The Association of Directors of Public Health

Policy Position: Devolution

As a priority, the Government should:

- Fully recognise the statutory role of Directors of Public Health (DsPH) in providing strategic leadership to improve and protect health and wellbeing across the local health, care, and civic systems, in new devolved structures.
- Base devolution on the principle of subsidiarity – transferring power to and embedding community engagement and empowerment at the lowest possible level or where decisions have the most impact.
- Make improvements in population health and reduction of health inequalities a core test of all decisions, including devolution.

Background

The English Devolution and Community Empowerment Bill aims to strengthen the role of Strategic Authorities (SA) in reducing health inequalities and improving health. It is expected that this duty be considered across all the SAs areas of competence.

Devolution comes at the same time as the abolition of NHS England and the Government's 10 Year Health Plan which also aim to improve the nation's health and reduce health inequalities.

These initiatives all come with a clear commitment to working in partnership with businesses, employers, investors, mayors, SA, and local authorities (LA) to 'create a healthier country together'.

ADPH Position

Devolution presents a significant opportunity to provide greater power to local areas to implement a more targeted and locally informed approach to improve the health and wellbeing of communities, addressing health risks, integrating areas with similar challenges – enabling better coordination of resources and transformation of public services – and attracting funding and investment.

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

Subsidiarity

To be effective, **devolution must be based on the principle of subsidiarity** – transferring power to, and embedding community engagement and empowerment at, the lowest possible level or where decisions have the most impact.

- **Communities must be actively involved in decision-making**, with neighbourhood-level participation and co-production embedded in devolved governance arrangements.

- **Power must be matched with adequate resourcing and flexible, long-term funding**, particularly in light of historical funding cuts in local government and public health in order to deliver on prevention and system transformation across health, crime, education, and social and economic outcomes. Duplication of resources should be avoided.

Health in all policies

Only 10-20% of our health and wellbeing is determined by access to traditional health and care services. The remainder is shaped by the social, commercial, environmental, and economic conditions in which we live.

As such, 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.

The new structures must therefore recognise that health responsibilities extend far beyond the NHS and that decisions made across all nine areas of competence will have an impact on people's health and wellbeing. Existing public health teams can provide SAs with the evidence, expertise and population health perspective needed to improve the health benefits of their wider responsibilities.

SAs should also be required to demonstrate how decisions contribute to healthier populations and narrower inequalities by making **improving population health and reducing health inequalities a core test of all decisions, including devolution**.

Partnership working

Public health works as a system, with public health professionals working within and across organisations to protect and improve the health of communities and populations at local, regional and national level. In England, local government Directors of Public Health (DsPH) are local leaders of the public health system. In this context, adding a health duty at the SA level presents opportunities but also risks of duplication.

Specialist public health expertise, which is only gained through extensive study and practice, is limited and SAs must therefore maximise use of the wide range of effective pre-existing roles, partnerships, and ways of working, and understand how they interact with more localised governance arrangements (eg Health and Wellbeing Boards, Neighbourhood Health, Pride in Place).

It is also important that movement of public health staff across sectors across tiers is facilitated at all levels to improve understanding and development of competencies and roles.

- **DsPH should be recognised as the principal source of specialist public health advice to Strategic Authorities and Mayors** with formal arrangements established to ensure regular engagement between SAs and constituent DsPH on matters relating to health improvement, prevention, and health inequalities.
- The statutory strategic nature of the DPH role, which supports highly effective partnerships and ways of working collectively across local communities, should also be recognised.
- 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.**
- **New public health roles within SAs should complement, and not duplicate responsibilities of existing roles**, with each having clear allocation of responsibilities, powers, and resources.

- **Roles must be clearly defined in terms of locality, with co-terminosity whenever possible, with clear lines of accountability to specific organisations.**

Data and intelligence

For all parts of the system to work together to reduce health inequalities, **local data and analytics must be 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. **Local joint strategic needs assessments (JSNAs) should be the key source of evidence about health and wellbeing used by SAs** to inform policy and decision making.

Terminology

Devolution is often described as shifting control to regions, with the terms 'regional' and 'local', and 'region' and 'combined authority', used interchangeably. **Clearly defined terminology is needed**, which recognises LA and neighbourhood-level devolution.

Readiness

Councils across England are at varying levels of preparedness for devolution, with some significantly further ahead than others in relation to infrastructure, capacity, and experience. In order to avoid exacerbating existing health inequalities between regions, **the Government should provide appropriate transition support, realistic implementation expectations, and flexibility to ensure areas are well equipped to handle their new responsibilities.**

The relationship between combined mayoral authorities (CMAs) and LAs is also vital and may influence how effectively new structures integrate into existing systems and what added value they bring. The political alignment of Mayors, Deputy Mayors, Commissioners, and LA leaders is another potential area of conflict which may hinder this relationship and risk worsening health inequalities without ensuring adequate consultation with DsPH on relevant issues.

You might also be interested in...

Our suite of other position papers, including what we say about the public health workforce, data and intelligence, and health inequalities.

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.

About DsPH

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.