

Bridging the worlds of research and policy in European health systems



Chapter 7

**Knowledge brokering in
England:
adding value in
crowded landscapes
and short policy cycles**

David McDaid

European Observatory on Health Systems and Policies

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health-care systems in Europe.

Author

David McDaid, MSc, Senior Research Fellow, European Observatory on Health Systems and Policies, Brussels, Belgium; Senior Research Fellow, LSE Health and Social Care, and Research Fellow, Personal Social Services Research Unit, London School of Economics and Political Science, London.

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Key messages

Key attributes of the national context for knowledge brokering in England

- England is a unitary state with infrequent turnover of government and with centralized authority for making strategic decisions, but with decision support coming from a dynamic mix of civil service, political parties and affiliated think tanks, independent organizations and university-based research units.
- Health and social care system stakeholders have an informal role in policy-making and are not a target audience on a par with policy-makers for most of the knowledge-brokering organizations studied here.
- A large number of strong research institutions are engaged in knowledge brokering and typically have both the mandate and resources for the work.
- A robust news media can bring attention to health and social care systems information from within and outside the country.

Knowledge brokering mechanisms and models in use

- Fifty knowledge-brokering organizations based in England were carefully considered for inclusion in the BRIDGE study. Twenty met our eligibility criteria, the largest number for any of the 31 countries involved in the study.
- The organizations tended to use innovative information-packaging mechanisms and interactive knowledge-sharing mechanisms.
 - Many of the more innovative information products target policy-makers specifically, are written in accessible language and are brought to attention through e-mails and listservs.
 - Many of the innovative interactive knowledge-sharing mechanisms target policy-makers specifically and are timed to relate to policy-making processes or to requests from policy-makers.
- On their websites, the 20 organizations tended not to provide much description of their organizational models or their approaches to monitoring and evaluation.

Spotlight on selected knowledge-brokering organizations

- The King's Fund is a charitable foundation that serves as a resource to policy-makers and provides impartial analysis on health and social care system developments. A large financial endowment gives the organization

independence from government and considerable flexibility to set its own agenda. The organization has been consistently innovative in both its information products and its interactive knowledge-sharing mechanisms.

- The Personal Social Services Research Unit (PSSRU) is an organization with 38 years of government support for its work; nodes at three universities; and a focus on both producing and supporting the use of a range of health and social care systems research. Its interactive knowledge-sharing mechanisms are more likely to engage civil servants and, while less publicly visible than The King's Fund, it has been similarly influential.

Examples of intersections with policy-making processes

- Two case studies illustrate how knowledge-brokering organizations such as The King's Fund and PSSRU have influenced policy-making that sought to develop:
 - policy for the future funding of long-term care, and
 - a comprehensive mental health policy for England.

Lessons learned

- Face-to-face dialogue (backed by peer-reviewed research evidence) and a professional, non-political civil service appear to be important, particularly in the context of an increasingly crowded policy landscape marked by the continued rise of think tanks.
- Innovation in information packaging and interactive knowledge sharing has often been led by knowledge brokers based outside of universities, rather than by university-based knowledge brokers.
- While there is still a limited use of systematic reviews to support evidence-informed policy-making, a strong culture of evaluation provides fertile ground for knowledge brokering.

Knowledge brokering in England

This chapter focuses on the role and influence that information can have in the health and social care policy-making landscape in England. It combines documentary analysis and interviews with a small number of policy-makers, knowledge brokers and other stakeholders, to understand the arena within which knowledge may or may not be brokered, before turning to two examples where health and social care system information has had some influence on policy and practice. Unless otherwise noted, the information about the activities of organizations highlighted in this chapter, as well as the structure of the health and social care system, reflects the situation as of early 2011.

National context for knowledge brokering

With a population of nearly 52 million in 2009 and (for the United Kingdom of Great Britain and Northern Ireland as a whole) a gross domestic product (GDP) per capita of US\$ 35 100 in 2010, England benefits from a substantial capacity in health services research based in universities, the National Health Service (NHS) and nongovernmental organizations (NGOs). England has a long-standing tradition of publishing government-sponsored research, irrespective of the findings, and of independence between researchers and government. Over the last two decades, the health sector has placed significant emphasis on evidence-informed policy and practice. The National Health Service Research and Development Programme, in place since 1991, supports the UK Cochrane Centre and provides a considerable amount of public-sector funding to support independent, university-based health services research. This programme has included some focus on implementation issues, for instance through the National Institute for Health Research (NIHR) Service Delivery and Organisation Programme (SDO) (now merged into the new NIHR Health Services and Delivery Research Programme.¹ Inputs into policy-making have come from many sources including independent, university-based research units under the Department of Health's Policy Research Programme.² In England, unlike many other European countries, evaluation of pilot initiatives is often a precursor to scaling up services. Independent, expert-led scientific advisory committees can also have a significant input into the policy-making process.

Most strategic health policy decisions in England are made through the Department of Health and the British parliament. Local authorities have scope

1 Health Services and Delivery Research (HS&DR) Programme (2014). In: National Institute for Health Research [website]. Southampton (<http://www.nets.cc.ac.uk/hsdr>, accessed 1 April 2014).

2 Policy Research Programme (2014). In Department of Health [website]. London (<http://prp.dh.gov.uk>, accessed 1 April 2014).

for determining aspects of health and social care policy, as well as for issues concerning the implementation of national-level policy guidance.³

The non-political permanent civil service plays an important role in supporting the policy-making process, and many policy-research organizations establish strong relationships with the civil service, despite the turnover among civil servants. Good links between the policy-making process and researchers can be maintained regardless of the composition of government or a change in ministers or political advisers. Many opportunities exist for direct dialogue between senior civil servants and researchers, and there appears to be a culture of trust whereby, when confidentiality is needed, discussions are held under the Chatham House Rule or other agreements on privacy. The civil service has placed some focus on improving capacity for conducting and interpreting evaluations, as well as on the funding of training courses and the production of guidance, with particular emphasis on promoting the value of systematic reviews (HM Treasury, 2007a).

There are many competing domestic sources of information that can potentially inform the policy-making process, and these organizations are largely based in London. In contrast, the involvement of external knowledge brokers from elsewhere in the European Union (EU) and beyond remains limited. While university-based research units can play a significant role, a number of political and non-political think tanks and foundations also work on health and social care policy. They emphasize direct dialogue with policy-makers and frequently organize face-to-face discussions in addition to producing tailored reports. Professional bodies, such as the British Medical Association, NHS Confederation, and the royal colleges for general practitioners, physicians, psychiatrists and nurses, are also engaged in the policy-making process, producing position papers and representing the interests of their members at national and local levels. In addition, politically oriented think tanks in England are often vehicles for floating controversial ideas for reform that cannot be considered directly by government (although these organizations were not the focus of the BRIDGE study). Politically neutral, issue-specific not-for-profit organizations such as Age UK, the British Heart Foundation, and Mind (a mental health NGO), also conduct policy-related campaigns and seek to have input into the policy-making process.

Key attributes of the policy-making context in England

Table 7.1 summarizes some of the key attributes of the national policy-making context in England, with a particular focus on those that influence knowledge brokering, including those listed below.

³ In the rest of the United Kingdom of Great Britain and Northern Ireland, most health policy matters are the responsibility of the devolved administrations of Scotland, Wales and Northern Ireland.

Table 7.1 Attributes of the policy-making context in England that can influence knowledge brokering

Potential attributes (from the BRIDGE framework, Table 2.2)	Key attributes in England
Salient features of policy-making institutions and processes	
<ul style="list-style-type: none"> • Unitary versus federal state • Centralized versus distributed authority for making decisions about priority problems, policy/programme options, and implementation strategies • Single-party versus coalition government • Infrequent versus frequent turnover of the governing party/coalition and its leadership • Civil service versus political party influence over decision support within government • Centralized versus decentralized decision support within government • High versus low capacity for policy analysis within the civil service • Low versus high turnover rate within the civil service • Significant versus limited resources to commission supports outside the civil service 	<ul style="list-style-type: none"> • Unitary state • Centralized authority for strategy but distributed authority for operations • Typically single-party government • Infrequent turnover • Mix of civil service and political party influence • Mix of centralized and decentralized decision support • High capacity • Low turnover • Significant commissioning resources
Salient features of stakeholder opportunities and capacities for engagement	
<ul style="list-style-type: none"> • Formal, significant versus informal, limited role of stakeholders in policy-making • High versus low degree of coordination within stakeholder groups • High versus low autonomy of stakeholder groups from government and from narrow interests within their own memberships • High versus low capacity for policy analysis within stakeholder groups • Significant versus limited resources to commission supports outside the groups 	<ul style="list-style-type: none"> • Informal, limited role • Relatively low (through trade bodies) • Low for NHS bodies and some government-funded organizations • High capacity • Significant resources
Salient features of research institutions, activities and outputs	
<ul style="list-style-type: none"> • Small versus large number of strong research institutions involved in the production, packaging and sharing of health and social care systems information • Large versus small scale of research institutions • Explicit versus implicit mandate for, and resource commitment to, knowledge-brokering (not just research) activities and outputs 	<ul style="list-style-type: none"> • Large number • Large scale • Explicit mandate and resources for brokering
General features of the national policy-making context	
<ul style="list-style-type: none"> • English (the language of most health and social care systems information) is versus is not spoken in addition to local languages • Small (everyone knows each other) versus large size of the population • High versus low rates of Internet use • High versus low capacity of local news media for objective reporting 	<ul style="list-style-type: none"> • English the dominant language • Large population • High rates of Internet use • High capacity of news media

Note: to highlight ways in which each of these features might help or hinder knowledge brokering, we present the either/or options such that the first option likely simplifies the landscape for a knowledge-brokering organization while the second one likely complicates it.

- England is a unitary state with infrequent turnover of government and centralized authority for strategic decisions, as well as decision support from a mix of a high-capacity, low-turnover civil service; political parties and affiliated think tanks; and a range of externally commissioned organizations, all of which provides a highly dynamic environment for knowledge-brokering organizations.
- Health and social care system stakeholders have an informal role in policy-making and are not a target audience on a par with policy-makers for most knowledge-brokering organizations.
- A large number of strong research institutions are engaged in knowledge brokering (two are described in this chapter) and typically have both the mandate and resources for this work.
- A robust news media can create significant impact by giving attention to key documents from within and outside the country.

Knowledge brokering mechanisms and models in use

Nearly all of the organizations in England analysed through the BRIDGE study focus their efforts primarily on targeting policy-makers and, in particular, those senior civil servants responsible for helping to draft national policy in a variety of areas (some of those senior civil servants may themselves be academics on secondment to government). Despite much emphasis in England on using an evidence-informed approach to policy-making, only a minority of organizations appear to make use of systematic reviews in developing their information products. The use of systematic reviews on the effectiveness of specific technologies and other health-care interventions is a critical element of much research generated for policy-makers in England. But when it comes to research on governance, financial and delivery arrangements within health and social care systems, use of systematic reviews remains the exception rather than the rule. Moreover, reports produced for policy-makers may have little documentation of methods for identifying the information contained in these reports. One important exception has been the work of the NIHR SDO Programme, where systematic reviews were the principal methodology used by university groups and others in successfully answering specific calls for proposals.

As reported for other countries analysed in the BRIDGE study, knowledge-brokering organizations in England still rely heavily on traditional methods of information packaging, including lengthy reports that are not tailored for a policy-making audience (Catallo et al., 2012). However, our review of websites shows that more than three quarters of the English organizations surveyed are producing shorter, tailored documents such as evidence summaries. Sometimes

they are being produced consistently alongside other outputs, but in many cases they are produced on an ad hoc basis. Increasingly, organizations seem to be using a graded-entry approach for their products. Only a small number of organizations appear to have done work triggered through discussions with, or requests from, policy-makers; instead, most outputs are linked to primary research or narrative (non-systematic) reviews. New mechanisms for conveying information are emerging, including new electronic media (e.g. for interactive online seminars), as well as videos, blogs and podcasts. These techniques appear most developed in larger-scale organizations with substantial communications teams (e.g. The King's Fund).

A number of the organizations that we identified rely more heavily on interpersonal dialogue with civil servants, ministers and other stakeholders than on producing evidence summaries and other tailored documentation. Such links are an important factor in facilitating knowledge exchange (Catallo & Lavis, 2014; Lavis et al., 2005; Lavis, Boyko et al., 2009; Lavis, Permanand et al., 2009; Lavis et al., 2003; Nutley et al., 2007). For instance, the PSSRU is a university-based organization that has fostered strong links and a sense of mutual trust with civil servants, having received long-term funding as part of the Department of Health's Policy Research Programme to produce relevant research largely in the areas of social and long-term care and mental health. Another key observation is that the most developed and multifaceted approaches to interactive knowledge exchange in England are concentrated not in traditional academic research units but in organizations that have made influencing the policy process their *raison d'être*; examples include The Kings Fund, the (now defunct) NHS Confederation's Service Delivery and Organisation Network, the Nuffield Trust and the Social Care Institute for Excellence (SCIE). These organizations host various types of face-to-face discussions, both open and closed, that bring together researchers and policy-makers not only to discuss specific policy research but also, in many cases, to help determine future priorities for health policy research. Again, such meetings can also be used to build links and trust with policy-makers (Lavis et al., 2013).

Non-university-based organizations appear more likely to focus their information-packaging outputs and interactive knowledge-sharing events on issues of high policy relevance, whereas university-based knowledge brokers often work over a longer time frame. A good example of this would be discussions about the government's plans for reform of the NHS, where think tanks such as Civitas, The King's Fund, NHS Confederation, Nuffield Trust and Policy Exchange sought to rapidly produce research outputs to inform the debate. However, as the case studies in this chapter make clear, experts from university-based research units may collaborate in producing these research

outputs. Timeliness is a key factor in the uptake of research evidence by policy-makers (Lavis et al., 2003; Catallo & Lavis, 2014; Innvaer et al., 2002; Nutley et al., 2007).

While 50 knowledge-brokering organizations in England were carefully considered for inclusion in the BRIDGE study, 20 met our eligibility criteria (Catallo et al., 2012). These organizations tended to use innovative information-packaging mechanisms and interactive knowledge-sharing mechanisms (Table 7.2). Many of the more innovative information products target policy-makers specifically; are written in accessible language; and are brought to target audiences' attention through e-mails and listservs. Some draw on systematic reviews (although less frequently for health and social care system issues than for clinical issues); follow a graded-entry format; and are accompanied by online

Table 7.2 Knowledge-brokering mechanisms used in England

Potential characteristics (from the BRIDGE criteria, Table 2.2)	Common characteristics in England
Information-packaging mechanisms used	
<ul style="list-style-type: none"> • Traditional versus innovative types of information products used • Innovative products draw on systematic reviews (part of criterion 3) • Innovative products target policy-makers as a key audience (criterion 5) • Innovative products reviewed before publication by target audience (criterion 6) • Innovative products highlight decision-relevant information (criterion 7) • Innovative products use language designed to be accessible (criterion 8) • Innovative products follow a graded-entry format (criterion 9) • Innovative products accompanied by online commentaries (criterion 10) • Innovative products brought to attention by e-mail (criterion 11) 	<ul style="list-style-type: none"> • Many are innovative • Some draw on reviews • Many target policy-makers • Many written in accessible language • Some follow a graded-entry format • Some with commentaries • Many with e-mail alerts
Interactive knowledge-sharing mechanisms used	
<ul style="list-style-type: none"> • Traditional versus innovative types of knowledge-sharing mechanisms used • Innovative mechanisms draw on systematic reviews (part of criterion 4) • Innovative mechanisms target policy-makers as a key audience (criterion 5) • Innovative mechanisms timed to relate to policy-making or requests (criterion 6) • Innovative mechanisms involve pre-circulated products (criterion 8) • Innovative mechanisms involve the creation of new products (criterion 10) • Innovative mechanisms involve the announcement of new products (criterion 11) 	<ul style="list-style-type: none"> • Many are innovative • Many target policy-makers • Many are timed for policy-making • Some audio and video products

commentaries by policy-makers and stakeholders. In our review of innovative interactive knowledge-sharing mechanisms, we found many that target policy-makers specifically and are timed to relate to policy-making processes or to requests from policy-makers. Most of the 20 organizations provided some description of their organizational models on their websites (although this tended to be limited), but few described their approaches to monitoring and evaluation.

Spotlight on selected knowledge-brokering organizations

After looking at specific cases where knowledge-brokering organizations have interacted with health policy-makers, we highlight the work of two institutions.

The King's Fund

Founded in 1897, The King's Fund is a major knowledge broker for health policy issues in England. This independent charitable body strives:

to be the most influential, independent source of health care policy ideas and analysis in England ... The Fund's ambition is that its policy and research activity will have a growing and measurable impact on both policy-makers and service providers. The Fund will continue to create ideas and insight through its own research, evaluation, inquiry, analysis and reflection. The Fund will also seek to build on the constant exchange of experience and expertise focusing on key areas of interest. (The King's Fund, 2010)

It is partly financed by legacy funding and other investment assets totalling £118 million in 2009. Approximately 50% of funding is generated from activities (e.g. conference fees, training courses, hiring out venues to third parties, fees from some products); this share of the total budget is expected to increase in future years.

The King's Fund makes use of a wide range of information-packaging mechanisms, including policy reports, parliamentary briefs, short analytical pieces, audio and video commentaries, Twitter feeds, and written responses to government consultations and parliamentary select committee inquiries, as well as press, TV and radio contributions. It has an experienced and substantive communications team; the previous chief executive had been the BBC's chief health correspondent. The King's Fund is active in its use of interactive knowledge-sharing mechanisms, including traditional open seminars and presentations, as well as breakfast and evening meetings bringing together policy-makers, practitioners and researchers. Some are invitation-only events and operate under the Chatham House Rule to protect confidentiality. In addition, so-called leadership events are targeted specifically at senior personnel

within the health and social care system. Politically neutral, The King's Fund explicitly aims to engage regularly with policy-makers from all three major political parties and hosts events at the annual national political party conferences.

PSSRU

This university-based research unit is engaged in health and social care systems research with a focus on social and long-term care and on services for people with mental health needs. PSSRU was established at the University of Kent in 1974 and today has branches at the London School of Economics and Political Science (LSE) and the University of Manchester. The unit conducts a range of primary research and economic modelling and is partially supported by long-term grant funding from the Department of Health to provide policy-relevant research, including funding for rapid-response actions to meet policy-makers' requests. Systematic reviews have not been a prominent feature of its work. A main activity has been interaction with policy-makers at both national and local levels, and to a lesser extent across relevant sectors such as education, housing, and criminal justice.

PSSRU also engages with policy-makers at an international level (EU and beyond), particularly in the area of international mental health policy; although not as frequent, these activities are still a significant part of its work. PSSRU has benefited from well-established links and frequent informal contacts with senior civil servants and other policy-makers. Historically, these links and contacts have meant that there has been less of a demand to focus on tailoring information-packaging approaches to reach policy-making audiences, as PSSRU has always had ample opportunities to discuss detailed technical reports with policy-makers on an informal face-to-face basis. The organization is also active in face-to-face discussions and workshops, and collaborates actively with other knowledge-brokering organizations, including the Centre for Mental Health, Joseph Rowntree Foundation, The King's Fund, and NHS Confederation.

Case studies of intersections with policy-making processes

We provide two examples of how knowledge-brokering organizations have intersected with the policy-making process in England: in framing models for funding long-term health and social care for older people, and in the development of an evidence-informed national mental health strategy. The case studies are based on interviews with a small number of individuals working in research and policy-making, and we also draw from our analysis of relevant documentation and media coverage.

Case study 1. Framing policy options for the future funding of long-term care

Context and background

For more than a decade, policy-makers have struggled to reform the funding of long-term care in a way that would be acceptable to the general public, feasible to implement and financially sustainable. In England, public funding for long-term (non-medical) care services is means-tested: individuals with assets above £23 250 are not entitled to any financial assistance. Nonetheless, a shortfall of £6 billion in government funding for long-term care is projected by 2026 (HM Government, 2008). Drawing on the BRIDGE framework and criteria for knowledge brokering (see Chapter 2), we looked at the role played by knowledge-brokering organizations, most notably The King's Fund and PSSRU, in packaging and sharing information with policy-makers on alternative potential options for long-term care funding. The case study illustrates that efforts to engage with policy-makers may need to be sustained over a considerable period of time to reflect changes in the political landscape and economic pressures.

Preparing the report: Securing good care for older people (2005–2006)

In 2002 a health policy review, *Securing our future health*, led by Derek Wanless and published by the Treasury (the British finance ministry), was influential in making a case for increased future health-care spending (Wanless, 2002). The report recommended a similar examination of long-term care funding, but no government review was commissioned. The King's Fund, which is able to draw on legacy income to support policy initiatives, was in a position to commission an independent review, and approached Derek Wanless to chair it. To involve established experts on long-term care financing, The King's Fund paid for a twelve-month secondment of two experts from PSSRU: José-Luis Fernández and Julien Forder.

The subsequent report, *Securing good care for older people* (Wanless et al., 2006), presented a number of policy options and concluded that a partnership model of funding, with contributions from the state and individuals, would be the fairest and most cost-effective option. Like many King's Fund information products, it was packaged using a graded-entry format and minimal technical jargon. Other information-packaging mechanisms were used to help maximize visibility of the report's core messages, including briefing documents that targeted policy-makers and parliamentarians as key audiences.

Interactive knowledge-sharing mechanisms also played an important role. Informal and formal consultations, breakfast meetings and briefings were held with civil servants; politicians of different parties; and other key stakeholders, including groups representing older people, insurers and service providers.

Knowledge sharing was an iterative process: some meetings were set by The King's Fund, while others were in response to requests from policy-makers and political parties.

Creating impact for the report (2006)

The organizational structure of The King's Fund, with its emphasis on communication and media capabilities, was identified in interviews as helping to enhance the impact of *Securing good care for older people*. For example, a well-publicized launch event benefited from The King's Fund's good links with key print media journalists. Also instrumental were the King's Fund's ongoing relationships with national and local politicians, civil servants, and service commissioners and providers. The report was welcomed by different stakeholders from both research and policy perspectives. Age Concern, at the time the major NGO representing older people, considered it to be "groundbreaking," while the Association of Directors of Adult Social Services (the people responsible at the local level for managing social and long-term care) referred to the partnership funding model as "an elegant solution" to long-term care funding. Winner of the 2007 prize for best think-tank report, the publication was a catalyst for the Department of Health to conduct its own review, with then Health Minister Liam Byrne citing the report as a reason for a "once-in-a-decade chance to undertake a fundamental review of social care costs" (The King's Fund, 2007).

Timing was also important. Other organizations were reaching similar conclusions. For instance, one major NGO (the Joseph Rowntree Foundation) commissioned research from several university groups, including PSSRU. The Foundation published a briefing paper for policy-makers and a cost analysis of five different policy options (Hirsch, 2006b; Hirsch, 2006a); other papers highlighted international approaches to long-term care funding (Glendinning et al., 2004; Johnstone, 2005).

Building on the report (2007)

The Treasury decided to look at long-term care funding as part of the government's comprehensive spending review (CSR) in 2007. The links that knowledge brokering had forged with civil servants and politicians during the preparation of The King's Fund report led to two of the authors – Fernández and Forder, both from PSSRU – being seconded to the Treasury to work on the CSR. This development illustrates how external, non-political experts have multiple opportunities to engage with high-level policy-makers in England. When published, the CSR contained a commitment to bring forward proposals for the reform of long-term care and explicitly acknowledged work from key knowledge-brokering organizations: "recent reports from Derek Wanless for

The King's Fund, the Joseph Rowntree Foundation and others have made important contributions to the growing debate around the need for change to the care and support system for older people" (HM Treasury, 2007b).

Consulting with the public and developing legislation (2008–2010)

Following the CSR conclusions, it was at a King's Fund breakfast meeting involving policy-makers, service providers and researchers that the Prime Minister, Gordon Brown, chose to launch a debate on the future funding of care and support (The King's Fund, 2008). This reflects the perception of The King's Fund as an honest broker for health policy issues. The King's Fund also sought to stimulate public debate through a coalition called Caring Choices, in which 15 stakeholder organizations collaborated to raise awareness and conduct public consultation on funding options for long-term care.

Representatives of the target policy-making audience were also involved in the generation of further research evidence. An economist from the Department of Health was seconded to PSSRU to collaborate on an analysis of the longitudinal and distributional implications of alternative long-term care funding arrangements (Forder & Fernandez, 2009). This work was timed to be available to be cited in the government's consultative green paper on long-term care funding options (HM Government, 2009a) and subsequent parliamentary debates and reports, although it used technical language and lacked a graded-entry format. An inquiry on social care by the Parliamentary Health Select Committee in 2010 noted that "underpinning the Green Paper is analysis by [PSSRU's] Forder and Fernández (2009) which is referred to in the Green Paper itself and in the Regulatory Impact Assessment" (House of Commons Health Committee, 2010). Fernández also acted as a principal adviser to this committee, with other experts from PSSRU and The King's Fund submitting oral evidence. Another example of how The King's Fund targeted policy information for key stakeholders was its publication of a short parliamentary briefing paper on the options contained in the green paper (The King's Fund, 2009a).

The King's Fund and PSSRU also collaborated further on an update of the 2006 Wanless report, *Securing good care for more people: options for reform* (Humphries, Forder & Fernández, 2010). The lead author had previously been a senior civil servant at the Department of Health: first as director of the Health and Social Care Change Agent Team and then as chief executive of the Care Services Improvement Partnership. The new publication, with a graded-entry format (unlike *Securing our future health*), was timed to influence the development of the government's proposals for reform and, indeed, it was cited in the white paper setting out plans for a national care service (HM Government, 2010a).

Funding long-term care under a coalition government (May 2010 onwards)

The proposed model for a national care service contained many of the elements recommended by The King's Fund/PSSRU collaboration, but a change of government prevented the plan from being implemented. Instead the government set up a new independent Commission on Funding of Care Support. PSSRU's visibility and good links with policy-makers meant that it was again commissioned to provide expert policy advice and economic analysis to the Commission, while The King's Fund prepared briefing materials and organized debates to feed into the Commission process, thereby continuing both organizations' long-term commitments to supporting evidence-informed policy-making on this issue.

Postscript

A new white paper on long-term care funding published in July 2012 again cited much of the past work from PSSRU and The King's Fund (HM Government, 2012). And in January 2013 the government announced the introduction of a new partnership model of long-term care funding in line with past recommendations of the Commission and past King's Fund/PSSRU research (Department of Health, 2013).

Case study 2. Informing the development of a comprehensive mental health policy for England

Context and background

This case study focuses on the role of economic information in the development of a new mental health policy in England to replace the 1999 national service framework (NSF) for mental health (Department of Health, 1999). We looked at the role played by different knowledge-brokering organizations, most notably PSSRU. Drawing on the BRIDGE framework and criteria for knowledge brokering (see Chapter 2), the case study illustrates that regular opportunities to interact with policy-makers both formally and informally can be effective in facilitating their use of health systems information.

It is important to note that the original NSF had helped to create the conditions for research to play a greater role in informing future policy-making. As part of the NSF, a national director for mental health research and development was created to head a new research hub – the National Institute for Mental Health in England (NIMHE). This organization was intended to drive improvements in both the quality of research commissioned and its relevance to national mental health priorities (Clark & Chilvers, 2005). The organization and its functions continued – albeit under different names (Care Services Improvement Partnership; National Mental Health Development Unit) – for the rest of the decade.

NIMHE and its successor organizations strengthened opportunities for engagement with the research community, including secondments of researchers to government. These organizations also fostered dialogue between researchers, policy-makers and practitioners, bringing key individuals together for one-day meetings and thereby stimulating informal face-to-face discussions on policy options. One focus for such dialogue was the economic analysis of mental health, a domain in which significant research effort was concentrated in a small number of London-based university groups, including PSSRU and the closely affiliated Centre for the Economics of Mental Health (now renamed the Centre for the Economics of Mental and Physical Health – CEMPH) at the Institute of Psychiatry. These groups had previously tended to focus on academic-style information-packaging formats, so the face-to-face dialogue with policy-focused users of their information was an important development. Another influential knowledge-brokering organization focusing on the economics of mental health also became involved: the Centre for Mental Health, a not-for-profit research organization also based in London. Because its funding comes largely from one benefactor, it did not face any pressure to publish in journals and instead focused more on innovative knowledge-brokering mechanisms tailored for policy-makers. The centre produced a range of free reports and briefing papers setting out policy options, and also sponsored public presentations and invitation-only events.

Importance of the value-for-money argument in New horizons (2009)

Extensive consultation with stakeholders is a key feature in the development of most policy documents in England. In the case of preparing the ground for *New horizons* (the Labour government's new mental health policy), a series of discussion and debate events were held around the country, including seven focus groups and consultations with the research community. Written responses were also invited. These consultations highlighted a need for more concrete evidence on the cost effectiveness of potential actions (The King's Fund, 2009b).

This increased awareness of economic arguments might also have been influenced by successful efforts to improve access to psychological therapies. For example, the Centre for Economic Performance at the LSE had produced *The depression report: a new deal for depression and anxiety disorders*, which indicated that the costs of investing in psychological therapies could be offset by avoided costs of depression (Centre for Economic Performance Mental Health Policy Group, 2006). Publication of the report as a free supplement in a national Sunday newspaper – *The Observer* – meant that it reached many policy-makers and stakeholders. It was accompanied by a lead editorial in the paper, which stated that: “there may not be many policies that deliver happiness for all, but

there are some that alleviate misery for many. This report identifies one such policy. The government must act on it” (The Observer, 2006). The impact of this report was undoubtedly strengthened by the profile of its main author – Lord Richard Layard had previously advised the Prime Minister’s Strategy Unit on mental health and, as a peer in the House of Lords, was able to speak on the subject in parliamentary debates. The economic evidence in the report and Layard’s good links to government were critical in the government piloting increased access to psychological therapies.

The King’s Fund also collaborated with PSSRU to highlight the costs of poor mental health as a timely contribution to the public debate on a new mental health policy. Their report, *Paying the price* (McCrone et al., 2008) benefited from considerable attention in the national media on its launch.⁴ One civil servant we interviewed stated, “Everybody knew about *Paying the price* – even if they didn’t read it, they knew the headlines.” This report was also referred to on several occasions in parliamentary debates and in ministers’ written answers.⁵ Other activities by The King’s Fund, such as off-the-record seminars and dinners, provided space for key individuals to discuss mental health issues informally and make connections from different perspectives. Elsewhere, PSSRU and the Mental Health Network of the NHS Confederation collaborated to run seminars and produced a briefing paper to highlight the importance of obtaining value for money in relation to mental health policy (Royal College of Psychiatrists, 2009).

Evidence on the benefits of early treatment of psychosis also appears to have been influential in raising the demand for economic information (Clark, 2008). PSSRU and the CEMPH produced a series of academic reports and journal articles suggesting that early intervention was highly cost effective (McCrone, Craig et al., 2010; Valmaggia et al., 2009; McCrone, Park & Knapp, 2010; McCrone, Knapp & Dhanasiri, 2009). The results of this work were presented to the Department of Health in informal meetings on several occasions. Subsequently, in the lead-up to the publication of *New horizons*, this economic information on early intervention was cited by the National Director for Mental Health as the “jewel in the crown of the NHS mental health reform because firstly service users like it, secondly people get better and thirdly it saves money” (LSE Enterprise, 2010). When *New horizons* was eventually published, it drew on this growing evidence base in health economics and highlighted several areas where promising evidence of value for money could be found (HM Government, 2009b).

⁴ For example – Mental health bill “will spiral.” BBC News Channel [website]. 27 May 2008 (<http://news.bbc.co.uk/1/hi/health/7422354.stm>, accessed 26 March 2014).

⁵ Members of Parliament often request written answers from the government to obtain detailed information about policies and activities.

Economics at the centre of policy: No health without mental health (2011)

As in our first case study, a change of government again intervened. Within nine months of taking office in May 2010, the coalition government published its own mental health policy, *No health without mental health* (Department of Health, 2011a), to supersede *New horizons*. There was little formal external consultation as much of the evidence base had been collected for *New horizons*; moreover, most civil servants involved in developing the new policy had also worked on the previous one. Additional evidence came from a new, detailed literature review undertaken internally. Drawing on data from systematic reviews by the Cochrane Collaboration and others, that review strengthened the case for more focus on promotion of mental health and prevention of mental disorders (HM Government, 2010b).

However, *New horizons* was found to be poor on implementation. Greater detail on the economic case for action would be needed to justify more investment in promotion and prevention, given an economic climate in which the NHS was seeking £20 billion in efficiency savings over four years (McDaid & Knapp, 2010; Royal College of Psychiatrists, 2009). The visibility of existing value-for-money arguments in *New horizons*, building on the early intervention for psychosis work, also helped to increase demand within government for information on the broader economic case for promotion and prevention. The previous government had invited PSSRU, in conjunction with CEMPH and the Centre for Mental Health, to prepare a report on the economic case for mental health promotion and prevention of mental disorders. This work continued for the new government. The analysis was informed by previously published systematic reviews and was communicated through extensive, iterative, confidential dialogue, as well as presentation of preliminary results to civil servants, from both the Department of Health and other relevant government departments.

The resulting 47-page report, published by PSSRU, consisted of a summary plus two-page briefings on each of the economic models constructed for 15 different interventions, as well as a table showing return on investment to health and other sectors. It was cited 12 times in the government's economic impact analysis of *No health without mental health* (Department of Health, 2011b), and the final PSSRU report was also published by the Department of Health (Knapp et al., 2011). Furthermore, the PSSRU report was mentioned in a parliamentary written answer by the minister responsible for mental health: Paul Burstow (Burstow, 2011). He was also quoted at the release of the report, saying that it "makes a powerful economic case for that investment [in mental health] ... [Service commissioners] should take a careful look at this study and use it to commission better mental health services" (Centre for

Mental Health, 2011). Based on the positive returns on investment projected in the economic analysis, the government announced further expanded investment in psychological therapies, citing the report to justify the greater focus on promotion of mental health and well-being in the government's new mental health strategy, as well as in the development of a new national suicide prevention strategy.

Lessons learned

Importance of face-to-face discussions backed by peer-reviewed evidence

The two case studies examined here suggest that some types of knowledge-brokering mechanisms are important in supporting evidence-informed policy-making in England. The English context provides a number of different environments for face-to-face discussions among politicians, senior civil servants, researchers and other stakeholders. There are also opportunities for researchers and policy-makers to build personal relationships, especially for those based in or around London. Closed deliberations fostering lengthy and frank discussion can be particularly influential. While information-packaging mechanisms are important in helping to convey information in a format appropriate and accessible to a policy-making audience, their influence appears to be outweighed, initially at least, by the immediate impact of presentations, conferences and informal discussions. In addition, we were told that senior civil servants, many of whom have an academic background, sometimes extract the main messages of academic reports for ministerial briefings.

On the other hand, interviews with policy-makers indicated that strong presentations had, in some cases, led to the implementation of actions despite a poor evidence base. Although government may convene or support events to increase awareness of the available research evidence – as happened around the publication of the *Magenta book* by the Treasury (HM Treasury, 2007a) – many career civil servants have limited ability to assess the quality of research or interpret findings. One individual said that they may have a basic knowledge of the hierarchy of evidence, but little beyond that. These limitations have, in turn, increased the importance to policy-makers of being able to refer not only to short, ad hoc evidence-informed documents, but also ideally to peer-reviewed journal articles containing the research findings. Policy-makers place significant emphasis on links with peer-reviewed documents – the lack of peer review reduces the chances they will use research findings. However, endorsement by an independent academic or stakeholder advisory group is an alternative approach that has been used to lend credibility to a report's findings.

Importance of a professional, non-political civil service

The professional, non-political nature of England's civil service allows for continuity in connections between knowledge brokers and policy-makers across changes in government. This continuity can be seen in the case of mental health policy after the change in government in 2010. Similarly, despite a pause in the reform of funding for long-term care, knowledge brokers at the forefront of initiatives to inform policy-making during the Labour government continue to be involved in the most recent commission on the issue. In an English context, this continuity is aided by the links that knowledge brokers try to maintain with all major political parties through formal and informal face-to-face briefing events, parliamentary briefings, seminars, and events held during party conferences.

Increasingly crowded policy landscape coupled with the continued rise of think tanks

While policy-makers told us they value face-to-face discussions backed by peer-reviewed research, some researchers felt that it was becoming increasingly difficult for them to interact with policy-makers. The knowledge-production capacity and policy landscapes in which researchers operate are both becoming more crowded. One individual stated that the relationship with government, while still good, was not as close as it had been 20 or 30 years earlier, with civil servants and politicians now interacting with a much greater number of individuals and organizations. "Then it would have been possible to have a chat with the Department of Health head of policy, but the relationships are different now: we know them, we talk to them, but it is a different sort of relationship." There was acknowledgement, however, that "internationally the position of a researcher here is much better than in any other country that I know." Even though the landscape is more crowded, policy-makers appear to have very limited contact with knowledge brokers from outside the United Kingdom, although evidence from international studies is cited.

Another informant working in a knowledge-brokering organization felt that university-based researchers are much further down the influence chain today compared to other groups. As noted, many senior civil servants are themselves researchers. In addition, think tanks and NGOs that seek to influence the policy-making process are not burdened by the need to produce academic outputs or engage in teaching. They are more likely to be able to respond quickly to issues, and their whole reason for being is to continuously foster good links with government. Where they lack specific expertise, think tanks often collaborate with academics, as well as individuals with a recent history of working in a relevant national or local policy-making context.

Limited attention paid to information packaging by university-based knowledge brokers

Many university-based knowledge brokers who have good links with policy-makers – for instance, due to long-standing contracts with central government – may traditionally have invested little in information-packaging mechanisms beyond traditional lengthy reports. This is now beginning to change with the increasing recognition of the importance of accessible, targeted information to support the policy-making process. For example, the new national system for assessing the quality of research at United Kingdom universities will include an analysis of policy impact (HEFCE, 2011).

Innovation led by non-university-based knowledge brokers

Most innovation in information packaging and interactive knowledge sharing appears to be undertaken by non-university-based research organizations and think tanks, which have to operate in a time-critical fashion to maximize their policy relevance. It is perhaps not a coincidence that innovation is also seen in organizations with significant capacity for public relations and media engagement, as the media in England can be very influential. Academic research units in England simply do not have access to the same level of communication resources and media expertise, but they may collaborate with think tanks that have these specialist skills to increase the influence of their work. Our case study on long-term care is a good example of this, with The King's Fund being able to facilitate substantive discussions with a range of stakeholders and policy-makers in a very timely fashion. This also opened up future opportunities for PSSRU academics to link into the policy-making process.

Still-limited use of systematic reviews for evidence-informed policy-making

Use of systematic reviews to inform policy decisions is not yet as common as might be expected. Most of the organizations we examined do not conduct or search for systematic reviews as standard practice to inform their work. Literature reviews are undertaken, but the methods are rarely reported. The systematic reviews that are undertaken are typically demand driven; for example the NIHR has commissioned systematic reviews through its former SDO Programme. To some extent, this lack of emphasis on conducting or commissioning systematic reviews might be explained by the short time periods in which policy decisions are made. Our case study on mental health policy clearly illustrated that governments must often take a pragmatic approach to evidence-informed policy-making, making use of the best available research evidence rather than the best possible evidence.

Culture of evaluation

England has experienced significant investment in capacity to undertake primary evaluation over the last 20 years and, regardless of who is in government, there is a culture of seeking to use evidence to inform policy-making. As one contributor stated, England has “a tradition of evaluation and piloting that doesn’t go on in other countries. It shows a willingness to listen – all political parties work on the same basis – let’s see what works – with twists ... [This] is not found elsewhere, e.g. Italy and Spain where the systems are much more political or even in France where they are only now opening up to international evidence.”

Conclusions

Experience with knowledge brokering in England demonstrates that it is possible to add value within crowded policy landscapes and short policy cycles. The frequent opportunities for face-to-face, often informal and/or confidential discussions, supported by peer-reviewed research evidence, are key factors in this process. These factors are aided by continuity in the policy landscape provided by a non-political and relatively stable professional civil service. However, as the number of knowledge-brokering organizations continues to grow – and think tanks (who may not use peer-reviewed research evidence) gain greater prominence – it will be ever more important for universities, as traditional purveyors of health and social care systems information, to become much more innovative in how they package information and how they share that knowledge interactively with policy stakeholders. In doing so, there is much that academic research groups can learn about communication and engagement from the diverse field of knowledge brokers operating in England.

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