



1. Background

- 1.1. This briefing provides an overview of ADPH London's joint work programme and key achievements in 2016 and sets out our plans for 2017. 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 was a year characterised by significant change and opportunity, and a number of challenges for the health and wellbeing system both nationally and in London, for example:
 - Local authorities dealt with the implications of ongoing reductions in the public health grant announced in December 2015, and continue to respond to significant funding and service demand pressures.
 - Bedding in of the health visiting services that transferred in October 2015
 - Councils, CCGs and acute trusts worked together to develop five year [Sustainability and Transformation Plans \(STPs\)](#) which they will start to implement in 2017
 - Detailed work to progress the opportunities for devolution in health and care was undertaken across London, including in five pilot areas, following the signing of the [London Health & Care Devolution Agreement](#) in December 2015. More broadly the momentum for devolution to London increased following the result of the EU referendum in June 2016. The London Finance Commission was re-established and has recently reported on its recommendations.
 - London elected a new Mayor, who signalled his stance on a number of public health issues such as air quality. The Mayor is refreshing many of his strategies, including on Health Inequalities, in support of his 'City for all Londoners' vision.
 - A new Cabinet was formed following the EU referendum, bringing changes in national policy direction
- 3.2. Financial pressure, complexity and uncertainty will continue to be themes in 2017. There are also opportunities: a key role for public health will be leading and shaping new population and place-based models, and ensuring new models of local government financing are informed by a focus on need and inequality. There are

opportunities to use STPs and the integration agenda to influence the NHS, with a particular focus on strengthening its role in prevention. The focus on economic development and regeneration present opportunities for working with communities and pursuing an inclusive growth agenda, and for continuing to build on the 'health in all policies' approach across local government and beyond.

- 3.3. As a network there have been changes in our membership; this includes the departures of Shahed Ahmad (Enfield), Ruth Wallis (Lambeth and Southwark), Sarah Corlett (Lambeth) and Andrew Taylor (Waltham Forest). Our vice-chair, and founding member of ADPH London in its current form, Jonathan Hildebrand (Kingston), sadly died in November 2016. All contributed to the network and the public health system in London during their time, in some cases for over a decade.
- 3.4. We also welcomed a number of new substantive and interim Directors in 2016: Rachel Flowers (Croydon), Tessa Linfield (Enfield), Joe McDonnell (Waltham Forest), Jin Lim (Southwark), Sue Todd-Dunning (Bexley), and Ruth Hutt (Lewisham). We were delighted to welcome them to the network in 2016.

4. Achievements from 2016

- 4.1. The following pages highlight progress on the main areas of London-wide work between London DsPH and their teams during 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 was 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, now in mobilisation stage.

DsPH have worked in close partnership with London Councils, London Safeguarding Children's Board, NHSE London, PHE and Healthy London Partnership. This has included influencing a review of school nursing roles, and chairing a London Child Death Overview Panel network to ensure a regional programme of resources, analysis and best practice. The Children and Young Peoples (CYP) PH network has met quarterly, with topics including safeguarding, health visiting metrics, and a stock-take of 0-19 public health commissioning plans. More recently the lead DsPH for children have liaised with the GLA in developing the Mayors' Health Inequalities Strategy, with a particular focus on improving outcomes and tackling inequalities in early years.

4.3. Childhood Obesity

During the first part of 2016 a sector-led improvement peer review process was undertaken with participation of all 33 London local authorities and the GLA. This enabled teams to identify local priorities for improvement as well as issues for London-wide work; for example on breast-feeding and healthy catering. The Great Weight

Debate, facilitated by the Healthy London Partnership, and shaped by the London Obesity Leadership Group (LOLG) was a successful exercise in raising the profile of childhood obesity at a London level, reaching over 2 million Londoners.

There has been good partnership working to implement the work arising, for example a London Childhood Obesity Delivery Board has been set up to take the actions of the peer review forward as well as to more effectively align with related projects such as the Great Weight Debate and the work of the GLA health team. Work is in progress to produce a web based resource to share best practice on childhood obesity, and funding was secured from Health Education England to fund a series of master-classes based on the findings of the peer review. PHE London and ADPH London carried out a mapping exercise on making every contact count (MECC) initiatives across London, which is now informing a programme to scale up this work in support of STP delivery. We have also supported boroughs signing up to the Local Authority Declaration on Sugar Reduction, to increase impact and reach across the region.

Childhood obesity receives a significant amount of national attention and this collaborative approach between public health teams has been timely.

4.4. **Public Service Reform and Transformation**

This was a new workstream for the programme, bringing together complex interrelated issues relating to systems change including health and care devolution, sustainability and transformation planning, finance and prevention. During 2016 DsPH and the London Healthy High Streets Group supported Haringey Council public health team to develop proposals for the **devolution pilot** focused on healthy places and employment. We also ensured borough public health challenge and steer into the shaping of proposals for devolution in relation to healthy environments at a London level, with a particular emphasis on tobacco, planning/licencing, and childhood obesity.

DsPH collaborated through the network to support the development of **STPs**, through population health profiles and by working with the Healthy London Partnership 'prevention' workstream, and PHE London. A number of our existing London programmes were identified as contributing to the delivery of STPs, including those on childhood obesity and tobacco, and emerging work on making every contact count (MECC) with PHE London, Healthy London Partnership and the Public Health Academy.

In terms of **finance**, we supported DsPH to understand the impact of plans to fund council services through retention of local business rates, for example we hosted a briefing with London Councils on this last June, and identified London's particular public health needs and concerns in our [response](#) to the government's [consultation](#).

4.5. **Sector Led Improvement**

In the early part of 2016, phase two of the SLI programme was completed and reviewed. An evaluation of the impact of phase one on tobacco control found that the review process added value and had an ongoing positive impact locally. All 33 boroughs participated in the thematic review of childhood obesity and the

improvements identified locally and for London are now being implemented. DsPH piloted a process of peer to peer reflection, which was then rolled out across all DsPH and is due to complete in the next two months.

We have proactively shared our learning about sector led improvement, for example presenting a [poster](#) at the PHE conference in September 2016 and speaking at an ADPH South East of England event in November. Chief Executives on the London Self Improvement Board continued to express support for the programme. A suite of case studies to support sharing of practice between teams is being updated. We are currently planning how to build on the experience to date, for example through better use of data and targeted support.

4.6. **Sexual Health**

This continued to be the largest and most complex area of partnership by London public health teams. Work in 2016 on behalf of all London boroughs included responding to the recent issues around funding and commissioning responsibility for Pre-Exposure Prophylaxis (PrEP) (working closely with London Councils, the LGA and ADPH UK), representing London borough interests in national work on HPV immunisation for men who have sex with men (MSM) and the HIV Home Sampling scheme, and developing a sexual health PGD scheme for 2016/17 (28 boroughs participated). This work was supported by the existence of the London Sexual Health Commissioners network, which continued to provide peer support and exchange of best practice. We have also worked closely with and supported the London Sexual Health Transformation Programme (LSHTP) (see below), including planning how collaboration between DsPH on sexual health commissioning will be supported after the current LSHTP programme arrangements end in March 2017.

The [London HIV Prevention Programme](#), managed by Lambeth Council on behalf of London boroughs, continued to deliver needs-led, evidence-based interventions where there is a rationale for a city-wide approach. Its media and public campaign, '[Do it London](#)', 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. Towards the end of 2016, Councils made a decision to extend the programme for a further two years beyond its current funding, which runs to 31 March 2017.

The [London Sexual Health Transformation Programme](#), led by West London Alliance, involved 32 London local authorities, and sought to transform the way sexual health services are organised and provided. This included establishing a new e-service 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. Although not formally an ADPH London programme, it involves nearly all London DsPH and there has been close working, for example the early work on the integrated tariff was commissioned through ADPH London. Despite the challenges of collaborative commissioning and transformation on this scale, this programme has

been incredibly successful, demonstrating the strength and maturity of partnerships between London boroughs' public health teams.

4.7. **London Smoking Cessation Transformation Programme**

This was a new project to support councils to deliver smoking cessation outcomes in the context of significantly reduced resources. During the first part of 2016 a rapid literature review of the evidence base for channel shift (i.e. delivery of stop smoking support through online, text, apps etc) including looking at best or innovative practice in other global cities, was completed and helped to establish a case for London-wide work. Data gathering was then undertaken to understand service provision and demographic profiles across London, and how existing smoking cessation support mechanisms in the system could be built upon. Expert advice has been provided from PHE and National Centre for Smoking Cessation and Training (NCSCT). Based on the case for change, DsPH agreed in September 2016 to a pilot phase of work. This includes a 6-month London wide stop smoking proactive telephone counselling service and a communications programme to promote use of digital solutions. The project is also working with UCL on a London stop smoking portal.

4.8. **Future Drivers of the Health of Londoners**

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. The project engaged 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. Five webinars were held in spring-summer 2016, 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 delivered an ambitious learning programme within a tight budget and provided an opportunity to test how technologies such as webinars can support collaboration between boroughs.

Since the webinars, the key issues emerging from the webinars have been analysed further and the project is identifying sustainable options for how local leaders can use this information to inform future planning.

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 and data visualisation, 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 programmes, 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 the London Health Inequalities Strategy
 - Working with NHSE London on health in the justice system, for example on a project to register offenders with GPs on release from prison, and new approaches to delivering child sexual abuse 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. 2017 priorities for collaboration

- 5.1. Building on the areas described above, and recognising new opportunities, ADPH London's priorities for collaboration in 2017 are:
- **Best start in life** - providing strategic leadership and advocacy for children's health in London, and addressing pan-London challenges of service modernisation of children's public health services, with a focus on 0-5s.
 - **Childhood obesity** – supporting boroughs and partners to implement a whole systems approach to childhood obesity in London
 - **Mental health and wellbeing** – new priority to be scoped, supporting the London Health Board's 'Thrive' initiative
 - **Smoking Cessation** - supporting boroughs to transform and improve access to stop smoking support, with the potential to deliver savings and improved outcomes for residents
 - **Sexual health** - providing strategic leadership and advocacy for sexual health in London and supporting boroughs to transform sexual health commissioning
- 5.2. Ongoing cross-cutting priorities are: **Public Service Reform & Systems Transformation** and **Sector Led Improvement**
- 5.3. In addition, developing areas of importance for collaboration are:
- **Air quality** - supporting DsPH in their role in addressing the health impacts of air pollution through the sharing of information and advocating for efforts to improve air quality at a city and national level
 - **Making Every Contact Count** - in partnership with the London Kent Surrey Sussex Public Health Academy, with PHE London, HEE London, Healthy London Partnership, and London Councils, establishing a shared strategic approach to training, delivery and evaluation.
- 5.4. Our priorities for 2017 are also summarised in Appendix 2.
- 5.5. 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. A number of other

important projects, which are 'business as usual' are in progress, with sustained DPH leadership and support. For example **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. DsPH will also work with partners in Kent, Surrey and Sussex on the new Public Health Workforce Development Academy.

6. Internal projects for 2017

- 6.1. To ensure the programme remains fit for purpose, a number of internal or business development projects are planned:
- **Review of ADPH London leadership roles.** The current leadership system including the model of Chair and Vice-Chairs will be reviewed, through semi-structured interviews with DsPH from across the programme. The review is taking place between January and March 2017, followed by implementation of any changes agreed.
 - **Elections for Chair and Vice-Chair(s).** This will be undertaken following the review of leadership roles described above. It will complete by early May, and be followed by a handover and induction as necessary during May and June 2017.
 - **Greater engagement and involvement of Assistant Directors (ADs) and Consultants in the network,** including in programme leadership roles. This is to support succession planning, programme leadership capacity and resilience, and to complement in practice the leadership development offers for ADs and Consultants in London and nationally. This project will start in March 2017 and run throughout the year.
 - **Review of officer networks.** This will build on work started last year in partnership with London Councils to develop a shared understanding of London public health networks, how they operate and how our system can best support and utilise the assets of the London public health networks at a time when working collaboratively continues to be incredibly important. The timelines for this project are to be confirmed.

7. Conclusion

- 7.1. London public health teams have delivered a huge amount through collaboration in 2016, building on the successful joint working that has developed over recent years, both between public health teams but also with London partner programmes. A key factor in this success has been the leadership and contributions in kind of network members, their teams and our partners. 2017 will see much of this work continue, as well as joint work to respond to new challenges and opportunities.

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-chair Julie Billett (DPH Camden & Islington). All London local authority DsPH are invited to be members. Local teams, including Consultants in Public Health and assistant/deputy DsPH, also play an important role in the work of the Association.

The ADPH London programme is supported by a small team 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 often supported by staff seconded to work on specific workstreams; this has included 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.

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ADPH London

ADPH LONDON PRIORITIES 2017

Priorities for collaboration 2017



During the first half of 2017, ADPH London top priorities for collaboration are:

- **Best start in life**
- **Childhood obesity**
- **Mental health and wellbeing**
- **Smoking Cessation**
- **Sexual health**

In addition, developing areas of importance for collaboration are:

- **Air quality** (supporting DsPH in their role in addressing the health impacts of air pollution through the sharing of information and through acting as a leadership group to advocate for efforts to improve air quality at a city and national level)
- **Making Every Contact Count** (in partnership through the London KSS Public Health Academy, with PHE London, HEE London and Healthy London Partnership)

Cross-cutting priorities are: **Public Service Reform & Systems Transformation** and **Sector Led Improvement**

In addition, DsPH will continue to work together on a range of ongoing or BAU initiatives, for example delivery of workforce development programmes in partnership with PHE London and HEE, and delivery of phase 2 of the London HIV Prevention Programme.

These priorities will be reviewed by London DsPH in July 2017. A full list of collaborative work between DsPH is available from the programme office.

Priorities for collaboration 2017



ADPH London

TOP PRIORITIES

BEST START IN LIFE	CHILDHOOD OBESITY	MENTAL HEALTH & WELLBEING	SMOKING CESSATION	SEXUAL HEALTH
<p>AIM: Provide strategic leadership and advocacy for children's health in London, and address pan-London challenges of service modernisation of children's public health services 0-19 years, with a focus on 0-5s.</p> <ul style="list-style-type: none"> •Support London Councils to commission a London 0-5 programme •Influence mobilisation of CHIS system •Develop the role and capacity of the London CYP PH network 	<p>AIM: Support boroughs and partners to implement a whole systems approach to childhood obesity in London</p> <ul style="list-style-type: none"> •Implement the pan-London actions from the SLI thematic review •Implement pan-London actions delegated by the London Obesity Leadership Group •Support boroughs to implement their childhood obesity action plans (through the Obesity Leads Network). 	<p>New priority to be scoped - will support the 'Thrive' initiative under the London Health Board</p>	<p>AIM: Support boroughs to transform and improve access to stop smoking support, with the potential to deliver savings and improved outcomes for residents</p> <ul style="list-style-type: none"> •6 month pilot of enhanced/proactive telephone quit support •Develop a London Stop Smoking Portal with UCL •Communications programme to direct Londoners to self-support solutions where appropriate •Evaluation 	<p>AIM: Provide strategic leadership and advocacy for sexual health in London and support boroughs to transform sexual health commissioning</p> <ul style="list-style-type: none"> •London voice on key policy issues including PrEP, HPV for MSM, sexual violence •Support the implementation of London Sexual Health Transformation Programme including new contracts, e-service and integrated tariff •Next phase of London HIV Prevention Programme

CROSS-CUTTING PRIORITY: PUBLIC SERVICE REFORM & SYSTEMS TRANSFORMATION

CROSS-CUTTING PRIORITY: SECTOR LED IMPROVEMENT

DEVELOPING AREAS OF IMPORTANCE:

AIR QUALITY

MAKING EVERY CONTACT COUNT (MECC)

ONGOING PROJECTS / PROGRAMMES:

FUTURE DRIVERS OF THE HEALTH OF LONDONERS
HEALTHCARE PUBLIC HEALTH
LONDON HIV PREVENTION PROGRAMME PHASE 2
WORKFORCE DEVELOPMENT

Internal or business projects 2017



Review of ADPH London leadership roles

- The current leadership system including the model of Chair and Vice-Chairs will be reviewed, through semi-structured interviews with DsPH across the programme.
- **TIMELINES:** The review is taking place between January and March 2017, followed by implementation of any changes agreed.

Elections for Chair and Vice-Chair(s).

- This will be undertaken following the review of leadership roles described above.
- **TIMELINES:** It will complete by early May, and be followed by a handover and induction as necessary during May and June 2017.

AD / Consultant Engagement

- Greater engagement and involvement of ADs and Consultants in the network, including in programme leadership roles. This is to support succession planning, programme leadership capacity and resilience, and to complement in practice the leadership development offers for ADs and Consultants in London and nationally.
- **TIMELINES:** This project will start in March 2017 and run throughout the year.

Review of officer networks

- This will build on work started last year in partnership with London Councils to develop a shared understanding of London public health networks, how they operate and how our system can best support and utilise the assets of the London public health networks at a time when working collaboratively continues to be incredibly important.
- **TIMELINES:** to be agreed.