Public Health England

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Providing evidence services to Local Authority Public Health Teams: Video Script

Introduction

Hello my name is Michael Cook and I am a Knowledge and Evidence Specialist across the North of England, as part of PHE's Knowledge and Library Services. I am also a Local Authority Public Health Specialist in Knowledge and Evidence.

I have been asked to briefly talk (as I can talk for hours on it!) about what I perceive to be the main the differences between the 2 roles; specifically, how the information needs within Local Authority Public Health (LAPH) may differ.

I believe that whilst the core skills remain the same, how you deliver evidence is influenced by the environment and 'soft' cues and supporting LAPH is no different so this is more about that than specific search skills – though I can tell you all about those as well!

Who are Local Authority Public Health?

Public Health has now been back in LAs for over 7 years, and in that time, there has been a lot of change and challenge!

Within local authorities public health can and should impact almost every decision – from environmental health to licensing, from schools to social care.

This means that whilst the fundamentals of the activity are still pure public health and mandated services are still there, how and who 'do' public health are very different to the PCT days with more staff with a public health remit from non-health backgrounds

What does this mean in terms of evidence?

Non-traditional backgrounds may mean that teams may not have the grounding in the evidence principles that are embedded within public health/health/medical backgrounds and training so are not used to it.

Evidence may be slanted towards what data commissioned services can provide, what is local, and what is already available which may lend to 'do what we do better' versus 'how can we do this best'?

Non-traditional backgrounds offer challenge to the public health way of thinking.

Who are the audience?

As the scope of public health has grown and changed, so has the audience for it which means we have to tailor the evidence we provide to ensure maximum impact being aware of:

- Non-PH background stakeholders
- Local Authorities are political organisations (big P and little P)
- Hierarchical systems
- Time (basically nobody has time for a 200-page needs assessment – summarise on 2 sides of A4!)

Relevance over quality

Already talked about is the focus on local and this is one of the biggest differences in terms of evidence use locally – often perceived local relevance will top quality.

A traditionally high-quality piece of research such as a systematic review or meta-analysis may be viewed less favourably than local service data or a commissioning review from a statistical neighbour because the practical relevance is already there with the latter examples. Evidence being 'good enough' is better than evidence being wonderful yet useless.

NICE and PHE Guidance often operates between the two – what do we already do within the recommendations that we can improve with this evidence? What can we avoid?

How relevant is this to us? What is working locally and what is working in similar areas are frequently asked questions.

However, I believe much of this is influenced by external factors such as:

- There is no real history of traditional evidence use in LA settings – not even social care

- Poor 'traditional' quality of public health evidence especially evidence created at local levels – this is a historical issue
- Evidence systems are not set up to support public health/social care/non-medical
- Many public health 'thinkers' eschew traditional publication methods – go through think tanks, support networks or even personal blogs/Twitter

Providing information/Evidence to LAPH

If we look at Public Health evidence provision as like building Lego, then:

- when supporting a systematic review is perhaps opening the boxes and a bit of colour sorting,
- obtaining specific pieces of research is finding a particular piece,
- then much of my work locally is buying the set, opening the box and building the full set – finding, sorting and synthesising the data, knowledge and research evidence so that is framed correctly to ensure that strategic and operational decisions can be made with the best available information.

It's about providing the answer best you can with the specific audience in mind to meet their needs.

May need to be more pragmatic in what you can provide – you are the evidence expert… I've never been asked for a search strategy!

Key Messages

- Many different backgrounds make up Local Authority Public Health Teams – which may mean they have different evidence needs and experiences of using evidence
- Evidence needs to match user need – often this will mean local and hyper-local as the priority
- There may be a desire for evidence that is relevant and 'good enough' over highest academic quality and rigour
- When supporting and providing evidence it needs to match the audience and often will provide the 'answer according to the evidence

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