

Sector-led improvement in public health

Progress and potential

Foreword

Embedding sector-led improvement (SLI) in public health has become a real collaboration between partners. The Local Government Association (LGA), the Association of Directors of Public Health (ADPH) and Public Health England (PHE) are working together to support its development at regional, national and local levels.

Public health has a long history of working together across regions and sub-regions on important themes such as sexual health, tobacco control and many others. The SLI approach builds on and augments such work through applying an improvement framework and a set of improvement methodologies. The case studies in this publication show the innovations that can be achieved by local areas collaborating within regions on health issues that can best be tackled at scale.

The publication also shows how public health is taking responsibility for its own improvement. By utilising peer challenges, public health is shining a light on how effectively it operates – both within councils and as part of the wider local health and wellbeing system. With the growing impetus on prevention and integration, it is essential that public health is well-placed to drive the ‘health in all policies’ approach and to ensure that improving health and wellbeing, and tackling health inequalities, are everyone’s business.

Of course, there is still more to be done to harness the full potential of public health’s contribution to improving outcomes for the community and driving innovation through self-sustaining regional networks. ADPH has established a national SLI Programme Board to signal its commitment and the LGA has an extensive support offer funded by the Department of Health and Social Care to draw upon.

Finally, leadership is critical to ensuring that public health plays its full role in councils and their improvement journeys.

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Introduction

This publication presents case study examples showing how public health is embracing SLI across England since its transfer to local government. Building on the experience and understanding gained through adopting SLI principles and approaches, it identifies ways in which public health can embed these more extensively. The publication was compiled following discussions with the case study areas and many other public health professionals involved in local and regional SLI.

Sector-led improvement in public health: national developments and support

The transfer of public health responsibilities in 2013 brought public health services into the established local government SLI regime. For a summary of key publications and resources relating to the development of SLI in local government and in public health, see the 'further information' section later in this report.

SLI is based on the underlying principles that councils:

- are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in the area
- are primarily accountable to local communities (not central government or the inspectorates), and stronger accountability through increased transparency helps local people drive further improvement
- have a sense of collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers and so on).¹

In its 'Public health sector-led improvement framework'², the Association of Directors of Public Health (ADPH) indicates that the purpose of SLI is to:

"Provide confidence both to internal and external stakeholders and the public as well as demonstrate continuous improvement to public health practice."

The LGA, ADPH and PHE work together to support and develop SLI in public health through activity such as developing peer support and challenge, tools and case study publications. A full description of the roles of each organisation and what is on offer can be found in the 'Sector-led improvement for public health, prevention and early intervention prospectus 2018/19'.³ In summary:

- The LGA supports public health SLI and wider improvement activity through peer challenge, 'Prevention Matters' training for councillors, a new prevention at scale pilot programme, peer support for 'health in all policies' (HiAP), bespoke support and a programme of case study publications.⁴
- ADPH provides national leadership through the ADPH SLI Programme Board, which supports and oversees the development of the SLI activity carried out in regional or sub-regional⁵ networks. Each network has a director of public health SLI lead who is responsible for coordinating annual regional SLI plans and reporting progress to the board.
- PHE provides a range of national tools and its centres give support to regional developments, as shown in case studies in this publication.

1 LGA, ADASS, ADCS, Solace, 2012, Sector-led improvement in local government. www.local.gov.uk/sites/default/files/documents/sli-local-government-pdf--f4c.pdf

2 ADPH, 2015, Public health sector-led improvement framework. www.adph.org.uk/category/phsystem/sli/

3 LGA, 2017, Sector-led improvement for public health, prevention and early intervention prospectus 2018/19. www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention

4 *ibid.*

5 Some regions undertake SLI activity through sub-regional ADPH networks – in this publication the term 'regional' applies to both regional and sub-regional activity.

Local government in its entirety, through an agreement with the LGA and the Ministry of Housing, Communities and Local Government (MHCLG), has systems in place for identifying councils that are facing performance challenges, so that the sector can offer early support and manage the risk of significant underperformance.⁶ These instances will usually involve a range of complex corporate issues or children's services, which has retained an inspection regime. This aspect of SLI is beyond the remit of this publication, although public health directors, as part of a council's leadership team, will be familiar with it.

⁶ LGA, ADPH, DH, PHE, 2014, Providing early support to local authorities with performance challenges in public health and managing the risk of underperformance. www.adph.org.uk/2014/10/managing-the-risk-of-underperformance-in-public-health/

Adopting the principles of SLI

There was significant enthusiasm for public health to embrace SLI among those contributing to this publication. It was agreed that public health comes to the SLI regime with many advantages. It is a discipline whose fundamental purpose is not about providing services, but bringing about improvements in health outcomes.

It has a strong base in scientific method, with expertise in techniques such as use of knowledge, evidence, data and evaluation. It is community-facing and experienced in methods such as engagement and consultation. It uses well-tried and rigorous methodologies, such as public health audit.

Another advantage public health has in adopting the principles of SLI is the tradition of working collectively to share information and good practice and to solve problems, through thematic networks and knowledge sets on topics such as tobacco control. Many of these groups are wellplaced to adopt SLI approaches, with appropriate support. The ADPH network of directors of public health provides a strong national and regional framework, while PHE is a source of specialist information and expertise.

As well as being part of a local authority with SLI principles, rather than a regulatory regime, contributors to this publication felt that it is in public health's interest to embrace it. Whilst there is a view that the removal of the public health grant ring-fence, at a time of huge financial pressure on councils, poses a risk to mandated services, public health needs to be able to demonstrate its impact and influence the wider council.

Public health is changing and is becoming more successful at making health improvement everyone's business. Joining together in collaborative SLI activity strengthens capacity and reach. Embracing this approach means developing strong, confident and outward-looking public health leadership.

Sector-led improvement models

The case studies in this publication show a range of different aspects of an SLI approach – overviews of regional programmes, more detailed descriptions of thematic reviews, developmental work and individual peer challenges.

The case studies show that regions are at different stages with their adoption of SLI. In the areas that have made more progress, there has generally been relative stability in public health director posts, which has facilitated joint work. The directors are all committed to the value of working together and to the importance of SLI, and also have a clear vision for the direction it should take.

Agreeing dedicated support for joint working can also be a key success factor. Those regions that have moved ahead with SLI are continuing to extend and refine their activity. In other regions, there is a recognition that it is time to build on and accelerate work done so far. The elements most frequently cited as needing more focus are developing a peer challenge approach, developing communities of improvement and finding ways of demonstrating impact.

The regional plans submitted to the ADPH SLI Programme Board show that the three main types of SLI-related activity underway are:

- thematic improvement programmes across a region/sub-region
- building the SLI culture – developing tools and support mechanisms such as self-assessment frameworks and peer training
- system-wide care and health peer challenge – having a focus on reviewing how public health is working in councils and local health systems.

Regional thematic improvement programmes

Types and methods

In thematic improvement programmes, ADPH networks collectively identify a shared priority which is best tackled across a large geographical area through improvements such as reduced duplication, improved access, best use of resources and potential for innovation. Some thematic reviews are undertaken with the intention of establishing a regional improvement programme; others involve local areas coming together to take learning back into their organisation. Some aim to do both.

Thorough preparation is needed for thematic reviews which involve a peer challenge approach. For example, the West Midlands ADPH peer challenge of sexual health services was co-designed with PHE West Midlands and involved comprehensive planning in advance of the challenge workshops. This included bespoke collection and presentation of benchmarking data and developing key lines of enquiry to inform the challenge. Also, PHE West Midlands facilitated the workshop to keep the challenge on track.

Creating innovation

Thematic improvements have resulted in innovative approaches. London started its SLI programme with a peer review of smoking cessation which involved PHE London. Peer challenge workshops led to priorities for improvement both at a pan-London and a local authority level.

Developments through the 'Stop Smoking London' programme include:

- pooling resources to fund a digital platform to provide London-specific online smoking cessation advice, resources and signposting
- building on the platform, pooling resources to establish a 'Stop Smoking London' helpline, staffed by trained advisors who provide specialist advice and signposting and can offer regular telephone-based support to people who need additional help to quit
- a series of coordinated pan-London campaigns.

The successful methodology used in this review has been replicated with childhood obesity.

Greater Manchester led a North West review on the theme of reducing infant mortality. Following preparation using the Greater Manchester SLI methodology of self-assessment, benchmarking data and peer challenge, a workshop was held. This involved many stakeholders, including PHE North West, with the aim of exploring the main modifiable factors in infant mortality and making recommendations for sub-regions and individual localities. All localities have produced action plans and a progress report was due to be published in 2018.

Early headlines include:

- many localities have implemented the 'BabyClear' smoking in pregnancy initiative
- Lancashire and Cumbria are implementing a safer sleep campaign
- Greater Manchester is undertaking risk assessment in pregnancy in the 'high needs pathway' as part of the early years model.

The Cheshire and Merseyside collaborative (Champs) five-year blood pressure strategy was developed with PHE North West and NHS England. 'Saving lives: reducing the pressure' is recognised as international good practice. Improvements include skilling-up the cross-sector workforce, embedding blood pressure awareness in fire and rescue service work, piloting community-based health technologies and standardising best practice.

South West public health teams and PHE South West jointly fund and support a sexual health office to support improvements in the range of sexual health services. Recent initiatives include a workforce development project to make recommendations for future training, a cost-benefit evidence analysis for delivering chlamydia testing and funding projects for cross-South West initiatives including 'young people friendly' accreditation and a website for survivors of sexual abuse.

Impact on individual councils

Collaborative thematic improvements have also led to improvements in individual authorities.

East of England's review of finance was established to develop a collective sub-regional understanding of budget changes, efficiency savings and commissioning. The review informed how local areas approached their next round of budget planning.

In the South East, PHE South East supported a programme on alcohol harm reduction with a view to assessing strengths and challenges in local areas. Based on a self-assessment using CleaR7, local teams gave presentations at a peer challenge workshop and subsequently developed local improvement programmes. Local teams reported more collaborative discussions with partners such as clinical commissioning groups (CCGs), improved working with hospitals and council licensing, and a renewed interest from local partners in alcohol harm reduction.

Ninety-five per cent of individual local authorities which engaged in peer challenge around 'Stop Smoking London' performance reported making changes in line with their implementation plans – including:

- greater focus on specific areas such as the creation of smoke free zones and illicit tobacco
- broadening the range of stakeholders who are aware of their role in tobacco.

Future potential

Many areas are now looking to develop existing topic-based networks that were mainly set up to share information and good practice, so that they can become more purposeful and take on SLI activity – moving from communities of 'interest' to communities of 'improvement'.

There is great potential for collaborative thematic reviews to produce good practice at scale. However, there is also a potential danger with thematic reviews just being standalone events and not sufficiently followed through with implementation. This can be tackled by setting out SMART action plans following a challenge or review (specific, measurable, attainable, relevant and time-based). Running regional and local improvements alongside each other can produce double-wins, but care will need to be taken that improvements are measured.

7 PHE Alcohol CleaR system improvement
www.alcohollearningcentre.org.uk/Topics/Browse/CleaR/

Some reviews are also more complex than others and require clear scoping at the onset. In the North East, preparatory work took place for a review of 'Best Start' services for children from birth to age two. A self-assessment tool was devised and trialed in Durham and by Gateshead and Hartlepool together. A key finding of the trial was that the review needed to involve many stakeholders beyond public health, so more planning was required. Work on the system-wide review is being taken forward by ADPH North East with PHE North East and other stakeholders.

Another area of potential that has not yet been fulfilled is for thematic groups to work together to support each other to make local improvements. An example which perhaps comes closest to this is in the Champs collaborative's 'NO MORE Suicide' review, in which all Cheshire and Merseyside local authorities are working to gain 'suicide-safer communities' accreditation. All authorities must achieve a standard level of performance, and together they monitor individual progress through a traffic-light reporting system.

Good practice points – thematic reviews

Regions should utilise existing assessment frameworks where they exist for thematic reviews, such as CleaR smoking⁸ or alcohol or NICE standards.

Regions developing their SLI approach may find it helpful to focus on a theme which is a direct public health responsibility, such as the NHS health check, rather than a complex system-wide theme such as integrated children's services.

Learning sets and topic-based networks are a good foundation for establishing SLI programmes.

Support will be needed to move from sharing information and good practice to collaboratively delivering improvements: from communities of interest to communities of improvement. The LGA can offer support here.

Regions have found it helpful to start small, with one improvement priority, and implement and learn from this before moving forward.

Staff who develop experience in SLI can be involved in cascading what they have learned to other themes, including being engaged in other LGA peer work.

Independent facilitation of peer challenge can be helpful, but training in peer competencies, techniques, approaches and effective challenge is available free from the LGA as a more sustainable way forward. Leadership and involvement of directors of public health is essential, as is engaging councillors, to ensure SLI activity operates at a strategic level and to enable challenge.

Small topics can be 'task and finish' activity. In large themes, it can result in an ongoing programme with new objectives which are refreshed through ongoing SLI activity.

Thematic SLI reviews will identify the potential for both regional and local improvements when scoping their theme.

Thematic reviews should have a governance framework for taking forward recommendations and sharing learning. This should be at a regional or sub-regional level, but may also involve oversight in individual councils through health and wellbeing boards (HWBs). Engaging the HWB will allow for reporting progress to the community.

8 PHE (2014) The CleaR improvement model: excellence in tobacco control. www.gov.uk/government/publications/clear-local-tobacco-control-assessment

Council public health peer challenge

Types of challenge

Peer challenge of public health within individual councils is carried out in two main ways:

- through national LGA peer challenge programmes
- regionally – for example the Yorkshire and Humber region has established its own programme through its ‘Developing excellence in local public health’ (DELPH) framework. Some other regions have also used this framework.

LGA and peer challenge

Peer challenge, formerly known as peer review, is the cornerstone of sector-led improvement in local government. The LGA has long-standing and extensive experience of developing and delivering peer challenge and the training of officer and member peers.

Public health has also contributed to LGA corporate peer challenges.⁹

LGA peer challenge programmes

The LGA’s initial health and wellbeing peer challenge programme (2014-16) considered how the health and wellbeing system was developing in local areas and how public health was embedding. Many areas were involved in LGA peer challenge training and received a peer challenge. Reports on these are available on the LGA website.¹⁰

For example, following a health and wellbeing peer challenge, Newcastle City Council’s wellbeing for life board undertook a programme of development. Changes included:

- better aligning the wellbeing for life plan with public health and the health in all policies approach
- ensuring coherence between the wellbeing for life strategy and other major local strategies, such as the core strategy and transport
- more focus on positives and assets; in light of this the board is considering the UNICEF model on the wellbeing of children which includes broader definitions than looking at deficit indicators.¹¹

The latest LGA programme is the system-wide care and health peer challenge¹². At the time of writing, two councils have had a public health or prevention-focused peer challenge as part of this programme. A description of this process in Hertfordshire is in the East of England case study.

LGA peer challenges involve a scoping exercise, self-assessment and a rigorous peer challenge visit from a team of professionals, including a chief executive, director of public health, a councillor and others, all of whom should be from outside the local authority’s region. Extensive interviews take place across three days, and feedback is given on the fourth day to the health and wellbeing board (HWB) and public health.

⁹ LGA corporate peer challenge. www.local.gov.uk/our-support/peer-challenges

¹⁰ Reports from local authorities receiving a peer challenge. www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/health-and-wellbeing

¹¹ See case study in forthcoming LGA public health annual report 2018.

¹² LGA, 2016, System-wide care and health peer challenge. www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/health-and-wellbeing

Overall, the purpose is to hold up a mirror to the council so that it can clearly see where it is performing well and where it needs to do better. This presentation is left with the council and HWB to develop an action plan. Follow-up support is available from the LGA.

Regional peer challenge programmes

In Yorkshire and Humber the peer challenge process was piloted in East Riding, and reviews have been carried out in Doncaster and Leeds, with two more planned in the region. Yorkshire and Humber peer challenges are run over two days with a small team of peers, until now largely from within the region.

The peer challenges in Yorkshire and Humber were welcomed by public health and the wider council as an opportunity to stand back and reflect on:

- how well public health has integrated with the council
- how effectively it is working, both in terms of its own responsibilities and its wider impact in promoting health and wellbeing across council functions and beyond
- how things could be done better.

The challenges confirmed that public health was making a very positive impact on councils, but there were areas for improvement, such as more action to raise the profile of 'Best Start' (Leeds) and more emphasis on evaluating the effectiveness of programmes and interventions (Doncaster). These issues are being addressed locally.

Overall, peer challenges have been viewed by public health and wider councils as very helpful. Peer challenges were seen as tough and demanding – but in a positive way. Soft benefits were that they brought time for reflection followed by renewed motivation.

Hard benefits included the improvement plans that resulted from the process, and increased engagement with the council leadership. These views reflect the findings in the independent evaluation of the LGA's peer challenge programme.¹³

While public health leaders recognise that challenge is a positive concept, there were concerns about how this would operate, particularly from areas that had not undertaken much SLI activity. There was still some perception that challenge would be equated with criticism or judgement and did not come easily. Concerns around challenge included the need for support to be able to effectively challenge, to be a 'critical friend' and in delivering difficult messages, particularly with politicians.

Different areas have tackled negative perceptions of the concept of 'challenge' in a variety of ways, for example:

- the concept is explored and clarified as part of preparation for peer challenge – for example, the LGA uses the concept of 'holding up a mirror' so that areas are able to see how they operate more clearly
- it is helpful if peer challenge is facilitated by an independent person, such as a peer from another area or the LGA, who is trained in encouraging appropriate challenge
- the director of public health and other senior figures must be present at challenge activity to ensure discussions are at a strategic level
- the LGA offers free training in becoming a peer and how to be a 'critical friend', which incorporates the above points.

¹³ Cardiff University (2017) Rising to the challenge: an independent evaluation of the LGA's corporate peer challenge programme. www.local.gov.uk/rising-challenge-independent-evaluation-lgas-corporate-peer-challenge-programme

Future potential

Self-assessment is fundamental to peer challenge, and also has flexible uses. For example, some councils have used this as an internal mechanism to gauge progress and identify further areas of need. As the number of peer-trained public health staff grows, there may be opportunities to offer reciprocal arrangements for staff from other areas to provide a low-cost, independent challenge on internal self-assessment, such as the Association of Directors of Adult Social Services (ADASS) model.

An interesting variation is London's directors of public health peer-to-peer reflective practice. London has carried out three annual rounds of this challenge activity, in which pairs of directors have a structured reflection on the strengths, assets, challenges and opportunities of public health in their areas, and follow this up with actions. This peer-to-peer reflection is seen as particularly useful where there are variations in levels of experience of public health directors.

Good practice points – peer challenge and self-assessment

The LGA has produced guidance on the process of peer challenge.¹⁴ This section identifies some points raised in discussions for this publication in relation to public health.

Self-assessment can be used as an internal improvement mechanism as well as the basis for peer challenge.

Self-assessment and peer challenge starts from the question: 'What do we want to achieve from this review?'. Preparation time to scope the review is essential. Effective scoping is vital to the usefulness of the challenge.

Self-assessment can either cover the range of public health responsibilities in a council, such as health protection, can focus in on several aspects, or can look at public health as a whole. Other key dimensions for enquiry are:

- How successfully is health and wellbeing activity being implemented across council functions (health in all policies)?
- How is public health promoting prevention, early intervention and health and wellbeing with other local partners?
- What is the impact on the public's health?

Public health peer challenge needs senior leadership engagement in the council and with key partners. A governance framework for oversight of the challenge and subsequent recommendations is essential, such as the established channel of the health and wellbeing board.

As more regions develop peer challenge, there will be opportunities to share trained peers across regions, to develop a greater focus on independent review and to develop a self-sustaining model.

Mechanisms for sharing learning and reporting should be identified as part of the preparation for the challenge. The director of public health's annual report should be considered as a route for reporting.

¹⁴ LGA, 2016, LGA corporate peer challenge: an introduction to the peer challenge process and role of peers. www.local.gov.uk/sites/default/files/documents/lga-corporate-peer-challe-eca.pdf

Building the culture – tools and support

A range of work is taking place nationally, regionally and locally among the public health community to embed the SLI culture so that it becomes automatic practice.

Dedicated support

The regions that have made the most advances with an SLI approach are, mostly, those that have combined funding to provide some dedicated network coordination and support. In order to accelerate progress, several regions, including the North East and the South East, have appointed network coordination roles with responsibility for SLI activity.

Another important source of support is specialist expertise, facilitation and business intelligence provided through PHE centres. This input was valued in the case study areas. Many areas also indicated that they had benefitted from the support provided by the LGA through, for example, HiaP¹⁵ and 'Prevention Matters' training for councillors.

Developing a public health self-assessment toolkit

Several public health improvement tools are in use or are under development. These include:

- Coordinators to help them assess their SLI programme and identify where there are opportunities for development. The purpose of this self-audit tool is to help the SLI leads recognize network's strengths and identify the areas of practice where

15 LGA, 2017, Sector-led improvement for public health, prevention and early intervention: prospectus 2017/18. www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/public

there may be an opportunity to develop in the next phase. The tool can be used as part of a reflective conversation at one of the network meetings.¹⁶

- Yorkshire and Humber's 'DELPH' self-assessment covers the six public health domains: healthcare service, health protection, health improvement, knowledge and intelligence, governance and systems, and capacity building, and has been used/ adapted by other areas.
- Several areas have developed self-assessment tools for thematic reviews – for example Cumbria and Lancashire developed a peer review toolkit for sexual health.
- The East Midlands is working with the LGA¹⁷ to develop a self-assessment toolkit adapted from the highly regarded adult social care risk tool, with joint officer and member peer training, and this will also be offered to the West Midlands region.

In terms of thematic reviews, areas have benefitted from pre-existing assessment frameworks, such as CleaR for tobacco and alcohol, rather than having to develop their own framework. NICE also has a series of audit and assessment tools, some of which relate to public health.¹⁸

16 www.adph.org.uk/wp-content/uploads/2018/03/SLI-self-audit-tool_v.2.pdf

17 *ibid.*

18 NICE assessment and audit tools. www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement

In researching this publication, there was agreement that a national suite of assessment tools in key public health areas, such as physical activity, the NHS health check, sexual health and health protection, would be very helpful – so that local areas did not have to reinvent these for every review.

There was a view expressed that it would be helpful to have an approach that enables benchmarking across the ADPH framework, provides assurance against each issue assessed, helps in prioritising improvement and provides impact against the rest of the organisation beyond public health.

Developing regional networks

Several areas have been involved in reviews to look at their regional governance structures and the work of the networks or thematic groups that underpin them.

For example, East Midlands ADPH undertook a peer challenge of its networks, facilitated by PHE East Midlands. The review found that the networks provide a valuable platform for bringing people together but would benefit from being better structured, with clearer accountability and reviewed membership. East Midlands intends to develop a smaller number of communities of interest, with greater input from public health directors to ensure these have a clear work plan and governance.

Several areas were considering how they could demonstrate SLI impact, and there was general agreement that this was an issue that could be done better. There was a clear view that this should be considered as part of normal quality assurance and reporting mechanisms, such as health and wellbeing boards, rather than any new frameworks.

Regional programmes are reported through the ADPH SLI Programme Board, but there was a feeling that more needed to be done to also record the individual contribution of local areas to regional plans.

Sharing good practice

Many regions/sub-regions have conferences, workshops, bulletins and briefings and some already have well-developed websites which demonstrate a range of activity, including:

Champs collaborative:
www.champspublichealth.com

ADPH London:
<http://adph.org.uk/networks/london>

Yorkshire and Humber Public Health Network:
www.yhphnetwork.co.uk

Clarity about SLI

In discussions for this publication, it emerged that there is still not a full understanding of what SLI is. Sector-led improvement is not an activity in itself. It is based on the principle that the local government sector is responsible for its own improvement, including managing the risk of underperformance, and takes a collective responsibility towards that – and the approach to this is peer-led support. This is in place of an inspection regime.

The ADPH SLI framework provides a useful set of concepts for defining SLI activity. Based on its dual purpose of continuous improvement and accountability, SLI will provide “demonstrable evaluation, challenge and measurement of improvement, not merely increased learning and knowledge”.

The following activities and tools encompass a SLI approach:

- self-assessment
- benchmarking, reflecting local context
- peer challenge
- critical friend approach
- measuring improvement/impact – of performance, outcomes, process, cost-effectiveness
- public health audit
- evaluation
- sharing learning
- improvement/impact is recorded, considered by the appropriate council systems (such as health and wellbeing boards) and publicly available.

There is a strong professional commitment to improvement in public health through standards, continuing professional development, registration, peer appraisal and audit.

Public health is constantly engaged in developmental activity intended to achieve improvements. This happens within the council, for example re-commissioning sexual health or lifestyle services; and regionally, in the prevention strands of sustainability and transformation partnerships or in devolved arrangements.

SLI could be seen as a time-consuming and resource-intensive activity. It is important to note that the areas that had gone furthest in implementing SLI believed it was also highly valuable, and were therefore trying to find ways of streamlining processes, not reinventing the wheel, and taking up the free support offer from the LGA. It is important that improvement activity is proportionate to the level of risk, and that by utilising existing and proven tools (such as the work East Midlands is doing with adapting the ADASS risk tool for the public health world), resource and effort can be maximised.

Next stage of public health SLI

There is confidence in the performance of public health, but how this is articulated to members and within the council needs further development. Local government is more familiar with Ofsted and adult social care peer challenge, for example. A narrative for public health SLI is needed to explain what it is delivering for chief executives and councillors. Public health SLI needs to position itself in the future local government system, for example as an outcomes assurance mechanism.

It would be beneficial not only to exchange ideas with the Association of Directors of Adult Social Services (ADASS), but also the Association of Directors of Children's Services (ADCS) and the Society of Local Authority Chief Executives (SOLACE). The LGA can facilitate this, along with establishing links across regions with directors of adult social services and children's services.

The LGA can also support with an understanding of where the sector currently is and where it is moving to, and can be responsive to public health SLI development.

The challenge for public health directors is now to shift from individual practice improvement and from topic focus to a holistic sector function improvement. There needs to be progress beyond ADPH regional networks to wider networks in local government and then system-wide.

Issues to consider in moving forward

Refine what is meant by SLI in public health and how it sits within the local government framework. From this, articulate its worth to the council leadership.

Draw upon the experience of SLI across the local government family and develop capacity.

Be clear what a good SLI process looks like.

The 'products' SLI should deliver include:

- system-wide engagement
- a process of self-awareness and learning
- improvement in areas of public health delivery and outcomes
- shared strengths
- develop workforce capacity where it is needed
- develop mature standards of good practice
- improve commissioning
- system assurance – public health is at the right level.

Adoption of the ADASS risk tool to focus on issues such as leadership.

How to move from topic-based to function-based SLI:

- Has the network provided peer training to build its own pool of expertise?
- Is the potential for reciprocal peer support with other regions being explored?
- Are you fully utilising existing tools and self-assessment frameworks to avoid duplication of effort?
- Are you able to articulate and evidence what difference your SLI activity and network has made to local population outcomes?

Further information

Association of Directors of Public Health (ADPH): SLI documents

ADPH (2015) Public health SLI framework.

LGA, ADPH, Department of Health, Public Health England (2014) Providing early support to local authorities with performance challenges in public health and managing the risk of under-performance.

ADPH (2018) SLI self-audit tool.

All on:

www.adph.org.uk/category/phsystem/sli/

LGA: SLI relating to public health

Health and wellbeing peer challenge 2014-2016.

The first round of challenges focused on the health and wellbeing system. The website includes peer challenge reports.

www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/health-and-wellbeing

System-wide health and wellbeing peer challenge 2017.

A peer challenge programme developed by the LGA with national partners and sector stakeholders to look at the joint health and care system, including public health and prevention. The peer challenges are funded by the LGA's care and health improvement programme.

www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/health-and-wellbeing

Sector-led improvement for public health, prevention and early intervention prospectus 2018/19.

www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention

Sector-led improvement for public health, prevention and early intervention prospectus 2018/19.

Includes system-wide care and health peer challenge, prevention at scale support, design in the public sector, bespoke support.

www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention

Public Health England (PHE) information

Benchmarking dashboard.

<https://healthierlives.phe.org.uk/topic/public-health-dashboard>

<https://publichealthmatters.blog.gov.uk/2017/10/16/introducing-a-new-local-authority-public-health-dashboard/>

PHE (2014) The CleaR improvement model: excellence in tobacco control.

www.gov.uk/government/publications/clear-local-tobacco-control-assessment

PHE (2016) Alcohol CleaR system improvement tool.

www.alcohollearningcentre.org.uk/Topics/Browse/CLear/

NICE information

NICE assessment and audit tools to be used with related clinical and public health guidelines.

www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement

LGA: SLI in local government

LGA (2011) Taking the lead – describes the background to SLI in local government.

LGA (2012) Sector-led improvement in local government – sets out the core principles, key components and current approach.

LGA (2012) Sector-led improvement in practice: case studies.

LGA (2014) Evaluation of sector-led improvement final report.

LGA (2015) Taking stock: where next with sector led improvement – consultation paper and analysis of responses.

After 'Taking stock' the LGA strengthened its corporate peer challenge offer, with a clearer expectation about the publication of the report and making the follow-up visit an integral part of the overall process. The LGA is also planning on the basis that all councils will have a corporate or finance peer challenge every four to five years.

All on:

www.local.gov.uk/our-support/our-improvement-offer/what-sector-led-improvement

Sector-led improvement: our offer of support (June 2017). Sets out the support offer available to councils – leadership programmes, corporate or finance peer challenges, communications support, productivity programmes and sharing best practice; plus bespoke support for specific local challenges and intensive support for councils facing the greatest budgetary or governance challenges.

www.local.gov.uk/sector-led-improvement-our-offer-support-0

LGA: corporate peer challenge

LGA (2016) Corporate peer challenge: an introduction to the peer challenge process and role of peers.

www.local.gov.uk/sites/default/files/documents/lga-corporate-peer-challe-eca.pdf

Cardiff University (2017) Rising to the challenge: an independent evaluation of the LGA's corporate peer challenge programme.

www.local.gov.uk/rising-challenge-independent-evaluation-lgas-corporate-peer-challenge-programme

Peer challenge webpage. Includes case studies, councils that have taken part so far, peer challenge reports, system-wide peer challenges including those involving fire and rescue or planning, and system-wide care and health peer challenge.

www.local.gov.uk/our-support/peer-challenges

Case studies

East of England

East of England ADPH Network works with PHE East of England to build a system of public health leadership and support. The network meets regularly and is supported by a part-time sector-led improvement coordinator. One of the aims of the network is to extend understanding of SLI across public health teams in the region, so that a wide range of staff are engaged. East of England's SLI work programme has several main strands.

Ongoing work on priority themes

Three cross-region priorities each have a public health network driving joint work on the theme:

- on sexual health, a regional agreement has been reached on out-of-area charging
- on tobacco control, CLearR self-assessments have been carried out as the basis for further work with the Tobacco Control Alliance and making changes within public health work programmes
- air quality is an issue which affects some local authorities in the region more than others, but the network is engaged in supporting the implementation of DEFRA recommendations.

Responding to emerging priorities

The network regularly considers new issues affecting public health that would benefit from a collaborative approach. These include a review of an unexpected peak in drug use data and a finance action research set.

The finance action research set was formed to:

- develop a collective approach across the region
- support the understanding of the potential impact of imminent budget reductions

- develop a response to changing public health budgets, including the end of the public health ring-fenced grant and business retention rates as a future funding mechanism.

Senior representatives from each public health team (including public health directors, consultants and finance leads) held five telephone conferences to consider approaches to addressing budget changes, mandatory services and their commissioning, commissioning lifestyle services, sustainability and transformation plans, and workforce and departmental structures.

The research set revealed different approaches to reviewing investments and making savings, but there was also reassurance that public health teams were considering similar areas when seeking efficiencies. It was helpful to understand how areas were commissioning services (both mandatory and discretionary) in a more integrated way and to understand what was being paid. The research set informed how local areas approached budget planning and their responses to the national consultation on business rate retention.

A programme of self-assessment and peer challenge

East of England public health directors have agreed that peer challenge is an important approach to develop as part of their SLI programme. In 2015, Southend was part of the first cohort of local authorities to have an LGA pilot public health-focused peer challenge. The challenge was seen as useful for getting feedback on the perceptions of partners and led to greater alignment of vision and priorities. Public health was involved in more integrated delivery of outcomes and there was more use of the public health evidence base across the council.

Hertfordshire has just received a peer challenge as part of LGA's latest system-wide care and health peer challenge.

Public health teams are currently using Yorkshire and Humber's 'DELPH' self-assessment tool to assess their position. Hertfordshire used this tool to prepare for the peer challenge and the assessment is currently underway in Norfolk, while Luton is starting to make its plans.

Next steps

The programme of self-assessment and peer challenge will continue to be rolled out and ways of sharing learning will be identified. There is also an intention to better communicate the SLI plan and its impact across public health teams and to review how achievements are shared. This will include better use of the Knowledge Hub¹⁹ and the ADPH website.

LGA peer challenge Hertfordshire

Hertfordshire County Council undertakes a range of SLI activity across its functions and is keen for all services to go through a peer challenge process. Hertfordshire received a system-wide care and health peer challenge in October 2017 – one of the first group of councils to be reviewed through the LGA's new offer, and only the second council to focus on 'public health and prevention'.

To initiate the challenge, Hertfordshire provided a draft proposal identifying why they wanted to a peer challenge. This was followed by an LGA site visit to explore in more depth what the council wanted to achieve from the process. Key areas of focus included:

- what value public health brings to the council
- the extent to which the council is becoming an organisation which effectively uses the insights and tools of public health to add value to its core business

¹⁹ <https://khub.net/lga>

- the future prospects of adding more value
 - what needs to be done to enhance the impact of the developing corporate prevention programme.

The review also looked at how the council was moving from 'safe' to 'embedded' in the four domains of the public health SLI framework.²⁰

The peer challenge took place over three days. Seven trained peers were involved including a councillor chair of a health and wellbeing board, a CCG chief officer, a director of public health, a director of regeneration and an LGA challenge manager. All were external to the East of England region, except for a district council managing director.

Two of the peers visited the council in advance of the challenge – one to observe the scrutiny committee, the other to make a presentation to the health and wellbeing board. The peers considered 120 documents and over three days interviewed 98 people. On the final day, the team fed back initial findings through a seminar; this was followed by a brief report to the chief executive.

Two headlines from the detailed findings are:

- a very impressive range and volume of health improvement activities, well embedded with partners, and examples of innovative activities that are delivering positive outcomes
- more widely than public health, there is a complex public sector system with overlapping plans but no overall strategy across all partners – there is a need to develop a comprehensive ambitious vision for the future owned by all partners, with targets and milestones.

An improvement plan based on the challenge report's findings is being overseen by the health and wellbeing board and the public health, prevention and performance cabinet panel.

²⁰ ADPH, 2015 Public health SLI framework www.adph.org.uk/category/phsystem/sli/

Hertfordshire public health have described the process as extremely thorough and comprehensive. It was helpful that reviewers provided a range of expertise across public health and local government and knew what questions to ask and where to challenge. The review was positive in that it looked backwards to show what had been achieved, as well forwards to where improvements could be made.

Contacts

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East Midlands

Review of network arrangements

The East Midlands has around 20 long-standing topic-based networks which are largely focused on sharing information and good practice. In 2017, a paper was taken to the East Midlands ADPH Network meeting proposing a review of these topic-based networks. The meeting also considered the Yorkshire and Humber 'communities of improvement' model.

A task and finish group was set up to review current network arrangements, and to explore the current understanding of SLI and how it could be developed in the East Midlands. The group had membership from the majority of the region's local authority public health teams and PHE East Midlands. It developed a series of questions which public health leads took back to gain feedback from their respective teams. Early in the process the group heard that feedback via local authority public health leads should be extended to include network members from other organisations, so an online survey was established. Focus groups were also held in existing networks, facilitated by PHE.

Feedback from these sources was compiled and summarised. Key points include:

- current networks are valued, but some respondents were not aware of what they do
- networks provide a platform for bringing people together but would benefit from being better structured, having clearer accountability and a reviewed membership
- there is some understanding of SLI but no common understanding
- there was a mixed response about who should be leading SLI but it was thought that PHE should be empowering, facilitating and supporting the process

- capacity, resources and skills were highlighted as potential gaps/barriers across the system.

The task and finish group made a number of recommendations to the East Midlands ADPH Network, which have been actioned.

Developing communities of interest

The report was considered by the East Midlands ADPH Network, which agreed to develop a smaller number of communities of interest (COIs) based on the recommendations. For example, COIs will each have a director of public health sponsor and will feed back on their progress to the ADPH network. A number of principles for COIs have been drafted: they will provide leadership and influence on public health priorities across the East Midlands, support professional development and use SLI processes to develop best practice, and develop and implement work programmes on issues that will benefit from a collaborative approach.

Developing a self-assessment tool

Directors of Public Health in the East Midlands are doing groundbreaking work with the LGA on adapting the long-standing and highly effective ADASS 'Risk-assessment tool for adult social care' to the public health context²¹. The adult social care risk tool covers six core areas such as 'leadership and governance' and 'performance and outcomes' which are most pertinent to the new agenda. The importance of engaging politicians in SLI has been stressed within this process, which also includes joint officer/councillor peer training.

²¹ www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention

The region will pilot using the tool as a self-assessment with peer challenge activity. The aim is to roll out this LGA offer nationally to regions that want it.

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London

ADPH London was formed shortly before the transfer of public health to local authorities so that public health directors could work together on issues that can be tackled most successfully on a pan-London basis, and those in which joint work can help boroughs meet their responsibilities locally. The network is coordinated by a board of directors and supported by a programme team.

SLI is one of the network's 10 shared priorities. The others are air quality, childhood obesity, children and young people, health in all policies, mental health and wellbeing, sexual health, smoking cessation, public service reform and systems transformation and workforce development. SLI is managed by a programme board and supported by a dedicated officer with responsibility for SLI.

SLI has developed in phases over the last few years, with each phase learning from the experience of earlier work, based on thorough evaluation. Currently the SLI programme has the following main elements:

- thematic reviews involving peer challenge
- director-to-director peer reflective practice
- activity to support the development of SLI (for example evaluation, knowledge quality and standards).

Thematic reviews involving peer challenge

When starting to implement SLI, London identified smoking cessation as a good review to pilot. Smoking cessation was a high priority across the city, with an established network. There was also an existing national assessment framework, CleaR, and the PHE London knowledge team could support the review with local and city-wide data and intelligence.

The review involved the following methodology:

- participants (26 teams representing 32 boroughs) carried out a self-assessment to identify their current position on smoking cessation
- a series of workshops were held at which the director of public health and a small team from each area presented their findings, in turn, to other directors and teams. Each presentation was questioned with a 'critical friend' approach, and participants had an open discussion on strengths and challenges
- following the workshops, each participating council developed their own locality-based improvement plan
- pan-London priorities were agreed and a work programme was set up to tackle these – the London smoking cessation transformation programme.

Two years on, the programme has had many important achievements, focused on the stop smoking needs of Londoners. These include:

- sharing information and best practice to develop a new model of smoking cessation in primary care – tendered on a pan-London basis
- pooling resources to fund a digital platform to provide London-specific online smoking cessation advice, resources and signposting
- building on the platform, pooling resources to establish a 'Stop Smoking London' helpline, staffed by trained advisors who provide specialist advice and signposting and can offer regular telephone-based support to people who need additional help to quit
- a series of London-wide campaigns.

Other London authorities have joined the smoking cessation transformation programme, so that now nearly all participate. The programme continues to be very active and is working on other priorities, including smoking in pregnancy and smoking in acute trusts.

Almost all of the local areas that were involved in the peer challenge have made changes in line with their implementation plans. These include:

- greater focus on specific areas such as the creation of smoke free zones and illicit tobacco
- a broadening of the range of stakeholders who are aware of their role in tobacco
- more joined-up working.

The evaluation of the review process was very positive, and a similar methodology was used for the next follow-up review in 2016 – childhood obesity. The childhood obesity transformation programme is now implementing an action plan based on the review.

Peer-to-peer reflective practice

The primary purpose of this process is to provide an opportunity for directors of public health to have structured reflection on the strengths and assets of their public health

function, along with the challenges and opportunities.

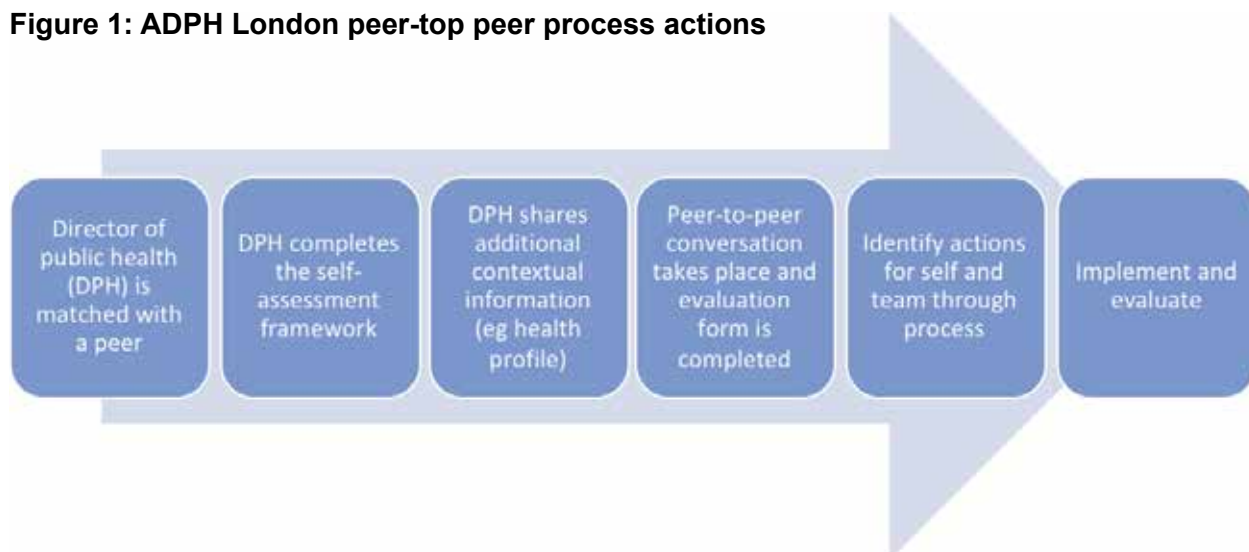
It has been particularly useful given the variation in levels of experience across London's public health directors and the opportunity it provides to facilitate learning across experienced, new and interim directors.

Directors are matched with a colleague from another borough, with pairings randomly selected based on level of experience and geographical location.

Each fills out a simple assessment which they send to each other, and a series of semi-structured phone calls take place. Based on the conversations, the directors identify actions for themselves and their teams. Some areas have chosen to involve senior teams in the process. A guidance tool is available from the contact below.

Two rounds of peer-to-peer reflection have taken place and each round has been evaluated. Directors have found the experience very helpful. Established public health directors provide experience to those new in post, while new directors bring a fresh perspective. A change to the 2018 round included linking directors with geographical neighbours.

Figure 1: ADPH London peer-top peer process actions



Activity to support the development of SLI

London ADPH is keen to embed a culture of SLI throughout the network so that it becomes an automatic part of people's work. Eventually the aim is that SLI is integrated throughout work programmes rather than being a separate strand. Until this stage of development is achieved, SLI will remain a distinct work programme.

London has comprehensively evaluated the methodology and impact of SLI, including with an independent evaluation in 2016 (see links below). This evaluation found that the programme as a whole provided a good balance between challenge and reflection, and had high levels of engagement and participation. Some elements were found to be resource intensive, so ways of achieving the same level of results in a way that is less time- and resource-intensive should be explored.

Work is now taking place through a new data insight board, involving representatives from ADPH, PHE and NHS England, to improve use of public health outcomes framework data so that this can better inform future SLI priorities. A guidance tool is available from the contact below

Next steps

The London SLI programme board is now considering its forward plan. Headlines from this include:

- considering alcohol as the next topic for a thematic review
- developing an assessment framework for the theme of children's public health, so that it will be ready for a future review
- improving the use of knowledge and intelligence for setting priorities.

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Links

ADPH London

<http://adph.org.uk/networks/london/>

ADPH London sector-led improvement documents

<http://adph.org.uk/networks/london/>

ADPH London smoking cessation transformation programme

<http://adph.org.uk/networks/london/>

'Stop Smoking London' portal

<https://london.stopsmokingportal.com/>

'Stop Smoking London' helpline 0300 123 1044.

North East

The North East has a history of cross-region strategic collaborations on major public health issues affecting the people in the region. These include 'Fresh NE' and 'Balance', the successful tobacco and alcohol control offices for the North East, which are supported by 11 of the 12 local authorities.

The North East ADPH Network has always been a strong and supportive network which works closely with PHE North East.

Governance review

One priority was to ensure that the network and its 11 topic-based groups were best placed to be the basis for future improvement work in the North East, including SLI. For example, were the topic groups all still relevant and were they working with a focused improvement agenda? This was not just relevant for public health SLI, but to support public health's involvement in 'Health and wealth'²², the report of the North East Combined Authority/NHS Commission for Health and Social Care Integration, and in the sustainability and transformation partnership.

NHS Improvement facilitated a review of how the network operated, using improvement methodology. Two sessions were held, one focusing on the network as a whole and the other on its sub-groups.

One of the key findings was that an improved governance structure was needed so that all topic-based groups should be accountable to ADPH North East. The review also found that while the topic groups were generally operating well, there was a need for clearer priorities and shared actions across the North East. Revised terms of reference and priorities for action have been agreed. All supporting networks have also used NHS Improvement tools to reflect on their development as networks.

²² NECA/NHS Commission for Health and Social Care Integration (2016) Health and wealth: closing the gap in the North East.
www.northeastca.gov.uk/devolution/commission-health-and-social-care-integration-north-east

Priority topics

The network have identified two priority themes for SLI:

- Children aged 0-2 – 'Best start in life'
- community-centered approaches.
- 'Best start in life'

Preparatory work has taken place for this programme for children from birth to two years old. A self-assessment tool was devised and trialed. Durham undertook a self-assessment, and Gateshead and Hartlepool came together to peer review their self-assessments.

The main finding of the trial was that this review would be complex and extensive, involving many key stakeholders from beyond public health, and significant planning would be required. The review is being led by ADPH North East, supported by PHE North East and other stakeholders, including strategic clinical networks and Fuse (a North East universities collaboration). Priority topics have been agreed, including smoking during pregnancy and breastfeeding. An application has been made to the National Institute for Health Research for a research fellow to evaluate the impact.

Community-centred approaches

This programme builds on the considerable work undertaken by North East authorities to develop community-centred and asset-based approaches to health and wellbeing, which has involved collaborating with PHE and implementing its family of interventions. An annual community development conference provides an opportunity for sharing good practice. The conference in March 2018 focused on volunteer roles. Examples of good practice, including in Northumberland and South Tyneside, have been shared nationally.

A programme for joint work has been agreed, focusing on workforce development and evaluation, and PHE has agreed funding for the programme. A next step is to work with directors of children's and adult services to consider a joint approach. An added dimension is that the North East is one of eight sustainability and transformation partnership areas selected to be part of national work focused on links with the voluntary, community and social enterprise sector

Next steps

ADPH North East identified that more capacity was needed to progress SLI and other joint activity. For example, the region is working with the LGA to promote prevention at scale activity (Durham). A network coordinator has been appointed to accelerate the work of the network, including SLI, initially for a 15-month period.

Contact

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Links

Fresh North East

<http://www.freshne.com/>

Balance

www.balancenortheast.co.uk/home/

North East Combined Authority Commission
for Health and Social Care Integration

[www.northeastca.gov.uk/devolution/
commission-health-and-social-care-
integration-north-east](http://www.northeastca.gov.uk/devolution/commission-health-and-social-care-integration-north-east)

North West

The North West operates SLI through three sub-regional groupings:

- Cheshire and Merseyside
- Cumbria and Lancashire
- Greater Manchester.

It also undertakes SLI activity across the whole region for issues where a cross-regional approach will be most effective.

Cheshire and Merseyside

How the 'Champs' collaborative operates

The Champs Public Health Collaborative brings together the skills and expertise of the nine public health teams in Cheshire and Merseyside to improve health and wellbeing across the sub-region. The eight directors of public health provide system leadership through an executive board which reports to the nine local authority chief executives.

The work of the Champs collaborative is supported by a small team funded by the nine local authorities. Local public health teams are key to the improvement work, working for the benefit of all the authorities. For example, in work on suicide prevention, local suicide and data leads contribute to overall planning and drive local developments. The capacity provided by the team is also essential to the work of the collaborative. It provides leadership, coordination, focus, facilitation, support and expertise. It also provides stability, which means that improvements across the sub-region continue to progress even when personnel in individual councils change.

Champs works to the ethos of 'collaborative action, local impact'. Rather than being spread thinly over a wide range of improvement areas, it tackles a small number of high-level priorities that are common to every area, and where progress can be best made through collective action.

The approach varies according to the situation. Some initiatives are piloted in a few local areas, and if successful are rolled out. Others are implemented in partnership from the start. Sometimes, local areas implement their own action plans within a wider programme; on other occasions, the collaborative works together to standardise activity.

Champs and sector-led improvement

There has been a growing recognition in the collaborative that SLI underpins all of its work. Champs now operates an explicit SLI approach to accelerate improvements in quality and outcomes. The approach is based on a culture of openness, learning, testing and sharing across the collaborative, and a variety of tested methods and approaches.

Methods include:

- benchmarking performance
- reviewing the latest evidence and guidance
- analysing data (including economic analysis) and developing common data-sets
- planning and evaluating projects
- focusing on learning, including continuing professional development
- providing opportunities for expert panels to peer-review and challenge
- sharing best practice of 'what works' through newsletters, workshops, conferences, the website and social media
- involving national and international experts.

Recent improvement programmes

Employment and skills

Two reports on workplace health and health-related worklessness have been produced to support the local authorities' chief executives. These included outlining the evidence base, benchmarking national and local indicators and recommendations for action.

Suicide-safer communities

Cheshire and Merseyside is working collaboratively to become the first sub-region to be 'suicide-safer communities' accredited. This includes implementing a standardised framework for monitoring suicides across all areas, and introducing real-time surveillance to enable local areas to respond quickly by identifying and instigating a community response plan.

Mental health and wellbeing of children and young people

Cheshire and Merseyside has delivered and evaluated an innovative 'train the trainer' model to build resilience at scale. It has also implemented a joint programme with directors of children's services on self-harm in children and young people, underpinned by an evidence review, benchmarking of national and local data and a set of recommendations for action.

Five-year blood pressure strategy

Work on this strategy was undertaken collaboratively with PHE North West and with NHS England. It is recognised as international good practice and is underpinned by an indicator dashboard. Improvements include developing the cross-sector workforce, embedding blood pressure in fire and rescue service 'safe and well' checks, piloting community-based health technologies and sharing awareness-raising campaigns. A blood pressure annual report has been produced, celebrating the significant progress made against objectives during the first year and outlining the future focus.

Collaborative commissioning

Cheshire and Merseyside collaborated on commissioning a suicide liaison service, which included benchmarking return on investment, development of shared service specifications and evidence reviews. Other themes include an integrated sexual health service, tobacco control and medicines management.

Benefits of collaborating include:

- maximising impact and influence – Champs supports the prevention work of the Cheshire and Merseyside five-year forward view and is able to join-up initiatives across the two areas involved in devolved arrangements (Liverpool City Region and Cheshire and Warrington)
- whole-system leadership – authorities help each other to address gaps, rather than duplicating effort and resources
- achieving economies of scale
- more capacity to horizon-scan for opportunities and challenges
- individuals and teams can develop specialisms and areas of interest that may not be possible within a single authority, and can apply these across a large area.

Next steps

Champs provides the ADPH sub-regional SLI lead for Cheshire and Merseyside. A key advantage of the Champs approach is that it is flexible, can respond to emerging priorities and is genuinely focused on learning to accelerate improvements in outcomes. Champs is currently strengthening its collaborative peer review and challenge programme, and would be interested in working with other regions to increase the independent aspect of peer challenge.

Contacts

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Website

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- a process of peer review/challenge to provide feedback on areas for improvement following review and discussion
- a requirement for clear vision and strong leadership, especially when sustaining the approach, providing ongoing support and maintaining momentum
- a consistent, agreed methodology focused on clear specific priority areas.

This led to a review of data and key issues, using a range of methods and datasets, and the development of a peer review toolkit. The toolkit brings together elements of primary prevention, finance and procurement and details of care pathway analysis.

Cumbria and Lancashire

Cumbria and Lancashire Public Health Collaborative has been involved in a range of developmental activity, working with the LGA through their support offers, including a strategic approach to health and wellbeing boards and developing prevention at scale. These elements have been pulled together into a programme of improvement for the region. SLI is a standing item on the collaborative's agenda.

Sexual health – scoping and toolkit

A small grant from the ADPH supported Cumbria and Lancashire's sexual health networks to develop an approach to SLI in sexual health. A core group of sexual health commissioners, public health specialists and PHE North West came together to develop the project. After reviewing the evidence of an SLI approach for addressing sexual health, it was decided that it needed to include several core elements:

- a bottom-up approach with a wide range of involvement
- a process of self-assessment which includes core data, information about wider services, service users' views and national research, and evidence and good practice

Healthy new towns

One of the main collaborative programmes is as a demonstrator site in NHS England's 'Healthy New Towns' (HNT) initiative. NHS England has identified 10 demonstrator sites which aim to build new homes in a way which improves population health and allows the integration of health and care services.

1,400 residential units are planned for Whyndyke Garden Village, a site sitting across the Blackpool and Fylde (Lancashire) geography. The project is overseen by a board made up of local authority members and officers from Blackpool, Lancashire and Fylde and Wyre, CCG representatives, Lancaster University, housing associations, education providers, a planning consultant and the third sector, as well as representatives from NHS England. There are also board links to the 'Healthier Lancashire and South Cumbria' sustainability and transformation partnership. This project is currently at the planning stage.

The Lancashire and Cumbria collaborative is represented on the board and has a remit to promote improvements in the health and wellbeing of future residents, as well as integrating health and care services.

One of the board's five priorities is to create a dementia friendly home for life-long living. The collaborative undertook a rapid desktop review in order to identify current best practice in the assisted design of homes and the use of assistive technology to allow people with dementia and other long-term conditions to live for longer in their homes. Part of the objective was to pool knowledge from other interested organisations, and the review also involved Lancaster University.

The review involved compiling a number of literature reviews to identify evidence and research which will inform the planning, design and development of the new homes. Its findings have been shared with the board and with NHS England. It will also be shared on the NHS England HNT SharePoint so that other demonstrator sites can use it to inform their own spatial planning and development needs.

The development of a healthy new town involves many elements that are crucial to health and wellbeing, including green spaces, healthy travel arrangements, age-friendly design and planning the spatial environment to prevent social isolation and loneliness. The Lancashire and Cumbria collaborative will be involved in supporting the inclusion of all such elements.

Next steps

The collaborative has identified that SLI is likely to be part of the sustainability and transformation partnership's population health programme, starting with improving the cardiovascular outcomes. It is also looking to improve the assurance element of its work, through sending programme results through appropriate mechanisms such as health overview and scrutiny and health and wellbeing boards.

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Websites

NHS England Healthy New Towns

www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Whyndyke Garden Village

www.england.nhs.uk/ourwork/innovation/healthy-new-towns/whyndyke/

North West SLI review: infant mortality

North West local authorities came together in their first regional SLI collaboration on the theme of reducing infant mortality. The review started with the Greater Manchester Public Health Network, which involved partners across the region and secured ADPH funding as part of the regional SLI network plan. The review was led by the director of public health for Tameside and overseen by a stakeholder project group.

A publication on the review, 'North West sector-led improvement: infant mortality 2016' is available from the contact below. This case study presents some of the highlights.

Methodology

A scoping exercise took place to identify aims, principles, ground rules, methods, and what should be covered by the review. Aims of the review included:

- take an appreciative enquiry approach to identify places where actions have resulted in improved outcomes
- identify key themes and recommendations at local authority, sub-regional and North West levels
- identify potential opportunities for collaborative work programmes which may include commissioning
- identify any gaps in data and intelligence and provide recommendations for child death overview panels
- enable sharing of good practice and innovation to aid mutual support and drive improvement in outcomes
- produce an action plan for local area safeguarding children and adult boards.

The methodology involved benchmarking data and completion of self-assessment followed by peer review.

Preparation

Twenty-two of the 23 local authorities agreed to take part, and because of the numbers involved it was agreed that a single full-day workshop was the most appropriate approach to facilitate the review process. Benchmarking data for each local authority was collected over a four-month period and made available on a secure page of the Greater Manchester network's website.

A self-assessment template was developed and tested by stakeholders, then filled out by each locality – coordinating input from a wide range of participants including public health, CCG maternity commissioners, maternity services, health visiting services, local authority children's services, the police and others. Completed self-assessments,

including a summary document for each locality, were included on the website so that all participants could view these prior to the workshop day.

The workshop

A total of 69 professionals attended the workshop. As well as the professions listed above, these included representation from PHE North West, NHS England and North West Employers. Seven thematic sessions were covered on the day, including the main modifiable factors in infant mortality, and process and performance issues:

- child death overview panels
- capacity to improve
- safeguarding
- congenital abnormalities
- co-sleeping
- smoking in pregnancy
- deprivation.

In addition, attendees took part in a 'market place' where good practice and related work on infant mortality were presented at stalls around the room. There were also opportunities for requesting further information (168 requests made) and making offers of support (32 offers made).

The peer review sessions discussed each of the themes. The full report provides the summary, context, questions posed and an overview of discussions for each theme.

Recommendations on each of the themes were made, both for work across the North West and for individual localities.

Taking the review forward

The review was clear that delivery of improvements was reliant on the content of the report being firmly embedded within local improvement plans and delivery models.

To this end, the report was presented to key bodies in each locality and each sub-region, with recommendations that plans were developed to enable implementation of the report's recommendations. These included local children and adult safeguarding boards and health and wellbeing boards, the sub-regional Champs collaborative, the Cumbria and Lancashire network and Greater Manchester health and social care partnership. The report was also circulated to ADPH with a proposal for a 12-month follow-up evaluation. All localities have produced action plans in response to the report's recommendations.

Follow-up event

A follow-up event was hosted by Greater Manchester which focused on the following modifiable factors: consanguinity, BMI, safe sleeping and smoking in pregnancy. Over the following weeks, localities completed a template on what had been implemented since the first North West SLI infant mortality event, and this was then due to be compiled into a report. Early headlines include:

- across the North West many localities have implemented the BabyClear smoking in pregnancy initiative
- Cumbria and Lancashire are implementing the safer sleep campaign²³
- Greater Manchester are undertaking risk assessment in pregnancy in the 'high needs pathway' as part of the early years model
- there are plans to deliver 'adverse childhood experiences' (ACEs) training and pilot an intervention across north Merseyside.

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²³ Safer sleep campaign
www.lancshiresafeguarding.org.uk/child-death-overview-panel/safer-sleep-guidance-and-materials.aspx

South East

The South East ADPH Network identified alcohol harm reduction as the key priority for joint SLI work across the region. In 2016, they requested PHE South East to support the development and implementation of a SLI programme, with the aim to assess the strengths and assets of how local areas were delivering their harm reduction activity.

PHE South East worked with the South East local authorities substance misuse network to develop a process for the review. This involved local authorities using the alcohol 'CleaR' assessment tool to assess their local strengths and challenges. The peer challenge element was based on the model used for the tobacco CleaR, and the process developed by ADPH London for their review of stop smoking.

At the peer challenge workshops, local authorities presented an overview of their local harm reduction programmes, based on their self-assessments. This included their top three strengths and areas of challenge and development. Each presentation was discussed by peers in the workshop. Following the workshops, each area developed an action plan for a local alcohol harm reduction programme.

Overall feedback was that the peer challenge was positively received by all those who attended, and all local authorities welcomed the opportunity to meet and speak with colleagues from different areas to share good practice and discuss and identify ways of overcoming local challenges. New relationships were developed and some local authorities continue to have contact with each other to share learning.

At a local level, participants indicated that there had been more collaborative discussions with local partners such as CCGs and improved working relationships with hospitals and licensing colleagues. Several local authorities said the SLI programme generated renewed interest in local alcohol

harm reduction programmes and, although there is concern regarding the future of local budgets, many felt the review provided the opportunity to demonstrate the importance of local programmes.

Suggestions were also identified for improving how future peer challenge programmes could be run:

- clear communication about the programme and a more consistent approach to committing resources and prioritising action
- ongoing involvement of senior leaders, such as directors of public health, is likely to produce a more detailed challenge and more effective planning
- bilateral review processes between local authorities would benefit from more detailed consideration of the method for pairing them – for instance, based on deprivation or nearest neighbours
- greater involvement of partners in the review process – in this case CCGs, trading standards and licensing and A&E.

Next steps

At the time of the programme, South East network did not have a coordinator. A new dedicated coordinator has since been recruited, who will support the delivery of future SLI programmes and help ensure they remain on track and are completed within the required timeframe.

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South West

South West directors of public health have a long history of collaborating to drive improvements in public health across the region. Their approach to system-wide improvement currently involves the following main elements:

- a work programme through the jointly funded Office for Sexual Health South West
- developing an SLI public health self-assessment framework as the basis for a peer challenge programme.

There is also a well-established South West Public Health Network, funded by Health Education England and involving South West public health teams, Public Health England (PHE), academic institutions and others. The network promotes continuing professional development and a range of workforce development opportunities across the region. Through an active website and regular briefings it also provides a collective approach to learning, reflecting, and sharing knowledge and good practice.

Other networks include health protection, information and healthcare public health.

Sexual health

South West directors of public health identified sexual health as a key priority in which leadership and coordination across the region could make an impact on health outcomes. The Office for Sexual Health was established through pooled public health funding and a partnership with PHE South West. The work of the office is overseen by the sexual health programme board which includes membership from a director of public health (chair), sexual health clinicians, national and local sexual health commissioners, PHE and the third sector. The purpose of the board is to support improvements to the range of sexual health services (contraception, relationships, sexually transmitted infections and abortion)

and to health outcomes, such as reductions in unintended pregnancies, across the South West.

Recent initiatives include:

- a workforce development project which will audit the current workforce composition, including gaps, staffing issues, training needs and future requirements; based on this, recommendations for developing future training will be made
- supporting areas in recommissioning and procuring integrated sexual health services
- a project looking at the costs, benefits and evidence for improving value for money in the delivery of chlamydia testing in the South West
- supporting 'young people friendly' (YPF) accreditation of services by funding the YPF leads network
- a sexual health briefing for councillors on the role of 'relationships and sex education' lessons
- NHS England funding to support the roll-out of a website for survivors of sexual abuse across the South West
- regular review of regional sexual health public health outcomes framework data
- sharing information, including the latest research
- newsletters and events to keep the sexual health community connected.

Self-assessment and peer challenge

Public health directors in the South West have many of the building blocks for effective SLI in place through learning and sharing good practice, and intend to develop their SLI work, particularly elements relating to peer challenge and developing communities of improvement.

A workshop was held in 2017 to consider self-assessment models, including Yorkshire and Humber's 'DELPH'. Based on this, a model has been developed for use in the South West, with the intention of establishing a programme of peer challenge from 2018.

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Links

South West Public Health Network

<https://southwestpublichealthnetwork.info/about-agw-public-health-network/>

West Midlands

Directors of public health and PHE West Midlands work closely together through the West Midlands Learning for Public Health Network on cross-regional collaboration, including an SLI work programme with a focus on system leadership. The region had an active network prior to the transfer of responsibilities to local government, and has been building on this to establish a wide improvement agenda.

Measures include:

- Establishing a West Midlands public health consultant network to develop the leadership role of consultants across the region to promote health and wellbeing activity at scale
- A programme of peer challenges: topics so far include sexual health and substance misuse
- Establishing three new regional thematic networks based on emerging priorities: best start in life, healthy ageing and getting into work. The groups are focused on sharing learning and ideas and are well-placed to develop an SLI approach; each has a director of public health lead from around the region.

Sexual health peer challenge

Directors of public health, sexual health leads and commissioners from the 14 West Midlands local authorities attended a peer challenge workshop to identify the current position on sexual health across the region and what more could be done, both individually and together.

In preparation for the peer challenge, the PHE field epidemiology service produced a bespoke sexual health data workbook – a collection of relevant and available sexual health data by local authority in a single Excel workbook – which was sent to local authorities

a month in advance of the workshop. This enabled local authorities to understand their own position and compare it to that of others. Each local authority was also asked to complete and return a short assessment. The data and self-assessment facilitated local discussion.

Within the workshop, local authorities were placed in five sub-groups to undertake the peer challenge. Sub-groups had received each other's self-assessment in advance of the workshop. Each group was facilitated by a colleague from PHE using key lines of enquiry developed by participants in advance of the workshop. Workshops explored each local authority's strengths and good practices, risks, areas for improvement and what support was needed. Each local authority identified actions for improvement based on the workshop.

The top issues/risks common to the region as a whole were also compiled. These were:

- out-of-area cross charging (especially for contraception and sexual health)
- addressing older people's (40-plus) sexual health
- GP and pharmacy engagement
- workforce development – suitability for integration and future sustainability
- behaviour change, including influencing the public's use of services and utilising social media.

These issues were incorporated into the 'West Midlands sexual health commissioners network 2016-17 delivery plan' (this network is facilitated by PHE West Midlands).

The peer challenge programme was evaluated as very effective, with great potential to be used across a range of public health programmes. Key elements for success included providing information well in advance of the workshop, involving public health directors as well as sexual health leads

to make this a comprehensive and strategic process, and having an identified route for acting on the issues raised.

Next steps

The network intends to develop its peer challenge approach in other priority themes. It is also interested in working with the LGA on the risk tool based on adult social care that the East Midlands region is developing and piloting.

The network collaborates on many topics that can best be delivered across the region and will be exploring these further. Topics include developing a learning set for use of the new 'Health equity audit template' (HEAT), a work stream on the overview and scrutiny function and the potential for a future leaders programme.

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Learning for Public Health West Midlands

www.lfphwm.org.uk/

Yorkshire and Humber

Following the transition of public health to local government in 2013, directors of public health in the Yorkshire and Humber ADPH Network collectively decided to establish a SLI process for public health. Together they designed the ‘Developing excellence in local public health’ (DELPH) framework, which has developed over recent years and now consists of four main strands:

- a self-assessment tool
- peer review
- communities of improvement
- an annual conference.

The DELPH self-assessment tool

The tool was developed in Yorkshire and Humber, taking into account SLI frameworks used in adult social care and children’s services, and in discussion with the LGA.

The tool consists of six domains which cover key areas of work for public health:

- healthcare services
- health protection
- health improvement
- knowledge and intelligence
- governance and systems
- capacity building.

For each domain there are several standards, with three sets of descriptors for different levels of practice: basic, developing and excellent (see the example in figure 2).

The standards were road-tested in three local areas and were consulted on in a network workshop. Subsequently, all public health directors signed a ‘memorandum of understanding’ committing to DELPH. The self-assessment tool can be used by public health teams, councils and wider partners to undertake an internal assessment. It also forms the basis of Yorkshire and Humber peer challenges. The tool has been used by other regions in their SLI work.

Figure 2: example of levels of standards in the element ‘healthcare services’

Healthcare services	Basic	Developing	Excellent
Public health programme development	<p>Commission appropriate and effective health and wellbeing initiatives based on the joint strategic needs assessment (JSNA), joint strategic intelligence assessment (JSIA), asset-based assessments and health and wellbeing board strategy. They must reflect the broader local authority role in addressing health inequalities.</p> <p>Programmes are in line with NICE quality standards.</p>	<p>Detailed specification in programmes built on local research and other available evidence.</p> <p>Evidence of infrastructure and cultures across the organisation that incorporates public health strategies, eg designated lead roles.</p>	<p>Evidence across all council departments of public health input.</p> <p>Evaluation that specifically measures the impact of health and wellbeing programmes on local people.</p> <p>Local implementation of national public health policy, leading to sustained improvement of outcomes in the public health outcomes framework and NHS outcomes framework.</p>

Yorkshire and Humber peer review

The review process is a two-day review. The review team includes, as a minimum, a director of public health and a public health consultant from another area of the region. Training for review is similar to the LGA's – some reviewers have done LGA training; others have done alternative training commissioned by Yorkshire and Humber.

The host council undertakes the DELPH self-assessment and identifies what aspects they would like the review to concentrate on. The first day involves interviews with a range of stakeholders in public health, the wider council and other partners as appropriate. Feedback is given on the second day, and a letter with findings is subsequently sent to the public health director. The expectation is that feedback will be considered and acted upon by councils.

Yorkshire and Humber has piloted the process in East Riding, delivered two reviews in Doncaster and Leeds and was planning two more during 2018.

Feedback from Doncaster

The review in Doncaster looked at the impact and influence of public health across the council. The overall picture was found to be very positive: performance in the areas that are the responsibility of the public health team were seen as good, and public health has significant influence across the whole of the council's functions and through into partners, at both strategic and operational levels. The review also identified several areas which could benefit from further consideration:

- strengthening public health senior leadership capacity
- capturing more information about performance, particularly evaluating the effectiveness of programmes and interventions

- ensuring that the public health knowledge management continues to function well in the central strategy and performance unit.

A report on the review was considered by the health and wellbeing board and an action plan will be developed. One early action is that public health implications will be added to all corporate reports for the cabinet and council as part of the 'health in all policies' approach.

Feedback from Leeds

In Leeds, the DELPH self-assessment provided the context to the reviewers looking at partnership working in specific areas, including 'Best Start'. The review raised the profile of this initiative and brought an understanding that more could be done to promote this as a high-level priority in Leeds. Specific action includes:

the executive member for health, wellbeing and adults has become the 'Baby Friendly Initiative' guardian (promoting breast feeding)

'Best Start' was already included as a priority in the Leeds health and social care strategy and has now been formally included in the prevention section of the Leeds health and care plan, which sets out Leeds' contribution to the West Yorkshire and Harrogate sustainability and transformation plan.

In both areas, the peer review was welcomed by public health and the wider council as an opportunity to stand back and reflect on:

- how well public health has integrated with the council
- how effectively it is working, both in terms of its own responsibilities and its wider impact in promoting health and wellbeing across council functions and beyond
- how things could be done better.

Communities of improvement

Yorkshire and Humber 'communities of improvement' (COIs) were developed from thematic regional groups, which were refreshed to reflect current public health priorities. There are COIs in the following topics: alcohol and drugs, children and young people, healthy weight and physical activity, making every contact count, NHS health checks, mental health and suicide prevention, public health intelligence, regulatory leads, and sexual health.

COIs provide public health leadership for their subject area across Yorkshire and Humber and are each responsible for establishing priorities and an outcome-based work plan. They undertake activity such as identifying innovative practice, reviewing evidence, establishing a regional position on costing services and sharing good practice. Each COI will soon have an online knowledge hub – a virtual network to maximise the use of digital opportunities to share information and best practice.

Annual sector-led improvement conference

The annual SLI conference has become a vibrant and popular event in Yorkshire and Humber public health. It pulls together SLI activity and showcases good practice from across the region. This includes presentations from SLI work in local authorities and from the COIs. The conference is an opportunity for public health to come together, reflect, share good practice, get new ideas and gather momentum for future work.

Next steps

Yorkshire and Humber believes that it has made good progress on implementing SLI through good joint working between ADPH and PHE Yorkshire and Humber, which have been major contributors throughout the process. A strong ADPH network and sector-led improvement framework mean that progress can be maintained despite changes

in personnel in public health teams.

However, the speed of developments has been limited by lack of additional dedicated resources. An administrator for network co-ordination has been recently appointed and their duties will include co-ordination of SLI in order to progress future developments.

Yorkshire and Humber have several plans for the future, including:

- refreshing the self-assessment tool to make sure it reflects the changing nature of public health, such as health and wellbeing outcomes delivered across the council, changes in the NHS, and regional developments through sustainability and transformation partnerships and devolution
- looking at ways of including external representation on peer challenges – for example, individuals from outside Yorkshire and Humber and/or from beyond a public health background
- strengthening the role of communities of improvement in SLI.

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Links

Annual SLI conference

www.yhphnetwork.co.uk/links-and-resources/sector-led-improvement/

Communities of Improvement

www.yhphnetwork.co.uk/knowledge-exchange/communities-of-improvement/



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