



The Association of Directors of Public Health

Practice Improvement in Public Health: 2025/26 Annual Report

This annual report highlights the wide range of practice improvement (PI) activity delivered between April 2025 and March 2026. It reflects the collaborative work led by regional ADPH networks, Commissioners' Groups, and national ADPH programmes.

Introduction

Throughout the year, networks collaborated with local authorities (LAs), NHS partners, UK Health Security Agency (UKHSA), Department of Health and Social Care (DHSC), integrated care systems, and wider stakeholders to support learning, share innovation, and address public health challenges. Activity reflected both national priorities and regionally identified needs, with many programmes shaped by local intelligence of emerging health risks and workforce pressures.

This year saw a growing emphasis on:

- Strengthening regional collaboration and peer support.
- Embedding prevention and health equity approaches.
- Developing practical tools, frameworks, and resources.
- Supporting workforce resilience and leadership.
- Improving consistency in assurance, evaluation, and implementation.
- Responding to emerging public health challenges through collaborative action.

PI activity was delivered through conferences, workshops, thematic networks/Communities of Improvement (Cols), practice-sharing events, collaborative programmes, and targeted training opportunities. Across the regions, there was also an increasing focus on building sustainable approaches to improvement that could be embedded into routine public health practice.

National PI activity

Commissioners' Groups

ADPH hosts and provides secretariat for the [English HIV and Sexual Health Commissioners' Group \(EHSHCG\)](#), the [English Substance Use Commissioners' Group \(ESUCG\)](#), and the [English Infants, Children and Young People Commissioners' Group \(EICYPG\)](#).

Key PI activity from the groups during 2025/26 included:

ESUCG

- Working with OHID on the development and review of the Commissioning Quality Standards and commissioning practice.

- Supporting the Addiction Healthcare Goals Programme through membership of the Advisory Group.
- Continuing to build effective working relationships with the Joint Combating Drugs Unit in Government to support the development of local Combating Drugs Partnerships.
- Continuing to work closely alongside, Prof. Dame Carol Black in relation to the ongoing implementation of the recommendations in her report on the sector, and the identified need to develop the quality in commissioning and treatment agendas.
- Supporting national research programmes through member participation.

EHSHCG

- Engaging with stakeholders to inform key public health policy. This included contributing to the HIV Action Plan, providing input into the Pharmacy First Emergency Hormonal Contraception delivery programme, and supporting the development of the Teenage Pregnancy Prevention Framework.
- Providing oral evidence at the Health and Social Care Committee parliamentary event on Sexual Health Services in England.
- Developing evidence-based policy and practice, including sharing PrEP My Way [resources](#), delivering 'climate check' surveys to gain insight into priority topics, and co-publishing a [CAB-PrEP briefing](#) with ADPH.
- Hosting three national webinars, receiving an average of 155 attendees, with 94% of evaluation survey respondents rating the webinars either good or excellent.
- Hosting two additional events: An engagement event on sexual and reproductive health in the 10 Year Health Plan, and an information-sharing webinar on Cabotegravir PrEP.

EICYPCG

- Since the Group's launch in May 2025, 176 members have been recruited.
- An interim Executive Board was established from a group of volunteer-LA children and young people (CYP) commissioners, who met three times to discuss topics including group membership, the Executive Board election process, and plans for the launch event.
- The launch event was held on Tuesday 25th November and was attended by 109 people. EICYPCG invited guest speakers from DHSC, the Institute of Health Visiting (iHV), and the School and Public Health Nurses Association (SAPHNA) to share insights and opportunities for 0–19 commissioning. The event also included a survey and workshop so that members' views could be fed into the future priorities of the group.
- Executive Board nominations were opened at the launch event, and Board members were confirmed in early 2026.

What Good Looks Like (WGLL) series

The [WGLL series](#), first co-produced in 2019 with Public Health England, set out to provide practical guidance for local population health programmes, drawing on evidence of what delivers results in practice. We are refreshing this series in collaboration with UKHSA and OHID to ensure it remains relevant and evidence based. The renewed WGLL will remain a flexible, evolving collection of guidance, supporting peer learning, service redesign, and continuous improvement.

Coordination of regional networks

Network Connections

Our monthly newsletter, Network Connections, shares key communications relevant to the Network Coordinators and their region. This includes member engagement opportunities (including representation requests, surveys, and elections), operational updates for the Network Coordinators, news to the members cascaded from the national teams, and a collection of requests and shared resources among the coordinators.

Network meetings

Network Coordinators met monthly throughout the year to discuss organisational priorities, programme updates, and opportunities for Networks to engage with and disseminate learning, information, and good practice across their regions. Meetings also included discussions on quarterly reporting requirements, programme updates, and the PI narrative. Coordinators shared regional updates and contributed to wider programme activities, including engagement with the PI Programme Board, practice-sharing sessions, and peer review processes.

In addition to the regular online meetings, Coordinators met face-to-face in May, strengthening relationships and collaboration across the Networks.

PI Programme Board

The PI Programme Board develops and promotes an understanding of PI for public health across LAs, the NHS, and the wider public health system across the four nations and dependent territories. Across three meetings, the Board reviewed updates from Network Coordinators, Network PI Leads, and commissioners' groups. The Board has also provided feedback on the Public Health Improvement Programme being developed by the Local Government Association (LGA).

Practice sharing events

This year, ADPH significantly expanded its practice sharing webinar programme, hosting webinars on the following topics, while also establishing a forward-looking programme of future practice sharing events.

- Health Devolution and Local Government Reform
- Alcohol Licensing
- Gambling Related Harms
- Navigating Political Change
- Workforce Wellbeing
- Health and Wellbeing Boards in the context of Neighbourhood Health

Regional activities across shared priorities

Supporting smoke-free communities and tobacco control

Local collaboration and service improvement

The East of England established a tobacco control programme supported by a dedicated steering group and marketing lead, while in the West Midlands, a Col has been formed alongside plans for a cessation

portal in partnership with the West Midlands Combined Authority (WMCA). London and the East Midlands have brought together stakeholders, including public health teams, fire services, and criminal justice partners in combatting tobacco use. In Yorkshire and the Humber, Breathe Collaborative YH success has resulted in a proposed three-year extension of the programme, aiming to reduce tobacco-related harm through workforce development and public awareness. The East Midlands has also undertaken a Midlands-wide benchmarking exercise in collaboration with DHSC to better understand service provision and highlight inequalities. Simultaneously, evaluation activity is being prioritised, including assessments of stop smoking services and wider tobacco control strategies, such as those in Cumbria and Lancashire. These approaches demonstrate a commitment to evidence-based practice and improving outcomes through systematic review.

Development of resources and public engagement

Many regions have invested in developing practical tools and shared resources to support delivery of tobacco control activities. In the South West, work has focused on adopting and preparing for the rollout of the updated [Challenge, Leadership and Results \(CLear\) improvement tool](#), which is expected to align with upcoming national legislation. Yorkshire and Humber delivered a series of Citizens' Jury events focused on CDOH topics including tobacco, bringing local people together with experts and policymakers to explore tobacco-related issues and develop ideas for future action. The West Midlands is progressing the development of a regional digital portal to improve access to cessation support and coordinate activity. The East Midlands has produced guidance on novel nicotine and tobacco products alongside resource packs to support consistent messaging on stop smoking services. This is in tandem with their participation in Stoptober, which was also delivered in Cheshire and Merseyside. Other regions are developing more tailored communication strategies: the North East with a [local plan](#) informed by behavioural insights, and a shared tobacco control brand and media plan in the East of England, [Let's Be Clear](#). Effective communication strategies remain central to tobacco control delivery, with most regions actively supporting national campaigns and developing complementary local approaches.

Tailored interventions for priority communities

Several regions are developing initiatives focused on groups with higher risk of tobacco use or specific challenges. A regional task group has been established in the East Midlands to address smoking in pregnancy, responding to service pressures and identified gaps. In London, youth vaping has emerged as a key concern, leading to the development of a regional position statement and targeted engagement activities. These actions demonstrate strong alignment with national ambitions to create a smoke-free generation.

Building workforce capability and leadership

Workforce planning

In Yorkshire and the Humber, workforce development has been embedded within the wider system improvement agenda through a regional [Workforce Development Steering Group](#) and the establishment of a [Future Leaders Fellowship programme](#). This has supported the development of emerging leaders while aligning workforce activity with key priorities such as climate change, children's health, and CDOH. Similarly, London has strengthened leadership capacity through peer-to-peer support initiatives for DsPH.

Capacity and training pathways

Several regions have focused on expanding workforce capacity and supporting clear development pathways into and within public health careers. The East Midlands has offered financial support for individuals progressing through specialist registration pathways (SRbPA), alongside apprenticeship salary grants for public health practitioners. This work has been complemented by the launch of their Early Career Support Network for new consultants, helping to strengthen retention and progression within the workforce. In Cumbria and Lancashire, workforce development has been supported through targeted CPD sessions on specialist topics such as screening ethics and emerging public health risks, alongside system-wide efforts to engage the wider public health workforce and improve access to training opportunities.

Workforce intelligence and CPD

A Midlands-wide Training Needs Analysis has been undertaken by the West Midlands to better understand workforce requirements and inform the development of their CPD offer. Similarly, the East Midlands has piloted a public health workforce data programme designed to strengthen understanding of workforce capacity. In the North East, workforce development has included systems leadership training programmes, practitioner showcase events, and professional recognition. The South West has also strengthened workforce capability through the creation of shared tools to enhance analytical and decision-making skills, following their Public Health Intelligence Practice Improvement plan and survey. London has also demonstrated a practical approach to skills development through a workforce pilot programme that enabled practitioners to gain real-world project experience to meet competency gaps, supporting both individual progression and system capacity.

Prevention, cardiovascular health, and population approaches

Strengthening approaches to prevention

Prevention has been a central priority across the country. In Greater Manchester, it has been embedded through programmes such as the [Live Well](#) programme and work on CDOH. Yorkshire and the Humber has aligned prevention with its wider strategic ambitions, especially in relation to CYP. The use of data and intelligence to support population health management has also been a growing priority, enabling more targeted and effective prevention activity. In the South West, a dedicated public health intelligence improvement programme has strengthened analytical capacity through surveys, workshops, and the development of tools and case studies, helping LAs better understand population health needs and inform decision-making. Similarly, the East Midlands has developed a regional health inequalities data framework to support analysis at local and neighbourhood level, providing a stronger evidence base for identifying priority populations and tracking progress against prevention goals.

Cardiovascular disease prevention and health checks

A key focus of regional prevention activity has involved cardiovascular disease (CVD), particularly through the strengthening of NHS Health Check programmes and population-level risk reduction strategies. The East of England, in partnership with NHS England, undertook a comprehensive review of NHS Health Check delivery. This included a survey of LAs to understand delivery models, outreach activity, and barriers to access. The result was the development of a regional improvement plan, supported by task and finish groups focusing on areas such as data integration and patient communication. In the North East, CVD prevention has been embedded within a wider system approach, with NHS Health Check networks

supporting innovation such as workplace pilots, online delivery models, and integration with substance use services. London has also advanced work in this area through collaboration with the [Million Hearts and Minds](#) programme, bringing together healthcare public health networks to explore population-level approaches to cardiovascular risk reduction, including a focus on equity and anti-racist practice.

Behavioural risk factors and lifestyle prevention

Addressing behavioural risk factors such as smoking, physical inactivity, poor diet, and alcohol use has been a consistent element of prevention activity. In the North East, the Healthy Weight and Physical Activity programme has co-produced workshops to inform the development of a Healthy Weight in All Policies toolkit. This has been supported by the [Good Food Local](#) programme, which has enabled LAs to benchmark and improve food environments, alongside sharing best practice on food provision for vulnerable populations. In Cheshire and Merseyside, prevention has been closely linked to reducing inequalities, with initiatives such as the [PROACT network](#) addressing alcohol-related harm and wider system engagement to protect communities and improve wellbeing.

Climate, sustainability, and system resilience

Embedding climate change action across public health practice

There has been a clear shift towards integrating climate and health objectives into other regional priorities. Yorkshire and the Humber has established climate change as one of three overarching regional ambitions, supported by the development of a dedicated '[Climate Change and Health](#)' Futures platform to facilitate collaboration, resource sharing, and system-wide action. This work has also included contributions to national policy, such as input into NHS England's Health and Climate Adaptation reporting. Greater Manchester has also incorporated climate change and clean air as one of their regional priorities.

System capability and adaptation

Climate and health activity has evolved significantly in London through the integration of climate work into a broader Health Protection Network, bringing together expertise across immunisations, environmental hazards, and emergency preparedness. In the South East, a dedicated Climate and Health Col has been established, providing a structured forum for collaboration across LAs. This has been complemented by a programme of webinars, including a large-scale session on heat-related health impacts attended by over 140 participants, demonstrating strong engagement and growing system awareness. Additionally, the region has hosted workshops and webinars exploring the health impacts of heat and the use of tools such as [UKHSA Heat Health Alerts](#) and risk assessment frameworks for vulnerable populations, including those in adult social care.

Prevention, inequalities, and wider determinants

In Yorkshire and the Humber, climate activity has been explicitly connected to broader work on inclusive and sustainable economies, ensuring that environmental sustainability is aligned with efforts to address deprivation and improve wellbeing outcomes. Across regions, there has also been a focus on embedding climate considerations within wider determinants of health, such as housing, transport, and food systems. For example, work within Yorkshire and the Humber's previously mentioned Health and Places Col has explored the links between planning, transport, and health, including initiatives such as transport and health roundtables and planning policy mapping to influence healthier environments. In London, climate activity has also been linked to mental health and community resilience through collaboration with

programmes such as [Thrive LDN](#), recognising the wider psychological and social impacts of climate change alongside its direct physical health effects.

Mental health, wellbeing, and suicide prevention

System leadership

Mental health activity has focused on strengthening system leadership and coordinated improvement approaches, primarily through regional networks and structured planning. In London, the [Public Mental Health Network](#) has been a central mechanism for coordination, including an annual face-to-face meeting, a network survey, and the development of an action plan for improvement. The network has also supported suicide prevention communities of practice, showcasing practical interventions such as community-led initiatives, postvention tools, and data-informed approaches. In Yorkshire and the Humber, they have a dedicated Col on Mental Health and Suicide Prevention in which, all 15 LAs participated in a deep dive into female suicide, with a dedicated working group progressing actions, alongside partnerships with organisations such as the Samaritans to deliver training and communications support.

Early intervention

Prevention and early intervention, particularly for CYP, have been a major focus across England. Cheshire and Merseyside have progressed work on a refresh of the suicide prevention strategy, including engagement with local leads to identify gaps in provision. In London, a collaborative CYP mental health network meeting explored how community-centred programmes can shape approaches to supporting mental health and wellbeing, alongside ongoing discussions on topics such as early years prevention, parental mental illness, and school-based support. Further activity in early 2026 included network discussions on emotional development in boys, LGBTQ+ youth mental health, and practical school-based tools, highlighting a continued shift toward upstream, preventative approaches.

Capability building and integration

Mental health activity has been closely integrated with wider public health agendas and determinants of health. In Yorkshire and the Humber, guidance has been produced on supporting the mental health and wellbeing of migrants in vulnerable circumstances. Yorkshire and the Humber has also prioritised workforce capability in mental health, including CPD sessions on suicide in vulnerable migrant communities and self-harm in adults.

Collaboration, networks, and shared learning

Regional PI activity continued to be driven through collaborative structures that enabled regions to share learning, coordinate activity, and strengthen partnerships across systems. These included:

- Communities of Improvement/thematic regional networks.
- Quarterly and monthly network meetings.
- Peer review and practice sharing sessions.
- Regional conferences and workshops.
- Cross-system collaboration with NHS, UKHSA, DHSC, and local authority partners.

Examples of collaborative activity included:

- Regional conferences focused on workforce, inequalities, climate, behavioural science, and prevention.
- Joint workshops on immunisation, screening, and health protection.
- Collaborative benchmarking exercises and shared evaluation approaches.
- Development of regional frameworks, position statements, and guidance documents.

System challenges and emerging pressures

Regional networks continue to face challenges linked to inconsistent funding, workforce pressures, and increasing demand across the public health system.

Key challenges identified during 2025/26 included:

- Limited and short-term funding arrangements for regional network activity.
- Workforce retention, resilience, and specialist capacity pressures.
- Challenges evidencing impact and demonstrating outcomes consistently.
- Capacity limitations affecting the delivery and sustainability of programmes.
- Increasing complexity across partnership and system working arrangements.
- Geographic and logistical barriers impacting face-to-face collaboration.

Despite these challenges, networks have continued to demonstrate strong commitment to collaborative improvement activity and the sharing of learning across England.

Future priorities and next steps

ADPH will continue to support and advocate for PI activity at local, regional, and national levels through strong partnership working with the UK regional networks, Commissioners' Groups, DHSC, UKHSA, NHS partners, and wider stakeholders.

Further opportunities will include strengthening the use of digital resources, shared online learning spaces, and accessible guidance materials to support collaboration and dissemination across the public health system.

Future priorities will include:

- Strengthening national and regional collaboration across the UK.
- Supporting workforce resilience and development.
- Expanding prevention-focused practice improvement activity.
- Developing stronger evaluation and impact approaches.
- Supporting health protection and system resilience.
- Continuing to share and scale effective practice across the public health system.

ADPH remains committed to providing strong national leadership for practice improvement and supporting the continued sharing of learning, innovation, and collaboration across the public health sector.