



Association of *Directors of Public Health (UK)*

Annual General Meeting

Friday 13th June 2014

1:20 p.m.

St Bride Foundation, Bride Lane, Fleet Street, London EC4Y 8EQ

Minutes

Present:

Janet Atherton	ADPH President	DPH, Sefton
Jeanelle de Gruchy	ADPH Vice President	DPH, Haringey
Paul Edmondson-Jones	ADPH Honorary Secretary	DPH, York
Mike Robinson	ADPH Honorary Treasurer	DPH, Croydon
Judith Hooper	ADPH Honorary Secretary	DPH, Kirklees
Tim Allison	ADPH Executive / Honorary Secretary Elect	DPH, East Riding
Ruth Milton	ADPH Executive / Honorary Secretary Elect	DPH, Hampshire
Akeem Ali	ADPH Member	DPH, Northamptonshire
Dyna Arhin	ADPH Member	Interim DPH, Milton Keynes
Matthew Ashton	ADPH Member	DPH, Knowsley
Helen Atkinson	ADPH Member	DPH, Surrey
Alison Barnett	ADPH Executive Member	DPH, Medway
Penny Bevan	ADPH Member	DPH, Hackney & City of London
Joel Bonnet	Observer	Deputy DPH, Hertfordshire
Stephen Bridgeman	ADPH Member	DPH, Guernsey
Ian Cameron	ADPH Executive Member	DPH, Leeds
Caryn Cox	ADPH Member	DPH, Cheshire
Paul Darragh	ADPH Associate Member	Consultant in Public Health, Public Health Agency NI
Miriam Davidson	ADPH Executive Member	DPH, Darlington
Lynn Donkin	ADPH Associate Member	Public Health Specialist, Blackpool
Andrew Furber	ADPH Executive Member	DPH, Wakefield
Darrell Gale	ADPH Associate Member	Lead Consultant in Public Health, Wokingham
Isabel Gillis	ADPH Member	DPH, Walsall
Jonathan Hildebrand	ADPH Executive Member	DPH, Kingston
Vicky Hobart	ADPH Member	Joint DPH, Redbridge & Waltham Forest
Andrew Howe	ADPH Executive Member	DPH, Harrow
Ruth Hutchinson	ADPH Associate Member	Acting DPH, Surrey
Robin Ireland	Guest Speaker	CEO, Health Equalities Group
Fiona Johnstone	ADPH Executive Member	DPH, Wirral
Bal Kaur	ADPH Member	DPH, Ealing
Peter Kelly	ADPH Member	DPH, Stockton-on-Tees
Bruce Laurence	ADPH Member	DPH, Bath & NE Somerset
Mike Leaf	ADPH Member	DPH, Lancashire
Tessa Lindfield	ADPH Executive Member	DPH, Suffolk
Valerie Little	ADPH Executive Member	DPH, Dudley
Anna Lynch	ADPH Executive Member	DPH, Durham
Cynthia Lyons	ADPH Member	Acting DPH, East Sussex
Andrew Mortimore	ADPH Member	DPH, Southampton
Jane O'Grady	ADPH Executive Member	DPH, Buckinghamshire
Meradin Peachy	ADPH Member	DPH, Triborough Public Health
Mark Pietroni	ADPH Member	Interim DPH, South Gloucestershire
Abdul Razaq	ADPH Executive Member	DPH, Trafford
Gill Richardson	ADPH Member	DPH, Gwent



Donna Sager	ADPH Member	DPH, Stockport
Tom Scanlon	ADPH Member	DPH, Brighton & Hove
Louise Smith	ADPH Member	DPH, Stoke
Somen Banerjee	ADPH Member	Co-DPH, Tower Hamlets
Gerry Taylor	ADPH Member	DPH, Luton
Ruth Tennant	ADPH Associate Member	Deputy DPH, Coventry
Derek Ward	ADPH Member	DPH, Derby
Judith Wright	ADPH Executive Member	DPH, West Sussex
Nicola Close	Staff	ADPH Chief Executive
Julia Ellis	Staff	ADPH Policy Manager
Mark Hamblett	Staff	ADPH Business Support Manager
Georgina Morgan	Staff	ADPH Administrator
Rasal Sesay	Staff	ADPH Policy Administrator
Jo Chambers	Staff	ADPH London Network Programme Manager

Apologies were received from a number of ADPH members

The Meeting was confirmed as quorate

1. Welcome

The President, Janet Atherton, welcomed members to the 2014 Annual General Meeting.

2. Minutes of Annual General Meeting 2013

The minutes of the Annual General Meeting held on Monday 24th June 2013 were approved.

3. Matters arising from minutes

There were no matters arising from the minutes.

4. President's Annual Report

The President presented the 2013/14 Annual Review. A high priority for the Association in 2013/14 was to 'get back to normal business' and focus on public health policy across the UK – supported by a successful Annual Conference *Reducing Health Inequalities - Sharing UK, European and wider Public Health approaches*; new membership policy topic teams; membership surveys; a strong Constituency Representative structure; and the development of ADPH networks. An innovative new range of e-forums for ADPH members has been developed that will support all aspects of our work with members, including: policy development, DPH networks, sharing ideas and good practice, DPH support and development.

This year the focus moved from preparing for transition to supporting members in England during their first year in local authorities. ADPH continued to support the development and refinement of the new system – with the President, CEO and lead members appointed to a wide range of national groups to ensure that strategic development supported DsPH and local PH teams within local authorities. The President continued to build strong collaborations within the new system – working closely with PHE, DH and LGA and others – with support from ADPH member policy teams and the Chief Executive.

ADPH continued to develop as an organisation – strong member support through subscriptions has enabled new staff to be appointed to meet the growing demands on and aspirations of the organisation; and the staff team is now fully embedded and located with our host organisation the UK Health Forum.

Policy work has continued to focus on collaborative projects - with the dual aims of supporting DsPH locally and advocating for improvements nationally.



A review and refresh of the Business Plan has been completed, with a new Plan for 2014-17 now in place.

The President highlighted specific elements of each of the work programmes:

ADPH - Collective Voice for DsPH - The ADPH 2013 Annual Conference on Reducing Health Inequalities had as a guest speaker Barbara Ferrer, Health Commissioner for Boston, and gave Members an early opportunity to hear from the new English PH Minister Jane Ellison MP, with a following discussion on tackling Health inequalities across the UK. A new Annual Policy Workshop for all Members has been added to the diary, whilst the establishment of regional ADPH Networks aims to support strong local DPH groups and activity in the promotion of improved PH practice. The Website and new member e-forum development is to be launched at the 2014 all member policy workshop which will operate alongside the regular e-DPH newsletters, communications and briefings to members & stakeholders. A timetable for an Executive policy workshop on priorities and key policy topics, plus topic team teleconferences to agree positions, are being scheduled. The President will continue to meet with members as a part of the DPH Peer support service, and externally links have been established with NACCHO (US ADPH equivalent) and Eire DsPH.

DPH Development - Delivery of ADPH/National Social Marketing Centre Master Classes on the strategic marketing of public health to LAs continue, along with the development and delivery of new Master Classes on Local Government Law. A new Master class programme is also being planned. Collaborations on both DPH development programmes and on Sector-led Improvement/Improving PH Practice programmes continue, as does joint work with LGA and others on Public Health conferences in support of transition for public health in England, for example the ADPH/CMO (England) conference for DsPH. The successful DPH Annual Report Competition and survey of members to inform new guidance on DPH annual reports together with a full census and collation of member details and interests are important aids in DPH development

Advocacy - The President, Vice President, Policy Leads and Chief Executive have met with a wide range of stakeholders to represent the DPH view and to progress existing collaborations, including:

FPH; RSPH; CIEH

PHE, DH, CMOs

LGA; ADASS; ADCS; SOLACE

NHS Confederation; NICE; BMA; King's Fund

Local and national politicians including: Jane Ellison MP, Luciana Berger MP

The President has written to the Prime Minister, SoS for Health, PH Minister and other politicians on such issues as: minimum unit pricing for alcohol, tobacco control and marketing; implementation of the Chantler Review; and withdrawal of ADPH from the Government's Responsibility Deal.

ADPH has been represented on a range of national bodies and steering committees including: Secretary of State's National Stakeholders Forum; PH System Group; Health Transition Task Group; DH PH Funding Group; Advisory Committee on Resource Allocation; Health Premium Incentive Advisory Group (Chair); PHE Programme Boards and Operational Boards; Healthwatch Programme Board; PH Workforce Advisory Group; NHS Clinical Commissioners Stakeholders Group; plus other groups led by PHE; DH; LGA; NICE; etc. The President, Vice-President, Policy Leads and Chief Executive have also featured in web debates, newspapers and journals commenting on topical issues.

Policy - Members have input through workshops, conference and surveys as part of a continuing programme of policy development and priority setting, including:



Tobacco control - member of Smoke Free Action Coalition and support for campaigns; survey of members for new evidence to Chantler Review of plain packaging; 2014 Budget statement; national & local lobbying on EU Directive; developing position on electronic cigarettes

- Alcohol – including minimum unit pricing
- Active travel/travel & health – continuing collaborative work with Sustrans, UKHF and others
- Children & Young People – input to national work, system development and refinement; input to planning for English 0-5 transfer to LAs
- System development – significant input to English PH system refinement during first year of operation
- PH funding & PH workforce – input on PH funding allocations (England); joint work with LGA; lobbying on DPH vacancies and wider PH workforce issues
- Commercial determinants of health – new work stream being developed
- Development of ADPH policy topic teams and new e-forums; submissions to a variety of national Consultations; coordinating a significant number of requests from external organisations for DPH input to a wide range of PH policy areas

Infrastructure and Governance – 2013-14 has seen a surplus budget with sufficient reserves; strong subscription base to ensure future financial stability. New staff have been appointed to support organisational, policy and member services development and following the closure of the Cambridge office are working out of the new ADPH office embedded within the organisational host (UK Health Forum). Constitutional amendments were approved at 2013 AGM and further amendments are to be proposed to 2014 AGM as the Association plans to apply for transition to Charity status in 2014. Election processes have been completed for Board Members and a full cohort of Constituency Representatives is in place. A refinement of Board and Representative roles and responsibilities is being carried out, and a schedule for regular Board and Council meetings, including a Board away-day, has been diarised.

The Annual Report was received and noted.

5. Treasurer's Report

The Treasurer, Mike Robinson, presented the Treasurer's Report and Accounts for 2013/14, which are appended to these minutes.

The Treasurer thanked Nicola Close, Chief Executive and her team for managing the budget effectively in year and UK Health Forum for their support in hosting the organisation.

The Treasurer's Report for 2013/14 was accepted.

6. Appointment of Auditors

The AGM agreed to empower the Board to appoint Begbies Chartered Accountants as auditors for 2014-15

7. ADPH Subscriptions

The Boards proposal for subscription increases in 2014-15 of £200 to the flat fee per LA was presented by Mike Robinson (paper attached).

The proposal was agreed by the AGM.



8. Application for Charity Status

Honorary Secretary Paul Edmondson-Jones on behalf of the Board, asked that the AGM approve a formal resolution that ADPH (UK) apply to the Charity Commission to become a charity under English law, and authorise the ADPH Board to take necessary actions both in support of the application and subsequent implementation of charity status.

The resolution was agreed, and authorisation given, by the AGM.

9. Constitution

The AGM was asked to consider and agree the amendments to the constitution (attached) and that subject to approval of item 8 agree that the ADPH Board be delegated to make any further technical revisions that may be required by the Charity Commission.

The AGM agreed the amendments and that the Board be allowed to make any technical revisions required by the Charity Commission.

Noted that the constitution should specify The United Kingdom, Isle of Man and Channel Islands when referring to territory covered.

10. Executive Committee Membership

10.1 To note the election of Honorary Secretary 2014-17

The AGM noted that Paul Edmondson-Jones has completed two full terms and in accordance with the constitution was unable to stand for a further term, and that Tim Allison and Ruth Milton were jointly elected for the period 2014-17.

10.2 To note the election of Membership Secretary 2014-17

The AGM noted that Judith Hooper has completed two full terms and in accordance with the constitution was unable to stand for another for a further term, and that Jim McManus was elected for the period 2014-17.

10.3 Executive Membership

The AGM noted:

The current Executive Committee membership, details at www.adph.org.uk/about/index.php

The annual appointment of the FPH Observer is still in discussion and Members will be informed of the outcome.

Welcomed new Council Members, Jonathan Hildebrand, DPH Kingston (London) and Mike Sandys, DPH Leicestershire (East Midlands).

11. Any Other Business

The President thanked Judith Hooper and Paul Edmondson-Jones for their contribution as Membership Secretary and Honorary Secretary and welcomed Ruth Milton, Tim Allison and Jim McManus to their new roles, and Jonathan Hildebrand and Mike Sandys to the Council

12. Close of AGM

The President thanked Members for their participation and closed the meeting at 2.00 p.m.



ADPH Treasurer's Annual Report for 2013/2014

This report consists of 3 parts:

- Review of financial performance in 2013/14
- 2014/15 Forecast
- Looking forward to future years

The draft summary accounts for 2013/14 with projections for 2014/15 are attached along with the ADPH Banking and Reserves Policy

Review of financial performance in 2013/14

2013/14 was the first year when the Association was hosted by the UK Health Forum (UKHF – previously the National Heart Forum)) having transferred from hosting by NHS Cambridgeshire on 1 April 2013. The financial information presented in this report has therefore been produced in liaison with the UKHF finance department. Our 2013/14 accounts will be audited with the UKHF accounts starting on Monday 16th June. The final auditors report will be reported to the ADPH Board. The summary accounts will be available on our website with the Annual Review and a full copy of the 2013/14 audited accounts will be available on request.

Banking and Reserves Policy

As reported to the 2013 AGM, The Association is now constituted as Limited Company with its Honorary Officers as Directors. It is planned that the Association should apply for charitable status, and in line with guidance from the Charity Commissioners, a Banking and Reserves Policy was agreed by the Board at its meeting in March 2014. A copy of this policy is attached.

Income

The main source of income for the Association continued to be subscriptions from members. Income from subscriptions (in-year) in 2013/14 was £289,250, up from £216,950 in 2012/13. For the first time in recent history, all English DsPH are employed by subscribing organisations, and payments have also been received as in previous years from Jersey and Northern Ireland. We will negotiate with Wales this year to regain their financial engagement. Scottish DsPH historically have been non-paying associate members

2013/14 was the first year of a new subscription model in England, consisting of a flat fee of £1000 for each of the 152 top tier LAs plus a supplement based on the weighted population used by DH to calculate target LA allocations.

As last year, no Department of Health funding was allocated to the Association in 2013/14 for specific projects, and this is not expected to change in 2014/15. A very small amount of funding was secured from workshop fees etc (£1085).

Expenditure

The majority of expenditure related to pay and non-pay costs associated with staffing and the backfill needed for the President to be able to fulfil her role.

There was an increase in expenditure from £213,830 in 2012/13 to £279,704 in 2013/14. This was in line with expectations at the start of the year, and largely due to the planned recruitment of new staff, namely the Business Support Manager in November 2013; and the Policy Administrator in February 2014. This has permitted a significant increase in the range and volume of work on behalf of members as detailed in the Annual Review elsewhere on the AGM agenda.

There will be a full year effect of these salary costs in 2014/15 and future years and this is reflected in the forecast as detailed below.

2013/14 was the first year when a payment for backfill of the Vice-President (£9k) was made in addition to that for the President (£36k).

Contingency



As detailed in the Banking and Reserves Policy attached, it is necessary for the Association to retain a prudent reserve, to ensure the business is a “going concern”, and to cover unexpected shortfalls in income and increases in expenditure. A reserve of at least £300,000 was agreed by the Board as prudent in March 2013.

The Association ended 2012/13 with an adequate level of reserves at £369,414 and on transfer from the NHS the carry forward was agreed as £383,363. There was also a small amount (£6,605) an old ADPH Bank Account. At the end of 2013/14 the reserves have increased by approximately £20,000. However this represents less than two years annual expenditure, and continuing prudence about expenditure is required given the increased costs expected in 2014/15 as detailed below.

Forecast for 2014/15

Income

Now that the transition from being hosted by the NHS to being a standalone Limited Company is complete, there is more clarity about the associated additional management and administration costs. As detailed in a separate paper elsewhere on the AGM agenda, an increase in subscription levels is therefore recommended for 2014/15, of approximately 10% overall. Subscriptions will vary from £1200 for the smallest Local Authority to £5,700 for the largest and the total forecast subscription income is £330,000. Our English subscriptions remain in line with those paid by local authorities for similar organisations (e.g. Directors of Adults Services and Directors of Children’s Services).

No income is expected in 2014/15 from the Department of Health. A grant application is in train to PH England for funding to support English Regional Networks in their sector-led improvement work.

Expenditure

The largest component of expenditure is staffing, approximately 80% of the total. This is predicted to rise in 2014/15 due to the full year effect of the staff expansion in 2013/14 detailed above and the payment of London Weighting to staff now based at the new London office. There is also a non-recurrent cost anticipated in year due to the redundancy of the one member of staff who has elected not to transfer to the new London office. Subscription levels have been set to provide a contingency for this of up to £75,000 before any call on our reserves.

Looking forward to future years

There continue to be uncertainties in the medium term financial outlook for the Association. The 100% subscription payment by English DsPH is an encouraging signal of vitality for the Association now its members are based in local government. However there is a risk to this income from the possible ending of the ring-fencing of the public health grant in 2016/17 and beyond. We should be prepared to take action early if our long term financial viability is under threat.

Even if external funding for specific projects can be secured this will be restricted to delivery of specific projects or programmes and cannot be used to generate any surplus towards general infrastructure. Various sources of additional income have been considered in the recent years, in particular sponsorship of our conference but there are no firm proposals in this area.

Projection of when our reserves might fall below the critical level of £300,000 is difficult. The Board will regularly review risks to our income and increases in our expenditure during the next 12 months. As explained in the paper on subscriptions elsewhere on the AGM agenda no increase in subscriptions is planned for 2015/16 presuming the actual income and expenditure is in line with that forecast.

Finally I would like to congratulate Nicola Close, Chief Executive and her team for managing the budgets to yet again generate a small in year surplus. This is a particular achievement with this year being the first hosted by a new organisation outside the NHS.

**Dr Mike Robinson, ADPH Treasurer
June 2014**



ADPH subscriptions model for AGM June 2014

ADPH – subscription level for England 2014-2015

This paper is a briefing for members on the proposed subscription increase for the year 2014-2015.

Context

ADPH has a very high profile and credibility with strong support from members and stakeholders. **All English DsPH** are now employed by subscribing organisations. In order to continue to have high impact we will need to continue to be seen supporting DsPH and working with partners across a wide range of work programmes. The work is staffing intensive and our sixth member of staff (currently on maternity leave) will be needed to ensure continuing high impact and credibility. Although some non-pay savings can be made these are a very small proportion of the overall budget and so we will continue to need increasing income to maintain activity in the medium term.

Proposed subscription

Having considered several options the Board proposes that:

- the model will remain as last year with a fixed flat fee per LA and a figure based on the weighted population;
- the flat fee is increased by £200 per LA to £1,200;
- the weighted element remains the same as before;
- this level of subscription will remain the same for two years (i.e. there will be no increase in 2015-2016)

This model will produce a potential income of just over £330,000 with subscriptions ranging from £1,200 to £5,700. This is broadly in line with ADASS and ADCS national subscriptions.

Other countries will be subject to a negotiated rate of subscription of around the same order.

Benefits of membership

As well as the standard membership offer (as below) this year we are increasing activity and membership services with the introduction of our new e-forums and an expanded programme of Masterclasses as well as supporting sector-led improvement through strengthening regional networks, partly resourced through a grant from PHE.

Each subscribing organisation will receive as standard:

- one full membership of ADPH (substantive, acting, or interim);
- one Associate membership (usually the Deputy DPH);
- one free or substantially discounted place at the Annual Conference;
- discounted rates at other events, workshops, masterclasses etc (limits may apply).

Where the DPH is a shared role across LA's there will only be one full member but each LA can nominate one Associate member.

Members and Associates will receive:

- the opportunity for involvement in policy-setting and advocacy at a national level.
- networking and communication between members.
- regular communications through e-DPH and local networks.
- events (masterclasses, workshops etc) aimed directly at DsPH and their current issues.
- development support for the DPH role.

Action

Members are asked to approve this level of subscription at the AGM. Invoices will be sent in early July.

**Nicola Close, ADPH Chief Executive
June 2014**



Amendments to ADPH Constitution 2014

Overview

Summarised below are the explanations of the proposed amendments to the Constitution, which have been considered and approved by the ADPH Executive and Board. These include:

- Potential amendments required should the AGM agree a recommendation that the ADPH seek charity status.
- Refining the responsibilities, membership and roles of the ADPH Board.
- Refining the role of Constituency Representatives and Executive.
- Defining ADPH regional boundary arrangements in England.
- Confirming the constitutional principles for ADPH networks.

The AGM is asked to agree these revisions to the constitution.

A full version of the proposed amended Constitution will also be available.

1. **Charity Status:** The 2013 AGM supported the principle of moving towards charity status for the ADPH and agreed that the ADPH Board be empowered to take this forward and to bring final recommendations to the 2014 AGM

Having considered the pros and cons and process for becoming a charity at its meeting on 17th March 2014 the Board agreed that a formal resolution that ADPH convert to a charity should be put to the 2014 AGM.

If the resolution is agreed the AGM is asked to confirm the necessary amendments to the ADPH constitution to accord with becoming a charity – these are ‘technical’ amendments to article 1 and 3.1.1 and Schedule 1.

2. **Board and Executive functions / terms of reference:** The requirements of transitioning ADPH into a company limited by guarantee (and potentially a charity) mean that the ADPH Board has responsibility for the effective management of the Association.

Amendments to the constitution are required to:

Strengthen these Board responsibilities; and to

Clarify the changing role of the Executive (renamed ADPH Council) to reflect the strengthened focus of the Council on membership engagement and its relationship with the ADPH networks.

These amendments are within Article 2,3,4,and 5; and Schedule 2 and 5.

The roles of Board members and of Constituency representatives as defined in the Constitution have similarly been redefined and are contained in new Schedule 7.

3. **ADPH Constituencies:** the 2013 AGM agreed that during 2013-14 flexibility should be enabled within the Constitution for defining Constituencies in England – both in light of the new PH structure and in relation to the development of ADPH networks. There was a commitment that the constituencies be firmed-up within the Constitution 2014.

The Executive and Board have agreed that the ADPH Constituencies in England should match Local Government Regions (with the proviso that in the exceptional case of a DPH role straddling local government regional boundaries, the DPH will have the discretion as to which region to relate to). This has therefore been incorporated within the Constitution at Schedule 3.2.1(b).

4. **ADPH Networks:** The concept of the ADPH networks was introduced in to the Constitution in 2013 (under Article 1) which applies across the UK to enable all constituent countries and regions to develop networks if they wish.

It was 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.

Network arrangements now need to be firmed-up within the Constitution. The Executive and Board have agreed that there should now be a more formal requirement for a defined network



post (e.g. network chair or equivalent) to be part of the new ADPH Council / Constituency representative structure. Principle 1 has therefore been revised from: *'There should be formal linkage/reporting lines between local ADPH Constituency Representative /Executive member(s) and their Network'* to: *'Each ADPH Network will have a defined network post that will be part of the ADPH (UK) Council/Constituency representative structure'*

All other principles remain as previously set in 2013.

These principles (as set out below) are now formally incorporated within the Constitution at Article 1.3 and new Schedule 6.

1. Each ADPH Network will have a defined network post that will be part of the ADPH 9UK) Council/Constituency representative structure.
2. Meetings of the ADPH (UK) Council will receive regular updates on network activity/local issues from a Constituency Representative/Council member(s); and similarly Constituency Representative / Council 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 time, 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 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).
7. ADPH (UK) and individual ADPH Networks may enter in to MoU/SLAs to define working arrangements above or beyond these principles – for example concerning staffing arrangements/additional support/services.

The full Constitution as agreed by the 2013 AGM is available at:

http://www.adph.org.uk/wp-content/uploads/2013/08/constitution_2013.pdf

Link to Government Office Regions:

<http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/administrative/england/government-office-regions/index.html>

http://www.local.gov.uk/web/guest/governance/-/journal_content/56/10171/3567291/ARTICLE-TEMPLATE

**Julia Ellis, ADPH Programme Manager
June 2014**