



# ADPH North East : Terms of Reference

Association of Directors of Public Health North East – Terms of reference 2023/24

## “Working together to reduce health inequalities across the North East”

### Background and History

ADPH North East is the regional arm of the Association of Directors of Public Health (ADPH) in the UK. ADPH North East provides a collaborative network working in partnership with the wider North East Public Health Community to strengthen the voice for public health across the region.

The Association of Directors of Public Health North East (ADPH NE) represents the Directors of Public Health (DsPH) for all 12 Local Authorities in the North East.

ADPH North East work collaboratively as part of a wider public health community and actively welcome representation from partner organisations including the Office for Health Improvement and Disparities (OHID), the UK Health Security Agency (UKHSA) and the NHS, through the ADPH North East Public Health Network.

All substantive local authority DsPH confirmed in post are invited to be members of ADPH North East, as well as those DsPH that are interim on a long-term basis.

The Association of Directors of Public Health (ADPH) is the membership body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

Visit the [ADPH](#) website for more background and history of the Association of Director of Public Health.

### Aims

We are a collaborative network working in partnership with others to **lead, collaborate** and **advocate** for the health of the population, providing system leadership for its improvement and protection and to reduce health inequalities across the North East.

We do this by:

- **Providing a support network to share innovation, expertise, and good practice**
- **Working together to have greater regional and national impact than we can as individuals**
- **Providing a coherent expert professional voice on public health issues across the North East**
- **Taking collective responsibility for the continual improvement of local public health outcomes through sector led improvement**

For further information please refer to: *Appendix 1 – Purpose of the Network*

## Membership

All substantive North East 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.

Recognising the importance of working across the geography of the North East and North Cumbria Integrated Care Board, while they are formally part of the ADPH North West network the Directors of Public Health for Cumberland and Westmorland & Furness (covering the North Cumbria ICB area) are also invited to be members.

### North East Local Authorities

Darlington Borough Council	North Tyneside Council
Durham County Council	Northumberland County Council
Gateshead Council	Redcar & Cleveland Borough Council*
Hartlepool Borough Council	South Tyneside Council
Middlesbrough Borough Council*	Stockton-on-Tees Borough Council
Newcastle City Council	Sunderland City Council

Cumberland Council – ADPH North West
Westmorland & Furness Council – ADPH North West

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.

**Wider Public Health Community:** Representatives from the wider North East public health community are invited to be members on a case-by-case basis, with proviso that non DPH members will not participate in meeting discussions or represent the network on issues where there is a conflict of interest between their respective organisation and ADPH, nor be eligible to stand as Chair or Vice-Chair of the network.

OHID	Regional Director of Public Health, North East
OHID	Deputy Director for Health, Wellbeing and Workforce, North East
UKHSA	Regional Deputy Director for Health Protection, North East
NHSE/I	Director of Public Health

For further information please refer to: **Appendix 2 – Current members, Appendix 3 - North East Public Health Community and Appendix 4 – Declarations of Interest**

*\*Joint appointment of South Tees DsPH across MBC and RCBC*

## Chairing of the group and elections

ADPH North East will be chaired by a substantive DPH, with a vice-chair. Responsibilities for these roles are set out in **Appendix 5 – ADPH North East Roles & Responsibilities**

Tenure: The period of office for each role will be for no less than one year, with no more than three years between elections, unless otherwise agreed by a quoracy of DsPH.

**Amanda Healey (DPH Durham County Council) is the current ADPH North East Chair**

**Mark Adams (DPH South Tees) is the current ADPH North East Vice Chair**

For further information please refer to: **Appendix 6 – Election Process**

## Meetings

ADPH North East meetings will be held bi-monthly, subject to review of business.

- Agendas for the meetings will be drafted by the Regional Support Officer and approved by the Chair. Papers will be circulated at least three full working days before the meeting.
- The Regional Support Officer will provide all other necessary administrative support.
- 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
- Meetings will follow a hybrid model with a mixture of virtual meetings held via Microsoft Teams with quarterly face-to-face meetings at pre-agreed locations.
- A minimum of three face-to-face meetings will be held each year.

## Decision making

ADPH North East 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.

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 eight out of twelve members/DsPH).

For further information please refer to: ***Appendix 7 – Principles for Collaboration***

## Relationship to Association of Directors of Public Health (UK)

As an ADPH regional network, ADPH North East will uphold and comply with the requirements of the ADPH (UK) Constitution, particularly regarding 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>

ADPH North East network will follow ADPH UK protocols – for example relating to policy development, sponsorship, and use of logo.

ADPH North East will elect two representatives to the ADPH Council and 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 North East, the positions of the two ADPH UK Council representative roles for the region are filled as follows:

- The elected ADPH North East Chair
- The elected ADPH North East Vice Chair

When an election of ADPH Council representatives for the North East region takes place, **incumbents are permitted to stand again.**

## Sector Led improvement

ADPH North East takes collective responsibility for the continual improvement of local public health outcomes across the sector, in line with the ADPH UK model for improvement.

SLI is the approach to improvement put in place together with local authorities and the Local Government Association after the abolition of the national performance framework. It aims to provide assurance to both internal and external stakeholders and the public, as well as demonstrate continuous improvement to Public Health Practice.

SLI is based on the underlying principles that councils are:

- Responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people
- Accountable to local communities
- Collectively responsible for the performance of the sector as a whole

ADPH North East works with ADPH UK using SLI approaches in relation to nationally identified priorities, the current national priorities are **Suicide Prevention**, and **Vaccine Engagement**.

In addition to the national SLI priorities ADPH North East, have worked together with using the 6 Marmot principles to identify priorities for reducing health inequalities by:

1. giving every child the **best start in life**
2. enabling all children, young people, and adults to **maximize their capabilities** and have control over their lives
3. creating **fair employment** and **good work** for all
4. ensuring a **healthy standard of living** for all
5. creating and developing **sustainable places** and communities
6. strengthening the role and impact of **ill-health prevention**

Priorities identified through this process are taken forward through the **ADPH North East Sector Led Improvement Programme**.

Amanda Healey (DPH Durham County Council) is the current SLI DPH lead for the North East.

## Other leadership roles

To deliver the ADPH North East work programme, individual DsPH and/or their representatives may be asked/volunteer to take on a leadership role on behalf of the ADPH North East network. This may involve leading or sponsoring a particular network, project, or initiative.

The DPH should advise ADPH North East when they are no longer able to commit time to the leadership activity, and handover any relevant information or documents to their successor.

Across the North East we have fourteen networks that are accountable via a named lead DPH to ADPH North East.

The core networks provide extended links to a range of Subgroups as appropriate and task and finish working groups are established for time limited periods as and when work is identified.

## Governance, Accountability & Reporting

- The topic-based networks are accountable via the Lead DPH to ADPH North East.
- Lead DsPH receives regular briefings from the Network Chair.
- The networks will report their areas of focus for the year by June and will submit additional updates to NE ADPH bi-annually.
- Each Network will have a slot on the ADPH bi-monthly meeting once a year to report progress, issues and areas of focus and potential opportunities for shared priority work.

For further information please refer to: **Appendix 8 – Current ADPH North East Networks 2023/24**

## Finance

To support ADPH North East in delivering its objectives, for example through the appointment of programme staff, and to enable the delivery of projects and workstreams in the programme, funding will be raised from all North East member organisations.

For further information please refer to: **Appendix 9 – ADPH North East finance, funding, and budgets**

## Appendix 1 - Purpose of the Network

Through multi-agency partnerships and utilising support/expertise from the wider North East public health community, we work together on a shared approach to:

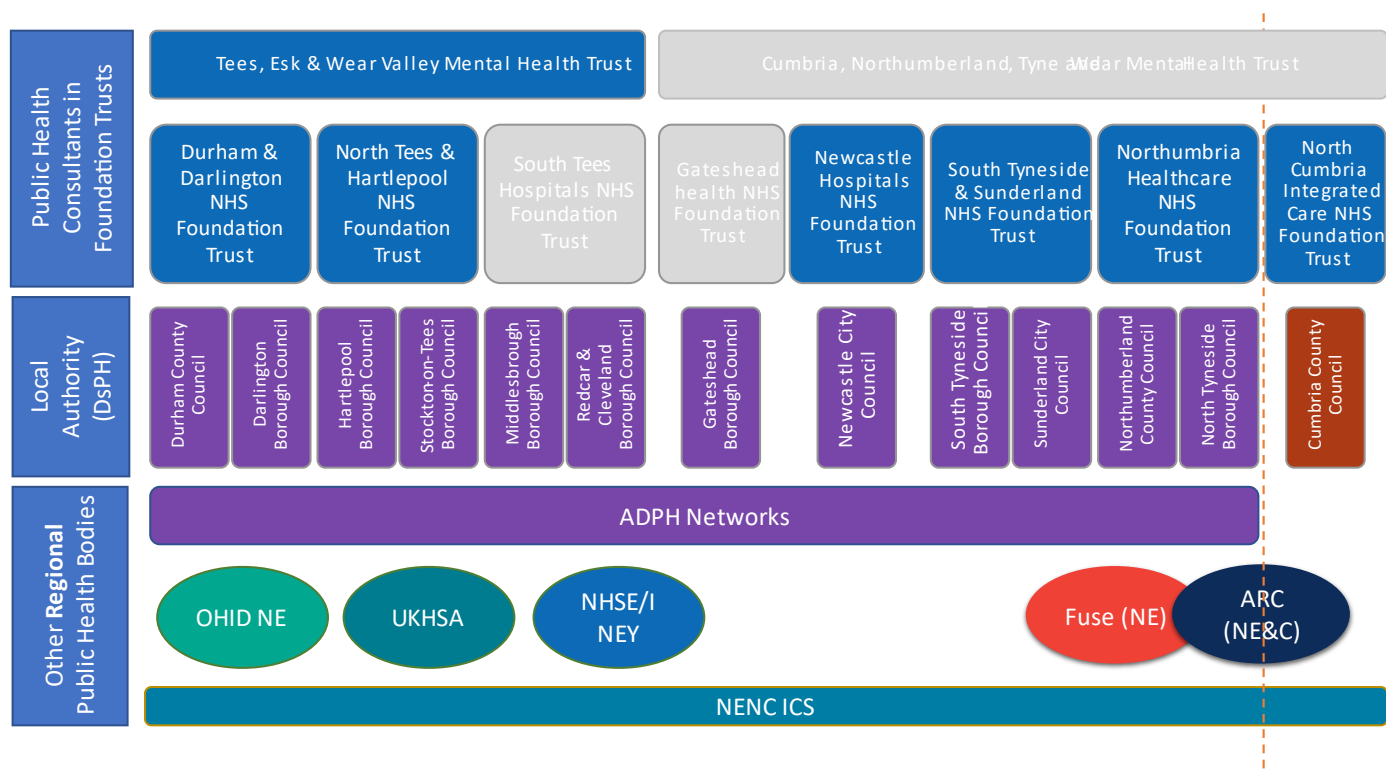
<b>Lead</b>	<ul style="list-style-type: none"> <li>• Support each other to be effective Directors of Public Health (DsPH).</li> <li>• To solve existing problems and to respond to new emerging challenges together for better outcomes and to avoid duplication</li> <li>• To share learning, best practice, evidence, and outcomes with the aim of improving decision making and supporting innovation.</li> </ul>
<b>Collaborate</b>	<ul style="list-style-type: none"> <li>• Collaborative discussion and action to address specific North East public health issues</li> <li>• Work together to have greater regional and national impact than we can as individuals</li> <li>• Link effectively with key stakeholders across the wider public health community</li> </ul>
<b>Advocate</b>	<ul style="list-style-type: none"> <li>• Strengthen the profile of public health in the North East</li> <li>• Provide a coherent expert professional voice on public health issues across the North East</li> <li>• build capacity across North East networks.</li> </ul>
<b>Sector Led Improvement (SLI)</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

## Appendix 2 – ADPH North East Public Health Network Current members

**Current members (February 2023):**

Durham	Amanda Healy - <b>Chair</b>
Middlesbrough – South Tees	Mark Adams – <b>Vice Chair</b>
Redcar & Cleveland – South Tees	
Darlington	Penny Spring
Gateshead	Alice Wiseman
Hartlepool	Craig Blundred
Newcastle	Lorna Smith
North Tyneside	Wendy Burke
Northumberland	Gill O'Neill
South Tyneside	Tom Hall
Stockton	Sarah Bowman-Abouna
Sunderland	Gerry Taylor
Cumberland – ADPH North West	Colin Cox
Westmorland & Furness – ADPH North West	TBC
NHSE/I	Peter Kelly
OHID	
OHID	Claire Sullivan
UKHSA	Emmanuel Okpo

## Appendix 3 - North East public health community



## Appendix 4 - Declarations of Interest

Individual members of ADPH North East, its programme staff and anyone representing ADPH North East will declare any interest that they have, or may be perceived to have, in relation to the exercise of the functions of ADPH North East. All declarations should be made in writing to the Chair and Regional Support Officer as soon as members become aware of it, and in any event, no later than 28 days after becoming aware.

The ADPH North East Regional Support Officer will hold and maintain an electronic register of conflicts and potential conflicts of interest of; the members of the group, programme office staff, and any others as identified.

## Appendix 5 – ADPH North East Roles & Responsibilities

ADPH North East will be chaired by a DPH member who will serve a 3-year term as the Chair with assistance and support from the Vice Chair and network team.

### Responsibilities of the Chair:

- To chair ADPH North East meetings, including the setting of agendas, approval of actions and management of associated business. This includes supervision of and support to the ADPH North East Network staff team.
- To provide leadership and strategic vision to ADPH North East to enable it to fulfil its core purpose
- To have overall responsibility for directing the work of ADPH North East 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 North East region and ADPH North East members
- To develop and maintain strategic relationships, including with: OHID, UKHSA, NHSE/I, and the NENC ICB.
- To ensure that ADPH North East 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 North East or individual member business



### **Responsibilities of the Vice Chair:**

- To assist and support the Chair in the provision of leadership to ADPH North East, the management of strategic relationships and direction of the programme
- To chair meetings when the Chair is not present
- To deputise for the Chair as appropriate
- To adhere to confidentiality in respect of ADPH North East or individual member business

### **Responsibilities of the Regional Support Officer**

- Coordinate the ADPH North East Network schedule
- Provide administrative support to ADPH North East
- Ensure that a call for agenda items is circulated to the group at least one week prior to the meeting
- Ensure that the group agenda and papers are circulated at least three working days before the meeting
- Ensure that all ADPH North East action logs are kept up to date
- Create and maintain an electronic register of conflicts and potential conflicts of interest
- To adhere to confidentiality in respect of ADPH North East or individual member business

### **Responsibilities of the SLI Programme Manager**

- Support the ADPH North East Chair with regional working
- Increase regional understanding and connectivity of ADPH North east
- Increase national visibility and connectivity of ADPH North East
- Effective project management of the sector led improvement programme
- Support ADPH North East to identify future SLI priorities
- Management of ADPH North East election process
- To adhere to confidentiality in respect of ADPH North East or individual member business

## **Appendix 6 – Election Process**

The elections process will be managed by the ADPH North East programme manager. Eligible candidates may put themselves forward following a call for nominations. At least three weeks' notice will be given for nominations.

All eligible DsPH will be asked to vote for their preferred candidate using a short online survey or by other electronic means. Where there is only one candidate, voters will be asked to vote on whether they are in favour or against electing that candidate, at least three weeks' notice will be given.

Individual votes will be received by the programme manager but treated anonymously and the result will be issued by email. The quorum for elections is two thirds of those eligible to vote. Where the quorum is not met, the election will be re-run.

The candidate who receives the highest number of votes cast will be elected. Where there is only one candidate, the candidate will be appointed where the number of DsPH in favour of electing that candidate are greater than those against.

Recording and reporting of election results. The programme manager will record and report to members the number of eligible voters, turnout, and the split of votes.

Tenure. The period of office for each role will be for no less than one year, with no more than three years between elections, unless otherwise agreed by a quoracy of DsPH.

Eligibility to stand. Those members who are permanently employed or on a long-term (two years or greater) secondment as a DPH in a North East local authority, are eligible to stand as Chair or Vice-Chair.

#### **Incumbents are permitted to stand again.**

Eligibility to vote. Those members who are employed either substantively or on an interim basis as a DPH in one of the twelve local authorities, are eligible to cast one vote in elections. Candidates are eligible to vote. Where a DPH leaves and another starts during an election process, only one DPH may cast a vote and the first vote received will be recorded.

## Appendix 7 - Principles for Collaboration

The following principles will be used to determine where ADPH North East will prioritise collaborative effort:

### Impact

- On improving North East population health
- On reducing health inequalities across the North East
- On achieving better value for money

### Added value through a regional approach

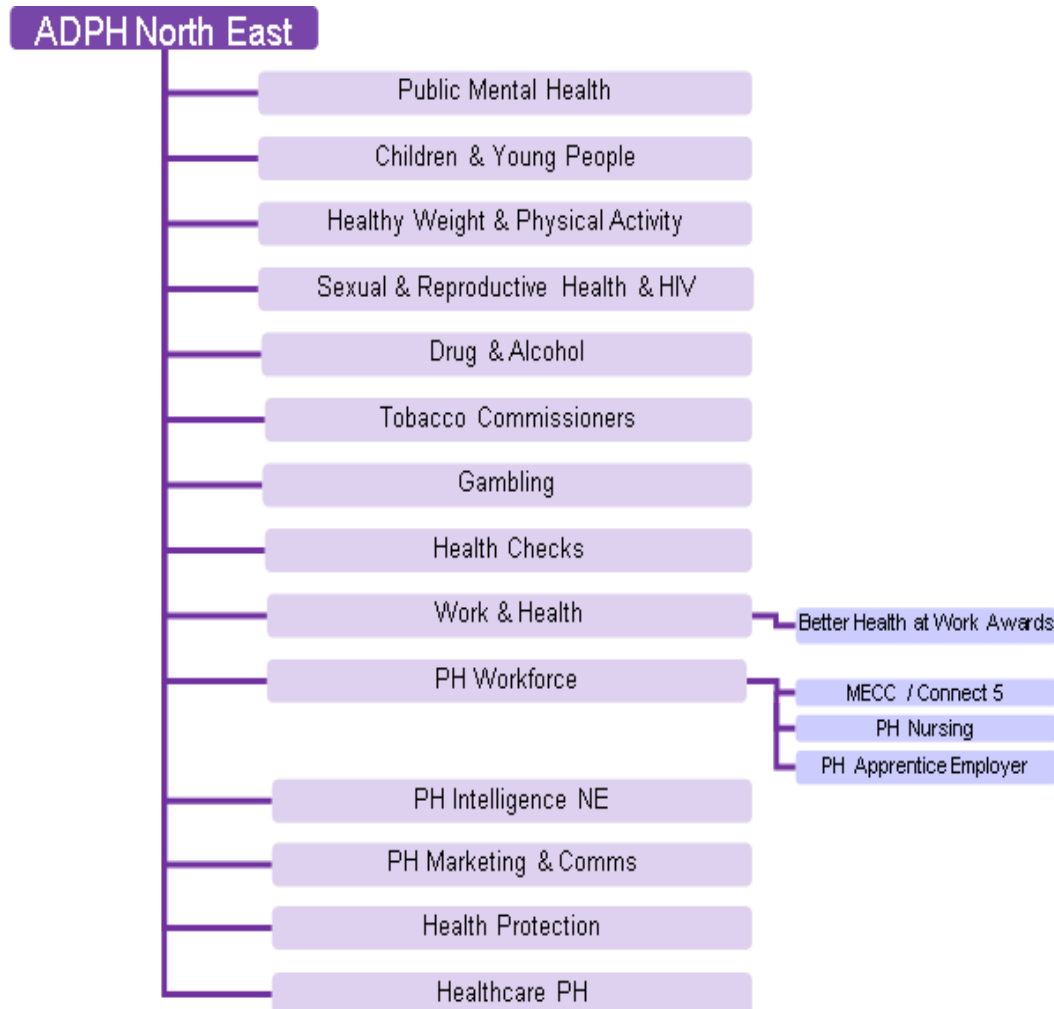
- Complements existing work e.g., other collaborative work undertaken by the public Health community
- Ability to leverage greater benefits or influence than by working independently
- Avoids duplications and /or tackles shared challenges

### Timeliness

- Optimal timing of joint effort considering policy and political context

These principles will be considered alongside other key factors such as capability and capacity to deliver, affordability, return on investment, evidence of best practice and achievability.

## Appendix 8 – Current ADPH North East Networks 2023/24





## Appendix 9 – ADPH North East finance, funding, and budgets

To support ADPH North East in delivering its objectives, for example through the appointment of programme staff, and to enable the delivery of projects and workstreams in the programme, funding will be raised from all North East member organisations.

All contributions will be proportional to the size of that local authority's public health grant allocation.

Durham County Council will host the programme budget, on behalf of ADPH North East. For projects with funding attached, the budget may be transferred to the local authority of the lead DPH, under a Memorandum of Understanding (MOU) between that local authority and ADPH North East c/o Durham County Council.

All members will support the principle that the host authority should not incur any material costs from hosting the programme office, and that any such costs should be funded from the ADPH North East budget.

All financial transactions will be conducted in line with the Contract Standing Orders of the host Local Authority for that project.

It is recognised that in some circumstances, not all the member authorities may choose to participate in projects within the programme. This may be due to a variety of local reasons and the sovereignty of each member authority is recognised. In such circumstances, non-participating authorities will not be required to directly fund a project.

The minimum number of participating authorities to proceed with a project will be determined on a case-by-case basis; a rule of thumb is that at least two thirds (or eight out of twelve) of the local authorities should support the initiative. Participation at a later date may require contribution towards the earlier development costs of that initiative.

### Authorisation levels for expenditure within agreed budget limits:

ADPH North East - Regional Support Officer	Up to £1,500
ADPH North East - Programme Manager	Up to £1,500
ADPH North East - Chair	Up to £10,000
Full ADPH North East	£10,000 and above

## Version control

**Author:** Lucy Chapman, ADPH North East Programme Manager

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