

POLICY INFORMED BY RESEARCH: EXAMPLES OF IMPACT FROM PHIRST CONNECT EVALUATIONS

PUBLIC HEALTH INTERVENTION RESPONSIVE STUDIES TEAMS (PHIRST)

WHO ARE PHIRST?

PHIRST are the Public Health Interventions Responsive Studies Teams (PHIRST) and are funded by the National Institute for Health and Care Research (NIHR). There are currently eight PHIRSTs. **PHIRST Connect is led by the University of Hertfordshire**, and managed by Chief Investigators Professor Katherine Brown and Professor Julia Jones.

The principle objective of PHIRST is to co-produce robust and responsive evaluations of existing public health interventions. Ten projects are being undertaken by each PHIRST over five years, which aim to meet the needs of public health and wider stakeholder networks. The team is made up of experienced researchers and practitioners, a public co-applicant, and a Patient and Public Involvement (PPI) oversight group.

WHY RAPID RESPONSE EVALUATIONS ARE NEEDED: CLOSING THE GAP

Within local government, public health practice moves quickly in order to react to the evolving needs of the community. This presents a challenge to measuring the impact and success of health and social care initiatives. Rapid evaluation offers a solution by providing timely evidence of best practice in ongoing interventions, helping to bridge the gap between research and real-world public health efforts within local government.

 **PHIRST Connect**

 **PHIRST Fusion**

 **PHIRST LiLaC**

 **PHIRST South Bank**

 **PHIRST Insight**

 **PHIRST Light**

 **PHIRST Elevate**

 **PHIRST PHRESH**



www.phirst.nihr.ac.uk



IMPACT ON A NATIONAL LEVEL

PHIRST Connect's **Evaluation of the Move to Remote Models of Service Delivery by Drug and Alcohol Services in Leeds During the COVID-19 Pandemic (COVID DASE)** was cited in the Office for Health Improvement and Disparities (OHID) guidance on providing remote and in person interventions within substance misuse services - our report offered data of staff and service-user perceptions of remote delivery, supporting integration where appropriate.

How impact occurred?

Well established relationships were made with the commissioner of the drug and alcohol service during the evaluation. This facilitated contact with the relevant department in OHID and supported the knowledge mobilisation of the key findings from the research to provide evidence for substance misuse guidance.

DASE Project



IMPACT ON LOCAL AUTHORITY PRACTICE

Drawing on **An Evaluation of Workplace Health and Wellbeing Support in Walsall Small and Medium Sized Enterprises (SMEs)** as an example, early research findings have been used and fed into the recommissioning and invitation to tender of the Walsall workplace health and wellbeing service, available through the local council to support SME's.

Further evaluation findings, including the **COVID-DASE evaluation**, were sought and used by local authority partners as part of the technical specification evidence to recommission the service, and local drug and alcohol service strategy.

How impact occurred?

Working closely with local authority members was key to facilitating the impact of this project. This included: regular team meetings, securing substantial buy-in from local authority members, collaborative working with partners, and timely expressions of interest for service evaluation.

Walsall Project



IMPACT TO THE FRONT LINE

Research findings from the **Evaluation of the Move to Remote Models of Service Delivery by Drug and Alcohol Services in Leeds During the COVID-19 Pandemic (Covid DASE)** have supported change on the ground within the service, by providing evidence to encourage integration of remote delivery where appropriate. Where agreed, service users can engage with the service via remote methods to support their treatment. Additionally, the service began to work towards increasing house visits to those service users most vulnerable as the research findings provided evidence for this change.

How impact occurred?

Working closely and collaboratively with the service, and including the voices of both service providers and service users, gave significant insight into the work happening on the ground. This ensured that research findings were able to reflect and shape service operations from all angles. In addition, sense-checking activities took place with end users of the service where feedback on findings was instrumental in developing service recommendations and providing evidence to support changes to future service delivery.

“ We had all this anecdotal evidence, but we wanted to find out more. It was an opportunity to have [our services] properly, robustly, and systematically evaluated by the research team. As we're public health, we're evidence-led. So, it would be tailored to our needs, and we would then use the findings and recommendations to inform future commissioning and service delivery. ”

- Service commissioner