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

Aims of the research
• Develop support for local authority-based public health commissioners and other stakeholders in prioritising in health and addressing health inequalities, and in deciding on disinvestment
• Evaluate evidence 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 do commissioners do in the use of specific decision-making support tools over time 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 the three case study sites, setting out priority-setting options followed by an initial consultation with key stakeholders
• Case study analysis and comparative examination of sites

Approaches to decision-making
A range of decision-support methods (including the Portsmouth scorecard approach, PBMA, option appraisal and scenario modelling) have 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.

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:
• 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 devolution is limited
• There are many factors influencing priority-setting for public health – from local needs assessments to local priorities – and these may conflict
• Priority-setting for public health needs to span inter-sectoral approaches; include assessment of health outcomes across the longer term; promote health equity; and engage the public
• The shift in focus for priority-setting in public health includes public health intelligence, knowledge of the evidence base for public health interventions, and effective use of priorities to support local decision-making and maximise return on investment related to public health.

Contexts for priority-setting
Much emphasis has been placed on the ring-fenced public health budget which will continue to 2015-16. Local authorities face a number of constraints and opportunities 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/ reorganisation
• Reorientation of strategic investment for prevention across different departments of the local authority – local authority equivalent of programme budgeting in the context of evidence on the social determinants of health
• How to prioritise and spend across the life course
• How to prioritise health equity in line with the Market Review of health inequalities in England

Current Research team: David J Hunter (PI), Linda Marks, Skiva Scalabrini, Fuse, Durham University; Nick Payne, Prawyn Theobald, Sarah Salway (ScHARR), Sheffield University; Luke Vale, Sara McKeefy, Fuse, Northumbria University; Joanna Gray, Fuse, Northumbria University; Stephen Peckham, LSHTM and University of Kent

Contact details: Professor David Hunter: d.j.hunter@duke.ac.uk, and Natalie Gaskell, Project Administrator: n.gaskell@duke.ac.uk, Centre for Public Policy & Health, School of Medicine, Pharmacy & Health, Wolfson Research Institute, Durham University Queen’s Campus, Throckley, Newcastle upon Tyne, NE17 8FF
Website: www.shiftingthegravityofspending.org.uk

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’ relative to public health interventions, within the context of democratic and local accountability. This provides an incentive for authorities to develop and use transparent decision-support methods for priority-setting.

At the same time there has been emphasis nationally on working more closely with local authorities in relation to investing in health at a local level (through NAL and the Local Government Association) and internationally on developing the economic case for prevention (through WHO Regional Office for Europe and the G230 project).

Addressing SPHR priorities
Public health practitioners have been actively involved in the study through ongoing negotiations about the format of the workshops and the areas of concern to be explored in collaboration with the health economics team on the study. 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, 26-28 March; the Public Health Association Conference, 11-13 July; the JPH Annual Conference, 1-3 September; the Academy for Public Health Conference, 25-26 November; the JPH Annual Conference, 3-5 December; and various seminars and workshops including the SPHR Summer School. A key theme of the conference and workshops was the need to improve the evidence base for public health interventions and the need for better methods and tools to effectively prioritise needs and improve decision-making about public health investment.

The NIHR School for Public Health Research (NIHR SPHR) is a partnership between the Universities of Sheffield, Bristol, Cambridge, UCL; the London School of Hygiene and Tropical Medicine, The Peninsula College of Medicine and Dentistry; the LlAc collaboration between the Universities of Liverpool and Lancaster and Fuse; The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

This is an outline of independent research funded by the NIHR SPHR. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.