

## 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 are taking on their new role as commissioners for public health services. This will formally commence in April 2013. 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 will take place over two years starting in November 2012, and will involve 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 will take 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 may also be 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 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, the size of which is still being considered through ACRA. Its draft resource allocation formula has been heavily criticised for favouring the south at the expense of the north. However, 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 lifecourse
- 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

Decision-support methods will include PBMA (programme budgeting and marginal analysis), option appraisal, and scenario modelling. The research team, in conjunction with the expert advisory group (membership to be finalised), combines skills in health economics, including PBMA; epidemiological modelling tools; and databases which include guides and costing tools. There will also be support for knowledge exchange across sites.

### 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

The project brings together three SPHR members and there are links with a separate SPHR project on the use of evidence outside the health sector led by LSHTM. It will make recommendations about decision-making support for examining spend and determining priorities for public health commissioning. It will also explore the implications for knowledge exchange, including how best to incorporate the public health evidence base into priority-setting, communicate findings to policy-makers and practitioners, and identify gaps as perceived by practitioner partners. There are links with other SPHR-funded studies and jointly agreed arrangements for cross-fertilisation.

### Dissemination activities

There will be a final report, several peer reviewed journal articles, conference presentations, and regular feedback to policy and practice partners. Dissemination methods will reflect the preferences of practitioner partners to maximise effective knowledge exchange. A project website will also be set up.

### Key questions for the study to address



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