



## Overview of recent projects and future plans: September 2016

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### 1. Background

- 1.1. This briefing updates on progress in our joint work programme between December 2015 and August 2016 and sets out plans for to the end of 2016 and going into 2017. It also describes how this links to other collaborative work across London. It has been produced for local public health teams and wider stakeholders.

### 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. Further information on how we work together is at Appendix 1.

### 3. Context

- 3.1. 2016 has been complex, and often challenging, for the health and wellbeing system, both nationally and in London, for example:
  - Local authorities have worked through implications of the in-year £200m cut to the public health grant announced in December 2015, and are now working through their service and commissioning models for 2016/17 and 2017/18
  - Councils, CCGs and acute trusts have been heavily involved in developing five year [Sustainability and Transformation Plans \(STPs\)](#).
  - Detailed work to progress the opportunities for devolution has started across five pilot areas, and a London approach to the Work Programme, following the signing of the [London Health & Care Devolution Agreement](#) in December 2015.
  - Bedding in of the health visiting services that transferred in October 2015
- 3.2. There have also been staff changes across public health teams, and amongst partners. For example in January Clive Grimshaw took over from Sarah Sturrock as London Councils Strategic Lead for Health. In April Tower Hamlets' Will Tuckley took on the lead Chief Executive brief for Health, following Martin Smith's departure from Ealing. Jo Murfitt is moving on from her role as Head of Public health, Offender Health and Health in the Justice System at NHSE London, as is Helen Walters from her role as Head of Health at the GLA. A new team to support the [London Health & Care Devolution Programme](#) has been set up, led by Nabihah Sachedina.
- 3.3. London also has a new Mayor, who has signalled his stance on a number of public health issues such as air quality. And in June the UK voted to leave the EU; the implications of this on public health will be understood in due course.

### 4. Progress in the ADPH London work programme and future plans

- 4.1. The following pages describe progress on the main areas of London-wide work between London public health teams since the start of 2016. This is not exhaustive; for a full list of where DsPH are working together at a London level please [contact](#) the programme office.
- 4.2. **Best start in life**  
A significant amount of work has been undertaken to support boroughs with their children and young people's public health services. This included running two well-received workshops to share practice and problem solve on 0-5 service transformation (April 2016) and 0-5 workforce planning (May 2016). DsPH have also worked with NHSE on the development of the Child Health Information System (CHIS) system for London. We have worked in close partnership with London Councils, NHSE London, PHE and Healthy London Partnership. The CYP PH network, re-launched at the end of last year, has met quarterly, enabling greater exchange and stock-take across boroughs, with topics including safeguarding, health visiting metrics, and a stock-take of 0-19 public health commissioning plans.
- 4.3. **Childhood obesity**  
A sector-led improvement peer review process was successfully undertaken with participation of all 33 London local authorities and the GLA, and has supported teams to identify their local priorities for improvement. The process also identified issues for London-wide work; for example on breast-feeding. The London Obesity Leadership Group (LOLG) is continuing to shape an engagement programme with Londoners, including a 'Great Weight Debate' facilitated by the Healthy London Partnership, and working closely with boroughs. London Health Chief Officers Group continues to be supportive of this high level priority for cross-borough action. Childhood obesity receives a significant amount of national attention and this collaborative approach between public health teams has been timely.
- 4.4. **Future drivers of public health**  
This was a new project in partnership with PHE London to develop and refresh local leaders' understanding of the major factors that will shape public health in London in sufficient detail to inform local plans. Five webinars were held, addressing (1) who Londoners will be in the future, (2) what London as a place will be like, (3) the implications of place-based policy such as devolution, (4) the role of health and social care, and (5) new technologies to support Londoners. The project has delivered an ambitious learning programme within a tight budget and has provided an opportunity to test how technologies such as webinars can support collaboration between boroughs. The project has been successful in engaging a range of experts including the King's Fund, NESTA, London First, Ipsos Mori, Collaborating for Health, Centre for London, LSE London and GLA, as well as local leaders.
- 4.5. **Public health finance**  
This was also a new priority, to support DsPH and their teams in the context of austerity, with a focus on understanding the impact of plans to fund council services

through retention of local business rates. We have worked closely with London Councils, who presented on the proposals to DsPH and Consultants in June. We have also ensured London DsPH voice is part of the national ADPH finance policy advisory group, and are influencing DH and PHE. We recently responded to the government's [consultation on the proposal to allow local government to retain 100% of the business rates they raise locally.](#)

#### 4.6. **Sector led improvement**

Phase two of the SLI programme has been completed and reviewed, under the management of a Systems Improvement Lead secondee. All 33 boroughs participated in the thematic review of childhood obesity. DsPH have piloted a process of peer to peer reflection and have agreed to roll this out to all DsPH. Mapping work on local arrangements for quality and standards in public health services has identified opportunities for improvement, and we are in discussions to explore how to align this with similar work by NHS and other local authority commissioners. An evaluation of the impact of last year's smoking cessation review found that the process added value and has an ongoing impact. Chief Executives on the London Self Improvement Board have continued to express support for the programme. A suite of case studies to support sharing of practice between teams is being updated, and we presented a poster at the PHE conference in September on our SLI work.

#### 4.7. **Sexual health**

This continues to be the largest and most complex area of partnership by London public health teams. Recent work on behalf of all London boroughs has included responding to the recent issues around funding and commissioning responsibility for PrEP (working closely with London Councils, the LGA and ADPH UK), representing London borough interest in national work on HPV for MSM and the HIV Home Sampling scheme, and developing a sexual health PGD scheme for 2016/17 (28 boroughs are participating). The London SH Commissioners network, now meeting for half days, is well-attended, indicating it is valued by members.

The [London HIV Prevention Programme](#), managed by Lambeth Council on behalf of London boroughs, now in its third year, is delivering needs-led, evidence-based interventions where there is a rationale for a city-wide approach. Its media and public campaign, '[Do it London](#)', has established a 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. Evaluation 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. Councils will make a decision in autumn 2016 on the future of the programme beyond its current funding to 31 March 2017.

[London Sexual Health Transformation Programme](#), led by West London Alliance, now involves 32 London local authorities, and looks to transform the way sexual health services are organised and provided. This includes establishing a new e-services

model to better signpost patients and provide home testing kits where clinically justified, and developing a strategy to encourage appropriate channel shift. It is also establishing an integrated tariff pricing mechanism to support flexibility and ensure services are paid for fairly. Despite the challenges of collaborative commissioning and transformation on this scale the programme is progressing extremely well, demonstrating the strength and maturity of partnerships between London boroughs' public health teams.

#### 4.8. **Smoking cessation**

This was a new project to support councils to deliver smoking cessation outcomes in the context of significantly reduced resources. A project board with representation from each part of London has been established, supported by a part-time project manager and public health trainee seconded from local teams. Expert advice has been provided from PHE and NCSCT. A rapid literature review of the evidence base for channel shift (delivery through online, text, apps etc) in other global cities was completed in March and highlighted a case for London-wide work. Data gathering has been completed to understand service provision and demographic profiles across London. The project is also looking at how existing smoking cessation support mechanisms in the system could be built upon, and options will be presented to Directors of Public Health at the end of September 2016.

#### 4.9. The above list is not comprehensive; there are a number of other ways in which London public health teams are working together and with partners. These include:

- Delivering the London digital mental health programme (led by Tower Hamlets CCG);
- Developing the workforce, in partnership with PHE London and Health Education England, for example through commissioning workshops on procurement (February) and data visualisation (June), and completing a pilot in North Central East London on supporting practitioner staff to join the UK Public Health Register.
- Working with the [Healthy London Partnership](#) of London CCGs and NHSE, on their programme for example on cancer, children and young people's health, digital, homeless health, personalisation, prevention, primary care, and specialised care.
- Working with the GLA on the Healthy Workplace and Healthy Schools programmes, and new London Health Inequalities Strategy
- Working with NHSE London on health in the justice system, for example on a project to register recent offenders with GPs, and new approaches to delivering child sexual assault support services
- Through London officer networks including: Healthy High Streets, Healthcare Public Health Consultants, Child Death Overview Panel chairs, Tobacco Control, Health Checks Leads, Physical Activity, Obesity Leads, Substance misuse, Sexual Health Commissioners and Children & Young People's Public health network.

#### 4.10. There is also significant joint working at other geographical levels, for example through STPs, sub-regional public health networks such as the South East London Tobacco

Network, and the South London and West London Director of Public Health groups.

## 5. Future collaboration

- 5.1. Building on the areas described above, and recognising new opportunities, work between public health teams at a London level to the end of 2016 and going into 2017 will include the following:

Area	Action will include:
<b>Best start in life</b>	<p>Our aim is to continue to provide strategic leadership and advocacy for the health and wellbeing outcomes of all London's children and young people and make progress in addressing pan-London challenges of service modernisation and transformation of children's public health services 0-19 years, with a focus on 0-5s.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>• Developing links with London networks of directors and ADs in children's services</li> <li>• Continuing to develop the role of the London CYP PH Network</li> <li>• Working with NHSE London on the mobilisation of the CHIS system, to ensure that both health service and local authority needs are met</li> <li>• Work with London Safeguarding Children's Board to establish better links between safeguarding and public health</li> <li>• Influencing the Healthy London Partnership (HLP) to ensure a strong focus on prevention and public health, including CYP in STPs</li> <li>• Sharing learning and good practice on 0-5 Years Services: host a series of multi-agency workshops on: integrated 0-19 models and 5-19 services, and; new technologies for 0-19 services</li> <li>• Strengthening awareness of evidence on Return on Investment in early years and the case for investment in Health Visiting</li> <li>• Strengthening learning on outcomes based commissioning</li> <li>• Reviewing and disseminating evidence on skill-mix models in early years in order to strengthen integrated working</li> </ul> <p>This will be achieved through working with partners including London Directors and Assistant Directors of Children's Services, London Councils, PHE London, NHSE London and Healthy London Partnership</p>
<b>Childhood obesity</b>	<ul style="list-style-type: none"> <li>• Implementing pan-London plans arising from our sector-led peer review. This will include joint work on breastfeeding, healthy catering, and healthy food environments. We will also run a series of learning events, which will address whole systems approaches to obesity, framing and language, culture and the normalisation of obesity, and adapting the physical environment.</li> <li>• Working closely between London Obesity Leadership Group, ADPH London and Healthy London Partnership to undertake a "Great Weight Debate" with Londoners, and consider implications arising</li> <li>• Responding to the national childhood obesity plan</li> </ul>
<b>Public service reform and transformation</b>	<p><b>Devolution:</b></p> <ul style="list-style-type: none"> <li>• Working with the London Devolution Programme Board, PHE London and London Councils, supporting all London public health teams to quickly learn from the pilots, and supporting to the DsPH in 'pilot' areas.</li> </ul>

	<ul style="list-style-type: none"> <li>• A priority for the autumn will be supporting Haringey Council in developing the case to pilot devolution of powers which will help London boroughs to (1) create healthy environments and (2) offer early intervention for mental health and employment support.</li> </ul> <p><b>Sustainability and Transformation Planning:</b></p> <ul style="list-style-type: none"> <li>• Supporting DsPH in finalising STPs, working with the Healthy London Partnership ‘prevention’ workstream, and PHE London.</li> </ul> <p><b>Finance/funding:</b></p> <ul style="list-style-type: none"> <li>• Supporting DsPH and their teams 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.</li> <li>• Supporting DsPH to meet their local responsibilities to protect and improve the health of their populations in the context of austerity.</li> <li>• Responding to <a href="#">consultation on the proposal to allow local government to retain 100% of the business rates they raise locally.</a></li> <li>• Working with DsPH involved in devolution and STPs, ensuring that all DsPH are sighted on the overall proposals for public service reform associated with the local retention of business rates, and exploring the public health impacts of this.</li> </ul>
<p><b>Sector led improvement</b></p>	<ul style="list-style-type: none"> <li>• Continuing to implement the recommendations from the 2015 peer review on Tobacco Control and Smoking Cessation</li> <li>• Taking forward the outcomes of the Childhood Obesity review</li> <li>• Rolling out the DPH to DPH ‘peer to peer’ work to all directors by the end of 2016/17</li> <li>• Continuing work on quality and standards in public health commissioned services and linking up with other system stakeholders such as NHSE and CCGs</li> <li>• Identifying possible priorities for future improvement support, and agreeing suitable approaches and methodologies. E.g. this might include a third thematic review, or setting up action learning sets on key issues</li> <li>• Developing our approach to data and insight as a driver for sector led improvement.</li> </ul>
<p><b>Sexual health</b></p>	<ul style="list-style-type: none"> <li>• Monitoring / lobbying / responding to further developments with regard to PrEP and HPV for MSM</li> <li>• Maintain London wide projects on the c-card and PGDs for sexual health</li> <li>• Consider changes in STI prevalence / resistance and respond as required</li> <li>• Continuing the sexual health commissioners network</li> <li>• Exploring the potential for joint work on both chemsex and health in the justice system</li> <li>• Continuing to deliver the London HIV Prevention Programme, and supporting boroughs to make a decision on the future of the programme beyond 31 March 2017.</li> <li>• Continuing to work closely and support the London Sexual Health</li> </ul>

	Transformation Programme, and planning how collaboration between DsPH on sexual health commissioning will be supported after the current programme arrangements end in March 2017.
<b>Smoking cessation</b>	<ul style="list-style-type: none"> <li>• Reporting to Directors of Public Health with options for London wide work on digital smoking support in September 2016</li> <li>• Further work subject to decisions taken at end of September</li> </ul>

- 5.2. The programme office is also going to work with ADs and Consultants in the boroughs to explore how to best support joint working across London.
- 5.3. 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:
- **Mental health** - working with London Councils, PHE and the GLA, supporting work under the London Health Board to scope a mental health 'roadmap' for London, with a focus on: employment; children and young people; community resilience, and; suicide prevention.
  - **Workforce development** in partnership with PHE and HEE. Specific offers will include: procurement training, master-classes to address learning needs identified in the sector led improvement review of childhood obesity, and coaching, mentoring and leadership development for new public health consultants. We will also work with partners in Kent, Surrey and Sussex on a new Public Health Workforce Development Academy.

## 6. Conclusion

- 6.1. London public health teams have delivered a huge amount through collaboration in 2016 to date, continuing to build on the successful joint working that has developed over recent years, both between public health teams but also by partner programmes. A key factor in this success has been the leadership and contributions in kind of network members, their teams and our partners. The remainder of 2016 will see much of this work continue, as well as joint work to respond to new challenges and opportunities.

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## **Appendix 1: About ADPH London**

### **About ADPH London**

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.

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.

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 London local authority DsPH are invited to be members. Local teams, in particular Consultants in Public Health and assistant/deputy DsPH, also play an important role in the work of the association.

The ADPH London programme office is supported by a small programme office, 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 smoking cessation.

### **How we work together**

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.