

Public Health Strengths and Risks Self-Assessment

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What we will cover

- Background
- Features and benefits
- Quality framework
- Take up of the self-assessment tool
- The 7 Domains
- Key considerations for using the self-assessment
- How to complete it
- Using the findings
- Our support
- Insights from Norfolk
- Q&A



Background

- The Association of Directors of Public Health (ADPH) and the Local Government Association (LGA), in consultation with SOLACE have developed a self-assessment tool to support system leaders in councils in defining good public health at place
- It is designed to support sector-led improvement and can be used flexibly by Directors of Public Health and councils to understand how effective they are in setting their own ambitions for public health and the ways they work with partners
- The tool was initially developed in collaboration with East Midlands ADPH and the LGA and based on the ADPH London DPH Peer to Peer Reflective Process 2018-2019
- The original self-assessment tool has now been updated as an online version
- This has been completed in consultation with:
 - √ Directors of Public Health
 - √ ADPH regional networks
 - √ Public Health Consultants via the HiAP national network
 - √ SOLACE (policy)



Features and benefits

- Owned by the Director of Public Health
- Used flexibly - timescale and how deep DPH wants to go for each domain
- Stimulate thinking; highlight strengths and successes as well as issues/risks
- Data in and data/information out controlled by DPH
- Team building exercise and opportunity to reflect
- Provides a common framework/language between ADPH networks and councils - opportunities for peer-to-peer work
- Aggregated data can help to:
 - bring focus to discussions at network/regional/national level
 - focus improvement activities (including regional SLI Plans)
 - demonstrate trends over time
 - provide a basis for comparative information



The context for the Public Health Strengths and Risks Tool

Quality & Assurance in Public Health: *The Framework*



Characteristics of high-quality public health services for people who use them

Source: Quality in Public Health: *a shared responsibility* (2019)



Overview of domains

- There are seven domains that make up the self-assessment that mirror the Adult Social Care risk tool with health inequalities themed throughout
- The seven domains take into account the approach and language from the ADPH London DPH Peer to Peer Reflective Process 2018-2019

Public Health Domains of Risk	ASC Domains of Risk
1. Leadership and Governance	1. Leadership and Governance
2. Culture and challenge	2. Sector-led improvement, culture and challenge
3. Making a difference	3. Personalisation, good outcomes and keeping people safe
4. Partnerships	4. National priorities and partnerships with the local system
5. Use of resources	5. Use of resources, human and financial
6. Commissioning and quality	6. Care market quality, sustainability and supply
7. Health protection	



The 7 domains



The 7 domains of strengths and risks overview

1. Leadership and governance

Political and organisational context, and priority given by the council to public health

2. Culture and challenge

Organisational culture and participation in sector led improvement and other activities, to support and challenge. Including continuous improvement.

3. Making a difference

Effectiveness of services, evaluations, and use of data sets/information/analytics e.g. the Joint Strategic Needs Assessment (JSNA) in monitoring outcomes and impact.

4. Partnerships

All relevant partnerships including the Health and Wellbeing Board, Integrated Care Partnerships (ICPs), voluntary and community sector (VCS) etc to improve the health of the population and reduce health inequalities.

5. Use of resources

Budget situation and workforce pressures for the council and partners

6. Commissioning and quality

Availability, quality, diversity and sustainability of services and the capacity to influence and shape market provision.

7. Health Protection

Health protection capacity and capabilities within the public health team, council, place, and wider system including reflections on the impact of Covid-19 and preparedness for health protection incidents. As part of this, a reflection on the impact of health protection incidents on health inequalities.



Key considerations

Key considerations in advance of completing the self-assessment:

1. It is designed to support continuous improvement – and not to be used for performance management purposes
2. Who will be involved in completing it - including any aspects of confidentiality given the potential sensitivity of some of its content.
3. It is anticipated that the strengths and risks self-assessment will enable genuine, honest reflection and discussion and could be the basis for peer review or themes shared within ADPH networks
4. Some areas are developing and refining their own benchmarking datasets that can be included as part of the self-assessment
5. To complement the self-assessment it could be considered whether any national data sets would be helpful as part of analysis of the findings from this process e.g., OHID tools such as Public Health Outcomes Framework and Fingertips. The LGA publishes a number of research reports on LG Inform which might be useful for this



Completing the strengths and risks self-assessment

Stages

1. Decide who's involved and timescales
2. Once agreed, discuss with the LGA team to determine any particular inputs, aims, outputs or support required
3. Completion of the online self-assessment and submitted to the LGA data team to process and return to the DPH
4. Full data return is available for local analysis and sharing with the senior team and others as agreed by the DPH
5. Opportunity to feed findings into ADPH network SLI Plans and other regional improvement discussions

Ways of using findings:

There is no one prescriptive way the self-assessment should be undertaken or used with peers. This is for local determination and may include both formal and informal methods. The approaches below are examples:

- The LGA can provide peer support and facilitate workshops
- To provide the foundations for annual regional 'peer summits' or challenge workshops
- To support a programme of regional peer challenge visits (i.e., utilising teams comprising of officers and members from other councils in the region)
- Informal 'matched buddying' on ad hoc issues
- As a basis for support/improvement conversations on specific domains
- Themes can be used to inform work with partners at a local, system or regional level



Use of information from completed self-assessments

All responses will be treated confidentially. Information will be aggregated, and no individual or authority will be identified in any publications without consent. Identifiable information may be shared amongst participants where there is a local agreement in place and consent has been provided. All information will be handled and processed in accordance with the LGA's [privacy statement](#). We are facilitating this self-assessment to aid the legitimate interests of the LGA in supporting and representing councils.

	Non anonymised – shared within public health team	Non anonymised – shared within the council	Non - anonymised – shared within ADPH network	Anonymised – shared within ADPH network – aggregated data e.g., could be theme based	Anonymised shared with partners regionally – aggregated data e.g., could be theme based	Anonymised aggregated data to inform a national picture of strengths and risks – could be a collective picture or theme based (could be distinguished by region or not)
Individual local authority completed self-assessment	✓	✓	✓	✓		
Completed self-assessments within a region/network			✓	✓	✓	✓



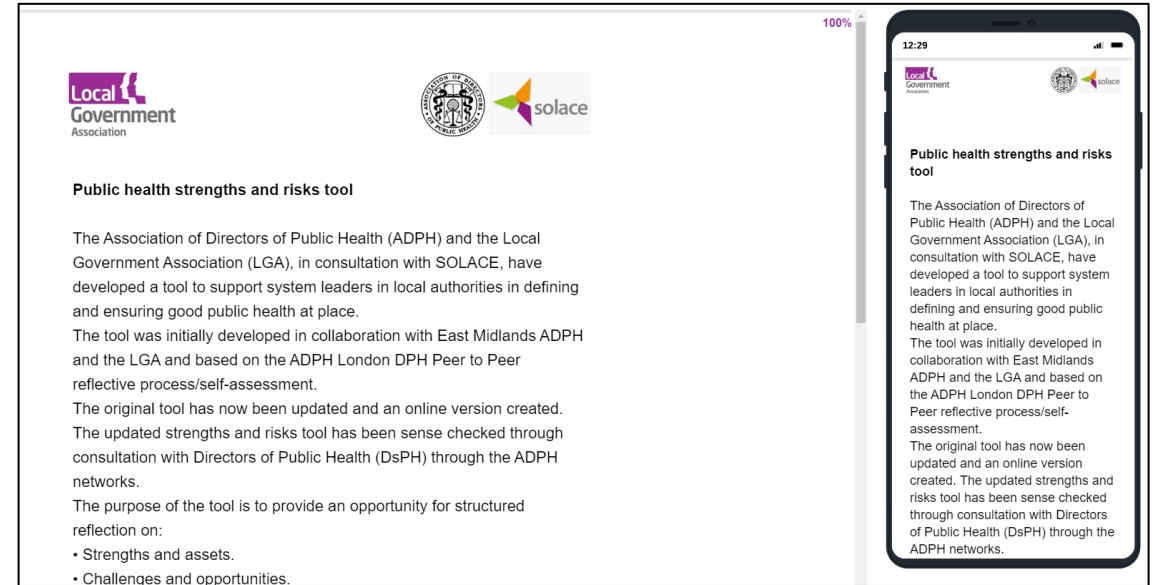
The online tool and product

Accessed from the LGA website

- ✓ Instructions on how to start the self-assessment including an email address to receive a unique link
- ✓ Materials to support implementation
- ✓ Links to/from related pages with info about each one:
 - LGInform
 - ADPH webpages
 - Public Health Learning Exchange (including discussion space for using the strengths and risks tool and opportunities for shared learning)

Finished product:

- ✓ Report generated
- ✓ Sent to Director of Public Health to sign off
- ✓ Support with next steps

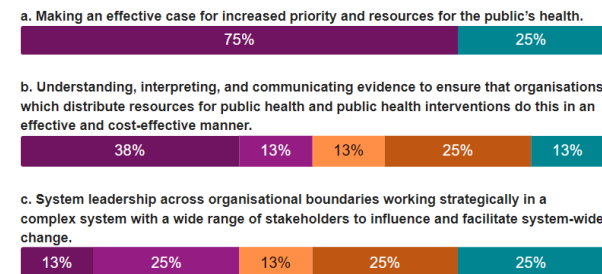


Influence and profile of the public health team

10. How effective would you say the Public Health senior leadership team is in demonstrating the following?

● Very effective ● Fairly effective ● Not very effective ● Not at all effective ● Don't know

Region



Local Authority



How we support DsPH and the ADPH networks

- Facilitating workshops and action planning
- Peer to peer support & challenge
- Analysis of findings to provide recommendations on areas for improvement
- Topic/themed based work
- Identifying priorities
- Developing business plans
- Shared learning & insights
- Team building
- Regional SLI planning





Norfolk County Council
Public Health

Katherine Attwell
Public Health Principal



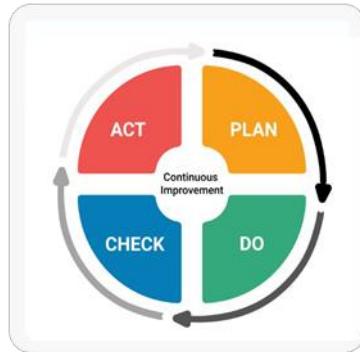
Norfolk's approach to using the public health strengths and risks tool

Seven domains



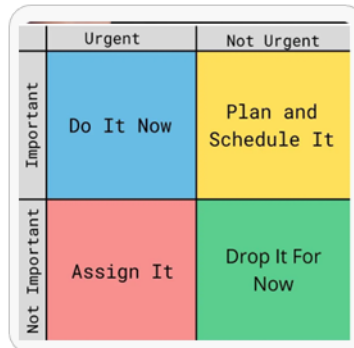
Group self reflection
to assess against
themes

Areas for
improvement



3 main themes
identified

Action planning



Sector Led
Improvement
approach

Work
programmes



Improvement
programs initiated

Annual review



Review progress and
agree next steps

Contact:

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Thank you

Any Questions?

Contact: PHrisktool@local.gov.uk

