



Association of Directors of Public Health (UK)

## **The Association of Directors of Public Health – response to Department of Health consultation on behalf of ACRA on 0-5 children’s public health formula 2016/17**

The **Association of Directors of Public Health** (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, policy development and advice. [www.adph.org.uk](http://www.adph.org.uk)

ADPH has a strong track record of collaboration with other stakeholders in public health, including those working within the NHS, local authorities, government and other sectors.

Directors of Public Health (DsPH) across the UK are the frontline leaders of public health, working across health improvement, health protection, and health care service planning & commissioning.

ADPH President Dr Janet Atherton Chairs the Advisory Committee on Resource Allocation’s Health Premium Incentive Advisory Group.

### **ADPH Submission**

ADPH, along with the LGA, have - and continue to - work closely with the Department of Health to secure appropriate levels of funding for public health within local government. We have welcomed the progress made so far, but would emphasise that there is more to do to achieve a real and strategic shift in the pattern of spend to prevention. We have long argued for increased investment in public health and prevention – thereby relieving pressures on other health and care services in the future. The case for spending more on preventative services has been well made for some time and overwhelmingly accepted. Increased funding could be spent efficiently and effectively by Local Authorities and would deliver outcomes that improved health whilst reducing premature mortality and health inequalities.

We are also aware that there has been significant differential between Councils in the amount that is allocated to public health and we would welcome a commitment from government to increase the proportion of health spending to be given to local authorities. ADPH believes that there should be increased funding allocated to those Local Authorities that have had historically low public health expenditure to allow them to increase their commitment to the level of at least the average per capita.

ADPH welcomes this early opportunity to submit views on the formula for 0-5 children’s public health as a component of the local authority public health grant for 2016/17.

### ***Question 1: Should the population base be the projected number of under 5 year olds in each local authority?***

As the two options are both estimates, and for the reasons set out in the paper, it would seem best to use the projected number.

### ***Question 2: Should population churn be taken into account, and if so what are the higher costs imposed?***

We would agree that it would be helpful to take churn into account.

Families that move will generate additional costs and many (for example migrant families), will have specific needs.

However, we would highlight that determining the costs will not be easy. ADPH would be happy to work with/advise ACRA on this as they continue to work on developing the formula.

**Question 3: What should be the measure of relative need per head and what are the relative merits of child poverty versus other measures?**

It would be helpful for the measure to have some degree of stability over time and clearly to reflect need.

Deprivation has a significant influence over need and cost, but other issues are also important.

Child poverty has a high correlation with multiple deprivation. We are therefore concerned that simply using child poverty on its own would not be appropriate as it would miss out other factors.

**Question 4: How should the measure of relative need per head be weighted, and what factors should be taken into account in the weights?**

This should depend on the evidence of the relationship between the level of need and the costs entailed in meeting the need.

**Question 5: What evidence is there for a weight per head?**

ADPH is not in a position to offer specific comment.

**Question 6: Is a weight per head of three times that for families in poverty compared with other families representative?**

Whilst this may be appropriate, it will depend on the evidence of need and cost.

**Question 7: Should the measure for relative need be applied at small area level to take account of differences in need within local authorities as well as between local authorities, subject to the data being reliable for small areas?**

We would agree that this appears to be a sensible approach – and would highlight the need to ensure that reliable small area level data is available.

**Question 8: Should differences in unavoidable costs across the country be taken into account using the MFF?**

We would agree that it would be appropriate to include unavoidable costs, however would highlight that these costs should reflect the nature of the service and the balance between activity at fixed sites and home visits.

**Question 9: Are longer travel times for home visits by health visitors a significant higher unavoidable cost for some areas?**

Yes, for example this is a significant issue in rural areas with longer travel times.

**Question 10: Is the travelling salesman model a suitable methodology and what should be the parameters required for the model?**

ADPH is not in a position to offer specific comment.

**Question 11: Is it appropriate not to have a separate formula for the FNP on the grounds of materiality in the context of the size of the combined budgets for 0-5s and other public health duties?**

At the present time a separate formula for this element does not appear necessary.

**Association of Directors of Public Health  
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