



What Good Looks Like

Supporting Delivery of High Quality Public Health Advice to Health and Care Systems in England: A Framework to Support Quality Improvement

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This framework on improving quality in the delivery of public health advice provides a practical translation of the core principles of the new [quality framework for public health](#)¹ in the context of the public health advice function in local health and care systems. It was developed collaboratively through synthesis of evidence, expert opinion and feedback from engagement with key stakeholders. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

Produced by: Mike Sandys (ADPH), Andrew Furber (PHE), with lead authors James McGowan (PHE) and Sarah Wallace (PHE) on behalf of the WGLL Thematic Group on Public Health Advice to Health and Care Systems.

Purpose

Public health leaders, professionals and teams operate in an increasingly complex policy and commissioning environment and are required to continuously improve the quality of service delivery to effectively address public health challenges. Often, they must do so within emergent systems that aim to improve health at a population level, but whose organisations operate within legal and regulatory frameworks developed to support the commissioning arrangements of past NHS reforms.

Delivering high quality public health advice is key to ensuring health and care systems have access to the public health knowledge, skills and system leadership capability needed to ensure high quality, evidence-informed and cost-effective health services that contribute to improved health outcomes for local people.

This framework has been developed to support local public health professionals to deliver the highest possible quality public health advice to their local health and care systems, recognising the complex environment that public health operates in. It seeks to describe what the statutory function of public health advice to the NHS looks like in the context of a changing NHS and care system in England. The population health agenda as set out in the NHS Long Term Plan provides an opportunity to develop this further.

The framework is not intended to support performance management or assurance processes; rather, it defines the system leadership role played by directors of public health and their public health colleagues within place-based systems and interprets the application of that role, outlining the key characteristics of high quality public health advice. It is intended to be an aspirational, future-orientated tool to support locally-led quality improvement and achieves this by:

- Identifying principles for excellence to support the delivery of high quality public health advice across the life course;
- Outlining characteristics of the effective governance of partnership working in local systems;
- Providing a development framework to support self-assessment and improve quality of public health advice to health and care systems.

Aims and scope

The overarching aim of this framework is to support improvement in the delivery of public health advice by public health leaders- including directors of public health and other public health professionals- to health and care systems. This includes public health advice delivered to sustainability and transformation partnerships, integrated care organisations and primary care networks by both local authority public health and public health professionals embedded within health and care organisations.

The framework explicitly focuses on healthcare public health aspects of public health practice and is not intended to cover the whole scope of the role of directors of public health and their teams in local places and systems. However, it does not aim to provide detailed guidance in relation to technical aspects of healthcare public health. Instead, it aims to support public health leaders to develop public health capacity and capabilities in their local health and care systems to ensure sustainable access to the high quality public health advice necessary to improve population health.

The framework is not a new policy, performance requirement or statutory duty. Rather, it aims to:

- **Build a shared understanding and common expectations** of excellence in the delivery of public health advice to health and care systems;
- **Define the system leadership role** of public health in the context of health and care systems;
- **Identify the characteristics of 'good' public health advice** and describe **principles for excellence** in the delivery of public health advice;
- **Provide guidance on effective governance** of partnership working within systems to support delivery of public health advice that maximises improvement in population health;
- **Provide a development framework** with illustrative examples to support quality improvement in the delivery of public health advice.

Relationship to statutory duty and existing guidance

The framework was developed as an improvement resource to support local public health professionals and teams to assess and improve quality in the delivery of public health advice. It is intended to enhance but not supersede existing guidance on the statutory requirement for local authorities in England to provide public health advice to clinical commissioning groups (CCGs). It is also intended to complement, rather than reconcile or augment, existing approaches to quality improvement in local government and the NHS, including sector-led improvement.

Key stakeholders in development

This framework was developed jointly by Public Health England (PHE) and the Association of Directors of Public Health (ADPH), with expert input from across the national public health and health and social care system through engagement with:

- Faculty of Public Health (FPH);
- NHS England and NHS Improvement;
- The National Institute for Health and Care Excellence (NICE).

Key stakeholders for implementation

Key stakeholders in the delivery of effective public health advice to local health and care systems include:

- Directors of public health in local government;
- Public health professionals and teams in local authorities;
- Public health professionals and teams at national, regional and local level, including:
 - PHE national healthcare public health division;
 - PHE Centres and Regions;
 - NHS England and NHS Improvement Regional directors of public health.
- Public health specialists embedded in NHS commissioner, provider and integrated care organisations.
- Public health professionals with public health training and education responsibilities.

Impact statement

Directors of public health and public health specialists across local government and the NHS in England share a common goal to deliver excellent public health advice to local health and care systems. Application of the principles outlined in this improvement framework will support public health professionals to exercise system leadership in complex system environments to:

- Support development of high quality health and care services that contribute to improving population health and reducing health inequalities;
- Maximise the effectiveness, efficiency and equity of health and care services within available resources;
- Secure the long-term sustainability of health and care systems that deliver value for money for taxpayers;
- Develop public health capacity and capabilities across health and care organisations and systems.

National policy and guidance

To continue to effectively address public health challenges through the implementation of place-based approaches, directors of public health and other public health system leaders require capacity for innovation and the development of new service models that facilitate delivery of high quality public health advice. Such models must account for the direction of travel outlined by the NHS Long Term Plan and the potential for more complex commissioning arrangements in future. They require a renewed focus on partnership working across NHS, local government-funded services and voluntary sector organisations and across new, larger and overlapping geographic footprints.

The recent history of health and care reform in England provides a useful starting point to understand the need for a framework to support delivery of high quality public health advice to local health and care systems. Key recent reforms (and the role of public health within them) include:

- The [Health and Social Care Act \(2012\)](#)² and subsequent regulations placed a duty on local authorities to provide public health advice to NHS clinical commissioning groups in their geographical area.
- [Department of Health guidance](#)³ and the subsequent [Healthcare Service Advice Briefing \(2017\)](#)⁴ (co-produced by Public Health England, Association of Directors of Public Health and Faculty of Public Health) provided guidance to support the provision of 'healthcare public health' (see glossary) advice to CCGs by local authorities. The guidance acknowledged the changing policy and commissioning landscape of the NHS and considered how the delivery of public health advice would need to evolve in future.
- Through implementation of the [NHS Five Year Forward View](#)⁵, local authority and NHS-based public health professionals exercised a central leadership role in the development of local **sustainability and transformation partnerships (STPs)** and continue to act as system leaders through working with the NHS and local partners to transform services in their places. At the time of writing, STP footprints continue to present valuable opportunities for public health to work with local partners to implement place-based, whole-system approaches to prevention.
- Public Health England's 2016 [review of the public health workforce](#)⁶ highlighted the importance of the development and maintenance of core healthcare public health skills across the wider public health workforce, including the value of training opportunities in healthcare public health across local authorities, NHS and care organisations. Since then, there has been a growing recognition among public health professionals in local government and the NHS of the need to build capacity and capability for public health advice on a system-wide basis, including among clinicians in health and care organisations.
- The [NHS Long Term Plan](#)⁷ articulated the importance of a system-wide focus on prevention and the reduction of health inequalities in England and thus represents an important leadership opportunity for public health. A key challenge for the profession will be to maximise improvements in population health (including reductions in health inequalities) secured by emerging Integrated Care Systems and Primary Care Networks; these new collaborations will be built on partnerships between local health and care organisations, including NHS and local authority-funded services at multiple geographical levels. Both Integrated Care Systems and Primary Care Networks will develop a focus on population health and Population Health Management approaches to system transformation that will require public health expertise to be operationalised successfully. As such, implementation of the Long-Term Plan will present important opportunities for public health to influence local systems to improve health and reduce health inequalities through place-based approaches.
- The **legislative basis for integrated care systems** has yet to be defined, although the Long-Term Plan includes a commitment to do so. Clarifying legal arrangements is likely to be key to supporting organisations and local systems to balance competing pressures of financial balance, system-level priorities and existing statutory duties. **Health and social care devolution** deals present further opportunities for public health to work with partners to prioritise prevention and address wider determinants of health at a system level.
- The new national quality framework for public health (['Quality in Public Health: a shared responsibility'](#)¹) aims to improve quality in public health services and functions in England. As the first such framework for public health, it was developed by the Public Health

System Group with support from partners across the public health system including local government and the NHS. In the context of delivering high quality public health advice to health and care systems in England it is important to be aware of the equivalent publications for the NHS ([Shared Commitment to Quality](#)) and Adult Social Care ([Adult Social Care: Quality Matters](#)).

- In 2019, Public Health England published [‘Public health advice and support arrangements into Integrated Care Systems in England’](#)⁸. The document reflects on the implications for statutory public health advice and support arrangements arising from the integration of health and care services and was intended as a resource to support Directors of Public Health and their teams in England.

System leadership and the role of public health in health and care systems

System leadership is characterised by [‘working beyond organisational boundaries on issues of mutual concern that cannot be solved by any one person or institution’](#)⁹ and its importance in the context of improving health in local places is well-established.

Formal opportunities for system leadership are supported by existing statutory requirements. For example, Joint Strategic Needs Assessments (JSNAs), director of public health reports, Health and Wellbeing Boards and Health and Wellbeing Strategies already require organisations to work together at a place and system level to improve population health. Public health leaders in local health and care systems play a key role by providing strategic leadership across organisational boundaries to maximise the impact of these approaches, working with public health colleagues and leaders across local systems, including NHS and non-NHS organisations.

In the new context of emerging place-based health and care systems, the role of public health in exercising ‘system leadership’ to secure sustainable improvements in service quality and population health will grow in importance. For example, as new models of integrated care develop, directors of public health and system leaders in health and social care organisations will be instrumental in ensuring that system-level strategies for improving population health and implementation of service transformation are informed by the health needs of local populations.

What behaviours characterise system leadership?

A [King’s Fund review](#) (Welbourn et al, 2012) addressed the topic of leadership from the perspective of professionals seeking to lead beyond traditional organisational boundaries; it identified seven key approaches most associated with successful system-wide transformation:

- Go out of your way to make new connections;
- Adopt an open, enquiring mindset, refusing to be constrained by current horizons;
- Embrace uncertainty and be positive about change – adopt an entrepreneurial attitude;
- Draw on as many different perspectives as possible; diversity is not optional;
- Ensure leadership and decision-making are distributed throughout all levels and functions;
- Establish a compelling vision which is shared by all partners in the whole system;
- Promote the importance of values – invest as much energy into relationships and behaviours as into delivering tasks.

What is ‘good’ public health advice to health and care systems?

Public health advice that successfully influences the health and care system integrates and applies core tenets of a public health approach at a system level to support organisations to improve population health and reduce health inequalities.

Effective public health advice can thus be understood as ‘system leadership in action’, supporting local health and care systems to make decisions and deliver services that maximally improve the health of whole populations, rather than only individual patients or subsets of ‘high risk’ populations.

‘Good’ public health advice to health and care systems is underpinned by the application of the core skills of healthcare public health, as defined in [PHE’s review of the public health workforce](#)⁶. High quality public health advice is characterised by:

- Interpreting and applying best available **science and evidence** to inform service planning and delivery.
- Supporting service planning that is driven by **data and intelligence** on the health needs of populations.
- Focusing on putting **prevention** and early intervention at the heart of system strategies to improve population health.
- Prioritising the reduction of **health inequalities** and improving equity of access to services.
- Providing strategic and technical support for **improving quality** of care across local systems in partnership with clinical and local government leaders.
- Driving **value and sustainability** by supporting health and care systems to make best use of limited resources.
- Promoting development of **healthcare public health capacity and capabilities** across the wider system.
- Supporting health and care systems and organisations to address **wider determinants of health**.

Section 1: Principles for excellence in delivery of public health advice to health and care systems

Delivering the highest possible quality public health advice to local health and care organisations can be understood as a subset of the wider system leadership role of public health in local place-based systems.

This section identifies **eight principles** that support translation of public health system leadership into practical action, building on the characteristics of high quality public health advice. For all principles, establishing constructive working relationships with system partners can be understood as a prerequisite for their successful application.

The **development framework in section 3** provides illustrative examples of how the eight principles might be effectively operationalised to support the delivery of high quality public health advice to health and care systems.

Principle 1: Ensuring service planning and delivery are informed by best available evidence.

Public health professionals play a key role in ensuring the planning and delivery of health and care services and population-level interventions are driven by scientific, theory and evidence-informed approaches, including the use of best available evidence of effectiveness, cost-effectiveness and equity impact.

‘Good’ use of best available evidence to inform service planning and delivery includes:

- Supporting scientific, evidence and theory-informed approaches to service transformation, including:
 - Critical appraisal of alternative interventions and pathway redesign from an evidence-based perspective;
 - Supporting partners to interpret, assess and balance evidence of effectiveness;
 - Interpretation and application of high grade evidence sources support service improvement (E.g. NICE Quality standards)
- Supporting local systems to generate evidence about the effectiveness of interventions and services to inform service and pathway reconfiguration, including provision of technical support for monitoring and evaluation.

- Promoting and contributing to building evidence underpinning service quality improvement, e.g. through collaboration with academic partners.

Principle 2: Supporting data and intelligence-driven commissioning.

Public health provides professionally credible input to all stages of the commissioning cycle to inform decision-making in relation to service planning and transformation. High-quality public health advice functions use a variety of data and intelligence sources to build system-wide understanding of population health needs and the effects of unwarranted variation in access to and quality of care.

'Good' support for data-driven commissioning includes:

Assessing population health needs

- Providing timely specialist input in the form of health needs assessments that are linked to key commissioning and system transformation challenges.
- Generating evidence through engagement with local communities to inform service planning, including co-production approaches with patients, service users, residents and vulnerable groups.
- Where possible, harnessing new technologies that facilitate innovative approaches to the assessment of population health needs, including artificial intelligence, machine learning and linked data.

Analysing and addressing unwarranted variation

- Providing professional leadership for interpretation of data on unwarranted variation in quality of care, including implications of variation for service transformation and interventions to improve population health.
- Professional leadership for implementation of evidence-based guidance, including clinical and public health guidance to improve service quality (e.g. NICE guidance and Royal College guidelines).

Supporting the development of innovative commissioning models

- Providing professional leadership for the development of outcomes-based commissioning models informed by population health needs.
- Providing technical support for development of local outcomes frameworks.

Principle 3: Promoting a system-wide focus on prevention and early intervention.

Public health plays a key role to support decision-making to improve population health, including prioritisation, funding and planning of health services and interventions. As the commissioning landscape evolves, high quality public health advice will increasingly focus on fostering system-wide approaches to prevention and early intervention.

'Good' public health leadership on prevention includes:

- Promoting a system-wide strategic focus on prevention and early intervention.
- Fostering strong working relationships across the system and with local, regional and national partners who deliver key preventive interventions, e.g. screening and immunisation services.
- Working with partners across local systems to support health and care organisations to implement evidence-informed and cost-effective prevention interventions, e.g. Making Every Contact Count and smoking cessation services.
- Supporting partners to achieve the prevention and health inequalities objectives set out in the NHS Long Term Plan, ensuring effective integration with existing local prevention and place-based health inequalities programmes.

Principle 4: Improving health equity and reducing health inequalities

Public health plays a key leadership role in assessment, interpretation and advocacy in relation to the health needs of vulnerable and marginalised groups. Public health advice can influence local systems to consider the health equity impacts of service transformation, supporting service redesign that does not widen inequalities and addresses the health needs of vulnerable and marginalised populations.

'Good' public health advice that promotes a system-wide focus on reducing health inequalities includes:

- Promoting equitable access to health and care services that effectively address the health needs of vulnerable groups within local populations.
- Providing professional leadership for the inclusion of data, intelligence and evidence relating to the health needs of vulnerable groups in service planning and delivery.
- Providing specialist technical support for health equity audits and health impact assessments to support evaluation of the equity impact of interventions and services.

Principle 5: Providing strategic and technical support for improving quality

Public health professionals play a key role in the provision of strategic oversight and leadership for service improvement, as described in existing guidance on delivery of the 'core offer' to CCGs. As commissioning arrangements evolve, place-based integrated care systems will generate new opportunities for public health to provide leadership and support at a system level to maximise the effectiveness and impact of quality improvement activity.

'Good' strategic leadership for improving quality of care includes:

- Supporting the development of system-wide, systematic methodologies to support audit and quality improvement.
- Providing technical skills and expertise to support improvement activity, including service evaluation and generating evidence to inform improvement.
- Promoting a culture of 'continuous improvement' and learning from practice at a system level, e.g. providing leadership for identification of shared approaches to clinical governance and associated learning mechanisms.

Principle 6: Driving value and sustainability in health and care systems

High quality public health advice is characterised by the promotion of effective stewardship of limited system resources, supporting health and care systems to secure the maximum potential improvements in service quality and population health with available resources, whilst minimising waste. Public health leaders can help to secure the long-term sustainability of systems whilst reducing demand and pressure on acute NHS and social care organisations and services in the short term.

'Good' support for stewardship of resources includes:

- Providing leadership for a value-based and sustainable approach to system transformation that:
 - Maximises potential improvements in population health whilst making best use of available resources;
 - Promotes alignment of system resources around shared population health priorities;
 - Identifies areas for disinvestment and improving efficiency;
 - Promotes the long term financial and environmental sustainability of the collective system;
 - Improves outcomes using relevant frameworks e.g. Adult Social Care Outcomes Framework (ASCOF)
- Providing technical support for system-level decision-making and resource allocation, e.g. through use of health economic tools, cost-effectiveness analysis and programme budgeting.

Principle 7: Building healthcare public health capacity and capability across the wider workforce

There are a variety of operating models to support the delivery of public health advice by public health professionals to health and care organisations. As approaches to integrated care to evolve, public health leaders have a role in working with partner organisations to build capacity and capability for the application of public health skills across organisational boundaries.

'Good' capacity-building across the wider workforce includes:

- Strategic commitment to building healthcare public health competence on a system-wide basis, including among commissioners, providers, integrated care organisations and primary care networks.
- Providing training environments supportive of the development and maintenance of healthcare public health skills among public health specialist practitioners, including public health specialty registrars.
- Supporting development of healthcare public health skills among clinicians and managers in local health and care organisations (including integrated care systems and partnerships).

Principle 8: Supporting health and care systems to address wider determinants of health

The NHS Long Term Plan places expectations on local authorities, health and care and voluntary sector organisations to work collaboratively to improve population health at multiple geographical levels. In addition to providing leadership to improve service quality, public health has a key role to play in maximising the capacity of health and care organisations to influence and address wider determinants of health in local places.

'Good' public health support for addressing wider determinants of health includes:

- Providing professionally credible leadership to support strategies to improve workplace health among health and care organisations.
- Supporting NHS and care organisations to leverage their status as 'anchor institutions' to secure health and economic benefits within communities.
- Using existing statutory and innovative approaches, working with system leaders in health and care organisations, including across Primary Care Networks, to coordinate upstream approaches to addressing wider determinants of health in communities, e.g. housing and homelessness, education, employment and environmental health.
- Ensure role of the voluntary and community sector is understood and developed and community resilience promoted.

Section 2: Governance of working relationships between public health and system partners

High quality public health advice requires effective partnership working between local government, the voluntary and community sector, PHE and NHS organisations in local systems. This section identifies characteristics of effective governance arrangements that support delivery of high quality public health advice.

Governance of partnership working to support delivery of public health advice

High quality and impactful public health advice is underpinned by effective governance arrangements between public health and partner organisations across local systems. Nationally, there is no single agreed governance model for the provision of public health advice - a

variety of local arrangements to support delivery of the public health 'core offer' operate effectively and focus on the relationship between local authority public health and clinical commissioning groups.

However, governance arrangements that promote effective working relationships between public health and partners across local systems share characteristics that support delivery of high quality public health advice. Public health professionals will increasingly play a system leadership role in the development of such arrangements, characterised by:

- Enshrining the role of public health to foster effective working relationships across the local system, enabling all organisations to maximise their public health capacity and capabilities;
- Developing governance structures across organisational boundaries that support the delivery of public health advice on a system-wide basis, and that build on existing statutory structures, e.g. health and wellbeing boards.

'Good' governance of partnership working to support delivery of high quality public health advice is characterised by:

Promoting a system-wide strategy and objectives for improving population health and wellbeing and reducing health inequalities

- Formal working arrangements and agreements should increasingly reflect collective priorities of partner organisations, enshrining system-based approaches to improving the effectiveness of place-based population health systems.
- Governance arrangements should reflect system-level responsibility and ownership for improving population health outcomes as well as the quality and efficiency of health and care services.

Developing clear lines of accountability

- Clear lines of accountability for delivery of shared, system-level objectives for system transformation, quality and population health, including expectations of partners in their achievement.
- Clear arrangements for reporting, review and escalation of issues relating to timely and effective delivery of public health advice.

Articulating the complementary roles and responsibilities of organisations and teams

- Clear roles and responsibilities for each organisation in the system, articulating and supporting the strengths and contributions of all partners to improving health through the development of place-based plans.
- Clear responsibility for monitoring and evaluation of interventions to improve services and progress against agreed system priorities.
- Securing the proactive involvement of and support from regional and national partners where appropriate.

Section 3: Development framework to support improving quality of public health advice to health and care systems

This section contains a development framework to support the self-assessment and measurement of quality in delivery of public health advice to local health and care systems. Public health leaders, professionals and teams might use the framework as a tool to measure, assess and improve quality in the delivery of public health advice to health and care systems. The framework aims to build on and enhance, rather than supersede, existing guidance on delivery of the statutory 'core offer' by local authority public health teams.

The examples provided in the framework are intended to be illustrative, aspirational and focused on development and improvement; they require local interpretation to operationalise effectively, accounting for local context and system pressures. Each column is intended to describe examples of system-wide adoption of high quality public health advice within health and care systems, the impact of which has the potential to be enhanced by the wider system leadership role of public health.

Foundation	Good	Excellent
<p><u>Using best available evidence</u></p> <ul style="list-style-type: none"> • Public health advice offered is evidence-informed but reactive, rather than anticipatory and informed by local need. • Ad-hoc technical support for service evaluation. • No academic links or health services research activities. 	<ul style="list-style-type: none"> • Skilled approach to identification and assessment of high grade evidence to inform advice, e.g. NICE guidance, evidence synthesis, critical appraisal. • System-wide technical support for service evaluation. • Collaboration on research projects undertaken in the local health and care organisations or with academic partners. 	<ul style="list-style-type: none"> • Systematic synthesis and appraisal of diverse evidence sources to inform public health advice that is appropriate to local needs. • Expert approach to system-wide service evaluation with dissemination of learning, e.g. conference presentations, publications. • Leadership of formal hosted research, +/- collaboration with a local academic unit; contributing to evidence base on quality of care in integrated care systems.
<p><u>Data and intelligence-driven commissioning</u></p> <ul style="list-style-type: none"> • Understanding of a range of data sources and methods for identifying and addressing unwarranted variation. • Supporting health and wellbeing boards to deliver comprehensive joint strategic needs assessments; provision of technical support for health needs assessment. • Limited, informal or inconsistent data sharing arrangements. • Promotion of patient and community engagement methods to inform service planning. • Circumscribed role(s) for public health in use of data and intelligence in specific aspects of the commissioning cycle, e.g. needs assessment, pathway redesign, service evaluation. 	<ul style="list-style-type: none"> • Support from public health in identifying and addressing unwarranted variation at system-level, supported by national data sources and guidance. • Commissioning explicitly informed by formal health needs assessments, including JSNA. • Health and care partners involved in most aspects of the JSNA process. • Formal data sharing arrangements between organisations in the system. • Use of patient, public and community engagement methods to inform service planning. • Formal role for public health in interpretation of data and intelligence to inform most aspects of service planning and delivery on system-wide basis. • Support for development of local outcomes frameworks. 	<ul style="list-style-type: none"> • System-wide focus on identification and reduction of unwarranted variation supported a diverse range of data and intelligence sources. • Use of innovative technologies to inform population health needs assessment, e.g. artificial intelligence and linked data. • Establishment of continuous learning cycles of service planning linked to systematic population health needs assessment and service evaluation. • Health and care partners involved throughout the JSNA process. • Formal data-sharing agreements implemented on a system-wide basis, used consistently by all partners to support intelligent commissioning. • Systematic generation of evidence to inform service development through co-production with patients and communities, patient and public engagement. • Defined leadership role for public health in identification, appraisal and integration of diverse data sources to inform continuous system development, with evidence of impact on commissioning decisions and health and care delivery. • Support for development of innovative outcomes-based commissioning models informed by population health needs.

Foundation		Good	Excellent
<u>Prevention</u>	<ul style="list-style-type: none"> Strong public health advocacy for the role of prevention in NHS organisations and local health and care systems. Established partnerships with local organisations who deliver preventive services. Public health support for NHS and social care prevention activities. 	<ul style="list-style-type: none"> System-wide leadership by local public health professionals promoting effective and cost-effective prevention and early intervention activity within the health and care system. Increasing partnership working to improve preventative services, with public health providing independent challenge. Public health support to identify and implement cost-effective preventative interventions in NHS and social care services. 	<ul style="list-style-type: none"> Prevention established as a system-wide priority, with evidence of inclusion of prevention and early intervention in local health and care system policies and strategies. Strong relationships with partners commissioning and delivering local prevention services, with evidence of impact on commissioning and delivery. Local government, PHE, NHS and social care organisations are key partners in delivery of prevention strategy, with evidence of system-wide implementation of effective and cost-effective prevention interventions.
<u>Improving equity</u>	<ul style="list-style-type: none"> Strong public health articulation of the role of NHS and social care services in reducing health inequalities. Data and intelligence function identifies local health inequalities and inequities. Provision of technical public health support for health equity audit and health impact assessment. 	<ul style="list-style-type: none"> Reducing health inequalities and improving access to health services for vulnerable and marginalised groups prioritised in system-wide strategies. Application of data, intelligence and evidence to identify inequalities and support commissioners and providers to improve access to and outcomes of health and care services. 	<ul style="list-style-type: none"> Measurable impact on health inequalities in local population and improved access to NHS and social care services for vulnerable and marginalised groups. Public health leadership for systematic application of data, intelligence and evidence insights to identify inequalities and to improve equity of access to services, with evidence of impact on commissioning and outcomes. Effective support to develop these skills among health and care partner organisations.
<u>Improving quality</u>	<ul style="list-style-type: none"> Use of existing statutory mechanisms to identify potential quality issues, e.g. JSNA. Promotion of structured approaches to quality improvement, including implementation of evidence-based guidance (e.g. NICE Quality standards). Technical public health support for audit and quality improvement including pathway redesign. Advocacy for continuous quality improvement and learning from practice. 	<ul style="list-style-type: none"> Public health promoting shared approaches to audit and quality improvement on a system-wide basis. Technical public health support for evaluation of quality improvement programmes and interventions. Assessment of alternative organisational approaches to learning from practice; sharing of lessons across the system. 	<ul style="list-style-type: none"> Public health actively supporting development of shared system-wide methodologies for audit and quality improvement. Systematic evaluation and generation of evidence to support improvement and optimise pathways. Agreed approaches to learning from practice and dissemination of lessons learnt on a system-wide basis; strong emphasis on continuous improvement and prevention of adverse incidents reflected in system-level strategies.
<u>Driving value and sustainability</u>	<ul style="list-style-type: none"> Promotion of sustainable, system-wide approaches to prioritisation and decision-making that improve health. Public health technical support for service planning functions. 	<ul style="list-style-type: none"> Public health leadership in resource allocation; explicit approaches to prioritisation. Public health technical input across the local system, e.g. health economic analyses and programme budgeting. 	<ul style="list-style-type: none"> Strategic leadership role for public health promoting system-wide resource allocation and decision-making around shared priorities; agreed system-wide approach to prioritisation; sustainability enshrined within system-level strategies, e.g. financial, environmental. Systematic technical input to support system stewardship functions, e.g. interpretation of health economic analyses to support decision-making.
<u>Building healthcare public health capacity and capability</u>	<ul style="list-style-type: none"> No formal strategies to develop healthcare public health capacity. Healthcare public health training opportunities related to delivery of core offer to CCGs; limited opportunities for registrars. Public health expertise concentrated in local authority public health team; limited professional engagement with clinical leaders. 	<ul style="list-style-type: none"> Local strategies for development of HCPH capacity among some but not all system partners. Organised training opportunities for development of healthcare public health skills, supported by nominated consultant lead. Established local structures to promote shared learning between public health professionals and clinicians/care workers. 	<ul style="list-style-type: none"> System-level strategy to develop public health capacity and capability among all organisations and among a wide variety of professions and grades. System-level healthcare public health training strategy; provision of structured opportunities in commissioner, provider and integrated care settings with supporting infrastructure e.g. community of practice. System-wide public health shared learning opportunities with evidence of distributed HCPH expertise and impact led by non-public health specialists.
<u>Supporting systems to address wider determinants of health</u>	<ul style="list-style-type: none"> Working with partners in local authorities to address wider determinants of health in local places, e.g. housing, environment and social services. Promotion of workplace wellbeing interventions within NHS and social care organisations. 	<ul style="list-style-type: none"> Working as a system leader within existing statutory structures, e.g. Health and Wellbeing Boards, to address wider determinants of health across organisational boundaries. Evidence-informed public health input into workplace wellbeing strategies within local NHS and social care organisations. 	<ul style="list-style-type: none"> Creation of innovative opportunities for system leadership to influence wider determinants of health, including promoting NHS organisations as 'anchor institutions' and influencing levers of local economic growth, e.g. working collaboratively across local systems with businesses, the public and voluntary sectors. Public health involvement in development, implementation and evaluation of evidence-informed workplace health and wellbeing strategies, with measurable improvement in staff health and wellbeing.
Governance of partnership working to support delivery of public health advice			
Foundation		Good	Excellent
<u>Developing system-wide strategy and objectives</u>	<ul style="list-style-type: none"> Organisational focus to delivery of HCPH advice. Formal framework agreement designed to deliver existing 'core offer' with associated annual work plan. 	<ul style="list-style-type: none"> Advice increasingly targeted to advancement of system-level priorities. Emerging formal or informal arrangements for delivery of HCPH advice on system-wide basis. 	<ul style="list-style-type: none"> Public health leadership for the development of innovative place-based and system-level governance structures to deliver system-wide objectives. Formal framework agreement between public health and local system reflective of shared priorities for health and service improvement.

	<ul style="list-style-type: none"> Reliance on existing statutory structures, e.g. Health and Wellbeing Board to pursue population health strategy. 	<ul style="list-style-type: none"> Public health increasingly represented in system-wide governance structures as part of emerging integrated care systems. 	
<u>Accountability</u>	<ul style="list-style-type: none"> Accountability relationships defined on organisational basis in formal working agreement(s). Reporting and review arrangements articulated in annual work plan. 	<ul style="list-style-type: none"> Accountability increasingly defined in relation to shared objectives, driven by public health system leadership role. System-wide accountability increasingly reflected in working agreements 	<ul style="list-style-type: none"> Formalised system-level accountability for quality and population health outcomes. System leadership role of public health enshrined in framework agreement.
<u>Roles and responsibilities</u>	<ul style="list-style-type: none"> Defined responsibilities limited to relationship between local authority public health team and clinical commissioning groups. Ownership of monitoring and evaluation of interventions on organisational basis. 	<ul style="list-style-type: none"> Public health supporting the articulation of responsibilities of the system to improve population health outcomes. Monitoring and evaluation plans increasingly reflect a focus on collective priorities for quality and population health. Limited involvement of regional and national partners. 	<ul style="list-style-type: none"> Roles and responsibilities of all organisations in enhancing impact of healthcare public health advice clearly articulated. Monitoring and evaluation plans have a strategic focus on system-wide priorities, underpinned by clear organisational responsibilities and reflected in work plans. Evidence of strong engagement and partnership working with regional and national partners.

Glossary

“**Healthcare public health** is one of the three core domains of specialist public health practice, alongside health improvement and health protection. Healthcare public health (HCPH) is concerned with maximising the population benefits of healthcare and reducing health inequalities while meeting the needs of individuals and groups, by prioritizing available resources, by preventing diseases and by improving health-related outcomes through design, access, utilisation and evaluation of effective and efficient health and social care interventions, settings and pathways of care.”¹⁰

“**Population health** is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.”¹¹

“**Population health management** is one of many tools for using data to guide the planning and delivery of care to achieve maximum impact on population health. It often includes segmentation and stratification techniques to identify groups of patients (and sometimes wider population groups) at risk of ill health and to focus on interventions which can prevent that ill health or equip them to manage it.”¹¹

System stewardship refers to the responsible management of resources in the interests of the long-term sustainability the health and care system. Creating a culture of stewardship requires leadership to minimise waste and improve the efficiency of organisations and systems.¹²

System Leadership can be defined as:

- ‘Working beyond organisational boundaries on issues of mutual concern that cannot be solved by any one person or institution’⁹;
- ‘Leadership across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, often without direct managerial control.’ Rather than ‘single leaders acting unilaterally’ it ‘is the concerted effort of many people working together at different places in the system and at different levels.’¹⁰

Main Text

¹ Public Health System Group for England (2019). Quality in Public Health: A Shared Responsibility. Public Health England: London. Available at: <https://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility>

² *Health and Social Care Act 2012*. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ Department of Health (2012). Healthcare Public Health Advice Service to Clinical Commissioning Groups: Guidance to support the provision of healthcare public health advice to CCGs. Department of Health: London. Available at: <https://www.gov.uk/government/publications/public-health-advice-service-for-clinical-commissioning-groups>

⁴ Public Health England, Association of Directors of Public Health and Faculty of Public Health (2017). Core Offer: The Healthcare Public Health Advice Service to Clinical Commissioning Groups. Available at: <http://www.adph.org.uk/2017/08/joint-briefing-on-the-healthcare-public-health-advice-service-to-clinical-commissioning-groups-core-offer/>

⁵ NHS England (2014). Five Year Forward View. Available at: <https://www.england.nhs.uk/five-year-forward-view/>

⁶ Public Health England (2016). Fit for the Future: Public Health People: A review of the public health workforce. PHE: London. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/524599/Fit_for_the_Future_Report.pdf

⁷ NHS England (2019). NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/>

⁸ Public Health England (2019). Public health advice and support arrangements into Integrated Care Systems in England. PHE: London. Available at: <https://www.gov.uk/government/publications/integrated-care-in-england-public-health-advice-and-support>

⁹ NHS Leadership Academy (2015). Developing Systems Leadership: interventions, options and opportunities. Available at: <https://www.londonleadershipacademy.nhs.uk/resources/developing-systems-leadership-interventions-options-and-opportunities>

¹⁰ Faculty of Public Health, Health Services Committee (2017) Short Headline Definition of Healthcare Public Health (online). Available at: <https://www.fph.org.uk/media/1879/hcph-definition-final.pdf>

¹¹ Buck D, Baylis A, Dougall D and Robertson R (2018). A vision for population health Towards a healthier future. King's Fund: London. Available at: <https://www.kingsfund.org.uk/publications/vision-population-health>

¹² Academy of Medical Royal Colleges (2014). Protecting resources, promoting value: a doctor's guide to cutting waste in clinical care. AoMRC: London. Available at: https://www.aomrc.org.uk/wp-content/uploads/2016/05/Protecting_Resources_Promoting_Value_1114.pdf