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Project Title	<i>Shifting the gravity of spending? Exploring methods for supporting public health commissioners in priority-setting to improve population health and address health inequalities</i>
Project ID	SPHR-FUS-PH1-SGS
Lead Researcher	David J. Hunter – Fuse; Durham University
SPHR Collaborators	Linda Marks, Silvia Scalabrini– Fuse; Durham University Nick Payne, Praveen Thokala, Sarah Salway – University of Sheffield; ScHARR Stephen Peckham - CHSS, University of Kent Luke Vale,– Fuse; Newcastle University Joanne Dinning – Fuse; University of Northumbria
External collaborators / partners	Kevin Bossley, Catalyze, Business Software and Solution Development Brian Ferguson, Public Health England, Director for Knowledge and Intelligence Mike Kelly, University of Cambridge (formerly NICE, Director of Centre for Public Health Excellence) Ian Parker, Former Chief Executive at Middlesbrough Council Joanne Smithson, Freelance Policy and Partnerships Advisor
Start Date	1 November 2012
End Date	31st August 2015
Outline	<p>Investing in health improvement and addressing health inequalities are key policy priorities. Whether they are reflected in practice will depend in large measure on how commissioners prioritise investment and, particularly in times of economic stringency, how they make decisions about disinvestment. The issue is of particular importance for England whereby the relocation of responsibility for commissioning public health services (through a ring-fenced public health budget) from Primary Care Trusts to local authorities from April 2013 means that priority-setting is now taking place within new organisational and cultural settings. While there are many approaches for prioritisation, their respective strengths and limitations are not well understood by commissioners and practitioners. To date, the application of priority-setting tools in relation to public health investment has been particularly limited, and as such it is crucial to understand the real-world constraints that may encourage, or limit, the adoption of the tools in everyday practice.</p> <p>This study aimed to provide targeted health economics support to three local authorities and evaluate its impact by using a range of methods. These workshops increased knowledge of priority-setting tools and stimulated reflections on existing prioritisation processes. Positive impact was achieved in one site, where participants decided to use all of the three support sessions that were on offer. Political goals and strategies were found to be particularly important in setting public health priorities and in shaping decision-making processes. Differing, and sometimes contrasting, understandings of what public health involved in practice, as well as of the concept of evidence, were also found to be key factors in shaping views of priority-setting tools and how prioritisation should develop. Austerity was also seen as a practical constraint within which participants had to make choices about public health.</p> <p>Building on the knowledge gained of the difficulties as well as the potential enablers in</p>



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	<p>relation to public health decision-making in operation within a local government context, these findings will be particularly useful in investigating further how priority-setting tools might be embedded within real-world contexts.</p>
<p>Findings</p>	<p><u>Results (including findings in relation to the objectives):</u></p> <p>The research study, through baseline interviews, the health economics input provided to the sites and second-phase interviews carried out to evaluate the targeted support offered through structured workshops, provided relevant actors with opportunities to reflect on decision-making processes about public health investment/disinvestment. In particular, participants involved in second-phase interviews, and who also attended the workshops that we offered, viewed these meetings as opportunities for dialogue with local partners, and for discussing public health priorities and related prioritisation processes. Both first and second-phase interviews have been particularly useful in highlighting the importance of examining the wider organisational, decision-making and cultural contexts of local government in order to avoid a mechanistic adoption of tools that fail to consider the political priorities, the impact of austerity, everyday constraints of the 'real world' and the new role of elected members in shaping public health priorities.</p> <p>Most participants across the three study sites showed a general understanding of the principles involved in prioritisation tools although elected members were the least knowledgeable. Given the complex organisational structure of local government, austerity measure and varying understandings of public health, participants were sceptical about the impact that priority-setting tools could have on decision-making. While prioritisation inevitably involves value judgements, the study reflected how a new and democratic context for public health priority-setting could lead to different approaches to evidence, to commissioning processes and to how public health was understood. In particular, academic research was found to be only one possible source of evidence; empirical evidence was favoured over information that was not perceived to be relevant to the local contexts and detached from the needs and the issues 'known' in the local community. Indeed, political values and priorities are the starting point of prioritisation in local authorities.</p> <p><u>Conclusions:</u></p> <p>The research succeeded in raising awareness of priority-setting tools and in highlighting the enablers and barriers influencing their practical adoption. There is scope for using simple tools in order to ensure that all the relevant stakeholders are involved in prioritisation processes and are in a position to negotiate their contribution. In particular, the findings highlighted the need to forge strong relationships and promote debate with elected members in relation to the public health evidence base, the data available and the sources of evidence that might be used in decision-making. Researchers also need to develop an in-depth understanding of decision-makers' needs and the local settings in which they operate in order to adequately address context-specific issues.</p>
<p>Outputs</p>	<p><u>Academic dissemination:</u></p> <p>Dissemination of work in progress and further engagement with stakeholders occurred through 5 presentations between July and November 2013: the Faculty of Public Health Annual Conference on 3 July (Warwick); the Fuse Quarterly Research meeting on 4 July (Durham University Queen's Campus); the UKCRC Public Health Research Centres of Excellence Conference on 9/10th July (Cardiff); the SPHR annual conference on 8th</p>



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October (London); and the joint Local Government Association and NIHR conference, Money well spent? Assessing the cost effectiveness and return on investment of public health interventions, on 6th November (London).

The abstract for the European Public Health Association (EUPHA) Conference from 19-22 November 2014 (Glasgow) was accepted for pitch presentation. Additional presentations about the study findings are listed below:

- Kings Fund - Public Health VFM Conference, London, 18th September 2014
- SPHR@L Seminar, LSHTM, London, 7th October 2014
- SPHR Annual Scientific Meeting, Sheffield, 22nd October 2014
- LARIA Conference, Manchester, 4th November 2014
- Faculty of Public Health Annual Conference, Gateshead, 23rd/24th June 2015
- International Health Conference, Oxford, 25th/26th June 2015

Our study poster was also on display at the SPHR Annual Scientific Meeting, Sheffield, 22nd October 2014.

We have presented the findings of the study at two further conferences since April 2015. These are listed below:

- Faculty of Public Health Annual Conference, Gateshead, 23-24 June 2015
- International Health Conference, Oxford, 25-26 June 2015

An article titled "The return of public health to local government in England: changing the parameters of the public health prioritisation debate?" has been published in *Public Health*, 129: 1194-1203 (<http://dx.doi.org/10.1016/j.puhe.2015.07.028>).

A second article titled "The potential value of priority-setting methods in public health investment decisions: qualitative findings from three local authorities in England" was resubmitted to *Critical Public Health* on 15th July and is currently under review.

London School of Hygiene and Tropical Medicine Blog in relation to the presentation of some of the research findings, 7th October 2014. Link: <http://sphr.lshtm.ac.uk/2014/09/29/blog-local-authorities-using-new-responsibilities-shift-gravity-spending-towards-preventive-health/>

The Centre for Public Policy and Health at Durham University has a Twitter account, which has been used to promote the presentation of the study findings. The name of the profile is @CPPHdurham.

Non-academic dissemination:

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, February*.
http://www.solace.org.uk/knowledge/reports_guides/LGKN_NTK_PUBLIC_HEALTH_18-03-14.pdf

The study website address is
<https://www.dur.ac.uk/public.health/projects/shiftingthegravity/>



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Impact	<p>The study has increased the evidence base for public health practice by demonstrating which priority-setting tools and techniques might be useful to local authorities, and how these are applied in real-world contexts. The research study, through the health economics input provided to the sites together with first-phase and second-phase interviews carried out with selected participants, has provided relevant actors involved in local arenas with opportunities to reflect on decision-making processes about public health spending. In particular, participants involved in second-phase interviews, and who also attended the health economics workshops that we offered, viewed our targeted workshops as opportunities to conduct a dialogue with local partners and discuss public health priorities and related decision-making processes. We found that public health commissioners' and practitioners' reflexivity and critical thinking about prioritisation, has grown through the dialogue and interactions that have occurred amongst themselves and also with the health economists who provided input to the workshops. The study also raised public health practitioners' awareness of the complexity of the governance arrangements and relationships issues within a local government setting. The study findings could thus be employed to inform training sessions for practitioners' professional development.</p> <p>Further, what we learned might be used to strengthen research-policy partnerships in order to create sustained engagement, and trust, between the research community and relevant stakeholders involved in public health related decision-making.</p> <p>Impact has also been maximised through spreading and sharing the study results with the wider local government community. It will be especially important to build on, and further disseminate, the findings during the follow-on study by selecting various outlets relevant to local authorities, i.e. Institute of Local Government, LARIA.</p>
Funding	£399,950
Further information	Contact: Lisa Monkhouse at lisa.monkhouse@durham.ac.uk Website: https://www.dur.ac.uk/public.health/projects/shiftingthegravity/



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