



Association of Directors of Public Health (UK)

Association of Directors of Public Health – submission to Public Health England’s Everybody Active, Every Day consultation.

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 DsPH development, sharing good practice, and policy and advocacy programmes.

www.adph.org.uk

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

Overview and summary

ADPH welcomes the Everybody Active, Every day package: ‘An evidence-based approach to physical activity’ and ‘Implementation and evidence guide’, which are both generally clear and concise.

However given that commissioners and professionals may rely upon this case study document as a menu of approved interventions we are concerned that this should include a wide range of best practice examples.

In many fields of physical activity the evidence available does not meet traditional health sector standards, because of the nature of the intervention, realities of project delivery, the relative shortage of research funds and unwillingness of project funders, whose own objectives may not include health outcomes, to pay for intensive evaluation.

ADPH response to ‘An evidence-based approach to physical activity’

The evidence-based approach document provides a useful basis for the implementation guidance however we would welcome a stronger inclusion of the role of Directors of Public Health within local authorities and their task in tackling physical inactivity.

On page 12- paragraph 6, Responding to the Challenge, there is reference to the shift of the Public Health Grant in England to local authorities. Although the initiatives the grant created are acknowledged we are concerned that Directors of Public Health and the extension of their public health functions within local authorities are not mentioned. We would prefer it to say that Public Health responsibilities have transferred to Local Authorities.

Furthermore, in the fourth paragraph on page 13, ADPH would also welcome the inclusion of local authorities to work jointly with the government, the private sector, voluntary sector, communities and individuals in the vision for ensuring that existing resources are used better and a cultural change is made overall.

The identification of sectors such as planning, unions and businesses as having key roles to play, on page 15, paragraph 2, is encouraging however we recommend that transport is also added to the list, alongside these. The detail around the three professional areas which should be 'activated'- Education, Sport and Health-we view as correct, however business, planning and development and transport are just as important and should also be recognised here. Finally, within the last paragraph, ADPH also recommends that the importance the role local authorities play within health should be included, in order to boost more action to be taken to integrate and recommend physical activity as part of treatment within the community.

ADPH welcomes the reference to local authorities in the second paragraph on page 17 and their role in linking local health policy with other strands including planning, transport infrastructure and housing.

We would suggest that on page 18 that the NICE PH8 is mentioned as it is in the process of being updated as well as the PH2.

Finally, on page 20, we would suggest that the first point is reworded. The focus on cycling should not concentrate on catering for existing cyclists, who in many settings do not represent wider society but should focus more on encouraging and supporting everyone to cycle a little. We would propose that the wording is changed to "build safe attractive environments where people of all ages can walk or cycle".

ADPH response to the 'Implementation and evidence guide'

ADPH supports the arrangement of section 3, 'The Evidence for Implementation'. The introductory quote from Heath et al, the content of pages 9-13 and the section as a whole is encouraging, although we would welcome a stronger inclusion of the role local authorities play within this.

We would also like to see a specific reference to default 20mph limits (not localised 20 zones). We would recommend citing UK Health Forum, e.g. <http://www.ukhealthforum.org.uk/prevention/pie/physical-activity/?entryid43=21111&cord=ASC&p=4>.

ADPH welcomes the recommendations for the better use of current and forthcoming investment programmes, including those that are being developed now and will be in the future as well as assets we already have. The final paragraph on page 10 could be extended to include the following wording, "Much of this is not about additional investment; it is about constructing better decisions regarding current and future investment plans, and maximizing the potential of the many assets we already have in walking and cycling infrastructure, parks, leisure facilities, community halls, and workspaces."

Although the research recommendations on page 16 are accurate, a paragraph could be added which addresses the point that enough knowledge already exists to make clear that measures, such as those recommended in the various NICE guidance documents and tools listed within this document, can and should be implemented.

As mentioned previously, within our comments about the evidence-based approach document, ADPH recommends that the wording of the second bullet point on Page 17 should be changed to "build safe attractive environments where people of all ages can walk or cycle", in order to encourage and support everyone in active travel.

Although section 6 is generally positive, in part A it is not clear that the Responsibility Deal for physical activity is a model or mechanism for this, nor that reference 63 endorses the Responsibility Deal.

ADPH supports the proposal in part C, for national government “to accelerate a modal shift in transport from cars to walking, cycling and public transport.”

ADPH recommends that an evaluation regarding the introduction of an active travel bill for England is carried out. This could be achieved by examining the need for a legal requirement for local authorities to map and plan for suitable routes for active travel and to encourage usage of the improved infrastructure, as with the Active Travel (Wales) Act.

Finally the references to voluntary and community sectors within this document appear to assume that VCS bodies are all in the fields of disease, care and welfare. The recommendations as drafted are not unsuitable for this sub-sector but it should also be noted that a vast amount of expert delivery is carried out by VCS organisations. The document should also acknowledge that there is existing expert evidence synthesis and input to policy from the likes of Sustrans, UK Health Forum, ourselves-ADPH- and others, as well as new interdisciplinary groupings such as ***Active Transport for Healthy Living*** and the ***Professional Alliance for Transport and Health***.

**Association of Directors of Public Health
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