Association of Directors of Public Health (UK)

ADPH Policy Workshop
'Your Association – your say'

Monday 24th June 2013

9.30 – 16.00

Victory Services Club, 63-79 Seymour Street, London W2 2HF

Workshop summary

This new event in the ADPH calendar enabled Directors of Public Health from across the UK to come together to discuss their priorities – and the priorities and future direction of their Association - over the coming years.

The specific objectives of the workshop were to:

- discuss the continuing development of the Association and how it can best support members in the future, including:
    - policy & advocacy: influencing transformational national PH policy; supporting innovative local PH strategies; developing membership policy topic teams;
    - ADPH networks: building principles and ways of working for ADPH networks;
    - DPH development and support: developing a programme of Master classes; Peer support;
- discuss the challenges, successes and opportunities in the new English Public Health system;
- provide a forum for networking and discussion for leaders in Public Health from across the United Kingdom.

The programme included a presentation from Kevin Fenton, PHE National Director of Health & Wellbeing; panel discussions with delegates; and DPH round-table discussions. The day also provided a forum for networking and discussion opportunities for leaders in Public Health.

Janet Atherton, ADPH President, chaired the workshop.

Thirty nine members participated in the workshop.

The ADPH 2013 Annual General Meeting was also held during the workshop – the AGM minutes are available separately at www.adph.org.uk

Session 1: What PHE can do for you

Kevin Fenton, PHE National Director of Health & Wellbeing, presented on:

- PHE and the new public health landscape
- PHE Priorities for 2013/14
- Health Marketing Activation
- PHE Corporate Programmes

Key points highlighted were:

- Taking a whole system approach and the importance of assimilating the local voice through strong co-production
- Promoting the development of placed-based public health systems was a priority now and into the future
- Health Marketing would be a strong theme, with an aim to become the most evidence based health marketing programme in the world. PHE activity would include:
    - optimal support for Local Government - working in partnership with Local Government to introduce new governance, resource and products that meet local needs and maximise impact against the Public Health Outcomes Framework;
    - continual digital engagement;
    - supporting a 'movement for healthy';
    - providing a 'one stop shop' for campaign resources
    - delivering six major programmes to improve health outcomes: Smokefree; 50+ early diagnosis and wellbeing initiative; Change4Life for families and 35-55 year old adults; 11-19 Youth strand; Start4Life, focused on pregnant women and mothers of 0-2 year olds; a programme of innovation targeting new issues
- Kevin highlighted the establishment of PHE Corporate Programme Boards to assure progress and ensure the actions taken across the PHE Priority Programme are comprehensive and coherent. Whilst these Programme Boards are primarily internal management functions, PHE is seeking a Director of Public Health to be involved in each Board to ensure that actions taken have the appropriate 'reach' across the system, and respond effectively to locally generated priorities. ADPH would help to co-ordinate linking DsPH to these Boards and would canvass members to identify those with a particular interest in each of the priority areas:
    - Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
    - Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
    - Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
    - Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
    - Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives
    - Promoting the development of place-based public health systems

Session 2: Working together – opportunities, challenges & successes

Panel: Janet Atherton, ADPH President, Diana Grice, ADPH Vice President, Kevin Fenton, PHE National Director of Health & Wellbeing

The Panel discussed issues raised by delegates, as summarised below:

- PHE's leadership role includes building capacity and capability across the PH system as a whole, however the fragmentation of career pathways may cause imbalance within the system – Public Health England and Health Education England must work lead together to address this. It was agreed that a holistic approach was vital in future planning.
- Lack of co-terminosity between different parts of the PH system across England (PHE/NHSE/Local Government) will make a placed-based approach more challenging – it would be useful to develop guidance on how the PH system can work as an integrated system across different administrative boundaries. In discussion it was highlighted that strength of DsPH was to develop local relationships to overcome boundary issues.

- National support for continuing development of locally elected members to raise understanding of public health would be valuable; as would continued work between PHE and ADPH to enable PHE to further develop their relationships with local authorities.
- A concern was raised that food and nutrition was not clearly identified within PHE's current national priorities. Kevin confirmed that the PHE nutrition team has a remit to ensure linkage within and across all programmes.
- Enabling better sharing of effective local PH innovations would be very valuable.
- Potential marginalisation of PH resources and the DPH/PH specialist role in Local Government was a concern, and PHE would have an important role in supporting this key part of the PH system. It was important that all parts of the system promoted clear and consistent 'norms' for the role of DsPH and a strong local PH system.
- ADPH was currently developing its networks and PHE would also want to develop networks, but would want to achieve the right balance to avoid any potential duplications of effort.

Session 3: What ADPH can do for you

Presentation by ADPH President Janet Atherton.

Janet highlighted the aims, values and objectives of the Association, and activity over the past year, which had included:

- Maintaining high DPH & ADPH profile and influence
- Strong and increasing membership engagement – a programme of Presidential visits across the UK; developing ADPH networks; a strong membership-led governance structure; developing services and support for members
- Provision of DPH development & support programmes – ADPH Master Classes; a new DPH Peer support service; supporting national DPH leadership and development programmes
- Supporting PH transition in England – through an extensive programme of meetings and work to refine elements of the new public health system; membership surveys to gather information and views to support strong system development and DPH support; and briefings for members to keep them up to date.
- PH policy and advocacy across the UK – collaborative working; responding to national consultations on key PH issues; building member topic teams; a new all-member policy workshop
- Moving the Association forward - developing a new subscription model; transfer to a new hosting organisation (the UK Health Forum), establishment as a limited company.

Janet flagged up that during the workshop members would be reviewing and refreshing ADPH priorities for 2013 - 16, and discussing moving forward with the development of ADPH networks.

Janet concluded by thanking ADPH members, the Executive, Honorary Officers and the staff, for their hard work and support of the organisation.

Session 4: What ADPH can do for you

Members were invited to discuss the development of the new ADPH 3-year Business Plan (2013-2016) and to identify objectives for the organisation.

In groups, members considered the following 4 strategic priorities and identified specific objectives for each of them – which are summarised below:

1. Developing effective 'topic teams' for policy and advocacy work

- Define independent and unique role of ADPH; make these topic teams specific to DsPH role rather than replicating other organisations' work/remit

- ADPH to ensure effective links with other PH topic work e.g. NICE, FPH, PHE
- Utilise expertise and resources within ADPH networks; regional network leads to be part of ADPH teams
- More use of web-based tools, use e-mail as a sounding board
- Suggested priority areas:
    - DPH role/resources: defining the 'norm' for PH teams in LA; making it work in local government; funding & ring-fence; health intelligence & data access
    - PH workforce: development; succession planning; career development
    - Working with the NHS; health protection; sexual health & funding; health improvement; alcohol & tobacco (combined); transport & local environment

2. Political influencing pre and post the May 2015 general elections

- Important to develop a common view on what to lobby for, get shared positions with ADASS and ADCS on key issues, work across PH bodies to co-ordinate lobbying of all key parties through political leadership debates/representation at party conferences etc.
- Aim to achieve explicit positive references to improving the public's health in all party manifestos
- Suggested areas for lobbying: PH funding, using finances to leverage change, cost effectiveness tools; unique role of PH in times of austerity; what LAs should be doing in the future; maintain pressure on key policy areas such as alcohol & tobacco
- Locally DsPH will need to be aware of restrictions in pre-election 'purdah' period

3. Ensuring the ADPH voice in leadership programmes nationally and delivering a DPH specific development programme

- Work and link with other programmes/bodies:
    - Important to input into other leadership programmes e.g. NHS Leadership Programme (including BME leadership), PHE, ADASS & ADCS
    - Ensure links between existing national and regional aspirant DPH programmes.
    - LETBs - link for development - NHS leadership academy?
    - ADPH to work with PHE to ensure a clear DPH leadership programme across England; and to work with PHE/LGA to have a leadership and health programme generally
- Suggested elements of leadership or development programmes: succession planning for DsPH; maintaining diversity of workforce; supporting DsPH with wider portfolios; mapping corporate responsibilities of DsPH
- ADPH need to lobby for a stronger programme of DPH support/mentoring/succession planning
- An ADPH workforce topic team could support this work

4. Developing a sustainable infrastructure (charitable status; finance; personnel; office etc.)

- Demonstrate value for money for subscriptions, develop credibility with LAs, send out invoices and ensure subscriptions are paid
- Sustainable income streams - diversify:
    - Consider other opportunities to broaden income base:
        - Does charitable status unlock other income streams (e.g. charitable trusts)?
        - debate commercial sponsorship (e.g. of events)
        - can income be generated from ADPH conference
    - Look at other models (ADASS, ADCS)

- ADPH work should not be constrained by lack of capacity – look at feasibility of more project officer support, enabling more effective DsPH roles on behalf of ADPH

Session 5: ADPH Annual Report competition

ADPH Chief Executive Nicola Close announced the results of the 2012 Annual Report competition.

There had been 24 entries from across UK, and overall analysis had identified:

- Much improved recommendations & updates on the previous year
- Real messages to partners and public
- Excellent single topic reports
- Improved formats and good presentation of data

The following Reports had been shortlisted: Western Cheshire, Devon, East Riding, Manchester, and Sandwell. The three winning Reports were announced as:

1st Sandwell – for bringing it back to Local Government

2nd East Riding – for appealing readability (and recipes and walks)

3rd Western Cheshire – for balancing community with professional use & good use of illustrations

Certificates and donations to elected charities were presented to the winning DsPH.

Session 6: Sector-led Improvement/LGA Health & Wellbeing Peer Challenge

Tim Allison (DPH East Riding) presented his experiences of a recent pilot Peer Challenge Review at East Riding as part of the LGA Health & Wellbeing Peer Challenge. Benefits of participating had included establishing a formal connection with another DPH/local authority and opportunities for shared learning; increasing awareness within his own LA of the public health function and role; and helping to establish public health as an intrinsic part of the LA – where Peer reviews were the norm. He acknowledged that there were potential risks in undertaking reviews so early in the establishment of the new system - in that there may be underdeveloped elements of the new service, and time/resource was needed to support the review process - but felt that the benefits far outweighed these risks.

Maggie Rae (DPH Wiltshire) provided feedback on her experience of a Peer Review that she had undertaken. She highly recommended the process, finding that it identified all the strengths of Public Health input, the importance of the Health & Well-Being Board and the progress being made, and supported future development. As a member of a Review Team, she had benefited by being able to observe in-depth another system and learn from another Public Health Department; and to get to know other senior local government colleagues and begin to feel part of the local government community.

Jeremy Wight (DPH Sheffield) had participated in an earlier Peer Review that he had found very useful and worthwhile – and recommended capitalising on the outcomes by developing an action plan.

Information had been circulated to all ADPH members on the LGA Peer Challenge 2013/14 programme – for which expressions of interest had been invited by 28th June 2013.

Session 7: What ADPH networks can do for you

In light of the new PH system in England, geographical ADPH networks were being developed within England and provision was being built into the ADPH Constitution to further support network development across the UK.

It had been agreed that flexibility as to the form and function of these new networks should be enabled within the Constitution for the year 2013/14 – to enable local development and avoid prescription at this early stage. Network arrangements would then be reviewed later in 2013 to inform Constitutional amendments in 2014.

Members shared progress on the development of their networks and the model(s) being followed – some were already well established groupings, whilst others were newly forming; and network

models ranged from informal arrangements to meet as a DPH group, through to a highly structured and staffed network (in London). A common theme was identifying individual DsPH within each network to lead on specific PH issues.

A set of draft principles for ADPH networks had been developed and these were agreed by members at the workshop to support the development of networks during 2013/14. These principles are attached at appendix 1.

Group discussions focussed on the 4 questions below and a summary of the key themes that emerged from these discussions are summarised under each question:

1. **What is the value added by ADPH networks?**

- Stronger professional collective (and independent) voice
- Consistency in approach, reducing duplication
- Mutual and Peer support

2. **How can ADPH UK support networks?**

- Linking communication; sharing good/best practice & learning; establishing topic networks
- Administrative support
- Central electronic data resource, website and forums
- Adding weight/value as a respected organisation presenting the collective voice of DsPH; freedom to speak independently
- ADPH should develop new funding streams to support DsPH (e.g. ADASS receive central govt. funding to provide welcome pack to new DASS)

3. **How can networks support ADPH national work?**

- Provide topic experts to support national work; sharing locally developed policy/analysis to support national ADPH work (and for national dissemination to other localities)
- Highlighting local issues that have national implications and require national resolution
- Value of local collective voice to inform ADPH national work
- Local promotion of ADPH
- Strengthening ADPH representative structure (two-way support of networks and their linkage to national Executive)

4. **How can networks support individual DsPH?**

- Peer support/ mentoring & coaching
- Sharing learning/knowledge/experience
- Collective voice can help to influence local decision making/problem solving
- Project management/co-ordination of activity – 'do once and share' approach; ability to share PH consultant expertise to support network topic work
- Talent spotting/succession planning

Close of workshop

In closing the workshop, Janet Atherton thanked all presenters and members for contributing to a very successful event. Work would now be undertaken to develop the ADPH Business Plan and objectives for 2013/16, and to further support the development of ADPH networks.

June 2013

Appendix 1

Establishing ADPH Networks – Principles

The concept of ADPH networks were introduced into the Constitution in 2013. This applies across the UK to enable all constituent countries to develop networks if they wish to.

Flexibility as to the form and function of these new networks is enabled within the Constitution for the year 2013/14 – to enable local development and avoid prescription at this early stage. Network arrangements would then be reviewed later in 2013 to inform Constitutional amendments in 2014.

For example, we would wish to have a Constitutional requirement that there be a formal link between ADPH Constituency Representative/Executive members and the Network (potentially as Network Chair or Co-Chair). However, for the current year it is felt more appropriate to express this as a principle, with a view to firming up such requirements within the Constitution in 2014.

Networks would ideally develop terms of reference etc. but we do not envisage that networks would require individual Constitutions – to avoid potential inconsistencies and unnecessary layers of bureaucracy, the ADPH (UK) Constitution should apply to Networks.

Principles for ADPH Networks:

Below are principles to support the development of ADPH Networks during 2013/14:

1. There should be formal linkage/reporting lines between local ADPH Constituency Representative/Executive member(s) and their Network.

2. Meetings of the ADPH (UK) Executive will receive regular updates on network activity/local issues from Constituency Representative/Executive member(s); and similarly Constituency Representative/Executive member(s) should provide regular updates on ADPH (UK) activity to their networks.

3. ADPH Networks should uphold and comply with the requirements of the ADPH (UK) Constitution at all times, particularly with regard to purpose and objectives, equal opportunities, codes of conduct and good governance practices.

4. ADPH Networks should follow ADPH (UK) protocols – for example relating to policy development, sponsorship.

5. A guiding principle for both ADPH national and local activity should be to avoid unnecessary duplication of effort; to collaborate; and to share good practice and knowledge. Collaborative working on local/national PH policy issues should be fostered.

6. Use of ADPH title and logo: Networks may use the ADPH logo (as below) for non-contentious correspondence and nationally agreed policy documents. Processes for ADPH (UK) approval of network policies will be defined by agreed protocols (see item 3 above).

….. Network

7. ADPH (UK) and individual ADPH Networks may enter into MoU/SLAs to define working arrangements above or beyond these principles – for example concerning staffing arrangements/additional support/services.

ADPH
June 2013