

# GLA Group Public Health Unit Annual Report 2024-25

The annual report 2024-25 outlines our progress and impact.

London Skyline unknown

## Key information

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## 1. Summary

The GLA Group Public Health Unit (GLAG PHU) has been working directly with the Mayor, London Assembly and teams across the GLA Group to embed health into their work. This brief report outlines progress and impact 2024-25. Read our [first report covering 2022-24](#).

The GLAG PHU is a shared service. Our GLA Group-wide remit is to improve Londoners' health and wellbeing, and contribute to reducing health inequalities by taking a 'health in all policies' (or HiAP for short) approach. Our work is based around five thematic public health portfolios that align closely with GLA Group functions and Mayor's strategic priorities. These themes intersect with the key building blocks of health and drivers of health inequalities.

## 2. Introduction

## Forewords

### **Dr Tom Coffey**, Mayor's Adviser on Health

This annual report provides an update on our Health in All Policies (HiAP) approach across the GLA Group. The case studies illustrate work cross the Group to embed health and wellbeing in all that we do; and the unique role that the Mayor of London is playing, at a city level, to make London the healthiest global city.

I am a GP and see the consequences of health inequalities every day. Good health is built in communities. The work I do with my patients has relatively limited impact, because the building blocks of health are about where people live, work and play. The GLA Group has a role to play in many facets of Londoners lives – through transport, policing, housing and planning, to name a few. All have an impact on health.

The Mayor has signalled three key areas in which he would like to see improvement: children's health, mental health, and heart health. These are areas where we see both urgent need and the greatest opportunity for impact. In June the Mayor published the [Health Inequalities Strategy implementation plan for 2025-28](#). This sets out our progress so far, and key commitments for the future. We will be working together across the Group and with our partners, taking a 'whole system' approach to address the causes of poor health.

Making London one of the healthiest cities in the world will require action by a range of sectors, and initiatives at local and city-wide levels. By working together, the GLA Group can have a bigger positive impact on Londoners' health. For example, we are helping Londoners achieve a healthy weight by taking action using many different approaches:

- restricting advertising of high-fat and high-sugar foods – TfL established the criteria and process that has enabled local authorities, to do more
- London plan policy restricted new hot-food takeaways near schools – this is now part of the national planning policy framework
- over 50 School Superzones have been funded, delivering place-based interventions – such as improved green spaces, walking paths and lighting around schools – in areas of the greatest disadvantage
- the environment around schools was further enhanced to encourage active travel and cleaner air with the School Streets programme, supported by TfL and boroughs
- GLA funding for green spaces is improving the environment and encouraging active travel – with walking, wheeling and cycling contributing towards a healthy environment
- over 4,500 schools, early years settings and childminders are engaged in the Mayor's Healthy Schools London and Healthy Early Years London award programmes. The programmes aim to reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, dental health, physical activity and the promotion of water-only policies in schools.

Across the GLA Group, we want to build consideration of health and wellbeing into our strategies and programmes. In this work, we are looking for co-benefits between different policy agendas, so that HiAP is a win-win approach. The positive impact is exemplified by the recently published [Mayor's Police and Crime Plan 2025-29](#). The plan addresses the social causes of crime and violence by working with communities, health services and other agencies to prevent people from being drawn into violent crime; and by reducing violence through public health strategies, which include early intervention and support services.

In the last year the GLA Group Public Health Unit (PHU) has also strengthened health resilience activity, developing capacity and preparedness to respond to threats to health including climate change. This work is closely aligned with that of the London Resilience Unit, which is now hosted by the GLA. A key area of focus is

heat-health. The PHU is working with the London Resilience Unit, the GLA's climate adaptation team and health and care system partners to embed health within the activities of the Pathways 2 Resilience Programme to manage heat health risk in London.

The GLA Group Public Health Forum continues to meet quarterly. These meetings, co-chaired by myself and Professor Kevin Fenton, support progress across the GLA Group. Forum meetings have included contributing to the Mayor's Rough Sleeping Plan of Action and the TfL Vision Zero Action Plan on road safety. These discussions have led to cross-Group connections and collaboration on health benefits for Londoners.

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**Professor Kevin Fenton**, Regional Director, Office for Health Improvement and Disparities (London); Regional Director of Public Health, NHS London; Statutory Health Adviser to the Mayor of London, GLA and London Assembly

Over the last 25 years, London has seen significant progress towards good health; Londoners are living in good health for longer. Taking action on the social, economic and environmental factors that influence health has brought positive results that have shaped health opportunities – from childhood through to later life.

This progress has not been equally felt, and in recent years has stalled in many parts of the country, including London. The impact of the COVID-19 pandemic, and the subsequent cost-of-living crisis, have both exposed and deepened these inequalities. The gap in healthy life expectancy between different boroughs is as wide as 13 years. The burden of poor health still falls unnecessarily heavily on deprived communities, and on some ethnic minority groups who suffer from ill health and die early. Yet we know how to make a difference.

Health is shaped by far more than healthcare. It's about the homes we live in, the food we can afford, the air we breathe, the work we do, and the opportunities available to us. That's why improving health outcomes must go beyond hospitals and primary care – it must involve action on the social, economic and environmental building blocks of health. Income inequality and child poverty have worsened since 2020, placing additional pressure on families and communities already experiencing the poorest outcomes. The impacts of this on our mental health, cardiovascular health and broader health systems are clear. We cannot ignore the structural factors – including racism – that continue to limit access, trust and confidence in our public services. These are at the core of wider systemic inequalities and must be addressed head-on if we are to deliver lasting change.

Despite these challenges, there are clear opportunities ahead. Work across the GLA Group is increasingly focused on embedding public health thinking from the outset – across housing, transport, employment and environmental policy. The government's 10-Year Health Plan provides a powerful framework for driving forward an equitable, preventative and people-centred approach to health. We are proud that our citywide, collaborative approach to tackling health inequalities has been recognised globally. London's work has been showcased as a [World Health Organization case study](#), for integrated public health action using culture and creativity in complex urban environments to improve people's health. This reflects the strength of our partnerships and our commitment to long-term, system-wide transformation.

Looking ahead, we must remain focused on the root causes, prevention and early detection of poor health. Together, we can build a fairer, healthier London for all.

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**Vicky Hobart**, GLA Group Director of Public Health

The GLA and the London Assembly are 25 years old this year. Happy birthday! Over this time, the role of the strategic authority in shaping Londoners' health has continued to evolve. From the outset, the GLA was required to think about health in discharging its duties. In 2007 a requirement for the Mayor of London to develop a Health Inequalities Strategy was introduced. The Mayor is also a Category 1 responder in civil contingencies – in other words, he is the voice for London. This includes health resilience; building our city's resilience; and responding to emerging threats.

Over the years, the GLA Group has increasingly recognised health as an asset – a vital ingredient in helping the Mayor of London to achieve the Group's social, economic and environmental agenda. Health is also a top priority for Londoners themselves. My role includes providing professional public health advice to the Mayor, the London Assembly and the Group. The focus on health resilience and preparedness, often unseen, is an essential part of the work.

Our current Mayor has championed the importance of health, putting physical and mental health and wellbeing at the heart of policy. Since he established the GLA Group PHU in 2022, we have been making the case for health and embedding health considerations across the Group. Our mission is to ensure the Group plays its part in full in improving the health and wellbeing of Londoners by:

- keeping Londoners safe
- preventing ill health
- tackling health inequalities.

The PHU works across the Group – with TfL; the Mayor's Office for Policing and Crime (MOPAC), and the London Violence Reduction Unit (VRU); the Old Oak and Park Royal Development Corporation; and London Fire Brigade. In doing so, we can realise the many opportunities to deliver win-win co-benefits, by enhancing policy and programmes to include health considerations. The unit's work is focused on the areas where the Group can realise health gains – this includes transport, housing, environment and community safety. These are all areas where the Mayor can have impact – and they are the core building blocks of good health:

- financial security
- good education
- healthy environment
- job security
- housing and transport
- strong communities.

The unit is delivering a HiAP skills and capacity building programme, including webinars and an annual 'masterclass' to build knowledge and confidence about health considerations across the Group. This work is supported by our direct involvement in the development of key programmes. Our second masterclass, in October 2024, focused on evidence and evaluation; community engagement; and behavioural science. In 2025, we continued our webinar series and launched our newsletter. London case studies highlight learning and opportunities for joint working.

In this annual report, we are using a new GLA levers framework to showcase examples of the Group's work to put health at the heart of all we do. Our unit's experience of embedding health across policies and programmes has been brought into the GLA framework of levers for putting health at the heart of policy (see below). I encourage teams across the Group to use the framework to identify opportunities to incorporate health benefits into your policies and programmes.

If you want to explore this further, please get in touch: [GLAPublicHealthInbox@london.gov.uk](mailto:GLAPublicHealthInbox@london.gov.uk).

### 3. Putting health at the heart of policy

#### The GLA levers framework

The GLA levers framework was developed by the GLA Group PHU to facilitate a HiAP approach. It supports teams across the GLA Group in identifying opportunities to incorporate health benefits into non-health policies and programmes.

The framework covers the different stages of policy or programme development:

- understand
- influence
- act.

Putting the levers into action is underpinned by efforts in corporate social responsibility; equality, diversity and inclusion; and community engagement.

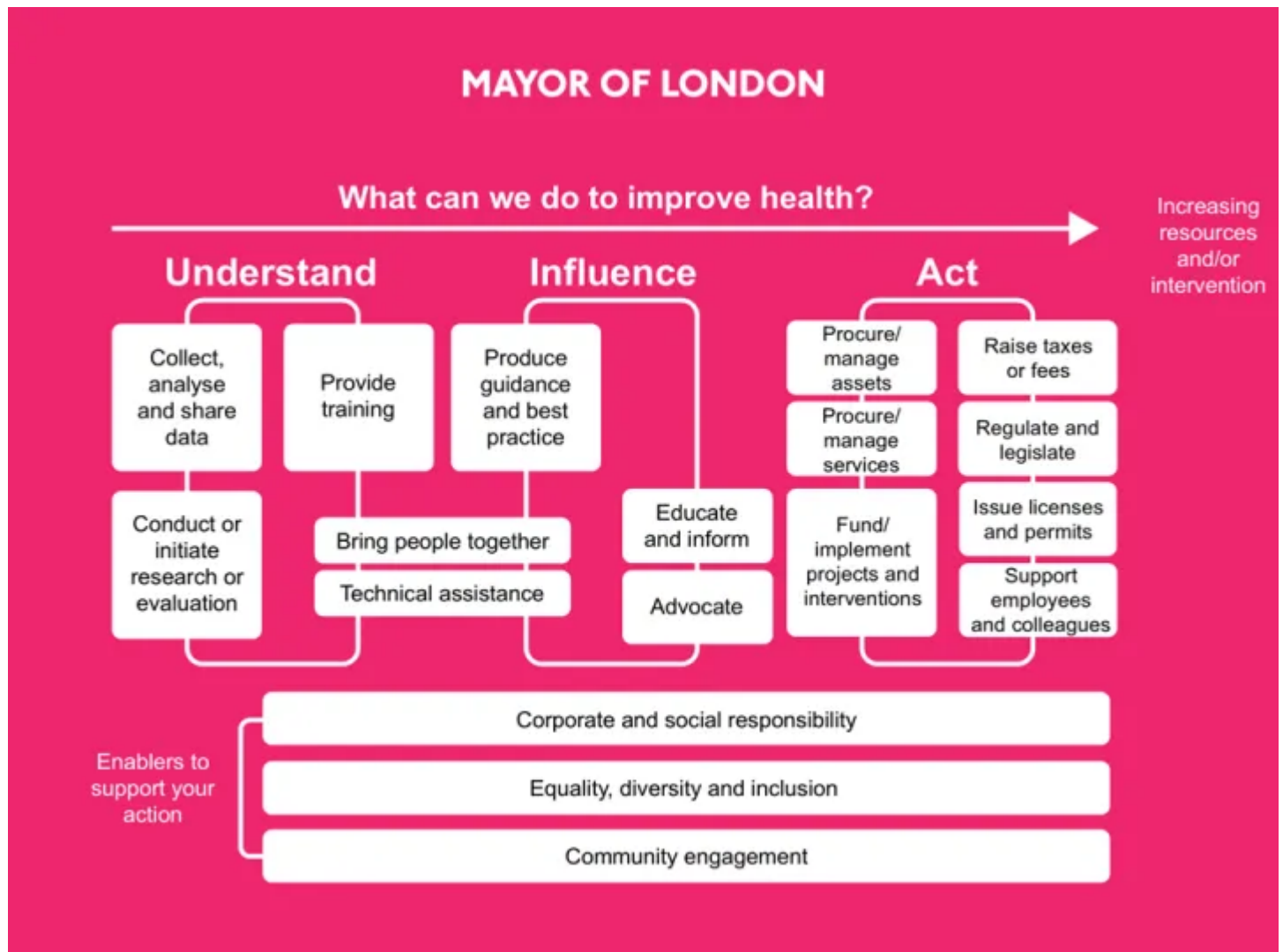


Figure 3.1 -

Read more about the HiAP levers framework, with examples of each of the levers: [GLA framework of levers for putting health at the heart of policy](#).

## **4. The impact of embedding health in all we do**

### **4.1 Understand**

These levers can be used to increase understanding of health, and the factors that can positively or negatively impact it. Levers include conducting research or evaluation; collecting, analysing and sharing relevant health data; and providing training. There are two levers that can be used to both increase understanding and influence others: providing technical assistance; and bringing people together.

Below are two examples encompassing data collation and analysis; communication; convening appropriate people; and providing technical assistance.

#### **Case study – Air quality alerts to healthcare professionals**

Long-term exposure to air pollution, over years, increases the risk of developing lung cancer, heart and lung disease (including asthma), stroke, and early death. Short-term exposure to high air pollution increases respiratory and cardiovascular hospital admissions; and mortality.

The Mayor's high air pollution alerts to healthcare professionals were launched in February 2024. They formed part of a broader package of educational work, to help healthcare professionals play their part in reducing avoidable harm from air pollution. The first high air pollution alert to health professionals was triggered in March 2025; a second came less than two weeks later.

The first episode was unusual because it was not forecast; therefore, the alert could not be triggered in advance as planned. The PHU was the conduit between the alert system, and the health and care system; as such, it responded to this unanticipated episode. The unit shared early intelligence of the alert with the cross-organisational London Air Quality and Health Programme Office. Working closely with the GLA air quality team and Imperial College London, the PHU adapted communications and messaging to reflect the unusual episode and actions required. It anticipated blockages in the cascade, ensuring the alert was disseminated.

The PHU has used learning from this episode to work with NHS partners to review the alert dissemination process; understand their experience; and strengthen preparedness for future episodes.

#### **Benefit realisation**

- Health professionals better understand the harms of air pollution; this allows them to better communicate risks with patients, to reduce harm.
- The data and intelligence-sharing processes in place enabled an agile response to an unanticipated episode of high air pollution.
- Health professionals are better prepared and ready to act in future episodes of poor air quality.

#### **Case study – Primary care support for domestic abuse survivors**

Since 2019, the London VRU has invested in the Identification and Referral to Improve Safety (IRIS) programme, across London boroughs, to enhance primary care responses to domestic abuse. A review of evidence was compiled to inform the case for sustainable investment in services. This reinforced the important role of GPs in supporting domestic abuse survivors.

Together, the VRU and PHU developed a comprehensive health, economic, legal and moral case for integrating domestic abuse support within primary care. They also identified existing services; and learned from practices across London to support advocacy for sustained investment.

Working closely with the VRU, the PHU led a multifaceted project that included:

- conducting an extensive literature review of interventions in primary care
- developing and disseminating a regional survey to a Violence Against Women and Girls (VAWG) Coordinator
- interviewing GPs to explore barriers and enablers
- Reviewing Domestic Homicide Reviews for health system recommendations
- costing domestic abuse financial impact on London's healthcare system.

The PHU engaged with public health leads across boroughs; and presented findings and strategic recommendations to the VRU senior leadership.

The project generated a robust evidence base and a clear advocacy case for primary care-based domestic abuse interventions as best practice. It has since been shared with London's Integrated Care Boards chairs; London Association of Directors of Public Health; and the Deputy Chief Medical Officer for England.

#### **Benefit realisation**

- Influencing policy and system change with robust evidence.
  - Making the case for "once for London" approach for effective services.
  - The evidence base will inform the support needs of victims in the VAWG Strategy.
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## **4.2 Influence**

Influencing is integral to drive action towards protecting and improving health. The purpose of influencing is to change how others (individuals/teams/organisations) consider health in their own activities and decision making. This can be carried out through the levers: providing guidance and best practice; educating and informing; and advocating. Three examples of using these levers are outlined below.

### **Case study – Embedding HiAP across the development of the London Plan**

The London Plan is the Mayor's strategic plan for how London should grow and develop over the next 20-25 years. It sets the framework for sustainable development of the city through policies and guidance that shape important determinants of health – such as housing availability and accessibility; built environment and public realm; transport; and infrastructure. It is, therefore, an important opportunity for improving health and reducing inequalities in London.

The PHU has worked closely with planning colleagues internally, and with external stakeholders, to embed the HiAP approach into the development and implementation of the new London Plan. The unit has provided expert advice and evidence on the health implications of proposed policies across key areas such as housing; transport; air quality; climate resilience; health infrastructure; and economic growth. The unit has also supported London-wide engagement, convening the London Healthy Places network for a focused session on the London Plan. This supported local public health and planning teams to understand and contribute to the consultation. This work is shaping a London Plan that better addresses the building blocks of health; and supports the Mayor's goal of reducing health inequalities.

#### **Benefit realisation**

- Providing technical support to strategic planning and planning policies, to ensure risks and opportunities for health are considered in London Plan policies.
- Supporting borough health and planning systems to engage with the London Plan consultation process.
- Technical support and convening senior-level decision-makers (both internal and external) on planning and health enable health system engagement with their submission of evidence and feedback contributing to the development of the next London Plan.

#### **Case study – Promoting Active Travel health benefits**

Our work supports Mayoral priorities to increase active travel to improve the health and wellbeing of Londoners and reduce health inequalities.

Active travel, including walking, wheeling and cycling, allows Londoners to build physical activity into everyday routines, bringing significant health benefits. Interventions to enable active travel – by making streets safer and greener and reducing traffic dominance – also bring the co-benefits of reducing road danger, air pollution emissions, carbon emissions and noise pollution, which contributes to cleaner air, net zero and a healthier environment.

The PHU worked closely with ADPH London to develop their Active Travel and Health Position Statement (September 2025). This statement affirms the ADPH London commitment to promoting and supporting active travel.

The position statement was initiated after we brought together London's Directors of Public Health with Dr Will Norman, the Mayor's Walking and Cycling Commissioner on the benefits of active travel as a priority for transport policy and public health.

To develop the statement, it was important to consult both transport and public health colleagues from across the system. Working across the GLA Group and alongside the London health system, the PHU is uniquely positioned to provide a conduit between these professions. The PHU engaged TfL's Healthy Streets and Road Safety teams, alongside public health leaders from local boroughs and the Office of Health Improvement and Disparities (OHID). This ensured the statement included up to date and accurate data and evidence, and the opportunities and recommendations were practical and achievable.

#### **Benefit realisation**

- Once for London – the presentation and position statement make clear the relationship between active travel and health benefits and is relevant across all London boroughs.



- The position statement provides Directors of Public Health with key messages, data, evidence and recommendations to effectively communicate and advocate for the benefits of active travel for health across council teams and networks.
- By influencing public health leaders to support active travel initiatives they have greater awareness and focus on this area of health and climate related activity.

### **Case study - The London Drugs Forum – MOPAC**

There are wide-ranging harms to individuals and communities caused by drug supply and use. To address and prevent these impacts, the PHU supported the Mayor's Office of Policing and Crime to establish the London Drugs Forum in 2022, which brings together partners to progress London-wide approaches. The four initiatives below illustrate the impact of pan-London work bringing criminal justice and health partners together. The forum is co-chaired by Dr Tom Coffey and the Deputy Mayor for Policing and Crime.

Through the work of the forum's Criminal Justice and Substance Misuse subgroup, delivered by OHID and others, London has seen significant improvements in continuity of care for prisoners leaving prison and engaging with London's substance misuse services. Take-up has risen from 22 per cent in 2023, to 45 per cent for the 12 months up to April 2025.

Partnership working has encouraged and supported the implementation of a Metropolitan Police Service pilot providing Naloxone to some frontline police officers and to custody detainees identified as being at risk of an opiate overdose.

The Forum meetings highlighted Chemsex harm as an issue for London, therefore the PHU took action to work with commissioners, MPS, Voluntary Sector partners and others to scope Chemsex need in London. This has subsequently kicked off a joint programme of work and a London-wide Chemsex steering group which is looking at joint sub-regional commissioning across sexual health and substance misuse in London.

The PHU has also successfully secured funding for London to improve preparedness and resilience to synthetic opioid harms.

#### **Benefit realisation**

- Progressing a public health approach to drug-related harms.
- Convening partners to reap benefits from a London wide approach.
- Needs analysis support for Chemsex harm reduction in London that led to joint commissioning work and additional funding.

## **4.3 Act**

The final theme in the levers framework is Act. Through policy and programme delivery, action can be taken to improve health directly or indirectly by funding or implementing projects and interventions; licencing and permits; regulating and legislating; taxation and fees; and supporting to employees and colleagues. Two examples illustrate where the PHU have used these levers are outlined below.

### **Case study - Health Resilience Programme**

London faces diverse health threats, with shocks and stressors ranging from infectious diseases, seasonal health risks, and environmental hazards. The Mayor is a Category 1 responder under the Civil Contingency Act, with a role to assess, prepare and respond to emergencies. The PHU has a core function in strengthening resilience to these public health threats and providing technical support across the GLA Group by working with the London Resilience Unit and wider partners through the London Resilience Forum, and working closely with the UK Health Security Agency, OHID and the NHS to anticipate, respond to, and recover from these events.

Through implementation of an in-hours duty rota to deliver prompt public health advice, developing scenario response cards for key risks, and providing expert input to the London Resilience Unit, the PHU has ensured that public health advice is effective, timely, coordinated, and grounded in evidence. The PHU's contributions have shaped health-focused messaging, supported resilience planning across infectious disease and environmental hazards, and embedded health expertise into a range of strategic activities from heat risk and climate resilience through to online harms and synthetic opioids – enhancing London's overall public health preparedness.

### **Benefit realisation**

Overall strengthening of preparedness protects Londoners.

- Collaborative working across system resilience partners ensures a joined-up approach to address complex system risks, with wider reach across Londoners and a whole of society approach to resilience.
- Timely insights on emerging threats improves preparedness and ability to anticipate issues therefore responding proactively.
- Tailored messaging improves reach of communications and engagement around specific risks, increasing the likelihood that action is taken to avoid harm.
- Embedding health expertise across resilience issues supports Group members to address health equity aspects of their own resilience activities.

### **Case study - Rough Sleeping Plan of Action**

Rough sleepers have some of the poorest health outcomes of any population in London, with an average age of death of just 44 years. The Mayor has a commitment to end rough sleeping by 2030. The [Mayor's Rough Sleeping Plan of Action 2025](#) has been developed to prevent rough sleeping wherever possible and deliver rapid, sustainable routes off the streets.

The PHU collected evidence for key priorities to improve the health outcomes for London's rough sleeping population, capture existing health impacts of rough sleeping and support the GLA rough sleeping leads to engage health partners to obtain buy-in to support delivery of these priorities in the Action Plan. The PHU brought a diverse group of health system stakeholders together, to set and agree on key priorities for health and set out opportunities for GLA leadership to join-up health and social care services.

Through this work, the PHU was able to gain consensus on the top health priorities for the Action Plan and determining key pathways to achieving this by leveraging existing funding pathways, and link each health priority to a key goal, action or ask of national government to enable effective implementation over the course of the Action Plan. Our team worked alongside the NHS to agree an ambition to ensure every hospital has access to a multi-disciplinary team and step-down accommodation provision to prevent rough sleepers being discharged to the street.

### **Benefit realisation**

- Placing health at the heart of the rough sleeping plan of action – including linking health priorities to existing health capacity across London.
- Demonstrating return on investment for NHS engagement on commitment to ensure every hospital has access to a multi-disciplinary team and step-down provision particularly in reducing bed days lost to unnecessary delayed discharge.
- Streamlining and improving service provision by demonstrating opportunities for joined-up work between health and social services to support a diverse range of needs.
- Setting the long-term aspiration to prevent rough sleeping, reduce incidences of early deaths for people experiencing rough sleeping, reduce demands on services and providing specialist and supported accommodation.

## 5. Looking forward

GLA Group Public Health Unit mission is to ensure the GLA Group plays its part in full in improving the health and wellbeing of Londoners by:

- keeping Londoners safe,
- preventing ill health, and
- tackling health inequalities?.

In 2025-26 the PHU has realigned the work plan to the Mayor's commitments for this team, focusing on the areas where the greatest public health gains can be made.

Portfolio thematic areas are:

- Children and young Londoners
- Community safety and vulnerable Londoners
- Economy and planning
- Environment, climate and (strategic) resilience
- Housing, public health intelligence and (response) resilience
- Transport and air quality

We will work closely with the London Resilience Unit to strengthen the Group's role in London's resilience to health shocks and health stressors, including responding to threats.

During 2025-26 the unit will establish a model for continuous improvement and begin the first phase of implementation. This improvement model will help to further develop evidence of benefit realisation and improve our work across the functional bodies of the Group.

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