



ADPH
South West

South West Association of Directors of Public Health Network

**Business Plan and Terms of Reference
2026/27**

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1. Background

- 1.1 The South West Association of Directors of Public Health (SW ADPH) represents all 15 Directors of Public Health (DsPH) in the South West. All substantive local authority DsPH confirmed in post are invited to be members, as well as those DsPH that are interim on a long-term basis.
- 1.2 Directors of public health in the UK have a long history of working together; ADPH UK can trace its origins to as far back as 1856, when the Metropolitan Association of Medical Officers of Health was formed. Over the period from the establishment of Strategic Health Authorities (SHAs) in 2002 to the transfer of public health to local government in 2013, DsPH in the South West have worked together.

2. Purpose of the association

- Improving health and wellbeing outcomes for the population
- To support each other to be effective Directors of Public Health (DsPH)
- Strengthen the profile of local authority public health in the South West and act as a strong public health advocate for the South West region
- To work together to have greater regional and national impact than we can as individuals
- To solve existing problems / respond to new emerging challenges together for better outcomes and to avoid duplication
- Link effectively with key stakeholders including Office of Health Improvement and Disparities (OHID), UK Health Security Agency (UKHSA), NHS England and Local Government Association (LGA)
- Support Practice Improvement (PI); To take collective responsibility for the continual improvement of local public health outcomes, through sharing good practice and peer challenge, and where appropriate, to set norms and benchmarks
- To identify and oversee a collective budget

3. Membership

- 3.1 All substantive South West region local authority DsPH confirmed in post are invited to be members, as well as those DsPH that are interim on a long-term basis.
- 3.2 Current members (January 2026):

- Matt Lenny, North Somerset
- Rebecca Reynolds, Bath and North East Somerset
- Christina Gray, Bristol
- Eunan O'Neill, Cornwall
- Katie Ash, Isles of Scilly
- Steve Brown, Devon
- Sam Crowe, Dorset
- Siobhan Farmer, Gloucestershire
- Steve Maddern, Plymouth
- Alison Bell, Somerset
- Sarah Weld, South Gloucestershire
- Emma Kain, Swindon
- Lincoln Sargeant, Torbay
- Kate Blackburn, Wiltshire
- Rob Carroll, Bournemouth, Christchurch and Poole

4. Relationship to Association of Directors of Public Health (UK)

- 4.1** ADPH regional networks should always uphold and comply with the requirements of the ADPH (UK) Constitution, particularly with regard to purpose and objectives, equal opportunities, codes of conduct and good governance practices.
<https://www.adph.org.uk/wp-content/uploads/2013/08/ADPH-Governance-Framework.pdf>.
- 4.2** ADPH South West network will follow ADPH UK protocols – for example relating to policy development, sponsorship, and use of logo. They may use the ADPH logo for non-contentious correspondence and nationally agreed policy documents.
- 4.3** As an ADPH regional network, the ADPH SW can elect two representatives to the ADPH Council. ADPH SW will provide advice to the national Council of ADPH on issues to be pursued nationally and provide updates to the national Council on local activities. For ADPH SW, the positions of the two ADPH UK Council representative roles for the region will be filled as follows:
- Both will be filled by DPH members of the SW ADPH (chosen through self-nomination and agreement from eligible members)

5. Relationships with other bodies

5.1 ADPH South West will work closely with other organisations and stakeholder bodies in the South West which have an impact on, or are affected by, the South West public health system. This includes but is not exclusive to:

- Office of Health Improvement and Disparities
- UK Health Security Agency
- South West Councils
- NHS England
- Local Government Association (LGA) regional advisors
- Faculty of Public Health (FPH)
- Other local government officer professional networks, including: Association of Directors of Children's Services, Association of Directors of Adult Social Services
- Wider public health workforce

6. Finance

6.1 A pooled budget will be held by South Gloucestershire Council – in 2026/27 this is ~£42k which is intended for Practice Improvement (£25,700) and wider support of the network (£17,000)

6.2 From time to time an agreed sum will be added by each DPH to the budget.

6.3 Network Co-ordinator is authorised to make payments of up to £1000 and the current chair of up to £5000. Larger payments require the approval of the group.

6.4 Payments not related to items previously agreed or to the running costs of the meetings will be notified to the group by the chair at the next meeting.

6.5 In support of the Practice Improvement Project Officer & Co-ordinator for SW ADPH Network Post, all SW LA Commissioners will make payments to the Lead Commissioner (South Gloucestershire Council) as per the signed off Memorandum of Understanding (MOU) for contributions to Practice Improvement Project Officer & Co-ordinator for SW ADPH Network Post 2026-2029

7. Practice Improvement

- 7.1** As a group, ADPH South West will take collective responsibility for the continual improvement of local public health outcomes across the sector, in line with the ADPH UK model for improvement set out at **Appendix 1**.
- 7.2** Regional Practice Improvement priorities are determined through a collective decision-making process by the South West Directors of Public Health, with priority leads appointed on a voluntary basis and their roles formally endorsed by the group. Microsite Link: [Practice Improvement | South West](#)
- 7.3** Kate Blackburn (DPH Wiltshire) is the current PI DPH lead for the South West.
- 7.4** For the 2026-27 financial year the Practice Improvement priorities are:
- Smoke Free Generation
 - Substance Use
 - Public Health Intelligence
 - CVD Risk Reduction
 - Best Start in Life

8. Meetings

- 8.1** Regular meetings of ADPH South West will be held bi-weekly, with away day in-person away days held quarterly, subject to review of business. Meetings will focus on reviewing progress against joint priority objectives, discussing key issues, peer support, problem solving, and agreeing any common approaches and/or policy positions.
- 8.2** Agendas for the meetings will be drafted by the Network Coordinator and approved by the Chair. Papers should be circulated at least 2 full working days before the meeting. All other necessary administrative support will also be provided by the Network Coordinator. Link to [agenda forward plan document on the DsPH only SharePoint](#)
- 8.3** Any items or papers brought to the meeting by external organisations should have a 'sponsoring' DPH who approves the item/report for circulation in advance.

- 8.4** Discussions during the private session are strictly confidential and will not be minuted. Discussion will be free, frank and robust but will remain polite and courteous and avoid personal attacks on those present and not present
- 8.5** **Attendance:** DsPH that cannot attend any meetings should be represented by a delegate from their management team, who is authorised to take decisions on their DsPH behalf.

9. Decision making

- 9.1** As a collaborative body, ADPH SW will seek to operate by consensus and the will of the group. Where decisions from DsPH are required e.g. for approval of the budget, these should be included and clearly marked as recommendations in papers circulated in advance of DPH meetings. Decisions taken at DPH meetings will be included in the minutes of those meetings; where no objections to the decisions taken at meetings are raised within five working days of the minutes being circulated the decision will be accepted as agreed.
- 9.2** Where consensus by all members cannot be reached, support from at least two thirds of the membership is required for a decision to be taken (this is 10 out of 15 members/DsPH).

10. Role of the Chair(s)

- 10.1** ADPH South West will be chaired by a nominated DPH member and will serve a 2-year term as the Chair(s).
- 10.2** Responsibilities of the Chair(s):
- To chair ADPH South West meetings, including the setting of agendas, approval of minutes and management of associated business. This includes supervision of and support to the ADPH South West Network Co-ordinator
 - To provide leadership and strategic vision to ADPH South West to enable it to fulfil its core purpose
 - To have overall responsibility for directing the work of ADPH South West based on agreed priorities with members and in response to emerging issues
 - To maintain a high level of awareness of strategic public health issues affecting the South West region and ADPH South West members

- To develop and maintain strategic relationships, including with: OHID, UKHSA, SW NHSE, and ICBs
- To ensure that ADPH South West works effectively, with good collaboration between its members, encouraging and supporting the development of partnership working between partner agencies, including any sub-groups or officer networks
- To adhere to confidentiality in respect of ADPH South West or individual member business

10.3 Election process of the Chair(s): Nomination of the SW ADPH chairs(s) takes place bi-annually with election granted by sign-off and agreement from all SW DsPH. Current co-chair arrangements are in term from April 2025-April 2027.

11. Other leadership roles

11.1 In order to deliver the ADPH South West work programme, individual DsPH and/or their next in lines may be asked/volunteer to take on a leadership or representation role on behalf of the ADPH South West network. This may involve leading or sponsoring a particular project or initiative. Please see [SW DPH Rep Request Process.docx](#) for the process the SW APDH network takes for DPH representation requests.

11.2 It is agreed that all DPHs should play an active and identifiable role in the SWADPH, these roles will be reviewed and agreed annually. Should the need for a lead role emerge or decline throughout the year any DPH can suggest a change in the roles and responsibilities through the meeting agendas. These changes will need to be agreed by the group.

11.3 DPHs are all responsible for making sure they regularly report against progress for their area of responsibility to the group and, for PI work, to the ADPH as necessary (quarterly report).

11.4 See SharePoint link for [current ADPH South West leadership roles](#).

12. Review

12.1 This document will be reviewed at least annually. Next review January 2027.

Appendix 1 – Practice Improvement programme

As leaders for public health ADPH is fully committed to Practice Improvement as the model for improving health outcomes for all citizens.

The overarching term Practice Improvement (PI) covers a wide range of improvement actions and places emphasis on public health practice. It aims to bring together the process of Sector Led Improvement (SLI), Quality Improvement (QI), public health audit, and provide assurance that efforts are being made to improve public health practice continuously. It can be defined as the approach to assuring quality services and improved outcomes in health whilst improving professional practice with a commitment to reducing health inequalities.

It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about measurable improvement. PI promotes collaboration and evidence-based practice across the public health system and recognises the role of challenge and peer support as a way of supporting organisational performance and improvement within public health teams. The PI approach works in public health as a voluntary and organic process which is needs and evidence-based and considers the complexity of the changing public health system. The benefits of collaborative working include, but are not limited to, building confidence, mutual learning and soft-sharing, effective engagement with local populations, and efficient use of resources, time, and capacity at times of extreme pressure. By continuously engaging in PI, public health organisations can ensure their programmes and services are effective, efficient and responsive to the needs of the communities they serve. PI is a continuous and ongoing effort to achieve measurable improvements in outcomes that enhance population health. It is an iterative process that should demonstrate sustained improvement in public health practice.

Ultimately the process of PI needs to:

- Provide assurance to internal and external stakeholders.
- Improve health outcomes for local populations.

[Source: The Association of Directors of Public Health Explainer: Practice Improvement in Public Health]

The underlying principle for ADPH is that each DPH should be fully aware of the performance of public health in their area. This provides a baseline for improvement, which is best achieved when a council's approach to delivering good public health outcomes is supplemented by collective responsibility for improvement, through sharing good practice and peer challenge, through ADPH regional networks.

DsPH will work collaboratively as peers to support each other's improvement. They will bring together local and national support where this is necessary and available. They will make full use of published information and use an evidence-based approach. Transparency will be encouraged.

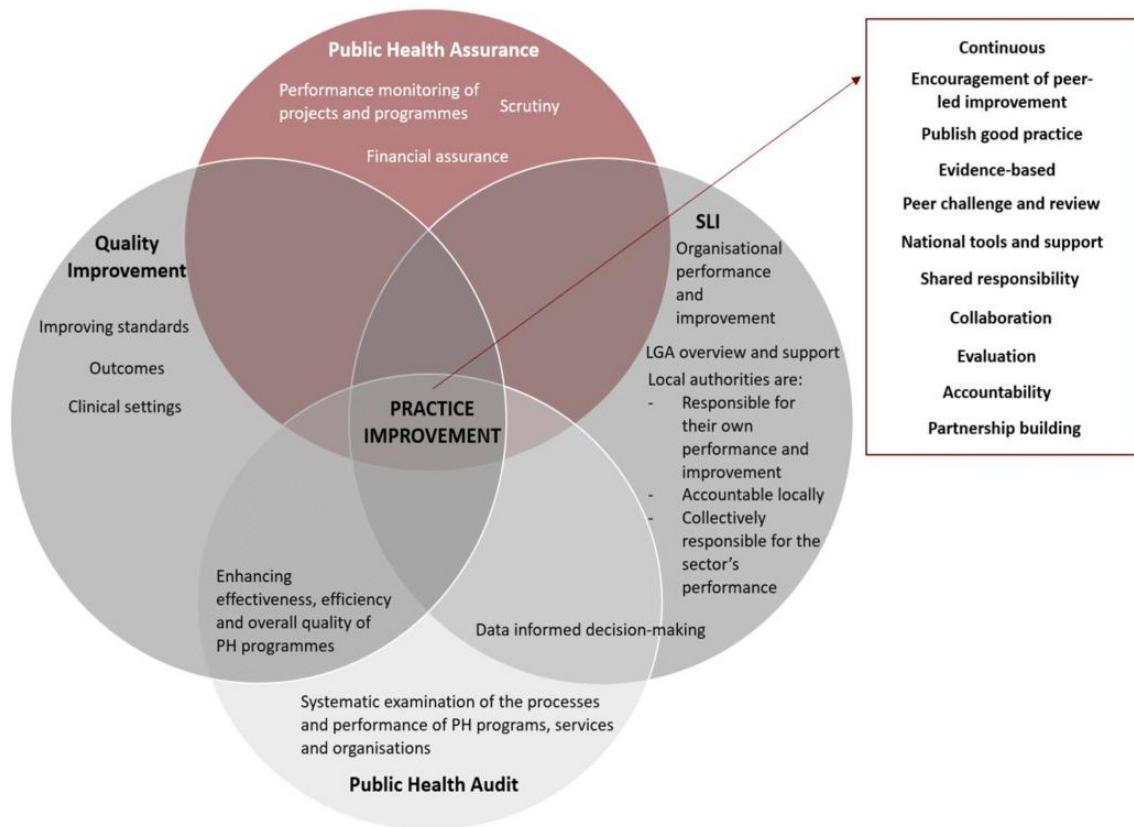


Figure 2: A Venn diagram bringing together the key concepts within PI.