



# CAN PUBLIC HEALTH TEAMS WORK CONFIDENTLY WITH COMMERCIAL PARTNERS? A CASE STUDY USING COMMERCIAL RESOURCES FOR LOCAL AMPLIFICATION OF A NATIONAL CAMPAIGN.

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## INTRODUCTION

Cuts to public health funding across England have created a climate of financial stress. As local authority public health teams face the challenge of improving health outcomes with reducing budgets, the opportunity to form partnerships with the private sector has arisen. Recently, some high-profile cases of public health organisations working with commercial partners have drawn criticism<sup>i</sup>. Depending on the approach, there are potential opportunities and risks to such partnerships. Learning from this case study contributes to an evidence base around which to structure future public-private interactions.

## AIM

To describe the challenges and successes of a collaboration between a local authority public health team and an independent organisation funded by commercial partners, contribute to the evidence base around public-private partnerships in public health, and encourage the development of local and national policies to support public health teams as they negotiate public-private partnerships in future.

## METHODS

Lambeth Public Health worked with an independent not-for-profit organisation to amplify a national campaign, funded by commercial organisations, encouraging children to eat more vegetables. This campaign formed one element of Lambeth's work to reduce childhood obesity in our borough. Local amplification activities included:

- Marketing initiatives, including campaign posters
- School-based activities, including a children's poster competition
- Cooking classes for local children, focussing on the preparation and cooking of healthy, vegetable-based meals
- A family event, with vegetable-tasting and interactive activities

Following the campaign, a team debrief was held during which the challenges and successes of the campaign were discussed. The partnership with an independent organisation was thought to have made a significant impact on campaign outcomes, but no local or national policies were identified for structuring these relationships.

## RESULTS

In this instance, partnering with an independent organisation meant there was not direct collaboration between public health and commercial organisations. Although this provided a buffer, the team was exposed to issues of working with industry, including:

- Differing organisational cultures
- Differing organisational priorities
- Imbalances in relative capacity and resources
- Divergent timelines

These issues placed pressure on public health team resources by having to rely on external processes and timescales, meaning the team could not always plan, and often had to be extremely responsive to changing situations and issues. The ability for the team to use the messages locally in different ways was also controlled due to copyright.

On the other hand, this partnership allowed the public health team and the local community to benefit from additional resources and expertise:

- Activity budgets were increased owing to financial contributions
- Marketing and publicity knowledge and capacity was provided
- Event planning support and creative input was gained
- A national campaign framework and materials provided a foundation for local activities

Throughout the process, public health benefitted from within-team discussion and reflection on the collaboration process, a deep understanding of the local community, and a clear, pre-defined stance on messaging surrounding healthy eating. The team would have benefitted further from a pre-existing policy or framework around which to structure collaboration with commercial partners, and guidelines outlining how public-private partnerships may be used to achieve improved health outcomes.



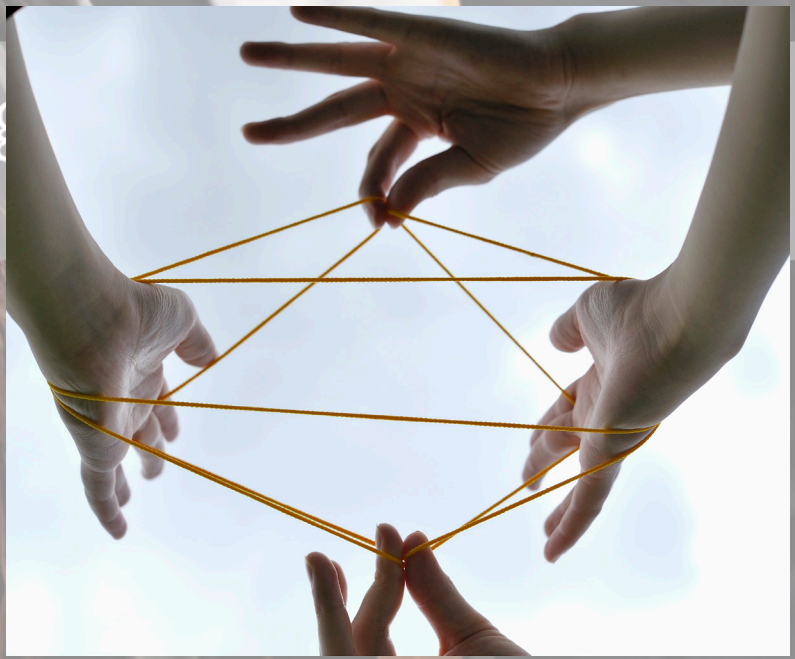
## SUMMARY / CONCLUSION

Collaboration between local public health teams and commercial partners should be supported by clear frameworks. While the WHO issues guidance on public-private partnerships<sup>ii</sup>, no such policies exist nationally. Establishing national guidelines to govern relationships between public health and commercial partners would be beneficial to local teams, allowing them to act with greater confidence. Further work is needed to evaluate the effectiveness of public-private partnerships in achieving improved health outcomes, and to determine the format these partnerships should take.

## REFERENCES

<sup>i</sup> Petticrew, M., McKee, M. and Marteau, T. (2018). Partnerships with the alcohol industry at the expense of public health. *The Lancet*, 392(10152), pp.992-993.

<sup>ii</sup> Buse, K. and Amalia, W. (2001). Public-Private Health Partnerships: A Strategy for WHO. *Bulletin of the World Health Organization*, 79(8). [https://www.who.int/bulletin/archives/79\(8\)748.pdf](https://www.who.int/bulletin/archives/79(8)748.pdf)



The authors would like to acknowledge the contribution of the wider Lambeth Public Health Team and Veg Power.