

Who runs public health?

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How have researchers tackled the problem of EBP?

Research in the area often explicitly aims:

- ❖ To increase the amount of research used in policy (although impact of this unclear)
- ❖ To 'upskill' policy makers
- ❖ To present joint narratives of how evidence is used

Solutions offered by researchers:

- ❖ Knowledge brokerage (essentially writing a job description for people to encourage policy makers to use more research evidence)
- ❖ Surveys and interviews with policy actors and academics to identify barriers to research use / case studies of specific policies

Is this a useful stance for academics to take?

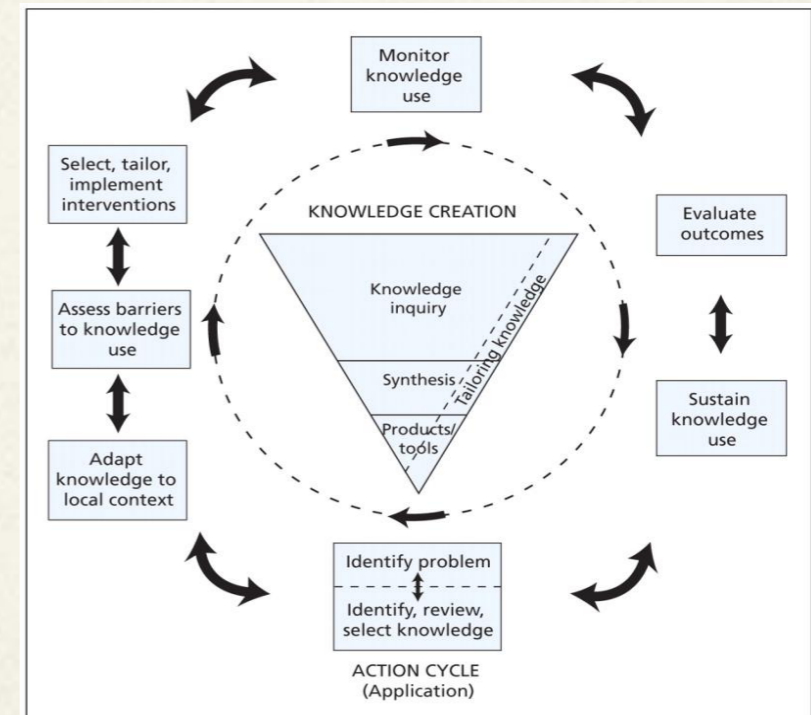
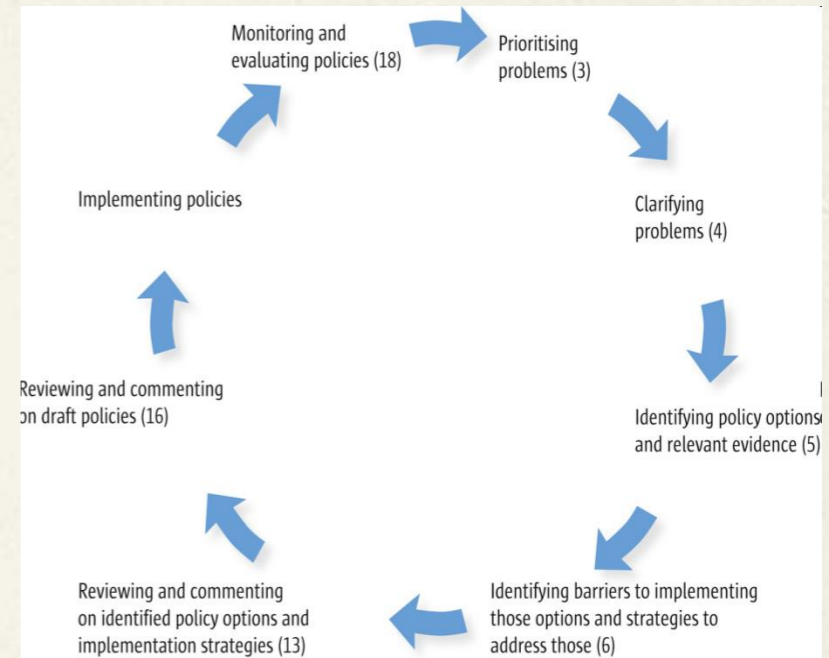
“Black box” an unsatisfactory response to problem: before we can think about influencing the policy process, we need to understand the components of the policy machinery: WHO, WHAT, WHEN, WHERE, HOW & WHY

What are the components of the policy process?

- ❖ Many models, few based on or verified against empirical data
- ❖ Researchers focus on ‘how to influence’ by means of increasing research uptake, but as Dopson reminds us (Dopson 2008):

“Most models of research utilisation ...ignor[e] the fact that most decisions are made collaboratively, especially when drawing on multiple evidence sources. Therefore, this human element should be scrutinised.”

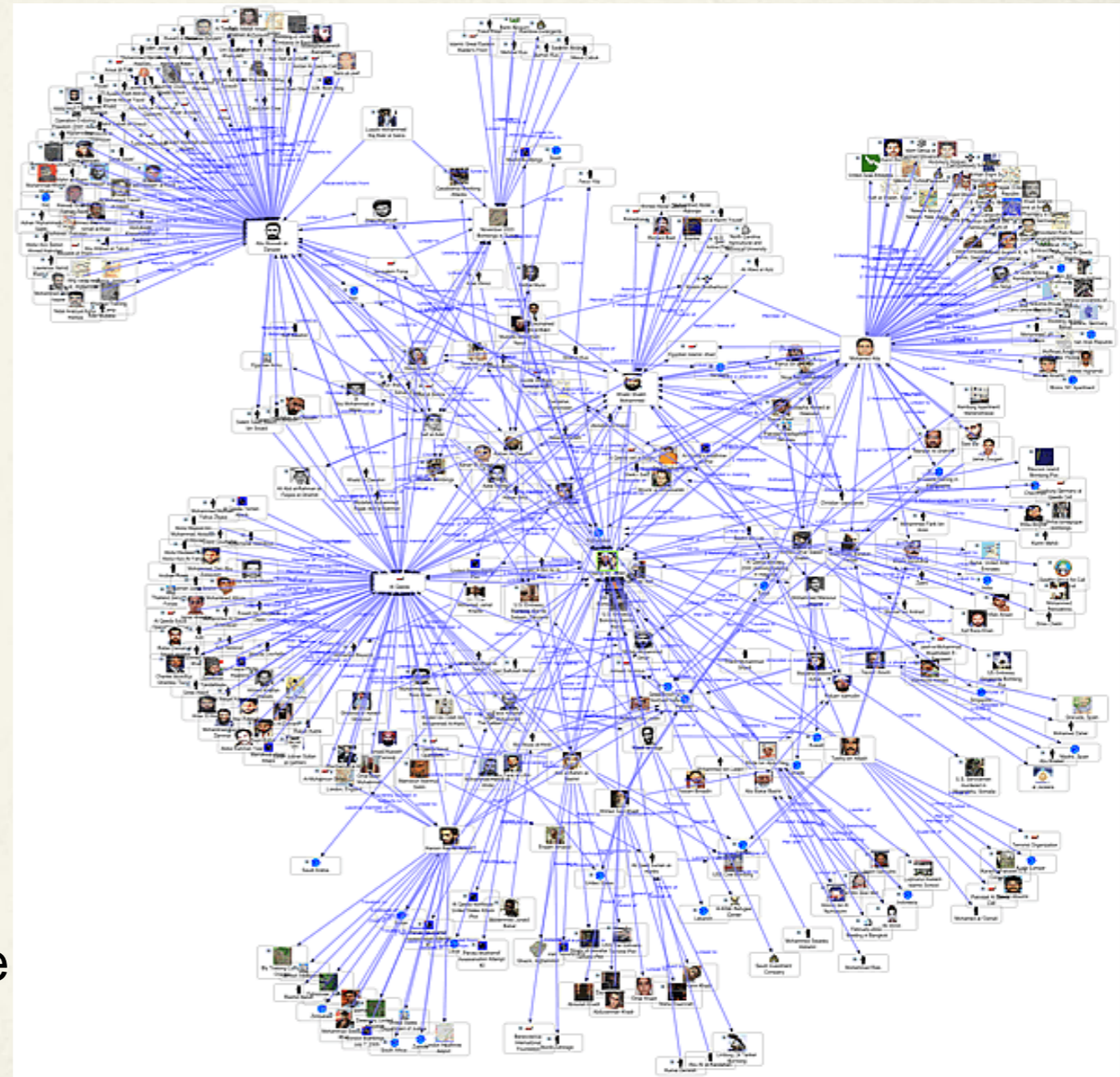
- ❖ Social relations affect use of evidence, finding of information, decision-making and many other aspects of policy making
- ❖ Rarely studied explicitly as part of the policy process



Strauss et al CMAJ August 4, 2009; 181 (3-4).

The 'human element'

- ❖ Statistical method which analyses links (or ties) between nodes (people, cities, cells, etc.)
- ❖ Can draw network or analyse structural properties to test hypotheses
- ❖ Used to look at contagion of disease / behaviour (e.g. Christakis & Fowler 2009), spread of ideas & knowledge (Valente 2000)
- ❖ In health policy, has been used to explore policy communities, flow of influence (Lewis 2006) or information (Oliver 2012).



Al-Qaeda terrorist network

<http://www.fmsasg.com/SocialNetworkAnalysis/>

Aims

- ❖ To identify the most powerful and influential people in public health policy in Greater Manchester
- ❖ To explore their descriptions of the policy process and the strategies they used to influence policy
- ❖ To compare their descriptions with knowledge brokerage frameworks and other models of the policy process

Methods 1: sampling



- ❖ Worked in Greater Manchester or directly affecting the conurbation
- ❖ Involved in public health (gathering information, analysing public health information, developing policy, implementing policy),
- ❖ Deputy Director level (for health) and above or Officer (LA)
- ❖ Sample drawn originally from governance structures and later from nominations
- ❖ Actors given pseudonyms

Methods 2



Network data

- ❖ Aimed to gather policy makers nominations of others they considered
 - (a) influential
 - (b) powerful
 - (c) sources of information
- ❖ Data collection through electronic survey with phone follow-up
- ❖ Nominees contacted if fell within inclusion criteria
- ❖ Response rate 80%, useable responses 56%
- ❖ Analysed using UCINet, Netdraw and Authorities scores (same algorithm used to rank pages on Google)

Methods 3



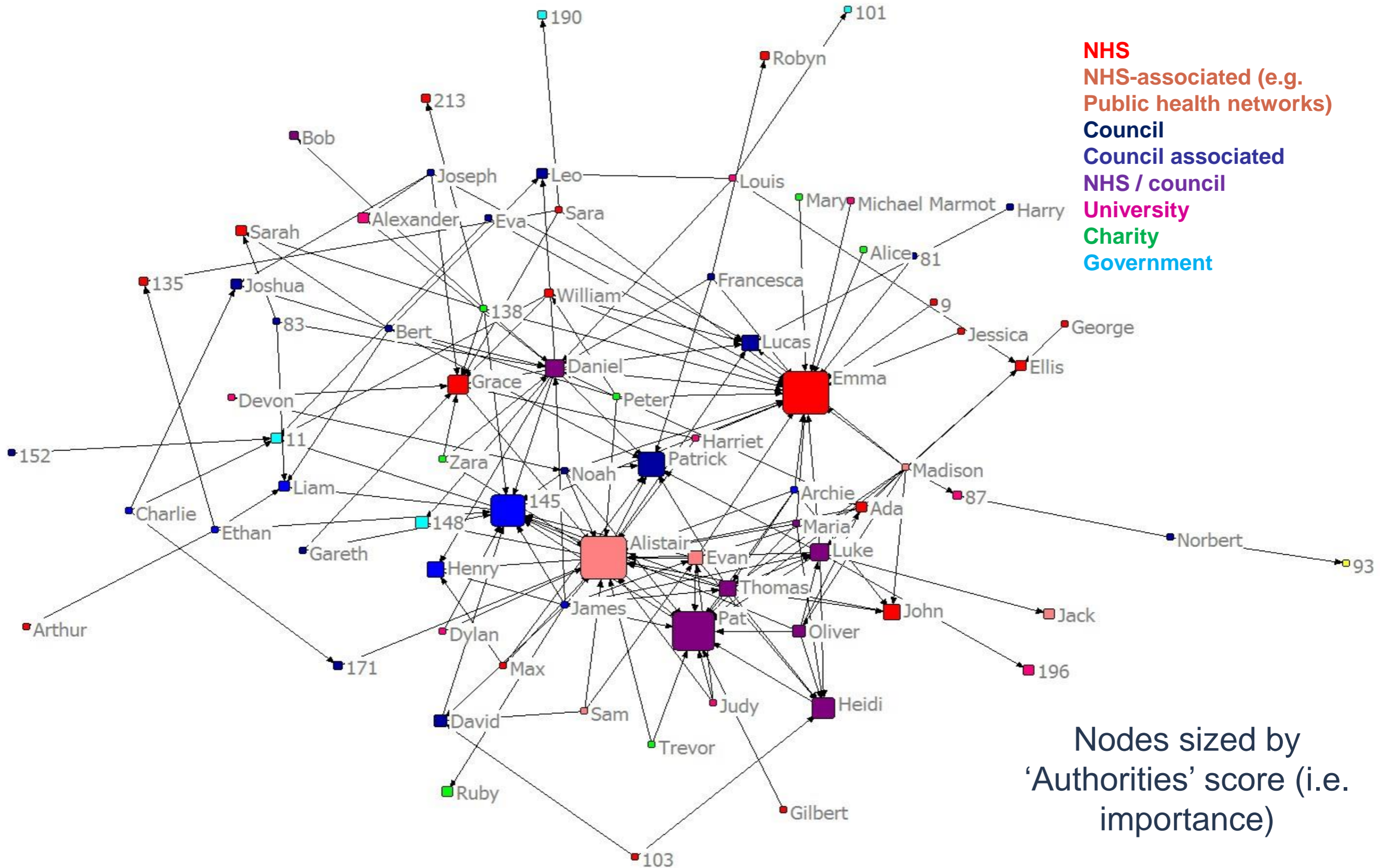
Qualitative data

- ❖ Aimed to gather policy makers' accounts of evidence use, policy processes and policy networks (gathering network data, understanding meaning of network, roles of individuals, power, influence, source of evidence)
- ❖ Semi-structured interviews (23 interviews, 1 hr, with key actors from network and governance structures). Transcribed and stored in Nvivo
- ❖ Included academics, policy actors, public health professionals
- ❖ Also used data from 19 informal interviews, unrecorded but copious notes
- ❖ Observations (18 hrs policy meetings within NHS and LA, both public and private): My own notes, drawings of the meetings set out, and meeting papers.

Sample characteristics

Job type	% male	% medics	Total
Public health professional	39%	68%	31
Other types of clinicians	83%	100%	6
NHS Executive or Director	62%	23%	26
Public health intelligence staff	69%	6%	16
Council Executive or Councillor	76%	9%	33
Managers, officers, staff	52%	6%	50
Academic or researcher	61%	44%	36
Charity director	42%	0%	12
Central government staff / MP	62%	15%	13
Unknown	0%	0%	2
Total	58%	26%	225

Powerful and influential actors



Characteristics of Authorities

Power Authorities

	Job Type	Medic
Emma	Public health professional	✓
Alistair	Policy Manager	
Pat	Public health professional	
Arthur	Chief Exec (NHS)	
Patrick	Chief Exec (council)	
Heidi	Public health professional	✓
Grace	Public health professional	✓
Daniel	Public health professional	
Luke	Public health professional	✓
Lucas	Chief Exec (council)	

Influence Authorities

	Job Type	Medic
Emma	Public health professional	✓
Alistair	Policy Manager	
Pat	Public health professional	
Evan	Policy Manager	
Heidi	Public health professional	✓
Patrick	Chief Exec (council)	
David	Policy Manager	
Grace	Public health professional	✓
Luke	Public health professional	✓
Arthur	Chief Exec (NHS)	

Reputed power and influence is associated with some expected actors (chief execs, regional professional leads).....

And some unexpected actors (mid-level managers)

Knowledge brokerage roles

	Public health professional	Policy manager	Public health intelligence	Decision makers	Other (academic, charity)
Being an expert	✓				
Keeping up to date with recent research					
Evaluating evidence	✓	✓			
Production of information			✓		
Providing and disseminating information and advice	✓ ✓ ✓	✓ ✓ ✓	✓ ✓		
Managing and filing information					
Writing and disseminating tailored messages	✓	✓			
Setting agenda, framing discussions, controlling debates	✓	✓ ✓ ✓			
Writing policy reports / reports for policy / policy content	✓	✓ ✓ ✓	✓		

- Roles not played by academics or researchers

- No involvement of policy makers in research process, or upskilling policy makers

- Not the research process at all!

- Focus on the policy process instead

Knowledge brokerage or policy entrepreneurship?



Knowledge brokerage roles

Being an expert

Keeping up to date with recent research

Evaluating evidence

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Creating and managing key organisations

[The Commissioning Programme Board] manages business on behalf of the Chief ...everybody knows how business is done....But I would say that because I invented it. (Evan, policy manager)

If my job is just to make stuff happen and get the correct outcome from meetings..., you know, collate the evidence, you have the discussions outside the meeting, you see who's with you, you think about how to present the case, you... it's one of those things of "never going into a meeting with a proposal without knowing exactly how it's going to come out of the meeting" That sounds terribly manipulative but to me it's about momentum
(Alistair, policy manager)



Deciding the topic and detail of the policy

Me and Alistair, we were trying to get sentences into [a key economic document] for about a year. Basically what would happen would be the document as would be written would occasionally manage to get to my desk at which I would put in various sentences which would ... some would get pruned out some would get in. Or you'd be constantly writing to Alistair about the arguments so he felt that he had sufficient strength behind him to be able to say "This is it, this is the case". (Sam, public health intelligence)



[Alistair] would exercise a certain degree of leeway in interpreting ...those instructions [from the DPH], but nonetheless in general...he wouldn't want, to substitute their own professional judgement because he isn't himself a public health professional... he's a doer and an implementer. ...So when he's got that policy, erm that lead he, the he kind of really takes it on and runs with it
(John, DPH)

....Alistair's almost the acceptable face of mad DPHs, isn't he really. Managerial translation, I'll have a chat with him behind the scenes
(David, policy manager)

Managing other people

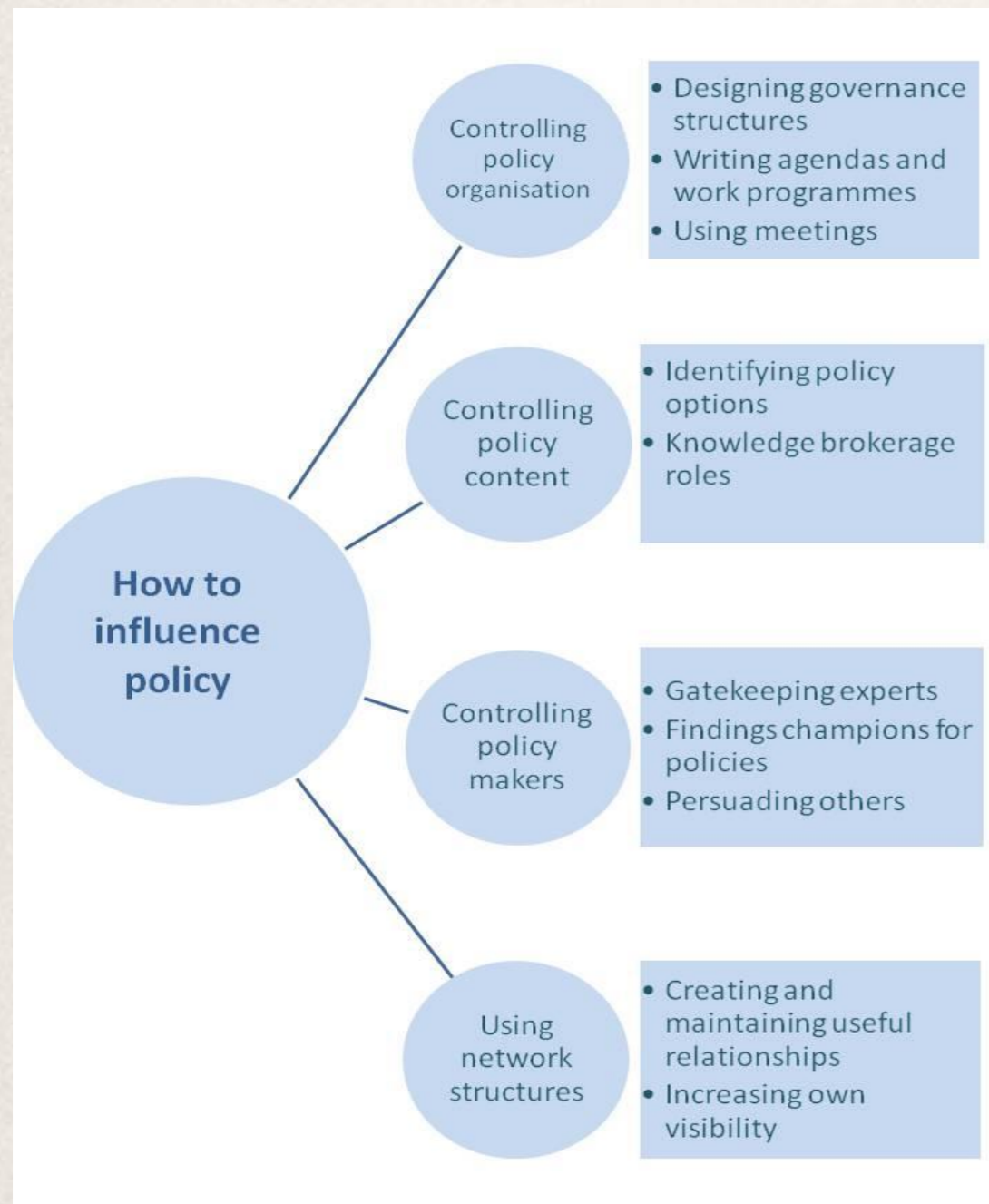


We can't just sit in an office and dream things up... I think a lot of people forget that that's how things work in the real world, is through relationships and it does take time to build relationships, to build trust, and so you know, reorganisations that lose lots of people mean you just have to start all over again because that is how it, that is how the world works, that's how you get things done. (Maria, DPH)

[Alistair's] connectedness is indisput...you know his capacity to take, the information that he gets from the DPHs to influence... right across the AGMA structures...and that sort of work and relationship with a very wide range of officers where he keeps his fingers on the pulse that's... is very very powerful. (John, DPH, medic)

Using relationships

Example: minimum unit price for alcohol



- Creation of GM Health Commission
- Had to take action on alcohol as key priority area
- Alistair managed papers for meeting

- Alistair, Evan and Sam (policy managers) identified MUP as a possible policy
- Identified experts to attach to policy
- Drew up policy papers

- Identified executives to present and champion policy
- Persuaded local and regional senior figures to endorse the policy

- Policy considered successful because GM now much more visible
- Individuals involved had greater credibility
- Bargaining position with Westminster strengthened.

Insiders and outsiders: qualitative descriptions

- ❖ Core group of actors involved in all stages of policy
- ❖ Some actors were not influential - did not want to be, did not have skills, had wrong characteristics
- ❖ Key characteristics included: being 'sensible', 'credible', being 'on message' i.e. endorsed by other influential people
- ❖ Being able to identify, create, maintain & finally exploit relationships as a strategy to influence policy

Me, Alistair and Evan, we're running this place, in the core group... we know where power centres are, we know how far to nudge, we know how to attach an idea to [his chief exec]... that'll make her look good in AGMA Chief Execs.

(David, Council Officer).

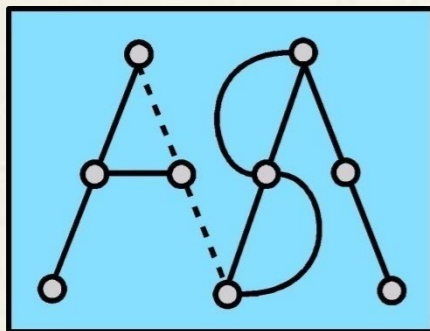
Conclusions

- ❖ Public health policy is designed and coordinated by mid-level managers in the NHS and in local government, with no public health expertise but good relational skills
- ❖ Public health professionals and academics play limited roles and are not perceived to be powerful or influential.
- ❖ 'Leaders' exert their power through a range of roles and strategies throughout the policy process
- ❖ Network analysis allows us to identify key individuals (targets for research / interest in leadership)
- ❖ Implies that relationships need to be taken seriously, and skills in developing and maintaining relationships need to be fostered

Acknowledgements & references



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<http://www.ccsr.ac.uk/mitchell/>

Mitchell Centre for Social Network Analysis

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