PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	What are the elements of a whole system approach to community-centred public health?: a qualitative study with public health leaders in England's local authority areas.
AUTHORS	Stansfield, J; South, Jane; Mapplethorpe, Tom

VERSION 1 – REVIEW

REVIEWER	Nerida Hyett La Trobe University, Australia
REVIEW RETURNED	02-Jan-2020

GENERAL COMMENTS	Thank you for the opportunity to review this manuscript. I would like to propose the following revisions that I think will strengthen and improve the paper. Abstract: Some further detail would improve completeness of the Design section e.g. study methodology, more detail of context (avoid acronyms), and participant numbers. A 'desk top review of literature' needs further refinement to better communicate this review type. Consider using 'rapid review' or another commonly used term to define your review type that is more easily understood by an international audience. Introduction: The study objective and context is very clear in paragraph 1, however paragraph 2 and 3 need further refinement and strengthening to better communicate your study rationale, background literature and the knowledge gap that you are addressing. Arguments presented in paragraph 2 and 3 could be strengthened with higher quality references (e.g. reference 4 is a new article and 13 is a blog) and more refined arguments. These are quite broad and reaching with limited international relevance. There is a long quote in paragraph 3 that could be paraphrased further. The study aims are focused on 'community-centred public health', could you define this concept? (extending on your definition of community-centred approaches in general) The study aims to identify elements for scaling practice, could you introduce issues relating to scale in the introduction? Methods: Study methodology and literature review method needs clearer definition. The paper is presented like a case study because it is focused on investigation of a particular context, however no methodology is stated. This is needed to understand the study methods and procedures. Qualitative description is adequate if no other qualitative research traditions were used to inform the study design. The paradigm appears to be pragmatism.

	There are acronyms and program names that are difficult to decipher. Please make this clearer for an international audience and remove all acronyms except for PHE (which is clear and consistent). I haven't received a copy of the survey questions as per reference on page 9, line 40. Analysis: The selected papers for the literature review should be referenced, this could be done using a table. This is needed to see how the findings in Table 1 have been informed by the literature. There is a reference to publication of the survey findings (page 10, line 46), but this is a conference paper and I can't find this publication online. Findings: I wondered if the themes could be re-ordered to 1. Involving communities, 2. Strengthening capacity and capability, 3. Scaling practice and 4. Sustaining outcomes. I wondered if website links could be added to Table 2 for reader reference. Discussion: The limitations identified on page 19 line 28 could include comment on transferability. The study findings specifically relate to the England context and differences across systems and contexts need to be considered when translating findings in other settings and countries. References: Reference 4 should say 'widens' not 'worsens' in article title. Reference 32 and 43 are the same

REVIEWER	Jennie Popay Distinguished Professor of Sociology and Public Health Division of Health Research Lancaster University Lancaster LA1 4YG United Kingdom I am involved in research evaluating community approaches in public health but have no competing interests with the authors of this paper or the content
REVIEW RETURNED	27-Feb-2020

GENERAL COMMENTS	This paper is reporting on an interesting albeit small scale exploratory study of professional public health stakeholders perspectives on the key components of what the authors refer to as "whole system community centred approaches'. I know and admire the authors work and their championing of community centred approaches in PH. However, whilst I found the findings the authors had produced from this interview and consensus-based work thought provoking I also have significant concerns about what is missing from the paper as it stands: 1. The authors make clear that the perspectives they are working with are those of 'public health professionals/leaders in areas which they define as already active in whole system community centred approaches to improving population health and reducing health inequalities. What is not made explicit is that much of this work is underway in neighbourhoods in which residents (the 'communities') are bearing the brunt of growing socio-economic inequalities. This focus on 'disadvantaged places' and the people who live there is central to our understanding of these 'new' approaches in PH, which are still dominated by lifestyle-oriented

	mindsets/activities (e.g. social prescribing and 'wellness' services) and their potential impacts. Today (as has been the case historically) the 'turn' to community in public health and other policy arenas, has taken place alongside a major reduction in public investment in the universal services that have in the past actually delivered real gains in social and health equity. The authors reference some literature that suggests that these community centred PH approaches have had positive benefits but these approaches have not reversed the widening health inequalities documented in the most recent Marmot review (published as I write) and the authors should at least acknowledge the limited but important research that suggests that these approaches can do significant damage in communities most severely affected by austerity e.g. Friedli, L. (2013) 'What we've tried, hasn't worked': the politics of assets based public health; Critical Public Health, 23:2; pp131-145; Jason A. Douglas, Cheryl T. Grills, Sandra Villanueva, and Andrew M. Subica (2016) Empowerment Praxis: Community Organizing to Redress Systemic Health Disparities, Am J Community Psychol; 58:488–498 DOI 10.1002/ajcp.12101; Lawson, L. and Kearns, A. (2014) Rethinking the purpose of community empowerment in neighbourhood regeneration: the need for policy clarity. Local Economy, 29, pp.65-81; Newman, J. and Clarke, J. (2016) The politics of deploying community. In Meade, R., Shaw, M. and Banks, S. (eds) Politics, Power and Community Development. Policy Press, Bristol, pp. 31-47; Rolfe, S., (2018) Governance and governmentality in community participation: the shifting sands of power, responsibility and risk. Social Policy and Society, 17, pp.579-598. 2. In my experience many contemporary community approaches in public health continue to prioritise lifestyle and 'relationship focused activities. Even the most upstream focused are limited by the context on local neighbourhoods given that the roots of the social conditions that are damaging residents' health are not amendable to local action. I would have liked to have seen more discussion of how the upstream social and commercial determinants of health inequalities highlighted in Marmots most recent report are addressed through the: "community level determinants that can be addressed locally' [line 52] and "the psychosocial factors and pathways that link wider conditions with health behaviours and outcomes that exist at the community level" [line 47]. 3. Given the focus on (and the authors' clear passion for) 'community centred public health" it was surprising and disappointing that the work reported lacked a substantive 'community' perspective. I note that there was a survey of PHE's people panel but the details of who these people are, what questions were asked and how the findings were integrated into the work reported here are not provided. More importantly, however, given the 'value' attaching in the paper to community centredness it would be difficult to justify the perspectives of this PHE 'friendly' sample as reflecting that of the types of communities these initiatives are engaging with and why were there no 'community voices' in the consensus workshop? The authors argue that what is now needed is interviews with professional leaders in other areas/sphere – arguably it would be more important to take these findings to the communities that are to be 'in the centre' of these initiatives.

	4. It is possible that genuine involvement of communities in the identification of key values, principles and elements of 'whole system community centred' approaches in PH would have challenged some of the language in the paper that risks reinforcing the stigma experienced by low income communities – whilst PH professionals feel that communities experiencing social injustice need to be "built", "strengthened", "connected", "empowered" (all descriptors used in the paper) these views are not always shared by the communities that are the focus of these initiatives. 5. A few more minor points: a. Given that the authors are champions of the approaches they are considering here it would be good if they reflected a little on how this may have impacted on the research they are reporting. b. I may be misunderstanding the diagram/paper but 'Power' and 'Relationships' would not generally be understood to be 'values' c. It would have been useful to have had a table listing the papers included in the review that is cited in several places or if they are included in the references then it would be good if they could be identified.

VERSION 1 – AUTHOR RESPONSE

Comment:	Response:
Please revise the title of your manuscript to state the research question, study design, and setting. This is the preferred format for the journal.	Amended to - What are the elements of a whole-system approach to community-centred public health?: a qualitative study with public health leaders in England's local authority areas.
Abstract: Some further detail would improve completeness of the Design section e.g. study methodology, more detail of context (avoid acronyms), and participant numbers. A 'desk top review of literature' needs further refinement to better communicate this review type. Consider using 'rapid review' or another commonly used term to define your review type that is more easily understood by an international audience. Can do this easily and will check with Anne-Marie	Added: 'A mixed-method qualitative study was undertaken' to abstract and further in methods. Added numbers of participants. Written out acronyms. The type of review is now explained.
Intro - paragraph 2 and 3 need further refinement and strengthening to better communicate your study rationale, background literature and the knowledge gap that you are addressing.	Added 'but community involvement elements are often under-developed or focus on engagement rather than coproduction' to WSA work.

	Added 'PHE's Healthy Communities team is seeking to build on this work, moving beyond commissioning community-centred approaches, to putting communities and community empowerment at the heart of all public health policy and practice and understand how this can be scaled to a level that impacts on health inequalities. last para intro. Lit added (as below)
Arguments presented in paragraph 2 and 3 could be strengthened with higher quality references (e.g. reference 4 is a new article and 13 is a blog) and more refined arguments. These are quite broad and reaching with limited international relevance. There is a long quote in paragraph 3 that could be paraphrased further.	Added references. Changed ref 13. Added to ref 4. Reduced quote
The study aims are focused on 'community-centred public health', could you define this concept? (extending on your definition of community-centred approaches in general)	Added . It sought to build on the elements of community-centred approaches (Box 1) by understanding how the public health system could become more community-centred and enable community connectedness and empowerment to be central to its role and functions. Added Box 1 principles of community-centred approaches
The study aims to identify elements for scaling practice, could you introduce issues relating to scale in the introduction?	reference to scale added in last para of intro. Removed from aims as focus is 'whole system'
Methods: Study methodology and literature review method needs clearer definition. The paper is presented like a case study because it is focused on investigation of a particular context, however no methodology is stated. This is needed to understand the study methods and procedures. Qualitative description is adequate if no other qualitative research traditions were used to inform the study design. The paradigm appears to be pragmatism.	Added to Methods para 1: A mixed method study qualitative design was used in order to explore aspects of public health practice, taking account of different local contexts [25], and to develop pragmatic guidance for local systems (Ritchie). The design was informed by arguments for use of a systems approach to population health [26](Sims) and for application of systems thinking for public health research [17](rutter). This informed the focus at local authority level and the mixed method design drawing in a range of stakeholder perspectives.

	Changed subheading from desk-based to rapid: A rapid review of literature (Thomas) was undertaken to gather published evidence that reported on whole system approaches in order to supplement the primary data.
There are acronyms and program names that are difficult to decipher. Please make this clearer for an international audience and remove all acronyms except for PHE (which is clear and consistent).	Done.
I haven't received a copy of the survey questions as per reference on page 9, line 40.	Added.
Analysis: The selected papers for the literature review should be referenced, this could be done using a table. This is needed to see how the findings in Table 1 have been informed by the literature.	Added table.
There is a reference to publication of the survey findings (page 10, line 46), but this is a conference paper and I can't find this publication online.	Have added link
Findings: I wondered if the themes could be re-ordered to 1. Involving communities, 2. Strengthening capacity and capability, 3. Scaling practice and 4. Sustaining outcomes.	**Done**
I wondered if website links could be added to Table 2 for reader reference.	**Added link to top of table.**
Discussion: The limitations identified on page 19 line 28 could include comment on transferability. The study findings specifically relate to the England context and differences across systems and contexts need to be considered when translating findings in other settings and countries.	Added: and transferability of findings to other sectors. The England context for the research may limit transferability to other countries, although the breadth of international literature may strengthen this.. Many of the results map to themes raised in other whole systems literature. What this study contributes however is an understanding of the range of approaches used by local public health leaders to work with local communities.
Reference 4 should say 'widens' not 'worsens' in article title.	Done

Reference 35 and 46 are the same	Done.
The authors make clear that the perspectives they are working with are those of 'public health professionals/leaders in areas which they define as already active in whole system community centred approaches to improving population health and reducing health inequalities. What is not made explicit is that much of this work is underway in neighbourhoods in which residents (the 'communities') are bearing the brunt of growing socio-economic inequalities. This focus on 'disadvantaged places' and the people who live there is central to our understanding of these 'new' approaches in PH, which are still dominated by lifestyle-oriented mindsets/activities (e.g. social prescribing and 'wellness' services) and their potential impacts.	Added: However, local authority capacity and resources have declined in recent years and deprived communities have borne the brunt of funding cuts and experienced rising need and inequalities [7] In discussion added: The authors note their position in a national government agency limits their scope. The work is with immediate stakeholders rather than local communities and as such the emphasis is on re-orienting 'top-down' ways of working to complement 'bottom-up' community empowerment efforts [44]. The context of wider national government approaches on social conditions, such as austerity measures, may overshadow other efforts.
Today (as has been the case historically) the 'turn' to community in public health and other policy arenas, has taken place alongside a major reduction in public investment in the universal services that have in the past actually delivered real gains in social and health equity. The authors reference some literature that suggests that these community centred PH approaches have had positive benefits but these approaches have not reversed the widening health inequalities documented in the most recent Marmot review (published as I write) and the authors should at least acknowledge the limited but important research that suggests that these approaches can do significant damage in communities most severely affected by austerity e.g. Friedli, L. (2013) 'What we've tried, hasn't worked': the politics of assets based public health; Critical Public Health, 23:2; pp131-145; Jason A. Douglas, Cheryl T. Grills, Sandra Villanueva, and Andrew M. Subica (2016) Empowerment Praxis: Community Organizing to Redress Systemic Health Disparities, Am J Community Psychol; 58:488–498 DOI 10.1002/ajcp.12101; Lawson, L. and Kearns, A. (2014) Rethinking the purpose of community empowerment in neighbourhood regeneration: the need for policy clarity. Local Economy, 29,	Added: Indeed, such approaches also have potential to further alienate or damage communities if reducing and challenging inequalities is not central to the approach or they ignore systemic inequities [12].(Friedli) (Rolfe) (Douglas et al). This topic is beyond the scope of this study; however, it is an important point and we have added this to the limitations, along with the response above about the position of the researchers. Added to discussion: "Further research is needed to understand the impacts and limits that a community-centred public health system has on health inequalities within a wider socioeconomic context£.

pp.65-81; Newman, J. and Clarke, J. (2016) The politics of deploying community. In Meade, R., Shaw, M. and Banks, S. (eds) Politics, Power and Community Development. Policy Press, Bristol, pp. 31-47; Rolfe, S., (2018) Governance and governmentality in community participation: the shifting sands of power, responsibility and risk. Social Policy and Society, 17, pp.579-598.	
In my experience many contemporary community approaches in public health continue to prioritise lifestyle and 'relationship focused activities. Even the most upstream focused are limited by the context on local neighbourhoods given that the roots of the social conditions that are damaging residents' health are not amendable to local action. I would have liked to have seen more discussion of how the upstream social and commercial determinants of health inequalities highlighted in Marmots most recent report are addressed through the: "community level determinants that can be addressed locally' [line 52] and "the psychosocial factors and pathways that link wider conditions with health behaviours and outcomes that exist at the community level" [line 47].	Added , such as stress, resilience, control, exclusion line 47. Added such as social connectedness, sense of belonging, participation in decision-making [1, 10] line 52 The work on community-centred approaches is located within a social determinants framework. This has been made clearer in the introduction and the discussion. The UK examples presented and the international literature both support this. Added to intro and discussion.
Given the focus on (and the authors' clear passion for) 'community centred public health" it was surprising and disappointing that the work reported lacked a substantive 'community' perspective. I note that there was a survey of PHE's people panel but the details of who these people are, what questions were asked and how the findings were integrated into the work reported here are not provided.	Added Table of demographic details of participants and supplementary file of questions. Analysis para 4. The People's Panel results were a rich source of data. We are not able to report these findings in detail here due to the breadth themes covered. A linked paper is being

	prepared. We do now explain how findings were used to enhance the framework.
More importantly, however, given the 'value' attaching in the paper to community centredness it would be difficult to justify the perspectives of this PHE 'friendly' sample as reflecting that of the types of communities these initiatives are engaging with and why were there no 'community voices' in the consensus workshop?	Added VCS to workshop Added as limitation. Added as next steps.(see below Added to methods that it is randomised household survey but to discussion that: The inclusion of public voice via the PHE people's panel may also present selection bias and there is scope for further in-depth research with communities experiencing disadvantage, as this may yield different perspectives.
The authors argue that what is now needed is interviews with professional leaders in other areas/sphere – arguably it would be more important to take these findings to the communities that are to be 'in the centre' of these initiatives.	Added: The inclusion of community voice was limited to the people's panel and representatives of the VCS sector. The next stage of the work involves testing the findings with local sites, including community members. Also added to abstract limitations.
It is possible that genuine involvement of communities in the identification of key values, principles and elements of 'whole system community centred' approaches in PH would have challenged some of the language in the paper that risks reinforcing the stigma experienced by low income communities – whilst PH professionals feel that communities experiencing social injustice need to be "built", "strengthened", "connected", "empowered" (all descriptors used in the paper) these views are not always shared by the communities that are the focus of these initiatives.	Added to above - Appraisal of the perspectives, values, principles and language adopted will strengthen the findings and its transferability.
Given that the authors are champions of the approaches they are considering here it would be good if they reflected a little on how this may have impacted on the research they are reporting.	Added The authors note their position in a national government agency limits their scope. The work is with immediate stakeholders rather than local communities and as such the emphasis is on re-orienting 'top-down' ways of working to complement 'bottom-up' community empowerment efforts [44]. The context of wider national government approaches on social conditions, such as austerity measures, may overshadow other efforts. Further research is needed to understand the impacts and limits that a

	community-centred public health system has on health inequalities within a wider socioeconomic context.
I may be misunderstanding the diagram/paper but 'Power' and 'Relationships' would not generally be understood to be 'values'	Added - Attention to power ran throughout many of the 11 elements, referring to the centrality of power to inequalities and the differential power of partners and how these impact on empowerment.
It would have been useful to have had a table listing the papers included in the review that is cited in several places or if they are included in the references then it would be good if they could be identified.	Added as supplementary paper A. p 6 in Analysis para 3.

VERSION 2 – REVIEW

REVIEWER	Professor Jennie Popay Lancaster University UK
REVIEW RETURNED	05-Apr-2020

GENERAL COMMENTS	In their revisions the authors appear to have responded to all of my comments albeit more fulsomely to some than to others. I continue to have concerns about the paper which I have described below. Points 2 and 3 are straightforward to deal with. I think that the first point should have been given much more consideration in the description of the approach adopted and, in the discussion, word length not-with-standing. 1. My main concern is that I believe that the framework presented is deeply flawed in its failure to integrate the perspectives of members of the socio-economically disadvantaged communities of interest or place that are commonly the focus of the community centred public health practice the paper is concerned with. To be fair the authors do say that their "emphasis is on re-orienting 'top-down' ways of working to complement 'bottom-up' community empowerment efforts". They acknowledge that the people's panel "may" be biased, but this is something of an understatement given that the panel appears to be 80% white, 75% female and 65% aged over 55. It certainly does not reflect the composition of the communities targeted by CCPH. Though they say they plan to discuss the framework with community fora in a future phase, an approach that privileges professional perspectives (in public health and in large third sector organisations) runs completely counter to the principles of empowerment practices and co-production which they espouse – clearly communities were not put at the centre of this research. 2. It still isn't clear to me what the "community level determinants of health inequalities" are that the authors argue are effectively addressed by CCPH and therefore how likely it is that this approach will be any more effective in reducing HI than current or previous PH practice in and/or with disadvantaged communities of place/interest. The examples of CCPH practice given in Table 3 could usefully provide a little more detail on the upstream social determinants of HI being addressed.

	3. It was difficult to follow the logic of the findings section, though I think this may have been primarily because of the tracked changes (which were very helpful in enabling me to see where changes had been made). In particular, I was unclear what the 11 elements were that had been grouped into four themes of a whole systems approach. This may have been clearer in figure 1 but I couldn't see that anywhere. Similarly, whilst Box 3 sets out the principles, I couldn't see the same clear presentation of the values. As a result I found it difficult to trace the values in the examples of how principles and values inter-relate in practice provided in Table 2. If the paper is published careful attention to the tabular presentation of some of this material would be important. 4. There are quite a few problems with syntax and grammar but I think these are a result of the messiness of tracked changes and can be dealt with once changes are accepted.

VERSION 2 – AUTHOR RESPONSE

Many thanks for the review received on 17/6, we have made improvements as below:
1. We acknowledge that this work has not included direct research with disadvantaged communities and would benefit from it. We have added the following:
- to abstract, clarified that the objective is "a focus on public health practice" and concluded that the findings summarise what "a supportive infrastructure looks like that could be further tested with other localities and communities"
- added a limitation that "voices from disadvantaged communities were not directly collected in this study but limited to professional perspectives from community insight work"
- the above points were made in the discussion section, acknowledging that this work on infrastructure "should be used alongside methods, such as CBPR, that develop deep, long term work with communities dealing with power imbalances", and that "action needs to take place around organisational development and creating a supportive infrastructure as well as community development"
- the discussion also acknowledges that the PHE People's panel is "subject to bias and not likely representative of disadvantaged communities. Further in-depth research with communities experiencing disadvantage would be beneficial. An accessible community engagement system would support this."
2. The examples given include "social connectedness, sense of belonging and participation in decision-making" (page 2 para 2) and draws on evidence from Marmot & European Commission on SDoH. Have clarified that "effective practice recognises and seeks to address determinants across the pathway e.g. wider factors such as employment, housing or crime, alongside psychosocial factors of inclusion, belonging, cohesion, empowerment". Also clarified in intro that it is addressing the "interconnectedness of distal and proximal determinants, including intermediary (or psychosocial) factors such as community-level determinants.". In the discussion we have expanded on the practice given in table 3 by adding "The adoption of whole system and complex system approaches to address public health priorities is a growing area of research and practice. Recognising the importance of multiple inter-related determinants is an important feature. This was exemplified in the local work where community empowerment and capacity building was done alongside inclusive economic growth, housing improvement, regeneration of place, licensing, education improvement, poverty reduction and community safety."
3. Thanks for this point as there was a bit missing from the analysis stages which we've amended, adding a last para: "Following presentation and discussion of the themes at the roundtable meeting with stakeholders, they were grouped and regrouped into a practical framework focusing on the elements, principles and values of a whole system approach to community-centred public health which represented a good fit with the data. These findings are reported below. There was an

additional output that covered descriptive themes on the suggested steps for those starting out on this journey (See supplementary file C)." . We have also labelled each of eleven elements in the findings text. The values and principles para has been amended to confirm that "Alongside establishing trust and sustainable relationships, attention to power makes up the three values summarised at the centre of the framework (fig 1). "
4. Main document without marked changes has been checked for syntax and grammar.