



The Association of Directors of Public Health

Review of prescribed local authority activity

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 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 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Introduction:

There is a recognition among DsPH that mandation can be useful for protecting public health services as part of a broader package of measures. DsPH want public health services to be protected from budget cuts and are concerned about the impending removal of the ring fence from the public health grant. However, many members would like to see an alternative to mandation, which they see as a blunt instrument.

The system needs to both deliver high quality public health outcomes and meet the diverse needs of different areas appropriately. Whether a service is mandated or not does not affect its effectiveness or outcomes and some mandated services are more effective than others. To improve outcomes, quality standards should be introduced for the delivery of public health services.

To meet the needs of local areas effectively, flexibility is needed to enable DsPH to commission and deliver services which are a local priority. Mandation could be part of the solution to this but there are other ways of ensuring the system is fit for purpose.

It can be argued that mandation is a reductionist approach which focuses too heavily on local authority service delivery and does not consider or account for a multi-agency approach to improving outcomes. It also does not account for the need for local areas to focus on their own local priorities and be flexible in the delivery of their programmes and services, and does not encourage local innovation. What is really needed is a whole system approach to public health. Action on the wider social determinants of health and a health in all policies approach cannot be achieved through mandation.

DsPH are keen to stress that mandation cannot be an effective mechanism for improving population health outcomes unless adequate funding is provided for the delivery of public health services. Without appropriate and equitable funding for public health, all services, whether mandated or not, will be put at risk.

DsPH have also stressed the importance of clarity around the assurance mechanism to be used for public health post 2020, when the ring-fence is removed from the public health grant.



1. What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?

As far as ADPH supports mandation as a concept, ADPH supports the existing principles of mandation. We would suggest that the principles of mandation also include some reference to the importance of mandating services that have a clear public health benefit.

2. What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of regulations varies between people or groups? This could relate to people of different gender, age, ethnicity or sexual orientation.

It is not possible to provide evidence of the impact of mandation on population health outcomes as there is nothing to compare it with. Mandation certainly results in the widespread delivery of services that are mandated (e.g. NHS Health Checks) but we are unable to provide evidence that shows benefit to the public's health that would have not been generated were the service not mandated.

3. How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes - for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?

ADPH members are broadly supportive of sexual health services, 0-5 services and health protection continuing to be mandated.

NHS Health Checks are now being delivered in most areas but there is concern around the evidence of effectiveness and cost effectiveness of the health checks programme, the implications for population level approaches and the potential impact on health inequality. In our recent ADPH System Survey only 36% of DsPH who responded wanted NHS Health Check Assessments to be mandated in the same way as they are currently. ADPH members would like the current approach to NHS Health Checks to be reviewed and would welcome the ability to take a more targeted approach.

The delivery of drugs and alcohol services are currently a condition of the public health grant. There needs to be some consideration of what happens to the requirements of the public health grant once the ring-fence is removed.

We would welcome a strengthening of the statutory duty for local authorities to improve health and the inclusion of a duty around reducing health inequality.