

**SPHERE**

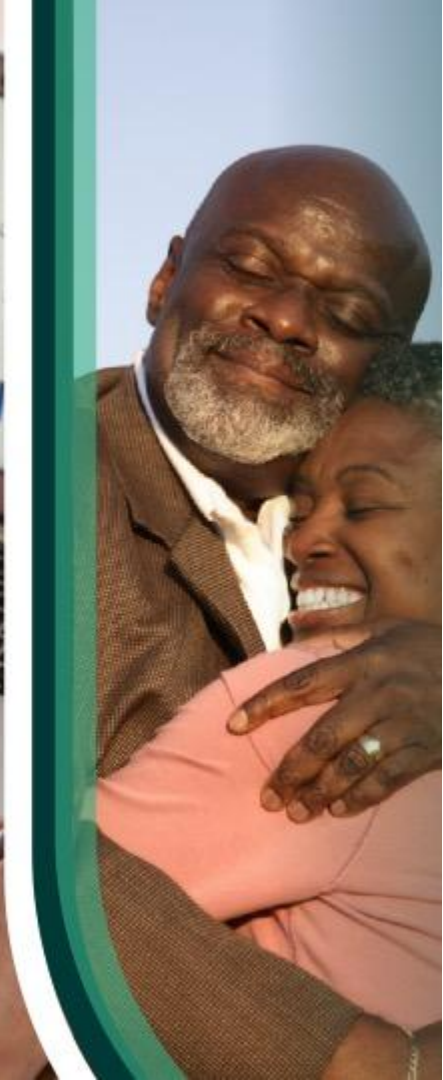
School for Public  
Health Environments  
Research at Exeter

# Decision-making in public health resource allocation in the context of Integrated Care Systems in England: a scoping review

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# Introduction

- Integrated Care Systems (ICSs) in England
  - statutory bodies under the Health and Care Act 2022, to replace CCGs
  - support more joined-up services, reduce inequalities and improve outcomes
  - Each ICS comprises ICB and ICP
  - 42 ICSs in England with ongoing significant reorganisation
- Significant cuts (26%) to PH funding since 2015/16 (1)
- Funding decisions moved to multi-stakeholder and politicised environment
- Varied evidence towards existing resource allocation frameworks
- Prevention vs treatment in the background of NHS new 10-year plan (2)

(1) Finch D, Gazzillo A, Vriend M. Investing in the public health grant [Internet]. Available from: <https://www.health.org.uk/reports-and-analysis/analysis/investing-in-the-public-health-grant>

(2) 10 Year Health Plan for England: fit for the future: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>





# Research questions/Aims

1. How are commissioning and decommissioning decisions for PH interventions made by local authorities and ICS partners - **who** is involved + **which tools & data** are used?
2. What **barriers, facilitators, and trade-offs** influence these decisions?
3. What **factors** (e.g. political, environmental, economic, and equity considerations) are prioritised or discounted in these decisions?



# Methods

- JBI review guidelines followed
- Inclusion/exclusion criteria defined using Population Concept and Context (PCC) framework
- Sources:
  - 5 databases in March 2025
  - Backwards reference search + grey literature (Local Government Association, the King's Fund etc.)
  - Updated search: May 2026 (ongoing)
- Narrative and inductive thematic data synthesis
- Critical appraisal: JBI Critical Appraisal Tools for Qualitative Research; Mixed Methods Appraisal Tool (MMAT); the Risk of Bias in Systematic Reviews (ROBIS) tool



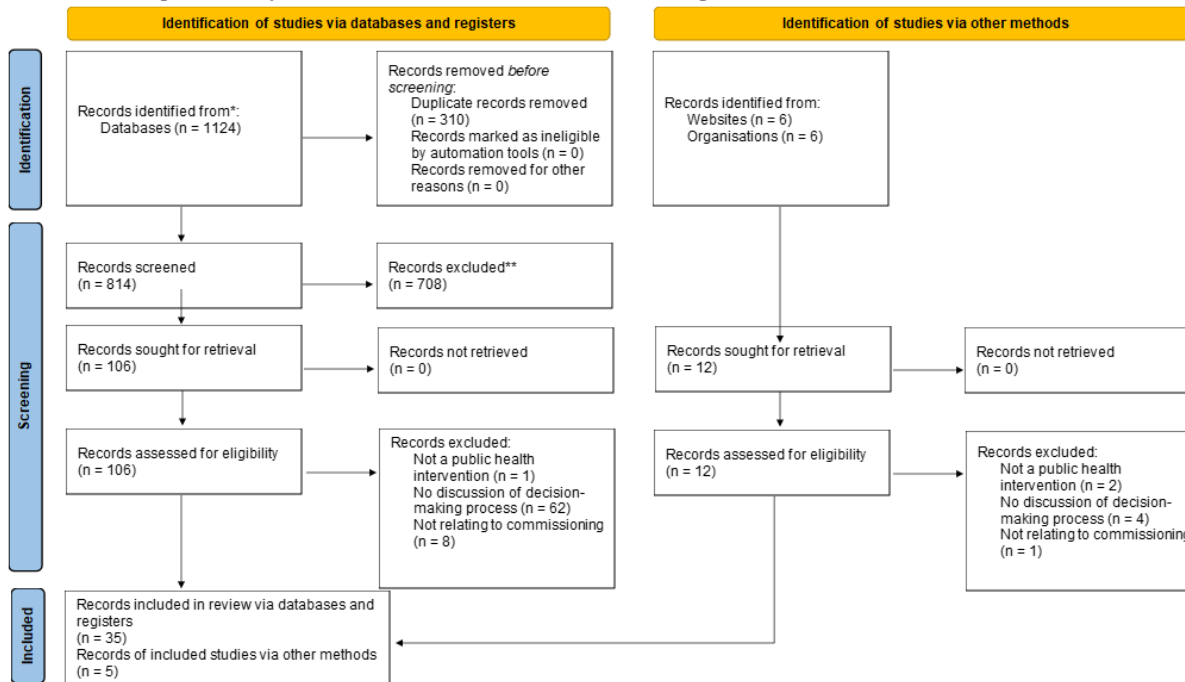
# Methods (continued)-Inclusion and exclusion criteria

	Inclusion criteria
<b>Population</b>	<ul style="list-style-type: none"><li>• Any geographic location or relating to any population group within England on a regional, subregional or local footprint.</li></ul>
<b>Concept</b>	<ul style="list-style-type: none"><li>• Commissioning or resource allocation decisions for public health, including both direct public health interventions as well as interventions relating to the wider determinants of health if they explicitly consider health outcomes.</li><li>• Decision making processes for budget distribution or allocation</li></ul>
<b>Context</b>	<ul style="list-style-type: none"><li>• ICSs, ICBs, or any partner organisation within the ICS structure</li><li>• Clinical Commissioning Groups</li><li>• Organisations that are considered partner organisations within ICSs including Local Authorities, NHS organisations, Combined Mayoral Authorities, VCFSE sector organisations, Health and Wellbeing boards</li><li>• Published since 2013</li><li>• Relating to commissioning structures in place since 2013</li></ul>



# Results–Study Selection

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



\*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

\*\*If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

Source: Page MJ, et al. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

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# Results-Characteristics of included studies

	N=40	%
<b>Study period</b>		
After CCG and before ICS (between 2013 and 2022)	37	92.5
After ICS (after 2022)	2	5
Span through CCG and ICS (from 2013 to now)	1	2.5
<b>Location</b>		
England	36	90
Wider UK setting including England	3	7.5
International setting including England	1	2.5
<b>Study method</b>		
Qualitative study	36	90
Mixed-method study	3	7.5
Reviews	1	2.5
<b>Type of decision studied</b>		
Commissioning/investment	29	72.5
Decommissioning/disinvestment	0	0
Both	8	20
Not mentioned	3	7.5



# Who were key decision-makers? + What type of evidence and data were used?

**Elected member/councillors: (n=11)**

**Commissioners: (n=9)**

**Directors of Public Health (n=6)**

**Cabinet member (n=3)**

- **Quantitative evidence and data**

- Economic data (n=7)
- Outcome data (n=6)
- Need assessment data (n=3)
- Key Performance Indicators (KPIs) (n=3)

- **Qualitative evidence and data**

- Views and experiences of 1) local population and 2) professionals

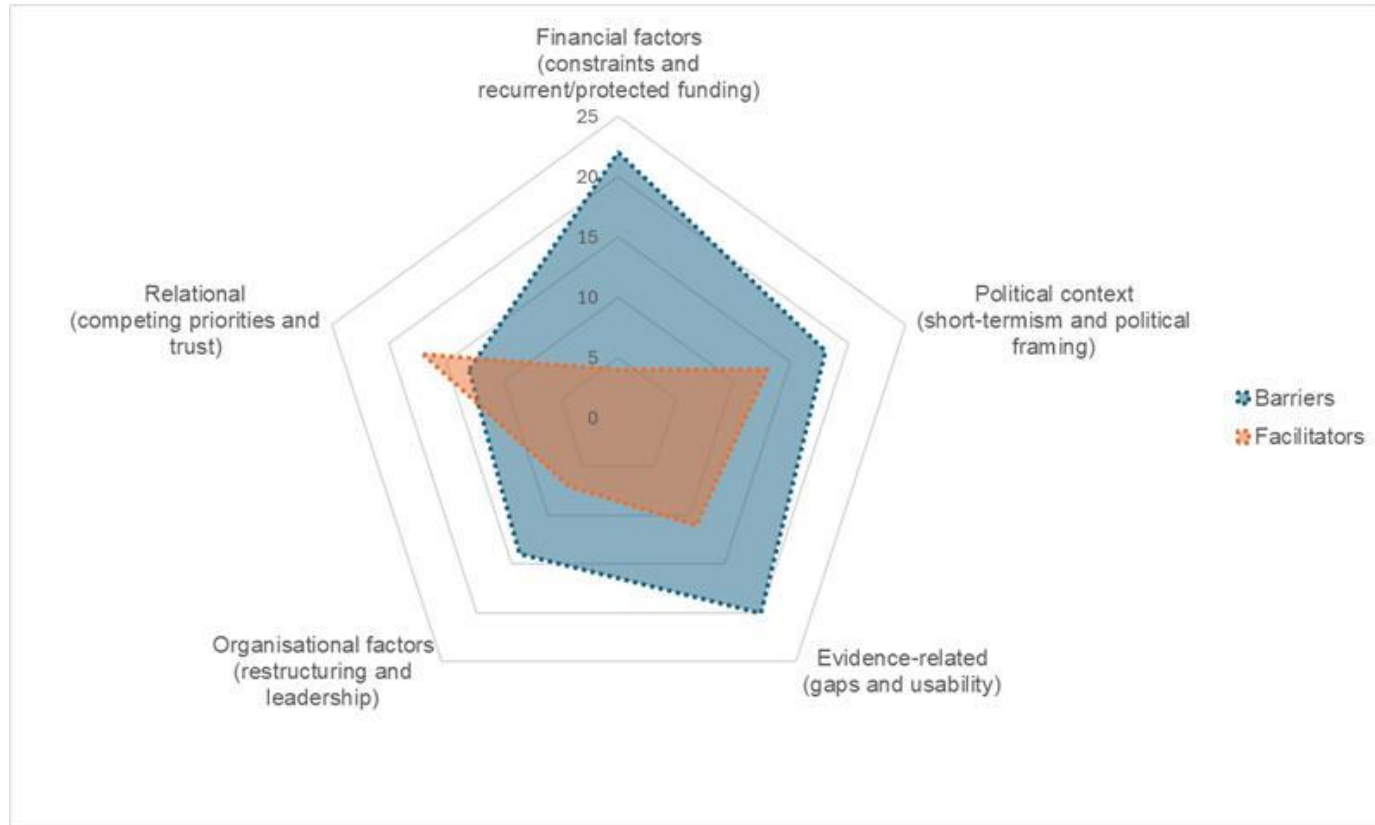
- **Guidelines, reviews and grey literature**

- NICE (n=9) and Public Health England (PHE) (n=4)
- Professor Sir Michael Marmot's reports (n=1), the Institute of Health Equity (n=1), King's Fund (n=1) reports as well as Liverpool Public Health Observatory reviews (n=1)
- Grey literature (n=1)



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# Barriers and facilitators to decision-making



# Discussion

40 papers identified, providing a picture of elements in decision-making processes

- Strengths

1. Rigorous methodologies applied and strict compliance to review procedures
2. Comprehensive investigation of decision-making processes in CCG and ICS environment

- Limitations

1. Section bias
2. Uncertain transferability and applicability of results to different socio-economic and political environment

# Conclusion

1. Limited evidence related to decision making in ICS settings and disinvestment
2. Little about how data, evidence as well as method are used in ICS setting with challenges reported in CCG environment
3. Different barriers and facilitators to decision-making identified: financial, political, organizational, evidence-related, and relational factors

## **Advice on future research and policy-making:**

1. More research needed to investigate the transition from CCG to ICS and ICS setting
2. More research needed relating to disinvestment/decommissioning
3. Better adaptability of existing data and tools to local context and consistent monitor.
4. LAs to invest in relationship infrastructure, evidence translation capacity, and political engagement alongside traditional analytic tools



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