‘Shifting the Gravity of Spending?’

Exploring methods for supporting public health commissioners in priority-setting to improve population health and address health inequalities

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What am I going to talk about today?

- Background
- The study
- Methods
- Setting the context
- Emerging qualitative findings
- Learning points

Background

- Return of public health commissioning to local authorities
- Priority setting will take place within new organisational and cultural settings
- Difficult decisions will need to be made about investment and disinvestment
- Increased urgency to demonstrate return on investment in relation to public health interventions

The study - Key objectives

- Identify decision-making support methods appropriate for determining priorities in public health commissioning
- Identify which priority-setting methods local authority commissioners find useful
- Assess enablers and barriers to decision-making in relation to the use of priority-setting methods

The study - Research questions

- Which prioritisation tools do LA 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?

The study

- *Funding:* NIHR School for Public Health Research
- *Duration:* November 2012 – August 2015
- Three case studies (three English local authorities)
- Online survey
- Support from External Advisory Group

Methods

- 29 semi-structured interviews (July-August 2013)
- Three sessions of targeted health economics support for each case study site
- Second-phase interviews started in September 2014
- Online survey launched in September 2014
- Observation of key meetings

Emerging qualitative findings

- The relocation of public health responsibilities
- The organisational position of the public health teams
- Public health professionals' identities
- Conceptions of public health
- Views on prioritisation methods
- How was evidence understood?

The relocation of public health responsibilities

Advantages

- Local authorities are uniquely positioned to address and tackle public health issues
- Ability to capture local population's needs
- More effective communication and engagement with local communities

The relocation of public health responsibilities

Disadvantages

- Possible disconnection between public health and clinical medicine/primary care
- Public health might lose visibility in a local government environment
- Public health professionals leaving local authorities
- Unpredictability of the effects of austerity

The organisational position of the public health team

Site A: professionals were distributed across the local authority

Site B: centralised team with a public health consultant aligned to each of the local CCGs

Site C: centralised team with limited capacity

The organisational position of the public health team

I can tell that the organisation is not taking public health into its system, or at least it's not doing it systemically. And I think in part because it hasn't got anything, public health hasn't got anything to offer because it's such a tiny resource, one of inexperience, not working coherently, this sounds awful (PH Business Manager)

Public health professionals' identities

PH professionals faced a number of challenges when transitioning from the NHS to the local authority

- Non-clinical environments of local governments
- Professional development
- Retaining relationships with colleagues
- Political environments with different working practices/expectations/set of skills required

Public health professionals' identities

There's a culture here of people at senior level writing papers and public speaking in meetings, and I think the public health team have to get up to speed with that. They weren't writing a lot of papers before and they weren't all doing a lot of public speaking. Although public health is a profession that really operates on its communication skills, we definitely need to increase on those skills (DPH)

Public health professionals' identities – what is the added value of PH consultants?

I struggle to see the difference between a lot of those [public health] skills and the kind of science engineering skills base that the medical science/bioscience. The basic skill set you'd expect from a really good science graduate, research, understanding research, understanding confident intervals, all of those things, well yeah, but what's so different? I don't fully get. And so I think there was almost an assumption that if we say 'I'm a public health specialist', everyone would go 'Oh right okay, well then I'll listen to what you've got to say', whereas that's not how it's played in through the Council, so that's been quite interesting […] How is it different to our analysis of the evidence anyway, what extra is it going to give us? Are we suddenly going to have a light bulb moment on a new way of doing a service because we have had public health involved in the service design? (Director of Commissioning)

Public health professionals' identities

*From the NHS's perspective, it's very clear that we have far too many people in hospital for too long, which is to their detriment and certainly costs a lot of money. So from the NHS's perspective we need to get these people out into the community and support in the community which usually implies support from Social Care, from Social Services. From the council's perspective of course they're just facing massive budget cuts and so they're being told you've got to spend more on this, you've got to take on more patients, at a time when actually that money they've got to play with is going down and down (*DPH)

Understandings of public health

- Pragmatic understandings of public health
- Influence of severe financial constraints
- Definitional uncertainties in categorising interventions – clinical or non-clinical?

There is always a public health outcome that can be aligned to anything you spend (PH Business Manager)

Understandings of public health

It's not like no one can touch it [the budget] at all, but again we've got a new administration in, as you know are Labour now, elected mayor and a Cabinet who are very, very keen on public health, and I think working closely with them and listening to them they certainly would be keeping a very close eye on the public health funding and when they were in opposition they were concerned about the fact that we had to give money up into the rest of the Council and things like that (DPH)

Understandings of public health

We had conversations about the weight management programme for people who are overweight and obese in the city, which is something that we currently commission. But elected members say that it looks like clinical intervention for people that have already got problems and actually what you ought to be doing is spending more money on food work to help people eat more healthily and physical activity and so on, which is a completely understandable philosophy (DPH)

View on prioritisation methods

Decision-support methods included

- Use of public health evidence base
- Methods for economic evaluation
- Option appraisal
- Return on investment
- Portsmouth scorecard
- Programme Budget Marginal Analysis (PBMA)
- Socio-Technical Allocation of Resources (STAR)

View on prioritisation methods

- Varying degrees of familiarity with the tools
- Elected members are the least knowledgeable about these methods
- Cynicism across participants about the impact of prioritisation methods on decision-making processes
- Many respondents expressed an interest in learning about these tools

View on prioritisation methods

Well, to be honest, what we constantly end up doing is balancing the political environment, the legislative environment, the policy environment and the financial environment in terms of evaluating the right way of designing or specifying or letting a service or a contract (Director of Commissioning)

View on prioritisation methods

When we came into power a couple of years ago, we did a new corporate plan for the council. And the first thing we put in the corporate plan were our values, and it's the first time a corporate plan has contained the values of the organisation, because I want to be a values-led organisation. Because fairness fundamentally is one of the…our interpretation of fairness is reducing inequalities, whether it's health, income, education, all those. So it has to be there. And then what happened with the corporate plan, it was based on the outcomes that we wanted to achieve as an administration (Leader of the Council)

View on prioritisation methods

I think local authorities are different from many public institutions, because we are autonomous, we are legally accountable to the people of Blue City, but we're not part of a government departmental structure or NHS structure, whatever it might be (Chief Executive of the Council)

So you could do the evidence base that shows that there's no evidence for doing a particular intervention, and yet politicians want to do it (Director of Public Health Improvement)

View on prioritisation methods – enablers and barriers

- Importance of engaging in discussions about local needs and context, financial resources, values, evidence, political orientation
- Political values shape decisions on investment and disinvestment
- Concerns about adequacy of evidence - an evidence-based approach is not the key driver in local authorities
- Time constraints
- Participants' knowledge and skills base

How was evidence understood?

- Definitional tensions about what represents evidence and its role in making decisions

The council is making the judgements based on belief I suspect rather than evidence (Director of Business Planning and Partnership, CCG)

How was evidence understood?

I think there's a big debate about evidence-based activity that public health are very pure about almost. We would tend to take a more bottom-up approach and say well the evidence is there in the communities, this is what people are telling us all the time, you know. We had a discussion about smoking and drugs, and it was pointed out that lots more people die of smoking related conditions than they do of drugs related conditions, alcohol and drug related conditions, but nobody complains to me about the next door neighbour smoking. But they will complain about the drug dealers on the corner and the alcohol, noise and abuse and all that stuff, which has a big effect on people's lives. It ripples out on the community. But they've got a point, but we've got a point as well (Elected member for Healthcare and Independent Living)

How was evidence understood?

One of the big differences is the health culture is very much evidence-led decision making, whereas our culture is much more about hunch driven decision making. And we do too much non-evidence based decision making, and I think sometimes [public health professionals] are over-reliant upon the evidence (Chief Executive of the Council)

Learning points

- At the time of fieldwork, the study sites did not appear to have ‘shifted the gravity of spending’. No significant changes were reported

- DPHs need to negotiate their aspirations for public health by taking into account the working practices of officers and political leaders within local authorities

- Organisational contexts in which prioritisation occur shape decision-making processes

Learning points

- Importance of formal and informal relationships in decision-making processes and negotiations
- Different sources of evidence should be seen as mutually enriching and not mutually exclusive
- Importance of achieving a shared understanding of public health through meaningful engagement of all relevant local stakeholders

Many thanks for your participation!

How to Contact us

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