

# Public Health Sector-led Improvement (SLI) Framework

## What is the purpose of SLI?

At its best SLI should provide confidence to both internal and external stakeholders and the public as well as demonstrate continuous improvement to PH practice. In this way it will improve health outcomes and avoid top-down inspection regimes. It should therefore provide demonstrable evaluation, challenge and measurement of improvement not merely increased learning and knowledge.

## What does good look like?



## SLI for DsPH and their teams

SLI is essentially leadership for improvement. It is not principally about personal or professional development (CPD) but about improvement in outcomes and performance by improving PH. For DsPH the focus is how the DPH exercises leadership to drive improvement in health outcomes.

This can be thought of as three levels of leadership each with its context, environment and stakeholders.

**Functional leadership:** the PH functions that are undertaken to deliver improved population health outcomes. SLI is about improving how these are delivered.

**Corporate leadership:** improving how PH enables the organisation to deliver its responsibilities to protect and improve health.

**System leadership:** improving how PH influences the health system and wider partners to maximise the impact on population health.



## What methodologies could be used?

How SLI is undertaken is primarily a decision for those involved but methodologies can be broadly characterised under three headings:

Challenge: including peer challenges; self-assessment; evaluation approaches;

Problem-solving: including collaborative workshops to tackle wicked issues ('hack' days); advice surgeries;

Sharing: including best practice workshops; sharing innovation; learning together.

Evaluation and measurement of improvement should be included in all activities.

## What are the distinctive roles of ADPH; the Programme Board; LGA; PHE?

### ADPH SLI Programme Board:

- provides a national focus and leadership for SLI in PH;
- stimulates and supports network activities;
- provides quality assurance, challenge and feedback to network programmes;
- provides a framework; standards, tools etc to provide consistency across networks;
- celebrates and disseminates what is done well;
- ensures stakeholders understand the role and importance of SLI in PH.

### ADPH:

- supports the creation of necessary conditions for SLI;
- brings non-geographic networks together;
- facilitates learning across networks.

### LGA:

- develops and delivers the national offer of peer challenge;
- develops and offers supportive tools and publications;
- provides understanding of and learning from wider local government SLI programmes.

### PHE:

- provides wider context of national public health programmes for improvement;
- provides knowledge, evidence, supportive tools, publications and other resources
- provides support to regional networks through PHE Centres.

## Other potential partners – nationally and locally

By definition SLI is always led and primarily undertaken by 'the sector'. However it is clear that improvement in public health cannot be achieved in isolation. There are often opportunities and sometimes the necessity to work together with others. When dealing with a particular topic it makes sense to seek collaborative work with those in the wider system who have a key interest eg DsCS with children; DsASS with elderly; CCGs with primary care issues etc.

Nationally it is important that other stakeholders understand the importance of SLI and that relevant tools and standards are co-created.