

## SECTOR LED IMPROVEMENT

- THE 'WHAT' AND THE 'HOW' OF SUCCESS
- THE SOUTH WEST APPROACH

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NETWORK SLI LEAD

# RECENT HISTORY OF LOCAL GOVERNMENT PERFORMANCE REGIMES



- The Best Value Duty / 3 Es Duty – 4 Es Duty
  - Economy, Efficiency, Effectiveness, Equity
- Audit Commission – *Misspent Youth* to Decline and Fall
- Comprehensive Performance Assessment
- Comprehensive Area Assessment
- Advent of Sector Led Improvement
  - There are **still** inspectorates – OFSTED, CQC, HMI, HMIFPP, etc etc

# THE 'WHAT'



Sector led improvement (SLI) is the approach to improvement put in place by local authorities, the Local Government Association and Association of Directors of Public Health following the abolition of the previous national performance framework

Aims to provide assurance to both internal and external stakeholders and the public as well as demonstrate continuous improvement to PH practice

Aims to improve health outcomes and avoid top-down inspection regimes



# UNDERLYING PRINCIPLES OF SECTOR LED IMPROVEMENT

Local organisations/ systems:

- Take responsibility for driving their own performance and improvement and in ensuring they have the systems, people and processes to do so;
- Assume a collective responsibility for the performance of the sector primarily by sharing knowledge, resource and expertise;
- Commit to doing this in an open and transparent way to strengthen local accountability and trust
- Any process must be voluntarily committed to, owned and driven locally or it won't be sector led and will likely assume a top down performance management feel
- The role of ADPH is to champion, monitor and support SLI in public health at local, national and regional level, working with key partners such as LGA, Public Health England and Department of Health.

## THE 'HOW' -CORE ACTIVITIES OF SECTOR LED IMPROVEMENT



Some form of peer support, review and learning



Self evaluation eg standardised self assessment tool



Regional working such as networks, events, action learning sets, regional boards



Systematic sharing of knowledge and learning e.g. performance data and indicators, notable practice examples, best practice checklists



Mainly organisational/system wide focus but sometimes on individuals e.g. coaching, mentoring, buddying systems



Less common but equally legitimate tools such as regional 'show and tell' visits, 'hack days' where participants spend a day on 'live' challenges



## WHAT MAKES IT WORK...

- Voluntary, constructive and collaborative process - real sense of 'being in it together'
- Processes such as peer reviews offer rich sources of learning for individuals, organisations being reviewed and for reviewers
- Provides assurance across key expert/self identified themes
- Provides a route to acknowledging and celebrating good practice
- Sustained trusting relationships overtime e.g. between mentor and mentee, peer reviewer and peer reviewee
- Develops trust and confidence with wider stakeholders, service users and public



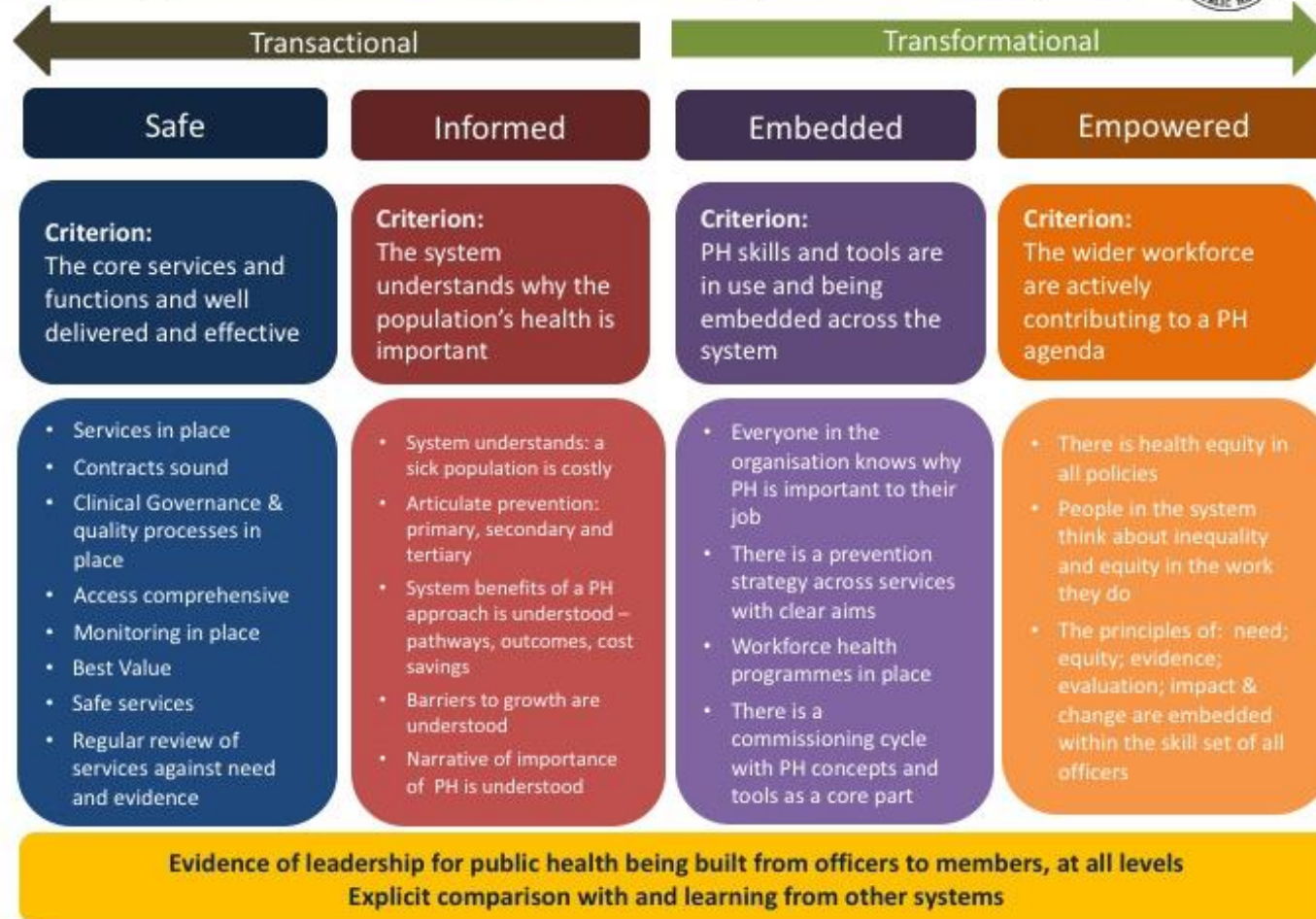
## ....WHAT MAKES IT WORK

- Some type of local/regional 'champion' e.g. TEASC chair and lead in every region and clarity of remit
- Engagement of politicians and senior team beyond service director
- Ongoing support not a one off assessment of performance
- Exposure to local peers

**What good looks like:**

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**Improving the Public's Health is integral to the work of public services in this place**





# PUBLIC HEALTH AND QUALITY IMPROVEMENT



- Foreword/  
Preface
- Introduction
- Public health  
systems
- Characteristics  
of quality
- Working  
together
- Key principles  
and actions
- Seven steps to  
improve quality**
- Summary of our  
commitments
- Making it  
happen

## Seven steps to improve quality

The seven step model, common to the NHS and Adult Social Care quality frameworks, is useful in helping to set out how we can improve quality in public health in our key areas and commitments described on page 14.

### Local Implementation:

Once local priorities for raising quality are identified, local public health systems can adopt this methodology to raise quality and facilitate the development of their own commitments.



Note: Health Foundation A Clear Road Ahead (2016) developed this modified version of the NHS Quality Framework (Next Stage Review).  
NHS - Shared Commitment to Quality & Adult Social Care - Quality Matters

Quick guide

January 2016

Quality  
improvement  
made simple

What everyone  
should know about  
healthcare quality  
improvement

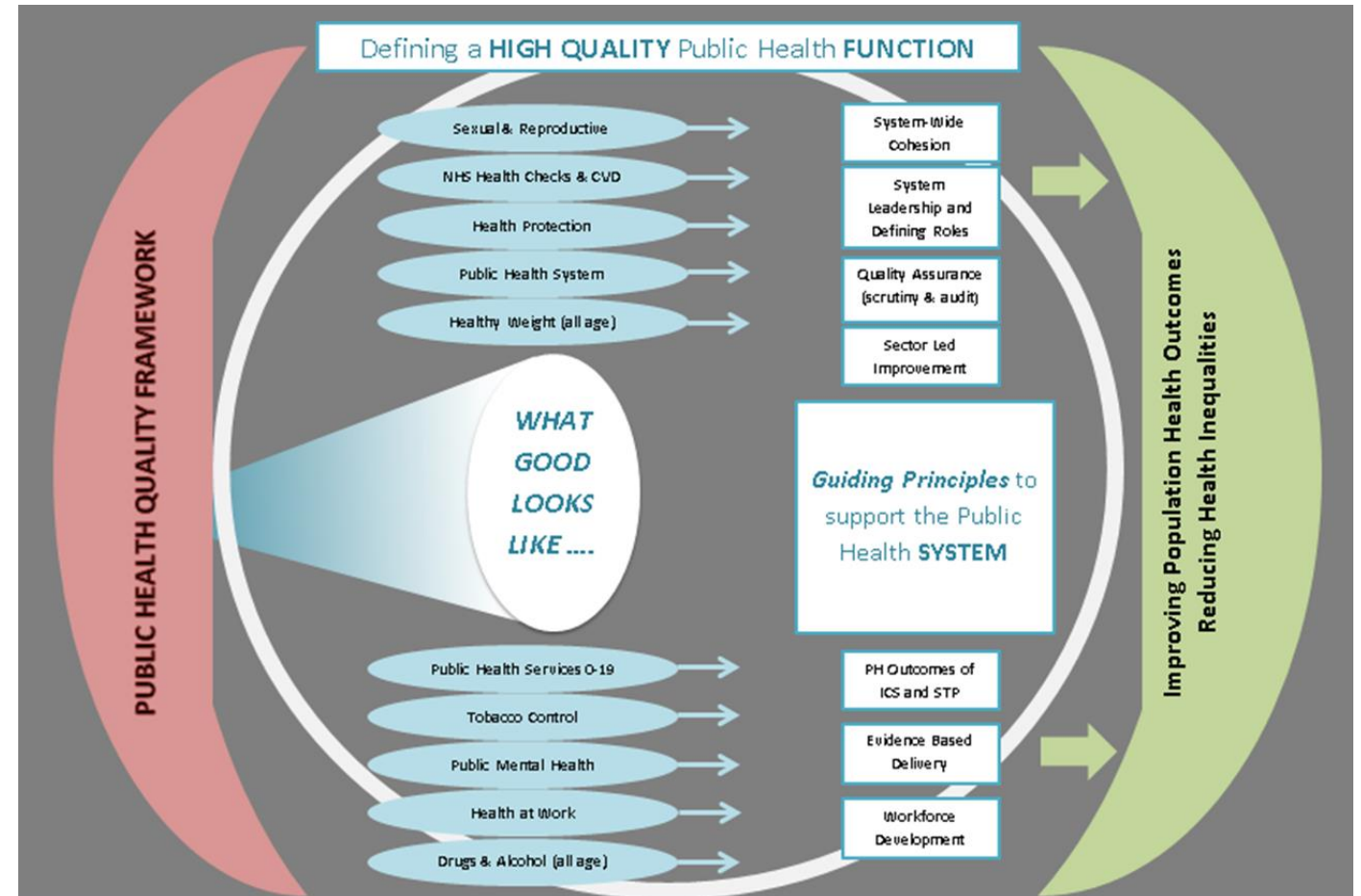




# QUALITY STANDARDS – WHAT GOOD LOOKS LIKE

## Purpose of the WGLL Publications

- To support Sector Led Improvement
- To facilitate quality assurance within the system, by supporting scrutiny and audit
- To define what good system leadership looks like, and to clarify other roles and responsibilities
- To encourage system-wide cohesion
- To support the achievements and ambitions of population health outcomes within ICSs and STPs
- To encourage and support evidence based design and commissioning
- To support workforce development and highlight the need for a highly skilled PH workforce



# PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



SOURCE:  
[WWW.PHF.ORG](http://WWW.PHF.ORG)



# TOWARDS A PUBLIC HEALTH READY RECKONER FOR SLI



## **Intra**

### **Audit**

Contract Management  
Assurance and Governance  
QI Cycle  
**Self Assessment**



## **Peer**

### **Peer to Peer Learning**

Sharing Practice  
Benchmarking including against self  
assessments  
**Critical Friend**  
Topic Days



## **External**

### **Scrutiny**

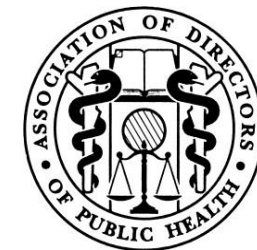
**National Exercises – Suicide**  
**Peer Challenge**



# SOUTH WEST ADPH NETWORK

- 13 DsPH
- ADPH Network SLI lead (DPH) and SLI Co-Ordinator Tim Collicott
- Meet monthly
- Network Priority Objectives – SLI Report
  - Development and Leadership –ways of working
  - SLI action – forward planning
  - Assessment – how we know we are making an impact
- ADPH SLI Self audit tool – mostly ‘developing’ in 2018 and aiming for ‘advanced’ in 2019 and ‘transformational’ in 2020







# 2019 - 2020 SOUTH WEST SLI ACTION PLAN

- **Local Authority Improvement Partner**
  - Eg JSNA process. Next steps – measure impact.
  - Show & tell.
- **Workforce Development**
  - Today! Webinars and FPH curriculum.
- **Involvement in Communities of Practice**
  - SLI priorities and ToR – an example of where we have tried to do too much!
- **Formal Peer Review**
  - DsPH training as peer reviewers. Leadership programme.
- **Issue specific region-wide improvement activity**
  - Smoking in pregnancy. PHE and LA engagement. Audit cycle.
- **General ADPH network development**
  - Co-ordinator post. Develop reporting, monitoring and evaluation processes.
  - Intra- and inter-SLI work.
  - Repeat self-assessment.



# ADPH SLI SELF - AUDIT TOOL - IMPACT

	<b>Level 1: Essential</b>	<b>Level 2: Developing</b>	<b>Level 3: Advanced</b>	<b>Level 4: Transformational</b>
Planning for impact	Activities seem to be designed independently of the expected impact	Planned activities loosely link to the improvement and may lead to improved outcomes	Clear how key activities link to improvement and are expected to lead to improved outcomes	Network uses innovative methods for planning activities and the expected impact
Monitoring	No regular monitoring of activities' outcomes	Only activities' outcomes monitored without reference to impact	Consistent monitoring and recording - activities' outcomes and impact	Network uses innovative measurement and monitoring of impact over short, medium and longer term
Improvement	Maybe some improvement from SLI activities - not consistently documented	Some improvement documented resulting from SLI activities	Documented substantial improvement from SLI activities - clearly cascading to LAs	Network is documenting consistent improvement across local and regional level over time





## WHAT IS GOING WELL IN OUR SLI?

- We know Public Health has an established basis of working to best evidence, in partnership, sharing the learning as system leaders – we have the **right culture** and know the importance of evidencing impact!
- Defined areas of focus and DPH leadership
- Co-ordination



# WHAT ARE THE CHALLENGES?

- Demonstrating impact can be difficult and there are no ready answers
- A lot about the way we are working together is demonstrating the qualitative impact of partnerships and networks
- We should make sure we use the ADPH tools that not in an extended developing stage



## TAKEAWAYS...

- SLI is a collective responsibility
- We need to aim to systematise SLI across the South West
- Pick the right method for the right issue
- Your local friendly DPH is your way in to find out more!

# THANK YOU

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