Written evidence submitted by Professor Jon Nicholl on behalf of the National Institute for Health Research School for Public Health Research (NIHR SPHR)1 (PHP0047)

Executive Summary

- To highlight issues around and support needed for research and evidence based public health practice in local authorities

Submission

1. The transfer of some of the functions and responsibilities for local public health practice from the NHS to Local Authorities, brought about by the 2012 Health and Social Care Act, has implications for public health research and researchers. This response sets out some views from the National Institute for Health Research’s School for Public Health Research about these effects.

2. The School for Public Health Research (SPHR) is a collaboration between eight of England’s leading Schools of Public Health Research. It has a remit to help provide a robust evidence base for effective and cost-effective public health practice. As part of its programmes of research it works closely with local public health communities and therefore has been affected by the changes relating to public health research brought about by the Act.

3. A culture of evidence based practice (‘evidence based medicine’), and the conduct of the pragmatic research which underpins it, is now widely embedded in the NHS. For example, the NHS constitution sets out NHS patients’ rights to be offered the chance to participate in research. This culture of research and evidence based practice is less well developed in other sectors, and studies undertaken by the School for Public Health Research (SPHR) have confirmed this to be true in Local Authority public health decision making. Work led by Professor David Hunter on behalf of the School has found that the new public health system in local government has raised important and different issues about the use of evidence, the demand for evidence, what is meant by evidence and what sort of evidence is required. The leaders of public health are now elected members not Directors of Public Health so what they mean by and want from evidence can be very different from what happened prior to 2013. Our Shifting the Gravity of Spending study2 clearly identified these issues which we are exploring further in a follow up study. A second study, led by Dr Karen Lock, on Evidence beyond the Health Sector3 found that although cultures of evidence in non-health sectors are similar to those in health in some ways, there are some key differences, particularly as regards the political context of decision-making. What these changes in how evidence is perceived and consumed suggest is that there is a greater onus on researchers working in co-production mode with those based in local government not just in the design and conduct of research but also its uptake and use in practice.

1 http://sphr.nihr.ac.uk
2 http://goo.gl/oGHs9g
3 http://goo.gl/aCzuaO
4. Although public health budgets are ring fenced they are shrinking rapidly and as Local Authority budgets contract we are concerned that the lower priority given to evidence, research, and research training will reduce even further. Support is needed for Local Authority public health teams to carry out their own research and to work with other researchers to gather evidence on the cost-effectiveness of local service innovations. Participation in research studies, even when they are carried out by academic groups with external grant funding, usually incurs costs for Local Authorities. The most obvious example of this is when they have to bear what are termed ‘excess treatment costs’ which are the extra costs incurred in providing new, innovative services in order for them to be evaluated. This issue has been around for many years and even in the NHS has been one of the most difficult and contentious issues that researchers face in trying to evaluate new treatments for the benefit of patients. With the move of public health out of the NHS into Local Authorities in which research is less highly valued, and with their rapidly shrinking public health budgets, this issue is capable of bringing much of public health research to a juddering halt.

5. Support is also needed for training for Local Authority staff and members to use and value research evidence in informing policy decisions. SPHR has been trying to address these concerns by carrying out a programme of research evaluating local innovations in partnership with local public health practitioners, and by putting on a series of regional training days for local public health practitioner communities to learn about evaluation. However, SPHR remains very concerned that the culture of evidence based practice has significantly weakened with the transfer of public health to Local Authorities.

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