

Association of Directors of Public Health
Yorkshire & the Humber

ANNUAL REPORT

2021/22



Contents

[1. A Welcome from the Chair](#)

[2. Reflections on 2021 from the Network Manager](#)

[3. Developing our Priority Ambitions](#)

[4. Sector-Led Improvement](#)

[Introduction from the SLI Lead](#)

[SLI Conference 2021](#)

[Communities of Improvement](#)

[5. Workforce Development](#)

[6. DPH Reflections of a Pandemic](#)

[7. Thoughts for the Future](#)

[Appendix 1](#)

[Who is the Association of Directors
of Public Health?](#)

[Appendix 2](#)

[Testimonials to how we work as a region](#)



1 A welcome from the ADPH YH Chair

Julia Weldon, Director of Public Health and ADPH YH Chair

Welcome to the Yorkshire and Humber Association of Directors of Public Health (YHADPH) Network report 2021/2022.

The last 2 years have been incredibly challenging for everyone and there is no doubt that the pandemic has left a legacy that will touch our lives and the way we live our lives for a very long time. The pandemic brought the scale and nature of unrelenting and persistent structural and societal inequalities into stark relief, inequalities have been entrenched throughout the pandemic and even further by the current economic climate.

This has also been a period for challenging our approach to leadership and advocacy for public health. Learning and embedding the lessons from our Covid response has been at the forefront of our thinking in developing our priorities for 21/22 and beyond.

It has been an absolute privilege to be Chair of the Yorkshire and Humber Directors of Public Health at a time when Directors of Public Health have been at the forefront of the pandemic response, where our voice has been amplified both nationally, regionally and locally. Our YHADPH network family has grown and

strengthened over this time in terms of our vision, our voice, our advocacy and our ambition. We are proud to say that the YHADPH network is inclusive of our UKSHSA, OHID, DHSC and NHSE public health colleagues and we recognise our regional public health strength is in continuing to work collaboratively whatever the operating landscape.

Directors of Public Health have a duty to publish an annual report in their own Place. Each report will be very different and as diverse as the very different populations we serve within the region. This year, for the first time we wanted to share some collective thoughts and reflections about the YHADPH network through an annual report.

This report sets out our shared priorities, highlights the significant leadership and advocacy through the Communities of Improvement, demonstrates our commitment to sector led improvement and workforce development and includes some testimonies reflecting some of our important relationships and partnerships. The report also reflects on the journey we have undertaken together over the last 2 years. Finally our current Deputy Chair, Sarah, and I set out our thoughts on the challenges and opportunities for the next 12 months.



2 Reflections on 2021 from the Network Manager

Marc Hall, ADPH YH Network Manager

This year has been one of transformation as we continued to work hard to provide the necessary support, leadership and solutions through the continuing pandemic, but also started to see some return to core Public Health programmes. At a time when the capacity and energy of colleagues working through this period is extremely stretched, the drive and determination to return to these core principles and to develop and pursue new challenges, such as the new priority ambitions, has been inspirational.

Coming out of the Covid pandemic has generated a real sense of how to drive the agendas that matter in terms of supporting people and communities back to some sense of normality. It has been important to note that there have been significant impacts that have affected families through the pandemic and now, as we look to move forward, our communities struggle with very real financial pressures that look to worsen over the next few months.

The network has made decisions to focus its work over this last year, and into the next few years, around a number of areas that will, hopefully, allow them to support local communities in these difficult times. These include the development of the YH Priorities and the expansion of the range of Communities of Improvement, continuing to support the development and improvement of our

workforce, working even more closely with our key partners across the Public Health System in Yorkshire and the Humber, and looking to create and develop capacity within the system to improve future work.

As with all colleagues who have worked through the pandemic, the DsPH and their teams have had little time to reflect and process their experiences during this time. To help with this, the Network supported a number of initiatives to help colleagues capture some of those experiences and to use them to drive better preparedness for the future. These included a facilitated time out session during last Summer for DsPH to open up and discuss their experiences in a safe place, interviews across the region to capture and develop stories and experiences, development of postcards with some of these stories, time at the SLI Conference for colleagues to reflect and share their experience, and others.

Some of the work that the network has undertaken during this time is detailed more fully over the next sections (such as the SLI Conference, the YH Priority Ambitions, the work of the Communities of Improvement and the Workforce Development Group, etc). I would, however, like to spend a little time showcasing a few of the many other ongoing areas of work that have also been driven forward through the ADPH YH network:



The Louise Brewins Programme

Many families, communities and organisations have suffered loss over the last 2 years, and we are no exception. This apprenticeship programme is named for our friend and colleague who was a leading light for Public Health Intelligence both in Sheffield City Council where she was based, but also for the ADPH YH and across the region and will be sorely missed.

The programme will recruit eight new Public Health Intelligence Analyst apprentices to work within the Public Health Teams across the region over 2 years whilst they complete their level 4 Public Health Data Analyst qualification. We hope that this programme will bring some new resilience to an area of the Public Health system that has been under-resourced for some time and may lead to future apprenticeship opportunities.

Covid Explained

This programme aimed to address and improve vaccine engagement through a system-wide approach in YH. It built on evidence-based programmes, including building capacity into our training and workforce development offer. We also commissioned a region-wide behavioural insights informed campaign to tackle health inequalities in vaccine engagement, targeting specific sections of our communities with low uptake.

The programme has now concluded and is currently being independently evaluated, though the legacy and learning will be taken into future programmes of work within the network.

Gambling-Related Harms YH Programme

This relatively new programme of work will be delivered over 3 years to improve prevention, awareness and education related to this issue and to increase equitable access to support and treatment for those affected. The work is currently focused on the procurement of research to generate insight from the identified priority groups and those with lived experience.

This will then lead to the design and deliver of bespoke interventions, targeted marketing and communications, and support for the system through guidance and training. The aim is to raise awareness and build knowledge of gambling-related harms and the risks of gambling to encourage openness and challenge.



3 Developing our Priority Ambitions

Toni Williams and Ben Holden, Office of Health Improvement and Disparities

Health inequalities are not inevitable, they are preventable. Tackling these inequalities is a matter of fairness, social justice, and benefits all of society. It also makes economic sense.

The impact of the pandemic has provided scrutiny and a platform for national, regional and local action on inequalities. As Directors of Public Health in Yorkshire and the Humber we are committed to reducing the inequalities that have persisted in communities for decades. In building back fairer we want to address the marginalisation and powerlessness caused by entrenched health inequalities.

Since the 2013 transfer of Public Health to local government, huge progress has been made in developing partnerships and taking action on the social, economic and environmental determinants of health. We want build on this strong foundation to support and amplify place based action through collaboration, harnessing the voice and the influence of Directors of Public Health.

In early 2021, the Institute for Health Equity visited us to share the findings of their report, Build Back Fairer – The Covid-19 Review. The report helped us

to reflect on the impact of the pandemic on inequalities and the areas that we need to focus on in our places and our region as we recover from the pandemic.

Taking forward the recommendations in the Build Back Fairer Review, in Summer 2021, the Yorkshire and the Humber Directors of Public Health agreed on three key priority areas where we believe that working together across the region can add significant value. The three priority ambitions for the ADPH YH network are:

To promote **inclusive and wellbeing economies**. Economic inequalities widen health inequalities, something which we have seen during the Covid-19 pandemic. A healthy and resilient population can be a foundation for creating and maintaining a strong and sustainable economy. The levelling up white paper and devolution deals provide opportunities to build back fairer.

To address **climate change and sustainability**. Climate change is the biggest global health threat of the 21st century and the evidence is clear that it will have a negative impact on health and wellbeing in our lifetime as well as future generations.



The activities that contribute to and drive climate change are the same things that drive poor health outcomes more broadly. By taking steps to mitigate against climate change, we will also improve health and wellbeing.

To improve life chances for children and young people. **Children and young people** are living, learning and growing up in an increasingly complex and challenging world, exacerbated by the wider and long lasting impact of the pandemic. Every child and young person, regardless of the circumstances into which they are born, should have the opportunity to maximise their potential and **future life chances**.

Focusing on each of these shared priority areas will improve population health and reduce inequalities. Supported by colleagues from the Office for Health Improvement & Disparities (OHID), focused programmes of work and capacity to deliver on the ambitions are being developed.

A lead Director of Public Health (DPH) was identified for each of the priorities, and meetings were arranged with subject matter experts (e.g., New Economics Foundation, Joseph Rowntree Foundation, Greener NHS Leads) to get input on potential areas of focus.

Abstract submissions relating to the three ambitions were invited for the 2021 SLI conference. Dedicated breakout sessions for each priority took place at the conference to launch the priorities, generate interest and capture feedback from colleagues across the region.

Directors of Public Health have agreed that the ambitions will be supported by Ambition Interest Groups (AIGs). These AIGs may be considered as an adapted version of the Faculty of Public Health model of Special Interest Groups. These dedicated interest groups for each ambition may provide opportunity to generate ideas, energy and focus for each priority but recognise the limited capacity in the system to take on specific pieces of work.

In March 2022, the ADPH YH network agreed to establish an Advanced Practitioner Fellowship programme to provide dedicated capacity to each of the three ambitions.

These fellowships provide an opportunity for existing public health staff within the system to pursue a 3-day per week secondment opportunity. It is anticipated that this will provide a workforce development opportunity to those currently working at advanced practitioner level. Three Advanced Practitioner Fellows will be able to continue their substantive roles 2-days per week (full-time equivalent), and provide regional leadership, development and co-ordination for one of the three ambitions. An additional training and educational component will be provided alongside the fellowship, and supervision and mentorship would be provided by the Office for Health Improvement & Disparities (OHID) team.

Next steps include agreeing the terms of reference and focus of the AIGs and recruitment to the three ADPH YH Advanced Practitioner Fellowship roles.



4 Sector Led Improvement (SLI)

Louise Wallace, Director of Public Health and ADPH YH Sector Led Improvement Lead

It is timely for me to be writing this piece about our Sector Led Improvement (SLI) approach for the Annual Report, as it is about a year ago that I took up the role of ADPH Director of Public Health lead.

Despite the intensity of the pandemic response, the Yorkshire and Humber ADPH Network have remained committed to sector led improvement; sharing and learning together.

The highlight of my role as DPH lead over the past year has to be the conference held on 10th December 2021. Arranging the conference truly was a team event including colleagues from Local Government, ADPH, UK Health Security Agency and Office of Health Improvement and Disparities.

The conference attracted about 350 colleagues and a plethora of fantastic abstracts and poster presentations from not only across the region but beyond. Conference delegates spent a full day online listening, sharing, learning, challenging and appreciating – all key ingredients of Sector Led Improvement.

As a Network we have also played our part to deliver the national ADPH Sector Led Improvement Programme with Rupert Suckling, (DPH Doncaster) chairing this Board and other colleagues contributing from our region.

Other Sector Led Improvement activities over the past year includes Peer Reviews into pandemic response and shared learning; webinars and workshops; time out sessions, the review of our communities of interest and plans to develop a Regional Consultant Network.

Sector Led Improvement requires people to be generous and share. It requires people to embrace learning and a commitment to improving together as people share and learn from good practice. From my perspective as lead DPH, the commitment to do this is very evident across the Y&H Network.

It is a great honour to be the Y&H DPH Sector Led Improvement Lead and I am really looking forward to the forthcoming year and reporting back next year.



4.I SLI Conference

Louise Wallace, Director of Public Health and ADPH YH Sector Led Improvement Lead

Having not been able to hold a conference in 2020 due to the pandemic and capacity pressures of that time on everyone working across the Public Health system, it was a real boost to local colleagues that our conference was able to be held in 2021. Unlike our previous conferences, this year our event was held virtually.

The conference was well attended, attracting over 350 colleagues from across the Region and beyond and was hosted by Professor Peter Kelly (OHID Regional Director), Julia Weldon (ADPH YH Chair, DPH for Hull) and Louise Wallace (ADPH YH SLI Lead, DPH for North Yorkshire). We were also especially fortunate to have three excellent keynote speakers with Sir Michael Marmot (Professor of Epidemiology at University College London) and Dr Jeanelle De Gruchy (Deputy Chief Medical Officer for England), as well as a moving and thought-provoking look into problem gambling as this year's Liz Butcher Memorial Lecture by Magda Boo (Public Health lead for Problem Gambling at Sheffield City Council).



There were also a number of topic-based breakout sessions throughout the day, covering topics such as Climate Change & Sustainability, Inclusive & Sustainable Economies, Improving Life Chances for Children & Young People, LGA Support: Public Health & Prevention, A New Social Guarantee and an opportunity for attendees to listen to and share their stories and reflections from the pandemic period in the Our Experiences Time Capsule breakout session.

Tackling violence: a synergy of approaches

Background

- There are different approaches used to prevent and reduce violence. Three of the most common are:
 1. The public health approach
 2. Problem solving
 3. Contextual safeguarding
- The approaches all share similarities yet are used in isolation.

Methods

- A professional consensus panel formed to define the three approaches in practice, the steps required to combine them and the benefits and challenges of each.
- A practitioner toolkit that set out the findings of the panel was co-produced.

Findings

- Theoretical approaches are often not used as intended by those who create them.
- The toolkit clarifies the fundamentals of each approach and proposes ways they could be used together in practice, receiving positive feedback.

Interpretation

- To our knowledge this is the first time approaches have been brought together to understand their collective benefit
- This work provides a foundation for a pilot intervention to assess the impact of combining these approaches on reducing violence.

✉ Rachel.Bath@dhsc.gov.uk; rachel.forbes4@nhs.net

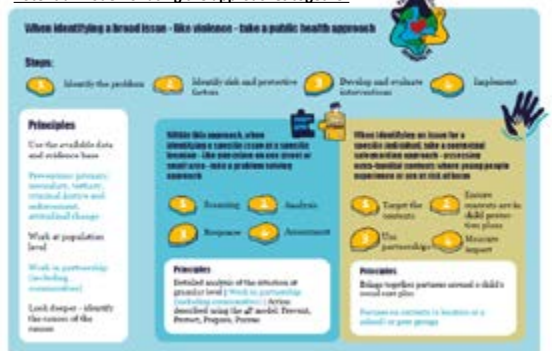
What are the approaches?



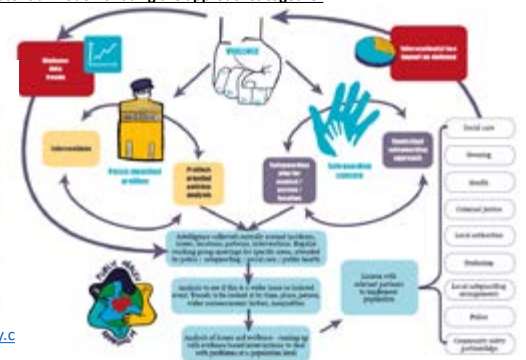
Prevention continuum: demonstrating how the approaches can be used together



Potential model for using the approaches together



Potential model for using the approaches together



Link to resource:
<https://uobrep.openrepository.com/handle/10547/625049>

Throughout the months leading up to the conference, public health colleagues from across the Region were encouraged to develop poster abstracts on the various programmes of work and projects that had been undertaken. A total of 45 abstract posters were showcased at the event, covering a wide range of activities. These superb examples of the work that has been developed and delivered across Yorkshire and the Humber demonstrate much better than any words here could just how strong and vibrant the public health system is in this region. They can be viewed here: [Posters](#)

Additionally, each of the Regional DsPH were interviewed to provide their own reflections on the pandemic period within each of their own local places, which were developed into promotional postcards.

Following the conference itself, all of the various presentations and slides, abstract posters and DPH postcards have been available on the APPH YH website and have continued to attract visits and downloads. All of the feedback and contributions from the breakout sessions has been captured and is now being used to take forward actions related to the relevant topics.

The conference was a great success and we have received many comments as feedback showing how valued and appreciated it has been, as well as ideas for next year's conference.

Wakefield Schools Health & Wellbeing Charter 2021

The Wakefield Schools Health and Well-Being Charter is the Local Authority's management/awarding mechanism designed to provide a structure to enable improvements to health and wellbeing within educational establishments

What is it?

The Charter adopts a unique approach to health improvement within schools by working with schools to develop their action plan based upon their communities needs and not based on a set of criteria determined by the Local Authority. This enables schools to 'own' their health improvement rather than following a rigid auditing process against a set of criteria.

The Charter is also designed to encourage schools to develop a long-term approach to improved health and well-being outcomes by awarding the Charter Mark early on in the process (once an action plan has developed). To maintain their Charter Mark the school needs to adopt a yearly planning approach of action planning and evaluation. Therefore, ensuring health and well-being outcomes become embedded as part of the school improvement cycle.

How are we doing?

Within a year of launching we have seen incredible growth in schools adopting the Charter as a method of managing health improvement in their setting

77
Schools Involved in the Charter

52
Schools registered

32
Schools awarded Charter Mark Status

"The Charter Mark is an excellent method of prioritising health and wellbeing within our academy. The process is simple and allows an individualised approach in each school with support provided to enable us to achieve our targets."
Outwood Grange Hemsworth Academy

"The health and well being charter has really focused our work within school allowing us to improve the mental health of our pupils and staff. The impact this has had is palpable within school creating a renewed ethos and positive atmosphere."
Ryhill JI & Nursery School

Areas of health focus for Charter Mark schools

Conclusions & Reflections

- The Charter has been very enthusiastically adopted by schools.
- Mental health and well-being featured on most schools action plans.
- Will monitor the long term impact of the Charter as time progresses.
- Will use the Schools Health Survey data to support the development of schools action plans going forward
- Evaluate the effectiveness of the Charter on long term health improvement

Contact Details
Peter Ward – Specialist Health Improvement Officer (Schools)
pward@wakefield.gov.uk

Yorkshire & Humber Healthier and Resilient Food Systems Network

Nicola Corrigan, Nicola Smith and Kristin Bash – OHID, Yorkshire & Humber

Why Local Food Strategies?

Food has impacts across a wide range of determinants
Local expertise essential to design useful strategies around food

Survey of Yorkshire & Humber Local Authorities Sept 2020 (n=15)
67% (n=10) reported having no active food strategy
76% (n=16) councils in YH declared climate emergency since Jan 2019¹

What did we find?

- A need to focus on the health and resilience of the food system
- Need to develop healthier more sustainable local food systems
- Opportunity to contribute to emerging evidence base and wider understanding of the public health approach to sustainable food systems

Inclusive Sustainable Economy

Healthy food & healthy weight

Urban growing & green spaces

Climate Change

Environment & Sustainability

Food Insecurity

LOCAL FOOD STRATEGY

What are we doing?

- Developing a regional network of food partners - local authorities, food partnerships, VCS sector, academic partners
- Reflecting and responding to local need based on continuous network feedback and co-design of agenda
- Producing resources and case examples for shared learning
- Building regional capacity to engage with food strategy as a means to address core public health priorities (e.g., net zero, healthy weight, resilient economies, levelling up)

What has the YH Network accomplished so far?

- Food insecurity data will be included in Fingertips and food bank data reported on WICH from April 2022
- Theme-based action cards as resource for development of local food strategies
- Webinar series: food insecurity, data, the national food strategy, food waste, sustainable diets to share national and local good practice and insights. Available at <https://www.yhphnetwork.co.uk/links-and-resources/healthier-resilient-food-systems/>

¹ Full list of council who have declared a climate emergency. Climate Emergency UK. Accessed 09/12/21 <https://www.climateemergency.uk/blog/list-of-councils/>
For Queries Please Contact: Nicola.Corrigan@dhs.gov.uk

Healthy weight is only one part of the picture!

4.2 Communities of Improvement

Rupert Suckling Director of Public Health and ADPH YH Communities of Improvement Lead

There's never been a more important time for collaborative working than now. Our public health challenges are more complex, our resources more pressured and our time and energy more stretched. In light of that, it was very heartening to know our Communities of Improvement and Networks continued to meet to make progress on a range of non-COVID challenges. I want to pass my thanks on to all the chairs, sponsors and members of these groups, without them our chances of success would be smaller and the quality of our work much poorer.

Some of the highlights in the last year include

Healthy Weight Nutrition and Food Network

- Supported the development of Healthier Food Advertising Policies across YH. This joint advocacy project was directly funded by the YH ADPH Network to share knowledge and learning from national projects which reduce the amount of unhealthy food and drink in the out of home advertising realm. Plans for the next 12 months include building networks across England to widen this learning and support individual local authorities to develop similar policies which will contribute to the YH ADPH Network priority of Improving Life Chances for Children and Young People.
- Developed the Healthier and Resilient Food Systems Network. In direct response to the challenging food accessibility environment, which resulted from local and national Covid restrictions, this network includes local authority stakeholders, academics and food partnerships. With a focus on hot topics and building a library of online resources this network seeks to address some of the big issues around building a more healthy and sustainable food

environment. Plans for the next 12 months include developing a shared ambition for increasingly localised food procurement system with key partners which will contribute to the YH ADPH Network priority of Inclusive and Sustainable Economies

Physical Activity Network

- Supported the development of a series of action cards and resources to support a variety of physical activity related concerns following Covid restrictions.
- 1-minute guides for schools to build physical activity into recovery plans for CYP. This supports the building of mental health resilience and improving educational attainment as well as promoting physical activity in school and other educational settings.
- Various topic related evidence reviews on physical activity's relationship with climate change, poverty and smoking, alcohol and drugs

Sexual Health Network

- Ran a joint session for sexual health leads in Local Authorities and providers of sexual health services on outbreak prevention and management of HIV and Sexually Transmitted Infections (STIs) – to ensure a consistent and proactive approach across Y&H and share good practice between areas.
- Identified and began to implement the specific actions within the HIV Action Plan for England that are for delivery at local level; a similar approach will be needed once the national Sexual & Reproductive Health Strategy is published later this year.

Healthy Ageing Network

- Addressing physical and mental deconditioning older adults have experienced as a result of the pandemic through CPD sessions, sharing learning and place-based activity and developing a self-help 'getting back to me' resource.
- To take forward next year – developing a framework to help embed healthy ageing through all policies/programmes.

National Child Measurement Programme (NCMP) Network

- Over the past year the network has supported local authorities and their providers to deliver the NCMP during an extremely challenging year, due to Covid.
- Plans for the next 12 months include sharing of good practice and insights and supporting local authorities to continue to deliver the programme to ensure robust data is collected to get an accurate picture of obesity prevalence in children in YH.

North East and Yorkshire and Humber Migrant Health Group

- Development of a regional health network bringing together a range of stakeholders to develop a shared narrative around meeting the health and wellbeing needs of vulnerable migrants. Stakeholders include different departments within local authorities, CCGs,

NHSEI, VCSEs, Home Office and their contracted accommodation provider (Mears), Strategic Migration Partnerships and the Police. The network has led various initiatives with outputs including a template flowchart for when the Home Office procure new contingency accommodation for asylum seekers to ensure this is communicated to relevant stakeholders and roles and responsibilities are clear.

- In 2022 the network will be looking at the wider determinants and hope to influence different sectors such as work and education to support the health and wellbeing of vulnerable migrants.

Public Mental Health and Suicide Prevention Network

- Commissioned research on self-harm in adults in the community as part of a sector-led improvement approach to inform local suicide prevention planning.
- Increased focus on the wider determinants of mental health and recently delivered a workshop on Money and Mental Health that included speakers from the Money and Mental Health Policy Institute, the Money and Pension Service.
- In 2022/23 we want to understand the impact the Better Mental Health Fund has had in relation to community interventions to promote positive mental health and wellbeing and we will be sharing evaluation findings and exploring how we can make the case for public health interventions across the region.



Planning Healthy Places Network

- Planned and delivered a successful Homes and Health Webinar Series consisting of seven webinars with over 50 expert speakers, that reached more than 700 people from approximately 100 different organisations. Resources from the webinar series are published here: [Homes and Health Webinar Series](#)
- Collation of key references and case studies for a Repository of Planning Healthy Places Information.
- In 2022 we want to build on the outputs from the Homes and Health webinar series, including developing a resource to support improving health through the home, a focus on spatial planning and the development of Place Standard Tools, as well as continuing to build closer relationships between Public Health and Planners.

Alcohol and Drugs Network

- The planning and implementation of new substance misuse grant funding (21/22) for inpatient detoxification, universal treatment and our enhanced accelerator allocation. Despite demanding time frames, sometimes restrictive grant parameters, and with capacity challenges the region's system has responded well and achieved all that was asked.
- In 2022 to take forward the implementation of the new 10 year drug strategy – achieving the required aims of 'from harm to hope' and the significant and transformational funding that is attached will require strong partnership working and system leadership.

Gambling Network

- A successful bid to the Gambling Commission on behalf of ADPH Y&H and supported by the network; this will fund a 3-year programme of work to prevent and reduce gambling-related harm, to complement the work done in local areas
- Next year the focus will be a balance between supporting and informing the funded programme, and developing further the wider gambling harms agenda – with focus on improving approaches to local licensing policy, and informing quality/parity of treatment across the region

Workplace Health Network

- Engaging Small to Medium Enterprises in Workplace Health – this was identified as a priority topic by the network with actions being delivered to review the evidence around what works to engage SMEs in workplace health, collaboratively identify what SMEs want and need and identify how resources, support and guidance align to this. Following suggestions from the network the Local Knowledge and Intelligence Service has modelled the impact of poor workplace health on SMEs from different sectors and of differing sizes. This work has included input from the Federation of Small Businesses, Local Enterprise Partnerships and Combined Authorities.
- Work and Mental Health Matters – a workshop that was delivered to share evidence around why work and mental health is importance and good practice in relation to supporting people into work, to stay well in work, to stay in work and return to work. The event had input from and shared regional practice from network members, with many network members attending as delegates. A report identifying key opportunities for local action is being produced as a result of the event.
- Next year we want to focus on how workplace health can promote inclusion and reduce inequalities in relation to work and health e.g. mental health, learning disability.

In 2021 we also took the opportunity to review the COIs and networks as they had been in operation for more than 6 years. Over that time the networks have evolved and matured, becoming trusted networks of people with a shared purpose and peer support to work together towards common outcomes. Over a six-month period, we engaged extensively with DsPH, network leads and members; it is this insight which has informed the findings and suggested ways forward. We had almost 100 responses to our survey last summer.

The Y&H ADPH Network strongly supports the view that networks are for the benefit of members, and therefore the networks should be given the autonomy to work in a way that reflects the needs and capacity of members. The networks should be inclusive and diverse, where engagement is

promoted and capacity to collaborate is created. DsPH will provide strategic input and support, with all networks having an identified DPH sponsor.

We have agreed a number of principles to help the networks operate. One of the key changes was to move to using networks as an umbrella term for all COIs and networks. It was clear throughout the review how much the networks were valued, not just by members, but by DsPH and the wider public health system. We hope that the networks will continue to evolve, helping us to improve outcomes and reduce inequalities by supporting place-based action, and regional collaboration.

Finally, we will look to see what other networks we can facilitate or establish including a network for public health specialists/consultants.



5 Workforce Development

Julia Burrows, Director of Public Health and ADPH YH Workforce Development Lead

Chris Sharp, Office of Health Improvement and Disparities

Val Barker, Health Education England

Creating capacity and capability across the Public Health System

Covid-19 pandemic has required rapid change to a public health workforce that has been under considerable pressure from the start of the pandemic. Public Health Teams have needed to re-assign core health improvement roles into the Covid-19 health protection response. In addition to this a new workforce continues to support and protect health through local testing and contact tracing.

Workforce development support has been focused on the both the response and the impact of Covid-19. Workforce development has been transformed by home working and the need to maximise the use of digital collaboration tools such as MS Teams and Zoom as well as creating on demand learning content via the Y&H ADPH website. With full support from the Workforce Development Steering Group (WDSG) both Health Education England (HEE) School of Public Health Y&H and the Workforce Team for Office for Health Improvement and Disparities (OHID) have developed and delivered the following.

Workforce Development and Covid-19

A programme of skills development has been provided to Locally Supported Contract Tracing Teams, this included: Making Every Contact Count/ Good Conversations, Bereavement Support, Resilience Workshops, Cultural Awareness Workshops and Vaccine confidence workshops. A total of 106 webinars have been related to either the response to Covid or the health impacts of Covid, with over 3000 bookings taken for these webinars.

Public Health Apprenticeships

The creation of a Y&H Apprenticeship employer forum has enabled the region to create a viable cohort for the L6 Degree Public Health Practitioner Apprenticeship. In September 2020, a cohort of 18 Apprentices started this programme. The L6 Apprenticeship was widely used to open new career entry routes into the system helping to widen access to employment in key public health roles.

The promotion of the new Level 3 Community Health and Wellbeing worker has taken place in early 2022 with the first Apprenticeships starting in Spring 2022. Further information on the Public Health Apprenticeship is available on the ADPH website.

Specialty Training Programme

Currently, there is an establishment of 40 Specialty Registrars (SpRs) for Yorkshire & the Humber. It is widely agreed that in terms of workforce planning this is not enough. Taking into account that at any one time numbers of registrars will be away from the workplace, either taking advantage of the various Fellowships that are available, on maternity or sick leave, the numbers doing the day job are quite small.

Having been catapulted to the forefront of attention throughout the pandemic Specialist Registrars have played a major role in the response to COVID 19. One very senior clinician at NHSE&I reported: 'Through my career I have been fortunate enough to work with some excellent individuals, but J is exceptional. He is an outstanding public health registrar who we have been privileged to have in our team at a time when the public most needed it'.

The Public Health Practitioner Workforce Development Programme

Comprising 13 training sessions each year and free to public health workers in Y&H. Training focuses on the development of core technical public health skills, system leadership, resilience and interpersonal skills. This programme commenced in 2019.

UKPHR Support for Practitioner Registration

The UKPHR support for registration scheme offers 15 places a year for public health practitioners to undertake a programme of structured support designed to enable registration with the UK Public Health Register (UKPHR). The first cohort was recruited in 2019 and cohort 4 will commence in spring 2022. Further information on Core Public Health Workforce Development Programme and UKPHR support for practitioner registration are available on the ADPH website.

Foundation in Public Health

A Foundation in Public Health Programme has been developed. This programme consists of 6 training sessions for 30 staff and targeting people in the health system who are regularly doing public health work but may not have access to public health training. The Foundation Programme was successfully piloted in Barnsley in 2021 and will be rolled out to other areas of the system in 2022 should funding be secured.

Law Enforcement and Public Health (LEPH)

LEPH Link, a public Health signposting app designed for police officers in the region applies a 'Public Health approach to policing' www.mecclink.co.uk/leph/. LEPH Link was launched in June 2021 and enables front line officers in South & West Yorkshire Forces to engage the public to improve and protect health.

Looking forward to 2022/3 Creating a clear and attractive career pathway for Public Health Roles

We will work together to promote a clear, coherent and attractive careers pathway, maximising apprenticeship opportunities between levels 3-7. We will look to develop and improve career entry routes and create opportunities for the ongoing development of the Core Practitioner, Aspirant Consultant and Consultant Workforce. We will look to widen access to entry level roles and the provision of high-quality placement opportunities to support the ADPH ambitions for an inclusive and sustainable economy.

Development of the wider public health workforce

We will support the wider public health workforce with the development and expansion of the Y&H Foundation in Public Health Programme. We will also look to maximise opportunities to redevelop Making Every Contact Count (MECC), with a focus on the wider determinants of health and health inequalities. We will also promote and facilitate the new Level 3 Public Health Apprenticeship to our Voluntary, Community and Social Enterprise (VCSE) sector partners.

Supporting the core public health workforce to maximise influence up and around them

We will support network development and collaboration by strengthening our Community of Improvement (CoI) networks, placement opportunities, fellowships and CPD provision for practitioners and specialists. Enhancing relationships across all public health functions to inform workforce planning and development.

6 DPH Reflections on the Pandemic

Directors of Public Health and their teams from across all 15 Local Authorities in Yorkshire and the Humber

During the Summer of 2021, Directors of Public Health from across the Yorkshire and Humber Region were invited to share their experiences and stories of tackling enduring COVID-19 infection within their populations. These narratives, unravelled through discussion with the Directors and their colleagues, were then brought together into a single document to reflect these shared experiences across the region.

These postcards, produced for us by Ideas Alliance, represent a portion of these stories and experiences from these discussions, one for each LA area. They can be viewed on the 2021 SLI Conference page of the ADPH YH website from the morning of the conference (a link will be sent with other links, see the Links section below for more details).

Our thanks go to Richard James, Public Health Registrar (at Public Health England at the time), for conducting these interviews and transcribing the stories.

The full postcards can viewed on the ADPH YH website at DPH Reflections On Covid Support At Place (yphnetwork.co.uk)

Public Health Team, North Yorkshire



“ Having been in public health for many years, it was never going to be a case of if we had a pandemic, but probably, when... yet when the pandemic came, it has been quite a monumental thing, and quite unprecedented really.

Public Health Team, North Yorkshire

“ Having been in public health for many years, it was never going to be a case of if we had a pandemic, but probably, when. We'd done all our major incident planning and preparation for the last two decades that I've worked in public health, or certainly in the public sector. Yet when the pandemic came, it has been quite a monumental thing, and quite unprecedented really. What yes we'd had swine flu back in 2009, the size and scale of what was to come, what did come on the global scale, has been quite a moment in all our careers that I don't think any of us will forget, and we're still dealing with it of course.

I tried to really focus in those early days on testing. So, in North Yorkshire, given the diversity of our community, our geography, being rural and urban, being coastal and dare, and all of that, one size fits all wasn't going to work. If we put testing at one location as a fixed site, travelling times would have been pretty significant... The other thing we were keen to do was make sure that home testing was available as well. Given the rural nature, it was a really good option and important option. Of course, if you don't have a car and couldn't get to any testing site, then we wanted to make sure that that was well promoted too.

What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



Public Health Team, Doncaster



“ I think it was really an approach to create a sense of purpose, a shared narrative. To provide some sort of psychological safety for not only the senior leadership team, but also for people in the team, to try and connect them with a purpose.

Public Health Team, Doncaster

“ So, I think from a Director of Public Health perspective, I've not got any surge capacity, that I could draw on, I've got my current team, and I could pay them more and you know, extra hours, but it was difficult, so we have created a bank of contact tracers that we can call on from across the council. But of course, there are challenges about how you maintain people's skills in that setting. I think as we sort of recruit people into Local Authority Public Health functions and other functions in Local Authority, we're going to have to be more agile. People are going to have to have breadth and depth. Often, we've recruited people who've got an interest in a particular area. But actually, we're going to need people that can span across, and not just have the competence to span across, but the psychological space to span across.

The key things we tried to achieve by doing that were to create, I suppose, some sort of psychological security for the organisation. We try and have a bias to action. So, by creating this movement of structuring our response, many of us haven't managed global pandemics before. I know some Directors of Public Health have been involved in HIV epidemics and other things, not all of us will have been DPHs during that time, and it's got limited I suppose historical memory of that.

I think it was really an approach to create a sense of purpose, a shared narrative. To provide some sort of psychological safety for not only the senior leadership team, but also for people in the team, to try and connect them with a purpose. I think by allowing people to partly self-select where they want to spend their time allowed better alignment of purpose. Then I think it's also designed to continue to build this sort of we call it, "team Doncaster", sort of our overriding ethos to how we're doing and managing things. So, across the council, across partners, across the public, that's been supported by some of our comms marketing activity. So, "do it for Doncaster", "let's do it for Doncaster", those sorts of things.

What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



Public Health Team, Barnsley



“ It's been a **positive and productive relationship** that has worked well for us all. We can see **lots more opportunities** and we'll **keep working together** to benefit local people, the community and business in the coming months and years.

Public Health Team, Barnsley

“ XPO, for background, is a top 10 global logistics provider... It's probably the most prominent employer in South Yorkshire and has been operating in Barnsley since 2013, with a warehouse of around 640000 square feet, employs 5000 staff, a high proportion from migrant communities. Huge employer, huge business, really significant in Barnsley.

In terms of the partnership, Public Health and Regulatory Services have worked really closely with GXO Logistics, I think GXO recognised at the outset that a short term response would be insufficient and they invested in innovative controls they could put in place to be resilient. They kept going throughout the pandemic and didn't need to stop trading at any point, even through the worst of the pandemic. It's been a really productive working relationship, it's worked really well for us. They are a really significant employer in Barnsley. We now have a potential anchor institution and we're thinking about what other work we can do with them in further developing health and wellbeing at work, all sorts of things that we'll all be able to benefit from in the coming months and years.


What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



Public Health Team, Calderdale

“ Communities tell us how it is now, analysts tell us how it used to be. Data is always backward looking, it takes ages to do analysis, but **communities will tell you how it is today**



Public Health Team, Calderdale

“ In April last year, we started to do some engagement with BAME communities, particularly South Asian, in Park ward, our most deprived area of the borough. We used digital means to listen and to talk, to hear about the impact COVID was having on the community. Both the direct impacts of COVID, but also the impacts the restrictions were having as well... That gave us some really rich qualitative information about how the community were feeling that has informed our response since then. It was very much how COVID and the restrictions are influencing the determinants of health in those groups...

Communities tell us how it is now, analysts tell us how it used to be. Data is always backward looking, it takes ages to do analysis, but communities will tell you how it is today. I'm a big fan of data, don't get me wrong, but we need to understand that data tells us what it used to be like, communities tell us right now. That's a really important message to me. That actually, we need to give more space to hearing from communities and co-producing solutions with communities.

What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



Public Health Team, Wakefield

“ During COVID, I've had a **radical change** in the way I approach decision-making. Now I **share information much more transparently** and **listen** to other people's opinions and views even when they go against the established wisdom



Public Health Team, Wakefield

“ I think one interesting thing for me was about transparency. For a start, often in public health no-one knows what we do, and often we choose not to share information with the public and other partners... Sometimes it's about not raising concerns that then turn out not to be true that I guess affects your reliability with the public. Sometimes we fear that if we share stuff with the public there will be a huge backlash or people won't understand it, although I don't think that's very helpful.

Sometimes I think because we're human, and sometimes public health can be a bit controversial, like the MMR jab, where you know that there's been a lot of media on it, so actually you yourself don't particularly want to put yourself in a position where you are vulnerable or where you'll be attacked... During COVID, I've had a radical change in the way I approach these things. We made a decision at the beginning with the team - one thing that's been incredibly important to me is listening to other people's opinions and views. Sometimes, going against some of the established wisdom is what I've learnt.


What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



Public Health Team, York

“ For me personally as Director of Public Health, it's that **willingness to be humble**. Yes, we are the experts, but we can't be experts for everything.



Public Health Team, York

“ For me personally as Director of Public Health, it's that willingness to be humble. Yes, we are the experts, but we can't be experts for everything. This was a novel virus. We've had to learn about it as we've gone along. Our knowledge and understanding of transmission has evolved over the last 18 months. So, I think that willing to be honest with people, being as honest as we can, and trusting people to take on board that information, and use it in the right way. Then, being humble enough I think both to recognise where we've got it wrong, and we've had to change advice, and humble enough to understand that it needed that citywide response, and being able to. Not that I see myself in an ivory tower, I try to make myself and the Public Health team accessible, but we weren't remote, we made ourselves accessible, and even though that felt scary at the start, because we've been bombarded with all of these questions. So, our early morning meetings were as much for us as a team to work through and think about how we were going to respond to these. That's really made major difference.

This is how we will now work on obesity, and smoking, and other infectious diseases. The way we approach for this winter will be very different to how we approach the winter season, because now that we've got everybody involved and we've seen there's a genuine commitment for people to want to work together, we'll seek to carry that on, because it's worked so well in COVID. Why couldn't it work this well for other important campaigns?

What are the key points in this story extract?

How does it resonate (or not) with your own experience of the COVID-19 pandemic?



7 Thoughts for the Future

Sarah Muckle, Director of Public Health and ADPH YH Deputy Chair

As Deputy Chair it has been great to read this report and reflect back on all that we have achieved. When I think about what has been happening over the last 12 months to 2 years it is easy to believe that with the pandemic that has been where our focus has been but the report usefully highlights all the other things we have been able to achieve on behalf of public health in the region.

We will, as always stay flexible when it comes to where we need to focus our efforts as a network but I think there are some key areas that we are certain will need our collective efforts to progress and develop in the coming months.

Our priority ambitions

We have worked hard with our colleagues in OHID to identify our work programmes in relation to our 3 priority ambitions but we cannot stop there. The next phase is to build capacity and use that to increase our impact in those areas to have a real impact on health inequalities. We have a clear vision and understanding of what we want to do

for each priority area but delivering those work programmes is not going to be easy. We are excited to see what can be achieved when we come together as a network and a region to get behind areas we feel are particularly important to our population.

Health Protection

Throughout COVID we have been reminded of the importance of a robust and responsive health protection response across the system. What we know worked well was our local and regional expertise working together to deal with significant challenges over a prolonged period of time. National reorganisation within UKHSA leaves some uncertainty about what the health protection system and offer will look like in the future. The network will need to continue to work with ADPH and national government to shape what the health protection function will look like going forward if we are to continue to have access to specialist knowledge and skills and get the assurance we need as local DsPH.



Workforce development

This report highlights the range of programmes available to support workforce development in the region. It's always been an important focus and Sector Led Improvement (SLI) will continue to be a priority. DsPH are seeing key challenges in recruiting across a range of grades and we want our workforce to be given a range of opportunities to build on their expertise and experience, growing and developing skills and knowledge that will ensure we are a public health workforce fit for the future. We will plan another conference, identifying a theme that remains current with national policy development and engage key leaders to challenge our thinking as a region.

ICSs

As ICSs take on responsibility for the delivery of health and care services DsPH will have 2 key roles – influencing the delivery of services in our local systems as system leaders and identifying opportunities to deliver public health priorities on regional footprints as public health leaders. There are opportunities as a network to learn from what is happening in our different ICSs in our region, to agree what we want to achieve as a public health profession and identify where the opportunities are to improve population health and reduce inequalities.

This is not an exhaustive list of what I think is going to be our focus as a network and priorities may change in response to national, regional or local policy change. I have enjoyed my time as Deputy to the Chair of the network, working with a good team to progress network priorities and learning from each other. I look forward to the next phase of the journey – taking responsibility for coordinating our efforts to impact on the above priorities and more over the coming year.



Appendix 1

Who is the Association of Directors of Public Health?

ADPH (UK)

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.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

Every Director of Public Health in the United Kingdom has the right to be a member of the Association. Deputy DsPH and Consultants in Public Health can become Associate Members while Former DsPH can sign up as Alumni.

ADPH YH

Whilst, as an informal partnership, the DsPH across the YH Region have worked collaboratively together since 2007, they formally became a network under the national ADPH (UK) in 2014.

The network comprises all 14 DsPH across the YH Region and key partners including the Office for Health Improvement and Disparities (OHID), Health Education England (HEE), the Local Government Association (LGA) and UK Health Security Agency (UKHSA). The network also works closely with colleagues across NHS and the Integrated Care Systems (ICSs).

Purpose: To support the delivery of better public health outcomes in Yorkshire and Humber.

How we work:

Leadership: Provide public health leadership in the region and speak with a collective voice for public health in Yorkshire & Humber.

Influence: Generate influence and impact on key stakeholders and create alignment with other regional and national networks.

Public Health Development: Professional development support, oversee public health training and development processes and create and use a sector led improvement process to identify standards and develop best practice.

Collaboration: Agree direction and work programmes for areas where collaboration has benefit/greater impact and undertake collective advocacy work for key PH priorities in the region

Appendix 2

Testimonials to how we work as a region

From Mike Gent, UK Health Security Agency (UKSHA):

The public health landscape seems to change continually and even when it's stable there are always challenges within the system, be it financial or even a pandemic. With the abolition of PHE last year and staff moving to UKHSA, OHID and the NHS we've had considerable change. In all these reorganisations one thing that becomes very clear is that as well as the internal development of the new organisations it's the development of a new public health "system" that is key. In the creation of a new system we reduce the organisational boundaries and focus on the important issues that face us as public health professionals. No single organisation or person can address all the public health issues by themselves so it's crucial that we work closely together so that our impact is greater than the sum of our parts. I remember a conference speaker encouraging the audience to "collaborate like mad" or do "extreme collaboration". It's easy to say "let's collaborate" but that's just the start of it, people need to be willing to do so and you have to work hard at it. The Y&H ADPH network and its membership provides that opportunity to join forces effectively. It's not just the network acting as a vehicle to get people together, more importantly it's the willingness and ethos of the people in the network to work together. In 2021 we undertook a piece of work with the Yorkshire and Humber PHE regional team, Local Authority Chief Executives and DsPH, reviewing our regional system and looking at future arrangements. Several key strengths of the present public health system were identified in the report including adopting a partnership approach, breaking down silos, nurturing relationships across the different domains of public health and seeking opportunities to work together. These values and the ethos of the present network provide an incredibly strong foundation from which to build and even better public health system in the future.

From Peter Kelly & Corinne Harvey, OHID

The Yorkshire and the Humber (Y&H) regional team of the Office for Health Improvement & Disparities (OHID) is grateful for the close relationship and opportunities for collaboration with the ADPH Y&H network. Building on the great relationships established as the Y&H Public Health England Health & Wellbeing Team, our regional OHID team continues to work with ADPH Y&H on a range of shared priorities. Representation at ADPH Y&H network meetings and continuous open dialogue between meetings ensures both groups share information regularly and are aligned in their messaging and areas of focus.

Sector-led improvement (SLI) provides the overarching framework for joint regional OHID and ADPH work. This approach is multifaceted and includes collaborative delivery of our "communities of improvement"; regional networks, the annual SLI conference and workforce development programme. Joint initiatives this year have included advocacy as part of the COVID-19 response. For example, facilitating local authority peer support and peer reviews with the Local Government Association (LGA) and successfully delivering a regional behavioural insights-led campaign (COVID Explained).

Furthermore, the regional OHID and ADPH partnership has enabled work in the following areas: the 'Minding the Gap' programme; reducing advertising of food and drinks high in fat, salt and sugar in public spaces; and a focus on the commercial determinants of health (this year with specific work on gambling-related harms). In addition, OHID supports the work on the three ADPH Y&H priority ambitions.

**From Kay Burkett,
Local Government Association (LGA):**

The LGA has worked closely with the Regional ADPH in supporting the Network's ongoing focus on sector-led improvement. This work has included the delivery of some bespoke Outbreak Management peer challenges for individual councils. These projects benefited hugely from the involvement of individual DsPH alongside other member and officer peers from local government on these teams. Also on these teams were colleagues from UKHSA and OHID (PHE as was) and the Regional Joint Biosecurity Centre. The LGA's support of sector led improvement also included the facilitation of a Deep Dive into COVID 19 Enduring Transmission challenges which enabled two councils to share detailed reflections of their experiences with each other.

Furthermore, the LGA meet with the regional coordinator, Marc Hall, on a regular basis to discuss activity within the region, and how we can support. We have been sighted on the work on Communities of Improvement, have been involved in the Community of Improvement Review and Refresh Steering Group, attend relevant Community of Practice meetings. We have also attended and presented at network meetings, to ensure support on offer from the LGA is known by the Directors of Public Health, and also to hear from those on the ground what is priority which helps inform our work. The recent Y&H ADPH Conference we were also involved in, from supporting to arrange the event, to hosting a couple of repeat sessions on support and to encourage input from the attendees on our refresh of our materials. This regular collaboration also brings opportunity to hear from colleagues such as from UKHSA & OHID and to see the ways in which the region/network collaborates with health protection/health improvement issues and also in relation to shared learning and improvement support. For shared learning, Marc is also part of our LGA Covid-19 Learning Exchange Stakeholder Group, working with us to shape the platform to support the sharing of learning not only within the region, but also with other ADPH regional networks. It is around shared learning & improvement support that we would see the value of continuing the close working with the network and partner organisations.

**From Jim McManus,
President ADPH UK:**

Visiting ADPH Regions is an inspiration. Visiting the Yorkshire and Humber ADPH network most recently allowed me to meet a well gelled network of high performing public health teams. We all know that they've done work on quality improvement (self-assessment tools) which we've used nationally. I have learned from them personally and am grateful for it. Our Yorkshire and Humber DsPH have strong relationships and systems, with UKHSA and other partners well integrated with them.

The Yorkshire and Humber network is undertaking an ambitious programme of work, and there is much for the rest of us to learn from. Looking at how you can support experienced DsPH to take on more opportunities whilst also focusing on recruiting the best people into our public health teams gives the network a sustainable foundation to continue its work in the years to come.

ADPH Regions have grasped firmly the challenges of quality improvement in Public Health and the need to build sustainable and effective public health systems. Our Yorkshire and Humber colleagues are as generous with their learning as they are rigorous in their self-assessment.

**From Greg Fell,
Vice President ADPH UK:**

We all know the pandemic has positively and significantly shifted the profile of "public health" and coming out of the pandemic it is our opportunity to cement this influence into the new public health system both locally, regionally and across government and beyond nationally.

Regardless of how organisational structures play out we know we will retain loyalty and accountability for the health of the populations for which we are responsible.

For me I see the role of the Vice President being about supporting both ADPH and individual DsPH capitalise on this opportunity. This will be through constructive challenge and where necessary speaking truth to power. We have repeatedly demonstrated our ability to shift policy and narrative through the course of the pandemic and need to keep this power and role. The big task

for both ADPH and many others is to get our collective voice to input to policy development across the whole of government. This won't be easy and I hope that a reinvigorated ADPH Council and the refreshed Policy Advisory Groups will be a critical part of this.

We will undoubtedly need to take stock of our position as we emerge from covid and think through our individual and collective contribution to recovery within the new public health system, and beyond it.

**From Val Barker,
Health Education England (HEE):**

For many years the School of Public Health in Yorkshire and the Humber has taken a 'whole school' approach to training, where Educational Supervisors and registrars learn together. More recently, with the development of the Wider PH workforce programme, Practitioner development and now the Foundation Programme has meant that we have become more deeply involved in workforce development beyond specialty training.

We have always been extremely lucky in that DsPH and Consultants have supported the work of the School and done amazing work as Educational Supervisors for Specialist Registrars and Mentors and Assessors for the Practitioner Programme.

Being a part of the ADsPH Network has meant that communication between the School and our colleagues at the 'coal face' has been easier. As a 'regular attender' I can offer quick updates to colleagues, get involved early on in new developments and see opportunities for placements and projects for registrars and practitioners.

Being a very small team in the School and often working in isolation, it is also great to be part of my 'old' team and meet up with my 'old' and some much newer colleagues.

[About Us](#)

[Contact Us](#)

