



UNIVERSITY OF
BIRMINGHAM

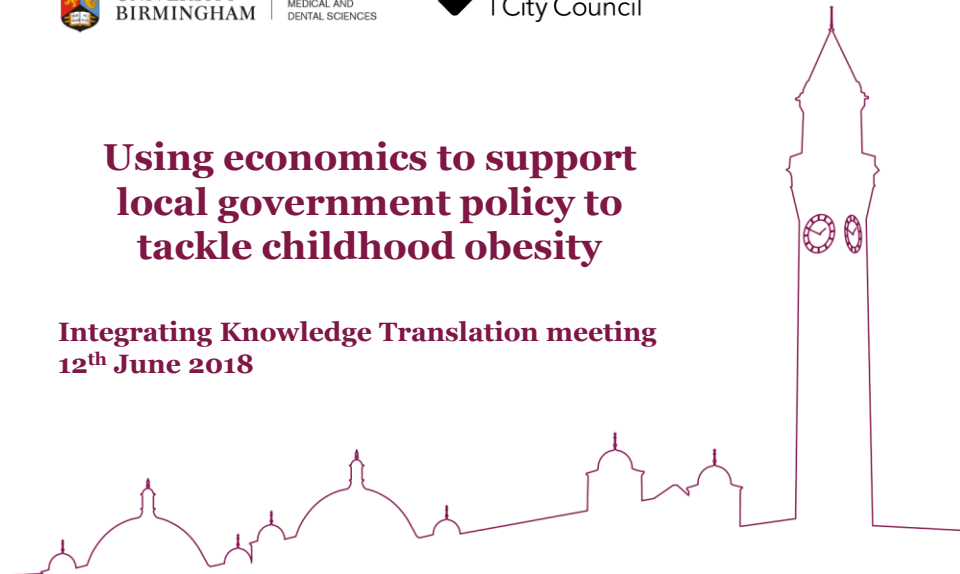
COLLEGE OF
MEDICAL AND
DENTAL SCIENCES



Birmingham
City Council

Using economics to support local government policy to tackle childhood obesity

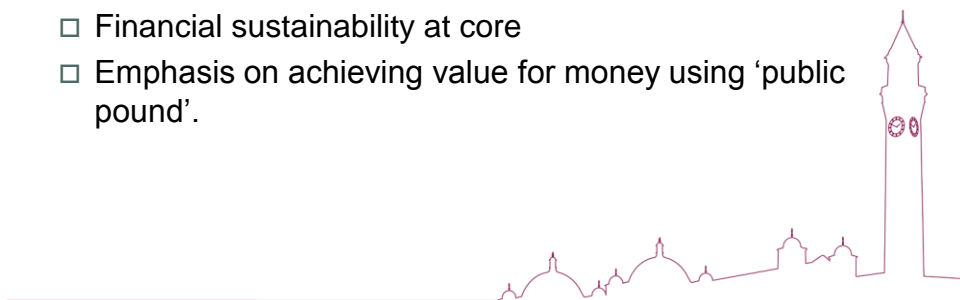
**Integrating Knowledge Translation meeting
12th June 2018**



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Policy background

- In 2013, public health (PH) moved from the NHS to local authority (LA) (ring-fence budget)
- Opportunity to integrate PH with other LA functions: education; planning; housing and crime.
- Move towards 'place-based' activities to achieve common objectives.
- Financial sustainability at core
- Emphasis on achieving value for money using 'public pound'.



What is health economics?

- Large component of health economics is 'economic evaluation'
- Costs and Benefits of comparative courses of action
- Opportunity cost
- Conventional: health care costs and health-related benefits
- Obesity: Broad multi-sector costs and benefits



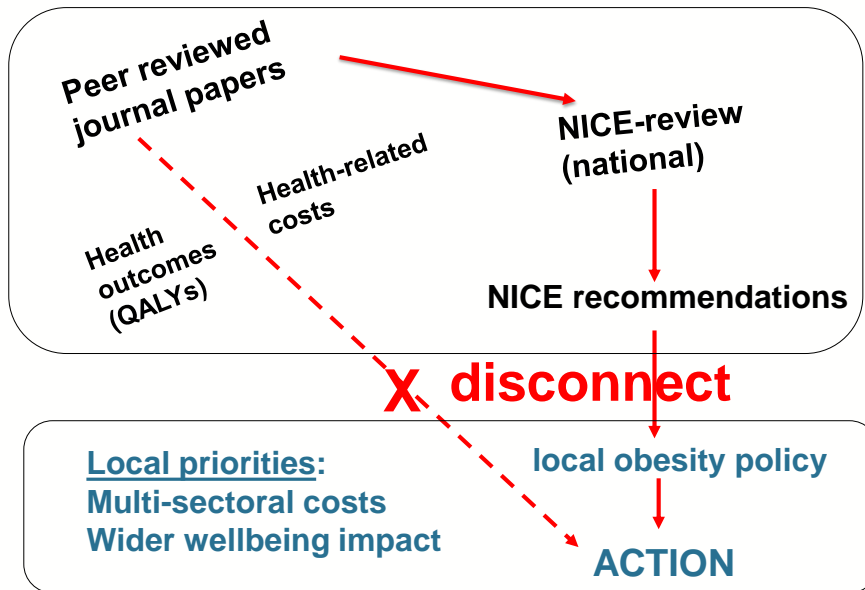
Furthermore...

- Economic evaluation focuses on efficiency (max outcome for money spent)
- Local govt also interested in equity (minimizing inequalities across population)

How useful is economic evidence for local decision making?



Part one: health economics and local policy



Fellowship split into two parts

Part One

How can health economics inform local public health policy (generally)?

Part Two

How can we use economics to help inform childhood obesity policy?

How are decision makers influenced?



Features of my fellowship

Co-located between 2 institutions

Observation

Understand the 'landscape for decision making'

How are decision makers influenced?

Consult stakeholders: One to one interviews...

- 18 interviews with local decision makers (Birmingham, UK)
- How they use evidence to set priorities and make budget allocation decisions?
- How they use health economic evidence?
- Suggestions for methods.

Use of economics evidence: main findings

Motivation to use economics:

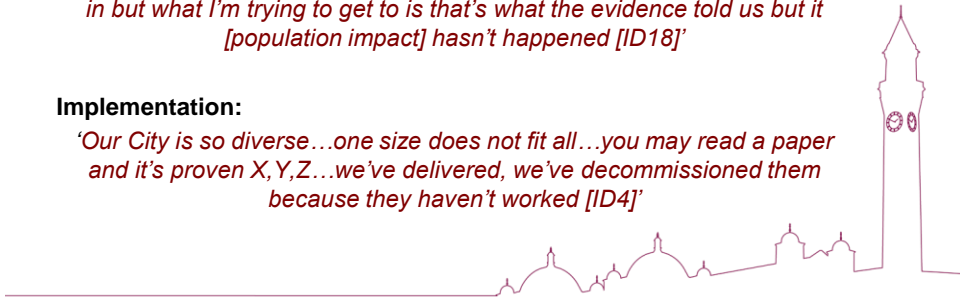
“especially in business cases, that [economics] can be the thing that is the real motivator for some organisations, that’s really what they’re looking for [ID16]”

Problems with ‘scaling up’:

“so I was a big believer in scaling up...but we haven’t seen it either because the services aren’t good enough, we’re getting the wrong people in but what I’m trying to get to is that’s what the evidence told us but it [population impact] hasn’t happened [ID18]”

Implementation:

‘Our City is so diverse...one size does not fit all...you may read a paper and it’s proven X,Y,Z...we’ve delivered, we’ve decommissioned them because they haven’t worked [ID4]’



Suggestions for methods

Wellbeing/broader outcomes:

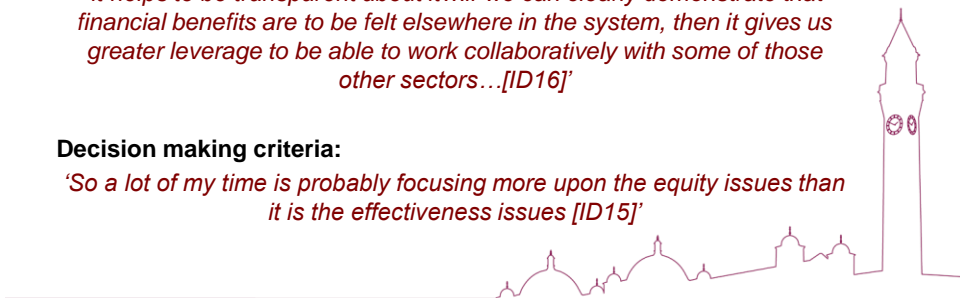
‘we’ve got to demonstrate that we’ll have an impact on more than health...’[ID2]

Transparency to aid ‘joined up’ working:

‘it helps to be transparent about it...if we can clearly demonstrate that financial benefits are to be felt elsewhere in the system, then it gives us greater leverage to be able to work collaboratively with some of those other sectors...[ID16]’

Decision making criteria:

‘So a lot of my time is probably focusing more upon the equity issues than it is the effectiveness issues [ID15]’



Economics methods: main suggestions from local decision makers

Broadening of frameworks

Systems approach/understand what is being displaced/whether scope to modify intervention

Non-health outcomes

Employment, school readiness, education attainment, broader wellbeing

Generisability

Understand local compliance/engagement, diversity

Accessibility

Transparency helps decision makers to work collaboratively



Decision makers influenced by:

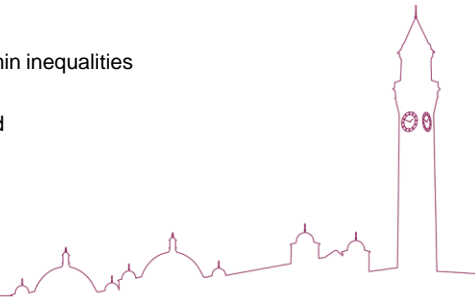
- Elected members/political context
- The public
- Internal conversations with trusted colleagues
- The media
- Clinicians/service providers
- Performance indicators
- Budgets
- Evidence

Evidence is only 1 part of the jigsaw



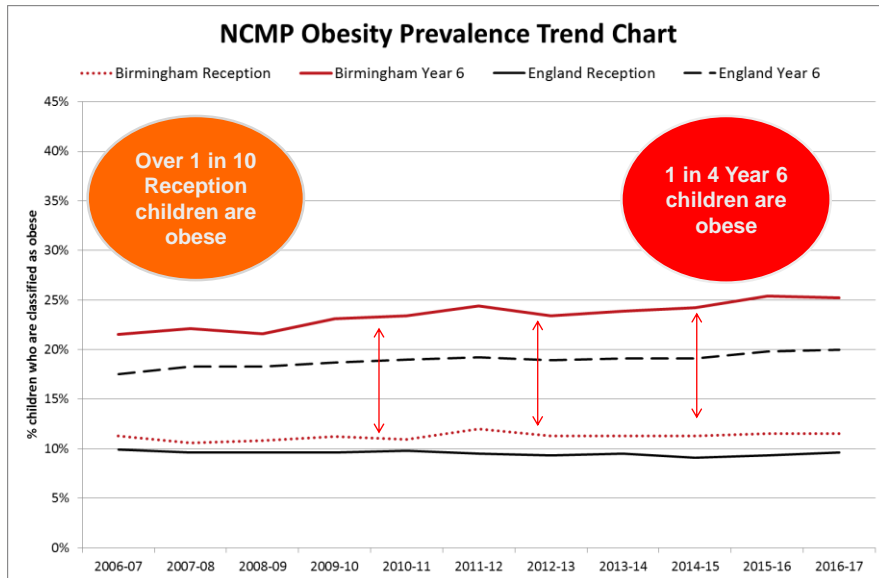
Delphi study (national survey)

- 3 survey rounds to reach consensus
- How access evidence for decision making?
- How often use evidence?
- How important different factors are (costs, productivity outcomes, political pressures, education outcomes)
- What main barriers are to using economics evidence?
- Suggestions for methods
 - Take account of local context
 - Focus exclusively on max outcome/min inequalities
 - Time period
 - How results should be communicated
 - Local budget considerations
- Approach to recruitment
- 66 responses (so far)



CHILDHOOD OBESITY

Background: Childhood obesity (Birmingham)



The beginning: initial reflections

- By invitation to attend from a council colleague
- Only attended and observed
- Struck by 'reality' of how decisions were made
 - Messy
 - Power
- Daunted with the task – how was I going to marry my fellowship with this organization...
- Lost and isolated
- In truth I've never felt so academic in my whole career!



Started to make progress:

- Continued to attend and make suggestions
- I helped out with tasks that were not directly linked to my fellowship
- Had lots of conversations. **I listened.**
- Started to feel a shift in the way I was thinking.
- Started to challenge my own normative judgements, and approaches to how we undertake academic research.



More progress...

- Continued to have conversations
- Opportunity arose – money available!
- An intervention – YES!
- Suggested an evaluation and designed a study
- Business case (in their terms)
- We started to work together**
- Collaborating with decision makers; education council officers, schools.



Collaboration with schools

- Services for education providers
- Interacted with school leaders
- Recruitment workshop
- Listened to their perspective/priorities/barriers
- Re-designed the study to fit with their needs
- Continued to talk with them through tracking progress; dealing with concerns.
- PhD: interviews with school leader to gain insight into implementation costs and attitudes to intervention and to the data being collected.



School caterers

- Engage with main supplier of catering in all schools in Birmingham
- V enthusiastic in meetings.
- Does not respond to emails or phone calls.
- Phd student – phoning and meeting frequently – at ‘cusp’ doing something...but it’s not easy
- Trying to work with their timescale and academic timescales (ethics/collaboration agreements).
- ‘Real-life’! Together we are co-producing a research question and devising a data collection process that is acceptable and appropriate



Engaging with retailers

- Big supermarket
- V organized; guarded but interested
- Listened and adapted
- What are they interested in? Why are they interested?
- Corporate social responsibility
- How can maintain engagement?
- Language; time scales; managing expectations



Key insights for partnership working

- A common purpose.
- Located together in a physical space.
- Write projects that are multi-disciplinary with a combined set of objectives
- Produce reports that everyone contributes to
- Lots of trust – understanding everyone has something to contribute
- Trust is demonstrated by delivery and by showing engagement overtime
- Integrated approach
- Multiple outputs for different purposes.



Trust, understanding, respect
and time



thank you