



# The Association of Directors of Public Health Practice Improvement in Local Public Health: 2022/23 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 2022 and April 2023. This includes the regional SLI work carried out by the English ADPH networks, the three Commissioners' Groups, 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 as well as written updates submitted by the networks.

## Context

Over the past year, we have seen the regional networks begin to dedicate more capacity towards formal Quality Improvement (QI) activity, with some putting in place ambitious programmes of work for SLI and QI on the learning from Covid-19. Improvement activity has continued organically in the sector and we have seen sustained engagement with all 11 regions, all of which have a dedicated Director of Public Health (DPH) leading on SLI as well as a Network Coordinator driving the activities. This has been important in facilitating the sharing of learning and best practice and coordinating self-assessments and peer challenge exercises. These activities highlight that all the networks are now broadly on board with SLI and there is keen interest to reconsider the approach to SLI within the broader context of QI, with a sense that broadening the narrative out to wider QI supports the system leadership role of Directors of Public Health (DsPH) and local government public health and enables better collaboration with system partners on improvement activity.

ADPH has provided leadership through national conversations to support the transition to the new public health system and advocate the value of the SLI approach in local government, within the wider context of QI in public health. This report highlights key SLI work that has taken place over the past year, with particular focus on the trends observed at the regional and national level.

## Key SLI activities 2022/23

The ADPH regional networks and Network Coordinators have been vital enablers for carrying out regional and local SLI activities, some of which have been highlighted below. The most commonly employed SLI tools have been:

- sharing of good practice and learning
- working through thematic sub-networks and communities of practice or improvement
- self-assessment
- peer support and challenge

## Sharing good practice and learning

All ADPH regional networks have continued to carry out regular meetings for DsPH and their teams, which has enabled the systematic sharing of practice and ensuring consistent approaches across the regions. For example:

- A joint workshop on Commercial Determinants of Health with the North East (NE) and Yorkshire and Humber networks to share good practice.
- The Public Health Conference on Health Inequalities in the South East (SE) in March 2023 provided an opportunity for the region to showcase case studies of best practice, facilitate workshops on key public health issues and host learning events for public health colleagues.
- East of England (EoE) held a members workshop on taking an SLI approach to themed priorities eg scoping best practice for obesity in EoE. The network also hosted an event facilitated by the King's Fund on their work around Public Health Leadership in the Integrated Care Systems (ICSs) to explore common principles, opportunities and challenges across the region and share good practice.
- Greater Manchester (GM) continue to develop the network through workshops for DsPH to share learning, maximise the use of resources, navigate the continuing turnover within the group and establish common areas of interest.
- With changes to the Public Health System structure, many networks focused on working with ICSs to encompass ways of working to maximise impact. The SE network managed a peer-based shared learning approach between ICS areas and developed a self-assessment tool to capture ways of working with ICSs through local authorities (LAs).
- Yorkshire and Humber's network sessions bring together all key partners including Office for Health Inequalities and Disparities (OHID), United Kingdom Health Security Agency (UKHSA), Local Government Association (LGA) and Health Education England (HEE) to discuss the various projects and updates on the core programme delivery. These meetings continue to facilitate exchange of ideas and learning and programme evaluation, which improves connectivity within the region.

ADPH has supported the exchange of practice at the national level through our structures and channels. This included a series of webinars for DsPH such as the Public Health Grant (PHG) workshop, which provided an opportunity for DsPH to share and discuss local experiences and challenges to support practice improvement. The PHG guide developed by Lucy Hubber (ADPH Council Member and DPH Nottingham) and her team and the multi-criteria decision analysis approach taken by Matt Pearce (West Midlands SLI Lead and DPH Herefordshire Council) were shared. Additionally, our monthly ADPH network meetings and one to ones with each network have enabled regular exchanges to share updates on regional practice, foster collaboration on key pieces of work and raise challenges to support the regional to national feedback loop.

Other channels that have been used to share practice include:

- ADPH newsletters such as Network Connections and BriePH to disseminate resources and updates.
- Individual network [microsites](#) to share resources and updates on various workstreams.
- Social media channels for the English HIV Sexual Health Commissioner Group (EHSHCG) on [X](#) and

### LinkedIn.

- Own regional channels to share SLI activity for example, North West Cheshire and Merseyside have their 'Collaborate' newsletter which has over two thousand recipients, including ADPH and LGA colleagues.
- WeDPH, the new online members platform where our members and network coordinators are able to engage with each other, ask questions and share resources.

Many regional networks have built on existing structures to establish topic-based networks to support local public health activities. Forums such as Communities of Improvement/Practice and thematic networks use SLI processes to develop best practice and implement work programmes on issues that benefit from a collaborative approach.

- Yorkshire and Humber Communities of Improvement (COI) cover a wide variety of public health topics. Each COI incorporates learning and development as part of their programmes, whether through collective discussion on topics, specific training workshops or webinars. In the last year, the COIs have seen a large dissemination of papers, research, training, information updates, sharing and discussing best practice and showcasing projects from within and without the region.
- Across the NE network there are 14 Thematic Networks that are accountable via a DPH lead to the NE ADPH. The thematic networks provide peer support, regular opportunities to share good practice and a structure for identifying priorities for the SLI programme.
- The London network has 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 with network meetings occurring on a quarterly basis.
- The East and West Midlands have joined COIs to take forward workforce challenges for the region as a whole.

Networks have also employed tools such as self-assessments to take forward SLI activities. For example:

- The SE network shared the regionally developed CYP Imms self-assessment tool and peer review process. The self-assessment tool was completed by five of the six ICSs and a learning event was organised which included a peer review session.
- The EoE designed a questionnaire using King's Fund literature and ADPH What Good Looks Like (WGLL) resources to capture challenges, opportunities and approaches taken to working with ICSs in the EoE. Learnings from the project are to be used to shape the EoE SLI programme 2023/24.
- An SLI approach was adopted by the NE with the development of a self-assessment tool for physical activity, which was piloted in four local systems. The information collected through the tool was used to share practice across the region in a systematic way and identify any gaps.
- The refreshed Public Health strengths and risks tool co-badged with LGA and Solace is now in use in six ADPH networks.
- WGLL resources have been used across regions. Greater Manchester utilised the WGLL for Local Health Protection Systems as part of their Health Protection System Reform project.

## National SLI Programmes

ADPH and LGA collaborated to deliver the two year Suicide Prevention Programme (SPP). The programme included a bespoke offer to LAs and partners, regional grants to build capacity for SLI activity that targeted

a number of LAs who could further strengthen their approach to suicide prevention and a series of resources and events to provide wide and easy access to good practice and learning points. NHS England (NHSE) commissioned LGA and ADPH to deliver the yearlong local government Vaccine Engagement Programme (VEP). The programme's overarching aim was to support uptake of the Covid-19 vaccine by establishing a mechanism for bringing in local government and public health insight and expertise into the Vaccine Deployment Programme in NHSE. ADPH regional network plans focused on collating and sharing learning from the Covid-19 vaccine programme and strengthening existing regional health protection system reform work.

Both programmes enabled a more consistent SLI focus on these topics across the regions, and created spaces for networks to share learning, and opportunities for challenge and feedback. Links were established between VEP, SPP and ADPH Policy, with learning shared proactively to support our influencing work and input into the national advisory boards. We continue to promote the role of ADPH in QI, including to NHSE and DHSC. Outputs from the VEP and SPP were highlighted in respective end-of-programme reports and shared between the networks, via ADPH channels and wider system partners, including the LGA Public Health Learning Exchange. VEP resources and case studies were published on the NHS Futures platform.

## The Commissioners' Groups

ADPH hosts and provides secretariat for the ESHCG (297 members), and English Substance Use Commissioners' Group (ESUCG) (305 members), both embracing a culture of SLI to ensure continuous improvement in their practice. A third group, the English Healthy Weight Commissioners' Group (EHWCG) (110 members), has also been established.

Key SLI activity from the groups include:

- The ESHCG worked with LGA to produce a [report](#) reiterating the need for the Government to address long-term funding and capacity challenges across local authority commissioned sexual health services.
- The ESHCG supported LGA in producing [case studies](#) of innovative sexual and reproductive health programmes councils are involved in, two of which were later presented at an ESHCG National Webinar.
- The ESHCG [SLI tool](#), published last year, has been promoted widely with positive feedback including:

“This is a very useful tool. We have used it to reflect our own service to see how we are doing and identify where gaps are. We have used the results to develop an action plan and restart out local sexual health network to address issues as a system.”
- The ESUCG [working groups](#) continue to develop including the Preventing Drug and Alcohol-Related Deaths Working Group, which has collaborated with local councils across England to produce [case studies](#) on Naloxone provision.
- Two new working groups have been established within the ESUCG, [Harm Reduction](#), and Children, Young People, Families & Carers.
- The EHWCG held the group's first national webinar in November 2023.

## ADPH SLI Impact Report 2023

In 2022, we commissioned Shared Intelligence to review the delivery and impact of SLI and produce a report entitled 'The extent and impact of sector-led improvement in public health', which explored the breadth and variety of public health SLI activity in England. Delivery of this report involved independent evaluation of SLI activities, interviews with key stakeholders, including SLI Leads and Chief Executives, satisfaction surveys and sense making workshops. Recommendations from the report have been used to inform our Action Plan setting out next steps for the Practice Improvement (PI) programme.

### Embracing a culture of SLI and QI

In consultation with the networks we have recognised there is an appetite for open and honest attitudes to sharing, learning and improving together as a sector. There is keen interest from the regions to consider the SLI approach within the broader context of QI, SLI and Public Health Audit as one system, in a sense that broadening the narrative would better support the system leadership role of DsPH and local government public health. This will also better enable collaboration and engagement on improvement activity with system partners and devolved nations.

Over the past year we have seen the networks embrace the SLI approach in various ways, for example:

- All regions now have a dedicated SLI Lead and Network Coordinator.
- Yorkshire and Humber embed the SLI approach across all regional activity. Their key network priorities all follow SLI ideology, incorporating learning and development, growth and intelligence as part of their principles.
- Peer to peer support sessions and the critical friend approach were adopted in many regions to support sharing of information and learning in a safe space.
- There continues to be intra-regional practice exchange between DsPH eg around the PHG.
- The CGs share local examples of good practice at their national webinars, embracing the SLI approach.

### Challenges

Networks continue to experience challenges at regional and local level with funding and capacity being the key issues. Consistent and adequate funding for local authorities and the regional ADPH network is crucial for ensuring the delivery of effective and sustainable improvement activity in the long term.

The aforementioned SLI Impact Report highlighted that there are some conceptual issues, which potentially contribute to the progress of quality improvement work within regions and at a national level. For this reason, ADPH will aim to refresh the narrative around quality improvement within public health including its main actors and activities to develop a shared understanding and gain support across the public health system.

The difficulty of measuring impact and attributing it to public health SLI/QI activity has been recognised by the networks as another challenge and emphasised in the SLI Impact Report. ADPH has already started the discussions with the networks however more work needs to be done to explore systematic ways of measuring and demonstrating the impact of quality improvement work.

## **ADPH SLI Programme Board**

ADPH plays a national leadership role in collating regional work and facilitating its sharing, communicating successes and advocating for support on behalf of the networks. We coordinate and Chair the ADPH SLI Programme Board which challenges and provides support to regional networks and CGs, as well as assurance to internal and external stakeholders. The Board continues to support the development and sharing of SLI tools and processes, and demonstrates the continuous improvement of public health practice in LAs. Over the past year, the Board have met quarterly with representation from regional SLI Leads and Network Coordinators present at each meeting. The refreshed SLI reporting template included a section on further support, which provided networks with an opportunity to highlight any areas identified as benefitting from further national support, or any questions they would like to pose to the Board.

## **Looking forward**

In the final quarter of the year, the regional networks have started to look forward to reinstating more formal SLI programmes, and the majority are in the process of finalising their regional priorities with an appetite to use more formal SLI tools. It is evident that regional SLI plans are as much about embedding SLI approaches to ongoing work as they are about developing specific SLI programmes.

We will continue to advocate for and support SLI activity across local, regional and national levels through maintaining strong links with the regional networks and commit to strong national SLI leadership through the ADPH SLI Programme Board. We will support the design and delivery of the networks' SLI programmes, define national priorities for SLI/QI and continue to advocate for sustainable funding for QI in public health. A priority for ADPH over the next year will be to disseminate a clear and impactful narrative of QI in local public health to address the need highlighted in the challenges above. Subsequently, we will explore ways of measuring the impact of SLI activity systematically.

ADPH will progress with The Health Foundation Four Nations Children and Young People, Healthy Places and Commercial Determinants of Health projects, which will aim to increase engagement across the devolved nations, develop sustainable partnerships and share learning to improve public health practice. Finally, an update to the current WGLL series and development of publications on new topics in collaboration with system partners will help to strengthen practice improvement locally and regionally.