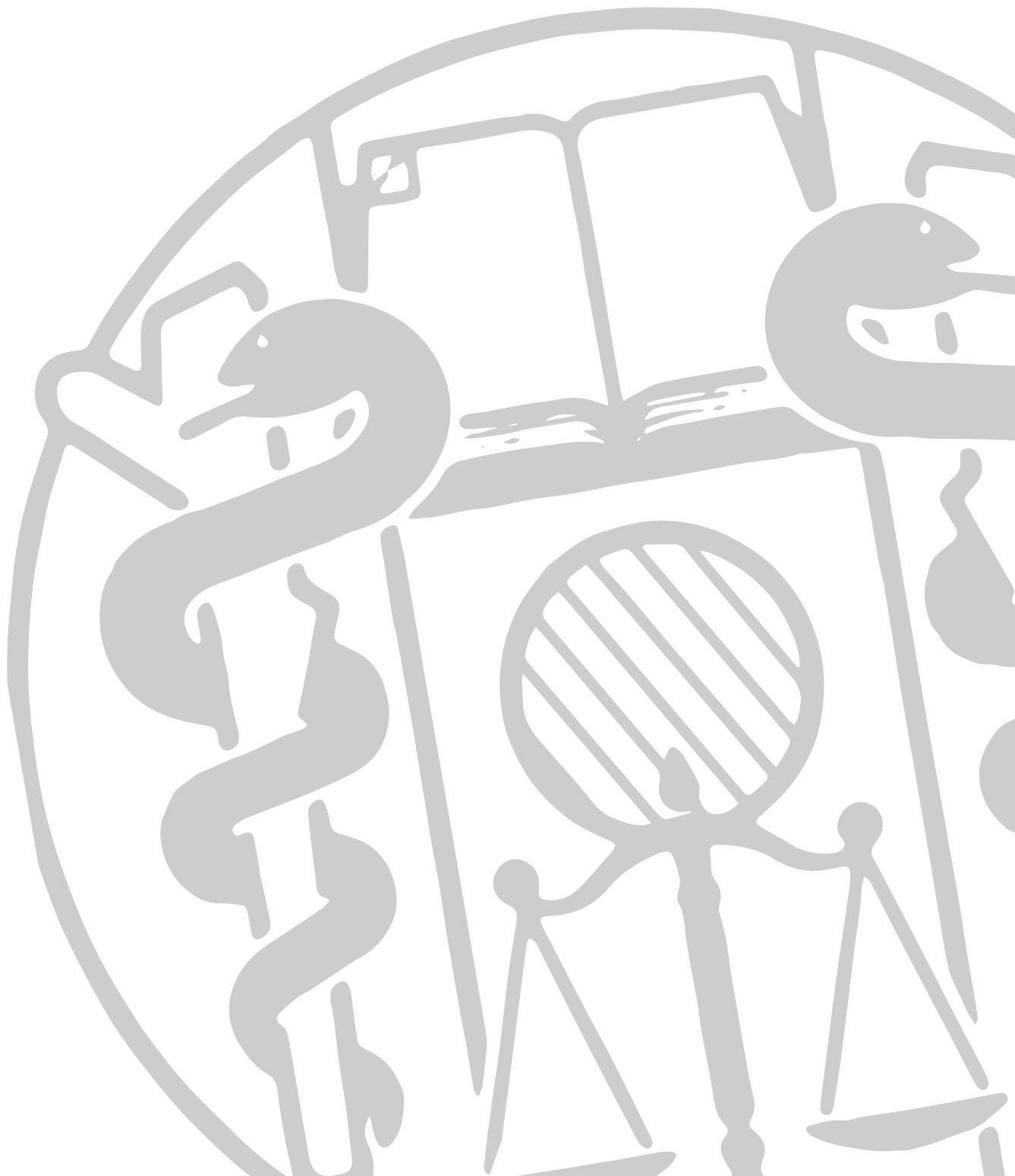


The Association of Directors of Public Health

Annual Review 2025/26



A message from our President and CEO



Greg Fell OBE ADPH President

This year's Annual Review really brings into focus the increasing breadth and depth of ADPH's impact. Of course, every year has its own opportunities and challenges, but the last 12 months has seen an unprecedented level of system change which we are navigating at the same time as delivering on our responsibilities to improve population health and wellbeing.

As a result, the principle of shared leadership has never been more important and enables us to advocate as one voice in a wide range of arenas.

This would not be possible without the access to ongoing professional development and peer support being a member of ADPH provides, enhanced by increasing opportunities to learn from, and collaborate with, colleagues from across the British Isles and British Overseas Territories.



And it is that sense of collaboration which leaps off the page more than anything else – whether with fellow members, or partners across the system and beyond, it is clear that what we are doing is making a difference, and for that, I am immensely proud.



Nicola Close MBE ADPH Chief Executive

I am absolutely delighted to present this year's Annual Review – my last as Chief Executive. We have once again grown our support and development offer in line with member need, driven forward our work to improve public health practice, and continued to represent the DPH voice on the national stage with credibility and respect.

These are no easy feats in an ever complex and challenging public health system, and I want to thank members and staff alike for their commitment and support.



It is fair to say that since joining as ADPH's first ever member of staff in 2007, the organisation has grown beyond recognition, and I am extremely proud of all we have achieved over both the past year and indeed the last 19!

Introducing our Board and Council

Board members

Our Board provides the strategic guidance and oversight that underpins everything that we do. All serving DsPH, they bring a wealth of knowledge, expertise, and experience from across the sector to support our organisation.



Greg Fell OBE

President
DPH Sheffield



Alice Wiseman MBE

Vice President
DPH Gateshead and Newcastle



Ruth Tennant

Treasurer
DPH Solihull



Lucy Hubber

Honorary Secretary
Practice Improvement
DPH Nottingham



Matthew Ashton

Honorary Secretary
Membership
DPH Liverpool



Ansaf Azhar

Honorary Secretary
Governance
DPH Oxfordshire

Read more about each of our [Board members](#).


Council members


Our Council is made up of representatives from our nine regions, the devolved administrations, and our Associate members. A [Faculty of Public Health](#) observer also sits on the Council. Council members bring diverse perspectives and specialist knowledge to help shape ADPH policy, and strengthen relationships between their local networks and ADPH.


This year, our Council has played an important role in supporting our work to remain responsive to key public health concerns, including by helping shape our response to the wide range of ongoing NHS and local government reforms.

Read more about our [Council members](#).


Our year in numbers

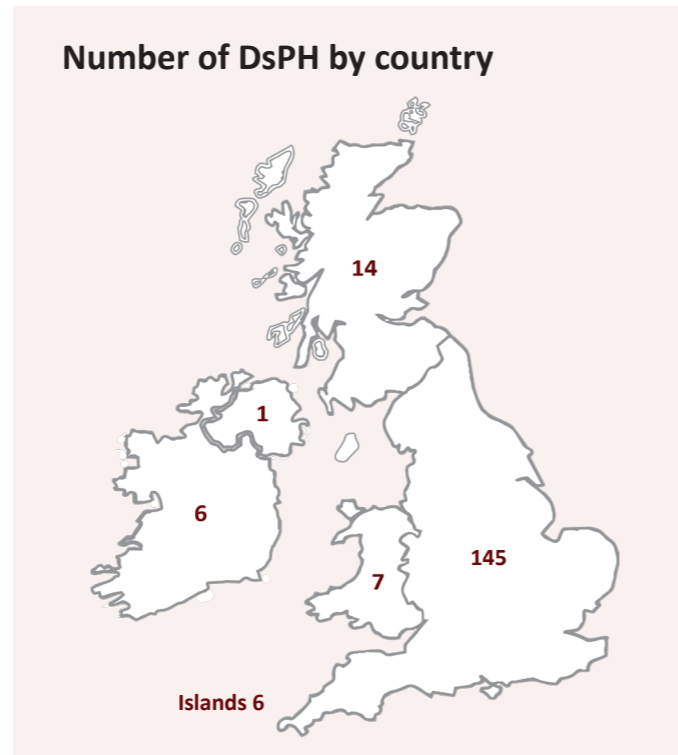
 **485**
Members

 **21**
New DsPH

 **68**
Alumni members
▲ Up 11% from last year

 **229**
Associate members across
69% local authorities

 **83%**
New DsPH who used to be
Associate members



 **99%**
Full members engaged
with ADPH activities
▲ Up 5% from last year

Streamlining our management

Highlights

- Completed our yearly accounts, which were signed off without exception by our auditors, filed our [Charity Commission](#) submission, and completed the update of The Pensions Regulator.
- Refreshed our quarterly wellbeing survey to support staff wellbeing and development.
- Completed a review of our [Governance Framework](#).
- Continued the review of our HR systems to ensure they are fit for purpose and adhere to all current legal requirements.
- Implemented new cross-team filing protocols.
- Completed an IT and security audit, including an update of hardware.
- Supported new members of the team to complete the [APM](#) Project Management training course.
- Conducted a review of the manager role.
- Completed a review and refresh of our recruitment process.

Overview

During this second year of our [2024-27 Business Plan](#), we have **secured sustainable funding** and **strengthened our leadership**.

Most notably, we have received funding for ring-fenced work programmes from [The Health Foundation](#), the [Department of Health and Social Care](#) (DHSC), and [UK Research and Innovation](#) (UKRI).

PHocus on cross-team protocols

As part of our goal to create an efficient and collaborative work culture, we developed a comprehensive cross-team protocol to support staff with ongoing use of document storage on our online management platform, SharePoint. This included developing guidance on how we use SharePoint, refreshing the high-level structure we use for document storage, creating the new sites and structure, and migrating existing SharePoint files across to them. We now have content split across six new interconnected sites and arranged by ADPH work programme, supporting ease of access and navigation.

What difference did this make?

Developing a comprehensive set of protocols has had an organisation-wide impact, improving efficiency and collaboration. The creation of a more logical, consistent filing system has supported cross-team working, and increased staff confidence and efficiency in using SharePoint. By migrating to a cleaner system, it has also created a solid foundation for identifying and implementing further improvements.

Supporting our members

Overview

Through our regular programming and cycle of events, which offer support for all DsPH and their teams, we have **strengthened member development**.

Most notably, this year, we brought together **123 members** at our Annual Conference to engage in networking, a Q&A with the Welsh and English Chief Medical Officers (CMOs), and a discussion of key public health issues including tobacco control, prevention of teenage pregnancy, and the effect of social media on children and young people.



Highlights

Strengthening system leadership

- Held the Annual Workshop to provide DsPH with a platform to shape ADPH's policy work, focusing on system changes and public mental health.
- Brought together 45 DsPH from across England to share experiences and explore challenges in managing local public health budgets, including discussion of the Spending Review and multi-year settlement, the role and management of reserves, and emerging evidence on the impact of public health funding reductions on services, unmet need, and local priorities.

Our impact

Strengthened the collective voice of DsPH in our policy development and understanding of the impact of public health funding and system level change on local plans.

Supporting career development

- Hosted our annual Associate Workshop, allowing our Public Health Consultant members to discuss the challenges of the role, public health successes within their local authority, and progress towards becoming a DPH.
- Continued our Peer-to-Peer Mentoring Scheme by creating 25 new matches and hosting six training sessions to upskill all our mentors.

Our impact

Enhanced the skills and confidence of both Associates and mentors, and strengthened Associate member progression to becoming DsPH.

Creating spaces for peer learning

- Facilitated a Law Masterclass for 26 DsPH in partnership with [Bevan Brittan LLP](#), exploring how to work effectively with legal teams and understanding the decision making process of local government structures.
- Piloted our new event, 'Curating the Next Chapter – Beyond DPH', which brought together experienced DsPH in guided discussion, panel conversations, and peer learning to support participants in clarifying their goals and aspirations.

Our impact

Expanded peer support among experienced DsPH and created space for reflection on future career direction.

PHocus on Action Learning Sets

In 2025, we launched the ADPH Action Learning Set (ALS), offering DsPH an opportunity to explore real-time challenges in structured, reflective learning alongside peers.

The pilot set of six DsPH met for six half-day sessions running throughout 2025. Each session provided a space for participants to bring live issues from their professional practice and work collaboratively with peers to explore different perspectives and approaches.



The process and colleagues' input gave me a better understanding of my concern and, if not an answer, options to explore, and the energy to do so.

— Participant

What difference did this make?

This element of our support offer provided a structured opportunity for DsPH to step back from the pressures of their day-to-day roles and engage in reflective, practice based learning with peers. By exploring real-world challenges together, participants were able to develop new insights, strengthen their leadership practice, and identify practical actions to take forward in their organisations.

During the programme, participants are also given the skills needed to facilitate future ALS. This will enable DsPH to support reflective learning and peer development both in future ADPH programming and within their own teams.



It was helpful to hear different perspectives on the issues I raised. I'm aware that I can tend to approach an issue in a particular way and having the insight and gentle challenge from others helped me to rethink and adapt my view.

— Participant

A deep dive into special projects

Overview

Our special projects bring together cross-sector expertise and extensive subject matter knowledge to deliver targeted work across specific public health areas. This year, we hosted four external projects.

Three projects were funded by [The Health Foundation](#), focusing on: The commercial determinants of health (CDOH); infants, children, and young people (ICYP); and healthy places.

We also host a Knowledge Exchange role for [Local Health and Global Profits](#) (LHGP), a four-year research consortium.

Our approach to partnership projects

Building consensus across organisations, supporting a wider context which cuts across single issues or areas of expertise.

Collaborating with external groups that are doing useful work in local areas and ensuring that the DPH voice is represented.

Collating examples of good practice to develop resources for members.

What difference did this make?

Sector-led guidance

We supported colleagues to implement practice improvements by publishing a suite of [What Good Looks Like](#) documents, including on Healthy Places and Addressing Adversity, Trauma, and Resilience (ATR) in ICYP.

Hosted training for local government planning and public health colleagues, including a [masterclass on planning and health](#) with [Prior + Partners](#), and a webinar series on addressing ATR delivered by [Dr Warren Larkin](#).

Our impact

Provided practical guidance to help local areas deliver high quality and evidence informed programmes.

Our impact

Built confidence across teams, equipping them with the knowledge needed to embed public health principles in decision making.



This is incredibly powerful. Clearly “educating” people isn’t needed – many have the knowledge and understanding already! We just need to get better at communicating.

— Attendee of one of the ICYP framing workshops

Practice sharing and collaboration

Brought public health teams together with a range of other professionals through **ten practice sharing events**, both online and in-person, showcasing collaborative work across the UK.

Strengthened relationships with stakeholders and members across the four nations and with UK Government to drive forward innovative and evidence based approaches to ATR.

Our impact

Strengthened learning across sectors and increased our visibility as a leader on topics such as gambling-related harm, alcohol licensing, and the role of planning in public health.

Our impact

Shared practice insights and experiences across key 0–19 public health programmes, promoting system alignment and shared ambition.



This was an informative and inspiring event as a practitioner new to ‘Planning & Public Health’ practice. I look forward to sharing what I learnt with my colleagues and using the outputs that ADPH will be providing.

— Attendee of one of the healthy places events



Policy development

Developed ADPH policy position statements to support shared understanding across the system:

- [Commercial determinants of health](#)
- [Gambling](#)

Our impact

Supported national and local policy action while positioning us as a leading voice on public health policy issues.

[Read more](#) about the impact of these projects.

Local Health and Global Profits

[LHGP](#) is a research consortium working with local governments and civil society groups and partners, formed to better understand and address the commercial and closely inter-related social, economic, and political factors that impact our health. It is funded by [UKRI](#) as part of [Population Health Improvement UK](#) (PHI UK).

What we have achieved this year:

- Facilitated practice sharing across the public health community, developing skills within the workforce and showcasing the latest evidence through webinars on community wealth building, healthier food advertising policies, air pollution, and commercial mis- and dis-information.
- Assisted the public health community to navigate the growing body of available evidence and resources on CDOH by creating a [CDOH resource hub](#) to support action.
- Shaped the research agenda and ensured a practice-informed approach across the project by feeding in local authority insights and regular stakeholder engagement.

Improving public health practice

Overview

This year, we have continued to support and embed practice improvement across our [constituency networks](#) and [Commissioners' Groups](#) (CGs). This includes publishing our [Practice Improvement Annual Report](#), which compiles regional and national work to improve public health practice in the past year.

Alongside this, we have strengthened learning culture by introducing a programme of practice sharing webinars. Topics covered included gambling-related harms, alcohol licensing, health devolution and local government reorganisation, and navigating political change.

Highlights

Supporting practice sharing across the system

- Drove strong engagement with Network Coordinators through monthly meetings, newsletters, and a dedicated group on our secure platform, WeDPH, strengthening collaboration, practice sharing, and regional input into our national work.
- Published our [explainer](#) on Practice Improvement in Public Health, aiming to strengthen the culture of practice sharing across the UK public health system.

Our impact

Deepened national and regional relationships and helped local insights inform national public health priorities.

Increasing commissioner engagement

- Produced the [English Substance Use Commissioners' Group Annual Report 2024/25](#), evidencing partnership work with [OHID](#), the Joint Combating Drugs Unit, and [Collective Voice](#) to drive coordinated action on substance use.
- Hosted three full group meetings of the [English HIV and Sexual Health Commissioners' Group](#) with an average of 155 attendees and 99% of survey respondents rating the events as either **excellent** or **good**.

Our impact

Created consensus on substance use and sexual health priorities while delivering high value and consistent engagement opportunities across groups.

Strengthening evidence based practice

- Co-authored a [briefing](#) to support public health teams on the roll out of Cabotegravir PrEP with the [English HIV and Sexual Health Commissioners' Group](#).

Our impact

Provided members with actionable and timely guidance to support local decision making and implementation of key interventions.

PHocus on our English Infants, Children, and Young People Commissioners' Group

In May 2025, we established a new [English Infants, Children, and Young People Commissioners' Group](#) (EICYPCG), following [ADPH Council's](#) agreement to create a group focused on one of the major areas of public health grant expenditure – children and young people.

In November, the group held its launch event, attended by **109 participants**.

English Infants
Children and
Young People
Commissioners Group

What difference did this make?

Through a series of workshops and by bringing together national experts from [DHSC](#), [School and Public Health Nurses Association](#) (SAPHNA), and [Institute of Health Visiting](#) (iHV) at our launch event, we have strengthened collaboration and shared understanding.

These sessions enabled commissioners to explore national developments in the [Healthy Child Programme](#), identify shared opportunities and challenges, and prioritise areas such as school readiness, strengthening partnerships, and enhancing prevention and early intervention.



It has been really useful to hear from [DHSC, iHV, and SAPHNA] and to hear from fellow commissioners about the work they do.

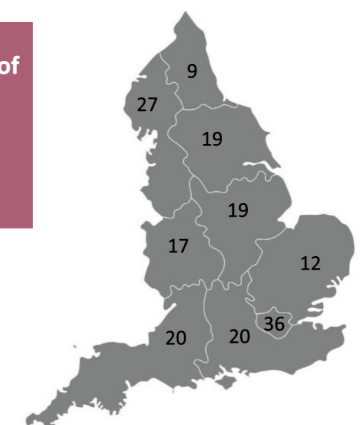
— Attendee

This collaborative approach is helping to build much stronger alignment across the network, creating a more connected and coherent community of practice.

The impact of this is evident in the group's continued expansion, with membership now standing at **176 colleagues** across **79 local authorities**, demonstrating increasing engagement and momentum.

Total number of members:

176



Influencing national policy

Overview

This year, we have worked to facilitate **knowledge sharing** between members and external stakeholders to strengthen our contributions to national and local policy issues.

Most notably, we represented the views of DsPH in key Government inquiries by responding to over **16 consultations, calls for evidence, and parliamentary inquiries**, including on:

- [shaping the National Cancer Plan](#)
- [proposed changes to the National Planning Policy Framework \(NPPF\)](#)
- [reforming the alcohol licensing system](#)

We further supported DsPH to represent local public health views in **national conversations** on topics such as tobacco control, giving children the best start in life, creating healthy places, and sexual health.

Highlights

Strengthening collaboration

- **15** meetings were organised to hear the views of our [Council](#) and [Policy Advisory Groups](#).

Our impact

Strengthened consensus among members and the impact of our policy work.

Improving national responsiveness

- **7** calls were held to facilitate two-way communication between DsPH and the English CMO.

Our impact

Made our voice heard on key public health areas, including public health system change, community cohesion, the Tobacco and Vapes Bill, and vaccinations.

Supporting pandemic preparedness

- Supported DsPH to participate in Exercise Pegasus and give feedback to [UKHSA](#) and the English CMO.

Our impact

Ensured that there was significant engagement with DsPH in Exercise Pegasus.

PHocus on tackling child poverty

This year, we have supported the work of the national [Child Poverty Strategy](#). This has involved collating and sharing examples of how poverty impacts local services, and giving recommendations to the [Government's taskforce](#) on what to prioritise to ensure local support for children and families.

We also attended a series of meetings to explain our views. These insights – as well as conversations with the [Association of Directors of Children's Services](#) (ADCS) and the [National Association for Voluntary and Community Action](#) (NAVCA) – enhanced our policy recommendations on child poverty and informed our responses to the recent [parliamentary inquiry](#) on delivering the strategy and the [Local Government Outcomes Framework](#) (LGOF) [consultation](#).

Following publication of the strategy, we issued a briefing to members summarising key points and considerations.



We also co-hosted the [Poverty and Public Health: Taking Local Action](#) conference, bringing together experts to share practice, evidence, and drive system-wide action on poverty.

As an opening speaker, Sarah Muckle, ADPH Policy Co-Lead for Children and Young People and DPH for Essex, started a day of discussion on the importance of both immediate action and long-term policy to reduce child poverty.

What difference did this make?

By making these representations, we have ensured that the critical insights of DsPH are included in national conversations and decisions. We are also delighted to see that, in line with our recommendations, the published Child Poverty Strategy focuses on strengthening local support for families alongside income security and cost of living.

We were also pleased to see that our recommendations were included in the updated [LGOF](#) metrics on child poverty.



It is reassuring that [the] strategy recognises that as well as reducing costs, access to well-designed local places make a real difference to children's outcomes.

We are particularly pleased that the Government has acknowledged the role that public health teams play in mitigating the impacts of poverty, and Directors of Public Health remain committed to sharing their knowledge and experience as part of this collective, cross-departmental work.

— Dr Sakthi Karunanithi, ADPH Policy Co-Lead for Children and Young People and DPH for Lancashire



ADPH Responds to Child Poverty Strategy

Read our response to the Government's new Child Poverty Strategy, Our Children, Our Future: Tackling Child Poverty.

[Read more >](#)

Extending our impact

Overview

An important part of our work is to ensure that the DPH voice is understood and shared.

One of the ways we do this is through collaboration with a wide range of [partners](#), including other charities and professional bodies, the [NHS](#), local government, [UKHSA](#), [OHID](#), the UK's four CMOs, and public health bodies.

Additionally, this year, we have given powerful evidence to [Health and Social Care Committee](#) sessions on [food and weight management](#), sexual health, [gambling](#), and [vaccinations](#), and to Module 7 of the national [Covid-19 Inquiry](#).

Highlights

Strengthening system leadership

- Submitted evidence to the [Autumn Budget](#), and to consultations on the [NHS Performance Framework](#), [LGOF](#), [10 Year Workforce Plan](#), and ONS Census 2031.
- Held nine meetings with our public health system-focused [Policy Advisory Groups](#), driving forward advocacy on the role of DsPH within the wider public health system.
- Set up a new Task and Finish Group on Local Government Reorganisation and Devolution, developed our [devolution position statement](#), and represented ADPH in national discussions on the health duty.

Our impact

Strengthened the voice of local public health in national policy by ensuring DsPH perspectives informed key Government decisions, frameworks, and future planning.

Strategic stakeholder engagement

- Held meetings with Secretary of State for Health and Social Care, Wes Streeting, former Minister for Public Health and Prevention, Ashley Dalton, and health spokespeople for the Liberal Democrats, Helen Morgan, and Green Party, Adrian Ramsay.
- Raised the profile of ADPH and DsPH with 100 stakeholders, including MPs, at a parliamentary event organised by [Health Equals](#).

Our impact

Improved parliamentary understanding of DsPH, increasing political recognition of their leadership role and strengthening cross-party engagement with public health priorities.

Shaping national strategy

- Represented local public health in national meetings on the Model ICB Blueprint, Neighbourhood Health, the public health workforce, Fingertips and data use, and the upcoming [NHS England Bill](#).
- Participated in two roundtables bringing together senior public health leaders from across the system.

Our impact

Influenced national policy and strategic direction by embedding local public health priorities and frontline insights into decision making processes.

PHocus on increasing awareness of the DPH role in Government

In addition to our monthly meetings between our President and Chief Executive with the CMO for England, and with [DHSC's](#) Director of Secondary Prevention, Cathy Morgan, we have held a series of meetings between our members and staff, MPs, and senior Government advisors in other Government departments.

For example, our President has met Isabel Abbs, Special Advisor to the Prime Minister on Health and Social Care, four times to share DsPH views on a range of topics including sexual health, childhood immunisations, devolution, and the influence of industry on community health.

We have also met with officials at the [Treasury](#) and started to build relationships at all levels with the [Department of Work and Pensions](#) and [Department of Education](#) to strengthen knowledge of the DsPH role beyond traditional public health departments and teams.



What difference did this make?

Building relationships across Government has enabled us to improve understanding of the importance of the DPH role in improving the wider determinants of health that are influenced by departments other than [DHSC](#).

As a result, as well as being asked to provide input on public health policy topics, and system issues like access to data, funding, and the public health workforce, we have been able to offer insight on wider work, like the Government's Young People and Work Review.

We have also been invited to private briefings with Ministers on the Spending Review and 10 Year Health Plan, enabling us to convey timely and accurate information to members.



It is encouraging to see us move into these important spaces and have a seat around the table in making national changes that will support our communities to live healthier lives.

— Greg Fell, ADPH President and DPH for Sheffield

Expanding our reach

Amplifying the DPH voice

We have strengthened our national voice this year, securing widespread media coverage across major broadcasters, newspapers, and journals such as the [The Financial Times](#), [BBC Radio 4](#), and the [BMJ](#).

We provided commentary on key public health issues, issuing over **124 statements** to ensure DsPH perspectives were heard, including across [neighbourhood health centres](#) and [extending smoke-free places](#).

Across our online platforms, our digital presence continues to grow, with strong engagement with our website, Presidential and Member blogs, and expanding our social media following across [LinkedIn](#) and [BlueSky](#).

Highlights

516 media mentions

3.7K BlueSky followers

51K website visitors

120+ statements

9.4K LinkedIn followers

17 podcast episodes



Engaging with members

In November, we celebrated excellence across our membership at the [fourth annual ADPH Awards](#). The awards recognise and honour the outstanding work of DsPH and their teams in driving forward public health, from celebrating innovative local practice to long standing service within their communities, and commitment to supporting peers.

Elsewhere, we have deepened our understanding of local DsPH work by updating our review process of DPH Annual Reports, as part of our [Annual Report Celebration](#), and by better capturing topics, case studies, and practice improvement tools.

Highlights

Strengthening communication with members

- Made improvements to BriePH, our weekly member newsletter, to better communicate how we are representing their views externally, and raising awareness of our work through our monthly stakeholder newsletter, [eDPH](#).
- Enhanced engagement approaches with members and piloted new ways to reach less represented DsPH.

Our impact

Expanded the visibility of our work while ensuring more inclusive engagement across our membership.

Understanding member expertise and local contexts

- Undertook research into local contexts and public health challenges, strengthening insight into member needs.
- Developed and implemented a process to capture DsPH backgrounds and areas of expertise.
- Visited eight networks with the President or Vice President to discuss regional priorities, gather feedback, provide updates, and promote opportunities to get involved in our work.
- Launched new thematic networks on our member platform, WeDPH, including groups for Navigating Political Change and the English Systems Task and Finish Group, and supporting existing networks through regular calls.

Our impact

Amplified members voices to shape our work and expanded support for thematic and regional priorities.

PHocus on our member survey

We completed a survey of DsPH views on the PH system, covering roles, influence, workforce, and funding, as well as a range of policy areas and our organisational priorities. We also asked members about thematic networks, communication channels, and connecting with Alumni. This provided us with feedback on our support offer, including our programme of events and Mentoring Scheme.

The survey was completed by **77% of all DsPH**, the highest response rate we have ever had across England and the rest of the UK, including over half of DsPH in Scotland, making it our most representative survey to date. While analysing our results, we are looking for trends, regional similarities and differences, the feelings of those at different stages of the DPH career, and ensuring that we capture individual insights that may not otherwise be heard.

What difference did this make?

The survey is invaluable for underpinning our representation of DsPH. By better understanding the DPH perspective, we can allocate resources to affect changes important to our members, and tailor our development offer to their needs.

Over the coming months, we will take the survey results to our [Policy Advisory Groups](#), to support the refresh of our [policy position statements](#) and [What Good Looks Like series](#), and to the [Practice Improvement Board](#), to help inform the direction of our new organisational priorities of work and health, and public mental health. The views of DsPH shared via the survey will also be drawn upon in our conversations with MPs and other stakeholders.