



# The Association of Directors of Public Health

## Explainer: Practice Improvement in Public Health

### Summary

This explainer provides an overview of public health practice improvement, including definitions, principles, and examples. It aims to build a shared understanding and common expectations of improvement in public health practice, define the processes that encompass practice improvement, and identify the core principles for implementation. Our intention is to support public health colleagues in demonstrating practice improvement as a fundamental principle of public health. This document also aims to effectively communicate to both internal and external stakeholders the importance of continuously enhancing public health practice by highlighting the following key messages:

- Improving public health practice is a shared responsibility requiring collective efforts from all involved in delivering public health functions and services.
- Collaboration is essential to bring together diverse perspectives, expertise, and resources to address complex public health challenges.
- Participating in practice improvement initiatives, public health organisations can improve the quality, effectiveness, and efficiency of their programmes and services, ensuring they meet the evolving needs of the population they serve.

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## Background

Building on the current literature surrounding Sector-Led Improvement (SLI) and Quality Improvement (QI), this explainer aims to strengthen the narrative of Practice Improvement (PI) in public health and formulate a shared understanding of what PI looks like in practice. Improving practice across the public health system is a shared responsibility, requiring the collective efforts of everyone who deliver functions and services that protect, promote, and improve the public's health. We understand that facilitating effective collaboration among Directors of Public Health (DsPH) and their teams is crucial for achieving better health outcomes. Fostering a collegial and improvement-focused environment across the public health workforce is important in providing assurance to internal and external stakeholders.

### Structure of the public health system and practice improvement

Improving public health must be a system-wide effort, as public health action relies heavily on the orchestration of partners and the principles of partnership working. Public health has a well-established foundation of using evidence and sharing learning as system leaders.

Figure 1 illustrates the different layers of public health improvement, as highlighted in the SLI Impact Report 2023 as building blocks for the PI narrative.<sup>1</sup> Due to the wide-ranging and locally led nature of public health activities, there is no single public health system; each local area has its own, shaped by multiple partners to reflect local needs and priorities.

The features set out in the structure recognise that the whole local public health system is involved. Public health cannot advance in isolation – collaboration is both an opportunity and, at times, a necessity. Therefore, fostering an integrated approach requires both a supportive culture and the right structures in place to enable this.

A high-quality public health system is collaborative, maximises system investment, and puts citizens at the heart of high-quality functions and services. Governments are increasingly emphasising the importance of demonstrating both delivery and outcomes of public health interventions, reflected in a greater focus on value for money and emphasis on innovation and collaboration. PI should be a core part of public health, supported by a collaborative system of peer support, partnerships and accountability to ensure improvements are effective and sustainable.

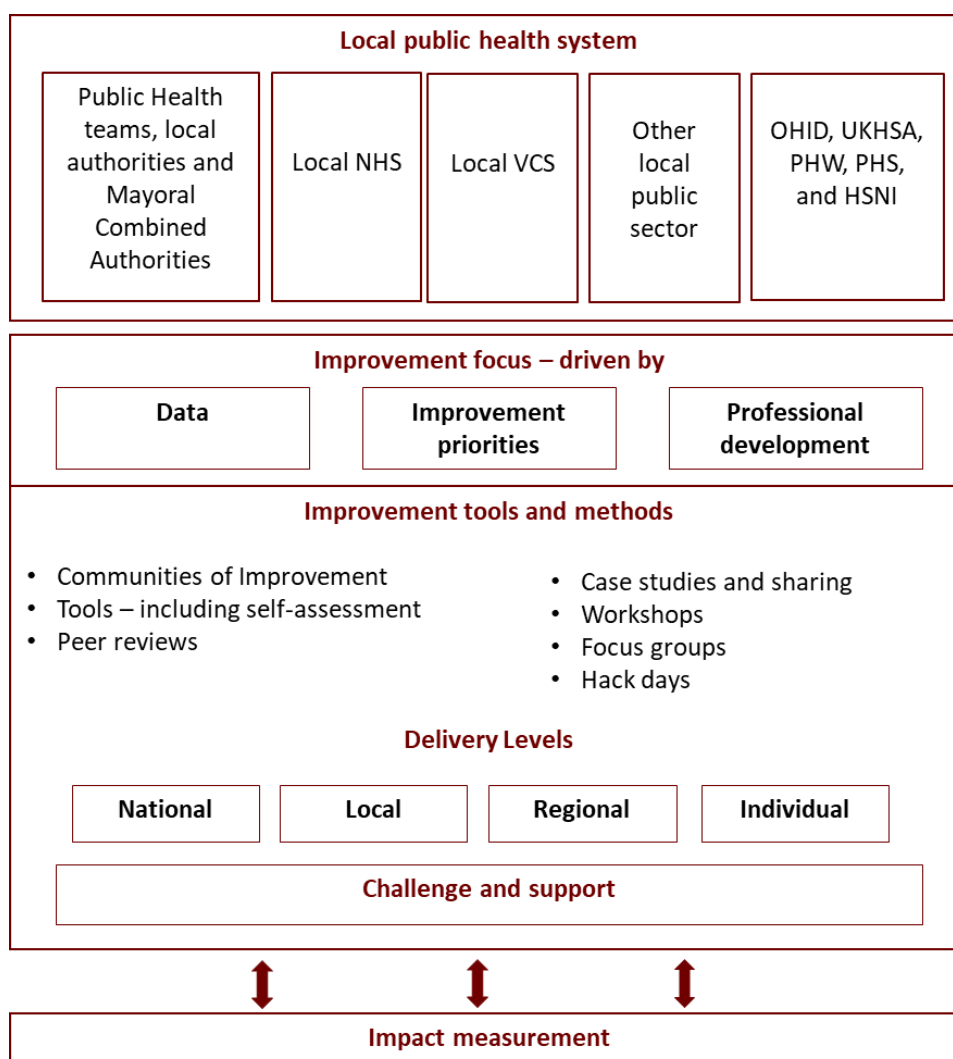


Figure 1. Whole system structures to public health PI.

## Purpose of Practice Improvement

The overarching term PI covers a wide range of improvement actions, with an emphasis on public health practice. It integrates SLI, QI, public health audit, and provides assurance that efforts are being made to improve public health practice continuously. PI can be defined as the approach to assuring quality services and improved outcomes in health whilst improving professional practice with a commitment to reducing health inequalities. It involves a systematic and coordinated approach to solving a problem using specific methods and tools to bring about measurable improvement.

PI promotes collaboration and evidence-based practice across the public health system and recognises the role of challenge and peer support in enhancing organisational performance and improvement within public health teams. The PI approach works in public health as a voluntary and organic process which is needs and evidence-based and considers the complexity of the changing public health system. The benefits of collaborative working include but are not limited to:

- Building confidence
- Mutual learning and soft-sharing

- Effective engagement with local populations
- Efficient use of resources, time, and capacity at times of extreme pressure

By continuously engaging in PI, public health organisations can ensure their programmes and services are effective, efficient, and responsive to the needs of the communities they serve.

## Principles of Practice Improvement

PI is a continuous effort to achieve measurable improvements in population health outcomes. It is an iterative process that should demonstrate sustained improvement in public health practice. Implementing the PI approach should be based on the following core principles:



Ultimately the process of PI needs to:

- Provide assurance to internal and external stakeholders.
- Improve health outcomes for local populations.

## Sector-led improvement (SLI)

SLI is the approach to quality and performance improvement put in place by local authorities (LAs) and the Local Government Association (LGA) following the abolition of the national performance framework.<sup>2</sup> It is based on the principle that local organisations and systems take responsibility for their own performance and improvement and assume collective responsibility for the performance of the sector. Embedding SLI in public health has become a real collaboration between partners, offering confidence to internal and external stakeholders and demonstrates continuous improvement to public health practice.

As a concept, it works to promote peer support and learning through collaboration across the system and places emphasis on techniques such as use of knowledge, evidence, data, and evaluation in shaping practice. It is a methodology that is formally recognised as an improvement activity within the narrative of PI.

## Public Health Assurance

Public health assurance is the process of:

- Monitoring and providing evidence of health outcomes improvements via quality assurance.

- Performance monitoring of projects and programmes (not top-down inspection).
- Regulation and compliance.
- Risk management.
- Data collection and analysis.
- Accountability.
- Collaboration.

PI supports assurance by providing the evidence, data, and mechanisms necessary to demonstrate that public health activities are effective, of high quality, and are achieving desired outcomes.

Assurance takes place at different levels, and strong system leadership is essential to ensure mutual accountability and system-wide assurance. In participating in improvement activities, we are committed to assuring:

- the public
- Government
- local authorities
- councillors and elected officials
- service providers
- commissioners
- voluntary and community sector organisations
- the wider public health workforce across the four countries and dependent territories

DsPH play a crucial role in providing assurance to Government bodies, ensuring that public health functions are effectively delivered locally. This is achieved through:

- Reporting and accountability to Government bodies, including DHSC and UKHSA.
- Contributing to Public Health Outcomes Framework (PHOF) metrics and submitting data on key health indicators.
- Working within the LGA Improvement and Assurance [Framework](#), which ensures that councils are fulfilling their statutory public health duties and continuously improving health outcomes. It highlights what does 'good practice in local government assurance' look like.
- Strategic leadership and coordination with ICSs, NHS partners, and regional health bodies to align public health goals with national health strategies.
- Ensuring that public health funds, including the public health grant, are allocated efficiently and deliver value for money. DsPH also have a broader role in health improvement including addressing the wider determinants of health, including local policies and embedding health considerations into all local government policies.
- Providing assurance in times of public health emergencies through rapid response planning, data-driven decision making and transparent communication with local government bodies.

## Public Health Audit

Public Health Audit tools are used to provide confidence to internal and external stakeholders and the public by demonstrating continuous improvement in public health practice. They should enable clear evaluation, challenge, and measurable improvement.

A public health audit involves a systematic examination and evaluation of the processes, performance, and

outcomes of public health programmes, services, or organisations. The goal is to assess the effectiveness, efficiency, and quality of public health activities, ensuring that they align with established standards and objectives.

## Quality Improvement (QI)

QI is the framework for improving quality in the delivery of public health functions and services that can support SLI. It involves developing and sharing resources to assist in delivering high quality services. As emphasis is placed on delivery and is often associated with clinical settings, QI can encompass activities that focus on early intervention, adopting a life-course approach across primary, secondary, and tertiary care settings and integrated services.<sup>3</sup>

The Venn diagram in figure 2 illustrates the connotations of each process set out above and how they come together to deliver PI.

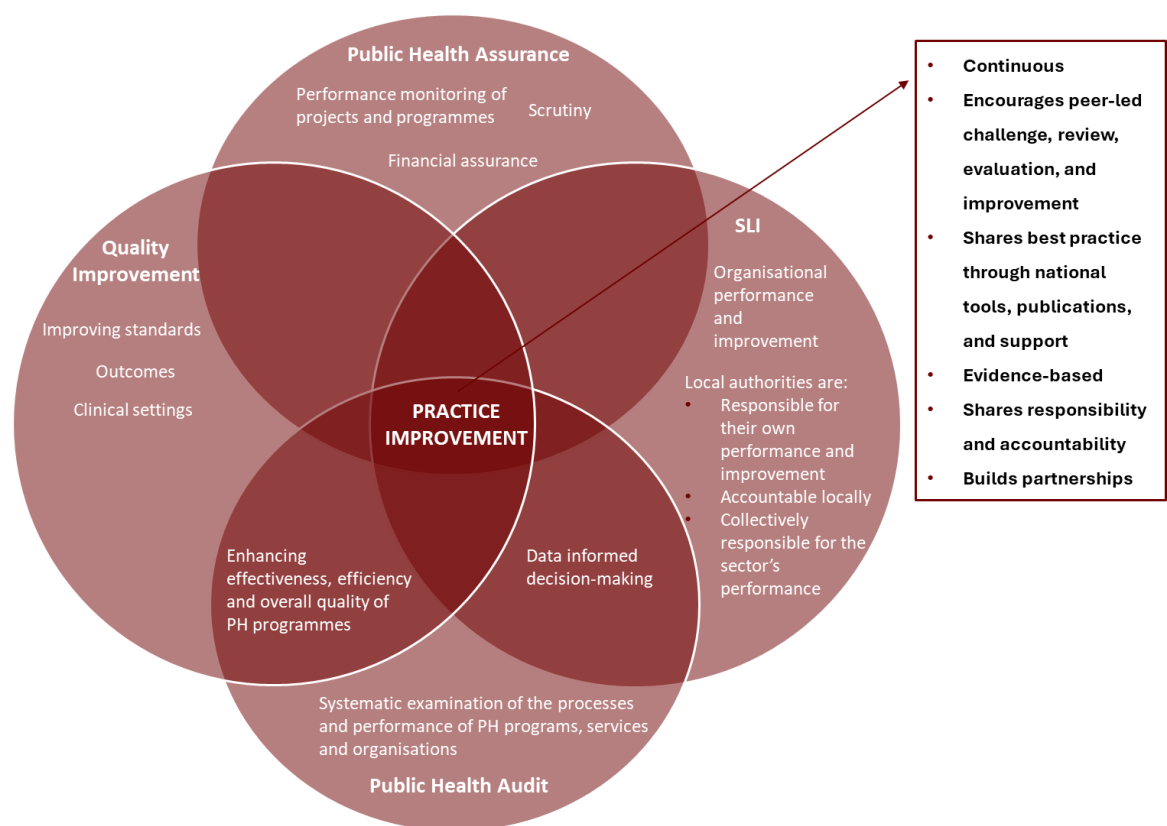


Figure 2. A Venn diagram bringing together the key concepts within PI.

## Key partners in Practice Improvement

The partners involved in PI vary depending on what area of work requires improving, who will be impacted, and the level of the initiative (individual, local, regional, national).

The ADPH [Practice Improvement Programme Board](#) delivers leadership and governance by providing challenge, support, and assurance to drive continuous improvement. Additionally, ADPH, LGA, and Solace work together to support DsPH, local public health teams, and elected members to embed continuous improvement across their work, including across the four nations.

## ADPH

ADPH is the membership body for DsPH in the UK, representing the professional views of all DsPH as the local leaders for the nation's health. We seek to improve and protect the health of the population through collating and presenting the views of DsPH, advising on public health policy and legislation at a local, regional, national and international level, facilitating a support network for DsPH, and providing opportunities for DsPH to develop professional practice.

The role of ADPH is to:

- Bring together regional and thematic networks.
- Facilitate the sharing of learning and good practice.
- Support the development and implementation of national practice improvement tools.
- Provide national leadership and governance.
- Host a national forum facilitating knowledge exchange, sharing of good practice and peer support for commissioners working in England.

## Local Government Association (LGA)

The LGA is the national membership body for LAs. They work on behalf of their member councils to support, promote and improve local government. The role of the LGA is to:

- Develop and deliver the national offer of peer challenge.
- Develop and offer supportive tools and publications.
- Provide understanding of and learning from wider local government programmes.

The improvement offer provided by the LGA supports local and combined authorities in England with the tools to deliver critical services to communities, while helping to drive change and improvement across all regions.

ADPH, LGA, and Solace developed a Public Health Strengths and Risks [tool](#) to support system leaders in LAs in defining and ensuring good public health at place. The tool is designed to support SLI and can be used flexibly by DsPH and LAs to understand how effective they are in setting their own ambitions for public health, and the ways they work with partners.

## The Convention of Scottish Local Authorities (COSLA)

COSLA is the voice of local government in Scotland. They aim to make communities better and more equal by empowering local decision making and enabling councils to do what works locally. A key aspect of COSLA's role in PI is its partnership in the sponsorship of Public Health Scotland, which allows for a joined up approach to public health improvement, with national and local government working together. COSLA supports LAs in Scotland by:

- Facilitating the sharing of effective practices.
- Advocating for policies that promote public health.
- Working to ensure that LAs have the resources they need to improve health outcomes.

## Welsh Local Government Association (WLGA)

WLGA represents the interests of local government and promotes local democracy in Wales. Its core purposes are to promote better local government, to enhance its reputation, and to support authorities in the development of policies and priorities that improve public services and democracy. The purpose of the WLGA includes:

- Providing a voice for local government across Wales in national policy discussions.
- Supporting LAs in delivering effective services.
- Facilitating collaboration and sharing best practices among LAs.

## Solace

Solace is the membership network for public sector and local government professionals.

Other key stakeholders involved in PI include:

- Department of Health and Social Care
- Office for Health Improvement and Disparities
- UK Health Security Agency
- English Local Authorities
- Public Health Wales
- Public Health Scotland
- Voluntary Sector Organisations

PI is a system-wide collaboration and involves bringing together collective efforts and continually improving how we deliver public health interventions to ensure they have the greatest impact. Alignment of principles is key when choosing which partners to work with. These can include:

- Sharing common goals and values.
- Organisational culture.
- Resources to deliver and financial position.
- Value for money.
- Power and influence to bring about change.

This alignment is reinforced locally by DsPH who, in their role as system leaders, engage with the health system and wider partners, as well as local communities, to maximise the impact on population health. This system-wide approach supports local organisations and partnerships to address gaps and celebrate successes together, rather than duplicating efforts and resources.

## How do we implement Practice Improvement?

PI takes place on different levels and spans over different periods of time, influenced by how activities are organised, availability of resources, and opportunities to engage partners. It is a shared responsibility amongst public health professionals who have the skills and expertise to drive improvement. It can embrace techniques such as use of knowledge, evidence, data, and evaluation.

Public health is a complex discipline, involving a multitude of different and often interdependent elements and organisations. DsPH and their public health teams are specialists in public health, which means they

are best placed to identify issues, advise [what good looks like](#), and drive forward improvement in practice. The success of PI hinges on the sense of individual and collective responsibility in working towards improving outcomes in population health. This has resulted in PI approaches being organically built into activities and programmes. DsPH lead improvement across the systems they are in, and the system wide approach supports organisations and partnerships to address gaps and celebrate successes together, rather than duplicating efforts and resources.

## Individual, Local, Regional, and National Practice Improvement

PI operates at four levels:

- National – led by ADPH, providing strategic direction and coordination.
- Regional – coordinated by ADPH regions.
- Local – delivered by public health teams within their own LAs and systems.
- Individual – supporting DsPH and PH professionals to develop and maintain their own competencies to drive continuous improvement in practice.

PI initiatives can also vary in duration, ranging from short-term interventions to long-term strategies. The timeframe is influenced by factors such as urgency and complexity of the issue, availability of resources, and organisational priorities.

Level	Examples
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Continued professional development.</li> <li>• Regular appraisals/performance reviews.</li> <li>• Peer to peer learning and collaboration.</li> </ul>
<b>Local</b>	<ul style="list-style-type: none"> <li>• Community needs/impact assessments.</li> <li>• Improvement activities at LA level.</li> <li>• Tailored interventions.</li> <li>• Community partnerships.</li> <li>• Local emergency planning/crisis management.</li> <li>• Community feedback loops/mechanisms.</li> </ul>
<b>Regional</b>	<ul style="list-style-type: none"> <li>• Thematic groups and communities of improvement.</li> <li>• Health needs assessments.</li> </ul>
<b>National</b>	<ul style="list-style-type: none"> <li>• Facilitating channels to exchange good practice.</li> <li>• Commissioners' Group networks.</li> <li>• Development and sharing of tools and resources.</li> </ul>

## Standards for implementing Practice Improvement

Setting standards for public health practice improvement is essential for fostering consistent, high-quality approaches, and can provide a structured framework for evaluating performance and identifying areas for development. These standards are distinct from core public health practices outlined in the '[Functions and standards of a Public Health System](#)' by the [Faculty of Public Health](#), as they are specific to demonstrating

a commitment to making improvements to what is already being done and building on the foundations of core practice.

Within all methodologies it is important to consider the importance of equity and addressing health inequalities. Promoting equity and addressing health inequalities involves identifying systemic issues that contribute to disparities in health outcomes and implementing strategies for improvement. It is an ongoing process that requires monitoring, evaluation, and refinement of interventions which address the needs of all populations. We have outlined core methods used to implement PI and established measurable standards for self-assessment in figure 3.

### **Peer to peer support**

Peer to peer support involves sharing knowledge, experiences, and good practice with colleagues. By engaging peers in promoting evaluation and challenge, public health professionals can gain valuable insights and identify areas for improvement. This collaborative approach can lead to significant advancements in the public health field. Core principles of peer support include:

- Establishing clear roles and boundaries by defining the roles of peer supporters and participants.
- Creating a supportive environment to foster trust, empathy, and open communication.
- Respecting diversity, valuing differences, and creating an inclusive environment to enable collaborative thinking.
- Continuous efforts to evaluate and improve a peer support programme.
- Embracing the role of peer challenge to improve performance and continuous learning.

### **Collaboration and partnership**

Public health challenges are complex and multifaceted, often requiring a comprehensive approach involving multiple stakeholders. Collaboration brings together diverse perspectives, expertise, and resources to effectively address these issues. Core principles of collaborating include:

- Open communication between involved stakeholders, active listening, effective feedback, and the use of appropriate communication channels.
- Decision making whereby there is shared input and consensus building.
- Mutual respect as all partners should be valued equally, with their perspectives and contributions respected.
- Engaging communities to ensure interventions meet the needs of the local population.
- Conflict resolutions to maintain positive working relationships.

The methodology for this standard involves external engagement and is about fostering mutual support, sharing knowledge and leveraging collective expertise. It emphasises building strong relationships between organisations and individuals to enhance overall effectiveness. Examples of activities that align with this approach include hosting or participating in conferences, webinars, and workshops, which facilitate knowledge exchange and collaborative problem-solving.

### **Evidence-based practice**

Evidence-based practice ensures that initiatives are grounded in the latest evidence and research. This requires collaborating with multiple stakeholders to stay up to date on new and emerging evidence. It also involves evaluations of current practices to measure their effectiveness and identify areas for improvement, which is essential for continuous progress. Core principles of evidence-based practice

include:

- Decisions informed by research, systematic reviews and evaluations.
- Collaborating with stakeholders to ensure access to the latest, most reliable intelligence, and to ensure interventions address the specific needs of the local population.
- Monitoring outcomes and adjusting strategies based on new evidence.

This is an internal method specific to each organisation. When implementing public health interventions, it is the organisation's responsibility to assess and apply the best available evidence, drawing from research and data. This ensures that interventions are effective and align with current data and understanding. Organisations must continuously evaluate their methods to maintain high standards of practice.

## **Challenge**

Providing challenge in public health refers to the process of stimulating critical thinking, innovation, and continuous improvement within public health organisations and programmes. Through challenging the status quo and encouraging alternative perspectives, we can drive progress. Core principles of challenging public health practices include:

- Transparency and accountability of decisions.
- Prioritising equity in health outcomes, which is essential to reducing health disparities.
- Balancing public health goals with individual rights (proportionality).
- Proportionate universalism which aims to reduce health inequalities by ensuring that those who are most disadvantaged have access to the resources needed to improve their lives.
- Raising awareness and addressing unconscious bias.

By implementing challenge principles internally, public health organisations can create a culture of continuous improvement and accountability within their practices. This will help to ensure that the organisation is doing all the right things to achieve its goals and serve its communities effectively.

Shared learning, peer to peer support, challenge and evidence-based practice are essential components of public health PI. By adopting these elements, public health teams can create a culture of continuous improvement, enhance their skills and knowledge, and ultimately improve health outcomes for the communities they serve.

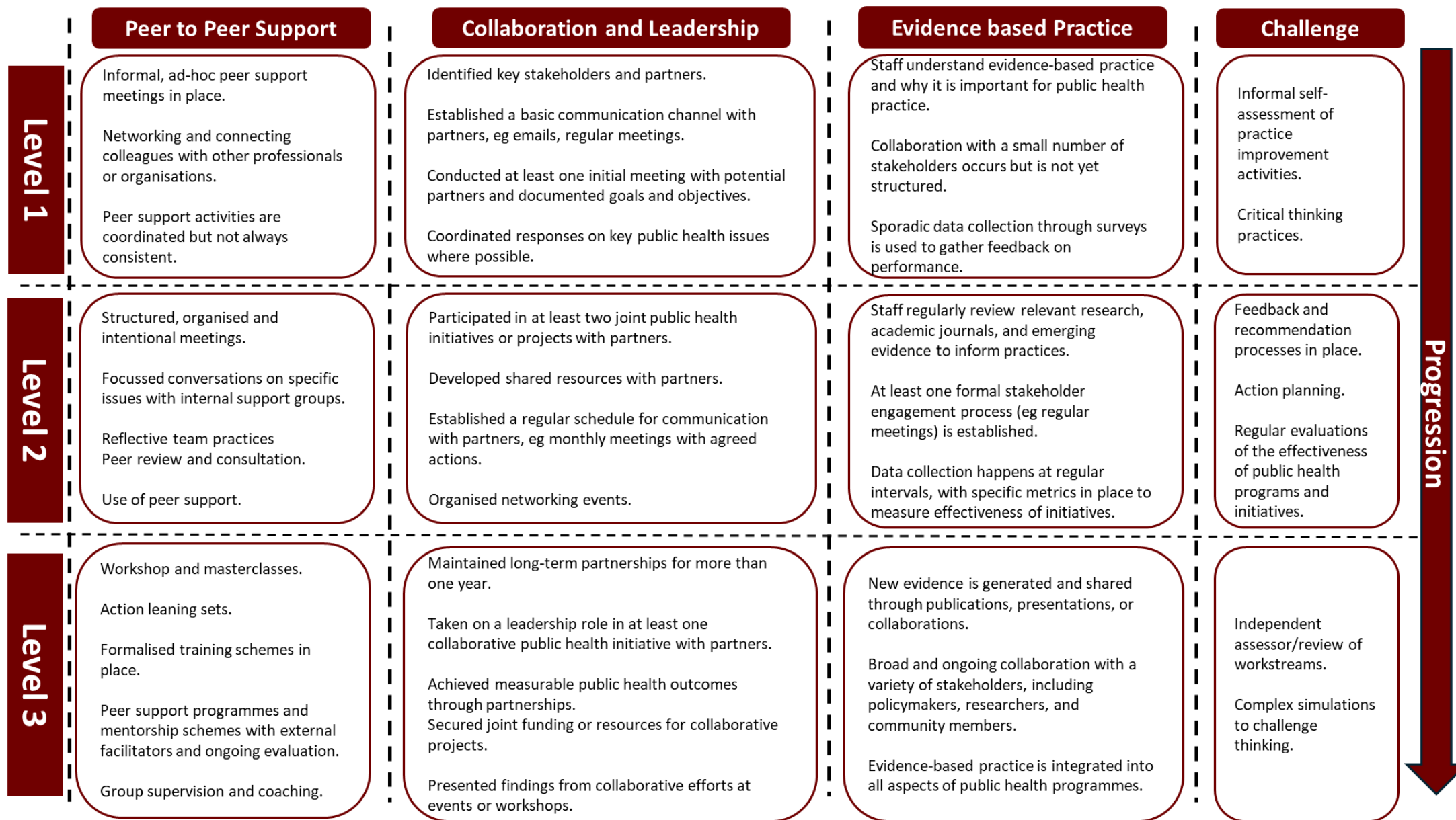


Figure 3. Measurable standards of practice improvement methods.

## Examples of Practice Improvement activities

To support the written explainer we have collated examples of regional PI activities in the table below.

Example (describe the PI activity)	Public health topic	Level (individual, local, regional, national)	What component of PI does it fit into? (SLI, QI, PH Audit, other)	Does it provide assurance?	Long, medium- or short-term activity?	Partners involved
South West Real Time Surveillance (RTS) improvement framework	Public Mental Health	Regional	SLI & QI	Yes, framework can provide assurance for measuring improvement.	Medium term	OHID
UK Public Health Register (Public Health Development Managers/ Practitioners/ Specialists)	All	Individual	CPD	Yes	Long term	
Lancashire and Cumbria Public Health Collaborative Leadership monthly meeting	Collaborative priority areas	Regional (Lancs and Cumbria)	SLI	Informally	Long term	DsPH, consultants, NHS colleagues (Population Health), OHID, UKHSA, NHSE Northwest
Transgender and Gender Diverse Health Needs Assessment	Wider Determinants	Regional (Lancs Footprint)	SLI	Yes	Medium term	Voluntary, community, faith and social enterprise sector organisations  Consultants/Registrars/Public Health Leads from LAs

## Conclusion

The concept of practice improvement encompasses a variety of processes including SLI, quality improvement, and public health audit. A shared understanding of PI is essential for alignment, coordination, continuous learning, accountability, and effective collaboration. We understand that improving practice across the public health system is a collective effort, requiring engagement from all levels of the workforce, and have set out to bring together the key components of public health PI. Through engaging in PI initiatives, public health organisations can enhance the quality, effectiveness, and efficiency of their programs and services, ensuring that they meet the evolving needs of the population they serve.

We acknowledge there is no single organisation that can improve public health practice on its own. This explainer aligns with existing narratives and highlights the need to maximise efforts to provide high quality public health functions and services through partnership and joint working. This system-wide practice improvement approach supports organisations and partnerships to address gaps and celebrate successes, rather than duplicating efforts and resources.

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<sup>1</sup> SLI Impact Report (2023), The extent and impact of sector-led improvement in public health, Shared Intelligence

<sup>2</sup> [Sector-led improvement in public health: progress and potential](#)

<sup>3</sup> [Quality in Public Health: A Shared Responsibility \(2019\)](#)