



**fuse**

The Centre for Translational  
Research in Public Health

# Knowledge Exchange, Impact and Collaboration Strategy

---

July 2015

# 1 A quick overview

## About Fuse

Fuse is one of five UKCRC Public Health Centres of Excellence established in 2008 and is also now one of the collaborators making up the NIHR School for Public Health Research. It is a virtual centre comprising a partnership between the five North East universities and policy and practice partner organisations.

## Vision

Fuse's vision is to **transform health and well-being** and **reduce health inequalities**, through the conduct of high quality **public health research** and its **translation into value-for-money policy and practice**.

## Principles and assumptions underlying our KE, impact and collaboration strategy

Research evidence (user-inspired and applied) can play a fundamental part in social and economic development, contributing to prosperity and regeneration as well as improving quality of life and health. Yet, research evidence does not always manage to cross the translational gap into use.

We acknowledge that:

- Multiple types of knowledge exist and are held by stakeholders across many contexts
- Exploring and incorporating such knowledge is vital to developing useful, acceptable, and feasible services and interventions in public health
- This requires expertise to be shared across professional, organisational and sector boundaries
- Opportunities for sharing knowledge need to be actively created and fostered
- As well as facilitating research uptake, such linkages across stakeholders groups could lead to: multi-directional information flow; higher levels of trust between professional groups; more holistic appreciation of health issues; improved capacity building in public health; and the co-creation of knowledge to achieve results better than any one group could achieve alone<sup>1</sup>.

Sharing knowledge - whilst simultaneously researching those academic and practical processes involved in this - is helping Fuse develop a regional, national and international reputation in this area. Recognising the bi-directional nature of knowledge exchange brings an obligation to take the issues it raises for the research process, (i.e. what works and what counts) seriously. New ways of producing and using evidence are critical to delivering rigorous, relevant and timely research that makes a difference and has an impact on public health outcomes.

## Developing an impact-led culture

Focusing on the difference Fuse can make is central to our vision of **being a leading research group in developing novel and innovative approaches to translational research in public health**. Emphasis on this is integral to the Centre's activities.

---

<sup>1</sup> Adapted from the Knowledge Exchange Groups terms of references - see [www.fuse.ac.uk](http://www.fuse.ac.uk)

### **Stakeholder groups**

We have a number of stakeholders with whom our work must demonstrate and deliver impact. A framework of strategic partnerships is being developed which identifies targets amongst:

- Service and policy partners in health related services (Public Health England (PHE), NHS England and other NHS bodies, Local Authorities, GP commissioners, CVS, national policy makers (e.g. DoH, etc.).
- Funding bodies
- Other academic researchers at national and international levels
- Senior members of the management of our own HE institutions
- Public media
- Members of the public, service users.

### **Stages in building collaboration**

Facilitating collaborative relationships across sectors is not straightforward. It takes time, and is influenced by contextual churn, and political and performance pressures. Overall we employ a four stage approach to building collaboration:

- Awareness raising (of who we are, and of the skills we can offer);
- Developing multiple ways in which to work with practice and policy partners;
- Building trust and iteratively demonstrating the added value of working together with partners;
- Providing regular updates and feedback on our activity.

Although this document is a statement of strategy, the points above can seem somewhat aspirational and nebulous, so in the full document we also give practical examples to achieving success at these different levels.

### **Impact at local, regional, national, international levels**

Collaboration is time intensive, and relationship dependent, so our plan has been to focus on developing joint activity at local, and regional levels, demonstrate the added value from this, learn, and - over time - use such activity as exemplars to inform national strategy.

Open access academic publishing enables work to be shared more widely at national and international levels.

International impact is developed through organisation of a biennial Fuse Knowledge Exchange conference and international academic collaborations among Fuse's partners.

### **Measuring KE, impact and collaboration activity**

It is important that systems are in place within Fuse that capture planned and unplanned impacts.

## **2 Context**

### **About Fuse**

Fuse is one of five UKCRC Public Health Centres of Excellence established in 2008 to build capacity in public health research nationally. Fuse is also one of the collaborators making up the NIHR School for Public Health Research. It is a virtual centre comprising a partnership between the five North East universities (Durham, Newcastle, Northumbria, Sunderland, and Teesside) and policy and practice partner organisations (the NHS, Public Health England, regional agencies, local government, and other public, commercial and voluntary organisations). We link closely with our colleagues at the Institute for Local Governance (ILG).

Fuse aims to support the transformation of health across the North East by responding to local and national priorities, and making available emerging evidence for the effectiveness of public health interventions at all levels of policy and practice. There are six Fuse research programmes that support this aim: early life and adolescence, healthy ageing, behaviour change, health inequalities, complex systems and translational research.

Fuse is managed by a Centre Management Group (CMG), chaired by one of the Deputy Directors, and overseen by an independently chaired Centre Strategy Board (CSB) chaired by a local Director of Public Health and including national and international members. Fuse has a communication group (leading on communication and dissemination) and knowledge exchange group (KEG – leading knowledge exchange activities).

### **The vision**

There are four core elements to our vision:

Fuse's vision is to **transform health and well-being** and **reduce health inequalities**, through the conduct of high quality **public health research** and its **translation into value-for-money policy and practice**.

### **Principles underlying our strategy**

We believe that robust and useful research (user-inspired and applied) can play a fundamental part in social and economic development, contributing to prosperity and regeneration as well as improving the quality of life and health in communities.

We also acknowledge that research findings and good evidence do not always manage to cross the translational gap into use. It is our aim to contribute to the growing evidence-base on why this is so, (researching research utilisation and knowledge

mobilisation) and to examine the complex systems within which research may or may not be put to use. However, further to this, we aim to develop both, methodological and pragmatic approaches to addressing these issues and facilitating the creation of research evidence that is both useful and used.

We believe that by recognising the bi-directional nature of knowledge exchange and developing new ways of researching, producing and using evidence in public health, we can begin to demonstrate different and more fruitful ways of delivering high quality and usable research that has an impact on public health practice and ultimately on health outcomes.

Fuse's knowledge exchange, impact and collaboration strategy aims to articulate how the organisation will encourage the co-production of knowledge, build collaborative networks and seek to translate evidence into policy and practice through two-way exchanges with partners.

In this document issues of impact are discussed first, before we turn to a consideration of the collaboration and knowledge exchange mechanisms that are appropriate for developing impact.

### **3 Impact objectives**

#### **Objectives**

What are the key ways (arising from the Fuse vision statement) in which we expect Fuse to make an impact? Fuse aims to:

1. Create innovative approaches to the cost-effective translation of research evidence into policy and practice
2. Work in partnership with relevant agencies in health and non-health sectors, and with patients and the public, to establish examples of good practice for applied public health research, transferable to other parts of the UK and elsewhere
3. Bring together a critical mass of research leaders and their groups from the five North East universities, (along with their extensive national and international collaborative networks), to drive methodological development and recognise pragmatic approaches in the establishment of effective translational public health research
4. Expand public health research capacity through new posts and PhD studentships, to address Fuse's research agenda and meet the public health research needs of the future
5. Research the processes involved in knowledge utilisation and knowledge mobilisation so we can learn how to do this well, focusing on public health commissioning, professional and organisational behaviour change and the mechanisms and systems that support these

6. Develop, evaluate and facilitate the uptake of theory-driven interventions to influence individual, population and professional behaviour
7. Enhance understanding of the causes of health inequalities - in particular in relation to health behaviours and interventions - and develop, evaluate and implement interventions to tackle persistent inequalities in health
8. Derive specific and generic learning from our research, leading to theoretical and methodological advances in public health, and transferable knowledge of national and international applicability
9. Build sustainable capacity for health improvement in the North East, through collaboration with local government, the NHS, third sector organisations engaged in the wider public health arena, and community members
10. Ultimately, to influence the nation's health by working in partnership with funding agencies, government, other Centres of Excellence in Public Health Research, the School for Public Health Research, the National Public Health Research Consortium, the Scottish Collaboration for Public Health Research and Policy, the MRC, the ESRC National Research Methods Centre, and our existing research collaborators to share knowledge and undertake collaborative research and related activities.

### **Developing an impact-led culture**

As with any research-based organisation, Fuse aims to have impact within the academic sphere by encouraging staff and students to publish the results of their work in quality peer-reviewed journals with a high impact factor. But we also aim to target our research outputs on policy and practice audiences and publish in outlets that they access.

Focusing on the difference our organisation can make is also central to our vision of **being a leading group in developing approaches to translational research in public health**. The differences and interdisciplinary mix evident in our institutional backgrounds and substantive areas of interest give Fuse its unique coherence. Everyone, including academic and research staff, students, administrators, communications staff and associates, is aware of the need to use our research to make an impact. This agenda needs to be pursued in a proactive and systematic way, rather than simply capturing reactively and opportunistically the chance occasions when our work appears to have hit its target and achieved something useful. What is learned needs to be fed back to enhance our future efforts.

Everyone in Fuse has a role and contribution to make in ensuring an impact-led culture can flourish. Senior investigators may lead on planning for, and thinking through, how the organisation makes an impact; all research staff and students are involved in delivering and assessing impact; administrative staff may be more closely focused on recording or auditing impact; communications staff have a key role in communicating news and findings, raising Fuse's profile and helping to create impact amongst a range of external audiences. The knowledge broker is vital in listening to and gathering different stakeholders' views in order to share these across those working in related

areas. CMG creates opportunities at various meetings and through the Fuse website to highlight the importance of developing impact from our work and communicating it to our various target audiences.

### **Impact targets**

Our vision represents an ambitious goal in an area, and at a time, where inequalities in health are widespread and growing, with the North East lagging far behind the rest of the country on many indicators of health. We believe we can make a difference at local, regional, national and international levels, but to do so requires clarity about impact targets and methods.

It is critical for Fuse to focus its efforts and demonstrate where impact should occur. Our key external audiences include:

- Service and policy partners in health related services (NHS, PHE, local government, GP commissioners, third sector organisations etc.)
- Funding bodies (our own funders in UKCRC, but also others to whom we apply for personal, project or programme funding)
- Other academic researchers at national and international levels
- Senior members of the management of our own HE institutions
- Public media
- Members of the public, community members.

In order to operate effectively Fuse is establishing a framework of strategic partnerships. The reorganisation of the public health system in England since 2014 has presented some challenges in this respect, but the landscape is now clearer and activity needs to be aligned and targeted to ensure that key stakeholders are not overlooked in our plans to work collaboratively to develop and deliver research that has impact.

### **Building collaboration**

Those people who are in our target audiences for impact need to:

#### ***Know about Fuse and what it can offer***

Awareness is the first stage of any successful collaboration strategy and demands visibility.

#### ***Understand what Fuse seeks to do and perceive value in its activity***

Perceived value is in the eye of the beholder and different stakeholder groups (e.g. a funding body compared to a service delivery organisation) will have very different expectations. In each case the focus must be on establishing a connection by demonstrating specific relevance and adapting ways in which we can work with the stakeholder.

### ***Engage with the organisation***

Engagement will take very different forms for different stakeholders and can be measured in different ways. However, ultimately all efforts to develop engagement activities must be built on trust, and have a clear focus on purpose and how they will generate an appropriate response or impact.

### ***Sustain the collaboration***

We will often need to nurture a collaboration by providing regular updates and feedback on our activity, by reinvesting time when key contacts or organisational structures change and so on. We cannot take collaboration for granted.

These four stages build on one another. Generating engagement requires investment at the stages of awareness-raising and developing understanding of our activity (our Communications Strategy is key here) before we can engage people in a way that will yield impact.

## **4 Knowledge Exchange and collaboration strategies**

### **Early priorities**

We start from the assumption that knowledge exchange is a two way process involving high levels of collaboration and relationship-building (typically face-to-face) with policy and practice partners if it is to be successful. Building collaboration takes time because it involves not just formal partnership agreements but also trust, the development of respectful relationships, the growth of understanding about respective systems and structures and the pressures (organisational, professional, political and other) that surround evidence usefulness and uptake in reality. We know that evidence can only ever be one of many influences shaping policy and practice.

Since its establishment in 2008, Fuse, and the communications and knowledge exchange groups have built an infrastructure to support this way of working, which we now see in both the configuration of the research programmes, but also in our operating practices and range of services and activities. The appointment of a Knowledge Exchange Broker and a Communications Officer support and consolidate this work. The AskFuse rapid response (see [www.fuse.ac.uk/askfuse](http://www.fuse.ac.uk/askfuse)) service is a further affirmation of our intention to develop work in this vein that is relevant and timely (see below).

Research evidence that affirms our existing and planned activity is provided by Mortimer (2014) in an evidence review of successful Local Authority/University collaborations undertaken as part of the Local Government Knowledge Navigator initiative (funded by the Economic and Social Research Council (ESRC), and steered by ESRC, Local Government Association and Society of Local Authority Chief Executives). The review found that, in terms of the approach from the research councils and the universities, the following features supported successful outcomes:

- Focus on issues relevant to local government action
- Partnership intrinsic to the research
- Applied research programmes
- University working on relevant 'burning issues'
- Funded brokerage
- Long term relationships, for example through:
  - PhD and Masters placements
  - A history of working together
  - Senior collaboration
- Resilience in the face of local authority reorganisations and changes in personnel
- Flexibility around precise time allocations and timetables
- Leadership from the university

The following features of local authorities' approach to research supported successful engagement:

- Senior appreciation of and support for research evidence
- Experience of using research and data to inform decision-making
- Consortia, to spread the cost and reduce risks to reputation
- Support from brokers with the expertise and time to develop proposals
- The ability and skills to successfully commission research (or access to them)
- Local authority research teams, and service managers establishing relationships with local universities

We believe **all these factors** are supported by Fuse's collaborative, outreach and brokerage activities. We illustrate some of them below. This descriptive component of our strategy serves to clarify our aims, and provide examples of ongoing activity to illustrate our purpose and future direction.

### **Mechanisms for building collaboration**

As indicated in the previous section, awareness raising and providing evidence of value have been major planks of our strategy. A wide range of methods have been utilised to promote Fuse, disseminate its work, and link its activity with public, policy and practice partners. These include:

#### ***Awareness raising – communication and dissemination***

- The website [www.fuse.ac.uk](http://www.fuse.ac.uk), including use of film and animation to deliver key messages
- Articles in academic journals
- General branding (e.g. business cards, letterheads, PowerPoint templates)
- Attendance at conferences and academic events (e.g. SSM, UKSBM etc.)

- Participation in public and professional events (e.g. PHINE events, FPH, ESRC Festival of Social Science)
- Participation on national committees and advisory boards (e.g. NICE, NIHR PHR, RfPB, HS&DR and MRC Boards)
- Press releases/media events
- Flyers and Fuse briefs
- Electronic newsletters – inFuse
- Social media, e.g. Twitter and Facebook
- Fuse blog

Whilst we continue to support these functions and maintain our concentration on awareness raising through our communications team, we have also begun to work in different ways to deepen collaboration. These approaches enable the two-way communication of views, the sharing of different knowledge types and joint activity. Some examples of these are given below.

***Knowledge exchange activities - two-way sharing of knowledge***

- **Quarterly Research Meetings (QRMs)**

Fuse QRMs have continued to draw in and build collaborations with policy and practice partners. Most QRMs are planned and delivered in conjunction with a policy or practice partner. Topics tackled have included:

- Beyond tokenism: patient and public involvement with impact - Enriching patient and public involvement in public health research (October 2014)
- Managing the public health spend (January 2015)
- More than enough on our plates: tackling the takeaway food diet at source (April 2015)
- Payment for health behaviours: the case of health promoting financial incentives (July 2015)

Partnerships are deepened by working together on the development of such events, but we now also track outcomes emerging from the occasions, such as the establishment of a sexual health research network in the North East following a QRM on teenage pregnancy, and a shared research agenda with PHE following an event focused on NHS health checks.

- **Development of the AskFuse service**

Following a consultation with local senior decision-makers regarding their research needs, AskFuse was established in June 2013 as a portal through which policy and practice partners could approach Fuse and make enquiries or seek help about research or evidence needs. AskFuse can provide access to academic expertise and assistance of all kinds but it has gradually transformed from simply being a place where requests for small local evaluation projects were placed to a ‘backstage’ arena where serious conversations can be negotiated about how to develop the evidence base or

‘case for’, where people are planning shifts in commissioning or where research needs can be identified and mulled over.

- **Building conversations**

The Knowledge Exchange Group invites policy and practice partners to come and hold an ‘open conversation’ at many of its meetings to explore initiatives and issues in a ‘safe setting’, Fuse KE seminars are held bi-monthly. The Complex Systems and Translational Research programmes also hold regular seminars exploring the messy environments and addressing ‘wicked issues’ within which evidence is produced and the enablers and barriers affecting its use.

- **Co-production and co-creation**

Many questions being tackled by Fuse researchers have emerged from these collaborations. The relationships have given rise to co-created questions, which are still to be researched with great rigour but which will have direct and immediate effect on service delivery and health because the question has arisen from a real problem that is ‘owned’ by all engaged in the process of using evidence to tackle it. The NIHR SPHR funded evaluation of the implementation of a smoking cessation in pregnancy service (babyClear), and the NIHR HS&DR project looking at research evidence use in commissioning to reduce alcohol-related harms, are two examples of such projects.

- **Embedded researchers**

Fuse can also point to three researchers working in an embedded way, with a seat alongside their local authority partners, with a remit to help develop researchable questions and then introduce local research evidence at the point of decision-making regarding the shape and future of local public health provision.

- **PhD students**

AskFuse brokered the funding of a PhD studentship with matched funding from one of the Fuse member universities to enable a value added evaluation of an early intervention initiative in Stockton. The student will undertake a three year study working alongside local authority public health team and CVS delivery agents, and undertaking a literature review, quasi experimental study and process evaluation. Other PhD students are exploring related translational issues: the nature of knowledge brokerage; the use of quality improvement approaches; and effective ways of improving evidence uptake in schools-based interventions.

### **Impact at local, regional, national, international levels**

Collaboration is time intensive and most likely to be successful at local levels, where high trust relationships and joint understanding about problems can be developed quite quickly, which is essential in a fast-moving, ever-changing environment. Both the QRMs and AskFuse have begun to play a part in brokering efforts to bring localities together to pool resources and thinking at a regional level in utilising research in a

system which has become more fragmented and fractured as a result of the Health and Social Care Act 2012 changes. For example: a collaborative initiative across four North East local authorities, who are in the process of commissioning services for integrated well-being, is being undertaken with PHE to explore what can be learned collectively from their efforts to accelerate effective intervention development.

Open access academic publishing, especially where accompanied by the use of institutional repositories, can enable the fruits of this work to be shared more widely at national and international levels, and Fuse members continue to publish excellent research.

Experience and learning around knowledge exchange for impact is also shared internationally through the organisation of a biennial Fuse Knowledge Exchange conference which attracts an international audience and through international collaborations such as that with The Bronfenbrenner Centre for Translational Research, at Cornell University, USA and Tranzo, one of the nine Dutch academe / practice academies. There is also international representation on Fuse's Centre Strategy Board.

## **5 Measuring impact and evaluating success**

### **Planned impact and full value**

Systems need to be in place within Fuse that capture impacts. However, in addition to our planned impact we are also likely to be generating additional benefits and value for those engaging with Fuse. Often this benefit is generated by the way an organisation does things rather than through the activities themselves. Paying attention to these can be a way for Fuse to demonstrate its value to a range of different organisations (e.g. host organisations). Some of this information can be collated through Researchfish, a research outcomes collection and evaluation service for funders.

### **Evaluating impact and collaboration**

Planning for, creating, identifying and measuring impact are notoriously difficult undertakings. However, given the innovative nature of AskFuse, several formal initiatives are underway which will evaluate aspects of its working practices. We will continue to collect AskFuse audit data, developing case studies to demonstrate its ways of working, and collect primary data to investigate its impact on policy and practice in a range of settings.

## **6 Appendices**

- **Appendix 1 - Strategic action plan**
- **Appendix 2 - Glossary of terms**

## Appendix 1 - Strategic action plan

### **Strategic action points:**

Develop discussion in CMG on how Fuse activities can be geared towards developing an impact-led culture

Require that all Fuse associated projects include a plan for developing KE, impact and collaboration, and monitor this aspect of activity

Develop a framework model of strategic partnerships which clearly identifies impact targets

Continue to support the Knowledge Exchange Broker and Communications Officer functions in Fuse

Continue to develop the AskFuse service and to build its capacity to broker sustained conversations with collaborating partners

Continue to explore ways in which Fuse can engage with collaboration partners in a meaningful way

Develop a plan to build strong international collaborative links with existing and new partners

Evaluate Fuse impact and collaboration through regular liaison with policy and practice partners, funding agencies and academic colleagues

Continue to collect AskFuse audit data as well as developing case studies and collecting primary data to inform its future development

Develop methods of capturing the full impact of Fuse activities as well as the planned impact

Continue to contribute to the academic literature on knowledge exchange.

## Appendix 2 - Glossary

BHF	British Heart Foundation
CASE	Collaborative Award in Science and Engineering (studentships)
CMG	Centre Management Group
CRUK	Cancer Research UK
CSB	Centre Strategy Board
CVI	Corporate Visual Identity
CVS	Council for Voluntary Service
DoH	Department of Health
ESRC	Economic and Social Research Council
FPH	Faculty of Public Health
HE	Higher Education
HS&DR	Health Services and Delivery Research
ILG	Institute for Local Governance
KEG	Knowledge Exchange Group
KTP	Knowledge Transfer Partnerships
MRC	Medical Research Council
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
PHE	Public Health England
PHINE	Public Health Information North East
PHR	Public Health Research
PIEC	Public Involvement and Engagement Committee
QRM	Quarterly Research Meetings
RfPB	Research for Patient Benefit
SCPHRP	Scottish Collaboration for Public Health Research and Policy
SPHR	School for Public Health Research
SSM	Society for Social Medicine
UKCRC	UK Clinical Research Collaboration
UKSBM	UK Society for Behavioural Medicine