

## Shifting the gravity of spending? Exploring methods for supporting public health commissioners in priority-setting to improve population health and address health inequalities

### Introduction

This project is in the first wave of studies to be funded through the NIHR SPHR. It is concerned with decision-making for investment in prevention at a time when local authorities in England have, since April 2013, become commissioners for public health services. The project is developmental and evaluative and based on the premise that if decision-support methods are to be used they should be developed in conjunction with local commissioners, reflecting local priorities. The project started December 2012 and is due to end in August 2015. It involves close engagement with commissioners, practitioners and other stakeholders through targeted activities in three case study sites.

### The new public health commissioning landscape

From April 2013, upper tier and unitary local authorities assumed responsibility for a ring-fenced public health budget with decisions over priorities taken by Health and Wellbeing Boards (HWBs) and reflected in Health and Wellbeing Strategies. There are complex accountability arrangements, including those between Directors of Public Health, Chief Executives and elected members, and between local authority-based public health teams and Public Health England, an Executive Agency of the Department of Health. There are also county/district tensions and variations in the extent to which Clinical Commissioning Groups are engaged with the new HWBs.

### Challenges for public health commissioners

Public health commissioners face many challenges related to priority-setting, including the following:

- There is organisational turbulence with new roles and partnerships being introduced
- Commissioners are subject to severe resource constraints at a time of austerity and public spending cuts and experience of decommissioning is limited
- There are many factors influencing priority-setting for population health - from local needs assessments to national priorities - and these may conflict
- Priority-setting for public health needs to span inter-sectoral approaches; include an assessment of health outcomes over the longer term; promote health equity; and engage the public
- The skill mix for priority-setting in public health includes public health intelligence; knowledge of the evidence base for public health interventions; methods for decision-support, including economic evaluation, and scenario modelling. The challenge is to bring these skills together to support local decision-making and maximise return on investment related to public health.

### Contexts for priority-setting

Much emphasis has been focused on the ring-fenced public health budget which will continue to 2015-16. Local authorities may consider a range of contexts and options for priority-setting including:

- prioritising across a ring-fenced public health budget in relation to specific criteria, including return on investment
- cost-effectiveness of interventions in a specific area of local public health concern as a basis for service planning/reconfiguration
- reorientation of strategic investment for prevention across different departments of the local authority - a local authority equivalent of programme budgeting in the context of evidence on the social determinants of health
- how to prioritise spend across the life course
- how to prioritise health equity in line with the Marmot Review of health inequalities in England



### Aims of the research

- Develop support for local authority-based public health commissioners and other stakeholders in prioritising investment in health and addressing health inequalities, and in deciding on disinvestment
- Evaluate the use of evidence in the prioritisation process in order to develop broader insights for knowledge exchange

### Research questions

- Which prioritisation tools do commissioners find useful for prioritising public health investment and why?
- What are the enablers and barriers for decision-making related to prioritising investment in public health?
- What difference does the use of specific decision-making support exert on spending within and across programmes with reference to improving health and addressing health inequalities?

### Methods

The project adopts a mixed methods approach

- Scoping review of priority-setting methods
- An initial seminar in each of three case study sites, setting out priority-setting options followed by a minimum of three targeted decision-support sessions in each site
- Initial and follow up semi-structured interviews with key decision-makers in each site
- Documentary analysis
- Direct observation of selected key meetings
- Case study analysis and comparative evaluation of sites



### Approaches to decision-making

A range of decision-support methods (including the Portsmouth scorecard approach, PBMA, option appraisal and scenario modelling) has been made available by the research team to the 3 local authority sites and the choice of which method to adopt was left up to them to decide.

### Research context

There is commitment on the part of local authorities to reassert their role in local health improvement and to demonstrate value for money and 'return on investment' in relation to public health interventions, within the context of democratic and local accountability. This provides an incentive for authorities to develop/draw on transparent decision-support methods for priority-setting.

At the same time there has been an emphasis nationally on working more closely with local authorities in relation to investing for health at a local level (through NICE and the Local Government Association) and internationally on developing the economic case for prevention (through WHO Regional Office for Europe and the OECD prevention project).

### Addressing SPHR priorities

Public health practitioners have been actively involved in the study through ongoing negotiations about the format of the structured workshops and the areas of concern to be explored in collaboration with the health economists on the team. Stakeholders' involvement has contributed to the SPHR research with its twin aims of improving population health as well as bridging public health policy and practice.

### Dissemination activities

In addition to the final report and forthcoming journal articles, a number of presentations have been given or are planned. These include 4 presentations in 2013: the Faculty of Public Health Annual Conference, 3 July (Warwick); the UKCRC PHRCoE Conference, 9/10 July (Cardiff); the SPHR annual conference on 8 October (London); joint Local Government Association and NIHR conference, *Money well spent? Assessing the cost effectiveness and return on investment of public health interventions*, 6 November (London). In 2014, the study presented at the King's Fund conference, *Making better public health spending decisions*, 18 September (London); a SPHR seminar at LSHTM, 7 October 2014 (London); the SPHR Annual Scientific Meeting, 22 October (Sheffield); a joint presentation with LSHTM at LARIA conference, 4 November (Manchester); European Public Health Association (EUPHA) Conference, 20-22 November (Glasgow).

**Publication:** South J, Hunter DJ, Gamsu M (2014) *What Local Government Needs to Know about Public Health. A Local Government Knowledge Navigator Evidence Review*. Need to Know, Review Number 2, Local Government Association.

### Key questions for the study to address



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