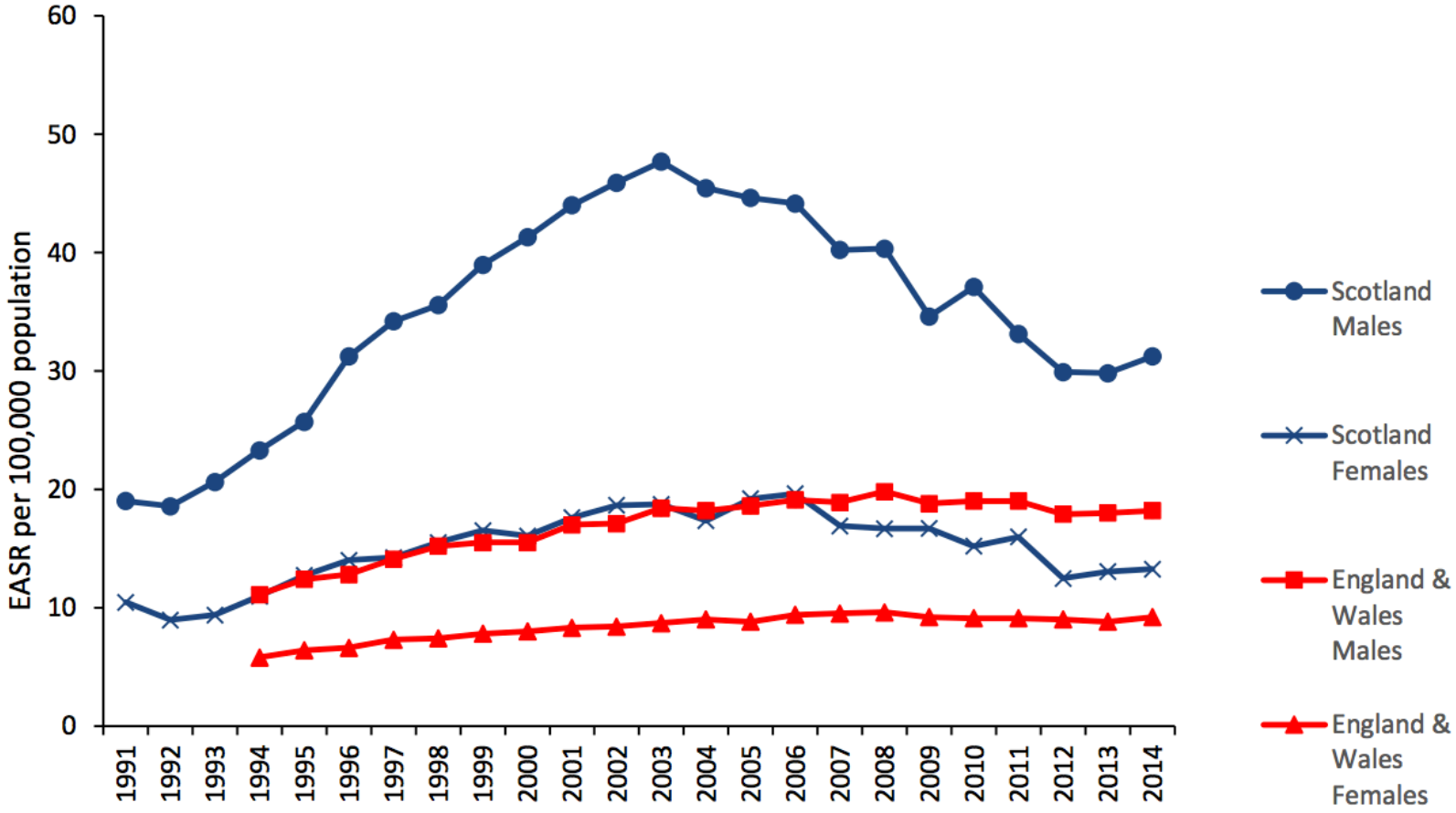
Exploring evidence-based policy implementation

Emerging findings from Scotland's Alcohol Strategy

Alex Wright
International Public Health Policy
University of Edinburgh

Alcohol-related mortality, by gender, Scotland compared with England and Wales 1991-2014



Source: Beeston et al. 2016

Evidence-Based Policy…Implementation?

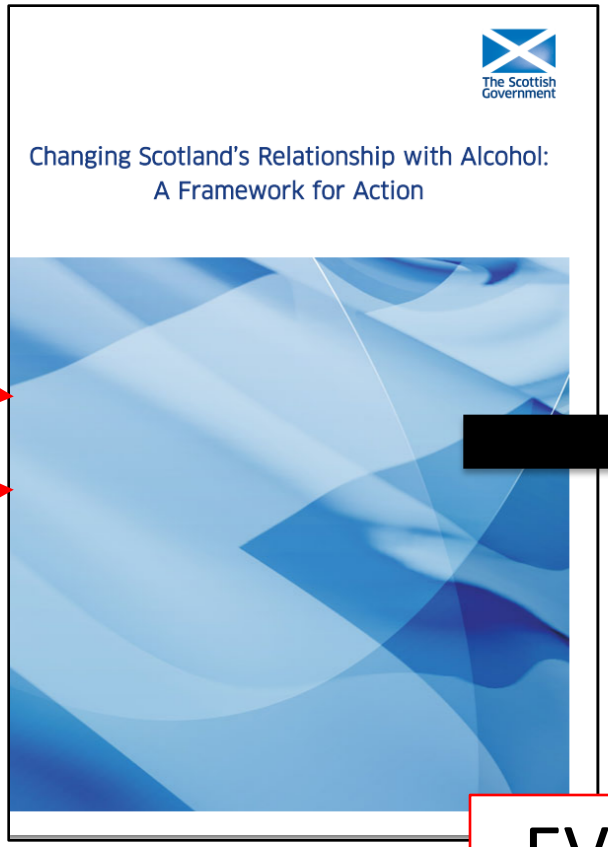
EVIDENCE

EVIDENCE

WHO

Research

Consultation



?

EVIDENCE
same?
different?

Local data/research

Service feedback

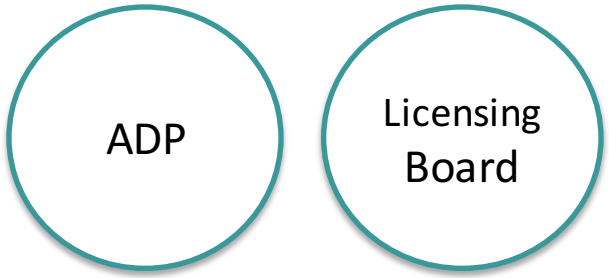
Research Questions

PHD

- How are Local Authority areas in Scotland implementing Scotland's Alcohol Strategy?
- How are they using evidence in this process?

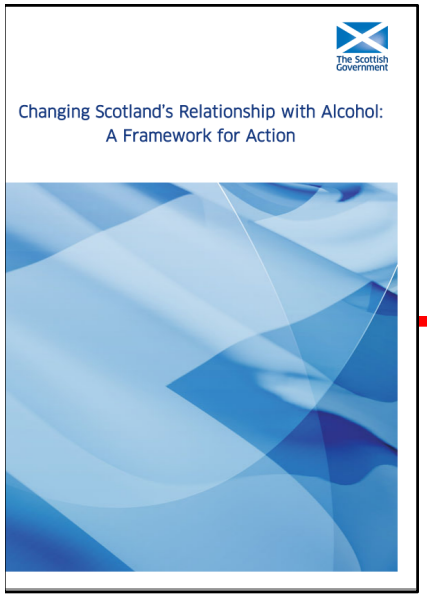
TODAY

What are the emerging findings on uses of evidence in local alcohol policy implementation in Scotland?



1. Challenges
2. Perspectives on evidence use
3. Differences in accountability
4. Overcoming challenges

What challenges exist to implementing alcohol policy in Scotland, and what role does evidence play?



e.g. Availability

COUNCIL

ADP

Licensing Board

Decisions

Recommendations

Methods

- Qualitative embedded case study (Yin 2009)

- Data collection
  - Document analysis
  - 14 Interviews

Influences of Stakeholders:

- ~15 Scoping Interviews: Gap in understanding among national and local stakeholders of local implementation process and evidence use
- KE built into project plan and final interview question

Theoretical Work

Policy Implementation

- 'Top Down'
- 'Bottom-Up'
- 'Third-Generation'

Uses of Evidence

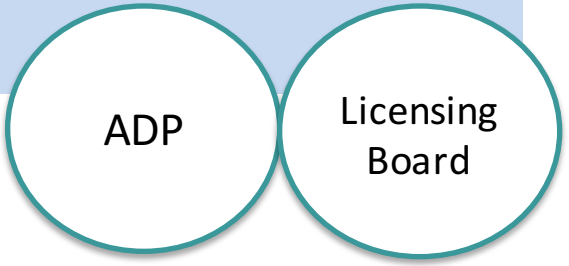
- Instrumental use? Conceptual use?
- Types of evidence?

Understanding evidence-based policy implementation

- Occurring within a complex system
- Implementation as: learning, action, governance (e.g. Browne & Wildavsky; Heclo; Hill & Hupe)

Preliminary Results

1. Challenges to implementation exist, despite uses of evidence



ADP Member:

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Preliminary Results

2a. Perspectives on evidence use are different

ADP Member:

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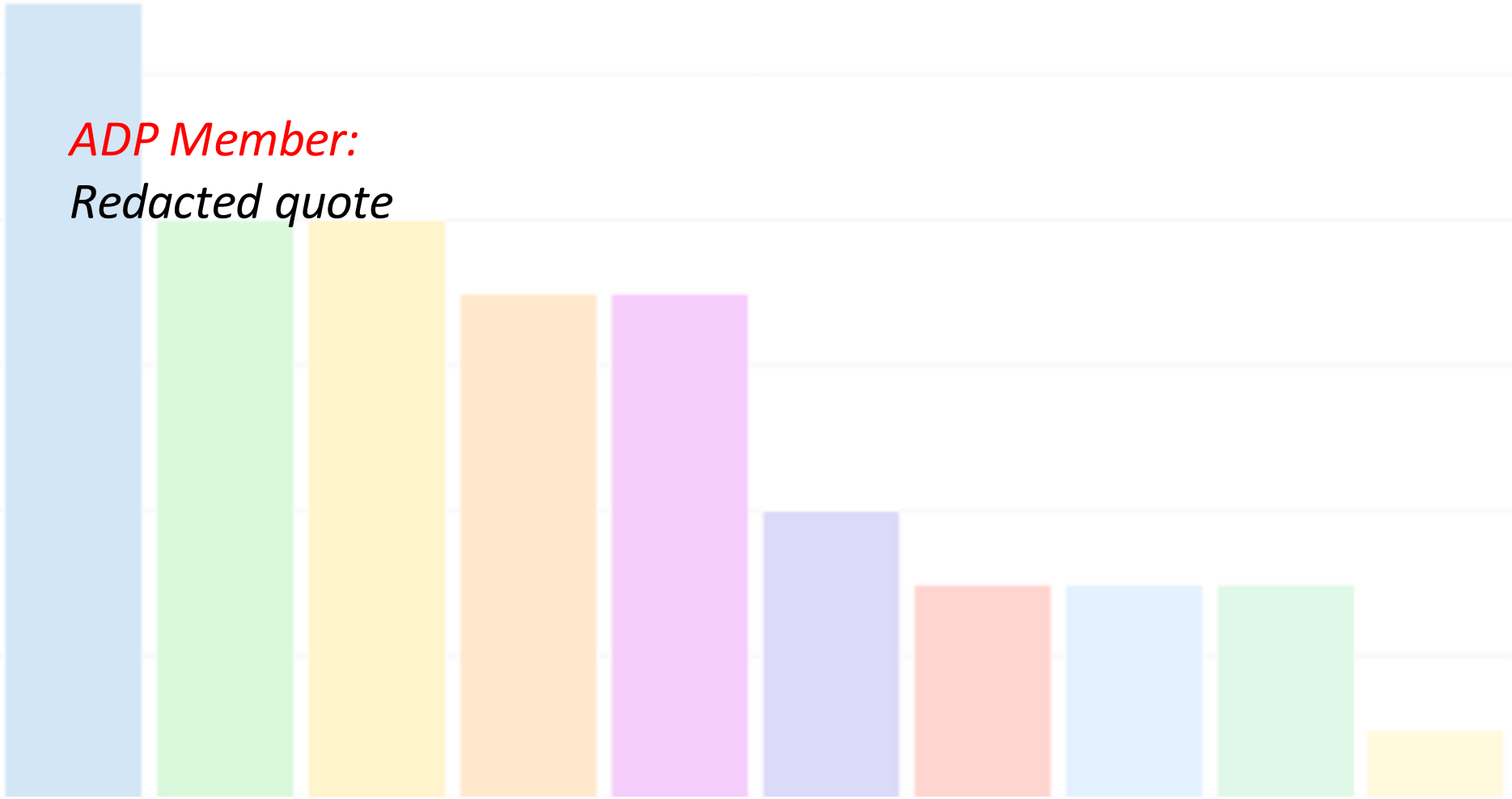

Preliminary Results

2b. Perspectives on evidence use are different

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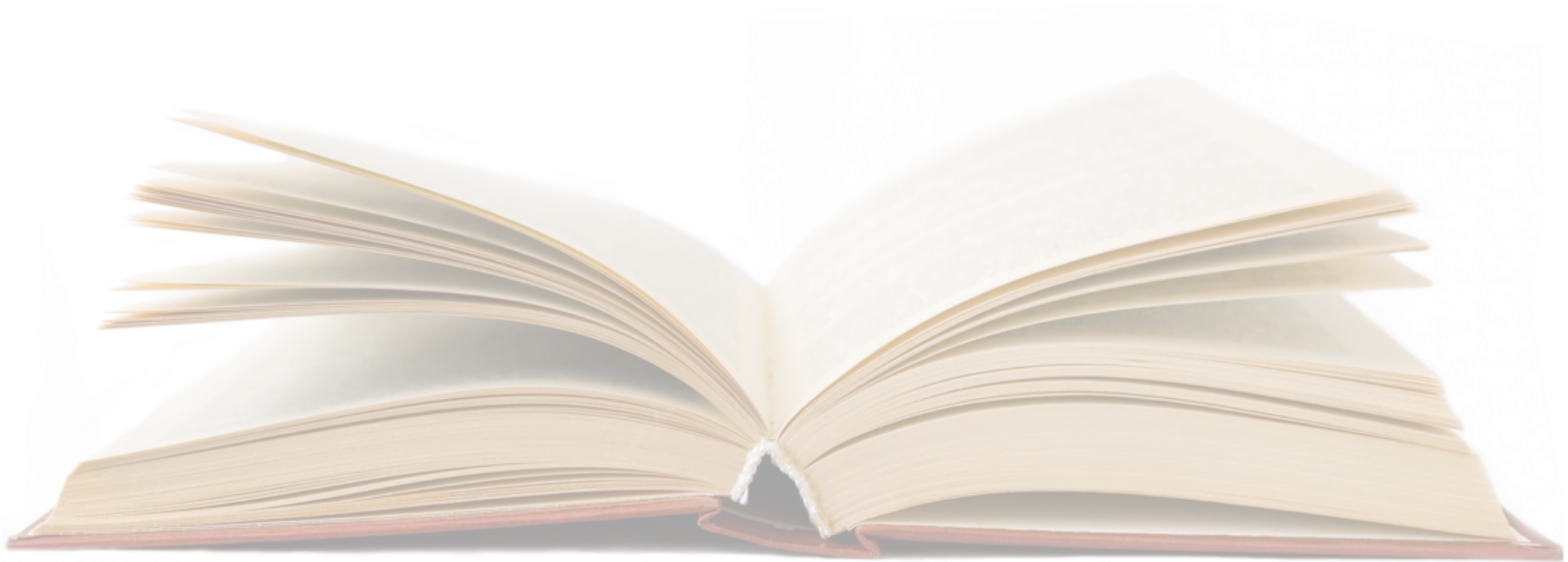

Preliminary Results

2b. Perspectives on evidence use are different

Licensing Board Member:

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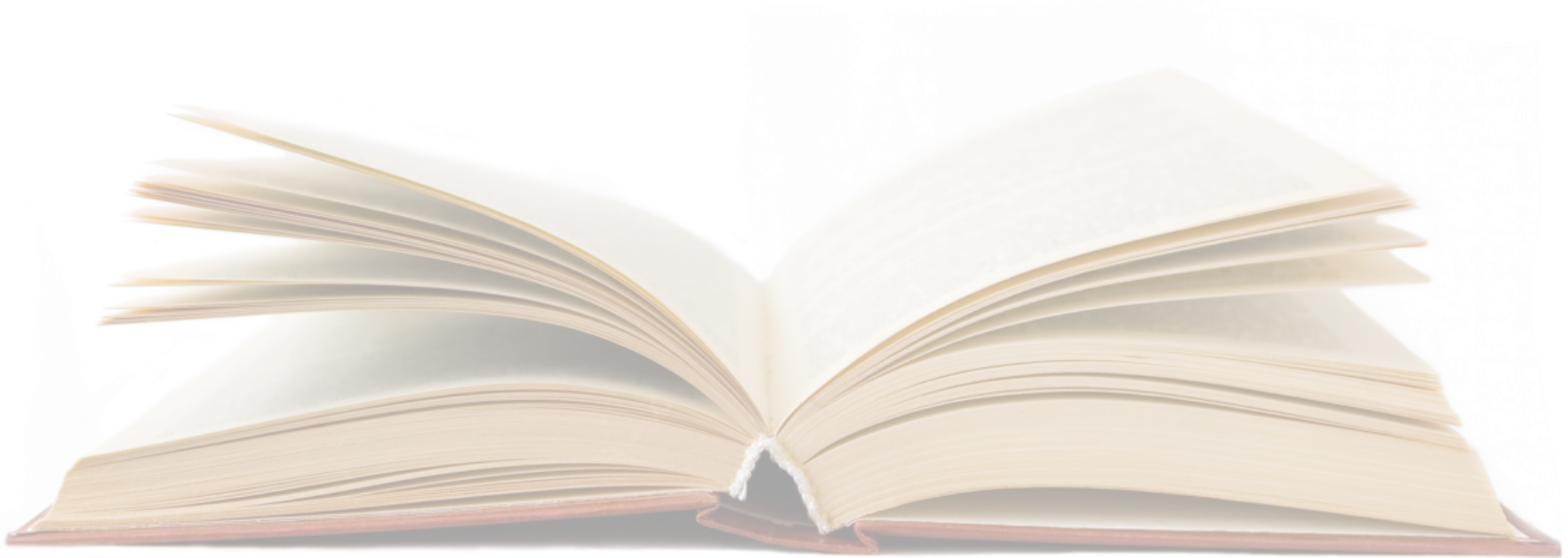

Preliminary Results

3. Differences in accountability for evidence use perpetuates challenges

ADP Member:

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Preliminary Results

4. Overcoming the challenges

ADP Member:

Redacted quote

Preliminary Results

4. Overcoming the challenges

ADP Member:

Redacted quote

Lessons for Scottish Government

4. Overcoming the challenges

ADP Member:

Redacted quote

Lessons for Scottish Government

4. Overcoming the challenges

ADP Member:

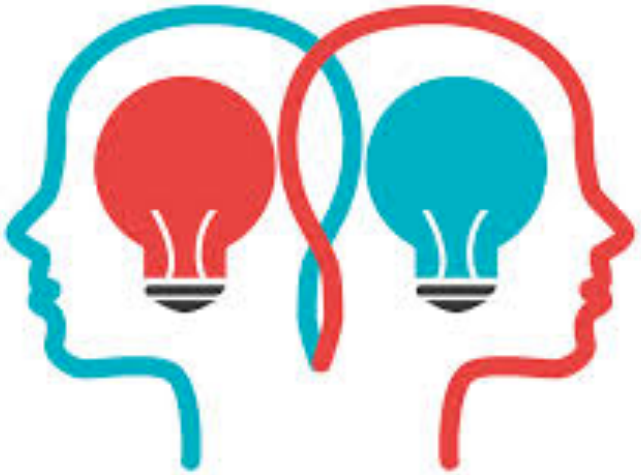
Redacted quote

Concluding Thoughts

- Local implementers consistently using evidence in their work
- Other challenges exist in implementation context (e.g. economic, cultural)

Knowledge Exchange

- Academic KE: Conferences, Early Career Symposiums
- Practitioner KE: emerging findings to respondents

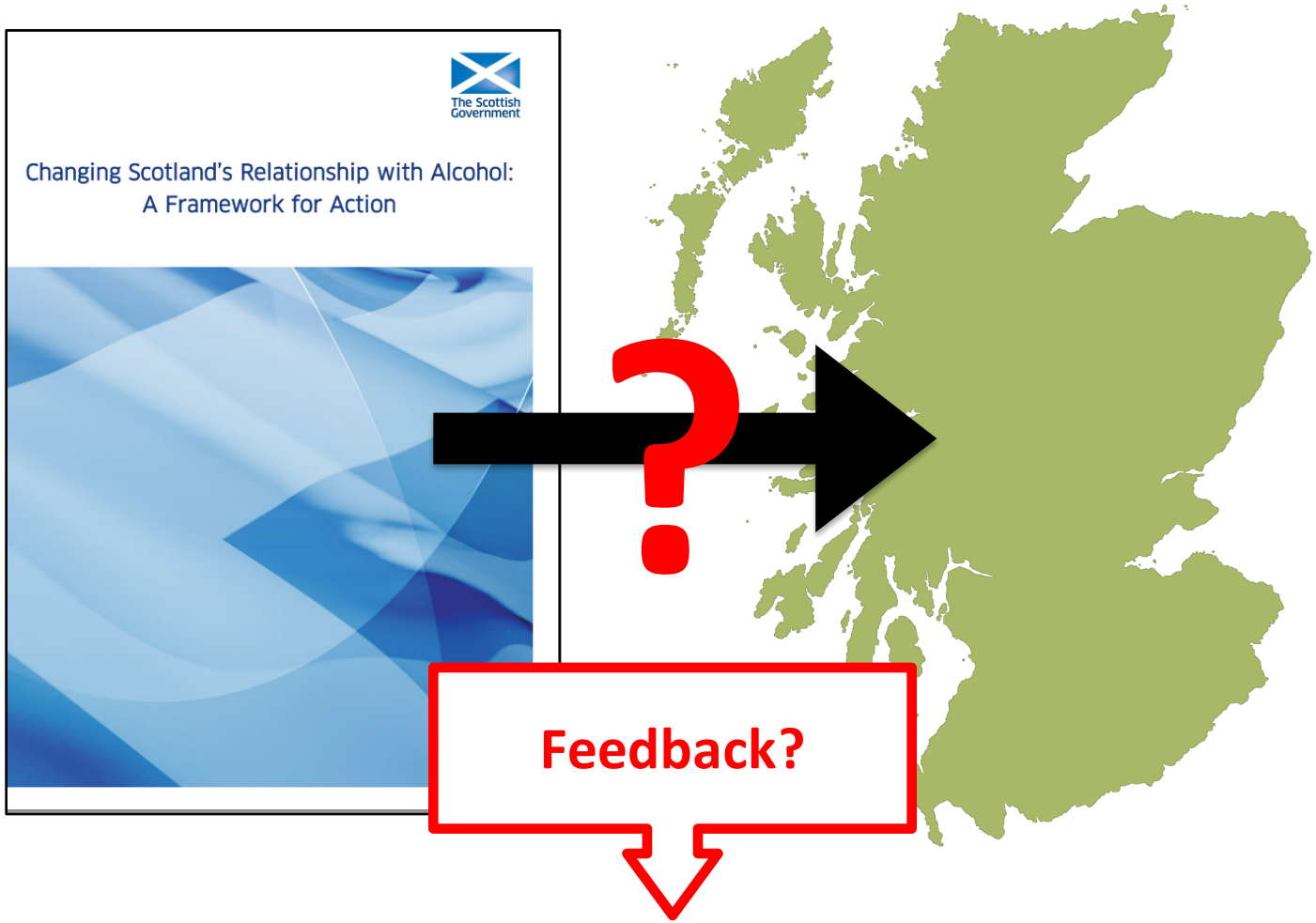


Implications for Policy and Practice

- Combinations of information used to inform & persuade
- Differences in accountability for evidence use create challenges
- Lessons exist at local level to inform national level policy work

Implications for Research

- Uses of evidence by local implementers are varied, but all emphasize utility of *local* evidence
- **Must go beyond evidence-based policy making – think about evidence use throughout policy process to evidence-based policy implementation**



- **Early findings DO suggest must go beyond evidence-based policy making – think about evidence use throughout policy process to evidence-based policy implementation**

“There are some things we will probably never agree on. Who’s beer is better”

Thank You

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Supervisors: Dr Katherine Smith & Dr Sarah Morton

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Knowledge into Action:

An organisational approach to mobilising knowledge to improve population health and reduce health inequalities in Scotland

NHS Health Scotland

- We are Scotland's national agency for reducing health inequalities and improving health
- We are a National Health Board in NHS Scotland.

Our work focuses on:

- Linking together experts from across Scotland to tackle the biggest issues in achieving good health
- Influencing policy makers at all levels to design targeted interventions to help build ***a fairer healthier Scotland***
- Compiling world class evidence and research to further Scotland's understanding of health inequalities

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Health Scotland's KIA model

- Cross-organisational KIA Group devised the model and published an implementation plan
- Benefits from senior-level support
- Utilises a broad concept of knowledge, consistent with evidence informed approach to public health
- 3 knowledge types:
  - Scientific knowledge
  - Experiential knowledge
  - Contextual knowledge

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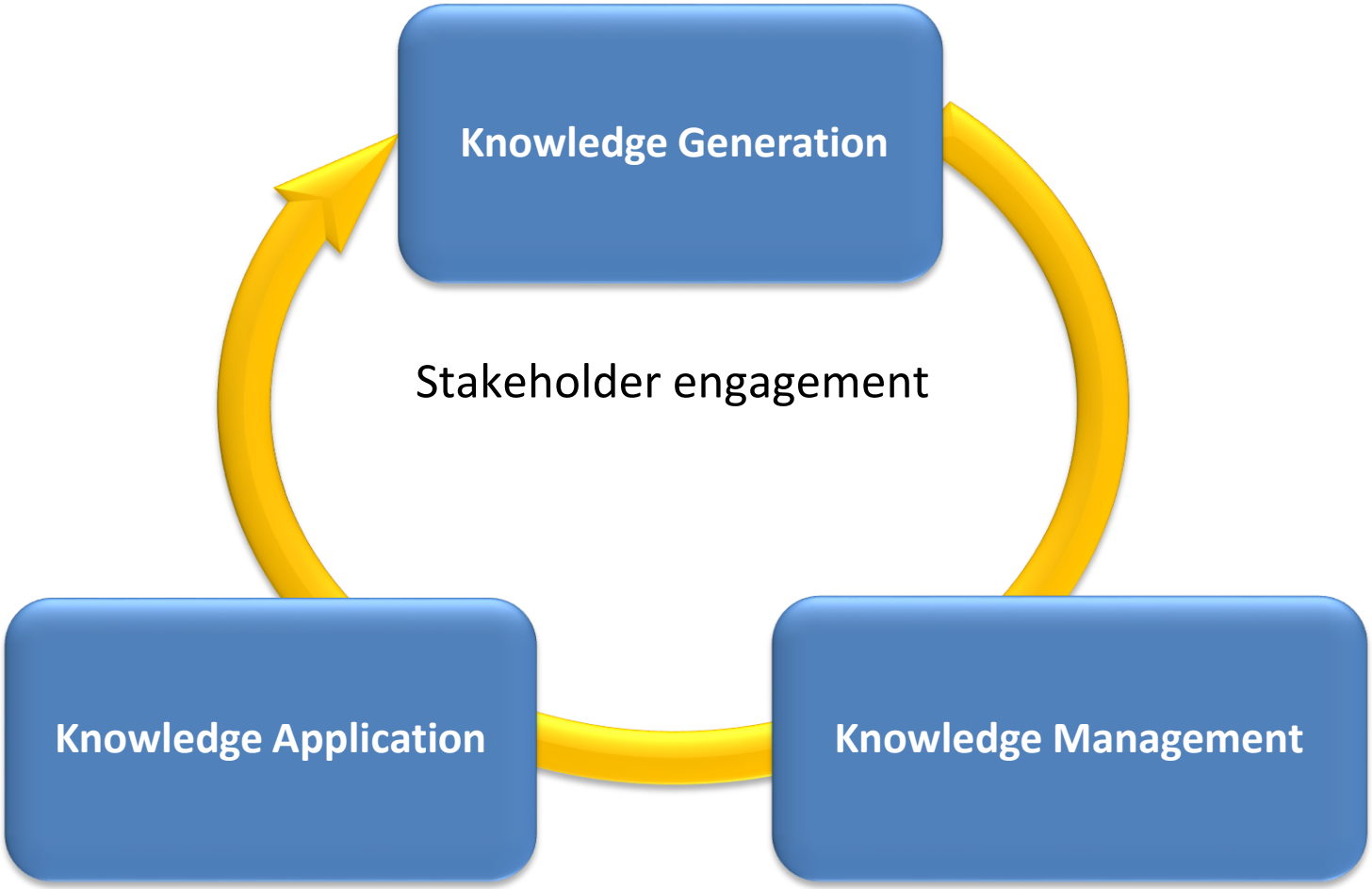
Health Scotland's KIA Model



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Monitoring and Evaluating Scotland's Alcohol Strategy

- Delivered on behalf of The Scottish Government
- Programme remit was to monitor and evaluate the implementation and impact of Scotland's alcohol strategy
- Commenced before KIA model was devised
- Study portfolio designed by stakeholder group
- Ongoing engagement with internal and external stakeholders throughout
- KIA-related activities reviewed using the model to identify gaps and opportunities

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Learning

- Engagement with internal and external stakeholders is extremely important
- KIA model offers opportunity to take stock and identify opportunities
- Challenges in a large, complex programme include volume of knowledge being generated and staff capacity
- There was genuine enthusiasm for KIA, but a real need to keep focus on role and remit of the programme

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Social Prescribing for Mental Health

- Scottish Government request to lead a partnership approach to share knowledge & promote social prescribing
- Wide ranging stakeholder advisory group
- Identified evidence needs – scope & type
  - 'scientific evidence' & 'experiential evidence'
- Iterative process of identifying & meeting evidence needs (e.g. inequalities & evaluation)
- Application (knowledge exchange & portal)
- Impact – reach, access, uptake & use

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Learning

- Very strong stakeholder engagement key (advisory group grew to dynamic knowledge exchange forum)
- Challenges of using & integrating different knowledge types
- Iterative & dynamic process – ability to respond quickly & flexibly to emerging needs
- Model captures the issues that need to be addressed but not how to address them in practice
- Engaging stakeholders in defining & monitoring impact
- Internal collaboration as important as external collaboration

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Summary

- Health Scotland is a knowledge broker organisation. Our KIA model aims to support better consistency and improved effectiveness across our work
- We are learning from our use of the KIA model in the real world
- Engagement with internal and external stakeholders from early in the process is very important
- Our model offers some flexibility, but we recognise its limitations

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Knowledge into Action Working Group. (2014). An organisational plan to support knowledge into action 2014 – 2016. NHS Health Scotland: Edinburgh

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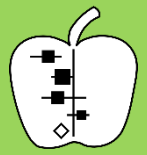


No One's Playing Ball:

Investigating barriers to successful partnership in public health practice

Rebecca Johnson, Amy Grove, Aileen Clarke

CLAHRC West Midlands

Background

- Health improvement programme in West Midlands,
- 3 years 2009-2012

- £10 million initiative aiming to improve health and Wellbeing in City using community-based approaches

- Mixed method evaluation, process and outcomes

- This study design: qualitative process evaluation

Why this research is needed now

NHS National Institute for Health Research

- The transition to local authorities took place in 2013
- Remains a need to optimise partnerships in public health operating with limited budgets and with a range of internal and external organisations
- NICE Into practice guide (2015) suggestive of a more linear approach to KE
- Research Question

What are the barriers of partnership working in this multi-organisation health improvement programme?

Methods

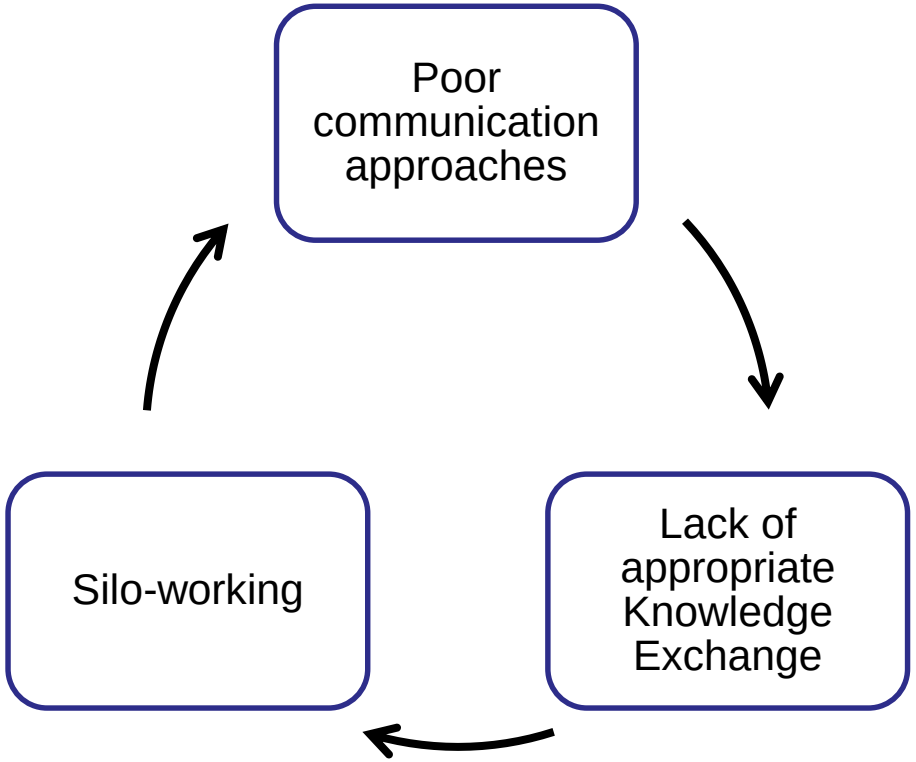
- Collection
  - Purposive sampling from 3 staff groups: board of directors, project & programme managers, intervention managers
  - semi-structured, face-to-face interviews
  - Spring and summer of 2012 (nearing end of programme)

- Analysis
  - Thematic analysis
  - 'One sheet of paper'[1] technique - systematic coding, organisation and categorisation of data, iterative, leading to the development of themes.
  - 60 codes, 12 categories

[1]Ziebland and McPherson (2006).

Results

- 15/17 interviews
- Interviews ≈ 1 hour
- Themes
  - Communication
  - Knowledge Exchange
  - Silos



Theme 1: Communication

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Poor communication approaches

- **Defined here as***:* Communication marred in politics, lack of openness about working styles, unclear/undefined terminology, and differing and sometimes strategic objectives left uncommunicated.
  - Led to assumptions, misinterpretations
  - Caused mistakes, delays, unwillingness to ask questions

"And no, but but they don't even want to work with each other, it feels like. There's so much politics in that work stream.... (Laughs) ... 'Cause everyone seems to want to be the chief. In that area....And no one's really playing ball, it feels like."

Theme 2: Knowledge exchange

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Lack of appropriate knowledge exchange

Defined here as: the transfer of knowledge (or beliefs) from one individual or group to another individual or group intending to use it to inform practice/decisions.

- Knowledge-users didn't always know what knowledge to use and when, to best inform their practice or decisions.
  - Two main types of evidence: formal research evidence and practical, experiential evidence, equally meaningful.

"I mean… everything we do in the health service isn't evidence based… whilst we have …these high principles, erm, the reality is that most of the time we do stuff 'cause we think it's a good idea."

Theme 2: Knowledge exchange

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Continued…

- **Exchanges of 'evidence'** influenced confidence, increased worry, affected 'good' and 'poor' commissioning decisions, influenced how staff approached their interventions, and the personal stakes invested in those interventions.
- Some staff witnessed 'evidence' that their intervention worked, but struggled to come to terms with a lack of proof that this was the case.
- Example of when experience would have helped inform a decision:

"... X evaluated our programme and the aim of that was to get some tools that these kinds of programmes could use, but the stuff was really academic...The people we work with, literacy levels are really low, they're not gonna understand some of the stuff, so it was completely useless."

Theme 3: Silos

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- **Silo-working**
- **Defined here as**: projects or teams that worked in isolation, and did not appear to engage with other projects or the programme as a whole as much as others expected.
- Silos seen as negative; a hindrance to building good partnership.
- Expectation that partnership should have come more effortlessly than it did.

"The projects are operating in silos, for the most part. And we have tried to cross link them but it hasn't been as effective as we'd like. And I can understand why. It's not easy."

Theme 3: Silos

NHS National Institute for Health Research

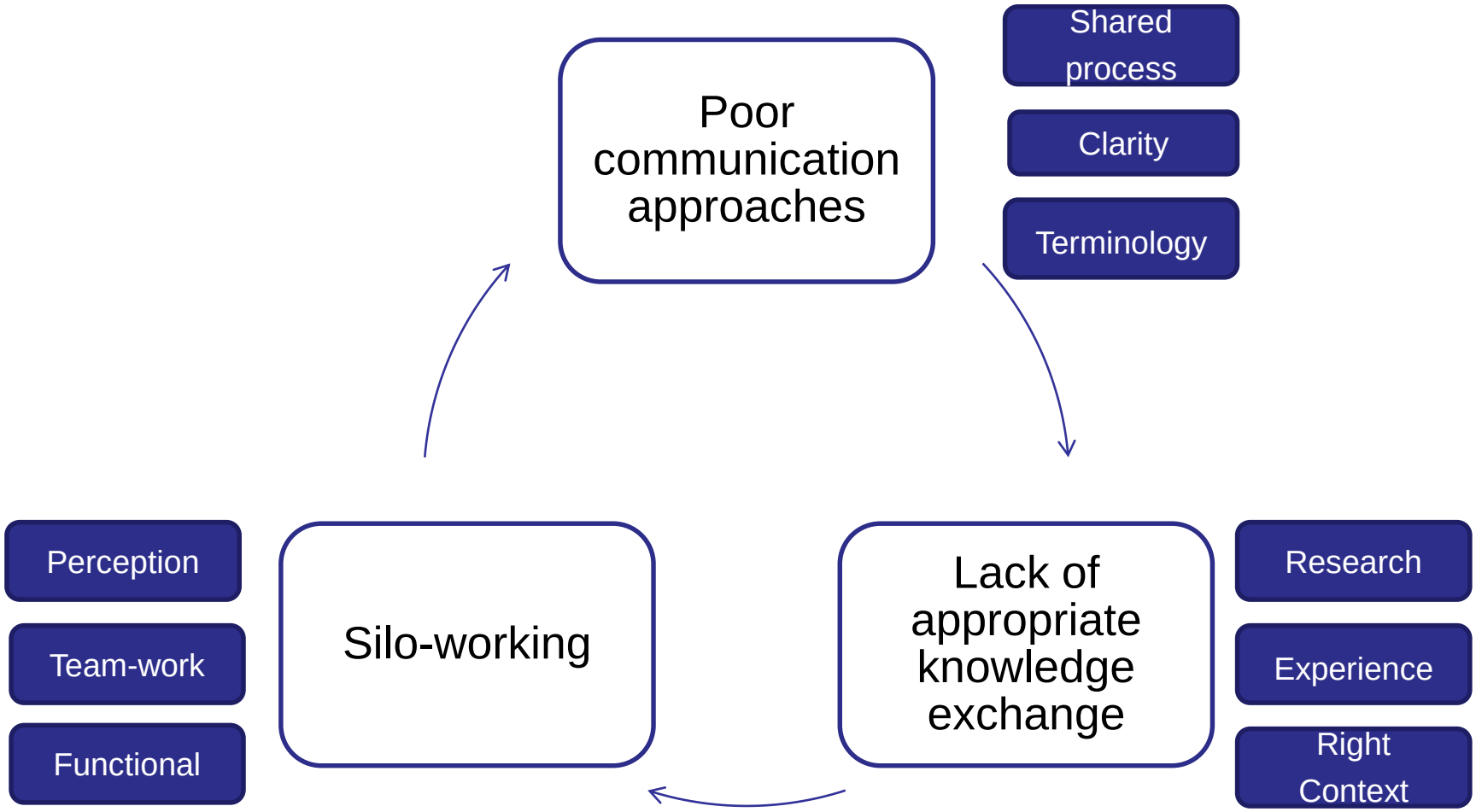
- Yet our definition of silos was not dissimilar to the definition of teamwork. Consider the context…

- Our interpretation after analysis:

Silo-work	Team-work
Work within small groups	Work within small groups
Minimal interaction with other small groups within a partnership	Any amount of interaction with other small groups within a partnership
Protective and dependent on time and resource	Dependent on time and resource

- Perhaps controversially, silo-working may be a normal, necessary component of team-development.

Barriers to partnership working



Key messages

A. There was an **expectation** that partnership-working was going to be easier than was observed- this exacerbated the challenges of our themes.

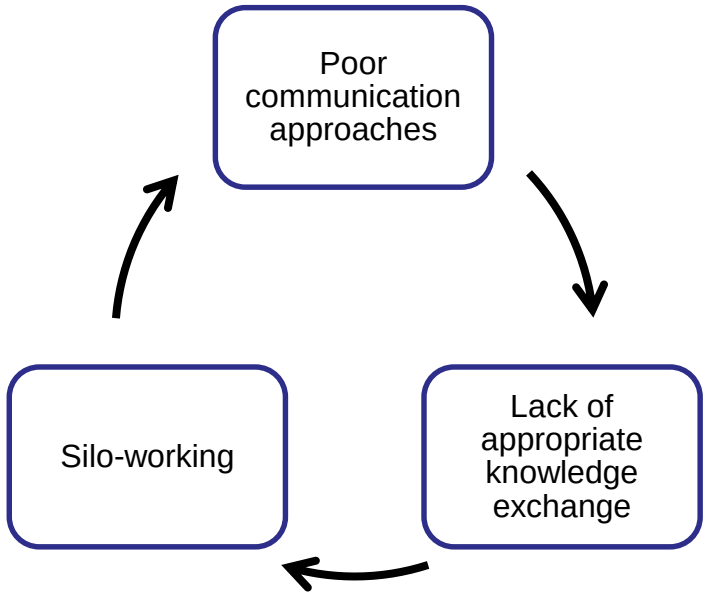
B. Knowing when to use which type of knowledge for decision–making, and fostering the **acceptance and movement of different types of knowledge** across staff grades and teams could enable stronger and more sustainable partnership practices.

C. We see silos as a normal part of a developing partnership. If we **reframe silos as a necessary and normal function** of team-development, the lasting (and damaging) negative perception could diminish as a partnership develops.

*Fits with what Ward 2012 say about KE as a fluid, dynamic process, also suggests the use of naturalistic activities

Recommendations

1. Allow for a multiplicity of views to be communicated, which support an atmosphere of openness.
2. Increase understanding of knowledge exchange to promote timely and appropriate use of different types of knowledge.
3. Reframe silos as normal
4. Foster realistic expectations



Paper in progress:
Johnson R, Grove A, Clarke A. 'No One's Playing Ball: A study of knowledge exchange in public health partnerships'

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Further Information

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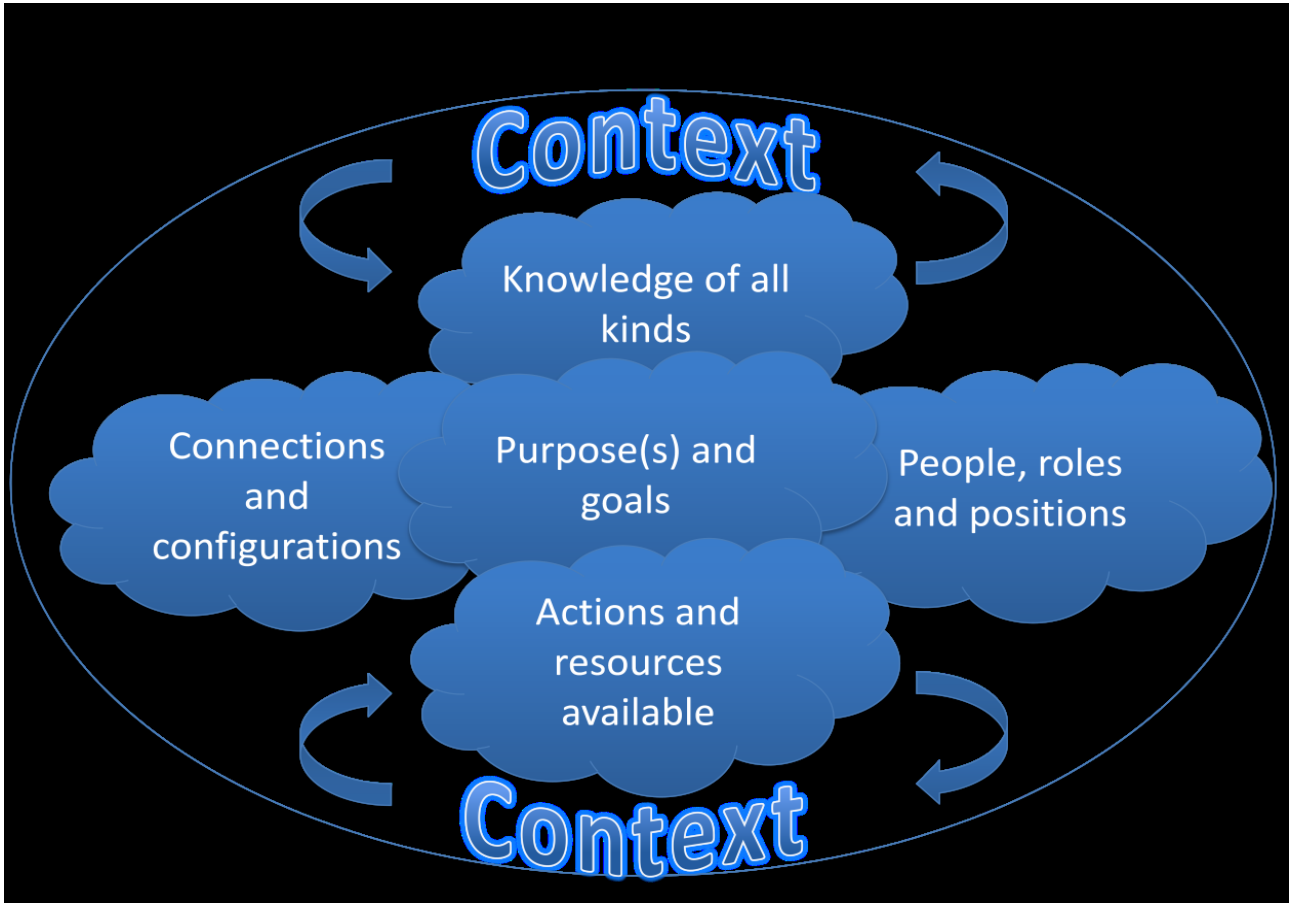
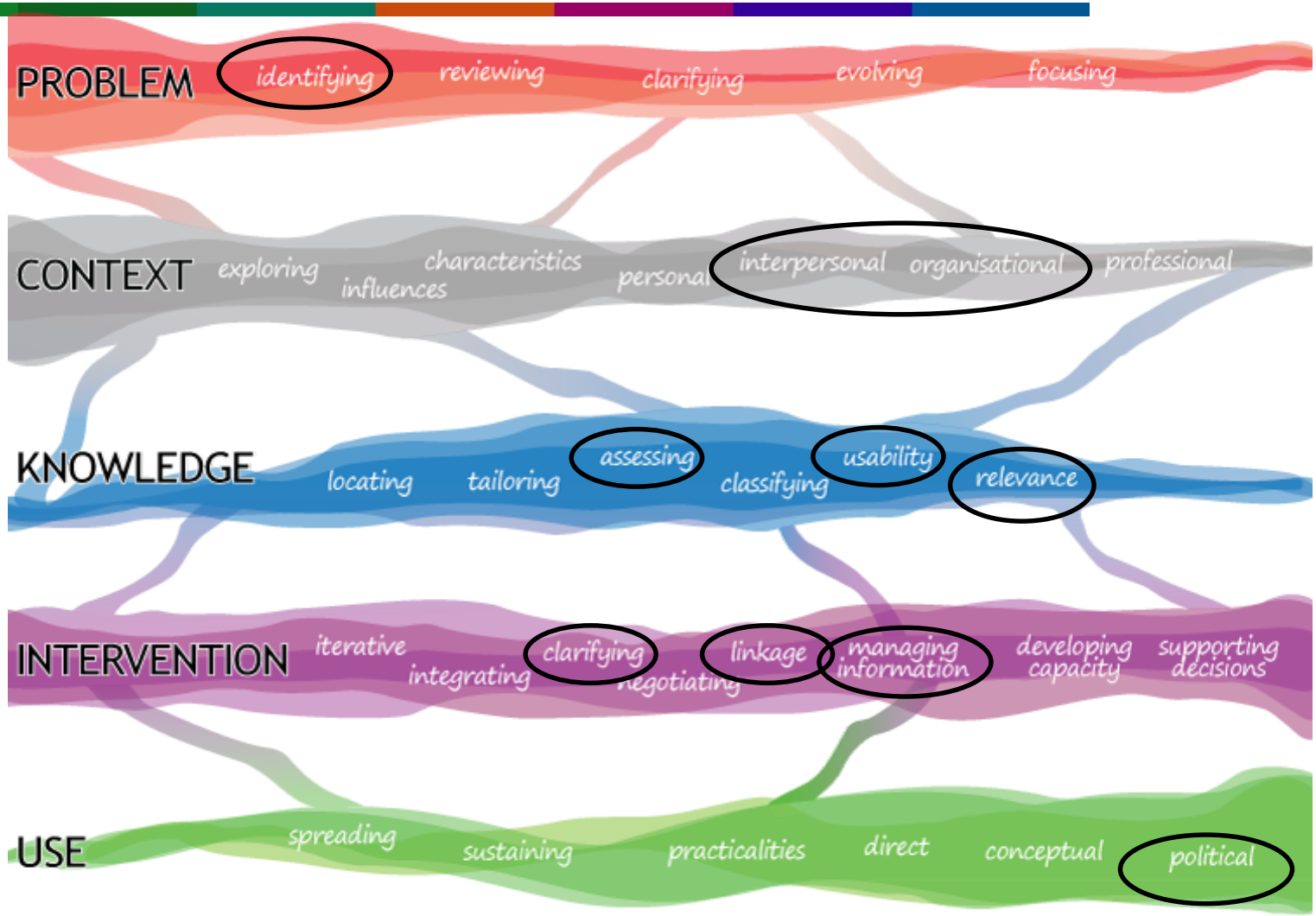
This work was funded by the National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care West Midlands (CLAHRC WM). The views expressed are those of the author(s) and not necessarily those of the NHS, NIHR, or Department of Health.

Davies, Nutley, Powell, 2014



Ward 2012


PROBLEM
identifying
reviewing
clarifying
evolving
focusing
CONTEXT
exploring
influences
characteristics
personal
interpersonal
organisational
professional
KNOWLEDGE
locating
tailoring
assessing
classifying
usability
relevance
INTERVENTION
iterative
integrating
clarifying
negotiating
linkage
managing information
developing capacity
supporting decisions
USE
spreading
sustaining
practicalities
direct
conceptual
political

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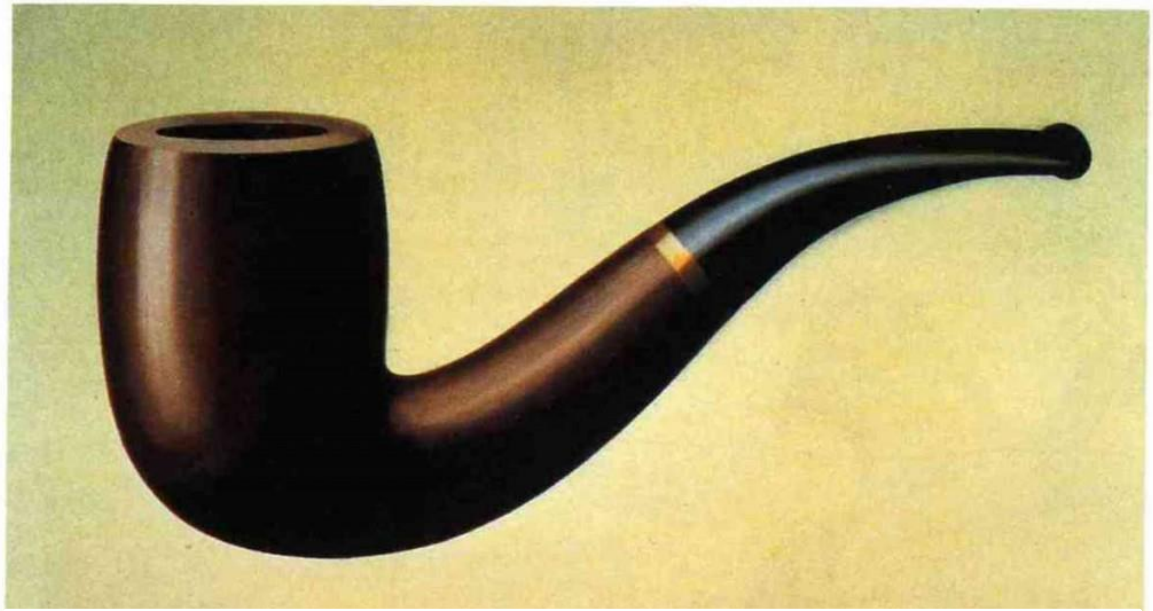
Evidence-based public health: An exploration of its supporting evidence and a manifesto for epistemological pluralism

Heather Yoeli

Northumbria University

WHAT IS EVIDENCE?

Empirical evidence



Hermeneutic evidence

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Critical evidence

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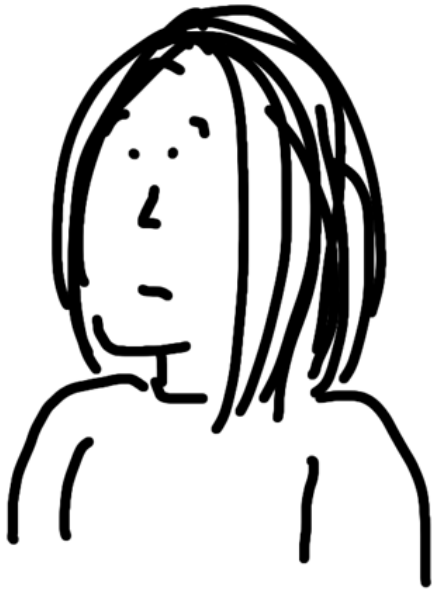
SYSTEMATIC REVIEWS
EMPIRICAL
RANDOMISED CONTROLLED TRIALS
EMPIRICAL
OTHER INTERVENTION STUDIES
EMPIRICAL
OBSERVATIONAL STUDIES
EMPIRICAL OR HERMENEUTIC
EXPERT OPINION
HERMENEUTIC OR CRITICAL

Do you know about any RCTs that provide evidence that we should use RCTs?



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PROBLEM ONE

Empiricism is value-neutral. Public health comes from a value base: health should be available to all...

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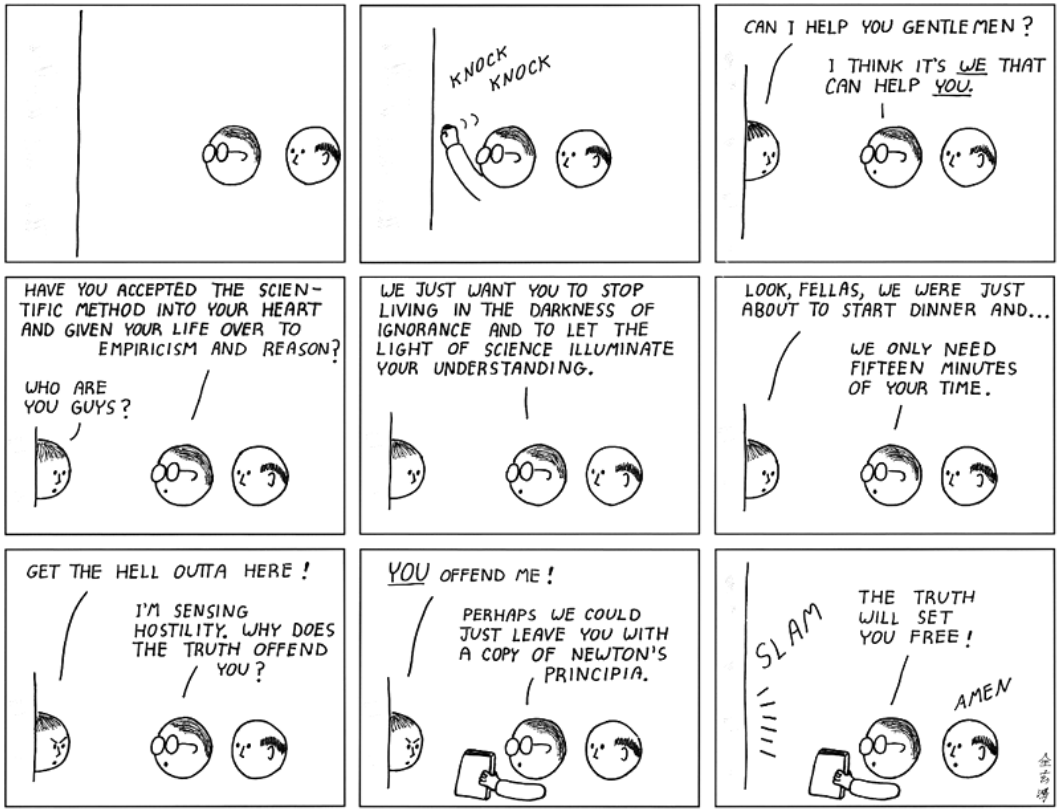
PROBLEM TWO

Public health is a global discipline.

Empiricism is a Western science...


KNOCK KNOCK
CAN I HELP YOU GENTLEMEN ?
I THINK IT'S WE THAT CAN HELP YOU.
HAVE YOU ACCEPTED THE SCIENTIFIC METHOD INTO YOUR HEART AND GIVEN YOUR LIFE OVER TO EMPIRICISM AND REASON?
WHO ARE YOU GUYS ?
WE JUST WANT YOU TO STOP LIVING IN THE DARKNESS OF IGNORANCE AND TO LET THE LIGHT OF SCIENCE ILLUMINATE YOUR UNDERSTANDING.
LOOK, FELLAS, WE WERE JUST ABOUT TO START DINNER AND...
WE ONLY NEED FIFTEEN MINUTES OF YOUR TIME.
GET THE HELL OUTTA HERE !
I'M SENSING HOSTILITY. WHY DOES THE TRUTH OFFEND YOU ?
YOU OFFEND ME !
PERHAPS WE COULD JUST LEAVE YOU WITH A COPY OF NEWTON'S PRINCIPIA.
SLAM
THE TRUTH WILL SET YOU FREE !
AMEN

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PROBLEM THREE
Empiricism favours behavioural over structural explanations for public health inequalities

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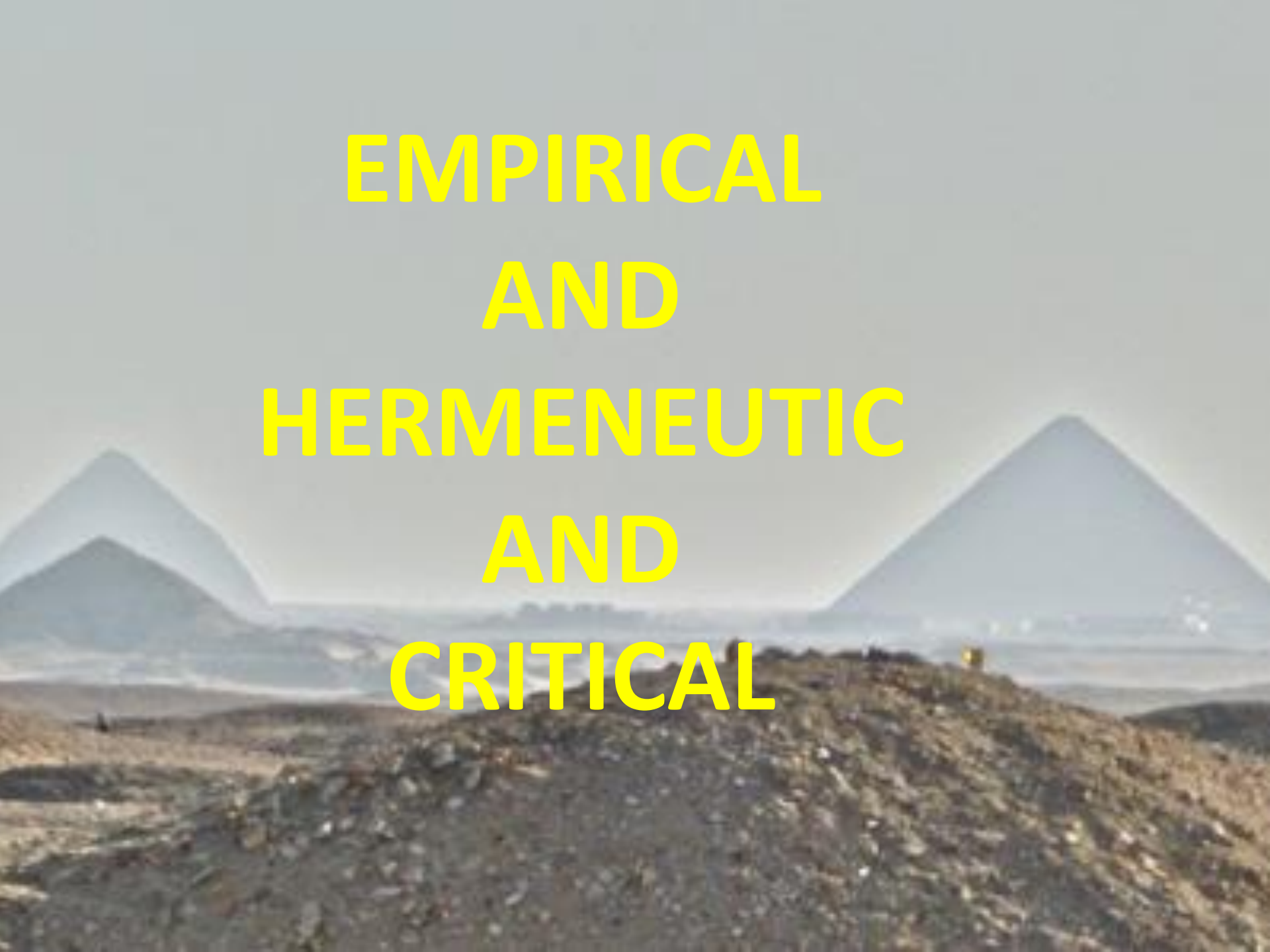
Alcohol

Status of women

A manifesto for pluralism


EMPIRICAL
AND
HERMENEUTIC
AND
CRITICAL

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