



ADPH
London

Annual Report 2025/26

adphlondon.org.uk



Table of Contents

Titles linked to contents

- **Page 3:** [Welcome from our Co Chairs](#)
- **Page 4:** [ADPH London Leadership Team](#)
- **Page 5:** [ADPH London Programme Team](#)
- **Page 6:** [Farewell and Welcome Aboard](#)
- **Page 7:** [ADPH London Thematic Leads](#)
- **Page 8:** [ADPH London Core Programme](#)
- **Page 12:** [Practice Improvement - YP Subs Misuse](#)
- **Page 13:** [Practice Improvement - HPAF](#)
- **Page 14:** [Practice Improvement - Gambling Harms](#)
- **Page 15:** [Joint Commissioning - IPD Joint Delivery Framework](#)
- **Page 16:** [Workforce - SRbPA Health Projects Exchange](#)

ADPH London Networks and Communities of Practice

- **Page 18:** [Children and Young People Network](#)
- **Page 19:** [Children and Young People's Mental Health Community of Practice](#)
- **Page 20:** [Health and Wellbeing of Asylum Seekers & Refugees CoP](#)
- **Page 21:** [Healthcare Public Health / Population Health Network](#)
- **Page 22:** [Immunisations Network](#)
- **Page 23:** [London Obesity Leads Network](#)
- **Page 24:** [Public Health Tackling Racism and Inequality](#)
- **Page 25:** [Public Mental Health Network](#)
- **Page 26:** [Suicide Prevention Network](#)
- **Page 27:** [Violence Reduction Network](#)

Shared Programmes

- **Page 29:** [London HIV Prevention Programme](#)
- **Page 38:** [London Tobacco Alliance / Stop Smoking London](#)
- **Page 44:** [Public Health Tackling Racism & Inequality Programme](#)
- **Page 50:** [Thrive LDN](#)
- **Page 55:** [London Sexual Health Programme](#)
- **Page 64:** [London Million Hearts & Minds Challenge](#)
- **Page 72:** [Why We Get Vaccinated campaign](#)



Welcome from our Co Chairs

Dear colleagues,

2025/26 has been a pivotal period for public health, set within a context of significant system change and sustained pressure across health and local government. Public health teams have navigated ongoing financial constraint, rising and increasingly complex need, workforce pressures and shifting national expectations, alongside changes in how prevention, health protection and population health are delivered. At the same time, new models of working are taking shape, including the development of integrated neighbourhoods, bringing together local government, the NHS, the voluntary sector and communities to improve outcomes at place level.

As national and local arrangements continue to evolve, strong leadership, collaboration and peer support have been critical. ADPH London has continued to play an important role in influencing these emerging systems. For example, through our seat on the newly formed London Neighbourhoods Board, ADPH London is able to advocate for the prevention agenda alongside NHS partners, ensuring that population health, health inequalities and prevention are embedded within neighbourhood level priorities, targets, pathways and multidisciplinary team working. This provides an important opportunity to shape London wide and national thinking as neighbourhood models continue to develop.

As we reflect on 2025/26, we are proud of the truly impressive breadth and quality of work delivered across all areas of focus within ADPH London. Our networks continue to thrive – well attended, highly valued, and providing vital forums for public health teams to share learning, strengthen best practice, and connect local leadership with regional and national priorities. This year has also seen the development of new joint programmes with tangible benefits for Londoners, including Million Hearts and Minds and a coordinated approach to substance misuse detoxification support.

Alongside this, we have further strengthened our partnership with UKHSA, enhancing collective leadership on health protection and reinforcing our preparedness for the ongoing challenges posed by infectious diseases and environmental hazards across the capital.

A particular strength of ADPH London remains the active participation and leadership of our membership. Engagement across the programme has been excellent, with many DsPH stepping into leadership roles and shaping workstreams with clarity, experience and commitment.

Feedback consistently highlights how valuable the network is for DsPH at all stages of their careers, offering trusted peer support, shared problem solving and opportunities for professional development. This sense of collective endeavour is one of ADPH London's greatest strengths.

The importance of this strong and connected network has been brought into even sharper focus by the ongoing financial pressures facing local government, alongside evolving relationships with the NHS and the wider system. As we look ahead to further change following the local elections in May 2026, ADPH London will continue to provide stability, peer-to-peer support, shared leadership and a collective voice for public health in London. The recent meningitis outbreak underscored the value of this collaboration, enabling rapid coordination, consistent messaging and shared decision-making across boroughs and partners at pace.

As Co-Chairs, we are immensely grateful for the dedication, expertise and generosity shown across the network and the gold standard support provided by the Programme Team. Together, we remain committed to supporting one another and to improving the health and wellbeing of Londoners through strong, collaborative public health leadership.

We have changed the format of this year's annual report to align more closely with Public Health Grant assurance requirements, and we hope this new approach will be helpful.

Best wishes,

Will and Nicole



Dr Will Maimaris
DPH Haringey



Dr Nicole Klynman
DPH Bexley

ADPH London Leadership Team

Co Chairs



Dr Will Maimaris
DPH Haringey



Dr Nicole
Klynman
DPH Bexley

Vice Chairs



Kirsten Watters
DPH Camden



Sangeeta Leahy
DPH Southwark

The Leadership Team consists of a Chair or joint Chairs and up to 3 Vice-Chairs, elected by members on a bi-annual basis. Our next elections are due to take place in December 2026.

Our Co Chairs provide leadership and strategic vision to ADPH London and the Programme Office, to enable it to fulfil its core purpose. Their high level strategic awareness of public health issues affecting London and ADPH London members enables the voice of London’s collective communities to be represented at all important regional and national systems leadership forums.

Key to this is the team’s strong relationship with strategic systems partners, including London borough professional Associations, London Councils, OHID London, UKHSA London, NHSE London, and the GLA. Both Dr Will Maimaris and Dr Nicole Klynman sit on the ADPH UK Council, ensuring that ADPH London is represented at a National level.

Our Chairs take overall responsibility for directing the work of ADPH London, based on agreed priorities with members and in response to emerging issues.

Our Vice Chairs, Kirsten Watters and Sangeeta Leahy, assist and support in the provision of leadership to ADPH London, the management of strategic relationships and direction of the programme.

“Thank you to all at ADPH London for your great support and work”-Quote from 2025 survey

ADPH London Programme Team

The ADPH London programme team, hosted by Haringey Council, supports the Leadership Team, London Directors of Public Health, Assistant Directors and Consultants in Public Health to effectively come together with public health systems partners through our regular meetings, networks and communities of practice.

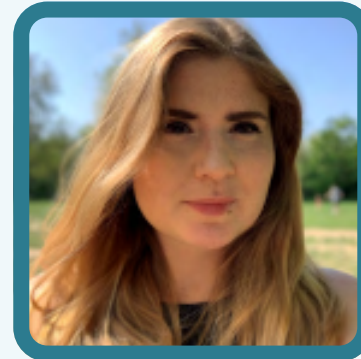
We support pan-London initiatives through collaboration, communication and overseeing ADPH London’s shared programmes.



Anna Martinez
Head of Programme



Emer Forrest
Deputy
Head of Programme



Jo Drazdzewska
Programme
Operations
Manager



Joleene King
Public Health
Strategist



Rosa Treadwell
Public Health
Strategist



The team pictured at Sebastian Dennis-Beron’s leaving lunch, December 2025.

“I think the ADPH network add huge value across London and the team is excellent”- Quote from 2025 survey





Farewell and Welcome Aboard

ADPH London is, above all, a community of people committed to improving health outcomes for Londoners. During 2025/26, our membership evolved as colleagues retired from their public health careers, or moved on to new opportunities. This page reflects those changes, recognising the lasting legacy of those whose work has helped shape and strengthen public health across London, and welcoming the new members who are adding their leadership and expertise to our regional network.

Royal Borough of Greenwich



After a long and distinguished career of over 40 years, **Steve Whiteman** retired as DPH for Greenwich in early 2025, where he held the position from the return of public health to local government in 2013. A former Co Chair of ADPH London, Steve also provided leadership in Obesity to our regional network.



Ably taking over the role in Greenwich, **Sam Bennett** was appointed DPH in April 2025, having served as Deputy Director of Public Health in the borough since 2024. Prior to this Sam was a CPH in Kent for a number of years.

Brent



After more than a decade as DPH for Brent, **Melanie Smith** retired in September. A key leader in London's public health system, she led the London Sexual Health Programme and SHL.UK, championed Thrive LDN, and provided vital strategic leadership as ADPH London Finance Lead.



Following Melanie's departure, **Ruth Du Plessis** was appointed Interim DPH in Brent. Ruth has hit the ground running and taken on a number of ADPH London leadership roles, including being the new DPH sponsor for Thrive LDN and co chairing ADPH London's work with Gambling Harms. It's great to have you on board Ruth. (Yes, another Ruth!)

Redbridge



After more than 40 years in public health, **Gladys Xavier** recently retired as DPH for Redbridge. From her beginnings as a registered nurse to senior leadership across London and North East London, Gladys has made an exceptional contribution, including leading vital work on damp and mould in housing. Recently awarded the Public Health Service Medal 2026, she leaves a powerful and lasting legacy.



Following Gladys's retirement, **Ian Diley** has stepped into the role of Interim Director of Public Health, having been a key part of Redbridge's public health team since 2020, where he led on health protection and sexual health.

Hounslow and Hillingdon



We bid a fond farewell to **Kelly O'Neill** last year, who served as DPH of Hounslow and Hillingdon boroughs. Kelly led on Sexual Health, following Melanie Smith's departure and working closely with the LSHP, very quickly made a significant impact. Kelly left to take up the position of DPH at Luton Borough Council.



Stepping into the DPH Hounslow role, on an interim basis is **Houda Al Sharafi**. Houda has been active in public health in London for a number of years, having completed interim assignments in Kensington & Chelsea and Westminster and is well known to many of our network already. Welcome back Houda.



Hillingdon has appointed **Sharon Stoltz** as DPH, following Kelly's departure. Sharon has a wealth of experience, having served as DPH in York for 9 years, followed by an interim period at Thurrock Council.

Newham

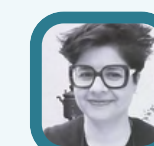


After more than 6 years as DPH Newham, and laterally also serving as DASS, **Jason Strelitz** left in September 2025, to start a new position at **The Health Foundation**. A former Co Chair of ADPH London and author of the recent publication, *'Same storm, different boats: Covid, community and how we come together'* we are sure that Jason will continue to be a key player within London's Public Health and social care landscape.



With Jason's departure, two senior members of Newham's Public Health team, **Adeola Agbebiyi** and **Claire Greszczuk** were appointed as Joint Interim DPH for Newham. Both are already active in our networks, Adeola being Chair of the PH-TRI network and Co Leading the Community Engagement and Mobilisation workstream of the MHM programme. Claire is the Climate and Health ADPH London Lead.

Hammersmith & Fulham



Following the departure of **Nicola Lang** to join Brighton & Hove City Council as Interim DPH, Hammersmith & Fulham appointed **Dr Mayada Abu Affan** as Interim DPH in November. 'Maya' was previously DPH in Dudley Council for nearly 13 years and brings with her a wealth of experience.



ADPH London Thematic Leads

Theme Leads are appointed to support the network's strategic objectives and leadership development. A lead can be London Director of Public Health (DPH), consultant (CPH) or senior public health practitioner on the basis of subject expertise or particular interest. They are a vital part of how our the programme, ensuring that public health is represented, and providing strategic input at pan-London meetings. We are grateful to all those who volunteer and commit their time and expertise in ensuring that the collective voice of our members is represented in all important forums. To find out about vacancies, visit our webpage.

Academic Research & Health: Somen Banerjee, Tower Hamlets DPH.

Air Quality & Climate Health: Glenn Stewart, Enfield CPH, Claire Greszczuk, Interim DPH, Newham

Children & Young People (CYP): Kirsten Watters, DPH Camden. Abigail Knight, CPH Camden

Communications: Ysabella Hawkings, Snr Public Health Practitioner, Camden

Community Engagement: Janet Djomba, DPH Barnet

CVD/ Million Hearts & Minds: Will Maimaris, DPH Haringey, Imran Choudhury, DPH Sutton

Data & Intelligence: Chris Williamson, AD - Place, Partnerships & Intelligence, Southwark

Dementia: Shannon Katiyo, DPH Richmond & Wandsworth

Domestic Abuse / Violence Reduction: Will Maimaris, DPH Haringey, Sue Matthews, CPH Redbridge

Emergency Preparedness Resilience Response (EPRR): Sangeeta Leahy, Southwark DPH (Lead), Shannon Katiyo, DPH Richmond & Wandsworth (Deputy)

Finance: Nada Lemic, DPH Bromley

Gambling harms: Will Maimaris, DPH Haringey, Ruth du-Plessis, Interim DPH Brent

Health and Wellbeing of Asylum Seekers and Refugees: Tara Piasetski, CPH Lewisham

Health Inequalities: Catherine Mbema DPH Lewisham, Sandra Husbands, DPH Hackney & City of London

Healthcare Public Health / Population Health: Will Maimaris, DPH Haringey, Imran Choudhary, DPH Sutton

Health Checks: Nada Lemic, DPH Bromley

Hepatitis C: Nicole Klynman, DPH Bexley

HIV: Jonathan O'Sullivan, DPH Islington

Homeless Health / Rough Sleeping: Sue Hogarth, Assistant DPH Camden, and Jeffrey Lake, Deputy DPH Westminster

Homeless Health / Temporary Accommodation: Mike Brannan, CPH Barking & Dagenham

Immunisation & Vaccination: Kirsten Watters, DPH Camden, Caroline Sharp CPH Hackney & City

Mental Health : Ruth du-Plessis, Interim DPH Brent, Lucy Furby, CPH Camden

Obesity: Bimpe Oki, Lambeth CPH , and Jayne Taylor, Hackney CPH

Primary Care : Nicole Klynman, DPH Bexley

Screening: Kirsten Watters, DPH Camden and Miriam Bullock, CPH Islington

Substance Misuse: Dudu Sher-Arami, Enfield DPH & Kerry Lonergan, Greenwich Dep DPH

Sector-Led Practice Improvement: Anna Bryden, DPH Ealing

Sexual Health: Ruth Hutt, DPH Lambeth, Ramyadevi Ravindrane, CPH Richmond & Wandsworth

TB: Elizabeth Owen, Newham

Tobacco: Somen Banerjee, DPH Tower Hamlets

Workforce: Sangeeta Leahy, DPH Southwark



1. Context and Programme Overview

“As a newcomer to London... I am finding it very useful in sharing good practice and joint commissioning” DPH Survey 2026

London faces unique and complex public health challenges; high population need and widening inequalities within a context of continued pressures on local authority public health budgets. The London Association of Directors of Public Health (ADPH London) programme provides coordinated leadership, collective action and mutual support across all 32 London boroughs, the City of London and the GLA to address these challenges.

The aim of the programme is to improve health and reduce health inequalities of Londoners. The programme addresses the needs of Londoners by supporting DsPH and their Teams to meet their local responsibilities through the following activities:

Space for learning: By providing a dedicated forum for mutual support, problem solving, and information sharing, the public health system can work together to improve practice, ensuring services meet the needs of Londoners.

Opportunities for collaboration: By working together to address public health issues that are best tackled on a London basis, boroughs meet their local responsibilities as well as contributing to regional activities.

A collective voice for advocacy and influence: By raising the profile of public health, health inequalities and wider determinants, the needs of Londoners are represented and are at the heart of strategic discussions and policy development.

DPH Co Leads: Dr Will Maimaris, DPH Haringey & Dr Nicole Klynman, DPH Bexley
Head of Programme: Anna Martinez
Dep Head of Programme: Emer Forrest
Host Organisation: London Borough of Haringey

How the programme supports Public Health Grant expectations

“An essential part of my professional practice, learning and delivery” DPH Survey 2026

Local authorities must use the grant to deliver legally prescribed services such as sexual health, health checks and health protection. The grant must also support a wider set of non-mandated but essential public health functions, such as drug and alcohol treatment services, Stop Smoking services, Healthy Child Programme (0–19 services: health visiting, school nursing) and mental health and wellbeing initiatives.

The ADPH London programme supports these expectations through facilitating continuous improvement of commissioned services through self-assessment activities, peer to peer reviews and sharing evidence and practice. The programme also provides assurance for a range of shared programmes which deliver services directly to residents across London such as the London HV Prevention Programme, Stop Smoking London, London Sexual Health Programme and Thrive LDN.

Links to National or Regional Policy

“Effective and efficient way of being informed about key developments and linking with key partners like UKHSA, OHID and GLA.” DPH Survey 2026

ADPH London sets its annual priorities based on the needs of its members and within the context of both National and Regional policy and guidance. Through regular contact with national and regional partners, DsPH are kept up to date with key developments which impact London.

Key national policy include:

- [NHS 10-Year plan](#)
- National Missions
- Child Poverty Strategy
- Tobacco and Vapes Bill
- HIV Action Plan
- Warm Homes Plan
- Online Safety Act
- Keep Britain Working Review

Key regional policy include:

- [Health Inequalities Strategy Implementation plan \(2025-2028\)](#),
- London Mental Health Strategy
- The London Health Plan- A Neighbourhood Health Service for London: The Targeted Operating Model
- Warmer Homes London
- Work Well Programme
- Rough Sleeping Plan of Action
- London Health Improvement Plan (in development)



Financial benefits and return on investment (ROI) for Local Authorities

“Shared programmes are a significant plus in terms of what we can develop and do for our residents.” - DPH Survey 2026

The ADPH London programme facilitates opportunities for pan-London collaboration and a ‘Once for London’ approach through supporting a portfolio of shared programmes and joint commissioning. These provide efficiencies through economies of scale, reduced duplication, and value for money - supporting boroughs facing real terms reductions in public health funding ([27% since 2013/14](#)).

By providing a platform for real time information sharing, alerts and discussion, ADPH London works closely with strategic partners such as UKHSA to ensure Emergency Preparedness, and to support LAs with their responses to outbreaks and other health protection concerns and other emerging issues and threats.

ADPH London also provides efficiencies with PH workforce development across London through lead role opportunities, communities of practice/networks and practice improvement activities, and supporting the Specialist by Portfolio Route (collective horizon scanning.)

2. Activities Delivered in 2025/26

Collaboration and coordination:

Shared programmes

- Provided assurance function and support for shared programmes, coordinating contributions towards joint funding, programme updates and reporting.
- Expanded portfolio of shared programmes to include supporting; the London Million Hearts and Minds challenge, the Why We Get Vaccinated campaign and the London Sexual Health Programme.

Joint Commissioning

- Active collaboration and coordination of Public Health input with City of London and OHID for commissioning of In-Patient Detox (IPD) provision for London.
- Active collaboration and coordination of Public Health input with the London Sexual Health programme for the recommissioning of the Sexual Health London e-service.

Workforce

- Implementation of the Public Health Specialist Registration by Portfolio Assessment (SRbPA) placement pilot for London in partnership with NHS England Workforce Training and Education Directorate.
- Lessons learned compiled into a report, and phase 2 launched.

Advocacy and influence:

- Convening of the Public Health Systems Leaders Group and contribution to the Public Health Forum.

Position Statements:

- [London Plan position statement](#) published in July 2025
- [Active Travel and health position statement](#) published in September 2025 in collaboration with the Greater London Authority
- [Youth Vaping position statement](#) published in December 2025 in collaboration with the London Tobacco Alliance / Stop Smoking London programme.



Kirsten Watters, DPH Camden, promoting Youth Vaping Position Statement

[Watch video](#)



Dr Will Maimaris, DPH Haringey advocating for Active Travel Position Statement

[Watch video](#)

3. Impact and Outcomes

“I am a new DPH, it (being a member of ADPH London) has helped me enormously with understanding the role of DPH and what I need to know” DPH, Survey 2026

An annual survey collects feedback from DsPH on their membership experience, including the impact on their work and priorities for the forthcoming year. The following summarises the key benefits of the programme:

Peer Support/ Mutual Advice: Strong sense of community and solidarity; Safe space to share challenges and frustrations; Day-to-day practical support.

Knowledge Sharing & Best Practice Exchange: Access to evidence, guidance, and real-world examples; Joint learning and problem solving; Huge learning space to reflect and improve practice.

Professional Development & Growth: Understanding of the DPH role (especially for new DsPH); CPD, leadership opportunities, and skill building; Builds confidence and professional identity.

Networking & System Connections: Strong relationships with peers across London; Links to UKHSA, OHID, GLA and other system partners; Feeling part of a wider, connected public health system

Shared Programmes, Joint Commissioning & Collective Action: Benefits from pan London programmes; Joint commissioning and shared advocacy; Coordinated work that delivers more than boroughs can alone

5. Priorities for 2026/27

In addition to the core programme activities, the Leadership Team in consultation with DsPH have identified the following priorities for the next 12 months:

1. Sharing & Learning:

- Designing a support plan for the new Peer Review Process
- Launch new Health Protection Network – Immunisations / Climate & Health in forward plan
- Whole Food environment mapping and next steps

2. Collaboration & Coordination:

- Practice Improvement Activity for NHS Health Checks and integration with the London Million Hearts and Minds Challenge
- London Sexual Health Programme - support the development of the new Sexual Health and HIV Strategy
- Support for LAs on new Gambling Levy - to be established following a dedicated symposium on Reducing Gambling-Related Harms, hosted by OHID, ADPH London and Haringey Council, on 12 March 2026.

3. Advocacy & Influence:

- Stronger links with all theme Leads to raise awareness of strategic conversations across London
- Provide PH Leadership in development of Integrated Neighbourhoods
- Contribute to the development and delivery of the London Health Improvement Plan



Improving Young People’s Access to, and Engagement in, Substance Misuse Treatment Services

1 Purpose

“Great to have YP on the agenda. Good start at getting non-substance misuse partners on board” - Participant

In summer 2024, ADPH London hosted a London Regional Practice Improvement conference, in partnership with OHID National and Regional[1]. The aim was to explore how we could work together across London to improve the numbers of young people accessing substance misuse services, given the low rates across the capital despite increased funding.

Participants identified strong strategic partnerships, good operational multi agency collaboration, and coordinated referral pathways as essential, however in need of improvement. In response, ADPH London developed a Practice Improvement Framework[2] to support focused action on these factors and ultimately improve the numbers of young people accessing substance misuse services.

2 Development of the framework

“The tool helped encourage conversations” – Participant

The Framework is a practice improvement tool, ideally championed by public health. It is designed to be completed by those who commission young people’s treatment services, in collaboration with providers, and the local substance misuse leads. Further engagement with children’s social care, education providers, youth justice and other relevant sectors is necessary to effectively complete the tool.

This Framework was not designed to be used as an external audit, but rather as a tool for Local Authorities to reflect and understand their current practices and environment when commissioning and delivering services. It could be used to open discussions about current provision at local level, identifying strengths or areas for improvement, as well as challenges and opportunities enabling qualitative discussions with the system. The actions identified can also be used to inform future practice improvement activities.

In spring 2025 the draft Framework was tested and reviewed by participants, and feedback collected over five sub regional workshops[1]. The updated Framework was shared across London Local Authorities for completion. Participants were encouraged to share their action plans.

3 Action planning

“The framework gave us a structure to articulate and identify those actions.” - Participant

A final ‘wrap up’ meeting in October 2025 brought all participants together to discuss how they completed the Framework and to share examples of actions they are taking to improve their numbers into treatment.

20 of 32 actions plans were received. They were predominantly completed by substance misuse leads and commissioners, supported by the providers. Some key challenges identified that were recurrent across London.

4 Key Insights

“Be more specific and direct with asks of partners, and clearer about scope and purpose and potential positive impact on CYP in Borough”. - Participant

Following a high-level thematic analysis of the action plan, the following key learning was identified


- The importance of fostering collaboration and providing a clear structure for identifying actions, celebrating good practice, and improving contract monitoring.
- Teams used the tool as an audit mechanism, integrating it into regular review processes and engaging commissioners, providers, and frontline staff to ensure practical perspectives.
- Opportunities highlighted included streamlining referral processes, embedding screening questions into other services, and leveraging digital engagement and co-production with young people to make services more accessible.
- Immediate actions identified included using national drug awareness campaigns to engage schools, refreshing multi agency partnerships, and simplifying referral routes.
- Longer-term goals focused on annual Framework reviews, developing digital service offers, strengthening integrated pathways, and workforce development through clinical supervision and trauma-informed practice.

5 Impact & Next Steps

“It was a really positive experience... helped me celebrate good practice and improve contract monitoring.” - Participant

Overall, the feedback for the Framework has been positive. Over the last 18 months, there has been real progress with increasing numbers into treatment in London following the initial practice improvement exercise in summer 2024.

However, numbers remain well below historic levels and there are disparities across the region, with some local authorities performing well and others needing to review their performance to improve the numbers of young people in treatment. We encourage all local authorities to complete the Framework and action plans to enable this, and regularly review progress.

 [Link to the Framework](#)

Strengthening Health Protection Assurance Across London

In November 2025, ADPH London, in partnership with the UK Health Security Agency (UKHSA), delivered a pan-London Health Protection Practice Improvement Workshop bringing together around 60 Health Protection leads from London local authorities.

Purpose:

- To support Directors of Public Health (DsPH) in using the Health Protection Assurance Framework (HPAF) as a practical improvement tool.
- To share learning, challenges and good practice across boroughs.
- To strengthen system collaboration on key health protection priorities.

What we did

- Surveyed Health Protection leads to identify priority areas.
- Focused workshop discussions on Workforce, Communicable Disease, and Immunisations & Vaccines.
- Used real-world case studies and facilitated peer discussion to explore how the HPAF is applied in practice.

Key insights

- The HPAF is valued for identifying gaps, prioritising risk and raising the profile of Health Protection
- Significant variation exists across London in capacity, governance arrangements, data quality and workforce skills
- Common challenges include workforce shortages, limited training opportunities, fragmented immunisation data and unclear roles following system change



Workshop was well attended by over 60 Health Protection Leads from across London LAS



Case study presentation from Haringey Public Health Team



Impact and next steps

- Strong appetite across London to establish a Health Protection Community of Practice to sustain learning and improvement.
- Following the workshop, a new network has been developed to share practice and learning and build resilience in the system. It will include sessions on a range of topics such as communicable diseases, immunisations, climate and environmental hazards, and will be reviewed in a year in line with all the other networks. The network brings together the existing 'Immunisations' and 'Climate and Health' networks and the named Local Authority Health Protection leads from across London.
- Commitment to greater sub-regional collaboration, shared training offers and improved data use.
- Ongoing joint work with UKHSA and NHS partners to strengthen workforce development and immunisation intelligence.

Why this matters

This work supports consistent, resilient and equitable Health Protection arrangements across London, helping DsPH gain assurance and strengthen preparedness for both routine and emerging public health threats.

Building Capacity to Reduce Gambling-Related Harms

In March 2026, ADPH London partnered with Haringey Council and the Office for Health Improvement and Disparities (OHID) to deliver a Reducing Gambling-Related Harms Symposium, supporting local authority readiness for the introduction of the statutory gambling levy.



Purpose:

- Prepare local authorities for the transition to the statutory gambling levy, including understanding national expectations and how levy funding can support prevention.
- Build knowledge, skills and confidence among public health and system partners on gambling-related harms, including prevention, early identification and whole-system approaches.
- Share evidence, good practice and practical tools (e.g. needs assessments, licensing and planning levers) through expert input and local authority case studies.
- Strengthen regional networks and collaboration, creating connections across councils and ICBs to support ongoing learning and joint action.
- Embed lived-experience perspectives to inform compassionate, effective and evidence-informed prevention activity.

Impact and next steps

- Significant improvements in delegates’ knowledge and confidence on gambling harms, the statutory levy, and local authority levers.
- 97% reported making new connections to support collaboration on gambling harms.
- Clear actions identified, including reviewing levy opportunities, conducting needs assessments and strengthening links with licensing teams.

Why this matters

This work has strengthened system preparedness for levy-funded prevention and positioned gambling harms more firmly as a core public health priority, supporting more consistent, evidence-informed action across London.

What we did

- Convened 76 delegates from local authorities and ICBs across London and neighbouring regions
- Brought together national experts, practitioners and people with lived experience
- Shared evidence, policy updates and practical case studies on prevention, licensing, planning and whole-system approaches

Key Learning

- Gambling harm prevention remains an emerging area for many councils, with variation in local capacity, data and skills.
- Strong demand for industry-independent training, shared tools, and clearer national and regional leadership.
- High value placed on regional collaboration and communities of practice to accelerate learning and avoid duplication.



Panel discussion



76 Delegates gathered from across London East of England, SW, SE & West Midlands.

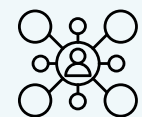


Context

The Pan London Substance Misuse Programme was established in 2021 in response to the loss of In Patient Detox (IPD) services in London, to deliver increased and more sustainable provision for people requiring differing intensities of Inpatient Detoxification (IPD). It has worked to develop a long-term approach to IPD delivery in London. Key strategic objectives include increased system capacity and sustainability.

The current provision is funded by two targeted grants: Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) – previously Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) - and Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG).

The Programme directly commissions 11 beds in a hospital-based specialist IPD for medically assisted withdrawal, alongside work to stabilise co-occurring mental and physical health needs. From April 2026, the Programme has moved to a Pan-London Inpatient Detoxification Framework delivery model (funded by Local Authority Public Health Grant) alongside continued support for the provision of services in other London NHS settings.



London IPD Framework Delivery

The Pan-London Inpatient Detoxification Framework will deliver a centralised portal for accessing IPD – rerouting demand through a central broker to a framework of approved providers. It will not rely solely on additional Government grants, but instead channel the existing use of local authority Public Health Grant (PHG) so secure the benefits of a more centralised approach. Participating authorities will secure access equivalent to the grant they commit. The cost of the Framework provider is being met through the banked income accrued to the Programme to date.

The London IPD Framework will have a good geographical spread to deliver both specialist inpatient medically led and residential medically assisted withdrawal beds.

The London IPD Framework will allow for:

- New IPD services during the contract’s lifecycle.
- A baseline of funding and block booked provision to allow IPD providers to have secure income to support delivery.
- Economies of scale, allowing for lower IPD bed-hour costs due to the size of the contract and certainty of placements.
- Expansion and contraction based on availability of grant funding from alternative sources.
- Engagement with alternative revenue streams to fortify the delivery of services and increase in access for London residents, in agreement with LAs.
- Long term market engagement and support, allowing for organisations that can deliver IPD provision to develop their approaches to delivering in the capital. It is expected that this is possible due to the use of block booking, and economy of scale investment.



Achievement of the Pan-London Substance Misuse Programme 2025/26

- 352 admissions made to St Thomas’ hospital inpatient detoxification and stabilisation unit for clients with complex co-morbid mental or physical health conditions
- 46 admissions to the Intermediate Care Beds at Mildmay Hospital for those requiring ongoing assessment and care post in-patient detoxification or stabilisation i.e. additional support to manage co-existing physical and mental health needs/ongoing social care.
- 134 referrals to The Regional Homeless Substance Misuse Engagement Team – Provided by Phoenix Futures, works across London and alongside local community substance misuse teams to support people who sleep rough, or at risk of sleeping rough, to initially engage or re-engage with community substance misuse treatment services.
- Additional time limited funding was secured to test the feasibility of rapid access pathway for individuals experiencing rough sleeping with the Mildmay Hospital and Phoenix Futures Residential Rehabilitation
- £200k funding was made available from the LA Reserve to provide IPD beds for the interim period ensuring London LAs can place complex care clients at the start of 2026/27 and whilst tender details are prepared
- Multi-year funding settlement until 2029 was secured offering potential providers greater assurance of the stability and sustainability of Pan-London IPD Programme and its funding
- A successful Pre-Market Engagement event was held following a decision taken by the London partnership to go back out to market for inpatient detoxification provision for 2026-2029
- Establishment of the Pan-London IPD Portal bringing together the commissioning of inpatient detoxification provision for 16 London boroughs, with more LAs joining in 2027. The Portal and supporting portal is client-centred and centralises the commissioning activity of the boroughs involved.



Background

In April 2025, ADPHL and NHSE WTE launched the Pilot facilitating public health teams to host candidates seeking to fill gaps in their experience, while completing **Specialist Registration by Portfolio Assessment (SRbPA)**. The 1-year pilot bridges key competency gaps through real-world project experience, without requiring contractual change.

In the first cohort, 6/6 candidates found projects to meet gaps. The pilot has been evaluated, receiving positive feedback from both candidates and public health teams. The SRbPA Public Health Projects Exchange has subsequently been extended a year.

Supporting Workforce Development

One of the pillars of this workstream is to amplify, triangulate or promote development opportunities for London’s PH workforce of all levels. ADPH London has various comms channels including social media platforms, newsletters, distribution lists and KHub.

Some of the opportunities promoted and facilitated this year have been:

- 2025 UKPHR Practitioner Assessor recruitment
- Employer SRbPA guidance
- drop-in sessions for the national Public Health Specialist Workforce Review survey
- SRbPA Info sessions
- UKPHR Practitioner standards consultation
- SRbPA programme delivery tender invitations
- Funded Level 7 Health Intelligence Apprenticeships
- Annual UKPHR Conference
- Professional appraisal and revalidation for GMC and UKPHR registrants



New Workforce Webpage

To reflect the strengthened efforts into workforce development, ADPH London’s Workforce webpage is being reviewed and redrafted. The new content has been written and reviewed by collaborators (OHID, UKPHR, NHSE, ADPH UK). The [new webpage](#) will be publicly launched in April 26.

Plans

- ADPH London’s plans to progress Workforce Development continues as the central theme in April’s Business Meeting with London’s DPHs.
- ADPH London plans to forge stronger relationships with London’s development infrastructures including RSPH, NHSE, UKPHR over the coming year.
- ADPH London and NHSE WTE’s SRbPA Public Health Projects Exchange is extended for Year 2.

ADPH London Networks and Communities of Practice

We support 10 active networks / communities of practice on given public health priorities or themes, with a combined total of 733 members.

Members are mainly from London local authorities but also from public health partner organisations. Each one is chaired by a theme Lead and supported by ADPH London's Programme team.

- **Children and Young People Network**
- **Children and Young People Mental Health Community of Practice**
- **Health and wellbeing of Asylum Seekers and refugees network**
- **Healthcare public health / Population health network**
- **Immunisations network**
- **Obesity network**
- **Public Health Tackling Racism and Inequality Network**
- **Public Mental Health Network**
- **Suicide Prevention Community of Practice**
- **Violence Reduction Network**

Our networks are thriving communities, where public health peers come together to share knowledge and learn from esteemed specialists in each thematic area. This is a great way to build your knowledge and network with public health professionals across London.

If you are interested in getting involved with any of our networks, contact us at: office@adphlondon.org.uk





Children & Young People Network



Key Contacts:

Workstream Lead: Abigail Knight, CPH Camden

Workstream Sponsor: Kirsten Watters, DPH Camden

Secretariat: Joleene King, Public Health Strategist, ADPH London



Aims & Objectives:

To provide strategic leadership and advocacy for children’s health in London, and work in partnership to address pan-London challenges to giving children and young people the best start in life.



Outcomes for 2025/26

- Hosted four network meetings over the year with an average attendance of 50 colleagues from across London
- Covered themes such as
 - Youth Participation
 - SHEU Survey – schools health education unit survey
 - Youth Vaping
 - Oral Health – supervised brushing programme
- Convened a small working group to look at the issue of childhood poverty with a view to producing resources that can be of use to boroughs.
- Engaged with London level strategic work around Children and young people



Plans for 2026/27

- Continue to host the network meetings as a safe space for learning, sharing of best practice.
- Act on the results from the Networks survey, members would like to hear about:
 - Community – Family Hubs, Neighbourhoods etc
 - Preventing childhood deaths
 - Schools – making children school ready
 - Health – healthy child programme
- Child poverty working group will continue to meet and aim to produce a useful resource for boroughs re benefit maximisation
- Horizon scan for London and National level issues and work related to children and young people, to identify areas for championing, learning and sharing of best practice.

“ 2025/26 Survey quotes:

“Being connected with other local authorities facing similar issues to us has been really useful as we can discuss ways of addressing issues.”

[Link to Child Poverty Strategy \(13 March 2026\) Gov.UK](#)



Children & Young People’s Mental Health Community of Practice



Key Contacts:

Community of Practice Chair: Dr Jackie Chin, CPH, OHID London
CoP Coordinator: Rosa Treadwell, Public Health Strategist, ADPH London

Why this matters to London’s public health workforce

1 in 5 aged 8–25 have probable disorders, with rising anxiety, eating disorders, self-harm, and inequality-linked stress. Early intervention via schools, MHSTs, CAMHS integration reduces future burden and promotes health equity. London local authority teams lead prevention, integrate services and tackle inequalities to promote children’s mental health and resilience.

This network enables collaboration, shared learning, and evidence-based action to improve mental wellbeing, prevent mental ill-health and reduce suicide risk across London.

Outcomes for 2025/26

- **Strengthened community-centred practice**, convening an in-person Collaborative Conversation at Punnet Hall with OHID London, UCL partners, and national research bodies, alongside the annual network meeting.
- CYP MH was the 1st new network page created on the **ADPH London platform**. 10 months on, it now ranks **joint fourth** among **ADPH London’s KHub pages**, with 67 members and continual member growth.
- We **delivered impactful learning and youth voices** in the quarterly meetings advancing evidence- and lived-experience-led public mental health across emotional development, inequalities, suicide prevention, early-years prevention, and school-based approaches. Our **multidisciplinary** approach showcased UCL research input, third-sector expertise, and direct young people’s perspectives across sessions, strengthening cross-London collaboration and practice.
- **Centred children and young people meaningfully**, using video testimonies at the November in-person meeting and contributing network insight to the CYP Special Edition of the ADPH London newsletter, the first of its kind!

Plans for 2026/27

- Reaffirm purpose and direction, circulating refreshed CYP MH Terms of Reference, discussing them at the first meeting, and using them to anchor priorities and ways of working.
- Use member insight to shape action, analysing the annual network survey and feeding CYP MH-specific findings back to chairs and members to inform 2026–27 focus areas.
- Strengthen representation and reach, completing multi-network representation analysis, sharing results at the April Business Meeting, and acting on gaps to improve inclusivity.
- Build leadership capacity, progressing plans to appoint an additional CYP MH co-chair, strengthening shared leadership, resilience, and delivery across the network.

2025/26 Survey Quotes:

“As a result of the network I have knowledge of what is going on nationally, including London wide, different practice/ service delivery, all positive aspect. It supports service planning and development.”

“The network “gives me ideas to take forward for future planning.”

“It’s been really good for putting me in touch with others - creating opportunities to share experiences when working on the same programmes.”



Health & Wellbeing of Asylum Seekers and Refugees



Key Contacts:

CoP Lead: Tara Piasetski, CPH Lewisham

CoP Co Chair: Priyal Shah, Head of Communities & Inequalities, NCL ICB

Network Coordinator: Rosa Treadwell, Public Health Strategist, ADPH London

Aims & Objectives:

The Community of Practice aims to bring together colleagues working to support the health and wellbeing of asylum seekers and refugees across London, with the goal of improving their health and wellbeing and ensuring that the safety and dignity of these populations are being met at all times.

What we aim to achieve

- A trusted, practical space for peer learning and rapid problem solving.
- Timely sharing of intelligence, resources and innovations.
- Clear routes for escalating issues and influencing strategic decisions.
- Consistent approaches that improve local practice and reduce avoidable harm

Outcomes for 2025/26

- ASR KHub successfully migrated to ADPH London, becoming its largest community with 90 members and 109% growth, creating a lively, shared digital home for practice and connection.
- **Four energising meetings** convened, turning complex challenges—safeguarding, access to care and mental health—into practical tools, shared insight and collective action across London.
- A standout **in-person meeting** brought momentum, trust and depth, showcasing trauma-informed, co-produced solutions to real system barriers faced by asylum seekers and refugees. This meeting included the lived experience perspective which is vital to informing and shaping our discussions.
- Frontline expertise shaped wider influence through participation in the **London Migration Place-Based Board**, ensuring lived experience and local learning informed regional and national action.
- A refreshed **Terms of Reference** marked the network’s evolution into a confident, member-led space with clear purpose, stronger governance and renewed ambition.

★ Notable moments

- Recruited and welcomed new ASR Thematic Lead, Tara Piasetski, Lewisham CPH.
- Network has grown in importance in London ASR landscape following the cessation of a regional Task and Finish group and monthly DHSC meetings.

Plans for 2026/27

- A flagship in-person **‘mega’ meeting** will convene ASR with sister networks (HCPH/PHTR&I), spotlighting shared challenges, cross-sector learning and coordinated action to strengthen inclusion health practice across London.
- **Annual member survey insight** will drive visible change, with findings analysed, shared and translated into practical improvements, reinforcing a responsive, member-led and impact-focused network.
- **Targeted engagement** will strengthen borough and ICB representation, ensuring the network reflects London’s full geographic and system diversity while supporting equitable voice and influence.
- **Year-round engagement** will deepen through ADPHL channels and informal collaboration, enabling faster intelligence-sharing, peer support and collective problem-solving between meetings.

“ 2025/26 Survey Quotes

“At the most recent in-person event, there was a presentation on a health check pilot. The presentation highlighted some really interesting and useful health needs amongst the asylum-seeking population, which is now influencing my work on TB screening/prevention.”

“The network has helped implement new procedures in Asylum hotels through shared understanding of what is happening elsewhere in London.”

“I have met people in the meetings who I can contact in future regarding migrant health and I have learnt from experts.”



Healthcare Public Health / Population Health Network



Key Contacts:

ADPH London Lead / Chair: Dr Will Maimaris, DPH Haringey

Network Coordinator: Joleene King, Public Health Strategist, ADPH London

Aims & Objectives:

The HCPH and PH network is convened for system partners who work on major conditions and to reduce health inequalities in London. The aim of the network is to connect, engage learn, collaborate and/or co-ordinate action to improve population health outcomes and reduce health inequalities gap.

Our shared goals are:

- To improve the health of Londoners and reduce health inequalities providing a strong focus on prevention within health and care pathways.
- To build on existing efforts to reduce excess mortality in London region.
- Use collective London voice to advocate for individuals and communities experiencing inequities in healthcare.
- Identify and share best practice at local, placed based and regional level.

Outcomes for 2025/26

- Delivered two network meetings with one being in person in October 2025, this was a super network done jointly with PHTRI and looked at how to apply anti-racism principles to cardiovascular disease prevention and outcomes improvement.
- Identified areas where the network could make a tangible contribution, such as the London Million Hearts and Minds challenge.
- Introduced K-Hub as a place to store network presentations and relevant HCPH related documents, as well as have live discussions outside of network meeting.

Plans for 2026/27

- Host two network meetings with one being in person.
- Engage with evolving work around Neighbourhoods
- Continue to utilise the network as a space to support the Million Hearts and Minds challenge.
- Convene a super network in October 2026 bringing together HCPH, ASR and PH-TRI covering a cross-cutting theme.
- Continue to build the network to ensure representation from local authority public health professionals working on population health and healthcare public health as well as with wider public health professionals working within ICBs, NHS England and OHID

2025/26 Survey quote

“I have used material shared around cancer screening pathways in other areas to question how things are managed/ are working in my area.”



Immunisations Network



Key Contacts:

Chair and ADPH London Lead: Kirsten Watters, DPH Camden
Co Chair and ADPH London Lead: Carolyn Sharpe, CPH City & Hackney
Network Coordinator: Joleene King, Public Health Strategist, ADPH London

 **Aims & Objectives:**

The purpose of this network is to:

- Allow opportunity/space for collaboration and be a vehicle for disseminating key information to immunisation leads pan London to support the health improvement agenda and addressing health inequalities.
- Share best practice and evidence base across London



Outcomes for 2025/26

- Held two successful network meetings with one being in-person.
- Convened two ad hoc meetings in conjunction with UKHSA and NHSE relating to schools and vaccinations
 - August 2025 - school immunisations preparedness meeting which resulted in us producing a joint letter to schools with UKHSA and NHSE
 - November 2025 – School flu vaccinations programme meeting to address the low uptake
- Introduced K-Hub as a place to store network presentations and relevant immunisation related documents.



Plans for 2026/27

- The Immunisations network has become part of the Health Protection Network as of March 2026, there will still be focus on immunisations within the new network structure as well as the opportunities for ad hoc meetings when necessary.
- Continue to work closely with UKHSA and NHSE colleagues within the new network structure
- Continue to challenge, champion and interrogate immunisation delivery and performance across London. Ensure greater commitment and accountability on immunisation and inequalities within and across agencies.

 **2025/26 Survey quotes**

“Developed some local work as a result of shared practice.”
“Prompted me to initiate work in my area on population health management with the ICB”
“I have asked probing questions around activities for cancer screening and diagnostics in my area”

London Obesity Leads Network



Key Contacts:

Co-Leads: Bimpe Oki – CPH Lambeth / Jayne Taylor – CPH City & Hackney

Co-Chair: Dr Jackie Chin, CPH, OHID London

Network Coordinator: Joleene King, Public Health Strategist ADPH London

Aims & Objectives:

- Allow opportunity/space for collaboration and be a vehicle for disseminating key intelligence to healthy weight leads pan London to support the health improvement agenda and addressing health inequalities.
- Supporting boroughs and partners to establish a whole systems approach to reducing Obesity in London.
- Share best practice and evidence base from across London, as well as outside the London region when necessary

Outcomes for 2025/26

- Held the quarterly London Obesity Leads Network meetings in conjunction with OHID London, including one extended in-person event.
- Strengthened work on the food environment i.e. webinars hosted by OHID London and sharing of best practice both regionally and nationally
- Completed the Whole Systems approach to Obesity survey, which has allowed us to create a picture across London and identify areas where support is needed.
- Introduced K-Hub as a place to store network presentations and relevant obesity related documents, share events and opportunities.

Plans for 2026/27

- Convene four network meetings across the year including one in-person meeting.
- Build on the results from the Whole Systems Approach to Obesity survey, by hosting themed webinars.
- Continue to work closely with OHID London colleagues to deliver network meetings and additional webinars.
- Strengthen and develop work with NHS colleagues re the roll out of weight loss drugs to ensure that borough level colleagues are involved, and pathways and learning are shared.
- Horizon scan for London level issues and work around Obesity (adult and child) to help keep it on the agenda.
- Renew the London Obesity Delivery board after a pause, we will meet twice a year, with the possibility of increasing if necessary.
- Continue to utilise and grow the Khub page

2025/26 Survey quotes:

“I like the opportunity to hear about wider work across London and appreciate the space the network creates for collaboration and shared learning.”

“Sharing of successes and research that can help build a case for interventions and policies.”

“We have used some of the information during conversations with internal stakeholders to influence decision making and prioritisation. “



Key Contacts:

Network Chair: Adeola Agbebiyi, Interim DPH Newham

DPH Sponsors: Dr Sandra Husbands, DPH City & Hackney, Dr Catherine Mbema, DPH Lewisham

Network Coordinator: Joleene King, Public Health Strategist ADPH London

 **Aims & Objectives:**

A supportive space to share and learn practice relating to inequalities amongst Black, Asian and Minority Ethnic communities. Encouraging members to bring ideas/suggestions for discussion, to feed into the wider ADPH London; tackling racism and inequality programme. To empower, build resilience, advocate, campaign, raise awareness and influence policy.

 **Outcomes for 2025/26**

- Held quarterly network meetings bringing together public health professionals and partners including the Health Innovation Network and the Race Equality Framework (REF) to support peer learning, capacity building and dialogue on systemic and structural racism.
- Focus areas included transformational change and allyship, embedding public health within social and economic policy, and cross-network collaboration with the Healthcare Public Health Network to apply anti-racism principles to cardiovascular disease prevention and outcomes improvement.
- Increased network membership (now approx. 80 members) with representation from professionals across all levels of seniority, local authority public health and wider partners.
- Strengthened network communications with the addition of a monthly newsletter and dedicated mailbox, to provide regular programme updates, policy developments, reports, events and other relevant information.

 **Plans for 2026/27**

- Continue network meetings, including guest speakers bringing external expertise and diverse perspectives.
- Second ‘super network meeting’ bringing together the PHTRI, Healthcare Public Health, and Asylum Seekers and Refugees networks. These network sessions strengthen cross-sector knowledge exchange, enable critical reflection on complex, intersecting challenges, and support the development of more effective practice and system responses.
- Host a webinar/network meeting on ‘Anti Racist Commissioning’ that will be facilitated by an external consultant and recorded.
- Begin to utilise Khub as a space to have discussions outside of network meetings and hold information and resources.
- Continue to provide a safe space for members to;
 - Speak out on structural racism and the challenges faced across the wider determinants of health
 - Keep this matter high priority and on the agenda in our practice
 - Capacity building; skills, leadership and amplifying the public health voice.



Public Mental Health Network



Key Contacts:

Network Co Chairs: Lucy Furby, CPH Brent / Jackie Chin, CPH OHID London

Thrive LDN Lead: Dan Barrett, Director Thrive LDN & Good Thinking

Network Coordinator: Rosa Treadwell, Public Health Strategist, ADPH London



Why this matters to London's public health workforce

Public mental health is a cornerstone of London's ambition to be the healthiest global city. Poor mental health drives inequalities, impacts physical health, and strains services. This network enables collaboration, shared learning, and evidence-based action to improve mental wellbeing, prevent mental ill-health, and reduce suicide risk across London.



Outcomes for 2025/26

- A dedicated **PMH KHub** launched on ADPH London's platform, reaching 72 members by April 2026, demonstrating scale, momentum and active engagement alongside SP and CYP MH spaces.
- **Quarterly meetings** advanced mental health in all policy, tackling housing, gambling harm, loneliness and migration, strengthening data-led suicide prevention and sharing place-based, preventative practice.
- The **annual in-person meeting** united London leaders to share evidence on prevention, children and young people, inequalities, climate and migration, setting priorities for collective action.
- December's online meeting showcased **rapid follow-up**: minutes approved within two working days, with edited presenter videos published on KHub and YouTube within 48 hours.
- A special edition, **Public Mental Health themed ADPH London newsletter** marked World Suicide Prevention Day, reaching 200+ public health officers across London and wider audiences through ADPH London's social channels.
- **Refreshed Terms of Reference** strengthened governance, clarified purpose and confirmed a confident, member-led network equipped to influence public mental health practice citywide.



Plans for 2026/27

- Network review insights will drive visible improvement, with PMH-specific survey findings shared transparently and translated into a clear action plan, strengthening a responsive, member-led and impact-focused network.
- Targeted engagement will improve borough and ICB representation, ensuring the network reflects London's diversity and supports equitable voice, participation and influence across the public mental health system.
- Engagement between meetings will deepen through ADPH channels and informal collaboration, enabling faster intelligence-sharing, peer support and collective problem-solving across London.
- Online and in-person meetings will continue to connect officers citywide, while providing leadership, expertise and system support to Thrive LDN and London's wider public mental health agenda.



2026/27 Survey Quotes

"I have learned about activity which I have shared across other teams to support their work. I have been able to connect and introduce people based on network membership."

"The network has informed the work I do. I have been able to follow up and share across my system, offering me the opportunity to connect with colleagues who have similar interests."



Suicide Prevention Network



Key Contacts:

Community of Practice Chair: Dr Jackie Chin, CPH, OHID London
CoP Coordinator: Rosa Treadwell, Public Health Strategist, ADPH London

Why this matters to London’s public health workforce

Local Authority public health teams lead coordination of local suicide action plans, target high-risk groups, integrate crisis and bereavement support, and address social determinants like isolation, domestic abuse and gambling. They translate national priorities into community impact, saving lives across the capital.

This network enables collaboration, shared learning, and evidence-based action to improve mental wellbeing, prevent crises and reduce suicide risk across London.



Outcomes for 2025/26

- **Strengthened London-wide coordination**, formally fusing the OHID Suicide Prevention Community of Practice with ADPH London in August 2025, bringing added scale, reach and shared leadership.
- **Built a practical, trusted resource hub**, launching the SP KHub with extensive tools and guidance including MET briefings, hotspot data, suicide kits, cluster plans, and self-harm resources.
- **Grew an active learning community**, with SP KHub membership reaching 67 members, now joint-fourth across ADPH London networks and showing consistent quarter-on-quarter growth.
- **Delivered high-impact system learning**, hosting the first joint ADPH London/OHID meeting in September 2025, sharing evidence-based interventions, data tools, and local campaign learning. ADPHL additionality saw minutes and presenter videos added to SP KHub.
- **Turned discussion into action**, February 2026’s meeting centred on community-led prevention, workplace guidance, public-space interventions and postvention tools, engaging 42 partners across sectors.
- **Responded quickly to emerging risks**, providing proportionate, system-wide guidance during periods of heightened media attention and legal cases, supporting safer local communication and reduced suicide risk.



Plans for 2026/27

- Reaffirm purpose and direction, circulating refreshed Suicide Prevention **Terms of Reference**, discussing them at the first meeting, and using them to anchor priorities and ways of working.
- Use member insight to shape action, **analysing the annual network survey** and feeding Suicide Prevention specific findings back to chairs and members to inform 2026–27 focus areas.
- Strengthen representation and reach, completing **representation analysis**, sharing results at the April Business Meeting, and acting on gaps to improve inclusivity.
- Build leadership capacity, progressing plans to **appoint** an additional **Suicide Prevention co-chair**, strengthening shared leadership, resilience, and delivery across the network.

2025 Survey Quotes:

“The network has helped me outside of meetings, supporting the connection with other boroughs when incidents of suicide for non-residents have occurred.”

“The SP Network has enabled us to showcase our work locally which has resulted in other LA colleagues reaching out to connect/share lessons learned.”



Violence Reduction Network



Key Contacts:

Co Chairs: Dr Will Maimaris DPH Haringey, Farrah Hart GLA PHU
Secretariat: Josie Garrett, GLA, Joleene King, Public Health Strategist, ADPH London

Aims and Objectives

- The London Public Health Violence Reduction Network, led by GLA and supported by ADPH London, brings together key interested partners across the Public Health system, to engage on emerging and priority issues relating to violence reduction in London.
- The aim will be to ensure Public Health partners are kept updated on what's happening in the violence reduction landscape, to support horizon-scanning on key issues with implications for public health, and to support the sharing/disseminating of best practice among key networks.



Outcomes for 2025/26

- Convened two meetings this year in April and October with October being in person, with a combination of presentations of work from London level and best practice examples of borough level work.
- Engaged the network on themes such as:
 - Violence Against Women and Girls strategy
 - VRU on the Roadmap to a Trauma-informed London
 - Serious Violence Duty




















Plans for 2026/27

- The network is still very new and have only met three times to date, we will work on growing the network's membership with the aim of having representation from each borough.
- Hold two network meetings in April and October
- Continue to be aware of what is happening at London level re violence reduction and ensure that the Network are engaged/informed when necessary
- Sharing of best practice work from boroughs
- Start a Violence Reduction Khub page to compile resources and presentations from network meetings as well as share opportunities and events.

Shared Programmes

Through our shared programmes we work together to address issues which are best tackled on a pan-London basis and which enhance the ability of boroughs to meet their responsibilities locally e.g., through delivering efficiencies, sharing of best practice, reducing duplication, or improving coordination of work.

Priorities for joint work are decided based on their impact for London, added-value, and timeliness. The following shared programmes are being coordinated by ADPH London on behalf of London’s DsPH:

	 Core programme		 towards happier, healthier lives
	 London HIV Prevention Programme		 London Sexual Health Programme
	 London Tobacco Alliance 		 london million hearts&minds
	 PUBLIC HEALTH TACKLING RACISM & INEQUALITY		 Why We Get Vaccinated campaign

1. Context and Business Case: 2025-2026

Why a Pan-London Approach?

- London continues to have the highest HIV burden nationally, with ongoing new transmissions concentrated in specific communities.
- High mobility and cross-borough social/sexual networks mean localised interventions alone are insufficient.
- A single London-wide model ensures consistent messages, equitable access to prevention, and avoids fragmented or duplicated activity.

What LHPP Delivers

- Do It London: evidence-based, high-visibility campaigns promoting testing, PrEP, and U=U to the general population.
- Targeted outreach for GBMSM: face-to-face engagement, digital outreach, community presence in venues and online spaces.
- Culturally competent prevention for Black heritage communities: partnerships with trusted community organisations delivering tailored activities.
- Brings together population-level reach with targeted, needs-led interventions for groups experiencing the highest risk and inequalities.

Addressing Inequalities

- Black African, Caribbean and other Black heritage communities face higher rates of late diagnosis, lower PrEP awareness, and greater stigma and mistrust of services.
- The Black heritage programme is co-produced with community partners to ensure relevance, trust, and cultural resonance.
- Explicit focus on anti-racism, cultural competence, intersectionality, and community leadership to tackle structural barriers and build long-term engagement.

Supports Statutory Duties

- LHPP enables boroughs to meet Public Health Grant duties on communicable disease prevention, population health improvement, and reducing inequalities.
- Provides a shared governance model with consistent quality standards and robust reporting across London.
- Allows boroughs to tailor activity locally while benefiting from a unified regional infrastructure and evidence base.

Aligned with National & Regional Priorities

- Acts as London's primary delivery mechanism for the National HIV Action Plan and the goal of ending new transmissions by 2030.
- Supports UKHSA priorities, including earlier diagnosis, surveillance, and prevention among priority groups.
- Aligns with strategic commitments agreed through Fast Track Cities, ADPH London, London Councils, and wider city-wide inequalities frameworks.

Value for Money:

- Preventing new HIV infections avoids substantial lifetime treatment and care costs for the health system.
- Regional commissioning achieves economies of scale, reduces duplication, and ensures best use of limited Public Health Grant resources.
- Prevalence-weighted contributions ensure fairness between boroughs while maximising collective buying power and impact.
- The programme has been re-configured to create a third major workstream focused on Black heritage communities, delivered within a funding envelope that has remained unchanged since 2014.
- Strengthens long-term sustainability, system-wide accountability, and resilience of London's prevention infrastructure.

DPH Lead: Jonathan O'Sullivan, DPH Islington
Programme Lead: Marc Thompson
Communications Lead: Christy Clemence
Host Organisation: London Borough of Lambeth

2. Programme Overview

Aims:

The London HIV Prevention Programme (LHPP) is London's pan-borough HIV prevention programme, established to provide a coherent, city-wide response to London's high HIV burden and the mobility of social and sexual networks across boroughs. Its overarching aims are to:

- Reduce new HIV infections and increase earlier diagnosis, ensuring more Londoners access testing and treatment sooner.
- Increase uptake of HIV testing across diverse communities through both population-level campaigns and targeted interventions
- Promote the four proven HIV prevention methods—condoms, testing, PrEP and U=U—ensuring widespread awareness of combination prevention across London.
- Address inequalities, particularly among groups facing disproportionate HIV risk, lower PrEP awareness, higher late diagnosis, and structural barriers to care.

Objectives:

Across its three delivery components—Do It London campaigns, GBMSM outreach, and the Black Heritage HIV Prevention Programme—LHPP's core objectives are to:

- Increase awareness and uptake of combination prevention tools (condoms, testing, PrEP, U=U).
- Deliver consistent, evidence-based HIV prevention messaging at London scale, reducing fragmentation and duplication across boroughs.
- Strengthen engagement with prevention interventions through culturally competent, community-led delivery models.
- Improve access to testing and prevention services via face-to-face outreach, digital engagement, local activation, and partnerships with trusted community organisations.
- Support borough-level innovation, enabling adaptation to local need while benefiting from shared governance, quality standards and a robust London-wide evidence base.

Target Populations:

LHPP focuses on populations with the highest need, aligned with epidemiological evidence and structural inequalities:

1. Gay, Bisexual and Other Men Who Have Sex with Men (GBMSM)

- Identified as one of the two groups with the highest disproportionate burden of HIV in London.
- Supported through tailored outreach, venue-based and digital engagement, condom and lube distribution, and peer-centred prevention messaging.

2. Black African, Caribbean and Other Black Heritage Communities

- Experience higher HIV diagnosis rates, later presentation, lower PrEP awareness and greater stigma.
- LHPP delivers a culturally competent, community-led programme designed to build trust, reduce stigma, enhance testing, and strengthen long-term engagement.

3. General London Population

- Reached through Do It London, providing high-visibility, accessible HIV prevention messaging to maintain city-wide awareness of testing, PrEP and U=U.
- These combined approaches allow LHPP to blend population-level reach with targeted, needs-led interventions for disproportionately affected groups.

2. Programme Overview

Key Partnerships:

LHPP is fundamentally a collaborative, pan-London programme, relying on coordinated partnerships to deliver impact:

- London Boroughs – fund the programme collectively and shape governance, implementation and oversight.
- Community Organisations and Grassroots Partners – central to the Black Heritage programme and GBMSM outreach, providing culturally competent delivery, community mobilisation and trust-building within priority groups.
- *Do It London* Campaign Delivery Partners – responsible for multimedia, branded HIV prevention campaigns that ensure consistent messaging across London.
- Sexual Health Providers and SHL/Preventx Partners – support testing pathways, data flows, digital engagement and service integration.
- London-wide Strategic Bodies – UKHSA, Fast Track Cities London, London Sexual health Programme– provide surveillance data, strategic alignment and public health leadership across the capital.

As we approach the end of the current three-year programme, we are considering options for a successor programme that builds on learning to reduce inequalities, strengthen prevention, and maximise population-level impact.

3. Activities Delivered

LHPP GBMSM Engagement and Outreach

In 2025/26, the LHPP continued to deliver a pan-London engagement and outreach service for gay, bisexual and other men who have sex with men (GBMSM), delivered by the GMI Partnership (Metro Charity, Spectra and Positive East). Despite a more focused service scope and a reduced financial envelope, delivery remained strong.

- Over the year, the programme achieved: 339 outreach events or activities, equating to 88% of the annual target, delivered across community, venue-based and large-scale London events.
- 39,308 initial conversations with GBMSM, exceeding the annual target by 40%, driven by sustained venue outreach and high-profile engagement at major events.

Outreach activity also supported access to HIV testing and earlier diagnosis:

- 699 GBMSM supported to access HIV testing through a combination of point-of-care testing and self-sampling kits.
- 11 HIV positive results identified and successfully linked into care
- 66 first-time testers, representing 94% of the annual target, demonstrating continued success in reaching individuals not previously engaged with services.

Free condoms and lubricant distribution remained a visible and practical prevention offer across London:

- Across Q1–Q3, the programme distributed 204,200 branded condoms and 300,100 branded lubricant sachets through the scheme.
- In Quarter 3 alone, 54,600 loose condoms and 78,700 lubricant sachets were distributed across sex-on-premises venues, community partner sites and outreach activities

Venues and sites engaged for distribution and access continued to expand during the year:

- Seven new sites joined in Q3, bringing the total number of distribution points to 27
- Nine sites were identified as providing unrestricted access (i.e., without barriers such as cover charges), supported by a QR-code poster directing people to collection locations

Throughout the year, commissioners sharpened the programme's focus on GBMSM with intersectional characteristics, supported by strengthened contract monitoring, revised KPIs and closer alignment with emerging evidence and national HIV prevention priorities.

Following the unexpected closure of Metro Charity, the lead contract holder, in March 2026, urgent steps are being taken to ensure the continued delivery of the GBMSM service.

3. Activities Delivered

LHPP Black Heritage HIV Prevention

In 2025/26, a new pan-London HIV prevention workstream focused on Black heritage communities was established, responding to persistent inequalities in HIV outcomes identified through needs assessment and stakeholder engagement. As part of this work, LHPP launched the first pan-London Black heritage HIV prevention needs assessment, *Towards Equity*, in September 2025. The report provided a robust evidence base on disparities in HIV outcomes, barriers to prevention and testing, and the importance of culturally responsive, community-led approaches, directly shaping commissioning intentions and programme design.

Following a competitive request-for-quotation process, an interim programme was mobilised from January 2026, delivered by One Voice Network, under the banner *Skin Like Mine*. This interim phase was designed to test delivery approaches, build trusted partnerships and generate learning to inform the procurement of a full multi-year programme.

Key milestones and activity during 2025/26 included:

- Completion and publication of the Black heritage HIV prevention needs assessment, establishing a clear evidence base for future commissioning
- Mobilisation of an interim delivery partnership, including governance arrangements, KPIs and regular commissioner oversight
- Rapid rollout of community-based outreach and testing, with delivery scaling from January and activity planned across all five London ICS areas
- Delivery of up to 10 *Skin Like Mine* events by mid-March, hosted in community, cultural and university-linked settings
- By early March, 75 Black Londoners tested for HIV, alongside hundreds of engagement conversations, with good uptake of event surveys supporting qualitative insight
- Introduction of on-site and at-home testing pathways, supported by bespoke, culturally appropriate instructional materials to improve accessibility
- Development of culturally tailored communications across social media and community-led engagement, aligned with the wider Do It London campaign
- Media engagement, including promotion of the programme via BBC Radio London

The interim programme has provided critical learning on delivery models, trusted settings, testing pathways and communications. This learning is directly shaping the specification and procurement of a full-year Black heritage HIV prevention programme from 2026/27, ensuring future delivery is evidence-led, culturally responsive and community-informed.

3. Activities Delivered:

Communications

Brand and digital transformation

- Launch of a refreshed Do It London brand (April 2025), setting a more inclusive, action-oriented tone for HIV prevention communications.
- Launch of a new Do It London website (May 2025) with clear pathways to testing, PrEP and support, mobile-first design, and expanded advice content.
- Introduction of an Advice & Resources section responding to commonly searched public queries and emerging issues, including commissioning of community voice stories centred on lived experience to support destigmatising, relatable messaging (Dec 2025)
- Launch of translation option on website and clinic finder tool, to ensure website is inclusive and provides value to all Londoners (March 2026)

Paid and organic campaigns

- Delivery of a major paid media campaign (July–October 2025) across digital channels, supported by PR and organic social amplification.
- Organic social campaigns including International Women’s Day, World AIDS Day and seasonal prevention messaging, with a focus on collaboration and human-centred storytelling.
- Paid partnerships with relevant Black influencers to demystify HIV testing and PrEP, centering them as a responsible part of sexual health (Jan – Mar 2026)

Community-based and partnership activity

- High-profile community engagement initiatives, including non-clinical settings such as nail salons designed to reframe HIV prevention as part of everyday self-care, supported by earned media (BBC and ITV News) and social coverage.
- Communications support for key partners including council communications teams for key communications moments such as World AIDS Day, and collaboration with relevant partners including

Milestones

- April 2025: Refreshed DIL brand launched
- May–June 2025: New website launched and promoted via press and partner channels
- July–October 2025: Paid media campaign delivered and evaluated
- Autumn–Winter 2025: Expansion of advice content, community storytelling and partnership-led social media
- Jan- Mar 2026: Partnerships with Black influencers to demystify HIV testing and PrEP
- March 2026: Shortlisted for 3 awards for Do It London communications campaigns (results to be announced)

Variations to planned work

- Increased emphasis on digital and organic activity, responding to evidence of strong performance and cost-effectiveness relative to traditional outreach.
- Some campaign activity was adapted to reflect procurement and governancetimelines, particularly within the Black heritage programme, with additional communications support provided to ensure effective, well-targeted communications and partner working in advance of longer term project procurement.

4. Impact and Outcomes

Evidence from campaign evaluation and HIV test kit orders demonstrates strong reach, engagement and behavioural impact:

- The campaign drove +36% increase in HIV preventative behaviours across London and made HIV prevention part of city-wide conversation - even being featured on prime-time news.
- +282% year-on-year increase HIV self-test kit orders during campaign period
- Significantly increased understanding of HIV prevention (“PrEP” - 32% to 57%, “who can take PrEP” – 29% to 64% “where to get a test” - 56% to 70%)
- Boosted engagement with HIV prevention information on website)+596% unique web visitors after the rebrand and content refresh, and a further 134% after the campaign)
- +20 pieces of earned PR coverage in both cultural and national outlets such as ITV News, and BBC News and BBC Radio
- +1905% average engagement on social media including reaching broader audiences (91% from non-followers)
- Success in reaching people in new, affirming environments: 94% felt more comfortable ordering tests at our Tips & Tests event over attending a sexual health clinic
- Reported behavioural change: (“I go to a sexual health clinic at least monthly” rose from 12% agree to 34% agree, and “I get sexual health support from another provider at least monthly” rose from 7% to 31%)
- Reported stigma perception reduction: “I believe others would view me negatively if I went to a sexual health clinic” reduced from 34% to 30%, though fear of stigma persists.

5. Lessons Learned

What worked well:

- Integrated digital approach: Combining paid media, strong calls-to-action, and an improved website translated awareness into measurable behaviour change.
- Human-centred, lived-experience storytelling: Increased resonance and credibility, particularly for marginalised audiences.
- Partnership-led delivery: Collaboration with community organisations and city-wide partners strengthened reach and cultural relevance.
- Clear prevention framing: Messaging that positioned HIV prevention as collective, routine and empowering performed strongly across platforms.

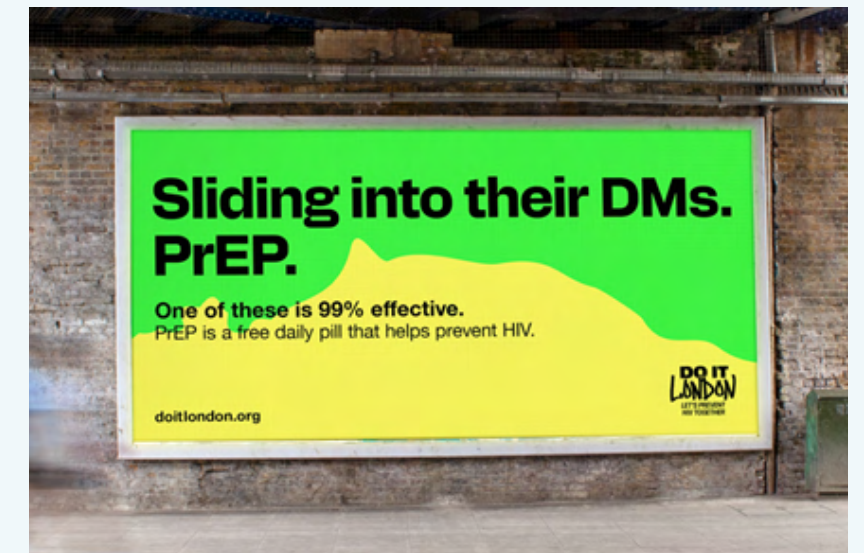
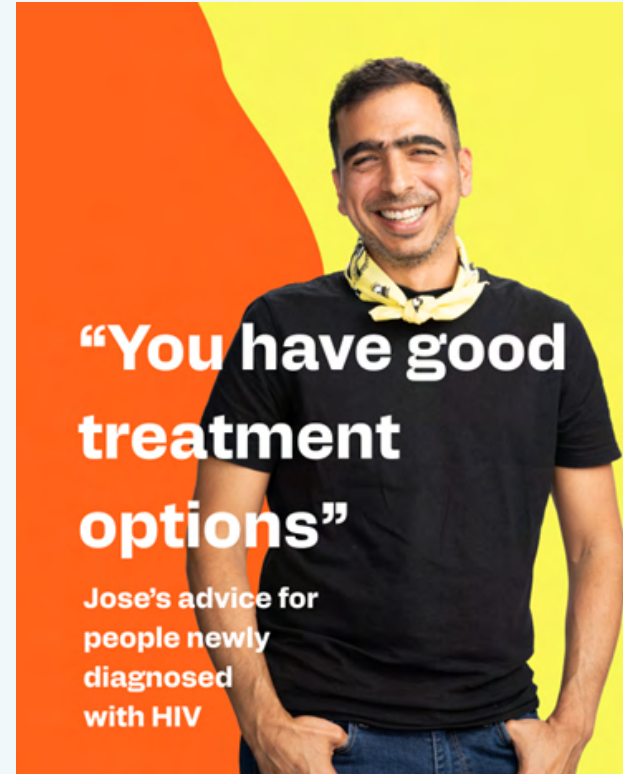
What worked less well / challenges:

- Data and evaluation capacity: While headline metrics were strong, analysing and integrating data across platforms and partners remained resource-intensive and highlighted the need for better systems, and / or dedicated analytical support.
- Operational complexity: Procurement and governance requirements created unavoidable constraints on the timing and visibility of some communications, particularly around Black heritage programme transitions.
- Workforce capacity: Capacity issues in outreach provider teams meant that both quantity and quality often suffered, requiring additional resource to be provided from the LHPP Communications Manager.

Mitigations and insights for future delivery:

- Build communications, data and insight requirements explicitly into future commissioning.
- Maintain flexibility to pivot activity in response to procurement, service pressures or emerging community needs.
- Continue prioritising digital-first, partnership-led approaches that demonstrate strong value for money and measurable public health impact.

As we approach the end of the current three-year programme, we are considering options for a successor programme that builds on learning to reduce inequalities, strengthen prevention, and maximise population-level impact.



1.Context and Business Case: 2025-2026

Why is this programme necessary in London?

- Smoking remains one of the biggest drivers of health inequality in London, with around 930,000 adults still smoking and an estimated £6.9bn annual cost to the capital through healthcare, lost productivity and social care. Prevalence is significantly higher among inclusion health groups, e.g., routine and manual workers, LGBTQ+ communities, people experiencing homelessness and some ethnic groups. These inequalities, combined with the scale of harm, create a clear need for a coordinated, pan-London approach that reduces duplication and ensures consistent, evidence-based action across all London boroughs. The London Tobacco Alliance fulfils this role by providing strategic leadership, shared intelligence, London-wide campaigns and at scale procurement digital support for all London boroughs that meet the needs of Londoners more effectively than borough-level action alone.

DPH Lead: Somen Banerjee, DPH Tower Hamlets
Director of Programme: Tracy Parr
Engagement Lead: Jon Winter
Host Organisation: London Borough of Tower Hamlets

How does it meet the needs of Londoners and respond to contextual factors?

- The programme delivers targeted campaigns, behavioural insights and digital cessation pathways. It strengthens local stop smoking services by providing London-wide tools, resources and messaging that boroughs can adopt and adapt. This ensures that high-prevalence communities receive tailored, culturally relevant support, while the wider population benefits from consistent, high-quality public health communication.

How does this support Public Health Grant expectations?

- The LTA and SSL directly supports mandatory public health functions relating to tobacco control, prevention and reducing health inequalities. It does this through provision of support to London boroughs to facilitate development of effective smoking cessation services through sharing of innovative practice models through its networks and webinars on specific topics (such as smoking and mental health and LGBTQ+ communities) By commissioning and procuring a pan-London digital offer it enables boroughs to meet their commitments to deliver a range of services. This model means that the time and costs of procurement and contract monitoring are taken from the core programme enabling economies of scale. It also support the expectation of running smoking campaigns focusing specifically high prevalence groups. It enhances NHS pathways including maternity, mental health and primary care by providing aligned cessation tools and campaigns.

Does it link to national or regional policy?

- The programme is strongly aligned with both national and regional policy. Its focus on Prevention and Digital reflects key national priorities, while activities directly support the Government’s smoke-free ambition and the implementation of the Tobacco and Vapes Bill, including youth vaping enforcement, retailer compliance and preparing for Smokefree Generation measures. Regionally, the programme reinforces London’s health inequalities agenda across ADPH London, NHS London and the GLA, all of which identify smoking as a major driver of preventable illness and early death. Through consistent messaging, shared intelligence and pan-London campaigns, the Alliance ensures boroughs and NHS partners remain aligned with national evidence, statutory guidance and regional strategic goals, including duties to protect public health policy from tobacco industry influence (WHO FCTC Article 5.3).

Are there financial benefits / ROI?

- Tobacco is the top-ranking risk factor causing death and disability in London (Institute of Health Equity 2022). Smoking cessation continues to offer one of the strongest returns on investment in public health, with every successful quit reducing long-term demand on health and social care services. The London Tobacco Alliance and Stop Smoking London enhances this value by delivering economies of scale, enabling boroughs to share high-quality campaigns, digital tools and behavioural insights that would be significantly more expensive to produce individually.
- By reducing duplication and improving coordination, the programme frees up local capacity while increasing the reach and effectiveness of cessation support. Strong outcomes from the Smoke Free App and Stop Smoking London demonstrate clear cost-effectiveness, translating into fewer smoking-related conditions and substantial long-term savings for London local authorities.

2. Programme Overview

Aims

- Achieve a Smokefree London by 2030 ($\leq 5\%$ adult smoking prevalence).
- Reduce smoking-related health inequalities across London.
- Coordinate “do it once for London” approaches to maximise impact and reduce duplication.

Objectives

- Support Londoners to quit through consistent, evidence-based tools and campaigns.
- Prevent children and young people from starting to smoke.
- Deliver pan-London campaigns, resources and best practice for boroughs and NHS partners.
- Strengthen action on illicit tobacco and protect policy from industry interference (FCTC Article 5.3).
- Provide system leadership and shared intelligence across London.

Target Population

- Adults who smoke across London, with a focus on high-prevalence and inclusion health groups.
- Communities and population groups experiencing the greatest smoking-related harm.
- Children and young people at risk of starting to smoke.
- Large London workforces (e.g., transport, police, construction).

Key Partnerships

- ADPH London, London boroughs and Directors of Public Health.
- NHS region/trusts/ICBs, OHID, London Councils, GLA/Mayor of London.
- London Trading Standards, ASH, academic partners.
- Voluntary and community sector organisations, faith groups, and large employers.



Panel discussion at LTA / SSL 3-year celebratory event 5 November 2025

3. Activities Delivered

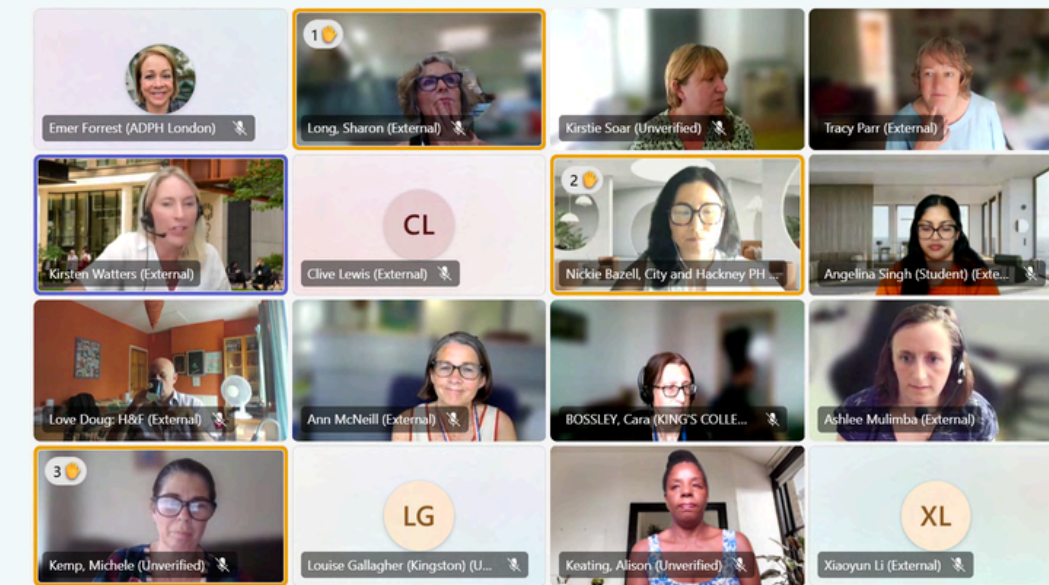
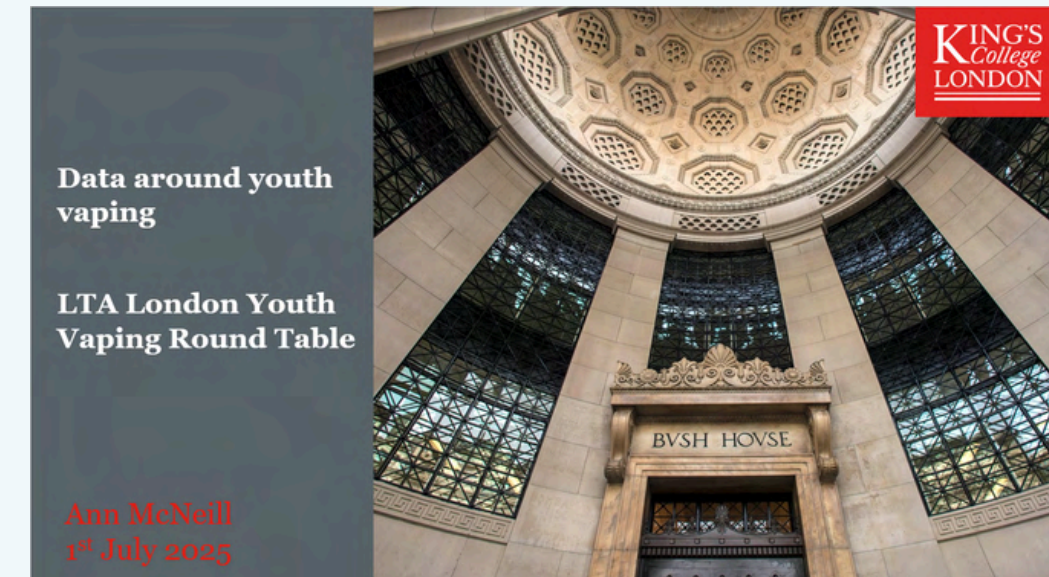
Programme Delivery & System Leadership

- Strengthened pan-London partnerships across boroughs, NHS London, OHID, London Councils, GLA and London Trading Standards.
- Developed the LTA Youth Vaping Position Statement in partnership with ADPH London, providing a single, agreed, evidence-based stance that protects children and young people from vaping while supporting vaping for adult smoking cessation, enabling consistent action, messaging and advocacy across all boroughs.
- Led and convened London Tobacco Alliance Board of key partners
- Established and support London Smoke Free Councillor Network chaired by two councillor health and well being board chairs
- Led and coordinated monthly London Tobacco Control Network meetings (with average attendance 80 representatives across London)
- Provided ‘once for London’ leadership, coordination and shared intelligence on tobacco control
- Established a multi-professional task-and-finish group that developed a comprehensive Varenicline and Cytisine Toolkit, including editable clinical pathways and PGD templates.
- Working with Million Hearts and Minds Challenge to integrate LTA / SSL smoking cessation support within the programme.
- Supported boroughs and NHS partners with aligned messaging, campaign calendars and downloadable assets.

Campaigns & Communications

Delivered London-wide campaigns and communication initiatives including:

- Smoking and mental health campaign
- LGBTQ+ campaign
- Smoking and pregnancy campaign
- Stoptober and new year ‘6 for 26’ campaign
- People with cost of living pressures
- World No Tobacco Day toolkit
- Youth Vaping Position Statement
- Polish Smokers Toolkit
- Ramadan Stop Smoking Pack
- Smokefree App Borough Marketing Toolkit
- The Day I Quit real-stories campaign



Youth Vaping roundtable event 1 July 2025

3. Activities Delivered

Digital Support & Innovation

- Extended procurement of Smoke Free app for additional 12 months including contracting, development and contract management
- Enabled provision of prescription only medicines through Smoke Free app for participating boroughs
- Worked with NHS and other partners to embed Smoke Free App offer into lung health screening, NHS health checks and promotions by two London Premier League football clubs.
- Delivered evaluations of the Smoke Free App pilot, including qualitative and service-level insights to inform London-wide digital cessation pathways.
- Expanded Stop Smoking London’s digital offer, including website improvements, targeted digital marketing and enhanced signposting to local services.
- Increased SSL brand awareness and traffic through coordinated regional and local promotion.

Insight, Data & Evidence

- Published insight reports on smoking, youth vaping, smoking status at time of delivery (SATOD), Nicotine pouches & smokeless tobacco products and digital cessation.
- Produced an evaluation of the Smoke Free App to understand user experience and effectiveness.
- Worked with the London Behavioural Insights Network to develop new behavioural support materials for boroughs.

Policy, Enforcement & Illicit Tobacco

- Strengthened collaboration with London Trading Standards on illicit tobacco intelligence and enforcement alignment.
- Supported partners to prepare for implementation of the Tobacco and Vapes Bill, including youth vaping enforcement and Smoke Free Generation measures.

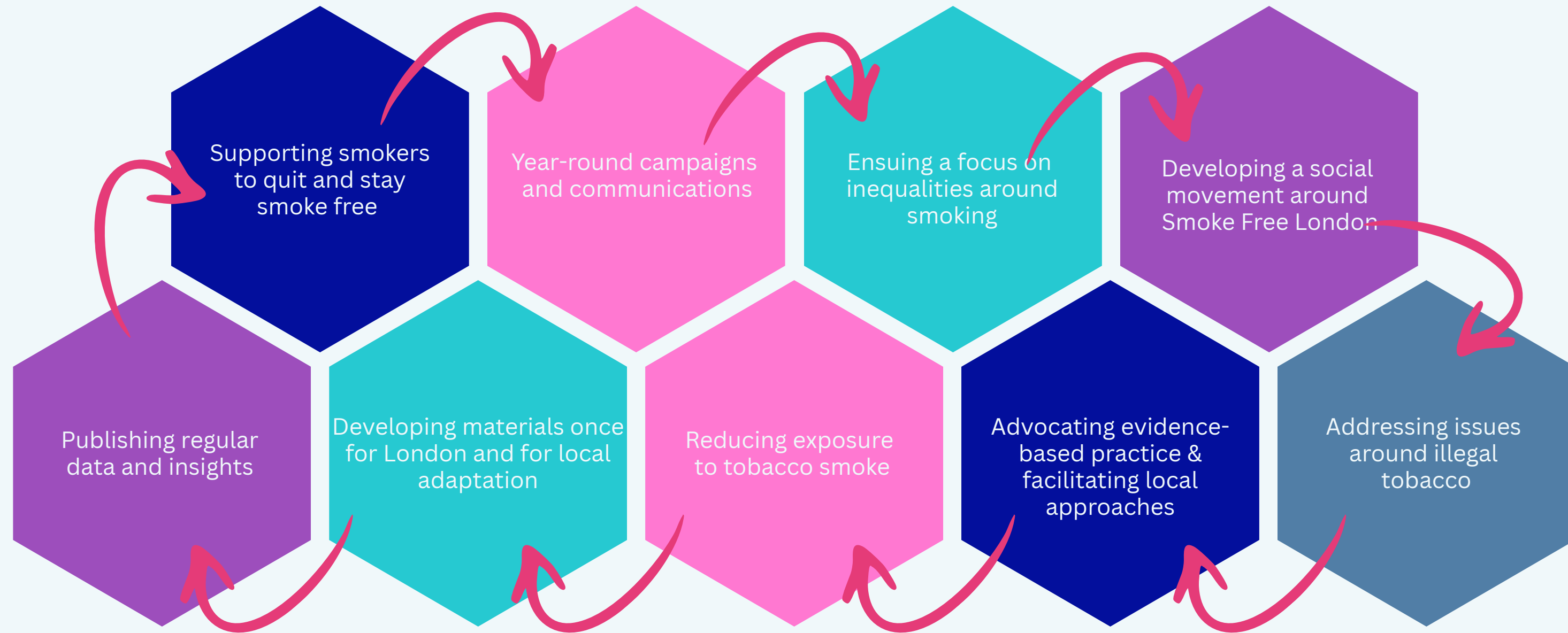
Partnership and Workforce Development

- Developed and supported the London Smokefree Councillors Network to equip elected members with evidence and best practice.
- Convened system partners to share innovations, reduce duplication and identify gaps where London-wide action adds value.



Kevin Fenton gives opening address at the LTA/SSL 3-year celebratory event.

LTA Strategic Framework (Children, Young People and Adults)





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Enhanced Stop Smoking app for Londoners

A Youth Vaping Position Statement for London Comms Pack

ADPH London | London Tobacco Alliance

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London Smoke Free Pregnancy Week 17th - 21st November 2025

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Get support >>

Dr Martina Leczycka, Speciality Registrar in Internal Medicine, explains the health benefits of quitting smoking.

Smoke Free, Varenicline and Cytisinicline Webinar Recording

January 2026

London Tobacco Alliance | STOP SMOKING LONDON | Smoke Free

#1 Prevention First

should not vape or smoke.

1. Context and Rationale

Racism is a profound systemic and structural determinant of health, creating enduring inequities for diverse communities across London. Recognising this challenge as a "wicked" problem means that effective action must go beyond short-term interventions. It requires sustained, long-term commitment, dedicated investment, and coordinated strategic public health leadership to advance equity and improve population health. The programme directly tackles this challenge, creating the necessary conditions for meaningful and measurable progress through key strategic actions:

- Driving practical anti-racism action at both local and system levels.
- Fostering reflective practice and dedicated support for the workforce.
- Ensuring relevance and credibility through engagement with experts, particularly those with lived experience.
- Achieving complementarity and system value by enhancing existing local authority activities.

These strategic activities are designed to help public health teams and the wider system move from initial intent to consistent, embedded anti-racist practice. This is the essential foundation for long-term reductions in health inequalities. Sustained investment is critical to maintain this crucial momentum and extend its impact, enabling the programme to:

- **Scale and Deepen Impact:** Expand proven work and deepen influence.
- **Drive Systemic Change:** Strengthen support for local authorities, shifting them from intent to sustained, embedded change.
- **Broaden Application:** Apply its successful model to address other structural and systemic drivers of health inequalities.
- **Influence Policy:** Shape transformative public health, social, and economic policy that targets the root causes of health inequality.

1.1. Proposed Strategic Activity: Building an Evidence-Based Business Case

While core workstream activities will continue in 2026/27, the programme's strategic activity will include the development of a robust, evidence-based business case for racism and inequalities more broadly. This critical output will equip London's public health leaders with a clear and credible framework for engaging Chief Executives and elected members, effectively articulating both the scale of the challenge and the long-term commitment required for sustained progress. To be analytically rigorous and operationally relevant, the business case will draw on a multi-disciplinary evidence base, which synthesises public health data, health economics, and financial analysis.

1.2. Strategic Alignment with National and Regional Policies and Priorities

- Mayor's Health Inequalities Strategy (2025–2028): Tackling structural drivers of inequality, strengthening leadership accountability, and promoting inclusive, place-based action.
- NHS 10-Year Plan: Supporting equity, prevention, workforce inclusivity, evidence-based decision-making, and system-wide collaboration.
- NHS Ethnicity Recording Improvement Plan: Strengthening the collection and use of ethnicity data to guide targeted interventions and embed accountability.
- Neighbourhood Health Agenda: Reinforcing local, place-based approaches to addressing health inequalities.
- London Anti-Racism Collaboration for Health (LARCH): Advancing a shared London commitment to anti-racism across the system.
- Institute of Health Equity (IHE) Evidence Review on Structural Racism and Health Inequalities: Supporting the public health recommendation to build on research and evidence.

DPH Co Leads: Dr Sandra Husbands, DPH Hackney & City, Catherine Mbema, DPH Lewisham
Programme Manager: Safia Marcano
Communications Lead: Lee Pinkerton
Host Organisation: London Borough of Hackney

2. Activities Delivered

Research and Insights

- Published the Racism and Racial Health Inequity paper in the Journal of Public Health (Jan 2026), developed through the trust and cohesion workstream in collaboration with anthropologists at UCL. The paper sets out four theoretical frames for public health action on racism and racial health inequity, drawing on critical race theory, Black studies, race and ethnicity scholarship, and the anthropology of white supremacy. These provide a conceptual foundation to strengthen professional practice and standards within public health.
- This has been followed by engagement with senior system leaders across; CMO, FPH, RSPH and OHID London to explore how these frames can be translated into practical and operational approaches for the public health system.
- Initiated qualitative research with Imperial College London (ongoing) to inform workforce diversification approaches and the development of EDIE strategies.

System Leadership and Strategic Collaboration

- Collaboration with the London Anti-Racism Collaboration for Health (LARCH) through a series of “EDI Leads” and senior leaders’ roundtables to sustain momentum on anti-racism priorities and system-wide action. Purpose was to build shared commitments across partners; key themes included strengthening board and executive leadership engagement, embedding accountability and impact metrics, and understanding the “cost of racism” to inform investment decisions.
- Engagement with Directors of Adult Social Services (ADASS) to support mutual learning and shared understanding across sectors.

Race Equity Maturity Baseline and Anti-Racism Activity Mapping

- The programme has undertaken some system mapping across London boroughs to understand current priorities, action plans, and anti-racism activity across teams, and promoted the use of the **Race Equity Maturity Index (REMI)** to support this work. The tool has seen early uptake, with 17 boroughs downloading REMI and several progressing to Stage 2 (considering implementation), including internal discussions on its potential application across action planning, commissioning, ethnicity data improvement, as well as exploration of whole-council approaches beyond public health teams. The programme will continue to support progression towards Stage 4 (full implementation).

Workforce Diversification

- Commissioned and rolled out an inclusive coaching offer for public health professionals across London, focused on building skills to challenge inequitable practices, understand drivers of racism, and support the development of confident, race-conscious leadership.
- Developed DLCT (Discover, Learn and Create Together), an online space to support peer learning, collaboration, and resource sharing across the public health workforce.
- The programme delivered outreach to young people through engagement at careers fairs, increasing awareness of public health as a profession.

Co-production

- Scoping and planning for 2026/27 pilot to design and develop a robust evaluation framework for anti-racist and anti-discriminatory co-production.
- Workforce development and knowledge sharing: Planning a “lunch and learn” series to enable cross-system learning and share emerging co-production practice.

2. Activities Delivered

Improving Ethnicity Data

Established a multi-level, cross-system group to improve ethnicity data, aligned to system-wide priorities (London Data Collaborative). The group has agreed a shared direction focused on data quality, addressing bias, and strengthening trust, with the aim of strengthening the evidence base on “what works” for diverse populations. Future planning includes a coordinated, system-wide programme of activity to improve the quality, consistency and use of ethnicity data, to deliver the priorities identified for 2026/27. See 2026/27 activities for further details.

Network for Learning and Practice Improvement

Quarterly network convenings bringing together public health professionals and partners including the Health Innovation Network and the Race Equality Framework (REF) to support peer learning, capacity building and dialogue on systemic and structural racism; focus areas included transformational change and allyship, embedding public health within social and economic policy, and cross-network collaboration with the Healthcare Public Health Network to apply anti-racism principles to cardiovascular disease prevention and outcomes improvement.

“The ADPHL Tackling Racism and Inequality Network has been an invaluable forum for thoughtful engagement on a complex and critical issue, providing a trusted space to reflect and learn, with insights from other authorities and system leaders helping to shape our local approach; programme support has been instrumental in enabling meaningful action” - Seb Baugh, Public Health Consultant.

3. Impact and Outcomes

Given the embedded, systemic nature of racism, long-term change requires sustained effort, and the programme's initial impact is therefore best captured through qualitative indicators. Impact will be strengthened through both qualitative insights and emerging quantitative data throughout 2026/2027.

Early insights confirm the programme's increasing systemic influence and critical role, evidenced by progress across three key areas:

- **System Positioning:** The programme, operating through ADPH London, has secured its position as a core, trusted partner within the London racial health equity space, validated by recent strategic collaboration with the LARCH and planned partnerships with the Faculty of Public Health (FPH), Department of Health and Social Care (DHSC), and Royal Society of Public Health (RSPH).
- **Facilitated spaces and opportunities for cross-team learning:** Proven to be an essential catalyst for change.
- **Maturity:** The variance in borough maturity levels regarding anti-racism initiatives underscores the programme's critical function in delivering customised support and bespoke interventions tailored to the specific developmental phase of each local authority.

Below are some impact and outcomes indicators:

Outcome	Indicator	Data Type
Workforce and organisational change	<ul style="list-style-type: none"> • 115 professionals attended at least one EDIE training session (over two cycles) • Thematic analysis of qualitative data showing shifts in understanding or attitudes (ongoing 26/27) • Staff feedback on confidence and capability to address racism • 17 local authorities have expressed interest or made inquiries about using the REMI 	Quantitative Qualitative Qualitative Quantitative
Community engagement and trust	<ul style="list-style-type: none"> • 15 diverse community representatives/VCSEs engaged in co-production 	Qualitative / Quantitative
Practice & system change	<ul style="list-style-type: none"> • Case studies from local authorities highlighting practice developments shaped by local context and programme support, showcasing how teams have progressed their anti-racism work over the past 12 months. • Cross-sector collaborations and involvement to address structural racism • Inclusion of anti-racism goals in local authority or regional strategies • Local authority representation across our different (workstream) working groups 	Qualitative Qualitative Qualitative Quantitative
Knowledge sharing & learning	<ul style="list-style-type: none"> • Quarterly network sessions, creating space for reflection and shared learning - total network membership is 95. • Expressions of interest from external organisations to adopt (learn from) our EDIE training model e.g., ADASS and OHID Yorkshire and the Humber • Podcast - Now on episode 12, sharing knowledge and insights from a variety of guest with 500+ downloads 	Quantitative / Qualitative Quantitative Qualitative

4. Lessons Learned and Reflections

- Sustained commitment to advancing equity and improving population health within diverse London communities continues, despite financial constraints and a complex political landscape.
- The varying levels of maturity across boroughs in anti-racism work highlight both progress and ongoing variation, underscoring the programme's role in providing tailored support that reflects the specific developmental needs of local authorities.
- Delivered through ADPH London, the programme is a trusted and influential partner in the London racial health equity space, with its advocacy and system influence further strengthened through recent collaboration with LARCH.
- The deeply entrenched nature of racism within behaviours, systems, and structures requires a long-term perspective to assess its impact, whilst recognising growing evidence of system change and the integration of anti-racist principles into public health engagement and practice.
- Cross-practice learning and robust knowledge exchange remain key priorities, with further opportunities needed to strengthen innovation and deepen collective learning in 2026/27.
- Strategic advocacy and effective influencing are critical levers for driving systemic change and further embedding anti-racism within operational practice.
- A comprehensive understanding of the economic and health impacts of racism remains essential to sustain investment and secure long-term commitment to action.

Research and Insights

1. Publication of Racism and Racial Health Inequity: Four Theories for Public Health, in the Journal of Public Health (Jan 2026), developed through the trust and cohesion workstream in collaboration with anthropologists at UCL

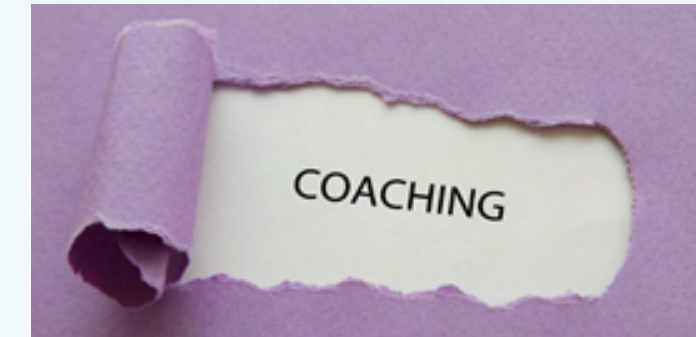


2. Senior leader engagement across; CMO, FPH, RSPH and OHID London to explore how the 'four theories' can be translated into practical and operational approaches for the public health system.

Bi-monthly Podcast Series, convening subject matter experts to share insights and best practice, with growing reach.

Diversifying Workforce and Systems Leadership

Developed and initiated inclusive coaching for public health professionals across London.



Scoping for Research and Pilot Opportunities 26/27

REMI: Baseline and System Mapping

Stage	Description
1. Being Aware	Leadership and employees are aware of the reality of racism within the organisation and the wider social context and are aware of the dynamics of race equity.
2. Showing Commitment	The organisation is committed to advancing racial equity and has a race equity strategy. Appropriate governance, tools, mechanisms and resources have been allocated and there are reliable means of tracking and measuring strategic implementation.
3. Implementing	The race equity strategy is being put into practice. The organisation is actively working towards its goals and objectives.
4. Embedding	Race equity is embedded into the core culture and practices, including policies, procedures and decision-making. It is a part of the everyday functioning of the organisation.
5. Creating	Representation of leadership and innovation in promoting racial equity by adopting of supporting innovative approaches to address racial disparities and promote diversity and inclusion.
6. Championing	The organisation is accountable to the staff and the wider service community. It is an example and advocate of race equity, seeking the wider determinants of racial health through partnerships and networks.

Community Engagement for Co-production

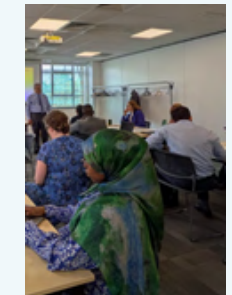
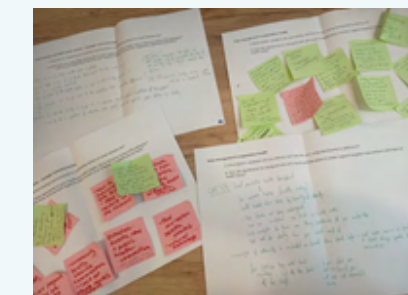


Improving Ethnicity Data



Established a cross-system, multi-level group to drive improvements in ethnicity data and develop strategic outputs to support evidence-based decision-making.

Network for Learning and Practice



Quarterly networks. Topics include: transformational change and allyship, embedding public health within social and economic policy, and cross-network collaboration with the Healthcare Public Health Network to apply anti-racism principles to cardiovascular disease prevention and outcomes improvement. / The network now has 95 members.

System Leadership and Strategic Collaboration

1. Collaboration with the London Anti-Racism Collaboration for Health (LARCH) through a series of "EDI Leads" and senior leaders' roundtables to sustain momentum on anti-racism priorities and system-wide action.



2. Engagement with Directors of Adult Social Services (ADASS) to support mutual learning and shared understanding across sectors.

1.Context and Business Case: 2025-2026

- Nationally, evidence shows consistently that common mental health conditions and psychological distress have increased over the past two decades, particularly among younger people. The drivers for this are complex and include increased awareness, social and economic factors, changes in help-seeking behaviour and system incentives.
- The latest Office for National Statistics (ONS) data shows that around 14 people a week take their own life in London.
- Thrive LDN operates as a coordinated leadership response to these issues, serving all 32 London boroughs and the City of London - striving for equitable, sustainable, and long-term change to the public mental health landscape.

DPH Lead: Ruth de Plessis
Director of Programme: Dan Barrett
Communications Lead: James Ludley
Host Organisation: Royal Free NHS Foundation Trust

Why this programme is necessary for London

- Thrive LDN is necessary because it addresses the social, economic and environmental factors that shape the mental health of Londoners, particularly within the context of the rising cost of living and emerging crises. By coordinating activities at a citywide level, Thrive LDN meets the needs of residents while supporting the local responsibilities of Directors of Public Health. This regional approach allows boroughs to contribute to activities that are best tackled on a London-wide basis.

How this programme supports the expectations of the Public Health Grant

- Thrive LDN supports the expectations of the Public Health Grant by delivering a preventative, inequality-focused, partnership-based approach to improving population mental health. It complements local authority public health responsibilities by strengthening community capacity, embedding mental wellbeing across systems, and supporting evidence-informed action that maximises impact and value for money.

Links to National or Regional policies?

- The programme is linked to national and regional policy, including the 10 Year Health Plan and the London Mental Health Strategy.

Financial benefits of the programme / ROI?

- The partnership provides efficiencies through a '*once for London*' approach and economies of scale. Thrive LDN receives funding contributions from Greater London Authority, London Integrated Care Boards, NHS London, UK Research and Innovation (UKRI) and the National Lottery Community Fund (TNLCF), alongside contributions from participating boroughs, enabling the partnership to deliver greater value and impact through pooled resources.
- Additionally, activities such as regional coordination of Great Mental Health Day and maintenance of London's Real Time Surveillance Systems on suspected suicide, attempted suicide and self-harm, are examples of how Thrive LDN is achieving economies of scale through providing essential infrastructure.



2. Programme Overview

- Thrive LDN is a citywide public mental health partnership, working towards the shared mission of a city where every individual has equal opportunity for good mental health and wellbeing. Launched by the Mayor of London and London Health Board partners in 2016, Thrive LDN brings together organisations from across sectors alongside communities and people with lived experience to create a shared infrastructure for prevention, public and population mental health.
- Core partnerships involve the Greater London Authority, the NHS, London local authorities, London's police forces, Voluntary, Community and Social Enterprise (VCSE) organisations, academia, cultural sector, and London businesses.
- Since 2024, alongside King's College London, Thrive LDN has co-led the PHI UK Population Mental Health Consortium (PMHC) – a four-year, UK-wide research network to advance understanding of upstream prevention in mental health. Since late 2025, Thrive LDN is the lead partner to the London Mental Health and Climate Coalition, a three-year partnership project to inspire Londoners to take climate action while also improving their mental health.
- We deliver universal activities alongside targeted activities for communities at disproportionately greater risk of poor mental health.

Strategy and capacity-building

- Provide system leadership for public mental health to ensure the city has a robust framework in place that benefits all Londoners across pan-London and local levels, and through both universal and targeted approaches.
- Develop and facilitate cross-sector partnerships and forums to strengthen London's collective public mental health infrastructure.

Communications and campaigns

- Coordinate public mental health communications across the capital to support a united voice on public mental health across London.
- Deliver regional and targeted campaigns to tackle stigma and increase Londoners' awareness of training and resources which will empower them to help themselves and others.

Research and insights

- Undertake and support research, gather and synthesis community insights to inform ours and partners' work.
- Develop and contribute to interdisciplinary academic and research partnerships to strengthen the evidence-base.

Programme development and delivery

- Commission the delivery of citywide prevention, public and population mental health initiatives.
- Maintain and support public mental health crisis response and recovery capabilities at a regional level.

Monitoring and evaluation

- Implement and monitor robust Quality Assurance and Equity Impact Assessment processes to ensure all activities are justified and seek to attend to health inequalities.
- Monitor and measure the impact of all our activities to be transparent about and accountable for our work, commission and publishing evaluations where feasible to share learning and expand the evidence base.



3. Activities Delivered

Strategy and capacity-building:

- Three-year citywide climate initiative: Secured £1.5m funding from TNLCF for a mental health and climate action partnership project.

Communications and campaigns:

- Great Mental Health Day 2026: Delivered on 30 January 2026, the campaign used the theme of ‘everyday spaces’ to highlight community support.
- Financial wellbeing campaigns: The #TakeWhatsYours initiative and the ‘Money + You’ project were delivered to bridge the link between financial security and mental health.
- #ZeroSuicideLDN campaign: Targeted #ZeroSuicideLDN campaign adverts across 16 borough digital channels engaged 15,000+ Londoners.

Research and insights

- Shifting power: Publication of the Shifting Power report, produced by Centre for Mental Health, detailing the role of population-level anti-racist interventions in addressing inequities in mental health.
- Public mental health review: Commission Centre for Mental Health, Mind in Bexley and Mind in London to undertake a public mental health review for London.
- PMHC: Delivered three workshops bringing together researchers, charities, and lived experience voices to develop digital suicide and self-harm prevention, support for children and young people, and how housing and urban planning influence population mental health.

Programme development and delivery

- **Signpost digital tool:** Launched a digital wellbeing service for individuals seeking sanctuary, providing supportive information for in-between in person support.
- **Grassroots funding:** Awarded grants to 11 small organisations to deliver culturally relevant, non-clinical mental health support.
- **Trauma informed practice workshops:** Trained over 170 frontline workers (online and in person) supporting those affected by displacement, crisis or emergency.
- **Trauma informed practice online training:** More than 5,000 practitioners across London have now taken part in Thrive LDN’s Gift of Reconnection trauma-informed practice training.
- **Suicide prevention training:** Thrive LDN launched a series of six suicide awareness webinars with the Zero Suicide Alliance, training over 450 people in the first session.
- **Real Time Surveillance Systems:** Continued maintenance of London’s RTSSs and regional analysis of data.



4. Impact and Outcomes

Quantitative reach and engagement

- Campaign Impact: The #TakeWhatsYours campaign reached approximately 600,000 people to challenge the stigma of financial hardship.
- Suicide Prevention Reach: Targeted #ZeroSuicideLDN campaign adverts across 16 borough digital channels engaged 15,000+ Londoners.
- Web engagement: The Thrive LDN website has 10,000+ visits during the Great Mental Health Day campaign period.

Qualitative and local outcomes

- Practitioner confidence: 90 per cent of participants in trauma-informed workshops felt more confident in recognising signs of trauma within their professional roles.
- Improved Financial Self-Efficacy: 70 per cent of participants in the 'Money + You' project reported a measurable increase in confidence regarding personal finance management.
- Community spaces: The grassroots pilot proved that mental health support is more effective when situated within familiar cultural or religious frameworks.

5. Lessons Learned

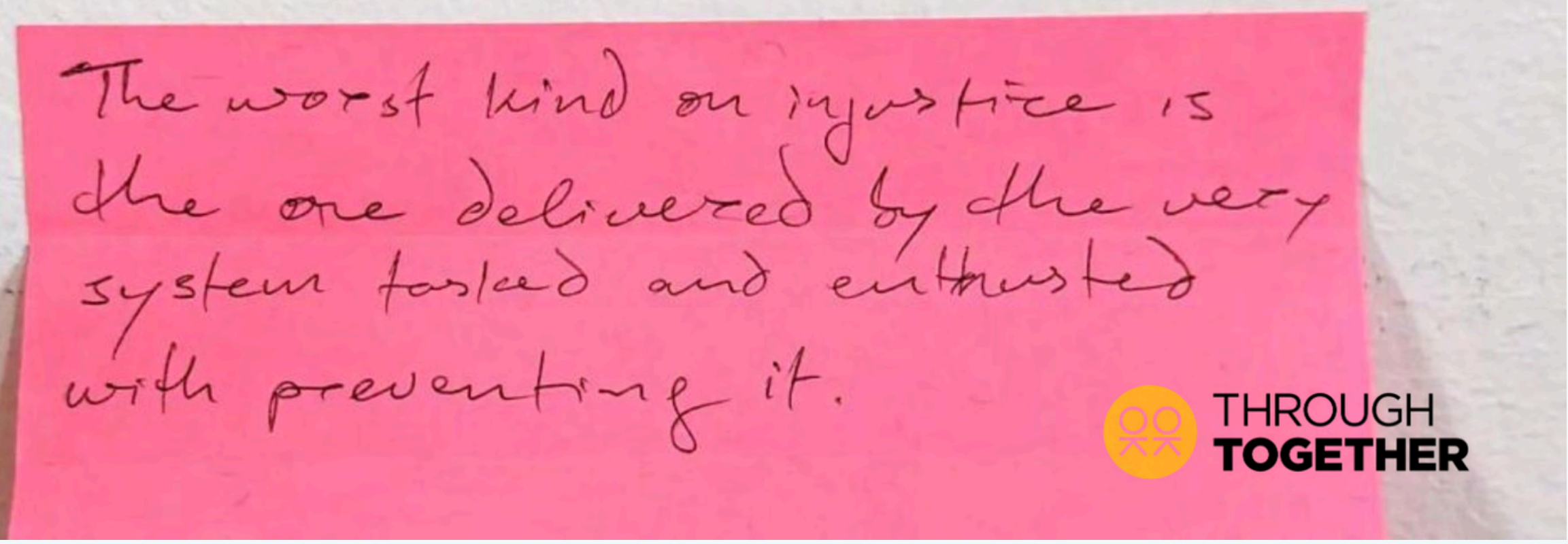
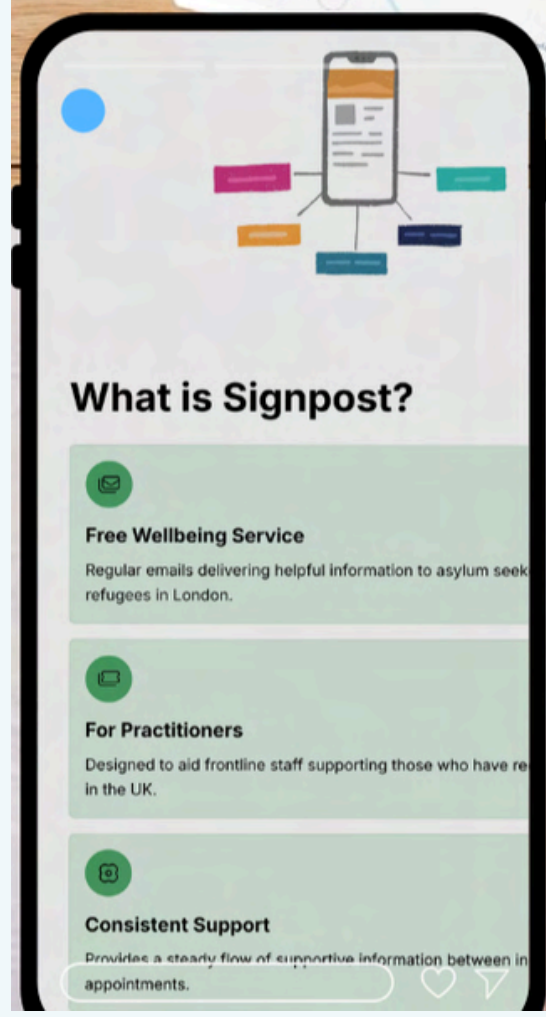
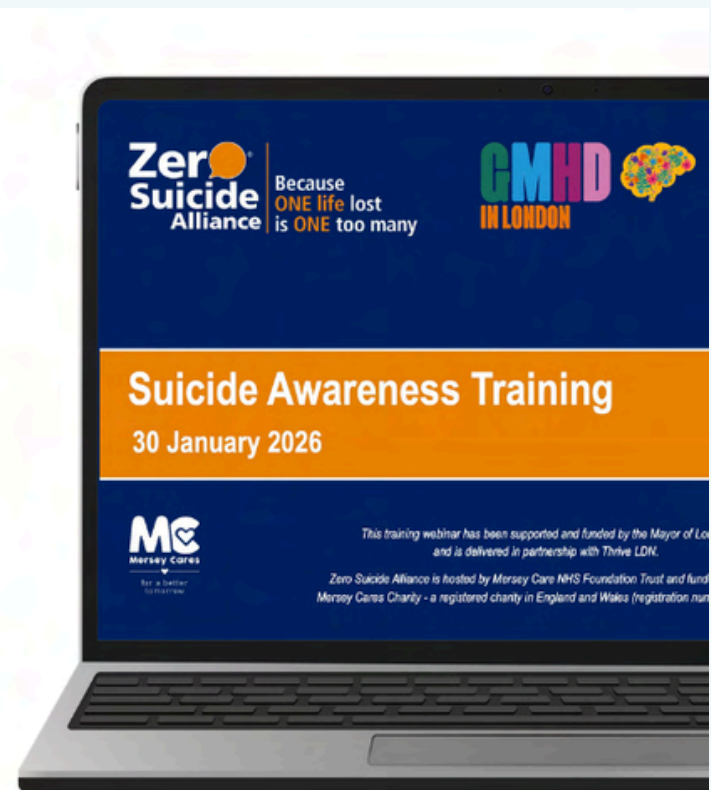
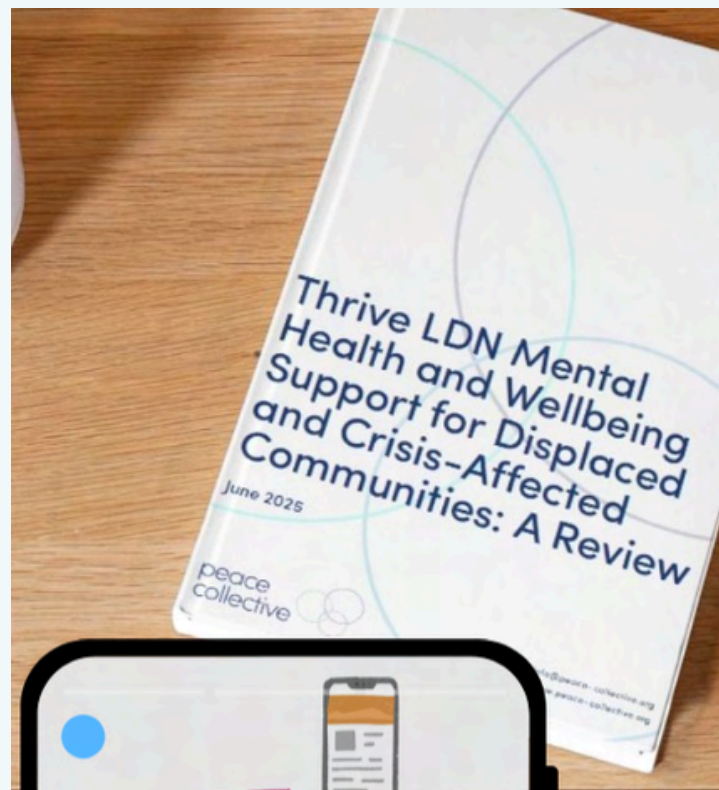
- The massive value of public health leadership and staying rooted in communities during a challenging period and a rapidly changing landscape.
- We are seeing significant movement emerging on the nexus of climate change, mental health and systemic inequalities.

Operational reflections and mitigations:

- Mobilisation timelines: During a challenging period of change, short lead times for campaigns have limited the ability of local organisations to plan activity.
- Consistency of participation: Engagement across boroughs remains uneven. We acknowledge that boroughs will have different asks of Thrive LDN across the various projects, training and research offers.

Insights for future delivery:

- The value of informal spaces: Framing support within everyday community settings made mental health assistance feel more welcoming and less clinical for residents.
- Hybrid support effectiveness: Digital tools achieve the best results when paired with human support. This was evidenced by the success of financial advisors helping residents translate digital engagement into actual financial gains.



1. Context and Business Case: 2025-2026

Sexual Health is one of the few open access NHS services. It requires no referral or link to place of residence or GP registration and patients can attend services wherever they wish to, including online. This creates complexity in commissioning and delivery of services for a wider population than the borough would usually be responsible for, and patients often choose to travel to attend particular clinics. The London Sexual Health Programme (LSHP) brings together 31 of London's local authorities to help manage this complexity and improve sexual and reproductive health for people across the capital.

The LSHP manages the commissioning and contract for the online STI testing and contraception service SHL.UK. SHL.UK is London's free, confidential online sexual health service, providing testing to residents across 30 London boroughs and the City of London. The service enables people to order home sampling kits for common sexually transmitted infections (STIs), access online clinical support, and receive treatment where required, helping to reduce pressure on face-to-face clinics while improving access and convenience.

Each year, SHL.UK supports hundreds of thousands of Londoners, with tens of thousands of test kits ordered every month. The service plays a vital role in London's sexual health system, particularly for asymptomatic testing, early diagnosis, and reaching communities who may otherwise face barriers to care. SHL.UK also provides both regular and emergency contraception to residents in 19 London boroughs, ensuring they have convenient access to essential sexual health support when they need it.

The transition to an e-service has delivered £300m of avoided costs as compared to a clinic service delivery model for local authorities over the nine years of the contract.

The LSHP also has a role in coordinating and convening partners. It is a collaborative partnership of 31 London local authorities, NHS trusts and other stakeholders that:

- Coordinates and standardises tools and commissioning specifications across boroughs to reduce duplication and drive efficiencies.
- Provides oversight to support commissioners with initiatives such as the Integrated Sexual Health Tariff (ISHT) to streamline payments between commissioners and providers.
- Supports open access sexual health services across borough boundaries in the context of an interconnected city.

This collective commissioning structure helps local authorities discharge the mandate to have open access sexual health services in a consistent, efficient way across London, which is especially important given high mobility and cross borough service usage.

Links to National and Regional policy:

Key national guidance such as the Integrated Sexual Health Service Specification supports commissioners and providers to ensure services are delivered in line with evidence based clinical standards and contribute to national outcomes (e.g., chlamydia detection rates, HIV late diagnosis, contraception uptake).

Regional strategies (e.g., London's HIV and sexual health action plans) explicitly include SHL.UK as part of the response to sexual health inequalities and HIV prevention goals. Reports such as "Getting to zero by 2030" highlight SHL.UK's contribution to increasing testing coverage and accessibility, which is key to reducing late diagnoses and onward transmission. There are subregional sexual health strategies across London which are also supported by the delivery of the SHL.uk services.

LSHP's partnerships with public health networks, the Greater London Authority, and community organisations help embed sexual health services within broader health equity and wellbeing agendas across the capital.

DPH Lead: Ruth Hutt, DPH Lambeth
Director of Programme: Mona Hayat
Communications Lead: Cordelia Toy
Host Organisation: City of London Corporation

2. Programme Overview

Aims:

The overall aim of the LSHP is to improve sexual health outcomes and access to high-quality sexual health services across London through collaborative commissioning and innovative service models.

Key strategic aims include:

- Improving access to sexual health services across London.
- Delivering efficient and sustainable services
- Supporting innovation in service delivery, particularly digital services.
- Ensuring high-quality, evidence-based sexual health care.
- Reducing sexual health inequalities across London communities.

The programme was established in 2015 after public health responsibilities transferred to local authorities under the Health and Social Care Act 2012.

Objectives:

The programme supports London boroughs to deliver their public health sexual health responsibilities under the Health and Social Care Act 2012 through several operational objectives:

Service access and delivery

- Ensure access to free, confidential sexual health testing and treatment.
- Expand digital sexual health services alongside face-to-face clinics.
- Maintain open-access services, allowing people to attend clinics outside their borough of residence.

Commissioning and system efficiency

- Coordinate pan-London commissioning of services across boroughs.
- Support use of agreed common payment systems such as the Integrated Sexual Health Tariff which facilitate patient movement across boroughs.
- Improve cost-effectiveness and sustainability of services.

Public health outcomes

- Ensure access to STI testing and early detection of infection.
- Reduce onward transmission of STIs and HIV.
- Improve access to contraception and prevention services.



2. Programme Overview

Target Population

The London Sexual Health Programme population includes:

- Residents of London boroughs.
- Individuals who require sexual health services, including testing, treatment and contraception.
- Populations with greater or more complex sexual health needs, such as:
 - young people
 - men who have sex with men (MSM)
 - people with multiple partners
 - communities with higher STI prevalence

The programme aims to improve services for London's diverse population and communities experiencing sexual health inequalities.

Key Partnerships

The LSHP relies on multi-sector collaboration across public health, NHS and third-sector partners.

These partnerships allow the programme to integrate public health, clinical services, digital innovation and community engagement.

Local government partners

- 31 London local authorities (commissioners of sexual health services).

NHS partners

- 15 NHS trusts providing sexual health clinical services.
- Clinical leadership from clinical advisors and through clinical advisory group.

Digital and service providers

- Preventx – digital platform and testing logistics.
- LloydsPharmacy Online Doctor – contraception and treatment support.
- Pathway Analytics – data and analytics.

Regional and national public health partners

- Office for Health Improvement and Disparities
- UK Health Security Agency
- London Councils
- Greater London Authority
- London HIV Prevention Programme
- Fast-Track Cities
- community organisations such as The Love Tank.

3. Activities Delivered

Work Plan

An LSHP Delivery Plan 2025-27 was published to guide service development, focusing on:

- Improving accessibility and reducing inequalities.
- Reprocurring the e-service contract.
- Developing a new regional service specification.
- Enhancing safeguarding, data use, performance monitoring and equity.

Activity & Outputs

Service Volume & Reach

- SHL.UK remains a high-volume online sexual health service for London residents aged 16+ offering:
 - Free STI testing and home self-sampling kits across a range of infections (e.g., chlamydia, gonorrhoea, HIV, syphilis, hepatitis).
 - Routine and emergency contraception services in 19 boroughs.
 - Integrated clinical triage with referrals to clinics where needed.
- In FY 25/26, SHL.UK data shows very high uptake of STI testing, with 579,952 test kits ordered and 436,370 returned, a return rate of approximately 75%. Around one quarter of kits were not returned, representing both a cost consideration and a potential opportunity to improve follow-up or user support.
- Diagnostics activity is substantial across all infection types. Chlamydia and gonorrhoea testing volumes are almost identical (just over 422,000 tests each), reflecting standard dual testing practice. Chlamydia positivity is around 3.2%, while gonorrhoea positivity is lower at approximately 1.8%. This aligns with expected epidemiological patterns and suggests effective targeting of higher-risk populations without indicating excessive over-testing.
- HIV testing volumes (323,396 tests) are lower than bacterial STI tests, but the number of reactive results (1,578) still represents a significant burden of previously undiagnosed or newly identified infection, reinforcing the value of routine HIV testing embedded within digital pathways. Syphilis testing (316,028 tests) yielded 5,505 reactive results.
- Hepatitis testing volumes are smaller, particularly compared to STI screening, but positivity is clinically meaningful. Hepatitis B showed 872 reactivities from 85,546 tests, and hepatitis C showed 172 reactivities from 87,451 tests. These figures suggest the service is successfully reaching individuals with unmet blood borne virus (BBV) needs who may not otherwise access testing through mainstream services.
- Medication data indicate that testing activity is translating into treatment and prevention outputs. 11,178 chlamydia treatments have been issued, broadly consistent with the number of positive diagnoses once treatment pathways and losses to follow-up are considered. In addition, there is significant provision of emergency contraception (17,601) and routine contraception (17,366), underlining the wider sexual and reproductive health role of the service beyond infection testing alone.



SEXUAL HEALTH LONDON

3. Activities Delivered

Overall, the data demonstrate:

- strong engagement with remote testing pathways
- clinically meaningful positivity rates across STIs and BBVs
- successful linkage from diagnosis to treatment and prevention
- material system value through scale and early diagnosis

Performance & Continuous Improvement

- Quarterly performance oversight of SHL involving service metrics and user feedback, with service adaptation based on demand, safety and equity outcomes reported to borough commissioners.
- Service recognition events and awards during the year served as visibility and engagement milestones with partner stakeholders.
- Local commissioners have access to their own local SHL data which shows in real time testing and outcomes data by borough.

Service Recognition & Innovations

- The e-service was shortlisted for NHS Journal Awards in categories including Clinical Redesign and Integrated Care in early 2025, reflecting recognition of SHL.UK's contribution to sexual health system redesign.
- Award win – Environmental Sustainability Project of the Year (HSJ Partnership Awards 2025, March 2025):
 - SHL.UK kits were redesigned to dramatically reduce plastic waste (from ~24 g to 1.6 g per kit), cutting plastic use by ~80% and saving about 10 tonnes of plastic and 26 tonnes of CO₂ equivalent emissions annually across the programme.
 - This work also contributed to increased uptake of online testing in London (46% increase vs 21% elsewhere) and high satisfaction (~96%).
- The roll out of digital PrEP across London is a huge milestone for the programme, with some subregions procuring pilots ahead of its inclusion in the SHL service.

Major Milestones & Programme Management (Apr 2025–Mar 2026)

Contracting & Procurement Planning

- The existing contract with the current provider (Preventx with partners) is due to end in August 2026.
- A procurement process was undertaken in 2025 to award a new contract from August 2026.
- The competitive tender process was for a five-year e-service contract, with extensions of 2 + 2 years.
- Market engagement informed the specification, focusing on enhanced communications, inclusive imagery, multilingual support, expanded clinical pathways (PrEP, condoms), lower access age and higher kit limits.
- The procurement is currently in a mandatory standstill period while clarifications and representations from unsuccessful bidders are being considered and responded to. Robust controls have been implemented to ensure the procurement process and the appointment of the successful bidder were fully compliant with all applicable procurement regulations, with appropriate due diligence undertaken throughout.
- Target for contract agreement and Inter-Authority Agreement sign-off - in early 2026-27 ahead of the new service's start in August 2026.

3. Activities Delivered

Integrated Sexual Health Tariff (ISHT) review:

- Review of the Integrated Sexual Health Tariff was initiated to make sure it remains aligned with current clinical practice and service delivery. This included an initial workshop followed by targeted engagement with different clinical groups to review pathways, test assumptions and understand variation across services. As part of this work, LSHP also supported the development of a clearer safeguarding pathway, helping to strengthen consistency and shared understanding across commissioners and providers.

Updating the regional clinic service specification:

- LSHP updated the London clinic service specification to ensure it reflects current clinical practice, system priorities and national guidance. A series of focused discussions were held with different groups of stakeholders, bringing together a range of clinical, commissioning and operational expertise to review specific areas of the specification in detail. This collaborative approach helped to test assumptions, strengthen clarity on expectations, and ensure the specification remains practical, robust and fit for purpose across London.

Open book contract management and data dashboard development:

- As part of LSHP's commissioning and governance framework, work was started in 25/26 on embedding open book contract management, supporting transparency, accountability and commissioner assurance across pan-London services.
- This work underpins the development of a shared data dashboard to monitor key areas of activity and performance, helping to align commissioners' understanding and support more consistent, data-informed discussions.

Workshops:

- **Thought leadership and strategy development:** The LSHP convened a Thought Leadership Workshop in November 2025, followed by a Thought Leadership Follow-up Workshop in February 2026.
- **Commissioner and system engagement:** The LSHP hosted a London Commissioners Sexual Health Strategy Workshop to support shared understanding of priorities, challenges and opportunities across boroughs.
- **Women's Health:** A Women's Health Action Plan Workshop was delivered in March as part of the Pan London- Strategy development.

4. Impact and Outcomes

Service Outputs

- Continuation of SHL.UK's role as a major channel for sexual health access in London, with sustained testing and contraception provision and high user satisfaction, and over 3 million kits returned and tested to date.
- Improved sustainability of service resources (kit redesign).

Health System Impacts

- SHL.UK supports demand management for physical clinics by shifting routine testing and contraception for appropriate users online, freeing up clinic capacity for complex care.
- The environmental award and service performance contribute to overall public health system efficiency and support borough obligations for sexual health provision.

Service Function & Outputs during 2025-26

- Operational activities throughout this period include:
 - Clinical triage and online consultations for symptomatic and asymptomatic individuals.
 - Rapid assessment and dispatch of STI kits or contraception (assessment often within the same day).
 - Result reporting, patient follow-up support, and integration with clinic pathways where in person care is needed.
- Governance and Reporting: Quarterly Contract and E-Service Management Boards monitored performance against KPIs (including activity, safety and equity), and findings were shared with borough partners.

5. Lessons Learned

Procurement Process

The procurement process for the new e-service was robustly undertaken and supported by many public health and commissioning colleagues across London as part of the evaluation of the tender. Whilst we are still in a standstill period, lessons from the previous procurement had been learnt and applied to this one to mitigate risks.

Women's Health

The LSHP has linked into the wider work around Women's Health in London including a specific workstream around post-natal contraception. It is anticipated that this will feed into the development of a London Sexual Health and HIV strategy.

Strategy Development

Over the last 6 months a proposal has been developed to create a new HIV & Sexual and Reproductive Health Strategy for London. This will build on existing and emerging needs assessment and needs and include elements of prevention which currently are less well articulated in the LSHP, but most importantly bring together the disparate partners who work to commission or deliver sexual health services across the capital. A Partnership Board, chaired by Professor Kevin Fenton, Regional Director of Public Health has been established to oversee this work which will commence formally in April 2026.

London Sexual Health Programme Governance/ ways of working

The ADPH London leadership of the programme changed in July, when Kelly O'Neill (DPH in Hounslow) moved out of London, and Ruth Hutt (DPH in Lambeth) took on this role. This provided an opportunity to review the way the Strategic Board was functioning and the relationship between ADPH London and the programme. This has resulted in changes to membership of the London Sexual Health London Programme Governance Board (previously known as the Strategic Board) using subregional DsPH, commissioners and consultants in public health engagement to gain consensus at a subregional level prior to the Board. This is designed to address a longstanding issue of limited DPH / public health involvement in the board. It has been agreed to try this approach for six months to see if improves the functioning of the board by better engaging with those close to the detail but sharing the impacts of decisions and discussions locally. There are additional ADPH London meetings to support this approach.

Engagement with wider sexual health stakeholders

In November 2025 the LSHP held a Thought Leadership event. Reflections from both the organising team and participants was that this didn't achieve its intended outcomes, largely due to a mismatch between attendee expectations and the event format. Participants expected a more interactive, co-productive session but felt the event was overly presentation led, limiting opportunities for meaningful input. In response, the programme adapted its approach and delivered a smaller, clinician focused workshop in February 2026. This revised format prioritised discussion and engagement, enabling clinicians to actively share their views and directly inform the development of the digital framework. The success of the February workshop reinforced the importance of clear expectations, appropriate scale, and genuine two-way engagement.

Integrated Sexual Health Tariff review

The tariff review highlighted the challenges of reaching consensus on approaches where impacts are not well understood and stakeholder expectations evolve over time. While there was initially support for a light touch approach; as discussions progressed, there was increased appetite for a more in-depth review as concerns about costs and impacts were raised. This shift in expectations made it difficult to agree a shared scope and pace, resulting in prolonged discussion and limited alignment. The experience reinforced the importance of early agreement on review parameters, decision-making principles, and thresholds for escalation if consensus cannot be reached.



Pride in London, July 2025

★★★★★
The team at ShL.UK is great at their...

The team at ShL.UK is great at their job! They're very helpful, caring and attentive towards whoever needs help.

6 February 2026 Unprompted review

Useful

★★★★★
How Lucky We Are

I have always been so utterly impressed by this service. To have sexual health screening and treatment that is free and so easy to access in this country is such a gift, and we are lucky to have it!

30 January 2026 Unprompted review

★★★★★
Potentially the best sexual health service

Incredible service- so fortunate to live in London and have access to such a comprehensive, well thought out and accessible sexual health service.

30 December 2025 Unprompted review

Useful Share



Women's Health Strategy Workshop, 6 March 2026

Sexual Health Services

Delivering STI self-sampling kits, treatment, contraception, PrEP and more, directly to you.

NHS A free, discreet NHS service for Londoners

- Get tested for STIs**
Order a free home self-sampling kit for sexually transmitted infections (STIs).
[A guide to self-sampling](#)
- Emergency & routine contraception**
SHLUK offers free contraception to people living in certain areas in London. Find out more about how the service works.
[Learn more about contraception types](#)
- PrEP**
PrEP is a pill you can take to reduce your chances of contracting HIV. Find out more about how the service works.
[Learn more about PrEP](#)

Get started →

New Website Launched



Videos on social media



Thought Leadership Event, November 2025

1. Context, Business Case and Programme Overview

The London Million Hearts and Minds Challenge (MHM) is an ambitious, city-wide social movement, campaign and programme to improve heart health outcomes in our city over five years and tackle heart health inequalities.









DPH Co Leads: Dr Will Maimaris, DPH Haringey, Dr Imran Choudhary, DPH Sutton
SROs: Prof Kevin Fenton, Regional DPH London, Julie Billett, Dep Regional DPH London
Medical Adviser: Dr Charlotte Benjamin
Engine Room Lead: Gauri Mohan, Snr Consultant
Host Organisation: TPHC / Royal Free NHS Foundation Trust

Our case for change

CVD is largely preventable and much of the morbidity, mortality and health inequalities from CVD could be avoided with a greater focus on prevention.

The key modifiable risk factors for CVD are shown below. The benefits of addressing these modifiable risk factors will extend to other diseases that have risk factors in common, such as dementia, cancer, and diabetes.

In addition, there are significant differences between population groups in terms of people’s exposure to the CVD risk factors, and in their access to health and care services for prevention and management. These differences are deeply connected to and affected by the wider determinants of health, including income, housing, education, the environment and to structural inequalities, including racism and discrimination.

-  **10.2% of London’s adult population smoke** (2024). People working in routine and manual occupations are twice as likely to smoke and nationally rates vary by ethnicity, with highest rates in those of mixed ethnicity.ii,iii
-  **In 2023/24, 22.7% of Londoners did not meet recommended physical activity guidelines.** In 2023/24, the number of Londoners who are not meeting recommended physical activity guidelines ranged from 12.1% Islington to 32.4% Barking and Dagenham ii
-  **57.8% of adults in London are overweight** (2023/2024). National data show that obesity prevalence is higher among those people living in more deprived areas and among people from Black ethnic groups ii
-  **Less than a third (29.7% in 2023/2024) of adults in London meet the 5-a-day fruit and vegetable recommendation.** National data show that people in more deprived areas, and adults in Asian and Black ethnic population groups are least likely to meet the recommendation. ii
-  **High blood pressure:** 13.2% of Londoners are currently diagnosed with high blood pressure, with research showing that prevalence is highest in those living in the most deprived parts of the city. vi
-  **High cholesterol:** High cholesterol is one of the most significant risk factors for CVD. Medication to reduce cholesterol is generally recommended to those who have previously had CVD, and in people without established disease but who are at high risk of developing CVD. However, there is variation in the success of controlling cholesterol below target levels, with success being lowest in population groups who are most deprived, and there is considerable variation by ethnicityi..

Why a London-wide programme?

The Million Hearts and Minds Challenge builds on London's track record of delivering successful city-wide public health and prevention initiatives, such as Fast Track Cities and Thrive LDN.

A city-wide approach has the potential to galvanise concerted action on CVD prevention in pursuit of a shared set of heart health ambitions, enable and accelerate improvement through connecting, sharing, learning, and supporting innovation across the city, and through the delivery of "once for London" activities and interventions for maximum impact and efficiency, such as a public facing Million Hearts and Minds communications campaign.

As a city-wide initiative, the London Million Hearts and Minds Challenge also serves as an effective vehicle for engaging and partnering with a diverse coalition of partners and exploring new and innovative funding models for prevention.

2. Aims and Objectives

CVD is largely preventable and much of the morbidity, mortality and health inequalities from CVD could be avoided with a greater focus on prevention.

The key modifiable risk factors for CVD are shown below. The benefits of addressing these modifiable risk factors will extend to other diseases that have risk factors in common, such as dementia, cancer, and diabetes.

In addition, there are significant differences between population groups in terms of people's exposure to the CVD risk factors, and in their access to health and care services for prevention and management. These differences are deeply connected to and affected by the wider determinants of health, including income, housing, education, the environment and to structural inequalities, including racism and discrimination.

The Million Hearts and Minds programme has the following medium to long-term objectives across London:

- **Achieving national targets for detecting and treating medical risk factors for CVD** (including high blood pressure and cholesterol);
- **Encouraging people to take action to protect their hearts** by eating well, quitting smoking, achieving and maintaining a healthy weight, and being physically active; and
- **Reducing inequalities in heart health outcomes and risk factors.**

This will be achieved by taking a whole-system approach to CVD prevention, harnessing the contribution and role of partners across and beyond the health and care system to deliver improvements in primary and secondary prevention, including:

- ✓ **Activating and mobilising Londoner's to engage with and take action to improve their heart health** through public campaigns and community-led interventions
- ✓ Improving the **reach, uptake and impact of NHS Health Checks**
- ✓ Detecting high blood pressure and other CVD risk factors through **community blood pressure testing** and CVD risk assessment
- ✓ Workforce development programmes
- ✓ **Community-led activities** that reflect London's diversity
- ✓ Working with employers to champion and deliver **workplace CVD prevention** programmes and interventions.
- ✓ **Using data better and differently** to inform, prioritise, monitor and evaluate interventions across the CVD pathway, including use of London's SDE
- ✓ **Scaling the adoption of CVD population health management tools** and improvement methodologies to improve CVD secondary prevention and tackle unwarranted variation
- ✓ Adopting and scaling new technologies for the detection, diagnosis and management of CVD risk factors
- ✓ Supporting GPs and pharmacists with novel pathway approaches and delivery models

Governance and People

The Programme is closely linked with national and regional priorities of increasing CVD prevention - aligned with the emerging CVD Modern Service Framework and is one of three health priorities outlined in the London Health Improvements Plan.

In addition, the programme has also been selected as one of the five Prevention Accelerator sites across the country by NHS England.

Its governance is built on the principal of collaboration- with Directors of Public Health Sponsors- Dr Will Maimaris, Haringey and Dr Imran Choudhary, Sutton, SROs Prof. Kevin Fenton- Regional Director of Public Health for London, Julie Billett- Deputy Director for Public Health, London and Medical Advisor- Dr Charlotte Benjamin, and a steering group comprising of representation from public health, local authorities, NHS London, primary and secondary care, pharmacy, community organisations, clinical networks and the London ICBs, supported by Transformation Partners in Health and Care (TPHC) as the programme Engine Room.

The programme reports to the London Regional Executive Team and the Prevention and Health Equity Board.



Pictured at the MHM summit, left to right: Dr Riyaz Patel, Helen Williams, Dr Will Maimaris, Dr Charlotte Benjamin, Dr Tom Coffey, Prof Kevin Fenton

Workstreams

The programme is organised in 6 workstreams with key objectives described below:

- **Communications and media:** develop a strategic communications plan to support the initiative and maximise opportunities for engagement on heart health.
- **Community engagement:** mobilise and engage communities, enable robust partnerships with voluntary, community, social enterprise and faith groups, and support the development of culturally competent tools and strategies.
- **Pioneers:** Develop and embed a workplace-based CVD prevention programme across London’s biggest employers.
- **System delivery, improvement, and innovation:** oversee programme delivery and impact, share best practice and learning, and identify opportunities for innovation.
- **Population and programme data analytics** use data to understand the delivery and performance of existing programmes, identify and understand current gaps and inequalities, and develop key metrics to measure performance.
- **Research, science and evidence:** develop and gather the evidence and science that underpin the programme.

3. Activities Delivered in 2025/26

2025/26 was our **foundational year** - focused on building MHM programme's core messaging and branding, building the case for change, understanding CVD population health data and existing CVD prevention programmes in London, building our MHM partnerships and securing programme resourcing.

Some of the activities undertaken by the different workstreams during the year are outlined below:

Core programme and partner engagement

- Established a robust programme governance
- Developed a coalition of supporters and partners from across local authorities, NHS, GLA, academia, community and charity partners engaged in improving CVD prevention outcomes across London.

Communications and Media

- Developed consistent branding and templates.
- Created a partnership approach to comms with partners from local authorities, GLA, and charities such as the British Heart Foundation and BPUK.
- Supported BP UK's Black on the Square event and Know Your Numbers, to create momentum around early diagnosis and intervention.

Community Engagement

- Established a Community Advisory Board to feed into every aspect of the programme with representation from charities, voluntary sector organisations and faith-based organisations from across London.
- Developed principles of community engagement in the programme through a community-wide workshop held in August 2025 with 20+ organisations.
- Developed drafts of a community playbook to share best practice and approaches to heart health in the community.

Pioneers

- Onboarded 8 pioneers and supported them with developing an annual plan of CVD prevention work
- Established a community of practice created to embed best practice and support learning
- Continue to develop guidance on community blood pressure testing, and on physical activity interventions

System delivery, improvement and innovation

- Conducted a hypertension interventions stocktake map, longlisting of high impact interventions and priority areas.
- Continued to engage with ICBs on their commissioning intentions for Long term conditions and CVD

Population and Programme Data Analytics

- Developed MHM case for change, and a preliminary CVD dashboard
- Identified a set of key programme metrics- focusing on both outcomes and inequalities in attainment.

Research Science and Engagement

- Developed the initial logic model and evaluation framework for programme
- Supported the rapid evidence review of interventions to improve detection and management of hypertension



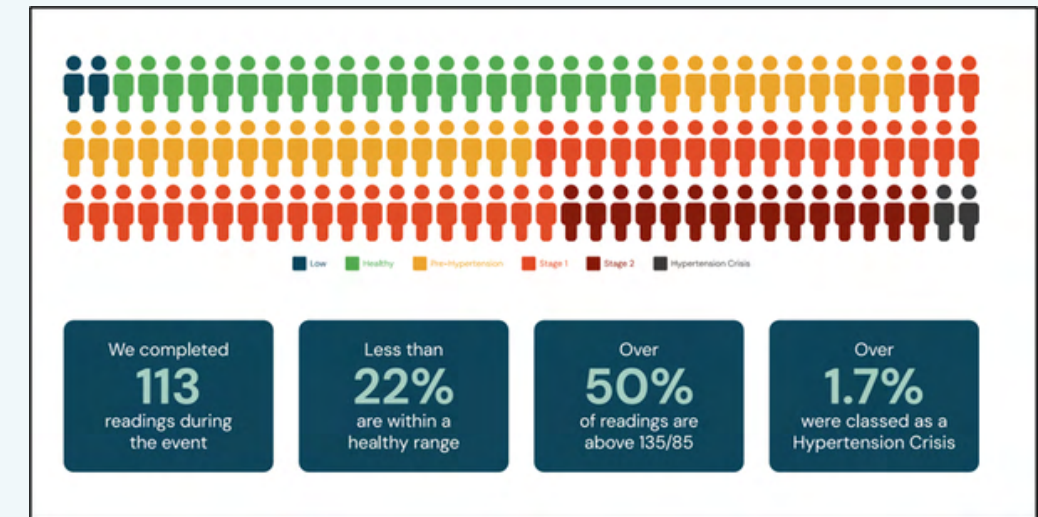
“Million Hearts and Minds is steadily building a coalition of public and private partners who are passionate about working with the capital's communities to deliver prevention at scale and drive forward real population-level improvements in heart health for Londoners”

-Dr Imran Choudhury, Director of Public Health, Sutton Council and DPH Programme Sponsor

4. Impact and Outcomes

This has been a year of many firsts for the Million Hearts and Minds programme.

- The programme has been successful in creating a coalition of the willing across London- with participants from the GLA, London Councils, local authorities, clinicians and commissioners from the NHS, London’s Health Improvement Networks, community, VCSE and faith-based organisations.
- In addition, the programme has also actively continued to engage with potential industry partners such as the British Heart Foundation, BP UK, life sciences and med- tech innovators.
- We were selected as one of the five national Prevention Accelerator sites by NHS England.
- The programme partnered with BPUK and Kinetics in coordinating our first community-facing prevention event to raise hypertension risk awareness for "Know Your Numbers week" at the GLAs Black in the Square event in September 2025.



- We now have **eight organisations signed as Pioneers with our programme**. These include local authorities, Trusts and other large London employers



Pioneer programme organisations

- The year culminated with a successful MHM Summit in Feb 2026, which had over 130 attendees from across the system; inspiring and engaging showcases and discussions about the cardiovascular prevention work happening across London; six breakout sessions throughout the day, led by the MHM subgroup leads, showcasing examples of best practice and testing key campaign messaging and a standout expert panel, which sparked engaging dialogue and meaningful perspectives. More than 25 members took a heart health pledge on the day.

5. Lessons Learned / Reflections

MHM has demonstrated that it can act as an anchor programme for London - one capable of shifting how Londoners think about their heart health and of scaling proven interventions across the capital.

Its first year has shown that a strong, well-coordinated partnership is not just beneficial but essential to achieving this ambition.

The lessons learned below highlight what has enabled early progress and what will be critical for future success.

A shared purpose creates momentum

The programme’s ability to influence conversations stems from establishing a clear, collective mission: improving the lives of Londoners and addressing inequalities in heart health. This shared purpose has helped align diverse organisations and created a strong platform for coordinated action.

Consistent communication build trust and visibility

Partners highlighted the importance of a regular rhythm of communication. Looking ahead, a central website, regular newsletters, and clear reporting on outcomes will help maintain engagement and ensure that best practice is widely accessible.

Community activation is essential for local impact

Local organisations are closest to the people the programme aims to support. The case studies from across London shared at the MHM summit showed that when community partners are empowered, interventions become more culturally relevant, trusted, and sustainable. It is essential that the programme invests time and resources in community activation and mobilisation to be successful.

Regular events and shared moments strengthen the network

Our events such as the community workshop and the MHM summit helped reinforce the programme’s messages and created a sense of shared identity across organisations. As a programme, we should continue to create regular touchpoints that bring partners together, celebrate progress, and reinforce core messages around heart health.

Effective support for pioneer organisations can help amplify our messages

Increasing the number of pioneer organisations can help with casting a different lens on CVD prevention- amplifying our messages and build momentum through effective use of resources across different agencies and organisations in London.



“In the past year the Million Hearts and Minds programme has built a strong coalition across London for tackling heart disease in our communities. I am excited about the opportunities in the year ahead to being to have a real impact on improving heart health at the local level.”

- Dr Will Maimaris, Director of Public Health, Haringey and DPH programme sponsor.

Looking Ahead 2026/27

Over the next year we will continue to work with our NHS and local authority colleagues to embed a culture of focus on CVD prevention across London. Some of our key priorities in the upcoming year are:

- The development and implementation of our first campaign with a focus on hypertension, with lessons learnt to feed into a ‘once for London’ communications and media strategy that focuses on creating coherent, impactful messaging and campaigns over the next years.
- Embedding the role of the Community Advisory Board, and our new Community Voice role, ensuring local communities continue to shape and steer the overall programme.
- Identifying and share best practice community-led initiatives that can be scaled
- Onboarding an additional Year 2 cohort of Pioneers (with an ambition to onboard all local authorities and NHS Trusts over Years 2 and 3)
- Developing and rolling out the “Pioneer Ambassador” role to provide peer-to-peer pioneer support (e.g. NHS trust to NHS trust, LA to LA)
- Further developing the MHM Pioneer support offer, resources and community of practice
- Working with and supporting ADPH London/DsPH to develop and implement an improvement programme focused on NHS Health Checks.
- Continuing to develop strategic partnerships and develop sustainable longer-term funding for MHM programme
- Further developing the MHM evaluation framework, methodology and protocol and ensure alignment to the national Prevention Accelerator evaluation
- Adoption and scaling of identified CVDRM pathway improvements and innovations across the ICBs

After a first year spent setting up the conditions for success, we look forward to more collaboration and momentum as we continue to work together to improve the heart health of London’s residents through prevention at scale.



“It has been fantastic working collaboratively with ADPH London on the London Million Hearts and Minds programme, a city-wide public health and CVD prevention initiative.”

The Directors of Public Health have been enthusiastic in supporting MHM’s commitment to tackling health inequalities, incorporating anti-racist and community centred approaches, and optimising the contributions of the NHS Health Check and CVD primary prevention programmes. I look forward to building on this strong partnership in the year ahead and delivering even greater impact for Londoners.”

- Prof. Kevin Fenton-Regional Director of Public Health, London and Programme SRO



Why We Get Vaccinated Campaign

1.Context and Business Case: 2025-2026

Vaccination uptake in London is lower than elsewhere in the country, and declining in some boroughs, across all vaccinations. This low uptake is resulting in the re-emergence of illnesses and increased pressure on boroughs, ICBs, primary care, and UKHSA to prevent and manage outbreaks and improve uptake. The communities and boroughs who have lowest uptake are consistently those who face highest levels of deprivation and barriers to accessing services.

This campaign seeks to address these issues – as shared by community members and public health teams – by creating assets which address the questions, issues, and challenges these communities have / face with vaccinations as a whole. Its intention is to improve perception of and trust in vaccinations, therefore increasing the likelihood of opting in to vaccinations when they become available.

The campaign is the communications deliverable of the London Immunisation Strategy and is in line with the national NHS immunisation strategy.

Taking a pan-London approach reduces the resource required by boroughs to develop and deliver vaccination campaigns as they can focus on vaccine specific/outbreak response campaigns, and use the Why We Get Vaccinated campaign for wider awareness raising.

The campaign supports public health grant functions including health protection, improving public health, and best start in life.

DPH Lead: Kirsten Watters, DPH Camden, ADPH London Immunisations Lead
Programme Co Leads: **ADPH London:** Ysabella Hawkings, Snr Public Health Strategist, Camden (Co Lead)
London Councils: James Odling-Smee, Director of Communications & Partnerships (Co Lead)



2.Programme Overview

- WWGV aims to increase vaccine awareness and improve the social conversation about vaccinations, leading to improved vaccination uptake. Led by ADPH London and London Councils, it is supported by NHS London and UKHSA.
- The campaign is a pan-London immunisation campaign that has been co-designed with underserved communities to create effective, tailored public health messaging about vaccinations which can be used across London alongside vaccine-specific messaging.
- The creative features real individuals and health professionals from those communities
- Target populations for year 2 include: Somali, Polish, Ukrainian, Portuguese, Romanian, Arabic, Black African, Black Caribbean, and pregnant women. These have been identified in conversation with the participating boroughs.
- 23 boroughs are funding year 2 of the programme, and 29 boroughs are funding year 3. UKHSA has provided funding for year 1 and year 2.
- The programme evaluation is formally supported by academics at the University of Nottingham and UCL, with additional academic advice from the University of East London.





3. Activities Delivered

- The bulk of activity in 2025 was promoting the campaign (which launched in October 2024, encouraging boroughs to share the campaign, year 1 evaluation, securing funding for years 2 and 3, and planning year 2 activity with boroughs)
- 1:1 conversations with 20 of 23 boroughs conducted through October/November 2025
- 16 focus groups involving 43 participants and survey of 2,000 respondents conducted to gather feedback on the campaign so far, completed in November 2025 to evaluate year 1 of the campaign.
- Creation of FAQ document to address questions raised by focus group participants in progress. Originally planned as webinar but converted to FAQ due to low sign ups.
- Emerging findings from the year 1 evaluation completed and presented to WWGV Advisory Board on 15 January 2026. Evaluation findings took longer than planned to report but has not impacted overall schedule. Final findings to be shared in April/May 2026.
- Conversation starters delivered to partners to test in March 2026. Feedback being collected in May 2026.
- 3 photography and filming sessions held across London (Barking and Dagenham, Camden and Wandsworth) to refresh assets with content from the communities. This took place later than planned (completed April 2026) but has not impacted the overall campaign schedule.
- Planning for final photo and filming session with those communities we have less representation from to take place by May 2026.
- Began development of Out of Home advertising campaign with Cross Cultural media. To take place in June 2026, with input from boroughs.
- Development of new messaging and voice note scripts underway as part of year 2 asset development.

4. Impact and Outcomes

- Positive feedback from partners (e.g. councils, ICBs, NHS) including requests to share process and findings
- Campaign was initially downloaded 444 times
- QR code data is continuing to show use since spring 2025 evidencing ongoing promotion and engagement across London outside initial campaign push in October 2024
- Year 1 evaluation work is creating policy and communications guidance to share principles and lessons learnt, and findings have been incorporated into updated assets for y2
- Informed by borough requests, year 2 assets will include new messaging, additional assets (e.g. voice note scripts, videos), and new photography to represent additional communities

5. Lessons Learned

- Y1 distribution via boroughs resulted in inconsistent use, therefore y2 plans include centrally coordinated out of home advertising (e.g. pharmacy screens, bus stops, radio, press).
- Recruitment for photography has been a particular challenge – people often don't attend and sign ups from community groups of interest are low. Ongoing photography will take a more targeted approach.
- Importance of not only focusing on vaccine hesitancy, but also maintaining vaccine positivity as positive perceptions can be fragile.



Why We Get Vaccinated Campaign - Highlights 2025/26

Shared Programmes



South East London ICS Sponsored

Have questions about vaccinating your children? Visit nhs.uk/vaccinations or speak to your local doctor or nurse.

nhs.uk
Find out about vaccinations [Learn more](#)

27 reactions 1 comment

Like Comment Share

University of Nottingham

Using linguistics to improve the accessibility and awareness of new vaccination campaign

Monday, 14 October 2024

A team of language experts at the University of Nottingham has joined a multi-agency campaign to tailor health communications and improve the accessibility of immunisation communications.

The campaign, which launched across London on Monday 10 October 2024, aims to help raise awareness about the importance of vaccinations – particularly within communities where vaccine uptake is lower – and create space for open conversations.

With London being some of the lowest vaccination rates in the UK, this campaign focuses on real stories from local residents, healthcare professionals and community leaders, with the aim of building trust and encouraging informed choices. It's not just about getting vaccinated – it's about understanding why it matters and feeling confident in that decision.

Professor Deepa Adappa and Dr Emma McLaughlin from the Centre for Research in Applied Linguistics (CRAL) in the School of English and Modern Digital Economy Research School led on the campaign, which was a collaboration between the UK Health Security Agency (UKHSA), London Integrated Care Board (ICB) teams, NHS England London Region, led by London Councils and ADPH London (Association of Directors of Public Health).





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