



The Association of Directors of Public Health

Devolution

ADPH Recommendations

- The statutory role of Directors of Public Health (DsPH) to provide strategic leadership to improve and protect health and wellbeing across the local health system should be fully recognised, and existing partnerships harnessed, in new devolved structures.
- Devolution should be based on the principle of subsidiarity – transferring power to the lowest possible level or where decisions have the most impact.
- Powers must be matched with adequate resourcing and consistent funding at each level is needed, although duplication of resources should be avoided.
- New devolved structures should take a health in all policies approach, recognising that the majority of health and wellbeing outcomes are determined by factors outside the NHS.
- New structures and roles must be clearly defined in terms of locality, with co-terminosity whenever possible, with clear lines of accountability to specific organisations.
- There should be a firm commitment to develop a comprehensive public health workforce strategy.
- Local data and analytics should be shared with DsPH, and across all levels of governance, so that it can be interpreted and applied locally.

Introduction

On Thursday 10th July 2025, the Government introduced the [English Devolution and Community Empowerment Bill](#), building on the [white paper](#) published in December 2024, which introduced legal powers to strengthen the role of Strategic Authorities (SA) in reducing health inequalities and improving health. Clause 43 details a statutory duty for new authorities to:

“...have regard to the need to improve the health of persons in their areas and reduce health inequalities between persons in the areas.”

It is expected that this duty be considered across all the SA's areas of competence:

- transport and local infrastructure
- skills and employment support
- housing and strategic planning
- economic development and regeneration
- environment and net zero
- health, wellbeing and public service reform
- public safety

The Bill comes at the same time as the [abolition of NHS England](#) and publication of the Government's [10 Year Health Plan](#) which aim to improve the nation's health and reduce health inequalities and come with a clear commitment to working in partnership with businesses, employers, investors, mayors, strategic authorities and local authorities to 'create a healthier country together'.

The role of the DPH

Directors of Public Health (DsPH), who sit in Local Authorities (LAs) in England, are ‘local CMOs’, responsible for the health and wellbeing of their population. They have a statutory role bridging LAs, the NHS, and other appropriate sectors and agencies with responsibilities for health and wellbeing. They have a deep understanding of their local population, and their health and wellbeing needs and are well established in their local areas as independent advocates, providing system leadership for the three domains of public health:

- health improvement
- health protection
- healthcare public health

DsPH have clearly defined responsibilities and powers which are outlined in both [Government guidance](#) and in our own [explainer](#) and encompass:

- Connecting and working with a wide range of organisations across all sectors to improve health, reduce unfair and avoidable differences in health, and tackle the preventable causes of illness and disease.
- Leading the local response to infectious diseases and other health harming hazards in collaboration with a wide range of partners, including the UK Health Security Agency, Environmental Health and the police.
- Commissioning services that improve people’s health and wellbeing, including sexual health, weight management, smoking cessation, early years, and addiction treatment.
- Collating, interpreting, and providing information and statistics about residents’ health and wellbeing to the NHS, local authorities, social care and community-based organisations, as well as the public, to develop services that meet the needs of local residents.

ADPH Position

Opportunities

Devolution presents a significant opportunity to provide a locally informed approach to addressing health risks, integrating areas with similar challenges – enabling better coordination of resources – and attracting funding and investment.

Subsidiarity

For devolution to be effective, it must be based on the principle of subsidiarity – transferring power to the lowest possible level or where decisions have the most impact. However, this should not become a mechanism for national Government to devolve all responsibility; power must be matched with adequate resourcing, particularly in light of historical cuts in local government, and public health, funding. Adequate funding at each level is needed to mitigate against long-term resource-based consequences across health, crime, education, and social and economic outcomes, although duplication of resources should be avoided.

Health in all policies

The new structures and ways of working that emerge must recognise that health responsibilities extend far beyond the NHS, and even beyond the 'health and wellbeing' area of competency. In fact, decisions made across all seven areas of competence will have an impact on people's health and wellbeing. A real momentum for change will require cross-governmental (national, regional, and local) and cross-departmental collaboration with a commitment to deliver health in all policies, backed by sufficient resources to support it.

Existing partnerships

For the new SA health duty to be realised effectively, maximum use should be made of the wide range of effective pre-existing roles, partnerships, and ways of working, including the statutory strategic role of the DPH and other chief officers at LA level.

Terminology

From a national perspective, devolution tends to be described as shifting control to regions, with the terms 'regional' and 'local', and 'region' and 'combined authority', often used interchangeably. A more nuanced model is needed, with clearly defined terminology, which recognises LA and neighbourhood-level devolution.

Role definition

To realise the ambition of devolution – and the 10 Year Health Plan – roles must be clearly defined in terms of locality, with co-terminosity whenever possible, with clear lines of accountability to specific organisations. Roles should be complementary, and not duplicate responsibilities, with clear allocation of powers and resources.

Workforce

It is important that permeability of public sector staffing across tiers is facilitated at all levels to improve understanding of competencies and roles. There should also be a firm commitment to develop the specialist public health workforce with a comprehensive public health workforce strategy, in addition to a refreshed NHS workforce plan.

Data, research and intelligence

In order for all parts of the system to work together to reduce health inequalities, it is vital that local data and analytics are shared with DsPH, and across all levels of governance, so that it can be interpreted and applied locally, using the expertise of data analysts, already in local government, who are specifically trained in public-health.

Risks

While devolution offers a significant opportunity to bring about positive change, it is important to recognise that it also poses significant risks which could compromise the Government's ambition:

- **Further fragmentation of the public health system** – the public health system is already complex and difficult to navigate. Adding a health duty at the SA level, and increased numbers of public

health workers, without clear definition of roles and responsibilities runs the risk of further complications, potential duplication, and worse, whole areas of concern being under-resourced.

- **Inequity** – some regions will be more advanced in thinking around devolution and partnership arrangements between new structures than others, which could lead to exacerbating existing health inequalities between regions. The relationship between combined mayoral authorities (CMA) and LAs is also vital and may influence how effectively these new structures integrate into existing systems and what added value they bring. The political alignment of Mayors and LA leaders is a potential area of conflict which may hinder this relationship and health inequalities may be worsened if CMAs begin to operate in isolation, fail to involve or consult with DsPH on relevant issues, or challenge LAs in public communications.
- **Dilution of public health expertise** – it is vital that the importance of specialist public health expertise, which is only gained through extensive study and practice, is not overlooked. As well as ensuring the LA DPH role is fully recognised and utilised by new SAs, the expertise of PH teams should also be harnessed.

These risks must be mitigated by thorough consultation and engagement with the existing public health system.

About ADPH

ADPH is the representative body for DsPH in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.