

Impact case study (REF3)

Institution: Teesside University		
Unit of Assessment: 20		
Title of case study: Transforming evidence-based practice in public health through co-production and evaluation		
Period when the underpinning research was undertaken: 2015-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dorothy Newbury-Birch	Professor	Jan 2015 to present
Natalie Connor	Research Associate	Jun 2016 to present
Grant James McGeechan	Senior Lecturer in Health Psychology	Jan 2015 to present
Period when the claimed impact occurred: 2015 to 2020		
Is this case study continued from a case study submitted in 2014? N		

1. Summary of the impact (indicative maximum 100 words)

Research on coproduction, evaluation, and public health undertaken at the Centre for Social Innovation at Teesside University has led to a transformation in the working practices and policies of Durham County Council (DCC). Research has led to the Council developing a framework for coproduction and the allocation of workload for research-informed evaluations. Participation in research has also contributed to the personal and professional development of public health staff, policymakers, and research participants. Most importantly, the research has also led to changes in DCC policy on mental health and suicide, leading to both maintained and enhanced support and provision for the local community.

2. Underpinning research (indicative maximum 500 words)

Research at Teesside University on public health has explored and utilised coproduction as a mechanism for ensuring rapid translation and adoption of public health applied research. Research has been carried out in co-production with policymakers, stakeholders, and community groups. Since 2015, our research has shown that co-production research enables practitioners, policymakers, commissioners and members of the public to produce relevant and cost-effective outcomes that can lead to changes in public health policy and practice [3.1]. We have developed processes for coproduction and created a bank of case studies which highlight the barriers and facilitators to coproduction work with stakeholders. For instance, one chapter focuses on work with a secondary school in a deprived area of North Tyneside. Six young people worked with two academics and were trained in coproduction research and interviewing techniques. They met once a month for 18 months and carried out 17 qualitative interviews and the analysis and writing of the book chapter. The research highlighted the need for significant lead in time to support stakeholders, the benefits of early focus group work, and the importance of understanding the context and environment in which stakeholders are working [3.1].

More specifically, our coproduced research has sought to better understand and address public health support mechanisms in the areas of mental health, teenage pregnancy, and suicide. For instance, a qualitative study undertaken in 2015 on the use of “sheds” as an intervention to try and promote ‘health by stealth’ among men revealed that the social aspect was key to their success, with participants coming along for nothing more than a chat and a cup of tea. The study showed that the shed can be an effective way of reducing social isolation in older men, but that further work was needed to understand what impact the shed has on physical and mental well-being [3.2]. Our qualitative exploration of a school-based targeted mindfulness course in 2016 demonstrated that, while young people were willing to engage in mindful practice and felt it better equipped them to deal with stressful situations, a targeted intervention approach could lead to young people being stigmatised by their peers [3.3]. Through a 2015-2016 qualitative

Impact case study (REF3)

study that explored participant experience of a locally commissioned teenage parent support programme in County Durham, our research revealed that targeted programmes have the ability to increase social and emotional capabilities of teenage mothers and their children and that they can increase engagement in education and employment for teenage mothers. [3.4].

Our research has also examined mechanisms for referral to services following a family/close friend suicide. An evaluation of a pilot police-led suicide strategy was undertaken in 2015 and compared to a previous coroner-led suicide strategy. Through a mixed methods evaluation, we compared how long it took for suspected suicides to be recorded using both strategies. The number of referrals received by support services during the pilot strategy were compared with those from previous years. Our study found that a coroner strategy was more consistent at identifying suspected suicides; however, reports were filed quicker by the police. The study also highlighted that bereaved individuals were willing to share contact details with police officers and consent for referral to support services which lead to increased referrals. The focus group and interviews revealed that the pilot police strategy needs better integration into routine police practice [3.5].

Our 2018 research on school settings for health promotion has shown that within schools there is wide variation amongst senior academy and trust leaders in how they perceive the role of academies in promoting health and wellbeing amongst students and that there is also variability in whether academy trusts responsible for more than one school adopt a centralised strategy to health promotion or allow individual schools autonomy. The study was based on semi-structured interviews with twenty-five academy and school leaders and five respondents from public and third-sector agencies were recruited to examine attitudes towards health promotion held by academy trust leaders and senior staff. [3.6].

3. References to the research (indicative maximum of six references)

[3.1] Newbury-Birch D, Allan K. eds. 2019. Co-creating and Co-producing Research Evidence: A Guide for Practitioners and Academics in Health, Social Care and Education Settings.

Routledge: London. ISBN 9781138579019.

[3.2] McGeechan GJ, Richardson C, Wilson L, O'Neill G, Newbury-Birch D. 2017. Exploring men's perceptions of a community-based men's shed programme in England. Journal of Public Health. 39:4, e251–e256. <https://doi.org/10.1093/pubmed/fdw116>.

[3.3] McGeechan GJ, Richardson C, Wilson L, Allan K, Newbury-Birch D. 2018. Qualitative exploration of a targeted school-based mindfulness course in England. Child and Adolescent Mental Health. 24:2, 154-160. <https://doi.org/10.1111/camh.12288>.

[3.4] McGeechan GJ, Baldwin M, Allan K, O'Neil G, Newbury-Birch D. 2018. Exploring young women's perspectives of a targeted support programme for teenage parents. BMJ Sexual & Reproductive Health. 44, 272-277. <http://dx.doi.org/10.1136/bmjsex-2018-200106>.

[3.5] McGeechan GJ, Richardson C, Weir K, Wilson L, O'Neill G, Newbury-Birch D. (2018). Evaluation of a police led suicide early alert surveillance strategy in the United Kingdom. Injury Prevention. 24, 267-271. <https://doi.org/10.1136/injuryprev-2017-042344>.

[3.6] Jessiman PE, Campbell R, Jago R, Van Sluijs EMF, Newbury-Birch D. 2019. A qualitative study of health promotion in academy schools in England. BMC Public Health. 19:1186, 1-13. <https://doi.org/10.1186/s12889-019-7510-x>.

Funding from Durham County Council since 2015 has underpinned outputs 3.1 to 3.5. Principal Investigator: Newbury-Birch. Co-production evaluations of public health research projects. GCP353,813.

4. Details of the impact (indicative maximum 750 words)

Since 2015, researchers from Teesside University have worked with DCC, spending one day a week on site to be available to public health staff to work on projects, reports and publications that are carried out by the researcher and at least one of the public health team. This has led to the production of 12 research-informed evaluations on issues of public health, including mental

Impact case study (REF3)

health, exercise referral, cancer bereavement services, real-time suicide surveillance, and teenage pregnancy support programmes [5.1].

Recommendations from these evaluations have directly informed DCC policy and practice across a broad range of areas. For instance, the 2016 research-informed evaluation of the DCC CREE men's shed project (a project designed to create safe spaces to support mental health of at-risk populations) was undertaken to assess the value of the scheme [3.2, 5.1c]. The coproduced report between Teesside University and Durham County Council recommended that the CREE service be re-commissioned for 2016/17 and that formal links should be forged between independent CREE groups to facilitate the sharing of resources and ideas [5.1c]. Following on from this evaluation, the CREE programme was recommissioned and was cited in 2019 as a key support service in DCC's 2019 practitioner's guide Making Mental Health Everybody's Business [5.2].

The County Durham Teenage Parent Support and Teenage Parent Apprenticeship Programme provides support to parents who are not in a position to engage with a formal programme of learning or employment but would benefit from opportunities to improve their resilience and social and emotional capabilities. A 2017 coproduced evaluation of the programme between DCC and TU - and later published in BMJ Sexual & Reproductive Health [3.4] - was undertaken to assess users' experiences of the programme [5.1g]. The report recommended that the provision of childcare and transport are key aspects of the programme and it is recommended that this should be retained. This recommendation was upheld by DCC with free transport offered to all parents and support for childcare costs offered through the Care to Learn scheme to continue attending school. Childcare costs for teenage parents above compulsory school age who continue with their learning were also offered because of the raising participation age [5.1g, 5.3].

The evidence-based Youth Aware of Mental Health (YAM) programme was piloted in County Durham in 2017. The programme supported students to explore their experiences of mental health. Seven schools and 2,253 pupils took part in the programme. Drawing on insights from the role of schools in health promotion [3.6], a coproduced evaluation between DCC and TU [5.1j] was undertaken in 2019 and was later published as a book chapter [3.1]. The evaluation sought to determine how the programme was received and understood by pupils, parents, and teachers. The report recommended the programme should continue to be offered across Durham, that a parent leaflet should be developed, and that a brief should be developed on how YAM fits within the current Children and Young People system [5.1j]. These recommendations have been embedded within the YAM programme. YAM is now included as part of the broader offer support services for schools. The success of YAM as evidenced by the evaluation has led to its continued use and inclusion in the DCC 2020-2023 Council Plans, with the added aim of increasing uptake [5.4, 5.10].

In 2016, an evaluation was conducted on a real-time suicide alert system (RTSS) that links into a range of support services including a suicide bereavement support service, which offers one-to-one support, relationship and financial support, as well as community interventions that had been implemented by DCC. The results of the interviews with support services indicated that they had noticed a marked increase in referrals into their services, and they were engaging with clients much earlier than they had prior to the pilot. The report recommended that for the pilot to be successfully rolled out there needs to be complete buy in from police and coroner's office and the method for recording a death as a suspected suicide should be integrated into their everyday role to ensure that no deaths are missed [5.1a]. The report's findings, subsequently written up for the journal Injury Prevention [3.5], have led to a continuation of the pilot system and underpinned DCC's ongoing prevention strategies for suicide [5.10]. The Durham evaluation was subsequently used by Public Health England as a case study demonstrating 'commitment to partnership working, spanning the development and delivery of services' for support after a suicide [5.5]. The booklet was designed to 'help commissioners, health and wellbeing boards, and others understand why postvention should be a part of local suicide prevention work and how others are delivering postvention support' [5.5]. The team were subsequently asked by Public Health England to undertake a series of supplementary reports with the London and Cheshire and Merseyside regions as well as with the Coroner's Office to test whether a real-time

Impact case study (REF3)

suicide alert system could be rolled out nationally [5.6]. The overarching recommendations from this work included the development of a leaflet containing information on postvention support to be left by police with all bereaved individuals, the establishment of protocols for sharing data across agencies, the agreement of a minimum data set to be collected for each area, and for more research on attempted suicides in RTSS. Public Health England have subsequently taken forward the recommendations stemming from the pilot work, developed case studies to support others developing a RTSS, and developed a RTSS minimum standards document [5.6]

The research-informed approach to coproduction and evaluation has also benefitted both collaborators and participants. Active participation in a school-based evaluation of alcohol interventions provided pupils with teamworking skills and gave them a deep sense of purpose. This was seen through increased attendance and less disruptive behaviour. For the then Assistant Headteacher, this project gave the pupils the 'opportunity to further develop their skills of working with and engaging with young people, whilst developing their skills' [5.7]. In addition, the coproduction approach to the evaluation influenced the pedagogical approach of our staff: 'the learning for school staff was also significant and I now use the learning in how I teach, that is by including students in the decision-making process for projects and am working with yourself to make opportunities for young people to attend the university for visits' [5.7].

As well as participants, the coproduction research has also benefitted DCC staff. For Deputy Director for Health, Wellbeing and Workforce (NE) at Public Health England, the outcomes of the research alongside the coproduction approach developed with researchers at Teesside University has supported the team's continuing professional development: 'the learning for the practitioners has enabled them to learn the skills to be able to carry out research on their own and understand more fully the research landscape. Eight practitioners have peer reviewed publications with them named (range 1-8 publications). Key learning has happened in qualitative, quantitative, research project management and systematic reviewing which they continue to use in their day to day work' [5.8].

As a result of the success of these evaluations for both practitioners and policymakers, DCC implemented in 2016 a system for joint working between researchers and Public Health Staff [5.9, 5.10]. Research-informed evaluations undertaken with university-based researchers are now recognised within the workload and plans of the practitioners, and a process for undertaking coproduced evaluations has now been approved and implemented by the senior management team. Since, 2015, DCC has invested GBP350,000 for research-informed and coproduced evaluation work with Teesside University [5.11]. For the Deputy Director of Public Health at Durham County Council, 'this new approach to evaluation has significantly transformed the way we operate and has resulted in an increase in evidence-based decision making. This has ensured policy serves our communities appropriately, reducing risk and leading to better outcomes for all' [5.10].

5. Sources to corroborate the impact (indicative maximum of 10 references)

[5.1] Collated Evaluation Reports (pdf) co-authored by Teesside University and Durham County Council between 2015 and 2020.

- a. McGeechan G, Richardson C, Weir K, Wilson L, Newbury Birch D. 2016. Real Time Suspected Suicide Early Alert System: A Case Study Approach. Teesside University and Durham County Council.
- b. McGeechan G, Richardson C. 2016. Evaluation of the .b Mindfulness in schools program. Teesside University and Durham County Council.
- c. McGeechan G, Richardson C. 2016. Report of CREE. Teesside University and Durham County Council.
- d. Anderson L, Woodcock C. 2016. Healthy Horizons service evaluation. Teesside University and Durham County Council.
- e. McGeechan G, Woodall D. 2017. Community based tobacco control program evaluation – Final Report. Teesside University and Durham County Council.
- f. McGeechan G, Richardson C. 2017. Report of Relax Kids programme Service Evaluation. Teesside University and Durham County Council.

Impact case study (REF3)

- g. McGeechan G, Baldwin M. 2017. Teenage Parent Support and Teenage Parent Apprentice Programme Evaluation – Final Report. Teesside University and Durham County Council.
- h. Connor N, Newbury-Birch D. 2018. Evaluation of County Durham & Darlington's Fire and Rescue Service Safe and Wellbeing Visits. Teesside University and Durham County Council.
- i. Connor N, Smith T, Newbury-Birch D. 2018. Evaluation of Operation Encompass. Teesside University and Durham County Council.
- j. Connor N, Waller G, Newbury Birch D, Baldwin M, O'Neill G. 2019. Evaluation of the Youth Aware of Mental Programme Health (YAM). Teesside University and Durham County Council.
- k. Connor N, Barry S, Duff C, Newbury Birch D. 2019. Evaluation of a targeted cold related ill-health intervention in Silverdale GP Practice, County Durham. Teesside University and Durham County Council.
- l. Wilkinson K, Cooke A, Connor N, Newbury-Birch D. 2020. Macmillan Joining the Dots, County Durham – Evaluation. Teesside University and Durham County Council.

[5.2] Practitioner Guide (pdf and link). Durham County Council. 2019. Making Mental Health Everybody's Business: A Practitioners Guide. Available at: <https://durham-scp.org.uk/wp-content/uploads/2019/10/Making-Mental-Health-Everybodys-Business.pdf>

[5.3] Webpage (pdf and link). Durham County Council. (no date). Teenage pregnancy - school aged young mothers. Available at: <https://www.durham.gov.uk/article/2900/Teenage-pregnancy-school-aged-young-mothers>.

[5.4] Planning Document (pdf and link). Durham County Council. 2020. Council Plan 2020-2023. Available at: <https://democracy.durham.gov.uk/documents/s127933/Council%20Plan%202020-23.pdf>.

[5.5] Practitioner Resource (pdf and link). Public Health England. 2016. Support after a suicide: A guide to providing local services. A practice resource. London: Public Health England. Available at: <https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>.

[5.6] Email Correspondence and Evaluations (pdf). Correspondence from Head of Mental Health Delivery at Public Health England. Received 8 March 2021. Evaluations:

- m. Newbury Birch D. 2019. Real Time Suicide Surveillance System (RTSSS) Case Study: Cheshire and Merseyside (CHAMPS). Teesside University.
- n. Newbury Birch D, Waller G. 2019. Real Time Suicide Surveillance System (RTSSS) Case Study: London. Teesside University.
- o. Newbury Birch D, Waller G. 2019. Real Time Suicide Surveillance System (RTSSS) Case Study: Durham. Teesside University.
- p. Newbury Birch D. 2019. Real Time Suicide Surveillance System (RTSSS) Case Study: Coroners. Teesside University.

[5.7] Signed Letter (pdf). Testimonial from Assistant Headteacher at Norham High School. Received 02 February 2021.

[5.8] Signed Letter (pdf). Testimonial from the Deputy Director for Health Wellbeing and Workforce (North East) at Public Health England. Received 02 February 2021.

[5.9] Report (pdf). Durham County Council. 2016. Co-production evaluation update. Public Health Senior Management Team (PHSMT).

[5.10] Signed Letter (pdf). Testimonial from the Deputy Director of Public Health at Durham County Council. Received 10 March 2021.

[5.11] Consolidated Contracts (pdf). 2017, 2019, 2020. 3 x Teesside University contractual agreements with Durham County Council for evaluation work.