



Public Health  
England



Local  
Government  
Association

Protecting and improving the nation's health

# Health Equity in All Policies Masterclass Report of events

Events held on 25 February (London) and 17 March (Manchester) 2015

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

## About Association of Directors of Public Health

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes.

ADPH has a strong track record of collaboration with other stakeholders in public health, including those working within the NHS, local authorities, government and other sectors. Directors of Public Health (DsPH) across the UK are the frontline leaders of public health, working across health improvement, health protection, and health care service planning and commissioning.

## About Local Government Association

The Local Government Association (LGA) is the national voice of local government. It works with councils to support, promote and improve local government. LGA is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. It aims to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. In total, 415 authorities are members of the LGA. These members include 351 English councils, the 22 Welsh councils via the Welsh LGA, 31 fire authorities, 10 national parks via corporate membership and one town council.

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# 1. Introduction

- 1.1 Health in All Policies (HiAP) is defined as “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.” It has been strongly advocated by the World Health Organization and European Union and adopted by a number of national and state governments around the world.
- 1.2 In the UK context, the public health transition to local authorities represents a clear opportunity to improve wellbeing and reduce health inequalities by harnessing the potential of diverse local authority policies and services to address the wider determinants of health.
- 1.3 Public Health England has initiated a work programme on Health and Health Equity in All Policies which is seeking to harness the potential of diverse local authority policies and services to address the wider determinants of health. Directors of Public Health play a key role in engaging across the local authority and wider local systems to achieve this objective. Therefore, Public Health England (PHE) worked with the Association of Directors of Public Health (ADPH) and the Local Government Association (LGA) to develop a masterclass to understand what PHE could do to support Directors of Public Health and Public Health Consultants to embed health and health equity in all policies at a local level.
- 1.4 The specific objectives of the Masterclass were to enable Directors of Public Health and Public Health Consultants to meet with their peers and other leaders within local authorities to explore how to:
  - frame public health challenges and use appropriate language within the context of overarching local authority priorities;
  - effectively position health and wellbeing in the context of competing (and sometimes conflicting) policy agendas;
  - engage wider service and policy areas in the pursuit of health and health equity within current economic and funding contexts.

## Event attendance and programme

- 1.5 Two pilot masterclasses were held on 25 February in London and 17 March 2015 in Manchester with 16 Directors of Public Health/Public Health Consultants attending in London and 14 in Manchester.

- 1.6 The full masterclass programme for both masterclasses is shown in Appendix 1. The masterclasses included a mixture of presentations, group discussions and table discussion with the final session pulling together the day's debates into a series of key-messages and reflections.
- 1.7 The agenda for the masterclass was amended after the first masterclass in line with initial feedback from attendees.
- 1.8 Delegates requested that a summary of the masterclasses along with the presentations be circulated after the two masterclasses. There was also some discussion amongst the project team about writing an article based on these findings for the Local Government Chronicle.

## Welcome, introduction and overview

Welcome and objective of the masterclass - Dr Ann Marie Connolly (Deputy Director, Health Equity and Place, PHE), Lina Toleikyte (Public Health Manager, Health Equity and Place, PHE), Professor Mark Dooris (University of Central Lancashire), Nicola Close (CEO of the ADPH), Julia Ellis (Policy Manager, ADPH)

- 1.9 Colleagues from PHE and ADPH set the context for the day and shared PHE's commitment to address health inequalities by working in partnership with key-stakeholders. Health inequalities are the subject of longstanding debate and a priority for PHE.
- 1.10 Dr Connolly spoke about a range of work that PHE is doing to support work on health inequalities at national and local levels. Jointly with ADPH, Dr Ann Marie Connolly and Lina Toleikyte stressed the commitment of supporting public health colleagues in both tackling the challenge of health inequalities and embedding health in all policies at a local level.
- 1.11 Professor Mark Dooris gave an overview presentation, which:
  - introduced the concept of Health and Health Equity in All Policies (H&HiAP)
  - outlined the context and rationale for the approach – arguing that effective action on the wider determinants of health requires a systematic and comprehensive approach across multiple policy areas and sectors
  - explored national and local perspectives;
  - highlighted the importance of adopting a multi-lens approach that prioritises co-benefits and 'win-win' solutions.
  - discussed the need to combine 'soft' (eg building relationships and trust) as well as 'hard' (eg health impact assessment) aspects

- focused on issue-, policy- & opportunity-based approaches, giving practical examples from across England.

## Presentations from local government members and officers

1.12 The sessions themed '*Focusing on relevant Policy Area – Cross-Boundaries, Forging Connections and Finding 'Win-Win' Solutions*' were dedicated to presentations of practical examples of the H&HiAP approach applied in different policy arenas. The following presentations were available on the day:

- 'Health in All Places: Spatial Planning' - Cllr Theresa Heritage, Executive Member, Hertfordshire County Council (presented in London)
- 'Economic Development and Public Health' - Cllr Theresa Heritage (in absence of planned speaker) (presented in London)
- 'Overview and Key Perspectives – of an Elected Member' - Cllr Jonathan Owen, Deputy Leader, East Riding of Yorkshire Council (presented in Manchester)
- 'Overview and Key Perspectives – of a CEO' - Steven Pleasant CEO Tameside Metropolitan Borough (presented in Manchester)

## Facilitated group discussions: overview and tasks

1.13 Following on from an introductory presentation, participants were asked to share their experiences around opportunities and challenges of implementing the approach locally by discussing the following questions as part of the group activity:

- How can we frame public health challenges and use appropriate language within the context of overarching local authority priorities?
- How can we effectively position health and wellbeing in the context of competing (and sometimes conflicting) policy agendas?
- How can we engage different service and policy areas within the current economic and funding contexts?

1.14 In the afternoon the audience was divided into groups for facilitator-led discussions. The groups were asked to consider the opportunities and support required to progress the public health debate on health in all policies at a local level. The discussion was structured around key-questions that are listed below. The following four questions were shared with the audience:

- What are the key opportunities, both within local government and in the wider system?
- What challenges do we face and how can we overcome them and move forward?
- Taking it back to work: what are our next steps and what support would we value from PHE, ADPH and LGA?

1.15 The next section of the report provides a summary of issues which emerged in the morning and afternoon facilitator-led discussions. These were grouped into three core themes which include:

- Influencing across the whole system
- Public health narrative
- Resources and support for Directors of Public Health

### Facilitated group discussions: summary of emerging issues

1.16 The majority of delegates acknowledged that the table discussions and the opportunity to share varied experiences with peers was a very beneficial part of the event.

1.17 In summary, the participants felt that Health and Health Equity in All Policies is a suitable approach and should be part of everyone's responsibility in addressing the wider determinants of health, whether it is through local commissioning processes, harnessing the potential of local authority policies or better engagement across multiple policy domains.

### Influencing across the whole system

1.18 The financial challenges, demand on services and size of public health budgets were recognised as being among some of the key drivers to strengthen the influencing and joined-up working across different parts of the system locally. Return on investment (collective impact and savings for councils) and a more pragmatic use of 'evidence informed' decision making were viewed as key arguments within councils, with savings to be generated for both local authorities (eg social care) and NHS.

1.19 Delegates stressed the need to become more systematic in mapping opportunities for tackling financial and population health issues through discussing shared priorities between public health and other policy agendas, pooling resources and applying public health approaches to inform the decision making process. The key priority for most stakeholders is to improve the quality of life for their local



population. This allows for win-win and co-benefit approaches; and provides opportunity for public health priorities to be driven by other local authority functions using their 'core business' levers.

1.20 Additional discussion points are provided below:

- Directors of Public Health map and react to '*windows of opportunity*' to include Health Equity in All Policies at a local level. Examples of relevant initiatives included new homes funding from national government, local enterprise partnerships, European Social Funds, Local Development Plans, external bodies such as Criminal Justice Board, and external health funding. Recent strategy documents presenting opportunities included Due North, and Health Care, Better Care The NHS Five Year Forward View.
- Directors of Public Health identify opportunities to engage with local politicians and elected members recognising the importance of their portfolios and support staff (local officers)
- Review of the role for public health teams would be beneficial in the ever-changing public health environment. There is a growing need to widen influence and embed public health across directorates and functions (eg working with Districts, Boroughs), building effective relationship and Memorandums of Understanding with other local government departments.
- The voice of the public is vitally important in influencing and shaping services. PHE and local partners could work in partnership to empower and equip the public to raise their concerns in a systematic way.
- Public health-driven economic strategy would benefit both local economies and citizens. Examples of good practice from Kirklees included initiatives which support individuals' economical resilience and enhance wellbeing.

1.21 Delegates also shared examples of positive health and planning initiatives. Some of the local examples of good work included '**Local Healthy High Street group**' (bridging between public health, planning and economic development), '**Waltham Forest Growth Commission**', and '**Growth Deals**' across the country on health and economic development.

## Public health narrative and skill-set

1.22 The delegates agreed that the public health debate needs to become more engaging and appealing to targeted audiences, for example politicians and other professionals. The use of easy to understand terminology (eg illness or wellness is clearer and more understandable than 'prevention' in a local government setting) will help influence across the board.

- 1.23 Participants also stressed the importance of understanding different audiences (councillors, other directors, clinical commissioning colleagues), their drivers and priorities and identifying opportunities for public health to connect with them to support the delivery. The public health team 'offer' should communicate the benefits and added value of application of a public health 'lens' across the board eg 'a practical guidance on what local authorities can do to embed health in all policies and the evidence behind that guidance'.
- 1.24 Delegates believed that it is essential to start mapping and assessing public health workforce skills, competencies and knowledge required for effective working in local authorities both for the existing and new public health staff. This would involve multi-faceted skills eg leading without authority, influencing and negotiation, understanding the political process, reconfiguring and articulating evidence using stories. They would also benefit from a wider understanding of multiple local government functions, legal underpinnings and functions.

## Resources and support for Directors of Public Health

- 1.25 Evidence based action is required at all levels of the public health system, and the participants felt that PHE as a systems leader could support this need in a more systematic way. Local public health teams would particularly welcome examples of good practice of what works across councils in addressing health inequalities and data and information which supports or argues against budget cuts with clear impact on public's health. The delegates highlighted the value of sharing different Public Health delivery agreements that are in place across local authority directorates, and supportive information which would assist in informing reviews of commissioned contracts, to have greater impact on the wider effects by Directors of Public Health or others in local authorities.
- 1.26 Additional discussion points are shared below:
- The lack of access to, and sharing of, local area data between partners can be a barrier for joint working – PHE has a role to play with other government departments in tackling this issue.
  - Public health can gain influence with local authority colleagues by using information to support decisions affecting a range of directorates/services
  - Opportunities are presented by local enterprise partnerships and other economic strategies– PHE Centres could assist with brokering discussions locally
  - PHE communication and published documents would benefit from guides on how the published information can be used at a local level ('how to' guide). Publications are not always relevant and accessible to local government

- PHE tends to issue press releases nationally with a short advance warning. Directors of Public Health would welcome a more coordinated approach with a lead-in period to allow time to put in place an appropriate local story.
- Transferability of public health skills across other directorates and transfer of the wider set of skills into public health workforce – new registrars are not trained for operating in the new local political environment.
- Public Health teams would be willing to learn more about the legal and regulatory frameworks applicable to the health and social care (services).

## Reflections from the delegates

1.27 Quotes from the audience illustrate some of the actions delegates said they will take after the masterclass:

*“Look at getting H&HEIAP into my council through restructure of department”*

*“Put more into developing relationships with individual members, officers etc and rethink ways of working with the Public Health Team”*

*“Take the argument to the Senior Management Team and Public Health Board and widen the scope or influence in own portfolio. Develop a clear Public Health strategy easily understood by senior officers and councillors”*

*“Introduce economic development into Health & Wellbeing Board agenda (LEP)/ use of public health grant to maximise contribution in other areas – use the Dominic Harrison model. Consultants to link into economy, planning and profile the elected members”*

*“I will map the opportunities for influencing more systematically to influence what I do and how. I will use the info I learned in the conversation to influence the design of my team and the work programme of the team”*

*“Find out more about the opportunities around the LEP in my local context. Take a closer look at the economic policy of the council and how I can influence this and others more effectively eg transport”*

*“PHE priorities document is framed using traditional lifestyle/behaviour language rather than focusing on wider determinants and how local authority functions relate to these”*

## Recommendations

1.28 A number of ways were suggested in which PHE, ADPH and LGA could support Directors of Public Health and their teams in achieving the health in all policies agenda at a local level. The key themes are provided below.

### National and cross-sectoral influencing

1.29 Cross-sectoral working and influencing at all levels are key in achieving system-wide change. PHE was seen as a key player in influencing upwards through other Government Departments to include health in all policies. Therefore, Directors of Public Health would welcome support with identifying national 'windows of opportunities' locally and assistance in maximising those opportunities.

1.30 Participants also felt that PHE can widen the scope of masterclass debates to include Local Government Association (LGA), Confederation of British Industry (CBI), SOLACE, third sector and other key decision makers so that Directors of Public Health can hear from top-level representatives with varied insights.

1.31 To be effective influencers, the public health workforce (both the existing one eg public health teams and public health trainees) would benefit from a wider set of skills especially on working in a political environment, and building effective relationships in multidisciplinary teams. Training on soft-skills to negotiate and influence and finding synergies in competitive agendas would be equally valuable.

1.32 ADPH and PHE could support national conversations to reflect those in local authorities – for example with national organisations for Housing, Economic Development, Transport, Planning, District and County Council Networks. Similarly, bringing together colleagues working across sectors to discuss health in all policies would be valuable.

### Resources and support for DsPH

1.33 Directors of Public Health and their teams would welcome practical guides on how to improve the health and wellbeing outcomes for local population. These may include:

- A practical brief guidance on what a Director of Public Health can do to involve health in all policies and the practical evidence behind it
- Narratives for elected members to better connect with the evidence base – eg one page of information or infographics

- Guidance on de-commissioning of services inclusive of the impact stopping a service would have on a population's public health
- Guidance for influencing local regulatory functions such as local supplementary planning guidance to add health into planning decisions or a 'gold standard' to support health as an element in local licensing decisions

### Shared learning through innovative and effective approaches

1.34 Directors of Public Health acknowledged the importance of sharing local examples of best practice and pragmatic evidence of what is working well (and has not worked well) in including health in other policy areas – eg sharing learning from Place and Health Leads, sharing public health delivery agreements or examples of Joint Performance Frameworks across directorates in local authority setting.

1.35 The delegates would also benefit from support with quantifying the evidenced 'business case' for activity, both to help to influence wider decision making processes and to enable them to support other Local Authority Directors faced with budget cuts by flagging wider impact on health/unintended consequences. This would both help to 'health proof' local government decision making and increase DsPH engagement and influence throughout local authority.

### Next steps

1.36 A number of ways were suggested in which PHE, ADPH and LGA could support Directors of Public Health and their teams in achieving the health in all policies agenda at a local level. Public Health England will build on the feedback of the delegates and engage with key stakeholders in order to develop the second phase of the programme.

## Appendix 1 Masterclass programme – London and Manchester 2015

LONDON		
09:45	<i>Registration and Refreshments</i>	
10:15	<b>Session 1: Welcome, Introductions, Aim/Objectives and Expectations</b>	Dr Ann Marie Connolly/ Nicola Close
	<b>Session 2: Influencing Across the Whole of Local Government – Health &amp; Health Equity in All Policies</b>	
10:45	Context and Vision	Mark Dooris
11:10	Questions and Feedback	
11:20	<i>Refreshments</i>	
11:40	Sharing Experiences, Opportunities and Challenges: How can we frame public health challenges and use appropriate language within the context of overarching local authority priorities? How can we effectively position health and wellbeing in the context of competing (and sometimes conflicting) policy agendas? How can we engage different service and policy areas within the current economic and funding contexts?	Group Activity
12:40	<i>Lunch</i>	
	<b>Session 3: Focusing on Relevant Policy Areas – Crossing Boundaries, Forging Connections and Finding ‘Win-Win’ Solutions</b>	Facilitated
13:20	Spatial Planning and Public Health: Overview and Dialogue	Teresa Heritage Cabinet Member PH & Localism, Hertfordshire CC
13:40	Sharing Experiences, Opportunities and Challenges We know the advantages of good planning for public health but what is ‘in it’ for the planners? How can we promote health as a determinant for the built environment?	Plenary Discussion/ Group Activity
14:10	Economic Development and Public Health: Overview and Dialogue	Teresa Heritage Cabinet Member PH & Localism, Hertfordshire CC
	What are the links between economic growth and public health? What can public health offer economic development and what can economic development offer public health?	Plenary Discussion/ Group Activity
15:00	<i>Refreshments</i>	
	<b>Session 4: Moving Forward – Dilemmas, Hot Topics and Next Steps</b>	Facilitated
15:20	Sharing Experiences, Opportunities and Challenges	Plenary
16:00	Taking it Back to Work	
16:15	Reflections and Evaluation	Plenary
16:30	<i>Close</i>	

<b>MANCHESTER</b>		
10.00	<i>Registration and Refreshments</i>	
10:30	<b>Session 1: Welcome, Introductions, Aim/Objectives and Expectations</b>	Lina Toleikyte/Julia Ellis
	<b>Session 2: Influencing Across the Whole of Local Government – Health &amp; Health Equity in All Policies</b>	
10:45	Context and Vision	Mark Dooris
11:00	Questions and Feedback	
11:20	<i>Refreshments</i>	
11:40	Sharing Experiences, Opportunities and Challenges: <ul style="list-style-type: none"> <li>• How can we frame public health challenges and use appropriate language within the context of overarching local authority priorities?</li> <li>• How can we effectively position health and wellbeing in the context of competing (and sometimes conflicting) policy agendas?</li> <li>• How can we engage different service and policy areas within the current economic and funding contexts?</li> </ul>	Group Activity
12:40	<i>Lunch</i>	
	<b>Session 3: Focusing on Relevant Policy Areas – Crossing Boundaries, Forging Connections and Finding ‘Win-Win’ Solutions</b>	Facilitated
13:20	Overview and Key Perspectives – of an Elected Member	Jonathan Owen, Deputy Leader, East Riding of Yorkshire Council
13.30	Questions	
13.40	Sharing Experiences, Opportunities and Challenges <ul style="list-style-type: none"> <li>▪ Where we are up to and how can we extend our influence and implement ‘Health in All Policies’?</li> </ul>	Roundtable Discussions
14.10	Overview and Key Perspectives – of a CEO	Steven Pleasant, CEO Tameside Metropolitan Borough
14.20	Questions	
14.30	Sharing Experiences, Opportunities and Challenges <ul style="list-style-type: none"> <li>▪ What are the key opportunities, both within local government and in the wider system?</li> <li>▪ What challenges do we face and how can we overcome them and move forward?</li> </ul>	Roundtable Discussions
15:00	<i>Refreshments</i>	
	<b>Session 4: Moving Forward – Dilemmas, Hot Topics and Next Steps</b>	Facilitated
15.20	Taking it Back to Work <ul style="list-style-type: none"> <li>▪ What are our next steps?</li> <li>▪ What support would we value from PHE, ADPH and LGA?</li> </ul>	Group Activity
16:15	Reflections and Evaluation	Plenary
16:30	<i>Close</i>	

## Appendix 2 Speaker Biographies

### **Dr Ann Marie Connolly**

Dr Ann Marie Connolly is Deputy Director in the Health and Wellbeing Directorate of Public Health England (PHE). Since its inception in April 2013 she has the lead role for Health Equity and Place for PHE. She leads on all aspects of health equity to embed actions to reduce health inequalities. She also leads Healthy People in Healthy Places (HPHP) with a focus on the role of place and the built environment. Originally trained as a GP, Dr Connolly has been working in public health for the past 25 years. Over her career she has held a variety of posts both within and outside of the UK. These include working for WHO EURO on Healthy Cities across Europe, research on HIV with the Medical Research Council of South Africa and embedding public health in the curriculum of a new medical school in Ireland. More recent roles have been as Director of Public Health in a number of London boroughs.

### **Mark Dooris**

Mark is Professor in Health and Sustainability and Director of the Healthy Settings Unit within the School of Health ( University of Central Lancashire) and is currently seconded part-time to Public Health England's Healthy Equity and Place Division. He and his team are engaged in research, evaluation, teaching, training, network development and programme delivery. They currently co-ordinate the UK Healthy Universities Network and lead a pan-regional prison health and wellbeing programme within the North West of England – and from 2011-2014 co-ordinated the the UK Healthy Cities Network and managed the operational delivery of the WHO Collaborating Centre for Health in Prisons.

### **Nicola Close**

Nicola became the first Chief Executive of the Association of Directors of Public Health in June 2007. Her remit included developing and implementing a robust governance framework (ADPH is now a limited company and is working towards becoming a charity) and Business Plan as well as managing the work programme which includes collaborative policy work, advocacy and DPH development. This role requires her using her considerable Public Health and Management knowledge and expertise and extensive networks.

Since her appointment she has led ADPH to become a highly respected and trusted voice for public health working collaboratively across the health and wellbeing system: national and local government; NHS and the third sector.



## **Lina Toleikyte**

Lina Toleikyte is Public Health Manager in PHE's Health Equity and Place Division and coordinates national initiatives aiming to reduce health inequalities. She is an experienced public health professional with over 9 years of public health experience in two European countries. Lina has worked both for the NHS and local government as a joint appointment, leading and delivering a wide range of portfolios, and evidence-based integrated commissioning and decommissioning of local services. In her previous role within the WHO project Coordinating Committee, Lina managed the coordination and implementation of the WHO Health Promoting Hospital (HPH) project based on International HPH Standards Framework. She established the first Health Promoting Settings Network in Merseyside for a variety of settings. Lina also led the successful submission towards the national RSPH Health Wellbeing Award scheme for Essex County Council, one of the biggest authorities in the country and the first upper-tier authority to receive the award in England.

## **Julia Ellis**

Julia has a wide-ranging experience in complex administration and organisational governance, having worked within local authorities and with the Royal College of Nursing, helping to lead and deliver corporate governance support services. She has worked at the centre of policy development, particularly relating to public health, nursing and healthcare and been involved in strategic development to support organisational priorities and objectives.

## **Cllr Theresa Heritage**

Teresa Heritage is Executive Member for Public Health and Localism at Hertfordshire County Council, a portfolio covering Public Health, Localism, Volunteering, Sport and Physical Activity and other priorities. She is also a St Albans City and District Councillor and has held portfolios including Planning.

A Chartered Secretary by background she has worked in major FTSE 250 companies and continues to practice. She chairs the Hertfordshire Lifestyle and Legacy Partnership, having led its development from the Olympic Legacy Partnership to a multi-agency health partnership.

## **Cllr Jonathan Owen**

Jonathan has been a councillor for sixteen years and deputy leader of East Riding of Yorkshire Council for the past fourteen years. He chairs the local Health and Wellbeing Board and the Local Strategic Partnership and has the portfolio for Transformation and Strategic Partnership on the Councils Cabinet. He also holds the position of lead elected member for Health and Wellbeing for Local Government Yorkshire and the Humber, and chairs the regional 'Minding the Gap' group which raises awareness around tackling health inequalities.

## **Steven Pleasant**

Steven is Chief Executive at Tameside Metropolitan Borough Council. He is the chair of iNetwork (formerly NWeGG) which has been successfully supporting public service improvement and transformation across the north for the over 10 years. He is also the lead Chief Executive, on behalf of the Association of Greater Manchester Authorities, on Health. Steven also acts as the Lead Chief Executive in the North West for Adult Social Care sector led improvement. More recently, Steven has a lead role in public service reform and the development of the Whole Place Community Budget programme on behalf of Greater Manchester

**Patrick Ladbury** (external facilitator)

Patrick has been at The National Social Marketing Centre for six years combining his health service delivery experience with his marketing knowledge to develop behaviour change programmes as well as resources and events for social marketing practitioners.