



TERMS OF REFERENCE

1. Background and history

- 1.1. The Association of Directors of Public Health (ADPH) for London represents Directors of Public Health in London's 33 local authorities and the Greater London Authority, supporting them to improve and protect the health of their local populations. Formed shortly before the transition of public health services from the NHS to local authorities in 2013, ADPH London is the regional network of the Association of Directors of Public Health (ADPH) in the UK and a key part of the wider health and care system in London. All substantive London local authority Directors of Public Health (DsPH) confirmed in post are invited to be members, as well as those DsPH that are interim on a long-term basis. The Head of Health for the Greater London Authority has been a member since 2018.
- 1.2. DsPH in the UK have a long history of working together. ADPH UK can trace its origins to as far back as 1856, when the Metropolitan Association of Medical Officers of Health was formed. During the period from the establishment of Strategic Health Authorities (SHAs) in 2002 to the transfer of public health to local government in 2013, DsPH in London worked together, sometimes meeting on an SHA footprint, and increasingly as a London group from 2007 onwards.

2. Purpose of the association

Pan-London public health issues	To provide the vehicle for collaborative discussion and action between boroughs to address specific pan-London public health issues
Problem solving and tackling emerging challenges	To solve existing problems / respond to new emerging challenges together for better outcomes and to avoid duplication
Strengthen the profile of public health in London	To strengthen the profile and associated credibility of public health with both professional and public audiences across London
Expert voice on public health issues	To provide a coherent expert professional voice on public health issues in London
Improved decision making through shared information	To share learning, best practice, evidence and outcomes with the aim of improving decision making
Sector-led improvement	To take collective responsibility for the continual improvement of local public health outcomes, through sharing good practice and peer challenge, and where appropriate, to set norms and benchmarks
Mutual professional support	To provide a body of mutual support for the sector - and specifically the professional membership



3. Intended Outcomes

- ❖ Healthier lives and reduced health inequalities for all Londoners
- ❖ Efficient and effective use of resources throughout the London public health system
- ❖ Enhanced decision making and expert advice on public health locally and across London

4. Membership

- 4.1. **London local authorities:** All substantive London local authority DsPH confirmed in post are invited to be members, as well as those DsPH that are interim on a long-term basis.
- 4.2. **Strategic regional authority:** The Head of Health at the Greater London Authority (GLA) is invited to be member, with proviso that the post-holder will not participate in meeting discussions or represent the network on issues where there is a conflict of interest between the GLA and London boroughs, nor be eligible to stand as Chair or Vice-Chair of the network.

5. Principles for collaboration

- 5.1. The following principles will be used to determine where ADPH London will prioritise collaborative effort:

1. Impact

- On improving London population health
- On reducing health inequalities in London
- On achieving better value for money and efficiencies

2. Added value through pan-London approach

- Complements existing work e.g. other collaborative work undertaken by boroughs, or London level partners
- Ability to leverage greater benefits or influence than by working independently
- Avoids duplications and /or tackles shared challenges

3. Timeliness

- Optimal timing of joint effort taking into account policy and political context

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

6. Sector-led improvement

- 6.1. As a group, DsPH will take collective responsibility for the continual improvement of local



public health outcomes across the sector, in line with the ADPH UK model for improvement set out at Appendix 1.

7. Funding and budget

- 7.1. In order to support ADPH London in delivering its objectives, for example through the appointment of programme staff, and to enable the delivery of projects and workstreams in the programme, funding will be raised from all London member organisations. All contributions will be proportional to the size of that local authority's public health grant allocation. The GLA contribution will be an average of the local authority contributions. The GLA will not contribute to collaborative commissioning arrangements for public health services that are the responsibility of local authorities, in line with the GLA Act.
- 7.2. The programme budget will be hosted by London Borough of Haringey, on behalf of ADPH London. For projects with funding attached, the budget may be transferred to the local authority of the lead DPH, under a Memorandum of Understanding (MOU) between that local authority and ADPH London c/o Haringey Council.
- 7.3. All members will support the principle that the host authority should not incur any material costs from hosting the programme office, and that any such costs should be funded from the ADPH London budget.
- 7.4. Authorisation levels for expenditure within agreed budget limits:

Programme Manager	Up to £10,000
Chair and vice-chairs	Up to £50,000
ADPH London	£50,000 and above

- 7.5. All financial transactions will be conducted in line with the Contract Standing Orders of the host borough for that project.
- 7.6. It is recognised that in some circumstances, not all of the 34 member authorities which form part of ADPH London may choose to participate in particular projects within the programme. This may be due to a variety of local reasons and the sovereignty of each member authority is recognised. In such circumstances non-participating boroughs will not be required to directly fund a project. Non-participating authorities will accept however that that some of the wider programme resources to which they have contributed, such as the programme team's capacity and discussion time at ADPH London meetings, may be indirectly allocated towards supporting these projects. This will be kept under review by the Chair and Vice-Chairs. The minimum number of participating authorities to proceed with a project will be determined on a case by case basis; a rule of thumb is that at least two thirds (or 22 out of 33) of the local authorities should support the initiative, or 23 out of 34 for projects part-funded by the Greater London Authority. To date the lowest level of participation in ADPH London funded projects has been 31 out of 33 authorities, or 94%.



Participation at a later date may require contribution towards the earlier development costs of that initiative.

8. Relationship to Association of Directors of Public Health (UK)

8.1. ADPH regional networks should uphold and comply with the requirements of the ADPH (UK) Constitution at all times, particularly with regard to purpose and objectives, equal opportunities, codes of conduct and good governance practices.

8.2. Through the two elected ADPH UK Council members for London, ADPH London will provide advice to the national Council of ADPH on issues to be pursued nationally and provide updates to the national Council on London activities.

8.3. Regional networks should follow ADPH UK protocols – for example relating to policy development, sponsorship, and use of logo. They may use the ADPH logo for non-contentious correspondence and nationally agreed policy documents.

8.4. Election of ADPH Council representatives for London region

As an ADPH regional network, London can elect two representatives to the ADPH Council. These must be Full Members of ADPH UK. In line with ADPH UK policies, the election process for these posts can either be run by the national ADPH office or by the regional network under ADPH 'national' terms, as the network prefers.

For London, the positions of the two ADPH UK Council representative roles for the region will be filled as follows:

- One will be one of the elected ADPH London Chair or Vice-chairs. The representative must be a Full Member of ADPH. This position will be agreed amongst the Chair and Vice-chairs.
- One will be filled by another full member of ADPH UK from the London region who is not one of the Chair or Vice-chairs. That representative will be chosen through:
 - Self-nomination from amongst eligible members
 - A ballot or election where the position is contested. In line with the ADPH UK Constitution, where there is only one candidate, that candidate is automatically appointed to the role. There is no quorum for these elections under the ADPH UK Constitution.

The role of the Council Representative is a key link between ADPH UK and the London network; close working will be required between them and the ADPH London Chair and Vice-Chairs.

When an election of ADPH Council representatives for London region takes place, incumbents are permitted to stand again.

9. Relationship with other bodies

9.1. ADPH London will work closely with other organisations and stakeholder bodies in London



which have an impact on, or are affected by, the London public health system. This includes but is not exclusive to:

- London Councils
- PHE London
- NHSE London
- Office of London Clinical Commissioning Groups (CCGs)
- The Greater London Authority (GLA)
- Health Education England - London
- Faculty of Public Health – London committee
- The wider public health workforce
- Other local government officer professional networks, including: Chief Executives of London Committee (CELC), Society of London Treasurers (SLT), Association of London Directors of Children’s Services (ALDCS), London Association of Directors of Adult Social Services (ADASS), London Heads of Human Resources (HoHR), London Planning Officers’ Society (POS) and London Heads of Housing.
- Local Government Association (LGA) regional advisors

10. DPH meetings

10.1. DsPH will meet throughout the year, subject to review of business. DPH meetings will focus on reviewing progress against joint priority objectives, discussing key issues, peer support, problem solving, and agreeing any common approaches and/or policy positions. Away days are expected to be organised at least once a year for a fuller review of progress.

10.2. Agendas for the meetings will be drafted by the Programme Office and approved by the Chair. Papers should be circulated at least 4 full working days before the meeting.

10.3. Any items or papers brought to the meeting by external organisations should have a ‘sponsoring’ DPH who approves the report for circulation in advance.

10.4. *Attendance*

DsPH that cannot attend any meetings (with the exception of away days) should be represented by a delegate from their management team, who is authorised to take decisions on their DsPH behalf. Away days are to be attended by Directors only.

10.5. *Review of meeting schedule*

The meeting schedule will be kept under regular review by the Chair and Vice-Chairs, in consultation with the membership.

10.6. *Other events*

In addition to regular DPH meetings and away days, the ADPH London Programme Office may also organise additional events to enable networking and development. These may be



open to public health consultants and other partners as appropriate.

11. Decision making

- 11.1. As a collaborative body, ADPH London will seek to operate by consensus and the will of the group. Where decisions from DsPH are required e.g. for approval of the programme budget, these should be included and clearly marked as recommendations in papers circulated in advance of DPH meetings. Decisions taken at DPH meetings will be included in the minutes of those meetings; where no objections to the decisions taken at meetings are raised within five working days of the minutes being circulated the decision will be accepted as agreed.
- 11.2. Where consensus by all members cannot be reached, support from at least two thirds of the membership is required for a decision to be taken (with the exception of elections; see section 12 below). This is 22 out of 33 local authorities, or 23 out of 34 authorities where the decision is within scope of activity part-funded by the GLA No decisions can be taken which override the sovereignty of individual member authorities.

12. Chairing of the group and elections

- 12.1. ADPH London will be chaired by a substantive DPH, with up to three vice-chairs. Responsibilities for these roles are set out at Appendix 2.
- 12.2. **Tenure.** The period of office for each role will be for no less than one year, with no more than two years between elections, unless otherwise agreed by a quoracy of DsPH.
- 12.3. **Eligibility to stand.** Those members who are permanently employed or on a long-term (two years or greater) secondment as a DPH in a London local authority and whose organisations have committed to pay the ADPH London subscription(s) for that financial year, are eligible to stand as Chair or Vice-Chair. Incumbents are permitted to stand again.
- 12.4. **Eligibility to vote.** Those members who are employed either substantively or on an interim basis as a DPH in one of the 34 London local or regional authorities, whose ADPH London subscription(s) has been paid, are eligible to cast one vote in elections. In boroughs where the position is fulfilled by more than one person a joint vote is required for elections. Candidates are eligible to vote. Where a DPH leaves and another starts during an election process, only one DPH may cast a vote and the first vote received will be recorded.
- 12.5. **Election process.** The elections process will be managed by the ADPH London programme office. Eligible candidates may put themselves forward following a call for nominations. At least three weeks notice will be given for nominations. All eligible DsPH will be asked to vote for their preferred candidate using a short online survey or by other electronic means. Where there is only one candidate, voters will be asked to vote on whether or not they are in favour or against electing that candidate, At least three weeks notice will be given. Individual votes will be received by the programme office but treated anonymously and the result will be issued by email. The quorum for elections is two thirds



of those eligible to vote. Where the quorum is not met the election will be re-run. The candidate who receives the highest number of votes cast will be elected. Where there is only one candidate, the candidate will be appointed where the number of DsPH in favour of electing that candidate are greater than those against.

- 12.6. **Recording and reporting of election results.** The ADPH London programme office will record and report to members the number of eligible voters, turnout, and the split of votes.

13. Leadership roles within ADPH London

- 13.1. In order to deliver the ADPH London work programme, individual DsPH and/or their next in lines may be asked to take on a leadership role on behalf of their peers. This may involve leading or sponsoring a particular project or initiative on behalf of the group, line managing an officer working within the programme, or providing a DPH perspective at a pan-London meeting. Guidance for officers in such roles is at Appendix 3.

14. Declarations of Interest

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

The ADPH London programme office will hold and maintain **an electronic register** of conflicts and potential conflicts of interest of; the members of the group, programme office staff, and any others as identified.

The ADPH London Declarations of Interest Policy is set out at Appendix 4.

15. Review and approval

This document will be reviewed at least annually.

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Date: May 2019



Appendix 1: ADPH UK Model for Sector Led Improvement

The ADPH Model for sector led improvement

As leaders for public health ADPH is fully committed to sector led improvement as the model for improving health outcomes for all citizens. Sector-led improvement is not inspection or regulation. Its methods are collaboration, peer support and challenge and not judgement or performance management.

ADPH supports the principles set out in LGA's "Taking the Lead":

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their areas.
- Councils are primarily accountable to local communities (not government or inspectorates) and stronger accountability through increased transparency helps local people drive further improvement.
- Councils have a collective responsibility for the performance of the sector as a whole.
- The role of the LGA is to maintain an overview of the performance of the sector in order to identify potential performance challenges and opportunities and to provide tools and support to help councils take advantage of this new approach.

The underlying principle for ADPH is that each DPH should be fully aware of the performance of public health in their area. This provides a baseline for improvement, which is best achieved when a council's approach to delivering good public health outcomes is supplemented by collective responsibility for improvement, through sharing good practice and peer challenge, through ADPH regional networks.

DsPH will work collaboratively as peers to support each other's improvement. They will bring together local and national support where this is necessary and available. They will make full use of published information and use an evidence-based approach. Transparency will be encouraged.

ADPH is committed to respond when significant underperformance of public health functions within councils is identified. Within available resources, ADPH will arrange offers of support for improvement through the relevant ADPH regional network.

1. If concerns about a council public health function are identified through SLI, ADPH will share these with the relevant DPH.
2. If there is evidence of continuing significant performance risk, ADPH, through the regional lead for SLI, will share this with the regional LGA Principal Adviser, to provide context and ensure any council wide issues are identified.
3. Where the risk of significant underperformance involves complex or sensitive matters, the ADPH Board will take the lead for ADPH.
4. ADPH will not make judgements about council (or DPH) performance. ADPH may contribute information towards a judgement through engagement in peer challenge or where there is evidence that individuals in vulnerable situations are at risk. ADPH will advise the LGA Principal Adviser in exceptional circumstances where performance risks could lead to review by the regulator.

Through close working with the LGA, PHE and DH, ADPH will develop ground rules for sharing information and intelligence, based on the following principles:

- The individual council and DPH will be aware that information is being shared.
- Any concerns will be specific and evidence based.
- Information is treated in confidence and not shared more widely than necessary to address any issues.



Appendix 2: Roles and Responsibilities for ADPH London Chair and Vice-Chairs

Responsibilities of the Chair

1. To provide leadership and strategic vision to ADPH London and the Programme Office, to enable it to fulfil its core purpose
2. To maintain a high level of awareness of strategic public health issues affecting London and ADPH London members
3. To develop and maintain strategic relationships, including with: the Chief Executives of London Committee (in particular with the lead Chief Executive for Health), other London borough professional Associations, London Councils, PHE London, NHSE London, the GLA, and the Office of London CCGs
4. To be the spokesperson of ADPH London as appropriate and to represent ADPH London on relevant London strategic boards, including the Chief Executives of London Committee (CELC) Health Sub-group
5. To liaise with the ADPH London constituency representatives in order to maintain and develop close relationships and joint working with ADPH UK
6. To have overall responsibility for directing the work of ADPH London, based on agreed priorities with members and in response to emerging issues
7. To be accountable for the operation and management of ADPH London. This includes supervision of and support to the ADPH London Programme Manager
8. To chair ADPH London meetings, including the setting of agendas, approval of minutes and management of associated business
9. To ensure that ADPH London works effectively, with good collaboration between its members, encouraging and supporting the development of partnership working between partner agencies, including any sub-groups or officer networks
10. To adhere to confidentiality in respect of ADPH London or individual member business
11. To ensure that a successor is found before their term of office finishes.

Responsibilities of the Vice-Chairs

1. To assist and support the Chair in the provision of leadership to ADPH London, the management of strategic relationships and direction of the programme
2. To chair meetings when the Chair is not present
3. To deputise for the Chair as appropriate
4. To adhere to confidentiality in respect of ADPH London or individual member business



Appendix 3: Guidance for Representatives on London Boards or Groups

Officers representing ADPH London are asked to:

- provide input to ensure that the work of the group has the appropriate 'reach' across the London local authority public health system and takes into account local government perspectives and priorities
- work in partnership to maintain good communication – both with other group members and with ADPH London
- seek wider DPH views and update DsPH regularly (the ADPH programme office will periodically contact officers for updates to be shared with DsPH)
- ensure regular attendance at meetings of the groups. If not able to attend, to identify a delegate – either from within their local team, or by asking other DsPH (and briefing them in advance).
- be clear when providing views and input as to whether they are speaking with an ADPH London 'hat' or that of their local borough or as a public health professional
- advise ADPH London when they are no longer able to commit time to this activity, and handover any relevant information or documents to their successor

Representatives are not expected to:

- Be the only conduit for communication of that group with the borough public health teams – if a matter requires local discussion or buy-in across local public health teams it is not a reasonable expectation on the representative's use of their time.
- Provide the 'formal' or 'official' communications link between the group they attend and London DsPH and wider London local authorities
- Agree to any decisions on behalf of all boroughs without having the relevant buy-in or mandate from DsPH

The ADPH London office is responsible for tracking and managing any requests for input or representation at a London level. Any changes should be advised to office@adphlondon.org.uk.



Appendix 4: Declarations of Interest Policy

Individual members of ADPH London, its programme staff and anyone representing ADPH London will declare any relevant interest that they have, or may be perceived to have, in relation to the exercise of the functions of ADPH London. All declarations should be made in writing to the Chair and programme office, as soon as members become aware of it and in any event no later than 28 days after becoming aware. The functions of ADPH London include any decision making by ADPH London, or the representation of the views or members of ADPH London.

Where an individual is unable to provide a declaration in writing, for example, if a potential conflict becomes apparent in the course of a meeting, they will make an oral declaration, and provide a written declaration as soon as possible thereafter.

Categories of conflicts of interest

There are a number of different types of conflicts of interest that individual professionals involved in the activities of ADPH London might have or might be perceived to have. These activities include decision-making, and, as a professional network, also in representing the position of ADPH London.

The types of potential conflict include:

- **Direct financial interest** - for example as a result of holding an office or shares in a private company or business, or a charity or voluntary organisation that may do business with ADPH London, or benefit from a decision of ADPH London.
- **Indirect financial interests** - for example when a close relative of a Director or other key person benefits from a decision of the ADPH London.
- **Non-financial or personal interests** - where individuals receive no financial benefit, but are influenced by external factors such as gaining some other intangible benefit or kudos, for example, through awarding contracts to friends or personal business contacts.
- **Conflicts of loyalty** - for example individuals may owe a primary duty to some other person or entity, such as a particular professional body, society or special interest group, or a conflict of interest on a particular issue due to their own experience or that of a family member.

Any consideration of potential conflicts of interest should also include being aware of the employing organisation's policy on politically restricted posts.

If in doubt the individual concerned should assume that a potential or perceived conflict of interest exists and seek advice from the Chair and programme office.

Scope

This process applies to:



- **Members of ADPH London:** all Directors of Public Health employed either on an interim or substantive basis by a London local authority, and the Head of Health of the Greater London Authority.
- **Any other person representing ADPH London or involved in ADPH London business:** for example, those representing ADPH London on a regional network or board, or participating in ADPH London meetings, sub-groups or task and finish groups.
- **Programme Staff:** substantive, interim or seconded employees undertaking work on behalf of the ADPH London programme.

Out of Scope

Service providers are not under the scope of this policy, on the basis that they are not involved in either decision-making or representing the network.

Networks

ADPH London host a number of officer networks. Whilst the interests of individual members of that network are not expected to be captured during the process below, the chair of that network meeting should ask for any declarations at the start of the meeting, requiring attendees to declare any interests relating specifically to the agenda items. Any declarations of interests, and arrangements agreed in any meeting of the ADPH London, or its sub-groups, will be recorded in the minutes.

Declaring an interest

The declarations of interest form

Appendix 1 shows the form for recording conflicts of interest and potential conflicts of interest for an individual member, employee or person undertaking work on behalf of **ADPH London**. The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 2018. Data will be processed only to ensure that conflicts of interest are identified and do not affect decision making through ADPH London. Signing the declaration form will also signify that you consent to your data being processed for the purposes set out in this policy.

There are several mechanisms for making a declaration of interest. These include:

1. **During induction** - New staff members and Directors will be invited as part of their induction to declare any interests, and receive the declarations of interest policy.
2. **At meetings** - The agenda for meetings of the ADPH London and also any sub-groups or networks will contain a standing item at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered. Members must be specific when declaring interests. They should state which agenda item the potential conflict of interest relates to and the nature of that conflict.

Any declarations of interests, and arrangements agreed in any meeting of the ADPH London, or its sub-groups, will be recorded in the minutes.



- 3. When expressing an interest in a new lead role** – Directors or those representing the network will be invited to declare any relevant interest when expressing an interest in taking on a new role representing the network.
- 4. Annual review** – The full register of interests will be reviewed at a meeting of London Directors of Public Health annually alongside an annual review of ADPH London Terms of Reference (typically in May). Members, employees and those representing ADPH London will be asked to review their declarations in advance of this meeting.

Registering conflicts of interest

The ADPH London programme office will hold and maintain **an electronic register** of conflicts and potential conflicts of interest of; the members of the group, programme office staff, and any others as identified. The electronic register will capture all the details declared on the conflicts and potential conflicts of interest form and additionally include details on the history of the conflict / potential conflict including the agreed arrangements for the management of the conflict and the expired date and circumstances of the conflict / potential conflict.

Accountability for the maintenance of the ADPH London electronic register, including scanning and secure storage of the source declaration forms sits with the ADPH London Head of Programme, who ensures that details of any conflicts / potential conflicts of interest are recorded within 28 days of the declaration. As new interests are declared, these will be reported to the ADPH London Chair and Vice-Chairs, for discussion and agreement of how any conflicts will be managed, including whether any are material or significant.

Managing a declared interest

Overarching approach:

The ADPH London network Chair and Vice-Chairs will review new conflicts of interest as these arise, and consider how any conflicts will be managed, including whether any are material or significant and present any issues in an individual participating or undertaking in decisions on particular activities within the network, and/or representing the network.

Where an interest is significant or when the individual or a connected person has a direct financial interest in a decision, or where there is a risk that an interest may be perceived to present a material conflict, the individual should not take part in the discussion or vote on the item. The chair of the meeting may also ask that a member leaves the room if they have a significant interest or a direct financial interest in a matter under discussion.

Where new or previously undeclared conflicts are declared at the start of a meeting, the chair of the meeting will determine how any declared conflicts should be managed and inform the member of their decision. The Chair of the meeting may require the individual to withdraw from the meeting or part of it, and the individual concerned will comply with these arrangements.

Where the chair of any meeting of ADPH London, including any sub-groups or networks, has an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and they should not chair for that particular item. Another vice chair, director or appropriate officer will act as chair for the relevant part of the meeting.

Failure to declare a conflict of interest

If any members or employees fail to declare an interest, or participates in a decision making or representation process where special favour is shown to unfairly award a contract, or abuse

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their official position or knowledge for the purpose of benefit to themselves, family or friends, then after investigation, if proven will result in appropriate disciplinary action for gross misconduct (for directly employed staff), referral to the individual's relevant employing body and /or appropriate professional regulatory body.

Communication

ADPH London aims for maximum transparency and will ensure that all employees, decision-makers and those representing the network are aware of the existence of this policy. This will be through, for example:

- Introduction to the policy during local induction for new starters to the organisation
- An annual reminder of the existence and importance of the policy via internal communication methods
- An annual reminder to update declaration forms sent to all members, and an annual review of the register of interest by London DsPH
- Online publication - the register will be published annually, and updated quarterly, on the ADPH London website, with the proviso that individuals may reasonably request to the Chair of the network for specific items not to be published online where this could cause damage or distress.

Staff should also refer to their respective professional codes of conduct relating to the declaration of conflicts of interest.

ADPH London will view instances where this policy is not followed as serious and may take disciplinary action against individuals as appropriate, which may result in removal from elected positions.

Monitoring, Audit and Evaluation

The policy will be reviewed annually as part of the annual review of the ADPH London Terms of Reference. This is typically in May.

Staff and decision-makers will be reminded of the policy and register of interests at least annually. This process will be managed by the programme office.