



Overview of progress and future plans: January 2016

1. Background

- 1.1. This briefing sets out progress in the ADPH London collaborative work programme during 2015/16 to date and sets out plans for collaboration going into 2016. It has been produced for local teams and wider stakeholders, focusing on shared priorities for collaboration between public health teams in London local government.

2. About ADPH London

- 2.1. The Association of Directors of Public Health (ADPH) for London represents Directors of Public Health in London's 33 local authorities, supporting them to improve and protect the health of their local populations. It is the London regional network of [ADPH](#) in the UK, and a key part of the wider public health system.
- 2.2. The work of ADPH London is centred around issues which can either only be successfully tackled on a pan-London basis and/or which enhance the ability of boroughs to meet their responsibilities locally, for example through delivering efficiencies, sharing of best practice, reducing duplication, and improving coordination of work. It also provides a space for professional peer support and development.
- 2.3. The group is currently chaired by Vicky Hobart (DPH Redbridge), closely working with vice-chairs Julie Billett (DPH Camden & Islington) and Jonathan Hildebrand (DPH Kingston). All substantive London local authority DsPH are invited to be members, as well as those DsPH that are interim on a long-term basis. Local teams, in particular Consultants in Public Health and assistant/deputy DsPH, also play an important role in the work of the association.
- 2.4. The ADPH London programme office is supported by a full-time programme manager and part-time programme support officer, hosted by Haringey Council on behalf of the boroughs and working closely with London Councils and the wider public health system, including Public Health England. The programme is also supported by staff seconded to work on specific workstreams; currently this includes sector-led improvement, sexual health and children and young people's health.

3. How we work together

- 3.1. Since 2013 DsPH in London have developed a strong partnership, focused on addressing issues which merit a collaborative approach and meet our criteria for choosing priorities. On each area identified, one or more DsPH and/or Consultants in Public Health volunteer to lead or sponsor this work, reporting progress to regular DPH business meetings, with a more thorough review of priorities every six months.

4. Recent achievements

- 4.1. **Best start in life** – boroughs have undertaken a significant amount of work, locally and in partnership across London, to prepare for the transfer of 0-5 services from NHSE, which took place on 1 October 2015. Although incredibly challenging, the transfer completed without any judicial reviews, and delivered approximately 1500 additional health visitors across London. The process was greatly enhanced by the appointment of a part-time interim secondee working with the lead DPH for children’s public health. This role was crucial in facilitating borough-to-borough peer support and information sharing, and in identifying priorities for boroughs to work together on once the transfer completed. The secondment has now been filled on a part-time basis to June 2016 to continue this work as the transferred services bed in.
- 4.2. **Workforce development** – the London Local Government Public Health Workforce Development Programme, funded by the three London Local Education Training Boards (LETBs), and jointly led by ADPH London and PHE London, has now delivered: eight Masters level courses covering issues such as Community Development, Health Impact Assessments, and Public Health Evidence; ongoing support to the UKPHR Practitioner Support Pilot in North East London; development and initiation of commissioning training on ‘value based healthcare’; and scoping of new projects, including training for public health analysts, and on health economics. DsPH and Consultants have participated in leadership development programmes (*Skills for Systems Leadership* and *Leading in the Local System* respectively) delivered by the Leadership Centre.
- 4.3. **Sexual health** – this well-established workstream has continued to support boroughs to deliver their commissioning responsibilities, for example through: supporting boroughs to adopt the HIV Home Sampling scheme; running a single ‘once for London’ sexual health Patient Group Directive (PGD) scheme, and working with PHE and NHSE to review the impact of the introduction of PrEP for boroughs. A review of the case to establish an integrated sexual health tariff for London reported to DsPH in May 2015, identifying significant potential savings. This work has now been aligned with the London Sexual Health Transformation Programme (LSHTP). Although not formally within the scope of the ADPH London work programme, the vast majority of DsPH are involved in the LSHTP, which is on track to transform sexual health services in London. The project’s progress to date and ambition for the future represents a considerable achievement for DsPH and their teams, especially considering the challenges of collaborative commissioning and transformation on this scale. Collaboration on sexual health has been supported by a strong London sexual health commissioners network, and a dedicated senior strategic lead post within the ADPH London programme.
- 4.4. **London HIV Prevention Programme** – this three year programme, managed by Lambeth Council on behalf of the other boroughs, and supported by London borough Leaders, is delivering needs-led, evidence-based interventions where there is a rationale for a city-wide approach. The media and public campaign ‘Do it London’ has started a new conversation with Londoners about HIV, to motivate and promote safe sex and regular testing. The scheme is also providing condoms distribution at scale across London, and targeted outreach work. Early evaluation work shows the programme is reaching and making an impact with its target audiences, and that it is also running at less than half the cost of a similar programme pre-transition, despite increases in incidence and prevalence of HIV.

- 4.5. **Sector led improvement** – following a pilot process of self-assessment and peer-challenge on smoking cessation and tobacco control in 2014/15, phase two of the sector-led programme has been developed and initiated. Work-strands include: undertaking a second round of self-assessment & peer-review, on childhood obesity (all 33 London LAs are participating); designing and implementing DPH to DPH (peer to peer) reflective practice process; work to manage quality and standards in commissioned services; and developing an approach to evaluating the impact of sector-led improvement. This has been supported by the recruitment and appointment of a full-time Systems Improvement Lead post in the ADPH London programme office, on secondment from Westminster council. A database of good practice has been developed to facilitate sharing of practice between teams.
- 4.6. **Childhood obesity** – this was a new priority area in the programme for 2015, and has focused on raising the profile of childhood obesity and shifting the debate to highlight this as a complex issue requiring systems-wide action with no ‘single bullet’ solution. Since July 2015 a new London Obesity Group has been established, with strong senior level system wide representation. The group has met twice and is currently testing proposals with boroughs and partners for a ‘conversation’ on obesity with Londoners to take place later in 2016. A number of boroughs are launching #sugarsmart campaigns, which will inform this work. The London Obesity Leads network has provided significant input into the development of a self-assessment tool for the sector led improvement thematic review of childhood obesity, which is now underway with the participation of all 33 London local authorities.
- 4.7. **Devolution and public service reform** – this was also a new area in the programme, as this agenda has picked up pace across London. To date the focus has been to ensure systematic engagement and leadership from DsPH as the devolution agenda, and the five ‘pilots’ under the London Health & Care Devolution Agreement, have emerged. The Healthy High Streets officers network, chaired by a local Public Health Consultant, developed a set of policy proposals which informed London’s response to the Comprehensive Spending Review.
- 4.8. **Other notable progress across the programme**
As well as making progress against the areas outlined above, other notable work includes:
- Delivery of a Health inequalities workshop in September 2015 – this event focused on the public health leadership role in addressing health inequalities and was attended by London DsPH, ADs and Consultants, and DsPH in the counties bordering London. It was very well received and feedback included a call for further similar leadership events.
 - Two joint development sessions with the PHE London executive team. The first session in July 2015 included a presentation and discussion with Tony Travers from LSE; a similar session on 2 December was joined by speakers from the Kings Fund and McKinsey.
 - Ongoing work with NHSE London to develop the screening and immunisations assurance system.
 - Production of a detailed briefing note to DsPH on the impacts of the ACRA consultation on public health grant allocation formula.

- Continued development of relationships with London system partners, including: PHE London; London Councils; GLA; NHSE London; Healthy London Partnership team and; London Health Chief Officers' Group.

5. Priorities for collaboration going into 2016

- 5.1. Going into 2016, ADPH London will prioritise joint working (attention, effort and resources) on the following areas:

Area	Lead DsPH and/or Consultants	Aims and objectives
Best start in life	Dagmar Zeuner (DPH Richmond), Jackie Chin (DPH Ealing), Julia Groom (CPH Merton)	<p>To provide system leadership and advocacy for the health and wellbeing outcomes of all London's children and young people (key marker: 5 yr school readiness). It will make significant progress in addressing pan-London challenges of service integration and transformation of children's public health services from conception to 19, with a focus on 0-5s.</p> <p>This will include: delivering workshops on service transformation and integration (March/April 2016) and Healthy Child workforce (May/June 2016); Working with NHS England on the commissioning of a functional CHIS system for London; developing the London CYP public health network; influencing the Healthy London Partnership (HLP) to ensure a strong focus on prevention and public health; developing stronger partnerships with London ADCS to address the systems leadership challenge of balancing focus on targeted services with prevention and early intervention for CYP in current financial climate, and; ensuring effective governance for London through participation in the new London 0-5 Oversight Group.</p>
Childhood obesity	Danny Ruta (DPH Lewisham), Steve Whiteman (DPH Greenwich), Dagmar Zeuner (DPH Richmond), Bimpe Oki (CPH Lambeth & Southwark)	<p>To shift the debate on obesity to focus on whole system approaches and policy action, to take collective action pan-London and to support local action by boroughs</p> <p>Objectives:</p> <ul style="list-style-type: none"> To undertake a Sector Led Improvement programme on childhood obesity, including peer challenge events, and to feed back findings to boroughs and to ADPH London to inform local and pan-London work going forward (Peer Challenge commencing Jan 2016, Reporting findings May 2016) To support the Healthy London Partnership of CCGs to undertake a Citizen's Panel on childhood obesity involving 150-200 citizens, running for 12 weeks, and culminating in a 1-2 day debate and a final report (commencing Feb 2016) To seek support for and co-ordinate a London Conversation on childhood obesity, led by the

		London Obesity Group, with support from PHE, ADPH and GLA.
Devolution	Vicky Hobart (DPH Redbridge), Julie Billett (DPH Camden & Islington), Jonathan Hildebrand (DPH Kingston)	To support all London boroughs to quickly learn from the pilots in relation to public health, and to provide support to the DsPH in 'pilot' areas. To work with colleagues at PHE London and the GLA, in order to develop where possible a coherent 'voice' for public health in devolution.
Future drivers of the health of Londoners	Vicky Hobart (DPH Redbridge), Jeanelle de Gruchy (DPH Haringey) and Rachel Wells (CPH Harrow).	This is a joint project with PHE London to develop the public health system's, and its stakeholders', understanding of the major factors that will shape the population's health and PH practice over the next five years in sufficient detail for them to respond at a local level. The project will involve: identifying the key drivers of change (e.g. population changes, health trends, big data, digital, public service reform, people power, devolution, financial climate, health & social care integration, housing), and designing a series of briefings, events or other inputs to develop knowledge and understanding, and consider the implications, to support local responses.
Public health finance & funding policy	Melanie Smith (DPH Brent) and Penny Bevan (DPH City & Hackney)	To support DsPH to understand the potential implications of proposals to fund council services from local retention of business rates, to identify any shared issues and to inform policy responses. To support DsPH to meet their local responsibilities to protect and improve the health of their populations in the context of austerity.
Sector led improvement	Vicky Hobart (DPH Redbridge), Julie Billett (DPH Camden & Islington), Penny Bevan (DPH City & Hackney)	To complete the self assessment and peer review on childhood obesity by the 1 March 2016 To complete the pilot of the DPH to DPH/ reflective practice pilot by the 29 February 2016 and roll out the process to all DsPH To complete a quality and standards focused piece of work, on how teams are applying standards for clinical governance in practice. To complete evaluations of each of these processes. To identify plans for future sector led improvement work by 1 June 2016
Sexual health	Jonathan Hildebrand (DPH Kingston) and Penny Bevan (DPH City & Hackney)	To support DsPH and sexual health commissioners to deliver their commissioning responsibilities To undertake and co-ordinate London wide work (such as PGDs) To effectively liaise with the London Sexual Health Transformation Programme

		To ensure DsPH and sexual health commissioners are informed of PreP developments To undertake horizon scanning regarding sexual health developments
Smoking cessation	Somen Banerjee (DPH Tower Hamlets) and Houda al-Sharifi (DPH Wandsworth)	DsPH have agreed to prioritise a review of smoking cessation services, in the context of significant funding pressures across boroughs. This work will align with improvement activity being led through the London Tobacco Leads Network following a sector-led improvement review of smoking and tobacco services between Jan-May 2015.

5.2. Whilst boroughs continue to improve and protect public health at a local level, the areas listed above are where additional value can be achieved by DsPH working on a pan-London basis. The potential for joint working on public health across London boroughs is also not restricted to the areas listed; given current availability of resources they reflect where ADPH London is focusing particular support and effort at this time. We recognise that a number of other important projects, which are ‘business as usual’ are continuing, with sustained DPH leadership and support. For example: the London HIV prevention programme (3 year programme from 2014-2017); the London digital mental health programme (led by Tower Hamlets CCG); and workforce development, in partnership with PHE London and Health Education England.

6. Conclusion

6.1. London DsPH have delivered a huge amount through collaboration in 2015/16 to date, continuing to build on the successful joint working approach that has developed over the last two and a half years. Considering this is a partnership programme across 33 sovereign organisations, these are significant achievements in short timescales. A key factor in this success has been the significant leadership and contributions in kind of network members, their organisations and partners. Some initiatives, such as sexual health, children’s public health and sector led improvement, have additionally benefited from dedicated officer resource, working closely with the lead D(s)PH. 2016 will see much of this work continue, as well as joint work to respond to new challenges and opportunities.

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