Title: An evaluation of the Public Health Responsibility Deal: Informants' experiences and views of the development, implementation and achievements of a pledge-based, public-private partnership to improve population health in England

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Author contributions

MAD conceived, designed and planned this part of the wider evaluation. MP, EE, CK, and NM were also involved in the design. MAD and LG undertook the fieldwork. MAD, LG & MP conducted the analysis. All of the authors contributed to manuscript revisions.

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Competing interests

None declared.

Ethical approval:

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Abstract

Objectives

The Coalition Government's Public Health Responsibility Deal (RD) was launched in England in 2011 as a public-private partnership designed to improve public health in the areas of food, alcohol, health at work and physical activity. As part of a larger evaluation, we explored informants' experiences and views about the RD's development, implementation and achievements.

Methods

We conducted 44 semi-structured interviews with 50 interviewees, purposively sampled from: RD partners (businesses, public bodies and non-governmental organisations); individuals with formal roles in implementing the RD; and non-partners and former partners. Data were analysed thematically: NVivo (10) software was employed to manage the data.

Results

Key motivations underpinning participation were corporate social responsibility and reputational enhancement. Being a partner often involved making pledges related to work already underway or planned before joining the RD, suggesting limited 'added value' from the RD, although some pledge achievements (e.g., food reformulation) were described. Benefits included access to government, while drawbacks included resource implications and the risk of an 'uneven playing field' between partners and non-partners.

Conclusions

To ensure that voluntary agreements like the RD produce gains to public health that would not otherwise have occurred, government needs to: increase participation and compliance through incentives and sanctions, including those affecting organisational reputation; create greater visibility of voluntary agreements; and increase scrutiny and monitoring of partners' pledge activities.

Key words: Public Health Responsibility Deal; public private partnerships; voluntary agreements; public health policy; evaluation research

Introduction

Public-private partnerships (PPPs), which involve co-operative agreements between corporate and public sectors [1], are increasingly employed in addressing health challenges [2, 3]. The Public Health Responsibility Deal (RD) was launched by the then Coalition Government of Conservatives and Liberal Democrats in England in 2011 as a voluntary, pledge-based, public-private partnership between government, business, the public sector and non-governmental organisations (NGOs), to improve public health in the areas of food, alcohol, health at work and physical activity. Andrew Lansley, then Secretary of State for Health, asserted that, *'By working in partnership, public health, commercial, and voluntary organisations can agree practical actions to secure more progress, more quickly, with less cost than legislation'* [4]. The RD is overseen by a Plenary Group, and consists of four networks: Food (F), Alcohol (A), Health at Work (HAW) and Physical Activity (PA). A fifth network focusing on Behaviour Change was reconfigured in 2013, and its work incorporated into the remaining four networks. Each network has Steering and Working groups consisting of representatives of participating sectors, and has developed collective pledges (e.g., 'We will do more to create a positive environment that supports and enables people to increase their consumption of fruit and vegetable')[5] (see https://responsibilitydeal.dh.gov.uk/[5] for full list). Partners are required to sign to at least one collective pledge from any of the networks, and to produce delivery plans describing how they will implement their pledges as well as annual progress reports. DH places these on the RD website [5].

The public health effectiveness of PPPs, voluntary agreements and industry self-regulation has been questioned, particularly when they involve the food and alcohol industries [6-10]. Lessons learned from the tobacco arena suggest that voluntary agreements may initially appear helpful, but can ultimately serve to stall government action on public health [11]. However, the benefits of PPPs have also been elucidated [1]. Bryden et al [12] concluded, based on a review of the evidence, that voluntary agreements can potentially be an 'effective policy approach for governments to take to persuade businesses to take actions', but only where components such as ambitious, clearly defined targets, sanctions for non-compliance, disincentives for non-participation and strong monitoring systems are in place.

This paper reports the findings of a qualitative analysis of interviews with RD partner organisations, those with a formal role in implementing the RD, and interested non-partners or former partners about their experiences and views of the development, implementation and achievements of the RD overall. This analysis forms part of a wider evaluation of the RD's processes and likely impact on the health of the English population.

Methods

Conceptually grounded in a logic model designed to describe how the RD might work and should be evaluated [13], the research questions driving the analysis in the current paper are: why, and in what ways, do organisations engage with, and experience, the RD; how is the RD perceived to be evolving; and what are its main achievements, strengths and weaknesses?

We purposively sampled interviewees from three groups with experience and/or knowledge of the RD: 1) RD partner organisations; 2) DH officials and others who contributed formally to implementing the RD and; 3) representatives of interested non-partners and former RD partner organisations. RD partners were selected from a list of 501 partner organisations (February 2013) to include those representing the business sector and other sectors (namely public sector organisations, professional bodies, NGOs and charities). The key criterion used to select partners was the pledges /networks that they had signed to, the aim being to recruit not only partners with pledge commitments in one network, but also those who had signed to pledges from combinations of two or more networks and could therefore provide a broader perspective on the RD. We particularly wanted to have wide representation of business partners since they are key to implementing most of the pledges. To ensure that for each network a range of businesses were recruited, the following selection criteria were also employed: type of business (manufacturing, retail/service/hospitality, trade organisations); size (smaller and larger businesses); and date of joining RD (earlier and later signatories). In order to select specific organisations to approach, we generated lists of those signed to pledges from one network, all four networks and combinations of two and three networks, and selected businesses fitting the criteria listed above. 'Other partner' organisations (e.g., NGOs) were chosen on the basis of their expertise in specific network/pledge areas or as exemplars of key public sectors. Individuals who had contributed to implementing the RD were selected because of their familiarity with networks and pledges. Non-partners were selected to be similar to partner organisations. 'Former partners' were those who had signed to the RD but subsequently left. Organisations were contacted by email, sent the study information and consent sheets, and invited to participate. Where an organisation did not wish to participate, another organisation with similar characteristics was approached.

We conducted 44 semi-structured interviews with 50 interviewees (sometimes conducting a joint interview with more than one representative of an organisation on request), by which point data saturation had been reached. Thirty-eight interviews were conducted face-to-face and the remainder by telephone. Representatives of 32 partner organisations were interviewed: 25 interviews were conducted with representatives of businesses, including a range of manufacturers/ producers, retailers (supermarkets and others), companies representing the 'hospitality' industry, service-related businesses, and trade bodies. Seven were conducted with those representing organisations from other sectors (public sector, professional bodies, NGOs and charities (hereafter referred to as 'other' partners)). Nine interviews were undertaken with DH officials and other individuals who contributed to implementing the RD ('RD implementers'); and three with representatives of non-partner or former RD partner organisations ('non-partners'). The types and numbers of organisations and individuals that participated, as well as the self-reported job titles or roles of the participating interviewees, are presented in Tables 1 and 2, respectively. Nine RD partners had signed to pledges from one network only, ten to pledges from two networks, nine to pledges from three networks, and four to pledges from all four networks. Eleven partner organisations that were approached declined to participate or failed to respond, as did four non-partners, and one 'RD implementer'.

[Table 1]

[Table 2]

The interview schedule covered a wide range of issues, but those relevant to the current paper were: the RD's perceived aims and objectives, pledges and networks; motivations for participating

or not; and, with partners, experiences of choosing, implementing and reporting on pledges, and of being an RD partner; perceived strengths and weaknesses of the RD; achievements to date; and views / expectations about the future. Participant informed consent was obtained before interviews. As part of the consent process, interviewees were assured that neither they nor their organisations would be identified in any reports of the study findings. Ten interviewees did not want to be quoted, but agreed that their data might otherwise be used. Reasons for not wanting to be quoted included those related to commercial competition, personal and professional reputation, political sensitivities and concerns about being personally identifiable through opinions expressed. The interviews were conducted between June 2013 and August 2014 by MAD and LG, alone or as a pair, and audio-taped. Interviews lasted between 30 minutes and two and a quarter hours.

Interviews were transcribed verbatim and checked for accuracy of transcription. A thematic analysis was undertaken. As preliminary analysis was undertaken in parallel with fieldwork, themes emerging in earlier interviews were explored in later ones. Data were coded in NVivo (version 10) [14], using the frame of the interview schedule: 25% of transcripts were checked by a second team member to ensure coding consistency. Themes and sub-themes were progressively refined, and discussed at team meetings. We analysed the data for agreement and divergence within and between groups of interviewees. Key principles of reflexivity in qualitative research [15], including researcher triangulation, were adhered to.

Findings

Key themes and sub-themes presented here are outlined in Table 3.

[Table 3]

1. Perspectives on the launch of the RD

1A. *Contextualising the RD's launch*

RD partners linked the reason for launching the RD to the prevalence of obesity, alcohol and other public health problems and their cost to a stretched National Health Service (NHS), and the need for the Government to take, or be seen to take, action. Some interviewees ascribed the choice of a voluntary partnership approach to the Government's perceived non-interventionist ideology.

> *…..it was an alternative basically to regulating the producers of junk food, right to say, well, actually we're going to have this Responsibility Deal where rather than regulating people everybody comes together and we all, you know, work happily together to achieve these common objectives. …….in some ways it's about the Government being able to demonstrate that the, you know, the commercial sector is playing ball, you know. Rather than about, you know, bringing together a genuine, coordinated, strategic intervention for public health… (other partner 02)*

1B. *Justifying a voluntary approach*

Business partners and 'RD implementers' invoked precedents involving industry self-regulation and collaboration (e.g., with the Foods Standards Agency (FSA) to reduce use of salt in the diet) to

support the use of a voluntary approach, along with the argument that imposing a legislative approach would run contrary to business interests, whilst proving time-consuming to introduce, costly and irrelevant in some pledge areas. Regulation, it was claimed, could lead to unintended consequences, such as businesses only meeting minimum requirements, while pledge-linked voluntarism would encourage greater engagement and commitment to making changes. It was argued that making businesses responsible through public pledges would facilitate greater progress, for example, by stimulating competition between them, thereby driving pledge-related change and innovation.

2. Becoming an RD partner: motivations and deterrents

2A. *Motivations: reputational enhancement, staving off regulation and having a voice*

Business partners' reported motivations for joining the RD included those related to corporate social responsibility (CSR), beliefs about it being the right thing to do, their business having a health-related focus or ethos, or because they were already working in pledge areas. The key motivation underpinning many businesses' joining narratives, though, was reputation: the explicit or implicit expectation among signatories was of opportunities for reputational enhancement, for example, through working with, or supporting, government, or conversely reputational damage through not joining. Other, less frequently reported motivations included customer expectations, the desire to stave off regulation or legislation, and, for smaller companies, anticipated business opportunities through networking.

> *….we don't want to work responsibly just because of legislation, it's 'cause we believe that for our customers and society it's the right thing to do. But if we don't act that way, then, you know, legislation will come and that might have more of an effect on us. (business partner 05)*

Other (that is, non-business) partners' motivations included wanting to support or provide expertise to government, having a voice in shaping the RD, social responsibility, or because they were already undertaking pledge-related work. 'RD implementers'' views of partner motivations echoed those expressed by partners themselves.

2B. *Deterrents: costs, reputational damage and ideology*

Both business and other partners described anticipated resource implications as a deterrent to participation. 'RD implementers' and non-partners suggested that businesses might also be concerned about NGO or public scrutiny or about being seen as aligned with government, while NGOs might not join for ideological reasons (e.g., believing that voluntary schemes had no impact or that industry should not be involved in health policy).

> *…..we have a viewpoint that big business shouldn't be involved in public health policy (non-partner 03).*

…..companies wouldn't sign up because there was going to be so much paperwork……And some people might think they don't want to be linked to the Government…. ('RD implementer' 04)

3. Being an RD partner: choosing achieving against, and reporting on, pledges

3A. *Rationale for collective pledge choices*

Two key, inter-related themes emerged in accounts of partners' pledge choices: 'doing it already'; and 'playing it safe.'

Partners frequently reported signing pledges which were relevant to their business, or activities in which they were already engaged, or planning, before joining the RD, and which therefore did not require substantive changes to business plans. 'Playing it safe' also appeared to be a common *modus operandum*. Partners described wanting to be sure that they could feasibly deliver against pledges: the necessary resources, strategic flexibility and technical capacity had to be in place. Reported constraints also included factors related to business suppliers or customers. A number suggested that relevance and capacity to deliver were also important determinants of future pledge choices.

Well two of them were no-brainers. The calorie labelling and the trans fat, we were already doing it, so why not sign to it? (business partner 06)

I believe they wanted people to, kind of, pledge other things, and that kind of thing, but I think you end up with such a long list of pledges, and 99% of them will be what people are doing anyway. (business partner 05)

3B. *Achievements*

Partners described achievements against pledges related, for example, to reformulation (alcohol units, calorie and salt reduction), labelling activities and the introduction of physical activity or health at work interventions, though some reformulation work in particular (e.g., on salt) was acknowledged to have started before the RD. Business partners also reported some 'quick wins'; for example, meeting salt targets by replacing products purchased from suppliers with lower salt versions.

3C. *'Additionality'*

Perhaps not surprisingly given the rationale for their pledge choices, a substantial number of partners (both business and others), when asked about their activities, reported not doing anything particularly new or different to their usual practice as a result of the RD.

Healthier staff restaurants, again, you know, our staff want to eat healthily too. So again, that's something we were moving towards anyway, introducing more, kind of, salads and healthier options and alternatives and more vegetables, and that kind of thing. So, I wouldn't like to sit here and say that the Responsibility Deal has led us to where we are, but it may well have done for others.(business partner 08)

For others (again both business and other partners), although some of their pledge-related activities had already been underway, RD partnership led them to sign a pledge(s) related to issues which they might not previously have considered or to bring forward activities which they would likely have undertaken eventually. For example, one partner reflecting on its HAW pledges noted:

I think things like reporting of [employee] absence in the [organisation's] annual report stuff is directly linked to the Responsibility Deal (other partner 07)

RD partnership was also said to result in the acceleration of existing activities to meet reporting time frames; to provide a framework against which to better structure activities; the development of a stronger focus on monitoring and reporting activities in pledge-related areas; and an increased awareness of partners' potential to facilitate healthier choices and behaviours among employees or consumers.

3D. *Monitoring and reporting on pledge-related activity*

While many partners reported having some pledge-related activity monitoring data, though not necessarily collected solely for RD purposes (e.g., numbers of employees taking part in company health at work or physical activity pledge-related initiatives etc), a number acknowledged their lack of robust data collection systems. Furthermore, demonstrating whether or not pledge implementation had influenced the target population (e.g., customers) was said by some to be unmeasurable.

Calorie reduction is my biggest issue as a pledge, because I can physically offer customers a choice through labelling, through product format, through advice, through menu planners of ways to help them reduce their calories, but I don't control what they eat. So at the end of the day, I can't measure if customers have actually reduced their intake…… (business partner 14)

…I think it's quite difficult to define, you know, particularly say the sort of physical activity pledges in terms of how you actually quantify that success. (business partner 16)

Partners indicated that RD annual reporting was useful for internal purposes (e.g., CSR reports), maintaining focus, and providing opportunities for showcasing activities or comparing themselves to competitors. However, some described the reporting process as resource-intensive and a handful were concerned about potential negative publicity, the perceived quality of reporting by others, or

questioned whether and how DH used the reports. Interviewees from all groups, including non-partners, reported that DH should hold to account those who failed to deliver on and/or report against their pledges, although the idea of formal sanctions was rejected by a significant number of business partners, a couple of other partners and some 'implementers', for example, on the grounds that the RD was voluntary.

4. Benefits and drawbacks of being an RD partner

4A. *Benefits*

For those business partners who reported benefits, these included: access to government, information and data; positive publicity (e.g., presenting at an RD event); and/or recognition from government. A few mentioned potential financial gains associated with reformulation activities or new contracts. Partnership constituted a 'currency' when networking or tendering for business, implying shared values or a commitment to social responsibility.

> *……we often get asked when we're pitching to be the supplier of somebody, "Well……how do you work, what are your values? What's your social responsibility, your view on that? " And, actually, you're able to say, "Well, actually, it's, you know, we're part of the Responsibility Deal, we're part of, you know, we've got pledges in there,"…(business partner 05).*

Partners from other sectors also reported as benefits access to government and networking opportunities.

> *It's good for us in terms of our relationship with DH that we're involved and it's good to, you know, it has been good in terms of a networking opportunity… (other partner 02)*

4B. *Drawbacks: lack of 'level playing fields'*

Contrasting with business partners' support for a voluntary partnership approach was the concern of some about what might be termed the lack of 'a level playing field'. They described this, firstly, in terms of the small percentage of participating businesses /organisations in a sector 'carrying' a larger number of non-participants. The relative absence of small and medium sized enterprises (SMEs) was noted, and attributed partly to the RD's perceived lack of visibility and DH's presumed focus on bigger firms able to influence more of the population. Some 'RD implementers' acknowledged that SMEs were difficult to recruit, possibly because of the perceived resource implications of participating. Secondly, a number were concerned about possibly being put at a competitive disadvantage compared to non-participants, who were not, for example, reformulating products, or compared to larger partners, who were viewed as having greater capacity for implementing pledges,

and more influence with government. A number also alluded to perceived variability in how some of their fellow partners interpreted, implemented or reported on pledges.

> *…..perhaps some of the other outlets that are on the high street wouldn't be meeting the salt targets in the same way and you're getting quite a difference in playing field and the more that – the bigger the difference, the harder it gets. (business partner 19)*

> *And I think, looking back and reading through some other deliverables that other..… organisations had done, they were…….. ascertaining credit for something, you know, activities that they'd already done. Whereas I felt that, with [company name], they were, sort of, looking forward with theirs. (business partner 21)*

4C. *Challenges: Resources, government expectations, lack of recognition*

As well as the costs involved in annual reporting, partners identified as challenges a perceived lack of DH/government understanding of how business works and the perceived expectation that they could commit to ever more pledges. A number of business partners reported feeling inadequately rewarded or supported for putting their '*head above the parapet* '(*Business partner 13)*). Pledges such as those involving reformulation were said to be both technically and financially challenging. A few noted that customer sensitivity is crucial, as customers can choose other brands. Equating the demands of pledges with business growth could therefore be challenging. However, potential longer term gains were perceived to exist if pledge delivery could be linked to employee/ consumer health or to customer preferences.

> *….consumers recognise even the smallest changes and, you know, that's a huge business risk for us to do that. (business partner 18)*

5. Successes and achievements of the RD as a mechanism for delivering public health goals

5A. *Defining success: processes and achievements*

A number of 'RD implementers' considered the establishment of the networks and the fact that hundreds of businesses had signed pledges to be markers of the RD's success.

Interviewees from all groups, including non-partners, named specific food and alcohol pledges which they felt were successful or showing promise, with the salt pledges in particular being said to have already had a measurable impact on population health. However, some included the caveat that the salt pledges' success should be attributed to the FSA, with the RD simply re-framing activity which had originated before it:

Well, I just don't think the Responsibility Deal has achieved very much at all that wasn't being done before the Responsibility Deal was set up, to be honest. (other partner 03)

Business partners and 'RD implementers' perceived a raised awareness by organisations and their employees of the importance of health in the work place to be an important achievement.

I think what they've done in their workplaces as part of the holistic approach to occupational health and wellbeing in the workplace, that's what I hear them get most excited about, 'cause they can very directly see an outcome. (business partner 22)

However, a couple of interviewees were concerned about potential negative impacts of the RD:

At the edges, I mean, it might actually exacerbate inequalities in health, I suppose, as many measures do have a beneficial impact on better off people or people who are more able to be in charge of their own decisions and, about lifestyle issues and that's – and tends to be, you know, people who are better off. (non-partner 01)

6. Improving the RD in a time of uncertainty

6A. *Political uncertainty*

Participants from each of the interviewed groups reported being uncertain about the RD's future, believing it to be to be politically-dependent and likely to be affected by the results of 2015 United Kingdom General Election. However, there was disagreement about whether a change of government would result in the RD's termination.

6B. *Vision and visibility*

Some partners also expressed uncertainty about the Government's vision or strategy for the RD, and/or called for the DH/ or Government to define and communicate clearer objectives and prescribed outcomes and to provide the RD with more leadership, visible support and commitment.

…so I think politicians have to be – to own it and not be afraid to promote it and to set out the political vision that underpins it, or overarches it, probably, to put it a better way (business partner 22)

Related to this, some argued that the RD lacked a sufficient profile, and was largely invisible not

only to the public, but also within parts of the business sector. While concerns were expressed that greater public visibility could be potentially be double-edged for partners vis-à-vis reputation management (positive recognition versus criticism), some interviewees suggested that a higher RD profile was required, for example, to encourage greater participation and to promote achievements.

> *I think its key non-achievement is not being well promoted and well understood, except for pockets of organisations where this is happening. So I do think it needs better promoting. (business partner 08)*

6C. *Strengthening the RD*

While some pledges were singled out as successful, a number of interviewees suggested that others might be improved, for example, in terms of their evidence bases, their perceived clarity of objectives, the prescriptiveness or not of their targets, and their associated reporting requirements (although others viewed greater prescription as a deterrent to pledge signing).

A number of interviewees, including business partners, expressed a wish to see the RD grow '*more teeth*' (business partner 01); for example, in terms of defining its objectives, targets and outcomes; incentivising and holding to account partners; or incentivising non-participants to join. Finally, some interviewees acknowledged the importance to RD credibility of stronger monitoring and scrutiny or independent evaluation of pledge activity and its potential impact.

Discussion

Our findings suggest that the impact of PPPs like the RD as public health initiatives may be limited if they continue to be developed and implemented as the RD has been to date.

Business partners' reported motivations for participating in the RD include enhancing CSR and reputation, 'doing the right thing', and the wish to stave off regulation, while reputational management also appears to be a key consideration in terms of partners' pledge choices, implementation and reporting activities. This echoes previous findings [12,16], and supports suggestions [6,11] that industry participation in self-regulatory or voluntary agreements may be less about improving public health and more about image and reputational enhancement, and about seeking to influence the regulatory environment. There is, arguably, potential for government to employ reputational levers to encourage participation and compliance in PPPs like the RD, particularly if this is done in conjunction with efforts to raise the profile and visibility of such initiatives among the public. However, such levers alone are unlikely to lead to significant public health outcomes: indeed the existing evidence suggests that the more effective voluntary agreements and partnerships include formal sanctions for non-compliance and disincentives for non-participation [12, 17], and a clear understanding by partners of the nature of such sanctions [18]. If the government is to continue to use the RD-like voluntary agreements as a key strategy for encouraging corporate (and indeed other sector) action on public health, it should consider building in formal, explicit sanctions and incentives, in line with the evidence.

More positively, PPPs have been shown to create some opportunities and benefits in the health arena [1]. It would appear that the RD has encouraged a number of partners to work in a pledge-related area previously not considered, or to act sooner than they might otherwise have done even if they might have undertaken the action eventually , or has raised awareness of health issues among business partners. However, partners generally reported signing pledges related to activities which they were already undertaking or had planned before joining the RD, or committed to 'safe', easily deliverable pledges. Where achievements or successes were described, these were sometimes related to activities, such as alcohol labelling, trans-fat removal or reformulation of products, that had started before partners had signed the relevant pledges. This is in line with Panjwani and Caraher's [19] contention that 'old gains' are being employed as success indicators. The RD, and similar initiatives, will only contribute to public health beyond what would otherwise have been possible, if partners, on an individual basis, undertake actions which go beyond 'business as usual', and which they would not otherwise have undertaken (so called 'additionality' [20]). In general, therefore, it is likely that any 'additionality' generated directly from RD partnership or its pledges is limited in scale, a finding emerging also in other components of our wider evaluation of the RD where delivery plans and annual reports of activity have been analysed [21-24]. Furthermore, in the current study, the fact that networks are operational and partners are committing to pledges was cited as evidence of RD success. It has been argued that the RD's success should be measured in terms of whether pledge targets (e.g. calorie reduction targets) are met, or in terms of outcomes at the population level [19, 25], rather than processes. At present, however, many of the RD collective pledges lack clear, measurable targets and/or clearly defined outcomes, meaning that any impacts or outcomes are not readily amenable to direct evaluation [13], and are most appropriately assessed by reference to the wider evidence of "likely" impact, as we have done in other elements of our evaluation [21-24]. Exploring issues of process and implementation with informants, as in the current analysis, is also key to judging likely RD additionality and / or impact.

While supporting a voluntary approach, some business partners were concerned about the development of 'uneven playing fields' between themselves and non-partners, whom they believed to be free-riding without any sanction from government, or between partners, for example, as a result of the greater capacity of some to implement pledges or perceived variability in the interpretation, implementation or reporting of pledges between partners. The challenge of potentially 'uneven playing fields' has also been raised elsewhere in relation to PPPs [16]. Furthermore, while benefits in the form of business opportunities and recognition were said to have been experienced, disappointments were aired about praise not always being given where it was felt to be due. Such arguments would appear to run contrary to expressed support for voluntarism, but also suggest a level of dissatisfaction with the RD, even amongst those who might have been expected to have had a vested interest in its survival. This may, of course, be some partners' way of signalling to government that they needed greater incentives for participation. However, the view that the RD required strengthening and 'more teeth' in terms of a clearer strategy and defined future, a higher profile, more visible support from government, and more independent scrutiny and evaluation, as well as improvements in pledges, and a holding to account of non-compliers, was also voiced by interviewees. These features have all been associated with effective partnerships and voluntary agreements [12, 17, 18, 26] and should be implemented, if the Government wishes to strengthen or replace the RD.

The strengths of this analysis are that we were able to interview a wide range of partner organisations and others. A key challenge in conducting an evaluation of a mechanism like the RD is

to get beyond the public accounts of the different interests represented among interviewees. Given the number of interviewees who did not wish to be quoted, but agreed to be interviewed, and some lines of argument running contrary to what might have been expected in public accounts (e.g., partners reporting that they were choosing pledges that reflected what they were doing in any case before joining the RD), we believe that our findings go beyond straightforward public accounts, thus providing a reasonably nuanced set of perspectives on the RD. The fact that a significant number of interviewees did not wish to be quoted is interesting in its own right and indicative of the personal, professional, sectoral and political sensitivities surrounding the RD as a policy mechanism. The main limitation of the study is that we were unable to interview many non-partners. Given the perceived lack of visibility of the RD, it is quite likely, however, that unless they had had a particular interest, non-partners might have contributed relatively little additional insight.

Conclusions

If the objectives of the RD or similar future initiatives are to be realised, this analysis suggests that there is a need for greater consideration of how potential reputational gains and losses, along with more formal incentives and sanctions, can be used to encourage participation and the implementation of pledges that go beyond 'business as usual'. Furthermore, greater consideration needs to be given to how RD-like PPPs might be strengthened in terms of pledge construction and reporting, visibility, and independent monitoring and scrutiny of pledge activities.

References

[1] Kraak, V, Harrigan, PB, Lawrence, M, Harrison, PJ, Jackson, MA, Swinburn, B Balancing the benefits and risks of public-private partnerships to address the global burden of malnutrition Public Health Nutrition 2011, 15 (3) 503-517

[2] Buse, K & Walt, G Global public-private partnerships: Part 1 – a new development in health? Bulletin of the World Health Organisation 2000; 78 (4) 549-561

[3] Buse, K and Harmer, AM Seven habits of highly effective global public-private health partnerships: practice and potential, Soc Sci Med, 2007, 64, 259-71.

[4] Department of Health. The Public Health Responsibility Deal. Launch document. https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2012/03/The-Public-Health-Responsibility-Deal-March-20111.pdf. 2011. (Accessed 1/4/2015)

[5] Department of Health. The Public Health Responsibility Deal https://responsibilitydeal.dh.gov.uk/. (Accessed 1/4/2015)

[6] Gilmore AB, Savell E, Collin J Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease? J Public Health 2011, 33(1) 2-4.

[7] Jernigan, DH Global Alcohol Producers, Science and Policy: The Case of the International Centre for Alcohol Policies American Journal of Public Health 2012, 102 (1) 80-9

[8] Wilde, P Self-regulation and the response to concerns about food and beverage marketing to children in the United States Nutrition Reviews 2009, 67 (3) 155-166

[9] Anderson, P, Chisholm, D & Fuhr, DC Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol The Lancet 2009, 373 2234-46

[10] Barbor, T, Caetano, R, Caswell, S, Edwards, G, Giesbrecht, N et al. Alcohol: no ordinary commodity: Research and Public Policy. Oxford, Oxford University Press 2010

[11] Brownell, K.D. & Warner, K. E. The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?, Milbank Quarterly 2009, 87, 259-294.

[12] Bryden, A, Petticrew, M. Mays, N., Eastmure, E. & Knai, C. Voluntary agreements between government and business – A scoping review of the literature with specific reference to the Public Health Responsibility Deal Health Policy 2013, 110 186-197

[13] Petticrew, M, Eastmure, E, Mays, N, Knai, C, Durand, MA, Nolte, E The Public Health Responsibility Deal: how should such a complex public health policy be evaluated? Journal of Public Health 2013, 35 (4) 495-501

[14] NVivo (10) QSR International Pty Ltd (1992-2012)

[15] Green, J and Thorogood, N Qualitative Methods for Health Research London, Sage Publications Ltd 2004

[16] Food Ethics Council Beyond Business as Usual: Towards a Sustainable Food System Brighton Food Ethics Council 2013

[17] Buse, K. and Tanaka, S. Global Public-Private Health Partnerships: lessons learned from ten years of experience and evaluation International Dental Journal 2011; 61 (Suppl.2) 2-10

[18] Swinburn, B, Kraak, V, Rutter, H, Vandevijvere, S, Lobstein, T, Sacks, G, Gomes, F, Marsh, T, Magnusson, R Strengthening of accountability systems to create healthy food environments and reduce global obesity The Lancet 2015 http://dx.doi.org/10.1016/S0140-6736(14)61747-5

[19] Panjwani, C & Caraher, M Response to Petticrew and colleagues Health Policy 2014, doi: 10.1016/jhealthpol.2014.08.008

[20] Hind, J Additionality: a useful way to construct the counterfactual qualitatively? Evaluation J of Australasia 2010 10 (1) 28-35

[21] Knai C, Petticrew M, Durand MA, Eastmure E, Mays N. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis Addiction 2015 doi:10.1111/add.12855

[22] Knai C, Petticrew M, Durand MA, Scott C, James L, Mehrotra A, Eastmure E, Mays N. The Public Health Responsibility Deal: has a public-private partnership brought about action on alcohol reduction? Addiction 2015 doi:10.1111/add.12892

[23] Knai C, Petticrew M, Durand MA, Eastmure E, James L, Mehrotra A, Scott C, Mays N Has a public-private partnership resulted in action on healthier diets? An analysis of the Public Health Responsibility Deal food pledges. Food Policy 2015 54, 1-10 doi:10.1016/j.foodpol.2015.04.002

[24] Knai C, Petticrew M, Scott C, Durand MA, Eastmure E, James L, Mehrotra A, Mays N Getting England to be more physically active: are the Public Health Responsibility Deal's physical activity pledges the answer? International Journal of Behavioral Nutrition and Physical Activity (Accepted)

[25] Panjwani, C & Caraher, M The Public Health Responsibility Deal: Brokering a deal for public health, but on whose terms? *Health Policy* (2014) 114 163-173

[26] Torchia, M., Calabro, A., and Morner, M. Public-Private Partnerships in the Health Care Sector: a systematic review of the literature. Public Management Review 2013 17:2, 236-261, http:// dx.doi.org/10.1080/14719037.2013.792380

Table 1: Evaluation Participant Organisation types

	Number
RD Partners	
A) Business partners (business partners 1-25)	
Manufacturing/producers (food, alcohol, health and wellbeing products)	10
Retailers (supermarkets and other retailers) / service sector	6
Hospitality industry[a]	6
Trade organisations	3
B) 'Other partners' (other partners 1-7)	
Public sector	2
Charities/ NGOs / professional bodies	5
Non / former partners (non-partners 1-3)	
Charities	2
Other[b]	1
Individuals with roles in running the RD ('RD implementers' 1-9)[b]	9

([a]Includes catering, restaurants, pubs; [b]providing more information might lead to deductive disclosure of participants' personal identification).

Table 2: Interviewees' self-reported roles or job titles in their organisations

Reported role or job title	Number
Company / organisation Director	5
Human Resources Director/ Manager	3
Marketing Director/Manager	4
Communications Director/ Manager	2
Chief Executive Officer or similar	5
Company Nutritionist	4
Public Affairs / CSR Director or Manager	6
Manager/staff with responsibility for employee health / wellbeing	4
Business / organisation Policy Officer or Manager	2
Compliance / risk/ technical Manager	4
Miscellaneous[a]	11
Total	50

([a]Includes DH officials and others who might be personally identifiable by their roles /titles)

Table 3: Findings - key themes and sub-themes

Theme 1: Perspectives on the launch of the RD	**Theme 2: Becoming an RD partner**	**Theme 3: Being an RD partner**	**Theme 4: Benefits and drawbacks to being an RD partner**	**Theme 5: RD successes and achievements**	**Theme 6: Improving the RD in a time of uncertainty**
1A Contextualising the RD's launch - Prevalence of public health problems - Need for government to be seen to act - Perceived governmental non-interventionist ideology 1B Justifying a voluntary approach - Invoking precedents - Legislation is contrary to business interests - Voluntarism encourages commitment and progress	2A Motivations - Corporate social responsibility / 'doing the right thing' - Reputational enhancement opportunities - Staving off regulation - Having a 'voice'/ providing expertise 2B Deterrents - Resource implications - Potential for scrutiny - Ideological objections	3A Rationale for pledge choices - 'Doing it already' - 'Playing it safe' 3B Achievements - pledge successes - 'quick wins' 3C 'Additionality' - going beyond 'usual practice'? 3D Monitoring, and reporting on activity - data gathering - benefits - drawbacks - accountability	4A Benefits - Information and access - Recognition and publicity - RD as a 'currency' 4B Drawbacks - Uneven 'playing fields' 4C Challenges - Resources - Government expectations - Lack of recognition/ rewards	5A Defining success - Processes; setting up networks and partners joining - Achievements: Pledges and impacts; raised awareness	6A Political uncertainty 6B Vision and visibility - Raising the RD's profile 6C Strengthening the RD - 'growing more teeth' - Clarity and accountability - Monitoring and scrutiny

Highlights

- Business partners participated in the Responsibility Deal for reputational reasons.
- Partners frequently chose pledges reflecting work they were already doing.
- The Responsibility Deal is likely to have limited ‘added value’.
- Government needs to set out a clear vision for the RD.
- These findings have implications for the development of other voluntary agreements.