



Public Health  
England

## Evaluation

Workshop series to support prioritisation  
of research

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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# Summary

## **Training and capacity**

High demand and need for basic training in evaluation were identified.

The NIHR School for Public Health Research (SPHR) has developed an approach to local evaluations and a package of evaluation. This is likely to be developed further in future. Similarly, PHE's Obesity Team (formerly the National Obesity Observatory) has delivered a programme of introductory training on evaluation.

Co-designed training packages based on existing initiatives from the PHE Obesity KIT and SPHR in conjunction with PHE centres could become a useful part of the offer to local government.

## **Guidance/signposting**

Many guidance and toolkit resources are already available nationally and internationally but work is needed to make them more coherent and easier to navigate and equip people with the skills to understand and use them.

An SPHR project is currently underway (led by Charles Abraham, Exeter) which aims to produce an online 'guide to guidance' detailing what is available together with some assessment of what different resources are useful for.

Standard evaluation frameworks (SEFs) used for Obesity, which include a standardised listing of what should be measured in diet, physical activity and weight management, were agreed to be a helpful model to enable basic evaluation of interventions as they are planned and implemented. Expanding this model to cover the PHE priority topics and mandated service areas should be explored.

## **Advisory/support services**

There is a need for practical support and advice to help those who wish to undertake an evaluation.

## **Approaches to evaluation**

Alongside coordinating delivery of improved practical resources, there is an opportunity for PHE to take a lead in developing longer-term, more advanced thinking about the general approach to evaluation

## **Next steps**

Further thinking is required within PHE on the appropriate vehicle and resources for delivering improved training, signposting, advice, professional support and advocacy around evaluation

## Introduction and overview

During financial year 2014/15 PHE ran a series of four workshops, culminating in five reports, on the topic areas below to specifically explore the research needs and evidence gaps for those topics:

- Obesity 9 September 2014
- Dementia 26 August 2014
- Best Start in Life 25 November 2014
- Cross-cutting themes (report only)
- Evaluation 11 February 2015

This is the report for the Evaluation, there is also a report detailing items that were discussed at more than one workshop. The aim of these workshops was to engage with the academic, policy, research funding and public health communities to explore research requirements in topic-specific, PHE priority areas. The discussion aimed to identify current major research challenges and gaps relevant to obesity. This addresses the 'public health research narrative' as proposed in the PHE Research, Development and Innovation strategy 'Doing, Supporting and Using Public Health Research'.

This is a summary report to reflect the views expressed at the workshop.

There is urgency from a front-line delivery perspective to be able to prioritise investment, particularly given the current fiscal situation. It is important for the public health workforce to be able to provide robust answers around what works well in practice (and if possible to go on to define what works, for whom, and in what context). The comparative rigour and valuable skill set around the use of evidence that public health brings can be applied in a pragmatic, responsive way within local decision-making contexts.

Through a range of engagements, a high demand has been heard from practitioners for support at many levels in the area of evaluation. This was documented in a discussion paper to which a number of PHE colleagues contributed<sup>1</sup>. Public Health England has highlighted evaluation as a key stage in the public health narrative as part of its research, development and innovation strategy and is keen to ensure that support for research and evaluation underpins the delivery of public health interventions.

There is an opportunity for PHE to take a leadership role in this area, developing and advocating a coordinated and systematic approach locally and nationally.

A number of key areas of focus were identified at the meeting and the key points raised under each of these are presented below.

### Purpose of the meeting:

- in the context of PHE's objectives and priorities, to discuss the need for evaluation of public health interventions
- to consider some current examples of good practice
- to define better the key expertise and resources needed by PHE for robust evaluations and how/where they might be sourced

# Findings

A number of key areas of focus were identified at the meeting and the key points raised under each of these are presented below.

## Training and capacity

High demand and need for basic training in evaluation has been identified, including the role of evaluation in project management, how to set objectives, logic models, process evaluation and critical appraisal of the research literature.

The NIHR SPHR has developed an approach to local evaluations (see below) and a package of evaluation training including advice on designing good evaluation questions and guidance on when to evaluate. This is likely to be developed further in future. Similarly, PHE's obesity team (formerly the National Obesity Observatory) has delivered a programme of introductory training on evaluation.

Co-designed training packages based on existing initiatives from the PHE Obesity KIT and SPHR in conjunction with PHE centres could become a useful part of the offering to local government.

## Guidance/signposting

Many guidance and toolkit resources are already available nationally and internationally but work is needed to make the field of guidance more coherent and easier to navigate, and equip people with the skills to understand and use it.

An SPHR project is currently underway (led by Charles Abraham, Exeter) carrying out an appraisal of existing evaluation guidance, aiming to produce an online 'guide to guidance' detailing what is available together with some assessment of what different resources are useful for.

Standard evaluation frameworks (SEFs) used for Obesity, which include a standardised listing of what should be measured in diet, physical activity and weight management, were agreed to be a helpful model to enable basic evaluation of interventions as they are planned and implemented. Expanding this model to cover the PHE priority topics and mandated service areas should be explored.

## Advisory/support services

As well as training, guidance and building capability, there is a need for practical support and advice to help those who wish to undertake an evaluation.

A small expert group with understanding of available resources and where to go for advice could be developed centrally within PHE. Also, embedding one 'signposting advisor' in each centre would be an effective way to ensure this support is accessed and may also assist with encouraging culture change at local level. The agreed purpose is to embed an appropriate evaluation mind-set and thinking into programme development and operation, working with theory/logic models.

Analyst teams in local authorities often include workers with relevant skills and expertise in this area so it is important to engage with them rather than independently building up new expertise within PHE.

The SPHR Public Health Practice Evaluation Scheme (PHPES) provides an excellent approach for offering intense support to local evaluations by linking academics to local practitioners. The scheme has already funded a diverse set of evaluations across a range of topics including a wide range of methodologies and methodological challenges. It is hoped that these will make useful case studies of local public health evaluation alongside the evidence they generate.

PHE hopes to invest additional funding to extend the PHPES programme beyond its current NIHR funding envelope. It will also be important to build a learning network around the programme to share experience and extract the maximum value from the combined investment.

Online training seminars around HEAT (WHO Health Economic Assessment Tool for walking and cycling) were found to be a very efficient system for delivering training and bespoke support. Train the trainer approaches can also result in a cascade of activity and link people with sources of practical advice.

## Approaches to evaluation

Alongside coordinating delivery of improved practical resources, there is an opportunity for PHE to take a lead in developing longer-term, more advanced thinking about the general approach to evaluation. Topics for further thought and development include:

- the need for greater understanding of different paradigms of evaluation. In some areas, interventions are amenable to robust effectiveness evaluation. However, asking 'what works?' is not necessarily an appropriate question for evaluating complex social or environmental interventions and can be harmful. In these cases, a decision focused approach may be more appropriate



- clearer emphasis on the nature and purpose of evaluation is likely to highlight when not to evaluate, which is particularly relevant in situations of limited capacity/resource. The purpose of evaluation should be to inform decision-making by reducing uncertainty, not aspiring to obtain perfect knowledge. It is important first to consider questions such as: who needs the evaluation?; who will use the findings?; what is the opportunity cost?; what is the balance of likely benefits/harms?; and is there a way to obtain the same (or good enough) answer more cheaply?
- evidence-informed decision-making is vital, recognising the wide variety of evidence available and the importance of transparency on which evidence is used and how it is used, integrating with political and other issues that must be balanced when making decisions
- no evidence gained locally is truly transferable/generalisable but any evidence can inform a decision and the context provides additional information. Incontrovertible evidence about the effects of a change in a complex system cannot be obtained but 'good enough' evidence can aid judgements and reduce uncertainty for a decision maker
- different methodologies are useful in different situations and an evaluation should be driven by identifying the uncertainty in the decision-making process rather than a means of employing preferred methodology
- urgent need to develop methodology and design that will be accepted as legitimate by the scientific community for evaluation within complex systems and across sectors. Current PHPES projects are beginning to tackle some of this but more work is needed. Evaluation of individual pieces which are then contextualised within the system as a whole could be a useful first stage towards systems-level evaluation
- methodologies developed outside public health in areas such as crime, justice, social welfare etc could be more applicable than the medical model in many cases so connections with researchers in other domains will be helpful
- decisions will continue to be taken using the currently available evidence so it may also be helpful to increase focus and understanding around unintended consequences and risk of harm. Whereas the need to avoid doing harm is well accepted in medicine, it can be less obvious in social policy related interventions, and focusing on the balance of benefits and harms may help people recognise the need to consider available evidence
- large-scale change has been seen in some areas of public health such as increase in life expectancy and decrease in teenage conceptions where the reasons behind the change are unknown. In these cases, it could be helpful to study the change and to what it might reasonably be attributed
- there can be a disconnect between public health financial analysis (short-term return on investment) and true public health economics which consider whole life value for money. We need to move away from an overwhelming focus on the short-term. Economic arguments, used properly, can demonstrate long-term return on increased investment (which can sometimes be across sectors eg investment from local

government resulting in savings for the NHS). However, it is important to recognise the need for tools and evidence to help save costs or manage demand in the short term. Some work is underway between PHE and DH policy research units on economic evaluation of health and care interventions in this area

- need for further engagement and integration with the 'What Works' Centres, especially that in Wellbeing
- It is important to remember that PHE is also involved in national level programmes and to build in links to the translation work of PHE where possible.
- Patient and public engagement and involvement (PPE/PPI) could be developed further. Some structures and networks exist at local level and there could be an opportunity to develop and make better use of these to better involve the population in compilation of the evidence base for decision-making.
- It is important to ensure local authorities are engaged as partners in this discussion. Initial discussions with the LGA suggest there is willingness and enthusiasm for engagement, at least in some parts of the country, and some resource may be available to facilitate working together.

### Next steps

Further thinking is required within PHE on the appropriate vehicle and resources for delivering improved training, signposting, advice, professional support and advocacy around evaluation.

Need to ensure this gets prominence through PHE (at all levels of seniority) and receives the necessary support to deliver.

## Resources

Journal of Public Health | Vol. 35, No. 4, pp. 488–494 | doi:10.1093/pubmed/fdt076 | Advance Access Publication 29 August 2013 A.J. Fischer, A. Threlfal, S.Meah, R. Cookson, H. Rutter, M.P. Kelly

Critical Appraisal Skills Programme (CASP) - critical appraisal training in PHE led by knowledge and library services team. Takes a 'Train the Trainer' approach to get a cascade of activity. <http://www.casp-uk.net/>

*Pragmatic evaluation of public health interventions: an introductory guide*. PHE Obesity Knowledge and Intelligence team (contact [nick@cavill.net](mailto:nick@cavill.net) for latest draft)

A link to the work on low-cost RCTs. Whilst RCTs are hard to do in public health, and, even if feasible, can be very expensive, there are some interesting initiatives which are making them more feasible. The coalition for evidence based policy paper is enclosed and here is a link to the justice data lab [http://www.thinknpc.org/wp-content/uploads/2014/06/Justice-Data-Lab-presentation-UKES-09.04.14\\_NPC.pdf](http://www.thinknpc.org/wp-content/uploads/2014/06/Justice-Data-Lab-presentation-UKES-09.04.14_NPC.pdf) .

References on more realist approaches include:

Greenhough, T., Howick, J., and Maskrey, N. (2014). *Evidence based medicine: A movement in Crisis?* BMJ 2014;348:g3725 doi: 10.1136/bmj.g3725 (Published 13 June 2014)

Hough, M. (2010). Gold standard or fool's gold? *The pursuit of certainty in experimental criminology* doi: 10.1177/1748895809352597

Johnson, S.D., Tilley, N., and Bowers, K.J. (forthcoming) *Introducing EMMIE: An evidence rating scale to encourage mixed-method crime prevention synthesis reviews* Journal of Experimental Criminology.

Finally, a good example of mass on-line rapid cycle evaluation is the partnerships for patients programme run by the Centre for Medicaid and Medicare Services Innovation Centre in the USA. Although hospital based (3700 hospitals), the on-line collaborative community was a big success and contributed greatly to the success of the programme.

## Participants

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**Julia Verne, PHE KIT Director (South West)**