

## Shifting the Gravity of Spending? Workshop to explore methods in public health priority-setting. 17 January 2017, Danubius Hotel Regents Park, London

### Event report

It's old news that local authorities in England have had, and will continue to face, significant cuts to their budgets as a result of the Government's austerity measures. Public health teams, which are now within the remit of local government following their transition from the NHS in 2013, are not immune to these contractions in funding. It is therefore more important than ever that investment, and in particular disinvestment, decisions are made in such a way so as to ensure that limited resources are deployed optimally.

Economic prioritisation tools offer ways of systematically making evidence-based decisions on how to allocate scarce budgets. Research funded by the NIHR School of Public Health Research focussed on exactly these tools, working with local authorities to guide the use of priority-setting tools in practice. The research, a follow-on study from the "[Shifting the Gravity of Spending](#)" project, led by Professor David Hunter at Durham University, is in its concluding stages with a final report imminent. A [workshop](#) held on 17 January 2017 in London reported on the project's findings and explored methods for supporting local authorities in priority-setting to improve population health and wellbeing.

With support from the Local Government Association and Public Health England (PHE), the workshop was attended by over 60 delegates mainly based in local authorities and was chaired by Cllr Jonathan McShane, Cabinet Member for Health, Social Care & Devolution, Hackney Borough Council.

The workshop opened with presentations from Professor David Hunter and Joanne Gray respectively. David's [presentation](#) introduced the "priority-setting for local authorities" project by outlining the complex and political context surrounding local government decision-making. This constitutes the setting in which prioritisation tools will either have an impact in structuring decisions, or encounter barriers to their use arising in part from the "constant churn" of change in local authorities. Joanne followed [presenting](#) the findings from the health economics support component of the project, and reflected on her experience of working with local authorities, guiding them through a prioritisation approach of their choosing.

Following the scene-setting by David and Jo, and reflecting on the study findings, a three member [panel discussion](#) took place on priorities and prioritisation with contributions from: Paul Najsarek, Chief Executive, Ealing Council; Jeanelle de Gruchy, Director of Public Health, Harringey Council; and Shaun Donaghy, Senior Economic Advisor, PHE. Paul discussed public health priorities in Ealing, stressing the importance of working with the community and impacting on the wider determinants of health whilst focussing attention on the distributional effects of public health and reaching cohorts of residents most in need. Jeanelle highlighted

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importance of prioritising a “Health in All Policies” approach to improving health and wellbeing and alluded to how this may be best achieved through putting staff in the right posts to promote the public health agenda rather than investing solely in interventions. Finally, Shaun discussed PHE’s vision to develop prioritisation tools for local authorities which would aim to influence decision-making by providing options according to local-specific contexts, criteria and challenges.

The panel was followed by three case study presentations from local authorities that have been through a prioritisation process: Tom Hall and David Gardiner presented for [South Tyneside Council](#); Duncan Cooper for [Wakefield Council](#); and Ian Mather for [Solihull Council](#). Experiences were shared over the use of a number of prioritisation tools: Multi-Criteria Decision Analysis (MCDA), Programme Budgeting Marginal Analysis (PBMA), the [Spend and Outcome \(SPOT\) tool](#) and the [Socio-technical allocation of resources \(STAR\) tool](#). Whilst MCDA and PBMA may be better described as processes of prioritisation which, in essence, involve identifying a list of criteria for programmes, then weighting and ranking each programme according to the criteria in order to aid decisions on where to invest (or disinvest) funding, SPOT and STAR are tools which have been developed by PHE and the Health Foundation respectively to aid resource allocation decisions.

One concept which all three case studies discussed was the various uses for prioritisation tools when it comes to seeking efficiency. Tools can be used to assist in achieving both allocative efficiency, i.e. what the public health budget is spent on and how that is divided up amongst areas, and technical efficiency, i.e. within each area of public health, what is the best way to allocate the allotted funds through investment and disinvestment in programmes and services.

Reflecting on all the information provided in the presentations and panel discussion, workshop delegates were invited to discuss how prioritisation methods can most usefully be applied to public health commissioning and decommissioning, the tools and information needed to encourage use of such methods, and how their uptake could be encouraged and supported.

Key take-away messages from the group discussion included:

1. There is an institutional problem where public health sits in the local authority, when many of the benefits of public health interventions lie within the remit of the NHS. The mismatch in provider and beneficiary can all too often lead to interventions failing to be funded; therefore some “gathering together” needs to occur to ensure effective public health interventions are funded.
2. Prioritisation tools need to be kept as simple to use as possible as the appetite to use highly technical tools doesn’t exist within the majority of local authorities in the absence of resources and skills.
3. Relationships need to be built between officers and politicians during the prioritisation process so that difficult decisions can be taken through council.

4. The “place-based” concept of seeking outcomes for people within a place rather than within separate organisations is becoming increasingly important if silo working is to be overcome and tight budgets are to be used most effectively for whole populations.
5. Embedding the integration of prioritisation into standard working is a leadership issue and needs to come from the Chief Executive and cascaded through the local authority.
6. A lack of resources to embark on prioritisation support poses a barrier to its sustainability. Commissioning Support Units need to make use of all the potentially useful data that is collected but not utilised.
7. Prioritisation processes need to be aligned with the commissioning process.
8. Greater understanding of the cultures and contexts in which elected members function and their objectives will greatly improve the success of prioritisation process by aligning the tools with what politicians consider important and are trying to achieve.

The “Shifting the gravity” programme of work demonstrates that there is still some way to go to in getting prioritisation tools off health economists’ shelves and embedded in local authority practice. But the enthusiasm shown by the presenters and delegates alike at the workshop shines a positive light on its future. Lessons from the research have influenced PHE’s thinking and the development of a new prioritisation framework to be launched and tested shortly which seeks to marry technical tools with the real-world nature of decision-making in local government.

The potential for tools of various types to both guide and justify decision-making on the grounds of efficiency is considerable and particularly pertinent given the tight financial future facing public health. Hopefully, the next time there is a workshop on prioritisation tools there will be many more successful case studies to choose from and evidence of such approaches becoming embedded in everyday practice.

*Sarah Hill, Fuse PhD student, Newcastle University and David Hunter, Fuse Deputy Director and Professor of Health Policy and Management, Durham University. 23 January 2017.*