

Institution: University of Stirling		
Unit of Assessment: 19. Politics and International Studies		
Title of case study: Improving public health policy and practice across the UK		
Period when the underpinning research was undertaken: 2014 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name:	Role:	Period employed by submitting HEI:
Paul Cairney	Professor of Politics and Public Policy	2013-Present
Emily St Denny	Lecturer in Public Policy	10/2013-10/2015, 09/2017-06/2020
Sean Kippin	Lecturer in Public Policy	11/2019-05/20; 09/20-Present
Period when the claimed impact occurred: 2019 - December 2020		
Is this case study continued from a case study submitted in 2014? No		
<p>1. Summary of the impact</p> <p>Our research has been fundamental to policy learning that has improved public health policy across the UK and Ireland. Our findings allowed policymakers to address two major governance challenges when improving population health and reducing health inequalities: (1) should they mainstream policies across government or set up a dedicated government agency, and (2) should that agency seek a high or low profile? Our research has been used to shape organisational change, and guide and scrutinise government policy, by: NHS Scotland to design Public Health Scotland; the Scottish Parliament to scrutinise Scottish Government policy; Public Health England to modify its strategy and practices to encourage evidence-informed policymaking; and, the Institute of Public Health in Ireland to review its guidance to practitioners and its review of public health strategy.</p>		
<p>2. Underpinning research</p> <p>Our research provides a Scottish, UK, and international government comparison of (a) the design and delivery of 'preventive' measures to reduce health inequalities, and (b) the strategies and success of public health agencies. The research findings show that:</p> <ol style="list-style-type: none"> 1. Governments use the mantra 'prevention is better than cure', but do not know how to turn a vague idiom into a feasible strategy. Therefore, when they try to mainstream 'preventive' policies, they struggle to explain what prevention means or to reform services to make them more effective and 'joined up' (R1 and R3-5). 2. Public health government agencies <i>could</i> take the lead to produce a clearer and more ambitious policy agenda. However, successful agencies keep a low profile and make realistic demands for policy change. R2 finds that successful agencies are like 'ninjas' operating out of the spotlight, seeking 'quick wins' more than long-term transformation. 3. Advocates of policy change often describe 'evidence based policy' as the main way to foster preventive policies and effective agencies. However, the status and role of evidence is contested, while policy ambiguity and policymaking complexity hinders its consistent use. Instead, governments draw on three different models of evidence-informed policymaking, producing a complex mix of policies that could complement or contradict each other (R3, R5). R1 and R6 show how policymaking clarity helps maximise the impact of scientific evidence on tobacco policy but not 'prevention' policy. <p>Our research helps governments and public health agencies learn from each other's experiences of 'preventive' policies, and use policy learning to inform government policy and agency strategy. We discuss this research with government departments and agency staff to warn against treating any of the following approaches as a 'magic bullet': (a) relating policy vaguely to the idiom 'prevention is better than cure', (b) seeking more 'joined up' government, (c) setting up a public health agency, or (d) demanding 'evidence based' policy. Rather, our research shows that major public health policy change requires policymakers to define their aims clearly, and agencies to endure long enough to influence policy and encourage the consistent use of research evidence.</p>		
<p>3. References to the research</p> <p>(Note: we shared drafts with practitioners in advance of publication).</p> <p>R1. Paul Cairney and Emily St Denny (2020) <i>Why Isn't Government Policy More Preventive?</i> (Oxford University Press) DOI: 10.1093/oso/9780198793298.001.0001</p> <p>R2. John Boswell, Paul Cairney, and Emily St Denny (2019) 'The Politics of Institutionalizing Preventative Health', <i>Social Science and Medicine</i> 228, May, 202-10. DOI: 10.1016/j.socscimed.2019.02.051</p>		

- R3.** Paul Cairney (2016) "Evidence-based best practice is more political than it looks: a case study of the 'Scottish Approach'", *Evidence and Policy*, 13, 3, 499-515. DOI: [10.1332/174426416X14609261565901](https://doi.org/10.1332/174426416X14609261565901)
- R4.** Paul Cairney, Siabhainn Russell and Emily St Denny (2016) "The 'Scottish approach' to policy and policymaking: what issues are territorial and what are universal?" *Policy and Politics*, 44, 3, 333-50. DOI: [10.1332/030557315X14353331264538](https://doi.org/10.1332/030557315X14353331264538)
- R5.** Paul Cairney (2019) 'The UK government's imaginative use of evidence to make policy', *British Politics*, 14, 1, 1-22. DOI: [10.1057/s41293-017-0068-2](https://doi.org/10.1057/s41293-017-0068-2)
- R6.** Paul Cairney and Mikine Yamazaki (2017) 'A comparison of tobacco policy in the UK and Japan' *Journal of Comparative Policy Analysis*, 20, 3, 253-68. DOI: [10.1080/13876988.2017.1323439](https://doi.org/10.1080/13876988.2017.1323439)

Funding: R1, 3, 5 funded by ESRC 'The Constitutional Future of Scotland and the United Kingdom', Stirling PI: David Bell, CI: Paul Cairney (project lead: Michael Keating, University of Aberdeen), Oct 2013 – Oct 2016, GBP2,437,955 (Stirling: GBP544,562), ES/L003325/1.

4. Details of the impact

1. Improving public health policy, practice, and organisational change in Scotland

The **Scottish Government** and **NHS Scotland** used R1-3 to design [Public Health Scotland](#), which they formed in April 2020 to become 'Scotland's lead national agency for improving and protecting the health and wellbeing of all of Scotland's people'. The **Public Health Scotland (PHS) testimonial** (S1) describes this impact as improving public policy as it has "stimulated policy debate within NHS Health Scotland and PHS, and informed organisational development" (S1). PHS have further identified that our research has benefitted practitioners and professional service delivery as it has "provided new analyses of existing policy problems and the effectiveness of models of PHS practice" (S1).

PHS describes using our research "to inform the strategic development, guidelines, and practices of PHS and its partners in the Scottish Government and local government":

- Using R1 and R3 to inform policy and practice
"In April 2018, Professor Cairney led a workshop session to identify and compare three models of evidence-informed policymaking to inform PHS-led policy and practice (drawing on his ... article 'Evidence-based best practice is more political than it looks'). This workshop brought together policymakers and practitioners in NHS Scotland, the Scottish Government, and the Convention of Scottish Local Authorities" (S1).
- Using R2 to inform the design and practices. PHS state that:
"In May 2019, Professor Cairney and Dr John Boswell [R2] led a workshop session to relate evidence-informed policymaking to the strategic development of new public health agencies. The attendees were key people working with the Scottish Government and COSLA to reform public health in Scotland, including members of the Programme Board, the Oversight Board, Commission leads and members of the senior teams in NHS Health Scotland and Public Health Intelligence. Their co-authored article with Dr Emily St Denny ('The Politics of Institutionalizing Preventative Health') underpinned this discussion, and **remained influential during the design of PHS**. We collected feedback from stakeholders via an email questionnaire after the event. The feedback suggests that this **research helped shape organisational strategy** by prompting attendees to (a) reflect on their assumptions on what makes good evidence, and (b) shift attitudes about what counts as agency success on the short and long term and what strategies help achieve it. We also **cited this article as part of our written evidence to the Scottish Government consultation on the design of PHS**" (S1, S3).

Cairney and Boswell co-produced, with NHS Scotland and stakeholders, a record of activity and recommendations – to inform PHS design and practice – that emerged from this event (May 2019). Our report, written in collaboration with NHS Scotland and published on [Public Health Reform](#) (co-owned by the Scottish Government and Convention of Scottish Local Authorities) describes NHS Scotland feedback on the event via an email questionnaire. The overall feedback is that the research-driven events helped reduce ambiguity and add clarity to the organisational design process:

“Attendees appreciated the time and space to come together with PHS team leaders to discuss next steps. The feedback suggests that the academic presentation helped challenge or shape group assumptions, by:

- Questioning if attendees agreed on key issues. What is prevention? What counts as good evidence? What models of evidence-informed policy should we recommend? From whom should we learn?
- Shifting attitudes about what counts as agency success (survival!) and what strategies help achieve it (such as by stealth rather than always speaking truth to power)” (S2).

The major pathway to these impacts was through a series of events in Scotland to establish our reputation as experts in this field. Cairney and St Denny used R3-4 to lead workshops with Scottish Government civil servants and their stakeholders in local government and third sectors:

- Scottish Government hosted audience of 40 civil servants (2014),
- ESRC Centre on Constitutional Change hosted audience of 25 MSPs, civil servants, and local government and third sector representatives (2015),
- ESRC-Scottish Council for Voluntary Organisations hosted event at Stirling, audience of 50 civil servants and local government and third sector representatives (2015),
- Cairney led two civil servant CPD workshops at the Scottish Government’s annual *Evidence Week* (audience of 50, 2015 and 2016) to analyse its models of evidence use.

Further impacts were achieved when the **Scottish Parliament** used R3-4 to inform its scrutiny of Scottish Government policy and propose reforms to parliamentary procedures:

- Our research influenced the Scottish Parliament Finance Committee’s inquiry [on preventive policymaking in](#) 2015-16. Cairney advised the Committee on how to scrutinize this process effectively. He worked closely with its Senior Clerk to inform the call for evidence. The committee asked Cairney to summarise, review, and comment on this evidence (and published his report on [18 January 2016](#)). It used [his report](#) to structure questioning to the Scottish Government Cabinet Secretary, and drew directly on Cairney’s work to produce its final report in 2016 (S4).
- Cairney was appointed (2017) as special advisor to the Commission on Scottish Parliament reform, which considered how to incorporate research and long-term planning in parliamentary scrutiny. Its report acknowledges Cairney’s role in influencing how the commission used evidence and conceptualised evidence-informed policy (S5).

2. Improving public health agency practices in England

Public Health England (PHE) was an [executive agency](#) that existed to ‘protect and improve the nation’s health and wellbeing, and reduce health inequalities’. It used R1-6 to review changes to agency strategy and public health policy and practice (2019). The PHE testimony describes our “contribution to two main categories:

1. Impacts *on public policy*. This research stimulated policy debate within PHE on the role of evidence-informed policymaking for preventive health policy.
2. Impacts *on practitioners and delivery of professional services*. This research provided new analyses of existing policy problems and the effectiveness of models of PHE practice” (S6).

PHE describes seeking “evidence-informed approaches to public health and the prevention of non-communicable diseases. It is in that context we have worked closely with Professor Paul Cairney since 2017 to use insights from his research to inform policy and practice in PHE” (S6). Specifically, Cairney and Boswell (R2) worked with the Deputy Chief Executive and Chief Operating Officer of PHE to lead a workshop bringing together senior executives (including the PHE Chief Executive) and scientific staff in PHE (and NHS Scotland). They used R1-2 in particular to reflect on policy and practice to use evidence to change public health policy. PHE describes:

“Professor Cairney led a session to identify and compare three models of evidence-informed policymaking to inform PHE policy and practice (drawing on his ... co-authored book with Dr Emily St Denny, *Why Isn’t Government Policy More Preventive?*). Dr Boswell and Professor Cairney led a session to relate evidence-informed policymaking to the strategic development of PHE practices. Their co-authored article with Dr Emily St Denny (‘The Politics of Institutionalizing Preventative Health’), which underpinned this discussion, was based strongly

on a series of interviews with PHS staff. As such, they built impact into their research design by using their published research to feed back and inform PHE practice” (S6).

Our [published record](#) of the event (co-authored with PHE) and PHE testimony confirms that (1) the insights from our research had a direct impact on the conclusions of the workshop, and (2) this impact influenced organisational practice:

“The workshop discussion highlighted an impressive level of agreement between the key messages of the presentation and the feedback from most members of the PHE audience ... political science-informed policy studies, and workshop discussions, highlighted the need for evidence advocates to accept that they are political actors seeking to win policy arguments, not objective scientists simply seeking the truth. Scientific evidence matters, but only if its advocates have the political skills to know how to communicate and when to act” (S7).

“The response from the staff engaged in the workshop was extremely positive – the Chief Executive said that he found it especially insightful into the complexity of managing the evidence-policy interface and other **colleagues said it had given them a wider perspective about handling the realpolitik of “boundary working” with academics, practitioners and policymakers which had provided a focus for their future work planning**” (S6).

These impacts followed from a pathway of UK and international events to establish our reputation as experts in this field. Cairney engaged in regular discussion with UK (and international) government civil servants in a series of UK government-organised events, including:

- Keynote speech to the UK *Government Economic Service and Social Research Service* CPD conference (2017, 400 civil servants) on using evidence to make prevention policy.
- Follow-up CPD event - GES/SSR North workshop - to bridge the gap between researchers and civil servants analysing prevention policy (2018, 50 civil servants).
- Keynote speech, funded by the Foreign and Commonwealth Office, to the FUSE public health conference (Vancouver, Canada, 2018, audience of 125 practitioners and academics) on how to share international lessons on evidence for preventive policies.
- Cairney’s expertise in this area was recognised by the ESRC in 2019, when it commissioned him to write a report to inform UKRI’s impact agenda (S9).
- Cairney also shared these lessons with policymakers in Australian and New Zealand governments (2018) in 14 events funded by ANZSOG and its partners.

3. Co-producing policy learning for policy and practice with the Institute of Public Health in Ireland, and informing the Northern Ireland Executive public health strategy

The **Institute of Public Health in Ireland** (IPH) is a non-governmental organisation established in 1998 with the support of the Departments of Health in Northern Ireland and the Republic of Ireland. It is the primary organisation to promote public health cooperation and learning across the island of Ireland. As such (a) our long-term and enduring impact (based on R1-3) is on an NGO responsible for public health policy learning, and (b) we also describe specific impact on the policy of one of its two governmental partners. The IPH testimonial describes a “contribution to two main categories:

1. *Impacts on public policy.* This research had a direct impact on policy debate within the IPH, and contributes to a key report informing the long-term public health agenda in Northern Ireland [note: the government’s final report was delayed by COVID-19] ...
2. *Impacts on practitioners and delivery of professional services.* This research provided new analyses of international state-of-the-art approaches to ‘Health in All Policies’. As such, it provides a detailed guide and key lessons to inform the next phase of public health policy in Northern Ireland, and will help the IPH to set a similar agenda in the Republic of Ireland” (S8).

Cairney and Kippin worked with the IPH to co-produce research to inform the Northern Ireland Executive’s mid-term review of its public health strategy *Making Life Better*. The IPH testimonial describes:

“From November 2019-October 2020, Professor Cairney and Dr Sean Kippin and the IPH created a formal partnership agreement to co-produce a report to inform the mid-term

review of the Department of Health in Northern Ireland's public health strategy *Making Life Better*. This report combined new and published research. Their new research included a mapping exercise to establish a comparison of international public health strategies, and a systematic review of 'Health in All Policies' strategies across the globe. They combined this research with published insights on evidence-informed policymaking and preventive health (particularly in the book *Why Isn't Government Policy More Preventive?* by Professor Cairney and Dr Emily St Denny)" (S8).

These impacts follow on from a series of events and projects in Ireland to establish our reputation as experts in this field, including:

Further impacts on the IPH as an external assessor

- April 2019, Cairney formally reviewed the IPH evaluation of the cross-departmental strategy led by the Department of Health in Northern Ireland (The New Strategic Direction for Alcohol and Drugs Phase 2, NSD-2). Health Minister Robin Swann used this evaluation to propose policy changes in relation to justice, mental health, and older people.
- November 2020, Cairney formally reviewed IPH Health Impact Assessment Guidance.

Wider public engagement, policy and practice organisations

- February 2018, Cairney gave keynote presentations to SPHERE (Health Research Board in Ireland's national research training programme) (R3) and the Centre for Effective Services (NGO to facilitate evidence-informed policy) (R5).
- November 2020, Cairney gave the keynote speech on prevention policy (R1) for the Government of Ireland (Department of Children, Equality, Disability, Integration and Youth) [Festival of Learning](#) (350 participants from policy and practice).

Overall, our team used unusually high policymaker interest in R1-2 to work with agencies and NGOs to develop and progress their practices, policies, and strategies toward evidence-informed policymaking for public health. Our research influenced how governments and agencies responded to policy dilemmas. This success relied on long-term engagement (from 2014-21) with policymakers to generate demand for this research.

5. Sources to corroborate the impact

S1. NHS Scotland testimonial (Elsbeth Molony, Interim Senior Executive Lead) 2020

S2. Co-produced blog post <https://publichealthreform.scot/latest-reform-news-and-blogs/institutionalising-preventive-health>

S3. NHS Scotland's description of the workshop 2019 <https://www.eventbrite.co.uk/e/the-politics-of-institutionalizing-preventive-health-seminar-tickets-60698583096>

S4. The Scottish Parliament Finance Committee's [examination of preventative spending in 2015-16](#) includes Cairney's [summary of written evidence](#), which it used ([from p43](#)) while gathering oral evidence ([p64](#)) from the Scottish Governments Deputy First Minister ([3rd Meeting, Monday 18 January 2016](#)).

S5. The Commission on Parliamentary Reform report (2017) <https://parliamentaryreform.scot/>

S6. Public Health England testimonial (Richard Gleave, Deputy Chief Executive) 2020

S7. Co-produced blog post <https://paulcairney.wordpress.com/2019/07/31/institutionalising-preventive-health-what-are-the-key-issues-for-public-health-england/>

S8. Institute of Public Health in Ireland testimonial (Director of Policy) 2020

S9. Kathryn Oliver, Anna Hopkins, Annette Boaz, Shannon Guillot-Wright, Paul Cairney (2020) *Research engagement with government: insights from research on impact initiatives, policy analysis, and policymaking*, <https://paulcairney.files.wordpress.com/2020/01/esrc-government-engagement-reports-final-version-24.6.20.pdf>

S10. Northern Ireland Department of Health, 'Making Life Better – Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use' (Oct 2020). <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-sus-consultation.pdf>