



# **The Association of Directors of Public Health Consultation Response**

## **Local Government Outcomes Framework: Call for feedback**

### **Objectives and Scope**

Local government is the backbone of our communities. It provides essential services, supporting residents, including the most vulnerable in our communities, to live decent lives. However, demand for local services and the complexity of need is increasing. In many parts of the country there is a stark gap between what local residents expect from local government and the funding available to deliver. Councils are grappling with numerous spending ringfences and reporting requirements that hamper their ability to take strategic decisions about how best to improve the living standards and economic prospects for their residents. This is not a recipe for strong or sustainable local government.

Government is committed to resetting the relationship with local government, working as equal partners, by giving the sector greater control over how to prioritise services and programmes that best support their local communities. Planned reforms intend to empower local government to deliver on its core purpose of improving residents' lives by radically simplifying the funding and reporting regime and establishing shared goals across public services within coterminous boundaries insofar as possible.

These reforms will also mean central Government spends less time on micromanaging local decisions and more time on strategic national priorities, marshalling an empowered local government as a key delivery partner, ready to take on the emerging challenges and opportunities.

The Fair Funding Review 2.0 consultation provided an update on the Government's progress to deliver the biggest programme of funding simplification to date. The LGOF will support the simplification of grant funding by clarifying the key outcomes central Government wants to work with local government to deliver with their more flexible funding. Rather than a multitude of rigid programmes with ringfenced funding pots, which restrict innovation and prioritise short-term outputs, Government will use the Framework to set out the outcomes it wants to work with local government to deliver, while preserving and strengthening the autonomy, flexibility and financial certainty local leaders need to deliver them in the most effective way for their places. Partnership working across the different tiers of local government and across different public services will be essential for delivering better outcomes for local people in line with the LGOF. The LGOF will not apply to Strategic Authorities at launch in April 2026, but it has been designed to support partnership working across tiers of government. MHCLG is exploring how in future subnational accountability can be better joined up.

This is in line with the Government's ambition to rewire how England is governed, where recasting the relationship between local and central government is fundamental. It is not an easy or quick fix as it

requires a fundamental cultural shift across Whitehall – from siloed initiatives to strategic thinking; from micromanagement to local autonomy; from short-term pots for crisis-fighting to investment in prevention, from preventing failure to supporting long-term solutions.

Central Government will still take firm action where there is failure, however the Framework is explicitly focused on outcomes to help free up local delivery and focus central attention on what really matters. MHCLG will work with other Government departments to make sure that support and challenge to local authorities aligns with the Framework and is improvement focused.

MHCLG is also progressing further work to reduce burdens, so local authorities have greater flexibility over how to deliver in line with local needs and in support of Mission delivery. While statutory duties will continue to apply as set out in legislation, the Single Data List process will be reviewed, and we will continue our work to reduce unnecessary burden caused by existing duties.

### **About ADPH**

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national, and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

### **Questions about use of the framework**

1. How would you like to see the framework used as a tool to support local authorities and local partners to deliver against key national outcomes? For example, undertaking quiet conversations with councils based on outcome trajectory, convening departments to coordinate support where there are concerns across multiple outcomes.

- We welcome the move towards using an outcomes-based approach and the opportunity to help shape it.
- The outcomes should support cross-departmental (MHCLG, DHSC, Defra, DWP, and other departments mentioned the outcomes framework) action at national Government level. Public health outcomes can sit at intersections and if delivery is too rigid there can be a chance that people continue to slip through the cracks. We would welcome action by Government to agree a system outcome and define the contribution of different sectors, ie local government, NHS, business etc, to achieving those system outcomes. This would also serve to increase collaboration across organisations and reduce silo working.
- We would welcome clarity about how this new framework will be viewed alongside existing frameworks eg PHOF, NHSOF, ASCOF.

- It is also important to acknowledge and consider the accountability of different stakeholders where multiple sectors are contributing.
- We recognise that metrics have been selected based on data that already exists. However, we know that there are gaps in the data on important outcomes, for example mental health and wellbeing. We feel strongly that there should be a separate piece of work to develop new indicators that will support/underpin the development of new indicators for important outcomes where there are currently gaps in data.

**2. How would your organisation use the Framework either in its own work or when working with partners?**

- ADPH would use the framework to monitor investment in the outcomes and ensure that national policy promotes and supports delivery of the outcomes.
- Directors of Public Health (DsPH) could use the outcomes to emphasise the need for a Health in All Policies approach by highlighting the public health aspect of housing, environment, poverty, and early years, and provide advice to their local authorities about more integrated approaches to delivery.

**3. Do you have views on how the Framework can best support local innovation, partnership working and long-term planning?**

- It is important that any national framework allows for local nuance and adaptability. Many local authorities will have unique needs depending on demographics and it is important that vulnerable people are not left behind because they do not fall into rigid categories.
- The most important use of the Framework is to demonstrate the benefits of early intervention and strive towards long-term goals whether that is at local or national policy level.
- The outcomes span multiple departments and organisations; it is a welcome step towards more integrated delivery of outcomes and away from siloed working that does not address the complete picture or reasons of vulnerability.
- Long-term planning should be supported with robust and appropriate funding for local authorities to ensure the focus remains on long-term delivery and multi-year funding allows continued focus on the addressing the outcomes.

## General questions about the metrics

This section details specific questions it would be helpful to receive responses to about the metrics under each of the priority outcomes. The online form is the easiest way to provide the feedback below, and will capture the following:

1. To what extent do you agree that these are appropriate metrics to assess local progress against the priority outcome (given the standards set out in para 27)?

### Homelessness and rough sleeping

- No. of households with children in temporary accommodation (MHCLG) **Strongly agree**
- Number of families in B&B over 6 weeks (MHCLG) **Strongly agree**

- Percentage of duties owed where homelessness was prevented (MHCLG) **Strongly agree**
- Number of people sleeping rough on a single night (MHCLG) **Strongly agree**
- Number of people sleeping rough over the month who are long term (MHCLG) **Strongly agree**

### **Housing**

- Proportion of rental housing in LA area deemed decent (MHCLG) **Strongly agree**
- Net additional dwellings (MHCLG) **Strongly agree**
- House price to workplace-based earnings ratio (ONS)
- Proportion of homes rated EPC C and above (ONS)
- Social housing demand [placeholder]

### **Multiple disadvantage (MD)**

- Proportion of people in substance use treatment also experiencing at least one other overlapping disadvantage, achieving significant progress in treatment (OHID) [placeholder] **Strongly agree**
- Households with accommodation secured at end of prevention/relief duty for households also experiencing at least two areas of overlapping disadvantage (MHCLG) [placeholder] **Strongly agree**

### **Best start in life**

- Percentage of children with a good level of development up to 5 years old (DfE) (see early children's health measure included in health and wellbeing outcome) **Strongly agree**

### **Every child achieving and thriving**

- Percentage of pupils meeting expected standards of reading / writing / maths at KS2 for LA maintained schools (DfE) **Strongly agree**
- Key Stage 4 attainment 8 data for LA maintained schools (DfE - in development) **Strongly agree**
- Percentage of young people (16 – 17) not in education, employment or training (DfE) **Strongly agree**
- Percentage of SEN pupils meeting expected standards of reading / writing / maths at KS2 (DfE) **Strongly agree**
- Young people supported to move into education, employment or training – SEN post-16 destinations (DfE) **Strongly agree**
- Absence rate for SEN pupils (DfE) **Strongly agree**
- Absence rate – persistent and severe absence (DfE) **Strongly agree**
- First time entrants to youth justice system (MoJ) **Strongly agree**
- Percentage of youth offenders reoffending (MoJ) **Strongly agree**

### **Keeping children safe and family security**

- Rate of looked after children per 10,000 children (for unaccompanied asylum-seeking children and non-unaccompanied asylum-seeking children) (DfE) **Strongly agree**
- Persistent absence for Children in Need Only (CINO), Child Protection Plans Only (CPPO) and Children Looked After (CLA) (DfE) **Strongly agree**
- Educational attainment at KS2 (expected standard in read / writing / maths) and KS4 (average attainment 8) for CINO, CPPO and CLA (DfE) **Strongly agree**
- Percentage of children who cease being looked after due to moving into Special Guardianship Order (SGO) or Care Arrangement Order (CAO) (DfE) **Strongly agree**

- Percentage of child protection plans which are a second or subsequent plan (DfE) **Strongly agree**
- Percentage of child protection plans which were longer than 2 years (DfE) **Strongly agree**
- Percentage of looked after children with 3 or more placements during the year (DfE) **Strongly agree**
- Percentage of children living in foster, residential care, or secure children's homes (DfE) **Strongly agree**
- Percentage of care leavers in education, employment or training (DfE) **Strongly agree**
- Percentage of care leavers in suitable accommodation (DfE) **Strongly agree**

### **Health and wellbeing**

- Healthy life expectancy at birth (Fingertips) **Agree (different life expectancy for different genders)**
- Slope Index of Inequality in life expectancy at birth (Fingertips) **Agree (again differences between genders)**
- Smoking: Percentage of successful quitters (To be published on Fingertips) **Disagree**
- Child health: Percentage achieving good level of development at 2-2.5 year review (Fingertips) (see early children's health measure also included in best start in life outcome) **Strongly agree**
- Drugs and alcohol: Rate of alcohol specific mortality (directly standardised rate (dsr) per 100,000) (Fingertips) **Disagree**
- Obesity: Year 6 obesity prevalence (Fingertips) **Strongly agree**
- Physical inactivity: Percentage of adults who are physically inactive (Fingertips)
- Sexual health: Under 18 conception rate (Fingertips) **Disagree**
- Oral health: Percentage of 5-year-olds with experience of visually obvious dental decay (Fingertips) **Agree**

### **Adult Social Care**

- Care recipient quality of life (adjusted to account for LA impact) (1B) (ASCOF) **Strongly Agree**
- Carer quality of life (1C) (ASCOF) **Strongly Agree**
- Overall satisfaction of carers with social services (for them and the person they care for) (1E) (ASCOF) **Strongly Agree**
- Overall satisfaction of care recipients with their care and support (1D) (ASCOF) **Strongly Agree**
- Proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that the risk was reduced or removed (4B) (ASCOF) **Strongly Agree**

### **Neighbourhoods**

- Percentage agree adults in their communities can be trusted (DCMS) **Strongly Agree**
- Anti-social behaviour [placeholder] **Strongly Agree**
- People feel they can influence local decisions (DCMS) **Strongly Agree**
- People are satisfied with community / cultural facilities [placeholder] (DCMS) **Strongly Agree**
- People are satisfied with their local area as a place to live (DCMS) **Strongly Agree**

### **Environment, circular economy and climate change**

- Deaths attributable to particulate air pollution (particulate matter less than 2.5 micrometres in diameter [PM2.5]) (Fingertips) **Disagree**
- Percentage of total household waste sent for recycling/ compost/ reuse (Defra) **Strongly Agree**
- Percentage of total household waste that is collected separately as food waste (Defra) **Strongly Agree**

- Flood protection [placeholder] (Defra) **Strongly Agree**
- Biodiversity [placeholder] **Strongly Agree**

### **Transport and local infrastructure**

- Connectivity score for public transport to key services **Strongly Agree**
- Passenger journeys on buses (DfT) **Strongly Agree**
- Passenger journeys on light rail for LAs in scope (DfT) **Strongly Agree**
- Percentage of adults who walk or cycle for travel purposes at least once per week (DfT) **Strongly Agree**
- Killed or seriously injured per billion vehicle miles (DfT) **Strongly Agree**
- Percentage of local authority motorways and A roads that should be considered for maintenance (DfT) **Strongly Agree**
- Percentage of B and C roads that should be considered for maintenance (DfT) **Strongly Agree**
- Proportion of the local unclassified roads that should be considered for maintenance (% red) (DfT) **Strongly Agree**

### **Economic prosperity and regeneration**

- Gross value added per hour worked (ONS) **Neutral**
- Gross median weekly pay (ONS) **Neutral**
- Employment for 16-19 year olds (ONS) **Strongly Agree**
- Employment rate 16-64 year olds (ONS) **Strongly Agree**
- Indices of Multiple Deprivation (IMD) average score (MHCLG) **Strongly Agree**
- Births of new enterprises (ONS) **Neutral**
- Deaths of enterprises (ONS) **Neutral**
- Number of high growth enterprises (ONS) **Neutral**
- Business density (ONS) **Neutral**
- Business survival rate (ONS) **Neutral**
- Reducing poverty [placeholder] **Strongly Agree**
- Employment support [placeholder] **Strongly Agree**

### **Child poverty**

- Children in low income families **Strongly Agree**

2. If you disagreed with any of the metrics above, please explain why.

#### Health and Wellbeing

- **Smoking:** Percentage of successful quitters (To be published on Fingertips) – should focus on smoking prevalence.
- **Drugs and alcohol:** Rate of alcohol specific mortality (directly standardised rate (dsr) per 100,000) (Fingertips) - with alcohol-specific mortality, this needs to be the alcohol-related broad/narrow definition to bring in the wider population drinking at risk or data on admissions.
- **Sexual health:** Under 18 conception rate (Fingertips) - output measure is HIV testing which will not address the breadth of sexual health metric needed. We recommend a more comprehensive metric such as STI testing rate per 100,000 population (or new dx rate), including testing rates and positivity rates, and an indicator of contraception access as an output metric, to better reflect the full range of STIs and ensure the Framework supports a holistic and prevention-focused approach.

#### Environment, circular economy and climate change

- **Deaths attributable to particulate air pollution:** NOX and PM10 should be included as well as PM2.5.

3. Do you think any other metrics should be added to indicate progress towards the priority outcome? If you suggest alternative metrics please provide specific examples including links to data sources. They must meet our data standards as detailed above (paragraph 27).

- **Mental health and wellbeing:** Although currently not included as a priority outcome or metric. Given the links between mental health and wellbeing and housing, employment, education, multiple disadvantage etc.
- **Transport and local infrastructure:** We recommend an indicator on cars/km driven, recording the percentage of adults who walk or cycle (if so, how much or why not), and the inclusion of a metric to measure infrastructure development.
- **Homelessness and sleeping rough:** It would be useful to see stronger cross-referencing to indicators focused on the upstream drivers or determinants of health such as affordable housing and Government/local policy on rent control in private rentals. Additionally, indicators are needed to measure coordinate investment in housing, income support, and preventative health care particularly at or before the first shelter contact.
- **Keeping children safe and family secure:** It would be useful to measure upstream drivers within this metric such as causes of family breakdown, abuse and neglect, level of poverty, and income.

Other metrics we suggest including:

- fuel poverty
- vaccinations
- suicide/self-harm
- screening
- preventable chronic disease
- CQC assessments



4. Relevant contextual information will be presented alongside the metrics eg detail of influencing factors outside of local authority control such as population demographics or geography. Is there specific contextual information you think should be captured alongside any of the metrics? Please be as specific as possible.

- Alongside the metrics, study design, sample size and other fundamental information should be recorded along with addressing data availability.

## Questions about metrics by priority outcome

This section details additional questions that relate to metrics under specific priority outcomes. If there are no additional questions alongside any priority outcome, please still consider the general questions about each metric as at para 37 (questions 1 to 4) when providing feedback.

Priority outcomes	Additional questions
Homelessness and rough sleeping	<b>No additional questions</b>
Housing	<ul style="list-style-type: none"> <li>The metric 'Proportion of rental housing in local authority area deemed decent' uses modelled data given the lack of suitable alternatives. To what extent do you think the use of modelled data is suitable?</li> <li>The metric 'Percentage of planning applications decided on time (dwellings)' combines both major and non-major planning decisions, which operate on different legal timeframes. To what extent do you think this combined metric is suitable?</li> </ul>
Multiple disadvantage (MD)	<ul style="list-style-type: none"> <li>The approach to capture multiple disadvantage (MD) outcomes has been to look at data covering elements of MD and proxy the MD cohort by looking at the existing overlaps with other support needs captured in the data. To what extent do you agree with this approach? Please expand.</li> <li>Are there any suitable data sources that could be used to capture outcomes around: <ul style="list-style-type: none"> <li>I. the role of local authorities in improving population mental health</li> <li>II. local efforts to support people leaving prison and/or serving sentences in the community to secure settled accommodation?</li> </ul> </li> <li>How can we best capture the holistic efforts to coordinate services across delivery partners to improve the lives of those experiencing MD?</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>Would more flexibility be required in the definition of MD to accurately capture the MD population in your area? Are there suitable data sources that capture this?</b></li> <li>• <b>There are data gaps that make measuring this cohort difficult. Putting those data gaps to one side, what would an ideal priority outcome area for MD measure?</b></li> <li>• <b>Is there work ongoing in your area to improve data collection/linking around identifying individuals experiencing MD?</b> <ul style="list-style-type: none"> <li>• Substance misuse and treatment progress: How will the 'one other overlapping factor' category be judged?</li> <li>• Measuring factors in relation to the timing of treatment progress: Treatment progress is measured over a set time period, when is multiple disadvantage measured?</li> <li>• Substance use in prisoners engaged within 3 weeks of release: Does 3 weeks align with DATRIG measures?</li> </ul> </li> </ul>
Best start in life	<ul style="list-style-type: none"> <li>• <b>The duty on local authorities to secure sufficient childcare is currently proposed to be measured through take-up rates for early years entitlements. Are there any available metrics that can be used to measure local government's duty to secure childcare sufficiency more broadly (including early years, school-aged childcare and childcare for children with SEND)?</b></li> <li>• <b>We intend to include an outcome measure in the LGOF for the Family Hubs and Start for Life programme. Family Hubs and 28 their services support a wide range of parental and child health and development outcomes. What do you think is most important and practical for the LGOF to include?</b> <ul style="list-style-type: none"> <li>• We would recommend including free school meal uptake among eligible children as data shows a far greater proportion of these children have a lower GLD and that children cannot learn if they are hungry.</li> <li>• Would we suggest a wider set of Best Start metrics? For example, infant feeding, LBW, SIP, alcohol, maternal weight, healthy start uptake, NCMP, vaccination uptake, infant mortality?</li> </ul> </li> </ul>
Every child achieving and thriving	<ul style="list-style-type: none"> <li>• <b>Are there any available metrics that can measure participation by young people in youth services in an local authority area, or reflect the quality of youth services delivered by LAs?</b></li> <li>• <b>Are there any available metrics to capture local authorities' contribution to delivering the aims of the youth justice service?</b> <ul style="list-style-type: none"> <li>• We would recommend using free school meal uptake as an output measure. Additionally, it would be helpful to report on proportion of</li> </ul> </li> </ul>

	<p>young carers having an assessment as this group is disproportionately affected by poorer outcomes.</p> <ul style="list-style-type: none"> <li>• Outcomes would also benefit from reporting on emotionally based school avoidance, elected home educated, children on an Educational Health Care Plan and Bullying prevalence. As well as reinstating the <a href="#">life satisfaction</a> metric at age 15, this self-report data is collected nationally by the <a href="#">Children's Society</a>.</li> <li>• Given the explosion in technology and concerns about online safety among children and parents we would welcome the inclusion of a metric regarding online safety.</li> <li>• We are unclear as to why some indicators are in Health and Wellbeing (for example NCMP) and some in this one (eg Physical activity).</li> <li>• How do we measure ACES in this section?</li> <li>• To better indicate the gap in health inequalities, we would recommend the percentage of pupils from most disadvantaged communities is used as the default indicator rather than population average.</li> </ul>
Keeping children safe and family security	<p><b>No additional questions</b></p> <ul style="list-style-type: none"> <li>• There is currently an absence of anything around harms/CDOP for example unexpected deaths, killed or seriously injured, hospital admissions injury/accident, CYP suicide.</li> </ul>
Health and wellbeing	<ul style="list-style-type: none"> <li>• <b>The Slope Index of Inequality (SII) in life expectancy has been proposed as a metric to track changes in health inequality within LAs. To what extent do you think this is a suitable indicator to measure changes in health inequality at local authority level?</b></li> <li>• <b>Is there an alternative metric available to measure health inequality at local authority level, which is better aligned to local authority delivery?</b></li> <li>• <b>Are there any available metrics that could be used to capture outcomes around the role of local authorities in improving population mental health?</b> <ul style="list-style-type: none"> <li>• We would recommend the development and inclusion of a measure of mental health wellbeing as an outcome metric. There are the ONS 4 metrics which provide some indication, but we would be supportive of work to establish a new measure of population mental health and wellbeing.</li> <li>• Healthy Life Expectancy – we are happy with this, data has time lags, are we reporting Male and female?</li> <li>• Slope index – we need to clarify whether it's male or female life expectancy.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Smoking quit % – this needs to change and needs to be smoking prevalence.</li> <li>• 2-2.5 year review – do we need to include uptake of 2-2.5 yr review as an output measure?</li> <li>• Alcohol mortality – we disagree with alcohol-specific mortality, this needs to be the alcohol-related broad / narrow definition to bring in the wider population drinking at risk. Perhaps, even data on admissions.</li> <li>• Drug related deaths as an outcome measure needs to be included.</li> <li>• Sexual health output measure of HIV testing will not pick out the breadth of Sexual Health metrics we need to be monitoring. We recommend changing to new STI diagnoses as an outcome.</li> <li>• We want to see a move away from including health checks as an output/target. This may not adequately reflect the efforts of local authorities working with underserved communities and inclusion health groups</li> </ul>
Adult social care		<b>No additional questions</b>
Neighbourhoods		<ul style="list-style-type: none"> <li>• <b>Are there any available metrics to capture local authority responsibility for reducing Anti-Social Behaviour?</b> <ul style="list-style-type: none"> <li>• It would be helpful to include a metric on population resilience/ability to cope when things are challenging for mental health and wellbeing. There are the ONS 4 metrics which provide some indication, but we would be supportive of work to establish a new measure of population mental health and wellbeing.</li> <li>• It would be useful to include a metric around the state of the voluntary and community sector (thriving or facing challenges).</li> </ul> </li> </ul>
Environment, economy and change	circular and climate	<ul style="list-style-type: none"> <li>• <b>Are there any available metrics to measure local government's contribution to flood resilience?</b></li> <li>• <b>Are there any available metrics to measure local government's contribution to biodiversity?</b></li> </ul>
Transport and infrastructure	local	<ul style="list-style-type: none"> <li>• <b>Do you have views on how the transport responsibilities at different tiers of government could be clearly reflected in the presentation of the metrics?</b></li> </ul>

Economic prosperity and regeneration	<ul style="list-style-type: none"> <li>• <b>Are there any available metrics to capture local authorities' responsibilities for reducing poverty and delivering employment support?</b></li> <li>• <b>Are there specific local authority activities you think should be highlighted in the contextual narrative when presenting this priority outcome?</b> <ul style="list-style-type: none"> <li>• It is important to consider the inclusivity of economic prosperity (there are many credible indicator sets developed by academics in this space) and the societal aspect of economic growth as well as GDP growth.</li> </ul> </li> </ul>
Child poverty	<ul style="list-style-type: none"> <li>• <b>Reducing and mitigating the impacts of poverty and deprivation, particularly in children, is a key priority for many local authorities. We have captured relevant metrics in housing, homelessness and rough sleeping and the wider children's focused outcomes. Are there any other available metrics that could help provide additional context on the role of local authorities in tackling child poverty?</b></li> </ul>