

ADPH Policy Protocol

Introduction

This protocol is written to underpin ADPH policy work. Its aim is to ensure membership ownership and input to policy and advocacy work and to define how that will be achieved.

It is intended that all policy work is undertaken using this document as a standard and that this is monitored by staff with oversight by the Honorary Officers.

Purpose

- To advocate for improvements in policy and practice
- To add weight to the public health voice
- To ensure the DPH viewpoint is heard
- To support DPH in their work

Principles

- Undertake work collaboratively where appropriate
- Ensure all policy is appropriately evidence-based
- Reflect the interests of DsPH in their corporate role
- Include as much member input as practicable
- Gain as much member ownership as possible
- Policy work will usually be managed and co-ordinated by staff

Priorities

ADPH will consider work in an area where:

- ADPH can add weight;
- the DPH view is not being heard;
- national work can support local DsPH;
- a topic is important (to DsPH) but not being aired.

If a piece of work meets at least one of the above criteria then the following questions will also need to be considered:

- Is there is a realistic chance of influencing or supporting?
- Has the ADPH appropriate expertise and is it available?
- Is there sufficient staff time available?
- Is it practicable to complete the work within an appropriate time-scale?
- Is there potential for collaboration?

Leadership

A framework of topic leaders (each supported by a small group of members) will be developed. Topic leaders will have a remit to keep up-to-date on specific issues, to advise on policy and to be a spokesperson for the ADPH when appropriate, within the parameters of this protocol.

Specifically, Topic Leaders will have a remit for the following in relation to their designated topic:

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- Monitor policy/strategic developments
- Advise ADPH staff and members
- Horizon scanning
- Represent ADPH on national initiatives and media enquiries
- Develop policy/position statements/briefings
- Build a small group of members as a support team

Further detail will be included in the Executive Role description.

Sign-off

- Where time does not allow then spokespeople can respond (eg to media enquiries) without former consultation. However, it would be expected that they would seek input from one or two executive colleagues beforehand.
- Where deadlines are tight and/or the process is very complex (eg when there is collaboration across organisations) then sign-off can be sought from the executive. Where practicable exec members should seek input from local members before giving their feedback (usually to the staff lead).
- For most policy work there should be full consultation at draft stage through direct communication from staff and/or through executive local communications. If this results in broad agreement then the final position may be signed off by the executive. If however there is a controversial aspect then sign off should be through consensus drawn from the wider membership.

Risk Assessment

Risks for policy work can range from very low to very high and need considering in every case. These include both risks to an individual and risks to the Association. Individuals can be exposed when what they say seems controversial or out of line with the norm. The Association is vulnerable when: speaking out against accepted policy or practice; taking a minority view without member support; and where lone voices appear to speak on its behalf.

These risks must be mitigated by strict adherence to protocols which aim to ensure both an evidence base and as much member input and ownership as possible for all work. At times it may also be prudent to inform stakeholders (eg DH) of impending announcements or publications which could cause adverse or unwanted publicity.

Programmes

Media responses

Most often these will be short notice 'quotable' pieces. This means that they can be very powerful in terms of profile and impact. It also means they carry a high risk for both individual and Association. The following protocol should be followed.

- Involve staff (if not direct from HQ).
- Staff select appropriate spokesperson and other members for input.
- Staff supply appropriate background including previous statements and policies from ADPH and others (eg FPH etc).
- Contact asked about the context of the inquiry and the proposed outputs.
- Spokesperson gathers information and discusses 'line' with other members.

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- Response given – if possible with right to edit final format.
- Staff informed of outcomes.
- Report to exec meeting under media profile.
- Circulated for information to membership via e-DPH

Responses to consultations

These will largely be ad-hoc and will be prioritised through horizon-scanning and executive discussion.

Collaborative policy work

ADPH will work collaboratively with partners from Public Health (eg FPH) and / or the voluntary sector (eg SUSTRANS) to tackle some of the major public health issues. These will aim to produce work that:

- has clear advocacy messages for government and policy makers;
- has clear advocacy messages for local decision and policy makers;
- and / or supports DPH in their local roles (eg with commissioning).

This work may be driven and led by ADPH or by other organisations. However, these ADPH policy protocols should be followed in either case.

Policy briefings

It is intended to produce a series of briefings on topical or important issues. These will inform members and present current issues on a variety of topics. They will be formulated by staff with support from either existing ADPH policy work or Topic Leaders and signed off by the executive for wider dissemination.

Endorsement of external policy work

The ADPH is often asked to endorse others' publications or statements. This is usually around an important public health issue where the DPH voice adds weight to an already well-researched policy or statement. After discussion with the executive a decision to endorse will be made if:

- the executive is happy that the policy is evidence based and agrees with general public health tenets;
- there is broad agreement with the content and no major divergent view from the executive;
- specific comments and potential improvements are fed back to the authoring organisation for their consideration;
- agreement is reached over the final format for our endorsement (logo; signatures etc).

If there is no broad agreement then the ADPH will decline with an explanation.

Personal viewpoints

At times members (and in particular the President) may be asked to write or present their views because of their position in the Association. It should be made clear at all times whether their views are based on discussion with members (and in what context eg workshop; consultation; exec discussion etc) or are their personal opinions.

This protocol should be reviewed at least every three years