



# The Association of Directors of Public Health Sector-Led Improvement in Local Public Health: 2020-21 Annual Report

This report summarises the Sector Led Improvement (SLI) activities that have taken place in local Public Health in England over the period between May 2020 and April 2021, including the regional SLI work carried out by the English ADPH networks, and the national work carried out by ADPH in collaboration with partners. The information in this report is drawn from a number of different channels, including regular meetings and conversations held throughout the year with key stakeholders such as the regional ADPH networks, the ADPH SLI Programme Board and with LGA colleagues as well as written updates submitted by the networks in November 2020 and April 2021.

## 1. Context

Over the past year, COVID-19 has had a significant impact on the capacity and resources of Directors of Public Health (DsPH) and their teams who have had to refocus their activities and priorities to respond effectively to the pandemic. This has impacted the delivery of previously established national and regional SLI programmes, which were largely paused or delayed.

Nevertheless, improvement activity has continued organically in the sector, with SLI approaches often employed to implement learning and drive forward innovation in the local and regional response to COVID-19. The ADPH regional networks have been crucial enablers for this work by, for example, sharing learning and practice and coordinating self-assessments and peer challenge exercises. These activities have brought to light a well-embedded culture of SLI in local Public Health, with the sector taking responsibility for ensuring its continuous improvement.

ADPH have also played an important role in coordinating national SLI work by facilitating the sharing of practice across the country, amplifying local and regional voices and providing additional support and resources where required.

This report highlights key SLI work that has taken place over the past year, focusing particularly on the trends observed at the regional and national level.

## 2. Key SLI activities and tools 2020-21

Over the course of the past year, most of the regional and local SLI activity was carried out as part of local councils' response to the COVID-19 pandemic. The most eagerly employed SLI tools were:

- Sharing of practice and learning
- Working through thematic sub-networks and communities of practice or improvement
- Self-assessment
- Peer support and challenge

A comprehensive list of SLI tools and topics is included in Annex 1.

### Sharing good practice and learning

The challenges presented by the pandemic have encouraged stronger collaboration across local systems to achieve common objectives. The ADPH regional networks and the ADPH Network Coordinators have been vital enablers for this, providing an important point of reference and facilitating collaborative

approaches across the English regions. All ADPH regional networks continued to carry out regular meetings for DsPH and their teams throughout the year, with remote working facilitating more regular exchanges and the involvement of a wider range of local, regional and national partners including Public Health England (now transitioned to become UKHSA and OHID), the Department for Health and Social Care, the NHS and the Joint Biosecurity Centre.

These exchanges have strengthened system working on activities related to the pandemic response by facilitating the systematic sharing of practice and ensuring consistent approaches across regions. For example:

- The **North East** network carried out a series of workshops to support practice sharing, including a session on learning from incidents to date in September 2020, and a workshop to discuss future regional strategy in October 2020. As a result of these exchanges, the network established a range of lead roles and topic-based groups to respond to the identified regional priorities.
- Regular ‘show and tell’ sessions in the **South West** network facilitated the systematic sharing of knowledge and lessons learnt on topics including enhanced local contact tracing, COVID-19 testing sites, and surge capacity pilot sites. These conversations helped the network identify common concerns about the challenges of engaging the population around preventative behaviours, and a regional behavioural insights programme was commissioned as a result.
- The **North West Greater Manchester** network developed and published good practice guidance for socially distanced visiting of those in long term care facilities, which was shared and adopted across the country.
- The **West Midlands** network ran a series of regional workshops on emerging issues requiring a regional response and to share learning and expertise. This included a session on legal powers in partnership with the police and legal teams across the region.

These examples demonstrate how nimbly the ADPH networks were able to operate over the past year, with practice shared as it emerged rather than through lengthy approval and evidencing processes. Although not without its challenges, this approach delivered timely results at a time when the system was under immense pressure, and this is reflected in the remarkable work carried out by local Public Health teams throughout the pandemic.

The **ADPH** also supported the exchange of practice at the national level through its structures and channels. This included, for example, a series of webinars for DsPH and their teams to share learning on topics related to the pandemic including care homes, testing, contact tracing, outbreak management and vaccination. In addition to supporting the implementation of the local Public Health response, the learning and feedback gathered during these calls also aided national advocacy and influencing work. The ADPH also continued to support the regional networks by facilitating regular exchanges to share updates, regional practice and common challenges.

### Sub-networks and communities of improvement/practice

Many regional networks have built on existing structures to establish topic-based networks to support the local Public Health response to the pandemic. Also known as Communities of Practice (some of which then develop into Communities of Improvement)<sup>1</sup>, these forums use SLI processes to develop best practice and implement work programmes on issues that benefit from a collaborative approach.

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<sup>1</sup> Page 10 ‘[Sector-led improvement in public health. Progress and Potential](#)’ for more information on COPs/COIs.

For example:

- Many of the Communities of Improvement in the **East of England** have been able to meet online since the start of the pandemic, largely focusing on the co-production of Memorandums of Understanding and Standard Operating Procedures for high-risk settings such as schools, workplaces and care homes.
- The **Yorkshire and the Humber** network established two new Communities of Practice focusing on the regional testing and tracing strategy and bringing together partners from across the system on a weekly basis.
- The **London** network have continued to expand the use of thematic networks to bring together local authorities and Public Health leads and wider system partners, to share practice and updates on specific practice areas. A pan-London Public Health Systems Resilience Programme was also established to measure the impacts of COVID-19. A series of sessions have been arranged to share good practice across London around specific thematic areas including schools and social care.
- The **West Midlands** network continued to use Communities of Improvement to drive innovation in tobacco control, children and young people and Best Start in Life as well as expanding these groups to ensure good practice across the pandemic response, including contact tracing and care homes.
- The **North West Cheshire and Merseyside** network have established a Contact Tracing Hub for complex settings in collaboration with PHE colleagues. In addition to supporting workforce development and regional data access, the group also developed an evaluation framework to help understand the impact of contact tracing across the region, as well as a Community Outbreak Management Framework to align the region's approach.

### Self-assessment and peer challenge

The closer collaboration across the system has permitted the identification of common issues and challenges, fostering an environment that encouraged self-assessment as well as peer challenge and support. These methodologies have been embraced throughout the pandemic, with many of the networks employing these SLI methods and tools to evaluate local and regional activities and ensure high standards of delivery. This included:

- Six ADPH networks (**London, East of England, North East, South West, South East and North West Cheshire and Merseyside**) independently carried out light-touch peer reviews of the Local Outbreak Control Plans in Summer 2020. Four networks repeated the exercise when the plans were refreshed in Spring 2021.
- The development of an event risk-assessment tool in the **South East** network to support local authorities in delivering COVID-safe events and encouraging consistency in risk assessing across the region.
- The **London** network carried out an independent light-touch 'After Action Review' to ensure learning from the response to the pandemic between March and July 2020 was captured and fed back to the London Public Health system leadership group. A report was published in September 2020 with key recommendations for system leaders to consider when deploying registrars, volunteers and leadership capacity to respond to a future emergency response situation.

Some networks also used self-assessments to take forward SLI activities related to previous regional priorities, including:

- The **Yorkshire and the Humber** network took forward the development of the Alcohol Challenge

services, Leadership and Results (CLear) approach in parts of the region.

- The **South East** network developed a Childhood Immunisation Self-Assessment Framework, with a view to embed this as part of the regional COVID-19 recovery plans.
- The **North East** network took forward the roll out of a comprehensive self-assessment tool for 'Best Start in Life' SLI work, as well the development of an SLI approach to drugs related deaths in partnership with PHE colleagues.

### 3. Embracing a culture of SLI

The SLI activities carried out over the past year point to the existence and appetite for an open and honest attitude to sharing, learning and improving together as a sector. The value of this collaborative approach is increasingly recognised across the levels of local Public Health teams, with more groups eager to adopt it. For example:

- **East of England** are in the process of forming a new group for Deputy DsPH and Consultants to support regional SLI activities, including Communities of Improvement and Public Health workforce development.
- **London** have also been supporting Public Health Consultants through regular network meetings, a sharing platform, and half-day developmental sessions with a view of involving this group more closely into the network's SLI programmes.
- **Yorkshire and the Humber** are working to establish a regional network of Public Health Consultants to bring together peers across the wider Public Health system to look at various themes and areas of work, support each other, develop new learning opportunities, and provide support to the Directors' network.
- The **South East** are trialling a network of Public Health Consultants to increase opportunity for workforce development and replicate the benefits of the Directors' network for Consultants. So far, the work of the network has focused on pandemic response and recovery plans but hopes to expand its scope of work going forward.
- The **West Midlands** network strengthened the existing network to support Public Health Consultants and established a new executive group to drive forward quality improvement work across the region.

Over the past year, the two Commissioners' Groups coordinated by ADPH have also embraced SLI approaches for ensuring continuous improvement in their practice.

- The **English HIV and Sexual Health Commissioners' Group** (EHSCHG) formed an SLI working group in early 2021, with the aim of taking forward ideas on how to champion good practice in the commissioning of HIV, sexual health and reproductive health services in England. The working group has since developed a self-assessment tool based on the [alcohol CLear approach to system improvement](#) and the [What Good Sexual Health, Reproductive Health and HIV Service Provision Looks Like](#) framework developed by PHE and ADPH. The EHSCHG is now looking ahead to piloting the tool across several regional networks and local authority Public Health teams, with a view to finalising this for dissemination towards the end of 2021.
- The more recently established **English Substance Use Commissioners' Group** is also looking to embed SLI approaches more formally in their work. A workplan and several sub-groups have evolved over the last year, covering themes such as good practice in commissioning, workforce development, criminal justice, multiple and complex needs, residential rehab and in-patient detox, and alcohol/drug-related deaths. The group is now looking to review and formalise its workplan

and sub-groups and to develop SLI approaches across its workstreams going forward.

#### **4. Challenges**

Local Public Health teams continue to operate in an incredibly difficult context and have encountered significant pressures over the past year that, unless addressed, have the potential to impact improvement work going forward.

Funding and capacity continue to be the key issues affecting improvement activity at regional and local level. Three networks lost their SLI Coordinator this year due to funding pressures and the redeployment of personnel towards activities directly related to the pandemic response. Consistent and adequate funding for local authorities and the regional ADPH networks is crucial for ensuring the delivery of effective and sustainable improvement activity in the long term.

Uncertainties brought about by the system reforms are also hindering the ability of regional networks to plan for the future. The shape of regional arrangements will have a significant impact on the way that the regional ADPH networks operate, and further clarity is needed to ensure the delivery of effective regional programmes.

#### **5. The role of ADPH**

ADPH plays a critical national role in local Public Health SLI. In addition to supporting the ADPH networks with regional improvement work, it oversees and steers national SLI activity through the ADPH SLI Programme Board, carries out advocacy work on behalf of the sector and manages national SLI programmes.

##### **National Leadership**

Over the past year, national leadership in Public Health SLI continued to be provided by the ADPH SLI Programme Board, which provides support and challenge to the regional networks, as well as assurance to internal and external stakeholders. After a short pause in the first half of 2020 at the pandemic's outset, the SLI Board reprised regular meetings and provided oversight for the direction of Public Health SLI in the context of the pandemic and the ongoing system reform. In November 2020, the Society of Local Authority Chief Executives and Senior Managers became an official member of the ADPH SLI Programme Board, which has helped to strengthen the place of Public Health SLI across local systems. In the second half of 2020, regular SLI reporting from the networks was also re-instated.

##### **National SLI Programmes**

Over the past year, the ADPH and the LGA continued to collaborate on the three-year Suicide Prevention SLI Programme funded by DHSC. Due to the pressures presented by the pandemic, funding for the second year of the programme was paused, and funding for the final year of the programme was delayed. These delays have inevitably impacted regional work, with many networks incurring costs that have seen further pressures on their already stretched resources. ADPH and LGA will continue to engage in conversations to ensure the successful delivery of this important workstream, which has the potential to deliver real impact on suicide prevention outcomes at a time of acute need.

#### **6. Looking forward**

Local Public Health teams have risen to the challenges of the past year by responding effectively and innovatively. SLI activity has supported these successes by promoting the distribution of resources according to the needs of local communities and improving health outcomes for residents.

The pandemic has also demonstrated that no part of the Public Health sector can work in isolation, but that progress is contingent on a system that works cohesively across local, regional, and national levels. The SLI approach encourages and facilitates these stronger links, as demonstrated by the cross-system working taking place regionally and coordinated by the ADPH networks.

With adequate support and resources, there is now a real opportunity to take forward an ambitious SLI programme in local Public Health.

### Next steps for the regional ADPH networks

Over the final quarter of the year, the regional networks have started to look forward to re-instating more formal SLI programmes, and the majority are in the process of finalising their regional priorities. This will enable the delivery of more rigorous SLI processes, whilst maintaining the flexibility that has permitted so much great work to be delivered at pace over the past year.

In the new and challenging context of the pandemic, it's becoming evident that regional SLI plans are as much about embedding SLI approaches to ongoing work as they are about developing specific SLI programmes. The networks therefore plan to continue embracing the organic way in which quality improvement activity has been able to take place over the past year and it's likely that this dynamic will continue to flourish for the foreseeable future.

### Next steps for ADPH

ADPH UK will continue to advocate for and support SLI activity across local, regional and national levels. It will do this by fostering a culture of SLI, supporting and promoting SLI as a quality assurance mechanism for local Public Health and supporting the development of strong SLI programmes for the networks.

Key activities will include:

- Ensuring strong national SLI leadership through the ADPH SLI Programme Board, which will provide challenge and support as well as assurance.
- Disseminating a clear and impactful narrative on SLI in local Public Health, taking into account the opportunities presented by the system reforms for delivering real improvements in health outcomes with appropriate resourcing.
- Supporting impact evaluation of national and regional SLI programmes.
- Supporting the design and delivery of the networks' SLI programmes through the systematic sharing of practice and a complementary support offer based on the principles of co-creation and open exchange.

## Annex 1: Coverage of SLI tools and topics across regions

	EM	EoE	London	NE	NW: Champs	NW: C&L	NW: GM	SE	SW	WM	Y&H
<b>SLI tools</b>											
Conference/workshops/webinars	x	x	x	x	x	x	x	x	x	x	x
Self-assessment tool		x	x	x	x			x	x		
Risk assessment toolkit								x			
Data insight					x					x	
Sub-networks / communities		x	x	x	x	x		x	x	x	x
Peer support / challenge	x	x	x	x	x	x	x	x	x	x	x
Support for the Consultants network		x	x					x		x	x
HiAP (Health in All Policies)											
Best practice guidance and frameworks			x	x	x		x				
<b>Specific topic areas</b>											
Behavioural insights									x	x	
Best Start in Life				x							
Care homes		x					x			x	
Childhood immunisation								x			
Children and Young People			x		x						

Childhood obesity			x								
Contact tracing					x	x				x	x
COVID-19 recovery			x					x			
COVID-19 testing					x					x	x
Drugs and alcohol				x	x						x
Finance				x							
Health inequalities		x	x	x						x	x
Health visiting and school nursing		x									
Immunisation (including COVID-19 vaccination)			x					x		x	x
Living safely with COVID-19								x			
Mental health and wellbeing			x	x	x					x	
Nutrition											x
Outbreak management	x		x							x	
Schools		x								x	
Sexual health					x						
Suicide Prevention			x	x	x					x	
Vulnerable populations		x		x	x						x
Workforce					x						x