inform commissioning and decision-making. Some noted a lack of guidance in their field of work. All participants believed that research was important and that it could add value. A couple of the participants felt that national guidance was sometimes not useful as it could not be applied in local circumstances

> *"I think the difficulty that they would have in trying to provide that level of guidance is they would either have to make it very generic in order to make it usable for the different disciplines that exist within the organisation."*

Knowledge of systems to support public health research was very mixed. Those in public health had the greatest awareness of research funders, such as NIHR and ARC KSS, although rarely had they received research funding. They reported a lack of time and expertise to write proposal.

Some participants felt there was a mismatch between what research LAs would find useful and what local academics might be interested in and what funders would ultimately support. A few explained that research, even that conducted by 'applied researchers' was still often too academic and lacked applicability.

> *"But it is also that application piece… it does feel a bit like there's a disconnect between well that's very nice and that's very theoretical, but how does that help me in my, as a senior manager when I'm planning this piece of work, or improving it, or as a person on the ground actually delivering it, that can be quite frustrating."*

> *"So when I say 'academic' I'm not talking there about not having enough rigour behind the process, but what I'm saying is it can't just be a we've published a report, let's just move onto the next thing. This is stuff that needs to have the ability with its recommendations and its findings to change policy on the ground."*

Whilst most participants recognised that universities often had subject specialists, universities were not engaged with in a systematic way. Instead, an ad-hoc approach was taken, with personal contacts being used to identify relevant academics. With this in mind, most of the participants believed that having a research partnership with just one university would not be beneficial, as one university would not necessarily be able to provide the range of expertise a LA would need. A couple also stated that geography should not be the deciding factor either. Different values and goals between academics and LA was also seen as a barrier for any future partnerships.

> *"I think that there is a huge gulf between the academic values, goals, ambitions and what it actually means to apply that…. it's easier for the academics to remain academic and it's easier for me to remain applied."*

> *"Well in the past, I was thinking that maybe geography plays an integral part around how we establish this partnership [between Local Authority and a university]. So you would want to actually try and network with the universities that are closer to you. So obviously Kent with Christchurch were the usual suspects. But I guess that the impression that I'm getting though is there wasn't, I wasn't seeing that much of a reciprocation in the past in terms of funding and support. So, in the meantime then other universities approached us to collaborate."*

Most of the participants were not involved in any research currently, although a couple were actively looking for funding opportunities. Many of the participants stressed that service users and local residents were at the centre of all their work, would also be central in setting any research priorities.

For some of the participants, research was seen as a luxury and not possible to fit into their working life. their day-to-day job roles, it was difficult to fit in to their working life.

> *"[My LA] is an inadequate Local Authority so I'm under so much scrutiny it's you know, so for somebody like me to put up a case to divert from the statutory responsibilities in the position [my LA] is in is quite hard, but there's always, always enthusiasm to get involved in other people's research."*

A few of the participants spoke about the need to work longer hours to work on research projects, and to do such work in their own free time.

Whilst a few of the participants believed that research would be seen as favourable in their annual appraisals and might help with career progression, many felt that research was not needed to progress their career. Others believed it was not part of the culture or values of the LA, although it was still regarded by many as being something the councils were open to.

Lack of time, resources and funding opportunities were mentioned by most of the participants as barriers to conducting research, as well as limited skills. A few of the participants talked about the importance of having a dedicated research lead who they could go to if they wanted to conduct research, or if they needed research support.

> *"I'm honestly so stretched in terms of staffing just in a normal time, not even in COVID, that we just... I think we don't, probably don't have the time to research actually, and it doesn't seem an easy thing to do."*

> *"I'm for research and I would absolutely love it if someone came to me and said I want to do a piece of research, but the reality is given the workload that we do, given that you know, we're pretty streamlined, there's not a lot of fat in the system, it might be quite difficult on a day-to-day basis for [me] to do that."*

When discussing the value of such a research support post, most believed that it would be better to have this person in-house rather than an externally commissioned service, or a joint post held with a university. A joint post would have to be co-located with the LA.

> *"That person [joint academic post between university and LA] has to be sitting in our department and actually actively taking part in all of our work. So unless they actively take part in all of our work, then they will not make the connection in terms of what are the key priorities that we need to be developing and then marry it up to the funding opportunities that are actually out there."*

Key points from field notes from the consensus workshop

What would help to ensure research is consistently embedded across LAs?

Participants though that a key focus should be the development of a positive research culture within LAs. It was felt the value placed on research in LAs needed to be promoted, which in turn would encourage the development of the necessary support for research. Importance was placed on different ways to illustrate this value including increased opportunities for placements/secondments in universities, alongside academics supporting initiatives for workforce development. Some feedback focused on a need to build confidence in LA colleagues to use research and it was noted that academic support could facilitate this.

Attendees also spoke about the importance of developing a 'shared understanding' between academics and LA colleagues to encourage a collective agreement on key elements of the research process. Specific feedback identified agreeing aims of the research and how identifying how these complement or contrast with priorities of the LA, how to produce valid and reliable findings in shorter evaluation cycles so as to optimise timeliness of research and use of appropriate methodologies for researching public/population-level programmes.

How can the public be involved in developing a research strategy?

Patients and public frequently collaborated with both LAs on a range of initiatives, e.g. acting as Community Champions, participating in service user groups, or Citizens Panels; however, the extent to which these partnerships focused on designing and delivering research was unclear. Discussions highlighted the importance of academics working councils to build the profile of research and promote using evidence in service design and delivery. To facilitate public contributions, attendees suggested a number of principles:

- ensuring research strategy reflected community priorities
- developing innovative and interactive ways to engage with different audiences
- using a broad range of locations and modes of communication to reach people
- using plain English

Developing a strategy to support research aimed at improving health and wellbeing

There is already codesign work in progress through local HealthWatch organisations to understand what 'good' health and wellbeing looks like; attendees suggested that this could be used as a framework for research priorities. There was a recognition that effective leadership and appropriate funding is required to sustain a research infrastructure. The group was unanimous that a multi-stakeholder co-production approach - including public, NHS partners, voluntary sector, academics, councillors, commissioners, LA colleagues from across departments - is needed.

Key points from field notes at meetings of public advisory group, steering group and with public health practitioners

Building the case for research in councils

- To promote research activity, it is important to build a shared understanding across the council about how research can benefit council decision-making e.g. investment and disinvestment decisions

Tackling the barriers to research in councils

- Building recognition that health is the council's business
    - Build understanding that 'public health' research is not just the work of public health departments and refers to the work of the entire council that influences the health of the public - it may help to call it 'health and wellbeing' research rather than 'public health' research
- Funding development of research ideas and projects
    - Councils have tight budgets and high workloads among officers; fall in public health grant over last 6 years has made contributing to research even more challenging
    - Need dedicated funding to support collaborative research
- Building leadership
    - Need leadership at the council for research and development; research needs to be represented and championed at Director level

    - Independent public health advocacy led by the Director of Public Health in support of research would provide leverage
- Tackling political barriers
    - There is tension between research and political drivers at the council
    - Councillors' opinions and public voices are respected at the council – important to get leverage for change through them
    - Need a stronger network across the geography to champion public health research, leveraging support from other health champions e.g. the integrated care system

Getting external research funding

- Working with universities
    - Is important because experienced in getting external research funding
    - Need to build contacts with many universities: single university departments do not necessarily have expertise or interest in the full range of methodologies that would be useful for councils e.g. systems research and applied analytics
    - Need to find solutions where both universities and councils can benefit
    - Build understanding not able to contribute any real support to research at the council unless funded to do so – university staff funded on the basis of applying for competitive research grants or teaching, so seeking external funding is critical
    - Timescales in the research world are slow
- Applying for NIHR funding
    - NIHR funding applications need to have generalisable results – this is not always possible for the research that councils need doing
    - Often proposals can be more generalisable is there is collaboration between councils, but there is no clear mechanism for collaborative research between councils
    - NIHR applications very complicated and time-consuming
    - No source of funding for intervention costs and support costs with most research applications (unlike in the NHS)

Opportunities

- Can capitalise on recent announcement of funding from Department of Health and Social Care through Local Clinical Research Networks to support public health research in councils
- Applied Research Collaboration Kent Surrey Sussex could provide framework and support for leadership and collaboration
- We can learn from the NHS R and D frameworks – since the Culyer report 1994, research has become embedded in the NHS and has supporting infrastructure

Discussion and recommendations

Key findings

- Broadly positive attitudes towards using and participating in research among councillors, council officers and members of the public
- Many council officers have research skills based on their training – and about half had undertaken some form of research activity in the last 3 years
- There are significant barriers to developing research proposals and participating in research: time for research thinking and development of proposals was the most commonly cited
- Priorities and ways of working in councils and academia are not aligned
- NIHR infrastructure not designed for research relevant to councils

The principles of the solution

- Need leadership for research at strategic level within the councils
- Be clear that public health is job of entire council, not just the public health department
- Make the political drivers work - support the public to be advocate for research and a partner in developing research priorities and strategy, involve the NHS through the ICS, and strengthen the voice of Directors of Public Health in favour of research, as part of their role as independent advocates for the health of the public
- Build shared understanding that academic research findings can enhance value for the public, informing investment and disinvestment decisions
- Find solutions that can benefit both academics and councils
- Learn from how the NHS has made research activity part of its work

Recommendations: national

- Synthesise findings of all projects funded by this call to find common themes and identify where top-down interventions would be effective
- Work towards national commitment to the idea that R and D for health is core function of local government and must be resourced (a Culyer report for local government?)
- Resource the R and D function in local government
- Reinforce the role of the DPH as independent advocate for the public health – a function that requires research evidence
- Reinforce the idea that practitioners are ideally placed to shape research ideas and priorities, as is routinely understood in the NHS
- Identify ways to make the Public Health Research Programme more practitioner-friendly

DRAFT: Recommendations: local

- Build a network of Kent and Medway public health researchers and practitioners, using the Applied Research Collaboration KSS as a framework, involving the Integrated Care System aiming to
    - Building collaborations, relationships and shared understanding of priorities, interests, knowledge and skillsets across practitioner/academic interface
    - Providing continuing professional development resource (for academics and practitioners)
    - Sharing and testing research ideas
    - Identifying funding opportunities and possible research partners (recognizing that the appropriate skill sets are not always available at local universities)
    - Discussing research findings to stimulate other ideas
- Consult on developing leadership for research in the councils
- Engage with councillors and the public, reinforcing how important research is for councils
- Consult on a responsive evidence synthesis function for councils, provided in collaboration with universities

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Appendix 1: Methods

Governance arrangements

The protocol was reviewed by the University of Kent School of Social Policy, Sociology and Social Research School Research Centres Ethics Panel (reference: ID274).

For independent scrutiny, we set up a steering group that met twice over the course of the project, with seven members who were not on the research team. The role was to ensure that the study team adhered to the purpose and had good governance in place, including ethical conduct and safety of participants and to advise on any changed plans. Terms of reference and minutes are available on request.

Engaging with the public advisory group

We established a Public Advisory Group (PAG), consisting of four members who responded to an advertisement circulated to LA and university colleagues. The PAG met formally with the research team on five occasions over the course of the project. The purpose was to seek input on data collection and analysis and to support development of ideas for the research system. PAG members also undertook additional roles for example, chairing or attending steering group meetings and chairing a discussion group at the consensus workshop. In addition to the PAG members, four additional public representatives participated in the consensus workshop.

Engagement with public health practitioners

The research team, which including public health practitioners from each council met on six occasions each for about 1 hour to shape the research, facilitate data collection, discuss findings and shape the ideas for a public health research system.

Interviews with council officers

Kent County Council and Medway Council members of the research team identified potential interview participants from local government, to reach a broad spectrum of participants, from elected members, organisational leaders, officers in public health and other departments such as housing, social care and energy, aiming for representation from upper and lower tier authorities in Kent.

After requesting verbal consent, we carried out and recorded semi-structured interviews, online due to COVID-19 restrictions. The interview guide covered current research strategy and activity; use of evidence-based guidance; perceptions, values, beliefs, and attitudes in relation to developing research capacity; and key elements to developing a research system.

All interviews were transcribed verbatim. Transcriptions were imported into NVivo software. Analysis of the interviews used the constant comparative method.[1]

Online survey of council officers and councillors

We conducted a rapid scoping review of instruments used to understand, in health policy or public health organisations research culture, commitment, capacity and attitudes to research. While we found a number of publications describing instruments of this type, some of which were validated, none was applicable to the English public health system and short enough to be used over this timescale.[2-16] Drawing on the learning from the scoping review, the research team operationalised the research questions into key constructs of interest, and designed simple questions relating to:

- understanding of council role in relation to health

- organisational commitment to research
- research use in policy, planning and commissioning
- current research activity
- personal attitudes and capacity to use and conduct research

We did not attempt to collect data on what might work to develop a research system because we did not think this method was suitable for that. We designed a short questionnaire using Qualtrics for each council, which took about 7 minutes to complete and could be completed on a computer or mobile device. At KCC we distributed the link to this in an email to senior managers and councillors. At Medway Council the link was circulated in the staff newsletter and on the council intranet.

Consensus workshop

The purpose of the consensus workshop was to present preliminary findings of the interviews and survey and discuss the development of a public health research system in Kent and Medway. We invited 30 individuals, including councillors, officers from KCC, Medway Council and district councils, representatives of 4 Kent Integrated Care Partnerships, the Clinical Commissioning Group, voluntary sector organisations and members of the public. 20 agreed to take part and attended the 2-hour virtual workshop. Small groups were asked to consider three questions:

- What would help to ensure research is consistently embedded across LAs?
- How can the public be involved in developing a research strategy? What are the gaps in public involvement?
- What should we put in place to develop a strategy to support research aimed at improving health and wellbeing?

Appendix 2: Survey results for KCC and Medway separately

Table A1: Perceptions of vision to improve health in the council and recognition of health improvement role of department

	Numbers (%) who agreed or tended to agree	
	Kent	Medway
There is a clear vision to improve the health of the population in the council (out of all respondents)	136 (73.5)	146 (89.6)
My department has a role in improving the health of the population (out of all council officers)	125 (73.1)	120 (74.1)

Table A2: Using research evidence: attitudes and access

	Numbers (%) who agreed or tended to agree	
	Kent	Medway
I think that using research evidence improves value for the public	148 (80.0)	133 (81.6)
The council as a whole sees research evidence as important in decision-making	132 (71.4)	128 (78.5)
The council promotes research evidence being built into service design or commissioning, or both	101 (54.6)	110 (67.5)
The council considers that feedback from local people is more important in decision-making than research evidence	83 (44.9)	79 (48.5)
My department uses research evidence in planning or commissioning or both (council officers only)	112 (65.5)	110 (67.9)
Research evidence to support my department's work is easily accessible (council officers only)	82 (47.9)	89 (54.9)
I can find relevant research evidence or evidence-based guidance if it exists (council officers only)	109 (63.7)	100 (61.7)

Table A3: Previous experience of research (council officers only)

	Kent	Medway
Department involved in research in the previous 3 years	86 (50.3)	71 (43.8)
Academic research experience	28 (15.1)	17 (10.4)

Table A4: Barriers to research activity in councils (council officers only)

Barrier	Kent	Medway
Officers do not have the time	118 (63.8)	96 (58.9)
Officers do not always have the skills	96 (51.9)	65 (39.9)
Job descriptions do not include research	57 (30.8)	47 (28.8)
Council's commitment to research limited	45 (24.3)	25 (15.3)
Weak links with university	40 (21.6)	11 (6.8)
Universities cannot respond quickly to needs for research	28 (15.1)	13 (8.0)

Table A5: Attitudes to research activity in councils

	Numbers (%) who agreed or tended to agree	
	Kent	Medway
I think that local authorities should contribute to developing scientific knowledge about what does and doesn't work	145 (78.4)	127 (77.9)
I think that local authorities should publish more evidence about what does and doesn't work	147 (79.5)	123 (75.5)
I would personally value taking part in more research activity	134 (72.4)	114 (69.9)