DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH BRIEF: STAGE 1

The Department of Health's Policy Research Programme invites applications for Policy Research Units in a number of high priority areas listed in Section 3. The purpose is to meet the longer-term policy research needs of the Department, as well as to secure the capacity for work to be undertaken at short notice and for rapid synthesis of evidence.

1. BACKGROUND

The Department of Health's Policy Research Programme (PRP) is a national programme of research dedicated to providing an evidence base for policy-making. It provides information to the Secretary of State for Health and his Ministers, both directly and through policy directorates in the Department. It also works alongside programmes of research funded via the National Institute of Health Research (NIHR) to meet the objectives of the national health research strategy Best Research for Best Health[1].

The PRP has three main modes of funding:

- programmes of research, usually for 5 years, in Policy Research Units;
- initiatives, consisting of linked groups of commissioned projects which provide a range of perspectives on a key policy issue;
- single commissioned projects and literature reviews.

The term PRP Policy Research Unit is used for brevity to mean units or consortia, typically based in universities, where the PRP funds a major programme of policy related research. The programme includes the capacity to undertake work at short notice and to harness evidence to provide a rapid response. Such units/consortia are normally also in receipt of funding from other research funders.

2. RATIONALE FOR POLICY RESEARCH UNITS

The strategic drivers for long-term investment in these programmes of research include the need for:

- specialist expertise that is not otherwise readily available in the research community and/or in short supply;
- building up the evidence base in key policy areas that are under-researched and/or under-funded;

[1] Best Research For Best Health: Introducing a new national health research strategy, DH, 2006

- a critical mass of individuals to provide essential long-term research-based knowledge in key policy areas;
- a capacity to undertake work at short notice and to harness evidence to provide a rapid response.

3. THE REQUIREMENT

The majority of current Policy Research Unit contracts come to an end in 2010/11[2]. The Department now wishes to commit long-term investment in Policy Research Units for the years 2011 - 2015 to support the policy priorities of the Department. These priorities are largely determined by the Department's strategic objectives and Public Service Agreements.

The Department therefore invites applications to deliver a 5-year programme of high quality research in the following areas, each of which will constitute a Policy Research Unit:

1. Commissioning and the Healthcare System
2. Quality and outcomes of person-centred care
3. Policy innovation research
4. Economics of health and social care systems
5. Economic Evaluation of Health and Care Interventions
6. Modelling in health protection, social care and clinical practice
7. Cancer awareness, screening and early diagnosis
8. Behaviour and health
9. Children, young people and families
10. Maternal health and care

Further details of each area can be found in Annexes 1-10.

A budget of the order of £40m over 5 years has been allocated for these Units. Bids are therefore invited per Unit in the region of £3.0m - £5.0m in total. Further detail is provided in section 5.

4. FURTHER INFORMATION ABOUT POLICY RESEARCH UNITS

The essential requirements of a Policy Research Unit are:

- recognised national reputation in the appropriate research area/s;
- expertise in a wide range of disciplines appropriate to their area of research;
- demonstrated ability to engage with policy makers' needs for research;
- capacity to deliver agreed programme of work to high quality;
- capacity to provide a rapid response facility, to deal with short-term urgent research needs as they arise;

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[2] Three current Policy Research Units are not subject to tendering at this time. They are: the National Nursing Research Unit, the Social Care Workforce Research Unit and the Public Health Research Consortium

- willingness to work collaboratively and to engage with other areas of research already funded under the PRP.

Successful applications will also need to demonstrate:

- a focus on research that is relevant to health and social care policy and service delivery in England;
- evidence of ability to win funding from other sources and to maintain a competitive edge;
- understanding of, and commitment to, equality issues and their relevance to research;
- evidence of addressing inequality issues within research, either through a track record of research relating to inequalities in health and social care or plans to access relevant expertise in the development of the proposed programme of work;
- a commitment to high quality communication of research, both through traditional publication routes and directly to audiences of policy-makers, practitioners and service users.

5. FUNDING

The Department of Health (DH) is looking to commission one Policy Research Unit in each of the ten priority areas described in Section 3. A budget of the order of £40m has been allocated for Units to meet DH research priorities identified in Annexes 1-10.

Bids are invited per Unit in the range £3.0 – £5.0m over 5 years. The contracted amount of funding allocated to each Unit will be determined by the scale, nature, quality and policy relevance of the activity to be conducted by that Unit.

For universities and HEIs, up to 100% of FECs will be paid, provided that TRAC methodology has been used. For NHS organisations, funding will be provided to meet all relevant direct research costs, together with reasonable indirect costs incurred by the NHS.

Successful Units will be awarded a fixed price contract with allowance for incremental pay awards. Costing should be based on current (2009/10) prices; DH will build an appropriate annual inflationary uplift into the budget for the Unit at the contracting stage.

6. WAYS OF WORKING

Successful Policy Research Units must be willing to work with the Department of Health in order to respond to policy research needs, and to develop a research programme that provides evidence for current and emerging departmental research priorities. The Units will be expected to work in accordance with the

requirements of the DH Research Governance Framework for Health and Social Care[3].

The Department places great importance on communicating findings directly to policy makers, practitioners and service users, as well as through traditional publication routes. This requirement will need to be reflected in the Policy Research Unit's work programme, ways of working and dissemination plans.

In commissioning the Policy Research Units, there is an expectation of collaboration between Units, where appropriate, to meet overall policy need. Units will also need to be aware of other relevant work being funded by the Policy Research Programme and by the NIHR, and be committed to giving added value as appropriate. In addition, they will be expected to work with other organisations which contribute to building the evidence base and to getting it used in practice.

7. ELIGIBILITY

The expectation is that Units will be based in England in order to have effective links with English policymaking. However, bids will be considered from any country within the United Kingdom providing they demonstrate an understanding of, and effective links with, English policymaking and comply with all other assessment criteria set out below.

8. COMMISSIONING PROCESS

The commissioning process will be in two stages. This research brief relates to Stage 1 where applicants are asked to submit a Stage 1 application form to provide evidence of their capacity to meet the essential requirements of a Policy Research Unit identified above in Section 4. These applications will be assessed by the Department of Health and its independent advisors to identify a short list of applications which best meet the criteria laid out in Section 4.

Stage 2: Applicants will be informed in July 2009 whether they will be invited to join Stage 2 where they will be asked to submit a more detailed application. Additional information will be provided in the Stage 2 Research Brief. The deadline for Stage 2 applications is expected to be in early October 2009. All Stage 2 applications will be independently peer-reviewed and subsequently considered by one of four commissioning sub-panels which will meet early in 2010. All Stage 2 applications recommended by the commissioning sub-panels will be referred to an overarching commissioning group. This group will advise DH on its final decisions about the most appropriate for funding and make recommendations on the appropriate level of support for each Unit. Decisions are expected by March 2010.

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[3] http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/Researchgovernance/DH_4002112

9. CONTRACTUAL ARRANGEMENTS

The current expectation is that the successful bidders for the new Policy Research Units should be prepared to take up contracts by April 2011, although the precise start date of individual contracts will be a matter for discussion between the successful applicant and the Department of Health. They will be funded through a five-year contract in the first instance. Review mechanisms will include a formal review point in year three. In the event that research governance, research quality and Department of Health research priority requirements are met and continue to be met, a further five-year contract may be offered

10. APPLICATION PROCESS

All Stage 1 applications must be submitted electronically through the NIHR Central Commissioning Facility (NIHR CCF), which manages the application process and provides a point of contact for queries.

For information on obtaining your application form and submitting it to the competition, please refer to *Guidance for Applicants: Stage 1 Applications*. In order to submit a Stage 1 application, you must first register with the NIHR CCF website at http://www.nihr-ccf.org.uk/site/registration. Once registered, you will be able to download an application form. After the competition launch date, on 28th April 2009, you will have six weeks to complete your Stage 1 application before the application submission window closes at **4:00pm on Monday 8 June 2009**. A hard copy of the application is not required.

Any enquiries should be directed to Dr Julian Hughes at the NIHR CCF: julian.hughes@nihr-ccf.org.uk or 020 8943 8450.

General information on the Policy Research Programme is available at:
www.dh.gov.uk/en/Researchanddevelopment/Policyresearchprogramme/index.htm

ANNEX 1

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Commissioning and the Healthcare System

Section 1: Summary of main strands/themes for research (listed under themes)

Theme 1 – Commissioning and system management

The Department of Health has set the ambition of 'world class commissioning' to secure improving health outcomes for local communities through effective use of available resources. Commissioning increasingly operates in a system landscape of choice, contestability and regulation. Areas for research will include:

- organisation, resourcing and management of the commissioning function
- how far the culture and capabilities of commissioners support delivery of effective commissioning;
- the interaction of commissioning with other key system components of patient choice, greater diversity of providers, more providers with greater autonomy, regulation of health and social care and rules of cooperation and competition;
- the strategic role of commissioning in local system configuration and in shaping innovative care pathways.

Theme 2 – Clinically-led commissioning

Practice based commissioning (PBC) has a central role in the Department's strategy for health improvement and high-quality care. The key mechanism in PBC is the role of clinicians and clinical leadership. General practitioners and other primary care clinicians will exercise a leadership role, though the extent of their engagement in PBC is variable. Research is needed to investigate:

- the factors that facilitate and inhibit clinician engagement in commissioning, including professional/cultural factors, incentive structures and practical constraints
- the contribution that primary care clinicians make to commissioning
- how far PCTs provide the managerial and analytical support PBC needs
- what type of services are suitable for PBC and at what level of aggregation of practices.

Theme 3 – Measuring health gain from commissioning

Effective commissioning will maximise allocative efficiency – using resources to produce the right care, for the right people, at the right time so that benefits exceed costs. However, there is uncertainty about how best to measure the health gain for a local population and little evidence about which programmes deliver greatest health gain. Research is needed to:

- develop methods and measures in order to assess the health gain achieved through effective commissioning
- assess the relative health gain across programmes
- investigate variation in the health gain from commissioning activities to help improve commissioning performance.

Theme 4 – Commissioning for health and well-being

High Quality Care for All has emphasised the need for PCTs to work with their local partners to commission comprehensive prevention and well-being services. It is expected that commissioning will work across health and local government to focus on health outcomes and reduce of health inequalities. Research is needed to:

- assess how commissioners develop understanding of the needs of local populations and plan strategically
- identify effective commissioning practice - focusing in particular on approaches to tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health
- examine what kind strategic partnerships are developed locally and how these deliver improved health outcomes.

Section 2: Details of policy context and background (including key policy documentation)

The DH has specific responsibility for the NHS, including setting the strategic direction and the operating framework for the NHS. While direct responsibility for commissioning and providing NHS services is delegated to NHS bodies, the DH sets the standards and rules for securing the integrity of the health and care system. Commissioning is the mechanism for securing provision of health and care services to meet the needs of the population, using the resources allocated centrally by the DH. Individual or consortia of general practices are involved in Practice Based Commissioning with indicative budgets from PCTs. The DH supports the commissioning process through, for example, developing and publishing standard NHS contracts for acute hospital, mental health, community and ambulance services for use by NHS commissioners. The Department's requirements for PCT commissioning have been set out through its World Class Commissioning framework and reinforced in the NHS Operating Framework.

In mid-2008, DH published *High Quality Care for All: Next Stage Review Final Report* and its companion *NHS Next Stage Review. Our vision for primary and community care*. These documents set out policies which aim to support a focus in the NHS on improving the quality of care. The latter report emphasised that

‘Practice based commissioning (PBC) is central to our ambitions for health improvement and high-quality care’.

Key DH documents (http://www.dh.gov.uk/en/index.htm)

Commissioning a patient-led NHS
Health reform in England: update and commissioning framework
World Class Commissioning: Vision
Clinical commissioning: Our vision for practice-based commissioning
Commissioning Framework for Health and Well-being
High Quality Care for All: Next Stage Review Final Report
NHS Next Stage Review. Our vision for primary and community care

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

The DH, through its system management responsibilities, sets the ‘system rules’ for the NHS. It is important that the Department has an evidence-based understanding of how the system is evolving and how well the key elements are working together. Commissioning is a central mechanism - PCTs have commissioning responsibility for some £70bn of health services. Findings from this research programme will inform the continuing development of the policy framework of system management and world class commissioning.

Section 4: Other related research activity of which the Unit will need to be aware

DH Health Reform Evaluation Programme (HREP)
http://www.lshtm.ac.uk/hsru/hrep/

National Institute for Health Research Service Delivery & Organisation research programme on commissioning
http://www.sdo.nihr.ac.uk/

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

DH is developing plans for a research programme on the impact of key policies in *High Quality Care for All: Next Stage Review Final Report* (the NSR research programme). Finalisation of the substantive focus of the research programme above will need to dovetail with the scope and focus of the NSR research programme. (Further information about this research will be made available in the Stage 2 brief.)

ANNEX 2

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Quality and Outcomes of Person-Centred Care

Section 1: Summary of main strands/themes for research (listed under themes)

The Unit will undertake primary research on the quality and outcomes of person-centred care for adults with long-term conditions. To maximise generalisability, the Unit will not focus on specific conditions but rather explore the commonalities of experience of people with different conditions but similar care trajectories and needs.

The research approach will be person-centred, examining the impact of policy and system developments - and current gaps -from the perspectives of those receiving services and their families/carers. Particular attention will be paid to identifying the ways in which issues of diversity affect the quality of care received by specific groups and on explicating the causes and consequences of continuing health inequalities.

Applying a person-centred focus will require the Unit to employ a cross-sectoral analytical approach, examining the way in which the different interrelated parts of the 'whole health care sector' (i.e. covering both NHS and personal social services (PSS) systems, and independent as well as statutory sectors) impact on the care experience of individuals and groups. It will also require a focus on the relationship between the health and care sector and other policy sectors influencing health and well-being, such as housing or community safety.

The main streams of the Unit's work will be as follow:

a) **identifying the needs of adults living with long-term conditions** and their experience of health and social care services, as well as those caring for them. Particular attention will be paid to the needs of those who find it difficult to use, or feel excluded from, current services. This area of work will involve primary research but will also require the identification and analysis of existing secondary data sources.

b) **developing robust and validated person-centred outcome measures,** applicable across a wide range of long-term conditions. Measures will be based on the experiences of those using services and will be designed to enable 'read across', and ideally comparison between, the care provided by different sectors of the overall healthcare system.

c) **devising methodologically innovative** ways to investigate the needs and experience of services, from the perspectives of those receiving them. Particular emphasis will be on developing effective methods to ascertain the views of people and groups that have typically been excluded from research, as being too 'hard to reach', including those from minority ethnic communities and people with limited capacity or learning difficulties. This latter will require the development of expertise in undertaking research under the Mental Capacity Act 2005. The Unit will also develop innovative ways to ensure the active involvement of service users and carers in all stages of the research process.

d) **conducting high quality research** on the quality and effectiveness of care as experienced by service users and their carers, exploring central issues of choice, access, continuity, safety and self-determination. A particular focus will be on ways to support the self-management of long-term conditions more effectively. Research will also examine the workforce implications of developing a more person-centred approach, including the training and development needs of care staff and the support of informal carers, and the impact of new ways of working on the quality of care.

Section 2: Details of policy context and background (including key policy documentation)

The broad direction of DH policy travel over recent years has been towards greater personalisation of care. One of the key ambitions of the White Paper *'Our Health, Our Say, Our Care*: (DH, 2006, http://www.dh.gov.uk/en/index.htm) was to effect '…*a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised [to] give people a stronger voice so that they are the major drivers of service improvement'.* Achieving this means not only providing more person-centred care to people with long-term care needs but also supporting them to manage their conditions themselves. These themes were reinforced in *Putting People First*, published in 2007.

The '*NHS Next Stage Review'* (DH, 2008) reiterated the importance of developing services that are '*personal and responsive'* and that *'systematically listen to and act on patient views'*. Services will be tailored to each person's needs via mechanisms such as personalised care plans and individual budgets. The workforce implications of this shift towards personalisation are considerable.

Better coordination and integration of care, the development of new ways of working and stronger partnerships between the NHS and other statutory and independent agencies will be essential, as recognised in *A High Quality Workforce* (DH, 2008). The two central themes of personalisation and partnership working will be central to the forthcoming *Green Paper on Care and Support*.

Framing these specific policy shifts is wider legislation on equalities and the health inequalities agenda. The *NHS Next Stage Review* highlighted the continuation of stark inequalities in life expectancy and access to health and care services. *Health Inequalities: Progress and Next Steps*, (DH, 2008) argues that better understanding of the needs of disadvantaged communities living in deprived areas and of those who find it more difficult to use, or who are excluded from, current services is necessary to redress this situation.

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

The work of the Unit will support the policy aim of better care for people with long-term needs. More specifically, it will enable assessment of the achievement of key policy objectives of fairer access, more integrated care, greater choice and control and increased user/carer empowerment. Its methodological work will help to ensure that policy is informed by the experience of those whose voices are seldom heard and whose specific needs may be insufficiently recognised.

The findings of the Unit's research will also inform the strategic and policy work of a range of Directorates within the DH, specifically that of Social Care, Local Government and Partnerships, Health Improvement, Policy and Strategy and the new Centre of Excellence in Workforce Planning. More widely, it will help to support the Department's duty under the single equalities legislation to prevent or counter discrimination against individuals or groups and to promote equalities

Section 4: Other related research activity of which the Unit will need to be aware

The work of the Unit will need to take account of ongoing initiatives in the NHS on patient reported outcome measures (PROMS) and the 'Quality and Outcomes Framework'. It will also need to consolidate and advance long standing research on outcomes in social care, begun under the PRP 'Outcomes of Social Care for Adults' (OSCA) research initiative and continuing under a new SDO-funded study of the same name, undertaken by the PSSRU at the LSE (www.sdo.nihr.ac.uk/).

Research relevant to the development of new care roles or ways of working by care staff will need to connect with the research of the Social Care Workforce Research Unit and the Nursing Research Unit at Kings College London. The Unit will also need to establish effective working links with the existing PRP research initiative on 'Long-term Neurological Conditions' (www.ltnc.org) and with the work of new proposed PRP Units on economics and policy innovation.

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

While the main focus of the Unit will be on adults with long-term care needs, including older people, there will be issues surrounding the transfer of young people to adult services. Exploration of these issues may usefully involve collaboration with a further proposed new PRP Unit on the Health and Well-Being of Children, Young People and Families.

ANNEX 3

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Policy Innovation Research

Section 1: Summary of main strands/themes for research (listed under themes)

This Unit is designed to improve the Department's capability for evidence-based policy making (EBPM). Its role will be to strengthen the use of evidence in the initial stages of policy-making, rather than to evaluate the impact of policies once made. It will do this in particular by supporting, or undertaking, the evaluation of policy pilots or demonstration initiatives. The Unit's core expertise will thus be methodological, rather than topic-specific, of relevance to all aspects of the Department's policy activity. Unit staff will however also provide a source of individual subject expertise for specific areas of DH policy.

The Unit will provide an effective responsive capacity, enabling the speedy 'draw-down' of scientific expertise against selected, high-profile and high-priority, areas. Its distinctive role will be to deliver robust evaluation tailored to the specific requirements of early policy development. This will require expertise in evaluative designs that are effective in real world contexts and within the time and/or resource constraints that typically surround policy making. It will also require good knowledge of, and a strong profile within, the relevant scientific communities.

The main activity of the Unit will be the evaluation of high priority policy pilots or demonstrator projects, utilising formative and/or summative approaches. This will require close working with local pilot teams, as well as DH officials, on the design and conduct of evaluations. It is anticipated that there will also be active involvement of service users/carers, wherever possible, in all stages of the research process.

Other supporting activities will be as follow:

a) advising the DH in the commissioning and management of specific 'early-stage' policy evaluations, including the selection of appropriate designs and measures and the identification of scientific capacity;

b) assisting policy makers in the early stages of policy innovation

by mapping existing research-based evidence (from the UK and internationally) and undertaking, or commissioning, summary reviews of this evidence where Unit staff have specialist topic expertise;

c) contributing to the wider body of knowledge and debate on the design, methods and outcomes of policy evaluation.

Section 2: Details of policy context and background (including key policy documentation)

In its report '*Excellence and Fairness: Achieving World Class Public Services'* (2008) the Cabinet Office challenged every government department to use innovation as a tool for developing more customer focused, efficient and sustainable public services. The *NHS Next Stage Review* (DH, 2008) similarly stressed the importance of 'harnessing innovation' in the NHS context but argued that this would need a change of organisational culture. Strengthening the ability to evaluate the impact of innovation, it noted, will be central to such a cultural shift: *To encourage this change in culture, there needs to be better demonstration of the benefits of innovation'* (NSR Interim Report, 2007:40).

The link between innovation and evidence-based policy making (EBPM) has been an enduring theme of government documents. The 1999 White Paper *'Modernising Government'* stressed the need to: '… *improve our use of evidence and research so that we understand better the problems we are trying to address. We must make more use of pilot schemes to encourage innovations and test whether they work* (Cabinet Office.1999:17). The importance of this link between evaluation and innovation has been reiterated in successive publications, from *Better Policy Making* (Cabinet Office, 2001) through *Investing in Innovation* (Cabinet Office, 2002) to the more recent Working Paper on *Civil Service Reform* (Cabinet Office, 2009).

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

The proposed new Unit is designed to support the DH in strengthening the evidence-based nature of its work. It will promote a more proactive use of scientific evidence to ensure the new policies have evaluation of their effectiveness built into them from the start and that evidence scanning and review are an integral part of the policy development process. In doing so it will help the Department to respond to the challenges set out in *Excellence and Fairness (Cabinet Office, 2008)* for achieving world class public services.

Section 4: Other related research activity of which the Unit will need to be aware

A cross-government initiative to develop EBPM and embed more systematically in government policy-making is being led by the Department for Innovation, Universities and Skills (www.DIUS.gov.uk).The Government Social Research Unit has a long-standing concern to strengthen the methods of policy evaluation and analysis, reflected in the 'Magenta Book (2003,updated in 2007) (www.gsr.gov.uk/professional_guidance/magenta_book/). The work of the Unit should attempt to build on, and contribute to, both these areas of government professional activity. Links with the Whitehall 'Innovation Hub', set up at the Sunningdale Institute in 2008 to disseminate good practice in public service innovation, could also be useful.

The Economic and Social Research Council (ESRC) has highlighted the importance of developing expertise in evaluative methodologies and it will be useful for the Unit to establish links with its National Centre for Research Methods (NCRM), based at Southampton University. The Unit will also need to take cognisance of the activities of other academic research centres working in the area of policy evaluation.

Internally, the new Unit will need to collaborate actively with the proposed new PRP Unit on 'Quality and Outcomes in Person-centred Care', in the development of person-centred outcome measures, and with the work of the new PRP economics units, Economics of health and social care systems on the assessment of user-centred costs and benefits.

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

The role of the Unit to provide a fast-track evaluation capacity will have implications for its effective management. Unit staff will need to work closely with DH officials to identify and prioritise the scope and balance of its work programme. A mechanism will be established to embed the work of the Unit effectively within the 'strategic hub' of the Department.

The generic nature of its expertise means the Unit will not always be a source of specific topic expertise. Its staff will have their own individual areas of expertise but, if the resource is to be effectively cross-cutting, the Unit will also need to develop the capacity to draw in expertise from a wider range of specialist areas, where necessary. Applicants should therefore put forward practicable proposals for ways of linking the work of the Unit effectively with relevant sources of scientific expertise.

ANNEX 4

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Economics of Health and Social Care Systems

Section 1: Summary of main strands/themes for research

Theme 1 – Market analysis and system management

Following the publication of *The NHS Plan* (2000) and substantial investment, a period of reform has introduced new mechanisms into the NHS. With patient choice and money following the patient, together with greater diversity and autonomy of providers, the NHS has incorporated features of a market in healthcare. A mixed economy has long been characteristic of the social care system. Improving understanding of its operation and of ways to shape and manage it more effectively remain key policy aims. There are a number of important research issues to be addressed here:

- how provider competition is developing in the NHS and its effects;
- the operation of the mixed economy of social care services, including provider motivation and incentives;
- the facilitating and constraining factors (eg around market entry, mergers and provider failure);
- what lessons can be transferred for system management of the NHS and social care from economic analysis of markets and competition in other sectors;
- risks to current provider supply in social care and the availability and readiness of new providers.

Theme 2 – Levers and incentives for quality

Driving up quality and improving outcomes in health and social care is a central policy goal – given emphasis recently through the publication of *Putting People First* and *High Quality Care for All.* An important issue in this context is identifying the effective levers and incentives for quality improvement. Here the research programme could include:

- the contribution that the choice-and-competition model makes to improved quality of health care;
- the costs and benefits of the information flows, advice and brokerage activities that support this model in the NHS;
- social care commissioning arrangements, including the effects of different types of contracts and reimbursement systems.
- the role and impact of regulation in setting and monitoring standards in health and social care;
- the impact of the new performance framework on the transformation of adult social care.

Theme 3 – Efficiency and productivity

The Department of Health has a responsibility to maximise the efficient use of resources. The research programme of this Unit will need to support this function through examination of the drivers of efficiency and productivity in the NHS and social care. The research programme should address a range of issues, including

- the development of the Department's pricing and reimbursement policy and assessment of the long-term effects of 'payment by results' in the NHS
- costs, efficiency and productivity of adult social services, including that provided by the independent sector and informal carers;
- development of methods and evidence on the quantifiable health gain attributable to the inputs of the NHS
- role of routine patient reported outcome measures (PROMs) and social care outcomes measurement in contributing to assessment of health gain from NHS expenditure.

Theme 4 – Funding and resource allocation

A key function of the Department of Health is to secure the resources to fund the NHS and social care. The long-term funding of the care and support system is a major policy preoccupation and a new Green Paper will set out plans for reform of the funding system in adult social care. More specifically, the Department of Health retains responsibility for the allocation of financial resources in both health and adult social care. In health, the Department's policy goals are to develop a framework for PCT resource allocations that ensures equal opportunity for access to healthcare for people at equal risk and to contribute to reduction in avoidable in health inequalities. Similarly in social care, fair and equitable allocations are the goal. Among the key research issues are:

- how health inequalities can be addressed through the NHS resource allocation formula;
- resource allocation to support PCT budget setting and practice based commissioning, with particular emphasis on complex areas such as mental health;
- developing robust formulae for the allocation of social care resources between local authorities with social services responsibilities;
- use and impact of financial levers (e.g. social care reform grant) to support system-wide change in the social care sector;
- long-term funding of care and support services.

Section 2: Details of policy context and background (including key policy documentation)

Management of the NHS as a healthcare system costing c£100bn is part of the core business of the Department of Health. Strategic reform of social care is currently a DH priority as the social care system faces increasing demand and a need for long-term funding solutions. A Departmental strategic objective is to

ensure better value for all, covering delivery of affordable, efficient and sustainable services of benefit to the wider economy. The health and social care systems have distinct but also convergent issues that economic analysis can address.

Key documents

High Quality Care for All: Next Stage Review Final Report
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

World Class Commissioning: Vision
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Framework for Managing Choice, Cooperation and Competition
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084779

Principles and rules for Cooperation and Competition
www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=156035&Rendition=Web

Payment by Results Guidance for 2009-10
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091486

Using the Commissioning for Quality and Innovation (CQUIN) payment framework
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Putting People First. A shared vision and commitment to the transformation of Adult Social Care
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Transforming Adult Social Care. Local Authority Circular LAC (DH) (2009) 1
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

Green Paper on Care and Support (DH, forthcoming)

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

A research programme is required that brings to bear economic theory and methods to better understand the dynamics of the English health and social care systems in order to inform central policies for system management across health and social care. Four closely inter-connected themes are outlined above. These themes represent the scope of issues from which the final agreed programme will be built. There are distinct sector-specific issues within these themes. At the same time, common conceptual and analytical approaches may be appropriate and innovative cross-sector research is encouraged. Findings from this programme will provide the longer-term evidence base needed to support the Department's key long-term goals, particularly in an environment of resource constraints.

Section 4: Other related research activity of which the Unit will need to be aware

The work of this Unit will need to be closely co-ordinated with two further proposed units in related areas: (1) Economic Evaluation of Health and Care Interventions and (2) Modelling in health protection, social care and clinical practice. The unit will need to be particularly responsive to high priority cross-cutting policy issues as they emerge from the DH.

Applicants should also be aware of the DH Health Reform Evaluation Programme (HREP) : http://www.lshtm.ac.uk/hsru/hrep/

Section 5: Other issues relevant to this programme of research

The Department of Health is developing plans for a research programme on the impact of key policies in *High Quality Care for All: Next Stage Review Final Report* (the NSR research programme). Finalisation of the substantive focus of the research programme for this Unit will need to take account of the scope and focus of the NSR research programme.

ANNEX 5

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Economic Evaluation of Health and Care Interventions

Section 1: Summary of main strands/themes for research

Theme 1: Assessing the cost and cost effectiveness of health and care services and delivery models

The aim here is to provide evidence to help the Department, the NHS and social services to make the best use of its scarce resources to maximise health gain. Better evidence on the cost and cost-effectiveness of different service or delivery options is central to this aim. Specific areas of focus will need to be agreed in discussion with the DH but may include some or all of the following:

- **mental health service interventions**, including for example work on the cost effectiveness of very early interventions in child and adolescent mental health and the cost-effectiveness of psychological therapies;
- **adult social care interventions**, including for example: the unit costs of services; the comparative cost-effectiveness of different types of care services; the cost-effectiveness of different ways of promoting greater personalisation of care; the cost-effectiveness of information, advice, brokerage and similar services and the cost-effectiveness of different forms of assessment and care management;
- **public health interventions**, from screening and immunisations through to the promotion of healthy eating, physical activity and well-being. These services will involve a range of commissioners, including practice based commissioners, primary care trusts, local authorities, PCT commissioning hubs and specialist commissioners;
- **health service interventions,** with a focus on key policy issues (see section 4).

Theme 2: Assessing the costs and benefits of preventative services

There is a particular need to develop methodological capacity for the evaluation of interventions designed to prevent or delay the need for high-cost, high-intensity services. The methodological challenges of this area of work however are considerable, not least in establishing causal relationships between short-term costs and what will inevitably be longer-term financial or other benefits.

The evaluation of public health interventions may involve particular challenges because they generate very broad costs and benefits and are often directed at populations or communities rather than specific individuals. In addition, a particular feature of many public health interventions is a concern with health inequalities. Standard economic evaluation methods that focus only on efficiency (the maximization of health gain) may need to pay more attention to equity considerations.

Specific areas of work on this broad theme will include:

- developing robust measures for assessing the costs and benefits of preventative services, including 'low-level' interventions;
- establishing standard cost and cost effectiveness measures to enable comparative evaluation of different preventative interventions;
- measuring and valuing outcomes to ascertain the relative quality of life between different health states;
- identifying inter-sectoral costs to assess their impact on the health and care sector more widely and other sectors of the economy;
- incorporating and costing equity and diversity considerations.

Theme 3: Assessing the costs and benefits of innovations in technologies

Current demographics point towards the increasing role that technologies will play in the future delivery of preventative, health and care service. There will also be a need to build the evidence base to establish the cost-effectiveness of different services and interventions. One area of priority over the next few years will be to understand the service implications and cost-effectiveness of point of care testing and other technologies for assisted living and self care.

Many new technologies, particularly medical devices, feature improved safety mechanisms. The NHS is clearly concerned with providing a safe service to its patients, but it is unclear how the value of safety can most appropriately be demonstrated, and how much a health service is or should be willing to pay for added safety. With explicit Government priority being given to the innovation agenda there is a need to take formal cost effectiveness modelling over to the supply side to look for example at how to estimate effectiveness at the design stage.

Section 2: Details of policy context and background

The Wanless Report '*Securing Good Health for the Whole Population*' (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426) was published in February 2004. This concluded that there is generally little evidence about the cost-effectiveness of public health and preventative policies or their practical implementation and that evidence-based principles need to be established for public health

expenditure decisions. The generation of high-quality, timely evidence on cost-effectiveness is essential for organisations that are responsible for commissioning services.

The Wanless Review of Social Care '*Securing Good Care for Older People*' (Kings Fund, 2006) (http://www.kingsfund.org.uk/publications/the_kings_fund_publications/securing_good.html) examined the financial and other resources required to ensure that those who need social care are able to secure comprehensive and high-quality services. '*The Case for Change*' (HM Government, 2008) acknowledged that demographic and social change raised fundamental questions about the balance of responsibility between individuals, families and the Government. The forthcoming Green Paper on *Care and Support* will address this key issue and set out the opportunities for system reform to ensure a sustainable care and support system for the future.

The White Paper '*Our health, our care, our say*' (DH, 2006) (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4127552) stressed the importance of shifting the focus to preventative services, in order to maintain independence and reduce the demand for acute or residential care. In mid-2008 the Department of Health published *High Quality Care for All: Next Stage Review Final Report (* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825) and its companion *NHS Next Stage Review. Our vision for primary and community care* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937). These documents set out policies which aim to support a move towards the NHS becoming a more innovative organisation as a means for achieving improvements in the quality of care.

Section 3: Justification for research topics:

Identifying the optimal allocation of available resources in order to maximise population health gains has been and continues to be a key challenge for health and care systems. Demand can be expected to increase in view of socio-demographic pressures and rising expectations but resources will always be constrained. The Department of Health thus has a strong interest to promote value for money in both health and social care. Research has an important contribution to make in providing evidence to help the Department, the NHS and social services to make the best use of these scarce resources.

One of the main perceived drivers of rising health care expenditures has been the rapid pace of innovation in medical technology. Medical technology is not always cost increasing and there are significant opportunities to reduce overall costs by adopting new technologies. As continued advances in research are expected to produce an ever-increasing number of alternatives for the detection, prevention and treatment of disease, new

products will exert increasing pressure on health care policy makers to adopt measures to regulate the medical technology market with regards to access, quality and public funding.

Section 4: Other related research activity

It is intended to establish new Policy Research Units in a number of areas including Behaviour and health; Maternal health and care; Children, young people and families; and Quality and outcomes of person-centred care. There will also be a Unit on the Economics of health and social care systems and a unit on Modelling in health protection, social care and clinical practice. The work of this particular Unit will need to be informed by the activities of all these Units as well as being particularly responsive to high priority cross-cutting policy issues as they emerge from the DH.

The work of this Unit will need to be set within the context of the wide-range of NHS activity including that of NICE and the support for building the evidence-base through programmes of research such as the Health Technology Assessment Programme and other National Institute for Health Research (NIHR) programmes. It will be important to establish a clear focus on the broader strategic policy issues that will be required by the DH.

ANNEX 6

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Modelling in Health Protection, Social Care and Clinical Practice

Section 1: Summary of main strands/themes for research

The Unit will have the capacity to undertake a broad range of mathematical modelling studies, taking an integrated cross-sectoral perspective, where appropriate. More specifically, there is a requirement to undertake research in areas of priority policy activity including the following:

Theme 1: Modelling of public health risks with a particular focus initially on health protection

Recent examples of high priority public health issues where modelling input has been required include; Pandemic Influenza preparedness, HPV vaccination, blood-borne and surgical transmission of vCJD and the reduction of TB incidence in the homeless by use of mobile X-ray facilities. In order to assess possible interventions, further work is required in some of these areas which include an epidemiological analysis of the disease and the effects of various interventions, and an operational analysis of the practicality of the interventions and the scope for possible optimisation.

The Unit should have the capacity also to undertake major developments in the methodologies for undertaking such analyses. For example, part of the research could be aimed at exploring the feasibility of developing a modelling "toolkit" – a user friendly system into which one could rapidly feed (ranges of) assumptions about "disease X" and data about what has happened so far (where "so far" could be days or decades).

In many contexts, there is a policy need to be able to establish a feasible range of scenarios for the size of a disease outbreak / epidemic, given limited information on its course and more or less firm assumptions about the properties of the infection (transmissibility, infectious periods, incubation etc.). Sometimes this may need to be carried out very rapidly - as would be the case in an influenza pandemic - and sometimes in "slow motion" - as with vCJD. So there may well be a wide range of timescales, but similarity in the conceptual problems involved.

Theme 2: Modelling of programmes to address risks

One aim of this research stream will be to develop innovative ways of working with DH internal analysts to support policy decisions relating to programmes such as immunisation and potential immunisation programmes where modelling will be required to advise immunisation policy and feed into the Joint Committee on Vaccination and Immunisation.

Theme 3: Operational modelling of systems for delivery of health and social care (for example urgent/emergency healthcare pathways, assessment and management pathways in social care).

The main priority areas will need to be defined on an on-going basis but current examples include:

- methods for monitoring clinical performance as a means of improving patient safety;
- scenarios for increasing the efficiency and productivity of adult social care staff and systems;
- cross sector modelling, exploring the potential effects of proposed policy change in one area for other parts of the health and care system;
- modelling mental health care treatment processes;
- the development of methodologies to evaluate outcomes for children and young people, including psychological health and well being, so as to help target treatment decisions.

Section 2: Policy context and background (including key documentation)

Health Protection often involves the mitigation of problems generated by communicable diseases. These can include diseases long established in the UK and also diseases currently unknown here but which may arrive due to changes in the climate (such as West Nile virus). These diseases may be spread by insects, sexual contact, blood transfusion, surgery or simply ‘coughs and sneezes’.

From a modelling point of view, many of the same considerations apply in the field of Emergency Preparedness, whether the “emergency” in question involves deliberate release of an infective agent or some other threat to the population. There is a priority need for analysis of this type to underpin formal Impact assessments and the formulation of policies.

The drive for improving quality in the health and care system will require innovation in the interpretation of outcome data. There is a

need to identify and disseminate best practice in quality assurance aimed at improving the efficient delivery of health and care services. Central to improving the quality of care is the requirement to (i) monitor clinical and service outcomes, (ii) monitor health and care processes, and (iii) assess the efficiency of service delivery. There are also important policy links to improving patient safety.

Key DH policy documents include:

1. A Strategy for Infectious Diseases.
http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/ProgressOnPolicy/ProgressBrowsableDocument/DH_4102885

2. Pandemic Influenza : a national Framework for responding to an influenza pandemic
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

3. key documentation on CJD policy
http://www.dh.gov.uk/en/Publichealth/Communicablediseases/CJD/CJDgeneralinformation/index.htm

4. Standards for Better Health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665

5. Forthcoming Green Paper on Care and Support

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

Improving the quality and efficiency of services is a key cross-cutting policy aim and there is a priority need for improved methodologies to help achieve this aim. A focus is required on how best to assess the quality of processes and how to link this to ways of improving the efficiency of service delivery and the quality of services.

In the field of health protection, the range of uncertainties relating to the spread of disease or the effect of a risk management measure mean that modelling outputs can play a key role in policy development and implementation. Similar uncertainties surround other key aspects of the health and care system.

Section 4: Other related research activity of which the Unit will need to be aware

There will be a need to develop a range of research activity focused on areas such as these, often in close collaboration with other related activity, both within the DH and being carried out by other research groups.

Some areas will require strategic development of a wide programme of research in close collaboration with mathematical epidemiologists and heath and welfare economists. For example, for DH policy making to be effective, research on possible disease interventions may need to bring together the epidemiology of the intervention, the operational modelling of the implementation and the cost effectiveness analysis of the result.

Similarly, work on adult social care will require modelling a range of processes and interventions in conjunction with an economic assessment of their cost-effectiveness. The proposed new PRP Unit on the Economic Evaluation of Health and Care Interventions may be particularly relevant here. The work of the proposed Policy Innovation Research Unit (PIRU) may also have relevance for assessments of the wider system, or cross-sector, implications of specific areas of policy development.

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

In all areas of its work, but particularly in the field of health protection and emergency preparedness, the capacity of the Unit to respond in a timely manner, and to reprioritise work if necessary, will be key to its effective functioning.

ANNEX 7

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Cancer awareness, screening and early diagnosis

Section 1: Summary of main strands/themes for research (listed under themes)

The overall purpose of the unit research programme will be to undertake research and evaluations which will inform future policy regarding awareness, screening and early diagnosis of cancer. The specific objectives are:

(i) to evaluate the effectiveness of the existing national screening programmes and improvements to the programmes based on Cancer Reform Strategy for England (CRS) commitments, as agreed with the Department of Health.

(ii) to undertake research into health inequality issues affecting the programme, particularly variations in the uptake of screening programmes and the effectiveness of interventions to reduce such variations.

(iii) to evaluate the effectiveness of measures to raise awareness of cancer and to promote early diagnosis through the National Awareness and Early Diagnosis Initiative (NAEDI), as agreed with DH.

(iv) to monitor worldwide research into awareness, screening and early diagnosis of cancer and to undertake systematic reviews where appropriate.

(v) to provide evidence to support the provision of balanced information on screening and early diagnosis to the public

Section 2: Details of policy context and background (including key policy documentation)

The Department of Health's Policy Research Programme has for many years supported the evaluation of cancer screening programmes through funding a research programme at the Cancer Screening Evaluation Unit at the Institute for Cancer Research, Sutton.

The context in which cancer screening is undertaken has changed considerably over the past decade. The evidence base for screening has strengthened and widened. New technologies have been introduced (e.g. liquid based cytology and two view mammography) and a national bowel screening programme has been launched. In addition, there have been major developments in cancer services following the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007) (www.dh.gov.uk).

The Cancer Reform Strategy made three major commitments on cancer screening, which are Tier 1 Vital Signs in the NHS Operating Framework:

- extend the breast screening programme to women aged 47 to 73 by 2012

- extend the bowel screening programme to men and women aged 70 to 75 from 2010

- all women to receive their cervical screening results within 14 days by 2010

In addition, one of the key recommendations of the Cancer Reform Strategy was that a National Awareness and Early Diagnosis Initiative (NAEDI) should be established. This was formally launched in November 2008. Key components of NAEDI include:

- measurement of awareness of cancer and cancer symptoms amongst the population.

- interventions to promote earlier presentation, especially amongst those at risk of delaying seeking medical advice.

- primary research into awareness and early diagnosis, including international comparisons.

Given these changes in context it is proposed that the remit of the work should be broadened to encompass awareness, screening and early diagnosis of cancer.

DH advisory groups are in place to oversee these important work areas: Advisory Committee on Breast Cancer Screening (ACBCS); Advisory Committee on Cervical Screening (ACCS); Bowel Screening Advisory Committee (BSAC); and the NAEDI Steering Group.

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

In general, the earlier a cancer can be diagnosed the greater the chance of a cure. The later a cancer is diagnosed, the harder it is to treat and the poorer the patient's chances of survival. This is true for many cancers, including breast, colorectal, lung, ovary, oesophagus and stomach.

Evidence suggests that later diagnosis of cancer has been a major factor in the poorer survival rates in the UK compared with some other countries in Europe.[1] Throughout the development of the Cancer Reform Strategy, experts and patients agreed that tackling late diagnosis is essential to improving outcomes for cancer patients. One of the priorities of the strategy is therefore to diagnose more cancers early. To do this, the CRS stated that DH will:

- extend and widen existing screening programmes and continue to investigate opportunities for new screening programmes for other cancers
- raise public awareness of the signs and symptoms of early cancer and encourage people to seek help earlier, especially among groups where this awareness is particularly low

As these major pieces of work are implemented, it will be essential to monitor their effectiveness and inform their future direction through high quality research activity.

Section 4: Other related research activity of which the Unit will need to be aware

The unit will also need to be aware of the NAEDI research initiative which is being planned by the National Cancer Research Institute (NCRI) (www.ncri.org.uk). Also, the PRP is planning to commission a policy research unit on 'Behaviour and Health' through this research call. These two units may need to develop strong links. On the screening side it will be necessary to be informed about the activities of the National Cancer Intelligence Network (www.ncin.org.uk).

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

It is likely that cancer screening and early diagnosis will remain a government priority long into the future. The number of cancers diagnosed is expected to rise by a third by 2020 due to the ageing population. Although the CRS sets out activity and commitments to 2012, it is likely that screening programmes will be expanded further (eg bowel screening in men and women in their 50s) and programmes screening other cancer sites (eg prostate and ovarian)

will be established. The need to evaluate this activity will remain for many years come.

The evidence base for effective interventions to increase public awareness of the signs and symptoms of cancer is very low, and the need to research and evaluate such interventions is likely to continue for many years as we aim to improve earlier presentation and earlier diagnosis of cancer.

Reference

1. F. Berrino, R. De Angelis, M. Sant, S. Rosso, M. B. Lasota, J. W. Coebergh, M. Santaquilani and the EUROCARE Working Group: *Survival for eight major cancers and all cancers combined for European adults diagnosed in 1995-99: results of the EUROCARE-4 study,* Lancet Oncology 2007; 8: 773-783

ANNEX 8

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Behaviour and health

Section 1: Summary of main strands/themes for research

The requirement is for applied research relating to *population, community and individual levels* of behaviour, with a specific focus on the development and evaluation of *national policy*. While the final programme of work should encompass behaviour issues relating to the individual, the unit will also be expected to provide good coverage of population, community, and group behaviour, and the interactions between the different levels.

The programme of work will be expected to support national policy relating to healthcare, and health improvement and protection by:
Scoping
Identifying key groups and their needs
Designing interventions - thinking through objectives and mechanisms.
Planning
Supporting social marketing approaches by underpinning with theory
Phasing of complex interventions
Evaluation
Measuring success against implicit/explicit objectives
Studying implementation
Identifying and explaining differential impact
Developing measures, including those that could be used in the assessment of non-health policy.

The main areas of activity will be further defined at the second stage of commissioning. It is also anticipated that more detailed negotiation will take place once a preferred applicant is identified. At this stage applicants should demonstrate their ability to deliver a programme of work which will include:[4]

- A range of population groups as well as lifecourse issues. The successful team will have the capacity and skills to consider issues relating to adults, children and young people.

- Population level behaviour change. For example, assessing social norms and social approval in the context of policy evaluation; exploring the use and

[4] This does not represent an exhaustive list of topics to be covered but indicators of the breadth and nature of the agenda of interest.

effectiveness of incentives; exploring responses to existing and emerging infections.

- Community and group behaviour change. For example, understanding the diversity of response to local and national initiatives; understanding group networking and risk behaviours; exploring how to harness local networks; how to challenge group norms and behaviours.

- Individual behaviour change. For example: understanding care pathways; understanding patient decisions about seeking treatment / awareness of symptoms; exploring patient-practitioner interactions on key policy themes; exploring perceptions of longer term risk; developing interventions where behaviours are clustered; exploring compliance with treatment.

- Planning and evaluation of health improvement interventions and testing types of interventions. For example, smoking cessation, nutritional interventions, physical activity, alcohol use, weight management; and/or clustered behaviours.

Section 2: Details of policy context and background (including key policy documentation)

Because of the cross-cutting nature of this agenda, the policy context is broad; issues of behaviour change are relevant to national policy on health improvement and protection, and also the development of health care and health care settings. The list of policy documents below serves to demonstrate the breadth of the potential agenda, rather than definitive guidance on anticipated contents.

As a minimum, applicants should be familiar with the relevance of the behaviour change agenda to the following:

- Government policy on healthy improvement agenda: eg. *Choosing Health*[5]; *Healthy Weight, Healthy Lives*[6]; the physical activity plan, *'Be Active, Be Healthy'*[7]
- Health services more generally: for example, *Our Health, Our Care, Our say*[8]; *High Quality Care for All: NHS next stage review*[9].

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5 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

6 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

7 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358

8 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

- Government policy on inequalities[10] in health and aspirations on equality.[11]
- The Wanless report (2004)[12]

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

Understanding behaviour has remained a central issue across a number of policy areas relating to health care, health improvement and health protection. Recent NICE public health guidance sets out the importance of understanding behaviour in order to impact on some of the largest causes or mortality and morbidity.[13]

Depending on the policy areas selected, the final programme could cover work exploring: communication of risk, and salience of health behaviours; the promotion of positive attitudes and methods to enhance self-efficacy and beliefs about change; promoting positive attitudes; understanding subjective norms and enhancing social approval.

Applicants will be expected to have an understanding of how such concepts relate to DH business.

Section 4: Other related research activity of which the Unit will need to be aware

The DH and a number of other funders of health research already have significant investments in the area of behaviour and health. Applicants should demonstrate that they understand the unique contribution of this new programme of work.

The unit will be expected to develop links with other Policy Research Units, for example with the proposed unit on Cancer Awareness Screening and Early Diagnosis described in this call.

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9 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

10 http://www.dh.gov.uk/en/Publichealth/Healthinequalities/Healthinequalitiesguidancepublications/index.htm

11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063287

12 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426

13 http://www.nice.org.uk/guidance/index.jsp?action=download&o=37987

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

Applicants should be aware of related programmes of work supported by other funders such as ESRC, HPA and FSA. Applicants should also be aware of the forthcoming publication of the Home Office led cross-government research strategy on drug misuse.

ANNEX 9

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Children, Young People and Families

Section 1: Summary of main strands/themes for research

This programme of policy research about children, young people and families needs to be closely aligned to the delivery of relevant PSAs[i] and National Service Framework (NSF) for Children, Young People and Maternity Services[14] standards. In particular, it should focus on the preventative agenda, education and training. It should address delivery obstacles and diversity issues.

Evidence from relevant disciplines[15] is therefore needed about what works (against particular standards including the features of services that contribute to improvement), how it works, for whom and in what circumstances. The areas of focus that would benefit from further exploration include,

Healthy child: Improving evidence base on
- child development (including emotional development) and learning in the early environment
- early predictors of vulnerability before becoming looked after
- parenting practices and education, focusing on diverse families from disadvantaged backgrounds

Child, adolescent psychological health: Evidence to contribute to improved
- transitions (including better coordination of patient pathways)
- quality of life
- understanding and management of emerging personality disorders

Ill and disabled child: Evidence to inform standards in good practice in
- psychological health
- transitions

Safeguarding children (child-centred): Evidence to improve practice on
- child safety/injuries
- transition to parenthood

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[14] National Service Framework (NSF) for Children, Young People and Maternity Services, Department of Health, 2004

[15] Broad range of relevant disciplines can be included such child psychiatry, epidemiology (including social epidemiology), psychology (including developmental psychology), nursing (including workforce), social work (social policy), paediatrics, genetics, education, sociology and social anthropology.

The aim is to develop the evidence in those areas to support improvement in health and non-health benefits over the longer term.

Applicants need to demonstrate the:

- involvement of service users (and tools to measure the effectiveness of service-user involvement); and
- awareness of ethical issues relating to conducting research involving children and young people, for example in the context of safeguarding children

Section 2: Details of policy context and background (including key policy documentation)

In February 2009, the Government published its long-term strategy to improve the health and wellbeing of all children and young people from pre-birth to 19[16]. The goal is to achieve the 2020 ambition of making England the best place for children to grow up.

The strategy sets a clear cross-departmental focus on achieving and sustainable delivery of Public Service Agreements (PSAs) in the current spending period (2008-11) and the NSF standards for supporting equality of access, evolving family structures (and the impact on the child) and reducing health inequalities.

A particularly important theme is how research and evaluation findings can support improvements for children and young people, so they can experience a higher quality of life.

The analysis and evaluation of evidence should also help to inform better use of resources (e.g. child health workforce) and whether resources are being used as effectively as possible against delivery priorities.

Research should be informed by customer insight[17] to help policy delivery

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

Very early interventions that reduce and/or limit the development of ill health in children and young people could save resources in the future for the NHS, criminal justice system and education. For example, the annual cost from mental ill health in England among children has been estimated at around £4.5bn when wider impacts such as a reduction in the quality of life are included.[18]

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[16] Healthy lives, brighter futures – the strategy for children and young people's health, Department of Health, Department for Children, Schools and Families, February 2009

[17] Information about the public, patients and users of services based on their behaviours, experiences, beliefs and needs. *Establishing an effective customer insight capability in public service organisations,* Cabinet Office, January 2007

[18] Sainsbury Centre for Mental Health Economic and Social Costs of Mental Illness in England (2003).

Research and evaluation that contributes to improved psychological health for children and young people will therefore be essential.

Section 4: Other related research activity of which the Unit will need to be aware

This includes

- Multisystemic Therapy, Targeted Mental Health in Schools, Choice and Partnership Approach, Improving Access to Psychological Therapies
- Family Nurse Partnership in England

Information can be found at

www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/index.htm

- Joint Department of Health and Department for Children, Schools and Families programme of studies on the National Service Framework for Children, Young People and Maternity Research Initiative (6 studies) and Safeguarding Children Research Initiative (11 studies)

Information can be found at

tcru.ioe.ac.uk/nsfcypm/
tcru.ioe.ac.uk/scri/Default.aspx?tabid=77

- Foresight Mental Capital and Wellbeing project. Mental Health Challenges 2008

www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/Welcome.asp

There are several pieces of NICE guidance that apply to children and young people including:

- ADHD
- Parenting training programme for management of conduct disorders in children
- Social and emotional wellbeing in primary schools
- When to suspect child maltreatment

NICE guidance under development:

- Autism in children and adolescents
- Looked after children
- Home based approaches to children's wellbeing
- Preschool approaches to children's wellbeing
- Promoting children's social and emotional wellbeing in secondary schools
- Preventing domestic violence

Information about National Institute of Health Research (NIHR) funded research projects identified as a priority by the wider NHS can be found at www.nihr.ac.uk and www.nccta.org.

In addition, there are a range of relevant initiatives and stakeholder organisations in place such as:

- Quality Improvement Network for Multi-agency Child and Adolescent Mental Health Services (QINMAC)
- Sainsbury Centre for Mental Health
- Kings Fund
- Royal College of Psychiatrists Research Unit
- National Collaborating Centre for Mental Health
- British Psychological Society

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

Several elements of the 2020 ambitions are being addressed through other strategies, such as:

- Children and young people in mind: the final report of the National CAMHS Review, 2008: The review makes 20 challenging recommendations to Government across all aspects of children's mental health and psychological wellbeing services.
- In March 2009, the PM launched the Commission on the future of Nursing and Midwifery. This is the first full-scale review of nursing and is due to cover all branches of the profession including health visiting, mental health and paediatric nursing. It will deliver its final report in early 2010. The review is closely modelled on the Darzi Review.
- The Transition Support Programme, launched in December 2008 will focus on those with the most complex needs whose needs services can struggle to meet.

[i]

PSA 12: Indicator 4: Emotional health and wellbeing, and child and adolescent mental health services (CAMHS).
PSA 12: Indicator 5: Parents' experience of services for disabled children and the 'core offer'.
PSA 13: Indicator 1: Percentage of children who have experienced bullying.
PSA 13: Indicator 2: Percentage of children referred to children's social care who received an initial assessment within seven working days.
PSA 13: Indicator 3: Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people.
PSA 13: Indicator 4: Preventable child deaths as recorded through child death review panel processes.
PSA 18: Indicator 4: Proportion of people supported to live independently (all ages).
PSA 18: Indicator 5: Access to psychological therapies.

ANNEX 10

DEPARTMENT OF HEALTH POLICY RESEARCH PROGRAMME

POLICY RESEARCH UNITS

RESEARCH SPECIFICATION

Area of Research: Maternal Health and Care

Section 1: Summary of main strands/themes for research

This programme of policy research into maternal health and care needs to be closely aligned to the delivery of relevant PSAs[ii] and National Service Framework for Children, Young People and Maternity standards[19]. In particular, it should focus on the preventative agenda, education and training. It should address delivery obstacles and diversity issues.

Evidence from relevant disciplines[20] is therefore needed about what works (against particular standards including the features of services that contribute to improvement), how it works, for whom and in what circumstances. The areas of focus that would benefit from further exploration include:

The healthy child: Improve the evidence base on
- Antenatal and postnatal support, including better engagement of fathers
- Breastfeeding (at 6 to 8 wks)
- Family and social support

Pregnancy loss and perinatal morbidity: Evidence to contribute to improvements on reducing
- Miscarriage
- Still birth
- Premature birth
- Low birth weight

Reducing maternal mortality and morbidity: Evidence to contribute to
- Reducing maternal and perinatal deaths and near-miss events
- Improving safety and quality of services
- Reducing inequalities in access and outcome

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[19] National Service Framework for Children, Young People and Maternity Services, Department of Health, 2004

[20] Relevant disciplines include midwifery, nursing, obstetrics, gynaecology, paediatrics, epidemiology, psychology and social work.

Perinatal mental health: Evidence on

- Improving outcomes for pregnant or recently delivered mothers with pre-existing or new mental health illness (including women in secure accommodation)
- Increasing the effectiveness of managed perinatal networks
- Improving outcomes for pregnant or recently delivered mothers with disability, including learning disability

Section 2: Details of policy context and background (including key policy documentation)

In April 2007, the Government published its framework for maternity services, *Maternity Matters: Choice, Access and Continuity of Care in a Safe Service*, which set out the delivery agenda providing safe, high quality maternity care for all women.

The policy direction detailed in Maternity Matters was confirmed in the final report of the *NHS Next Stage Review*, published in July 2008. The review process included groups looking at maternity services for the newborn, and at the needs of children.

The Child Health Strategy sets a clear cross-departmental focus on achieving sustainable delivery of Public Service Agreements (PSAs) in the next spending period (2008-11) and thereafter aligned to supporting equality of access, evolving family structures (and the impact on the child), and reducing health inequalities.

A particularly important theme is how research findings can contribute to improved safety and quality of outcomes.

The analysis and evaluation capacity should also help to inform better use of resources (e.g. maternity workforce) and whether resources are being used as effectively as possible against delivery priorities.

Research should be informed by customer insight[21] to help policy delivery.

Section 3: Justification for research topics: for example, why research is needed; how it is expected to influence policy making

Strengthening midwifery and maternity policy is an important priority for DH. The aim is to improve outcomes for mothers and newborns.

Maternity Matters introduces a new national choice guarantee for women, making it easier for them to access maternity services. This means that by the end of 2009 all women will have choice over the type of antenatal care they receive, where and how they have their baby and where they access postnatal care.

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[21] Information about the public, patients and users of services based on their behaviours, experiences, beliefs and needs. *Establishing an effective customer insight capability in public service organisations,* Cabinet Office, January 2007

Additional measures and improvements are set out in regional visions for maternity and newborn services developed in each strategic health authority as part of the *NHS Next Stage Review*, and will be supported by further national work, including that of the National Neonatal Taskforce (formed in February 2008).

The Government is also encouraging closer working between substance misuse treatment services and maternity services, to provide better support to pregnant substance misusers and reduce prenatal harm to children.

Section 4: Other related research activity of which the Unit will need to be aware

This includes:

- Saving mothers lives, the confidential enquiries into maternal deaths and the other components of the current CEMACH work programme.
- Children, Young People and Maternity Services: Health Building Note 09-02: Maternity Care Facilities, Department of Health, 2008
- National Perinatal Epidemiology Unit (NPEU, University of Oxford) infant mortality 1st systematic review is due to report winter 2009.
- Family Nurse Partnership RCT is due to report September 2013 [expand]
- National Nursing Research Unit (Kings College) on maternity workforce ongoing programme
- Joint Department of Health and Department for Children, Schools and Families programme of studies on the National Service Framework for Children, Young People and Maternity Research Initiative (6 projects) and safeguarding children research initiative (12 projects) are due to report by May 2010
- CEMACH ongoing work programme [expand]
- NPEU Birthplace in England study due to report autumn 2010
- Family Nurse Partnership formative evaluation 08/09 and 09/10
- Family Nurse Partnership research projects on eligibility criteria – 20-22 year old and among non-English speaking families
- DH work programme about ‘preparing for birth and beyond’ antenatal education programme
- ‘PREview’ project to develop predictive tool(s) for child health and wellbeing from pregnancy

There are several pieces of NICE guidance that apply to maternal health and care including:

- Antenatal and postnatal mental health
- Antenatal care
- Postnatal care

NICE guidance under development:

- Pregnancy and complex social factors
- Contraceptive services for socially disadvantaged young people
- Preventing domestic violence

For a complete list, see www.nice.org.uk

Information about National Institute of Health Research (NIHR) funded research projects identified as a priority by the wider NHS can be found at www.nihr,ac,uk and www.nccta.org.

There are number of relevant initiatives and stakeholder organisations in place such as the Quality Network for Perinatal Mental Health Services.

Section 5: Other issues relevant to this programme of research (for example, timing and timeliness)

- In March 2009, the PM launched the Commission on the future of Nursing and Midwifery. This is the first full-scale review of nursing and is due to cover all branches of the profession including health visiting, mental health and paediatric nursing. It will deliver its final report in early 2010. The review is closely modelled on the Darzi Review.
- NICE guidance on care of women during child birth.
- NICE guidance on complex pregnancies due to report 2010.
- HCC work programme on maternity services
- Standards for Maternity Care, report of working party, June 2008, Royal College of Obstetrics and Gynaecology.

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[i]

PSA 12: Indicator 1: Prevalence of breastfeeding at 6-8 weeks.
PSA 14: Indicator 3: Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances.
PSA 14: Indicator 4: Reduce the under-18 conception rate.
PSA 18: Indicator 1: All age all cause mortality (AAACM) rate.
PSA 18: Indicator 5: Access to psychological therapies.
PSA 19: Indicator 4: The percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices, by 12 completed weeks of pregnancy.