



# Public Health SLI

## Annual Report 2017-18

### Context

This report aims to summarise the Sector Led Improvement (SLI) activity among English networks over the period of June 2017 - May 2018. The ADPH will attempt to produce a similar report annually as a part of the SLI Programme Board's ongoing efforts to strengthen SLI leadership.

The information within this report is drawn from the networks' annual report submissions, the ADPH annual SLI workshop held in May 2018 as well as the SLI Programme Board discussions and feedback.

### Participation

Overall engagement with the SLI seems to be gradually increasing, even though there are still areas where no coherent programme is in place. Eight out of eleven<sup>1</sup> networks submitted their annual report and six completed a piloted version of the self-audit tool. Six networks also presented an aspect of their programme at the annual workshop, which this year focused around different ways in which challenge is offered within networks .

Most of the networks are now meeting regularly within their groups, providing a basic platform for the SLI activity, and only two lack a designated SLI Coordinator.

### Success stories

Within network SLI programmes, the three most eagerly employed tools were:

- peer support/challenge,
- working through sub-networks and communities,
- sharing best practice through conferences and workshops.

Peer support/challenge has taken a variety of forms, from the formal LGA-led process to informal buddying up between DPH peers. **Yorkshire and the Humber**, for example, continued running their two-day-long peer review process thereby turning this shortened form of peer challenge into a positive concept. While nearly every network has functioning sub-networks and thematic groups, **South West** have reviewed their 'Communities of Improvement' focusing on a few key priorities. Having assigned them specific SLI responsibilities, the aim is to produce regular reporting on impact. Sharing best practice is fundamental for SLI and it is often done through face-to-face events. **West Midlands** delivered two regional conferences aimed at the wider public health workforce, designed to exchange best practice and promote excellence.

Another popular approach was to undertake a thematic review across LAs using a common framework. Again, several networks made use of this SLI tool with a level of complexity varying from a detailed self-assessment/peer review process to a so called 'light-touch approach', which minimized the necessary time commitment while maximizing learning and sharing. The most popular topics reviewed in this way across the nation were: alcohol (e.g. **South East**), suicide prevention (e.g. **Champs**) and smoking cessation/tobacco (e.g. **London**).

---

<sup>1</sup> For the purpose of this report, 11 English networks will be discussed including North West split into three separate regions (Champs, Greater Manchester and Cumbria and Lancashire).

Finally, there have been some innovative tools that have been picked up by one network each and which will lay the foundation for the future SLI work. **East Midlands** are working with the LGA on the production of a risk-assessment toolkit for Public Health based on the well-regarded template produced for adult social care. **North East** has reviewed their PH network governance analysis, which led to the identification of gaps in PH input and secured consistent senior PH input to each network. Last but not least, **London** is working with PHE London and NHSE London to develop a collective approach for understanding and strategically respond to public health outcomes and performance data for London.

The full range of tools and topics covered can be found in Annex 1.

## Challenges

The networks have predicted the following challenges they may face while implementing their SLI programmes in the coming year:

- Uncertainty of funding and its distribution;
- DPH capacity and high turnover;
- Achieving consensus among varied local perspectives and specific contexts;
- Engagement of key partners such as DASS and DCSs;
- Lack of sufficient support for challenge to be effective;
- Meaningful assessment and evaluation in complex systems.

## Review of ADPH role

The networks appreciate the continued ADPH guidance provided to the network SLI leads via the SLI Programme Board. The self-assessment tool was particularly useful in assessing networks' progress to date and providing direction for further programme development.

In terms of further support, the networks suggested that the ADPH:

- Continue informing about national SLI developments;
- Facilitate the exchange of good practice and sharing resources across networks including possible cross-regional peer-challenge;
- Promote network achievements also by possibly attending regional SLI events;
- Promote the profile of the DPH role to partner organisations.

## Next steps

In order to facilitate another step change in the SLI programme development nationally, there is a need for strengthened leadership via the SLI Programme Board function. To achieve that, an ADPH Board Champion to the core SLI Programme Board group is to be appointed and efforts will be made to increase network SLI lead engagement with the SLI Programme Board.

It has also been decided that the 'challenging' aspect of SLI needs consolidation not only at the regional but also at a national level. The Board will therefore attempt to offer more challenge on the networks' programme updates via their structured feedback. To support this change, a revised structure of reporting is proposed, meant to strengthen accountability and to provide more focus on the impact of the programme activities on outcomes in local authorities.

Finally, the piloted self-audit form is to be refined and scheduled for annual submissions to serve as a reflective tool for networks' programme development and to provide benchmarking.

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

	EM	EoE	London	NE	NW: Champs	NW: Cumbria and Lancashire	NW: GM	SE	SW	WM	Y&H
Conference/workshops	x		x	x			x			x	x
Self-assessment tool		x	x	x			x				x
Risk assessment toolkit	x										
Data insight			x								
Sub-networks / communities	x			x				x	x	x	x
Peer support / challenge		x	x	x			x		x	x	x
Support for the Consultants network										x	
CABA (Community- centred and Asset- Based Approaches)				x							
Making Every Contact Count (MECC)					x						

Specific areas											
Alcohol			x		x			x		x	
Suicide Prevention					x				x		
Smoking cessation and tobacco			x					x		x	
Best Start in Life				x						x	
Sexual health		x							x	x	
Reducing infant mortality							x				
Prevention of injury									x		

Equity in healthcare									x		
High Blood Pressure					x						
Children and Young People					x						
Mental Wellbeing					x						
Childhood obesity			x								
Healthy Ageing											
Health and planning										x	
Food strategy Board										x	
Finance		x									
Air quality										x	