



The Association of Directors of Public Health

Position Statement: Funding Costs of Public Health Interventions which are part of Research Projects

The Association of Directors of Public Health (ADPH) is a Company Limited by guarantee with charity status registered in England and Wales and is the representative body for Directors of Public Health (DsPH) in the UK. The Association is hosted by the UK Health Forum.

It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back more than 150 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

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Summary

ADPH encourages Directors of Public Health to support research because it will contribute to the evidence base for public health intervention and to inform good commissioning. This would include, where local flexibility, circumstances and finances allow, supporting research through funding of excess treatment costs.

ADPH bases this recommendation to Directors of Public Health on the following principles:

- a. Public Health Research remains important, especially where it can inform interventions and commissioning decisions, and DsPH should take this seriously wherever possible, even in the current financial climate
- b. While we encourage DsPH to be sympathetic to excess treatment costs neither ADPH nor Public Health England can require or compel local authorities to meet excess treatment costs for research.

This paper is informed by a proposal to ADPH Council by PHE and ADPH.

The Importance of Research on Public Health

It is highly desirable for policy and practice in public health to be based on the best available evidence. Government funders of health research in the UK, are keen that the studies they support have a reasonable chance of influencing policy or practice in the relatively near future, i.e. within 5 years. Funding arrangements are designed with the objective of getting buy-in from the earliest possible stages from the organisation(s) in which the research is undertaken, considering that as an aid to the subsequent implementation into practice of an intervention for which the research provides evidence of effectiveness.

Excess Treatment Costs

The normal financial arrangement in the NHS is that while the research funding body supports all aspects of the research, the costs of any intervention delivered to a patient or participant because of their participation in the research are met by the service provider. These are known as excess treatment costs (ETC¹) and NHS Trusts are mandated to provide them.

For public health research that takes place outside of the NHS the corollary to ETCs is the cost of delivering an intervention however the NHS term is the commonly-used phrase. The difference is that the providers of public health services, predominantly local authorities (LAs), are not mandated to provide those costs.

The New Burdens doctrine and Excess Treatment Costs

ADPH would resist any mandation of local authorities to provide these costs without these being included in a New Burdens discussion with government. (See below for explanation of new burdens.)

The New Burdens doctrine is a key issue in this. The Department for Communities and Local Government after agreement with the sector introduced the New Burdens doctrine in June 2011 and guidance for government departments, part of a suite of measures intended to reduce the pressure on council tax.

The government's objective is that all new burdens on local authorities must be properly assessed and fully funded by the relevant department. The guidance sets out the process that departments must follow when considering placing new burdens on local authorities. Guidance for government departments has been issued². Consequently, ADPH will not support any attempt to make funding of ETCs by local authorities compulsory or required in the current climate and will insist that the new burdens doctrine is applied to any national guidance or attempt to do so³.

Local Authority Powers to Undertake Research

There is a duty on the NHS to support research. No similar duty exists for Local Authorities, but there are powers to undertake research: in addition to the power to support research under the Health and Care Act 2012, the Localism Act 2011 introduced a general power of competence for Local Authorities and Section 1 (1) of the Act provides that "a local authority has power to do anything that individuals generally may do⁴".

Following the 2012 Act, updated guidance was provided by the Department of Health on costing of research projects, including indications of the responsible organisations². This guidance applies to the NHS and local authorities may wish to have regard to it, but it does not bind them.

At the time of transfer of public health functions to local government, no clarity was provided with regard to research involving public health activities of Public Health England, Local Authorities and/or other non-NHS organisations, except that non-NHS treatment costs would not be borne by the NHS or DH R&D.

¹ The easiest way to think about ETCs is to consider the cost of normal treatment or intervention for any condition. Then consider the cost of the new or different intervention or treatment that will be tested via the research. If the new cost is higher than the old cost, the difference is the 'excess' treatment cost.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138273/C8.-Research-270412.pdf [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351186/AcoRD - FAQs updated August 2014 - for publication.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351186/AcoRD_-_FAQs_updated_August_2014_-_for_publication.pdf)

³ Though seeking in future to make it a requirement of LAs would engage that doctrine and would need to comply with the guidance

⁴ Previously many local authorities looked to a number of powers and duties to enable research work

Why might DsPH seek to fund Excess Treatment Costs?

The current challenge is that projects that are deemed eligible for funding following competitive peer review cannot commence until an organisation or organisations agree(s) to provide the ETCs. At best, this causes delay while the research team contact LAs and their request is considered. While some LAs provide the ETC funding, some do not and therefore some projects cannot be undertaken. DsPH may want to assist with these costs because it helps get research into practice. DsPH will therefore want to consider whether meeting any ETCs can help them improve practice or commissioning, and hence contribute to better value for money, and better health for their population.

While the total number of projects that cannot currently be initiated through lack of ETC support it is not clear, Public Health England and ADPH have been approached by a range of research project principal investigators who have been unable to find ETC support. In such cases research funders may withdraw their offer. DsPH considering support, may therefore in some cases help research projects continue.

DsPH should make clear that any funding is done on a non-precedent setting basis and moreover that such funding is done in accordance with their procurement and financial regulations.

Existing support from Public Health England

PHE has stated that it is willing to partner with local authorities and research funders to develop a fair, transparent and sustainable process for funding of public health research which does not breach the New Burdens doctrine, but which allows those authorities who want to support intervention costs to do so, without creating obligations on those who cannot.

ADPH would support this, and would advise that the responsibilities of each partner should be:

- **Research funder:** continue to support projects deemed to be of sufficient quality but subject to the provision of ETCs and alert PHE to their decision. The proposal is shared with PHE in order to clarify the extent of ETC required and the local authority(ies) that would be involved in the research.
- **Local authority:** PHE liaises with Directors of Public Health (DsPH) to seek their advice on whether the Authority would support the research. This support could be in the form of facilitation to enable the research but also consideration of whether a contribution towards ETC would be forthcoming. In the case of research to be undertaken across multiple LAs, ADPH recommends that DsPH would reach agreement on the lead LA to engage with PHE in relation to the project. Arrangements for any sharing of funding would be agreed at local level. Local Authorities can, where they reach agreements between each other, make use of Agency Powers under the Local Government Act 1972 to have a lead, and to transfer resource including funding.
- **PHE:** will undertake to convene a group with membership including ADPH nominees, Local Government Association, PHE and others as needed. That Group will meet - according to need - to consider all projects alerted to PHE during the period and the views expressed from LAs via DsPH. The group would then recommend to the PHE Director of Research, Translation & Innovation whether it would be appropriate for PHE to contribute to the ETCs. This would be subject to PHE having available funds.

Any financial contribution that would be made by PHE is to recognise the financial constraints within LAs and the fact that they do not normally have a dedicated budget line for ETCs. The timing would allow LAs to plan to create such a funding stream in the future, should they feel able and willing to do so. However it is proposed that, over a period of years, PHE's contribution would diminish.

The future of Public Health Research

Many public health research proposals that originate in universities propose potential new interventions with consequent financial issues as outlined above.

ADPH feels that it is essential that research funders, PHE, and universities consider the intervention readiness of their proposals and the potential financial impact on local authorities, and also whether these interventions or similar interventions are already being delivered elsewhere, so that local authorities can consider the balance of funding ETCs against the likely return either in terms of outcomes for people or better use of public monies.

Moreover, academics may be unaware of what interventions are being delivered. Many interventions exist which need robust evaluation and ADPH would ask research funders to consider a shift to evaluation of existing interventions rather than researching new interventions where practicable. Local Authorities often seek support for robust evaluation of public health interventions that they are already funding, or have in pilot phase, because they want evidence to include in their decision-making.

It is important to bring together academic public health researchers with PHE, ADPH and LGA in order to examine priorities and look at what interventions exist. ADPH calls on NIHR and PHE to lead this joining up and knowledge exchange both to achieve better use of public monies both at research funder and at local authority level. A shift to evaluation should be encouraged.

By doing this it is hoped that the need to fund ETCs for new interventions would diminish and the number of existing interventions being evaluated robustly would increase. Through its emerging strategy for Research, Development & Innovation, PHE commits to helping to make that happen.

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