Local Government Association

Public health

Risk awareness self-assessment tool

Contents

1.Purpose of this tool

This tool was developed by the Local Government Association (LGA) and the East Midlands network of the ADPH (Association of Directors of Public Health) in order to support sector-led improvement (SLI) in public health across the East Midlands.

The tool is designed to support improvement activities particularly those using a peer approach. It can be used in conjunction with other improvement tools, such as those focused on improving public health policy areas, eg sexual health or obesity. It can be used flexibly by councils to understand how effective they are in setting their own ambitions for the public's health and engaging partners to deliver on these. It is designed to help identify key risks to the delivery of a council's public health ambitions and/or aspects of work with greatest potential for improvement.

A draft version of the tool was piloted by Leicestershire County and Derby City councils. Their constructive feedback has informed the final version.

The aims of the tool are:

a) To promote self-awareness amongst directors of public health and their senior colleagues, supporting them in targeting their energies and limited resources on the right issues and identifying action to address their most pressing risk factors/outcomes in need of improvement.

b) To ensure that councils' political and executive leaders are aware of the public health challenges in their area and can take these into account in their decision making and be confident that their council is addressing the right public health challenges.

c) To enable directors of public health within the region to identify issues that they should be addressing to operate an effective and embedded public health function within local public services.

Please note, information in this tool is accurate at time of print.

We acknowledge with thanks the contribution of Deb Watson and Barbara Brady who were commissioned by the LGA to facilitate the development of this tool, working with East Midlands Directors of Public Health and with support from Kay Burkett and Rachel Holynska. Thanks also to ADASS who enabled the adaption of the 'Adult social care risk awareness self-assessment tool' which they had already developed.

2. Principles

There are four principles underpinning the use of this tool:

1. This tool supports continuous improvement. It is not intended to be used for performance management purposes.
2. The tool is intended for confidential use given the sensitivity of much of its content; directors of public health may wish to discuss conclusions from the self-assessment with an experienced, trusted and objective 'challenger' colleague. Completing the self-assessment will help to identify issues or themes to be explored for improvement.
3. It should be possible for the director of public health to complete the self-assessment quite quickly, either privately or during a meeting with their team.
4. The tool suggests ways of using existing data sources. The SLI approach emphasises the importance of triangulating both hard and soft data to tease out local stories within a culture of openness and trust. Most areas are developing and refining their own benchmarking datasets and we anticipate this tool will support genuine, honest reflection and discussion between trusted colleagues.

The tool is based on the statutory responsibilities placed on directors of public health and top tier local authorities as a result of the Health and Social Care Act 2012.

For those operating in two tier areas the role of district councils will be considered as part of the wider health and wellbeing board system, albeit that these authorities have statutory functions which support the delivery of public health.

3. Introducing the tool: six key risk domains

4. Key sector-led improvement resources

This graphic illustrates links to other key tools and LGA offers which can support a more in-depth analysis. Links to these can be found in Section 8.

5. Summary of key issues to consider when undertaking the self-assessment

RISK DOMAIN	KEY ISSUES TO CONSIDER
1. Leadership and governance	• political change • organisational change • the experience of political and managerial leaders • priority given by the council to Public Health • corporate challenges • adverse events
2. Performance and outcomes	• Joint Strategic Needs Assessment (JSNA) and articulation of health needs • director of public health annual report • Public Health Outcomes Framework (PHOF) • performance of key services • performance of public health services provided directly by the council
3. Commissioning and quality	• standards for commissioned services • quality of strategic commissioning • commissioning intentions
4. National priorities and partnerships	• health and wellbeing board and health and wellbeing strategy • integrated care system (ICS) • core offer to CCG(s)
5. Resource and workforce management	• corporate financial context including reserves • scale of public health grant and other budget reductions (past and future) • under and/or overspends • impact of budget reductions • recruitment and retention across sector
6. Culture and challenge	• participation in sector-led improvement activity • other external scrutiny • performance culture and managing performance • political scrutiny • organisational culture and development

* this list is not exclusive; it can be added to or refined to suit local need (including options for individual councils and at regional/sub-regional level)

6. Processes for using the risk awareness tool

Wherever possible, we recommend that all six domains are explored in each self-assessment. However, it is recognised, that processes for completing, collating and considering the outputs will vary depending on the area.

Who should complete the assessments?

Although self-assessment questions are addressed to the director of public health (DPH), many DsPH will wish to involve their team in this process. Some might complete the self-assessment as part of an informal session with colleagues and/or ask relevant team members to complete some sections. We recommend that the council's statutory DPH takes ownership of, and signs-off, the final version of the self-assessment.

Questions may be interpreted in a number of ways and it is for those completing the self-assessment to determine how best to do this, eg some questions could be about the public health team itself or could be interpreted as a question relating to the wider health and care system.

Who should see the completed assessments?

DsPH are encouraged to share their self-assessment findings with both their chief executive and portfolio holder in order to help raise awareness and share understanding of the issues. This process might also be expected to add an element of confirm and challenge to self-assessment responses.

The self-assessments are sensitive, confidential documents which should never be shared without permission. Some areas recognise the benefits of collating high-level findings and sharing learning in a sensitive and anonymised way so that risks can be mitigated through ongoing sector-led improvement activity. Some areas might convene regular (eg annual) challenge workshops to discuss their findings and the implications for their local SLI programme.

Who should challenge the assessments?

In addition to any internal confirm and challenge, self-assessments may benefit from external confirm and challenge from a 'critical friend' and arrangement for this will vary from one patch to another with potential support through the LGA.

What existing data should be used as part of the self-assessment?

Individual councils may have a view about which pre-existing data might be useful to consider as part of the self-assessment. We have included a suggested dataset which can be used as a starting point.

The Public Health Outcomes Framework (PHOF) and other data sets can be drawn upon as part of the process to enable councils to benchmark and compare their own outcomes with other councils.

How to use the tool with peers

There is no one prescriptive way in which this self-assessment should be undertaken or used with peers. This is very much for local determination and may include both formal and informal methods. The approaches below are examples for consideration:

To provide the foundations for annual regional 'Peer Summits' or challenge workshops.

To support a programme of regional peer challenge visits (ie utilising teams comprising of officers and members from other local authorities in the region).

Informal 'matched buddying' on ad hoc issues.

As a basis for support/improvement conversations on specific domains.

6. Processes for using the risk awareness tool

1. LEADERSHIP AND GOVERNANCE

This section asks you to reflect on your council's operating environment, and especially on any major political or organisational changes that may be creating challenges or opportunities for public health at the current time.

Leadership and governance
Q1. Please provide the background/context which will enable your peer to have a better understanding of your circumstances since your transition from the NHS. Please include in this the governance arrangements of your local authority.
Q2. Have there been political changes to your council since your last self-assessment? If yes, how have they impacted on your strategy for improving, protecting and reducing the health inequalities in your population? How are you managing this impact? Is more change likely after the next local and/or national elections? Have there been changes in leadership for health and wellbeing board, leadership of your authorising environment and leadership of scrutiny? How are you managing these?
Q3. Have there been significant changes in the council's corporate management team since your last self-assessment? If yes, have they impacted on your strategy for improving the health of the population and how are you managing the impact? How have any changes impacted on the public health team's ability to influence across the council?
Q4. Is your council considering other any strategic organisational change? If so, what are the challenges and opportunities? What role is the council playing in any devolution or similar change?
Q5. Have there been any changes to your council's organisational structures which have impacted on public health since your last self-assessment? (This might include changes to departmental structures, merging of back office functions, etc.)
Q6. Have senior management changes within public health impacted on the delivery of public health priorities this year? Are there significant senior vacancies now? If so, how are you managing any impacts of this? Are significant changes expected in the near future (eg due to retirement of key staff).
Q7. What is your DPH's span of control? Is the DPH responsible for functions in addition to public health? Does the whole of the public health team report managerially through to the DPH? What experience and training does the DPH and public health senior leadership team have in the council functions being led by the DPH?
Q8. Is public health clearly visible within the council, both in terms of members of the public health team, eg is the DPH a full member of the chief executive's corporate senior management team or does the DPH regularly attend full council/cabinet/political exec meetings? Secondly are public health objectives explicit in the councils corporate plan and does the council have clear policies about health considerations in all key decisions?
Q9. How is public health expert advice provided to support health scrutiny? How do you use scrutiny to influence decisions about health inequalities?
Q10. Is the council experiencing unexpected events or pressures this year (eg in children's services, environmental services, etc) which may have affected the priority given to public health? Have there been any negative inspections (eg Ofsted)?

6. Processes for using the risk awareness tool

Q11. Has the council recently been subject to judicial review (or are there any ongoing judicial reviews)? If yes, please briefly describe any impact/potential impact you are concerned about.

Q12. How confident are you are meeting all obligations under the Health and Social Care Act 2012 and other relevant public health legislation, given financial and other pressures? This includes provision of the core offer of specialist public health advice to clinical commissioning groups (CCGs).

Q13. Has there been significant local or national media coverage relating to public health which has affected your priorities or work this year?

Q14. In general, how would you characterise relationships between council leaders and the leaders of key partner and stakeholder organisations including the STP/ICS?

6. Processes for using the risk awareness tool

2. PERFORMANCE AND OUTCOMES

This section asks you to reflect on the effectiveness of your arrangements to improve and protect the health of the population. What are the headline risks to your current performance, including any front line services directly provided by the council.

Strategic health outcomes

Q1. Is there a Joint Strategic Needs Assessment (JSNA) in place and when was it last updated? What plans do you have to up-date it in future and what process do you use to do this?

Q2. How do you articulate the main messages from the JSNA and how well does the council and its partners understand the health needs of the population? To what extent has the JSNA has been used to inform decision-making within the NHS and the council?

Q3. When was your last DPH annual report published? Was this considered by the full Council? Cabinet/political executive? Scrutiny? Health and Wellbeing Board? The CCG Board? What was agreed following these discussions?

Q4. To what extent has the DPH annual report been used to inform decision-making in the local system?

Q5. What other horizon scanning do you do to maintain an up-to-date understanding of your position in relation to the main Public Health Outcomes Framework (PHOF) and relevant health inequalities indicators? Does this feed into the development of your DPH annual report?

Q6. Have you identified any specific areas where public health performance/outcomes could be improved (eg by comparison with outcomes in areas with similar populations) and from a health improvement and inequalities perspective? Have you made plans to improve performance? If yes, are you feeling confident that you can achieve the desired improvements?

Q7. Have you sought or received external feedback on your performance (eg through a peer review) this year? If yes, please summarise the main recommendations (and/or attach the report). Are you confident that the recommendations will be implemented?

Q8. Overall, based on routine monitoring of population health outcomes and performance of key services and taking into account learning from any peer reviews or external feedback, how confident are you that your system's plans are effective and robust? Do you think there are any urgent areas for improvement?

Performance of public health services provided directly by the council

Q9. How does the authority manage public health services which are directly provided by the council? Do you have an agreed set of quality standards that underpins how you manage these between public health and other departments of the council?

Q10. Which public health services delivered by the council are required to be registered with CQC? (Eg in-house 0-19 services, tier three weight management? Infection, prevention and control?) How does the authority assure itself that registration requirements are complied with? What political engagement is there with the process?

6. Processes for using the risk awareness tool

Q11. What arrangements are in place for clinical governance of public health services? What arrangements are in place for managing serious untoward incidents in public health delivery? Is relevant information – including any serious concerns – routinely reviewed by your management team and shared within your council, including with elected members? Are you and/or CQC currently tackling quality concerns (and/or serious incidents) within one or more services? Please give details.

Q12. Are any of your mandatory services provided directly by the council? If so, is the performance of these services satisfactory (eg coverage of the National Children's Measurement Programme (NCMP)) and how are these being managed?

Q13. Have you specified target response times for front-line services? Are these targets being achieved? If no, what or where are the exceptions and how are you addressing them?

6. Processes for using the risk awareness tool

3. COMMISSIONING

This section asks you to reflect on the current state of local public health services including the availability, quality, diversity and sustainability of services. It also asks you to think about your capacity to influence and shape your local market.

Service quality

Q1. How do you assure yourself about service quality relating to public health? Do you have an agreed set of quality standards that underpins the delivery of all services commissioned either by or on behalf of public health? If yes, how do you monitor or manage these? How do you work with the CQC in relation to their responsibilities for inspecting some services commissioned by or on behalf public health?

Q2. How do you assess the reach and impact of the services commissioned by or on behalf of the public health team?

Q3. What arrangements do you have in place to make sure that you receive the Central Alerting System cascade, assess implications and take appropriate action?

Q4. Do you have a systematic process for identifying, reporting and managing serious concerns and/or serious untoward incidents within commissioned public health services? Is relevant information – including any serious concerns – routinely reviewed by your management team and shared within your council, including with elected members? Are you and/or CQC currently tackling quality concerns (and/or serious incidents) within one or more services? Please give details.

Q5. Do you have effective joint arrangements for assuring the quality of services, including routine liaison with CQC and CCGs and mechanisms for sharing specific concerns and addressing poor performance in tandem with commissioners in partner agencies?

Q6. How does the quality of your local services compare with similar services in other areas? Please comment on any work you are doing to support improvement and on whether you think this is having an impact.

Q7. How do you influence the quality of primary care services particularly those that deliver the greatest public health benefit (eg screening, immunisation, sexual health)?

Strategic commissioning

Q8. How are you using your JSNA to understand what services your population is likely to need over the next five to 10 years? Can you predict what types and range of services will be needed over the next five to 10 years? Do you use your JSNA with partners in the health and care system collectively? How do you communicate the findings of your JSNA?

Q9. How do you ensure that you use the evidence base systematically, eg NICE guidance including Technical Appraisals (TAG) and that evidence is articulated clearly to inform action? What arrangements do you have in place to enable staff to access electronic knowledge and the evidence base, eg the ATHENS system?

Q10. To what extent is the public health team actively involved in knowledge generation through research, evaluation and innovation in collaboration with partner organisations, eg academic partners?

6. Processes for using the risk awareness tool

Q11. What are your commissioning intentions for the future and how do you share these with partners and signal them to the market? Do you work with other commissioners to inform strategic commissioning intentions? Are you a lead commissioner for any public health services and/or does another organisation act as lead commissioner on behalf of the council for public health?

Q12. Have you identified specific market gaps and what approach are you taking to manage these?

Q13. Have you had recent instances of provider business failure and/or unexpected withdrawals of providers from the market and/or procurement failures? If yes, what are the reasons? What measures are you taking to manage the loss of any services that would be hard to replace including any contingency plans and risk mitigation?

Q14. Have you undertaken any major re-commissioning exercises this year? If yes, has this exercise gone well? Has it created any pressures, management challenges or unintended consequences that have been difficult to manage?

Q15. How would you describe the state of your relationships with providers, and how are these changing? Are you able to have open and mature discussions about your future strategy and plans? Are you able to explore ways to reward high quality locally?

Q16. Are you confident you have the capacity (eg in relation to needs analysis, market mapping, engagement with providers, commissioning, procurement, and contract monitoring) and capability to deliver your commissioning intentions within your financial envelope?

Q17. To summarise, do you have any concerns about the sufficiency and sustainability of public health services? Are you confident you can mitigate the most pressing risks?

NB If your risks and concerns relate mostly to the budget, you can use Section 5A to discuss this separately. If your risks and concerns relate mostly to recruitment and retention issues, you can use Section 5B to record these separately.

6. Processes for using the risk awareness tool

4. NATIONAL PRIORITIES AND PARTNERSHIPS

This section asks you to reflect on progress achieved in partnership to improve the health of the population and reduce health inequalities.

Working with partners, such as the NHS, the voluntary and community sector (VCS), Children's Trust, etc
Q1. Please briefly describe your health and wellbeing board arrangements, including governance and the level of political engagement it receives. Are you able to provide any examples of how the board has added value in improving health and reducing health inequalities?
Q2. How involved has the public health team been in the development of the current health and wellbeing strategy and its priorities and how do these reflect health improvement and health inequalities? Please describe the extent to which you think that the strategy has secured buy-in from key stakeholders. Are health and wellbeing priorities, in particular public health ones, explicitly included in other key plans and strategies in your health and care system?
Q3. To what extent has the public health team been involved in the development of your Integrated care system? Please describe the extent to which these plans contribute to prevention (primary, secondary and tertiary), with evidence of implementation as appropriate. Does the integrated care system (ICS) make explicit reference to health inequalities? Has the plan been agreed with elected members? If you have concerns, please describe briefly what these are.
Q4. In practice, how does the ICS relate to the health and wellbeing board, given the statutory responsibilities of the health and wellbeing board?
Q5. Are there any other partnership arrangements which sit outside the governance arrangements for the health and wellbeing board, but which public health are actively engaged with in order to deliver public health priorities?
Q6. Do senior council officers and elected members understand the NHS system and to what extent is the DPH able to support this and 'translate' between the council and the NHS?
Q7. In general, how would you characterise the DPH relationship with key stakeholders? Is the DPH recognised as a system leader? Can you provide any examples of beneficial outcomes achieved to date through relationships with partners and stakeholders?
Q8. How do you influence your CCGs and maintain effective working relationships? Is there a current Memorandum of Understanding (MoU) between public health and the CCG(s) that describes the public health core offer to the CCG(s)? To what extent do you think that you are effectively able to resource the core offer both now and in the future? How is feedback secured from the CCGs regarding this function?
Q9. How well advanced are arrangements for providing public health advice to the local health and care system, rather than to the individual components of it?
Q10. What arrangements do you have in place to respond to public health emergencies such as outbreaks, etc? Do you have a current pandemic flu plan and are all partners appropriately engaged?
Q11. How far do you understand the main local community assets for your population and how do you help others to understand these? How are these used to improve the health of the population, eg through locality hubs?

6. Processes for using the risk awareness tool

Q12. To what extent has your ICS started to develop a population health management approach as opposed to a demand-led approach?

Q13. Does public health within your council act as a lead provider of services? How is this relationship managed?

Q14. How are you assured that the screening, vaccination and immunisation functions are discharged effectively for your local population?

6. Processes for using the risk awareness tool

5. RESOURCE AND WORKFORCE MANAGEMENT

This section asks you to reflect on your budget situation and the impact of budget reductions so far. It also asks questions about your workforce pressures – both those affecting your own department and the challenges across the wider sector.

Use of resources

Q1. What scale of savings has your council made in revenue expenditure since 2010/11?

Q2. How would you describe the extent of the council's useable reserves?

Q3. Please briefly describe any corporate financial challenges such as overspends or unusual budget pressures in other service areas which are a cause of concern for your council now?

Q4. To what extent has your council protected the ring-fenced public health grant since transition? Has the public health grant been used to fund activity previously funded from elsewhere? Where this has happened, to what extent has the DPH been able to assure themselves that the funds have been used to secure improved public health outcomes and reduced health inequalities?

Q5. To what extent is comparative data being used to benchmark how the public health grant is being spent against public health outcomes?

Q6. Did public health overspend its budget last year, or is an overspend projected for the current year? If yes, please briefly describe the measures you are taking to address this.

Q7. Does the council have an agreed medium-term financial plan (MTFP) for next year and the year after? If so, is the council confident that the plan can be delivered? If you have concerns, please give brief details – eg about the aspects of your MTFP that you are least confident about.

Q8. To summarise, how confident are you that you can continue to protect the public health function and public health outcomes over the next three years? Please share any additional thoughts/observations (if any) about your local resource challenges.

Q9. Has public health been able to secure additional funds over and above the ring-fenced public health grant? What is the source of this funding, how is it used, and what is the exit strategy when the funding ceases? Do you have an approach to commercialisation and income generation and is this having an impact?

Q10. How well are you able to influence the system? (This may include using tools such as return on investment.)

Workforce

Q11. Please describe the capacity of your public health team and any plans for the future. Are you able to ensure that all relevant staff have an annual appraisal and for those requiring re-validation, that this process is also supported? Do all staff have personal development plans and engage in appropriate continuing professional development?

Q12. Are there particular areas of your department where there are high rates of sickness/absence, or high numbers of vacancies? If yes, what are you doing to address this? Please comment on specific challenges such as recruitment or retention problems and reflect on whether these are particularly serious in your area.

6. Processes for using the risk awareness tool

Q13. Across the wider public health workforce and among other staff groups crucial to the delivery of public health services, are there workforce challenges that are of concern or worsening? If yes, please give brief details by specifying which types of role are in short supply, which services are most affected and how this is impacting the public health function.

Q14. Are you engaging with your local partners and providers to address local workforce challenges? If yes, please briefly describe relevant initiatives.

Q15. How do you plan and deliver training programmes to build public health capacity and do you use the Public Health Knowledge and Skills Framework to inform this?

Q16. Are you a registered training location for the public health specialist training programme and/or foundation year training? Do you have sufficient numbers of accredited trainers to ensure appropriate levels of supervision and support for those on placement with you?

Q17. Do you currently have any apprentices working within the public health department or team? Do you have any medium term plans for apprenticeships within the public health function?

6. Processes for using the risk awareness tool

6. CULTURE AND CHALLENGE

This section invites you to reflect on how you participate in your region's sector-led improvement (SLI) activity, challenge your own performance and invite external challenge. It also prompts thinking about the culture in public health and the wider council, and the degree to which individuals and communities can offer feedback and influence decision-making.

Participation in SLI activity

Q1. Does the DPH and other senior public health staff participate regularly in regional ADPH meetings and SLI events? Please say which post holders are involved, which networks they are involved in and how often you/they attend.

Performance culture

Q2. How does the DPH facilitate the development of a performance culture among staff and in relation to public health services?

Q3. How do you assure the quality and reliability of your monitoring data? Please mention any concerns about data accuracy and describe any recent work to improve this where applicable.

Q4. Has the public health function or the public health grant been subject to the council's internal audit since transition to the local authority? If so, what were the recommendations, and are there any issues outstanding? Have any other relevant audits taken place relating to the public health function, eg NHS Digital?

Q5. In addition to any peer challenge exercises, has the public health team or council invited challenge or support relating to population health issues from an external agency, eg independent consultancy or local HealthWatch?

Q6. What political overview and scrutiny arrangements are in place for public health? Please briefly summarise any formal scrutiny exercises relevant to public health undertaken over the last year and what impact this has had. What arrangements are there for political scrutiny?

Q7. What traction does the independent DPH report have? How is the DPH report disseminated? How do you know if it is making any difference?

Feedback and co-production

Q8. What methods have you used to gather feedback and/or enable people who use services and the wider population /stakeholders to co-produce solutions at both individual and strategic level in the past 12 months?

Organisational culture and development

Q9. Is there an alignment between the culture of the public health team and the wider council in order to achieve improved health outcomes and reduced health inequalities for the population?

Q10. How do you assess the current state of the culture in the public health team(s)? Do you have any particular organisational development challenges? Please briefly describe any organisational development activities undertaken in public health, including reflections on their impact.

7. Suggested dataset to inform self-assessment

1 LEADERSHIP AND GOVERNANCE

Name of portfolio holder and length of time in post:	
Date of next local election:	
Name of chief executive and length of time in post:	
Name of DPH and length of time in post	
Duration of DPH as a consultant in public health	
Name and role of DPH line manager if not the chief executive	
Name and portfolio of the health and wellbeing board (HWB) chair if not portfolio holder	
Structure chart	

7. Suggested dataset to inform self-assessment

2 STRATEGIC HEALTH OUTCOMES	
Date of publication of JSNA and link to summaries	
Using PHOF and spend and outcome tool (SPOT) (ref in Section *) please indicate public health policy areas of concern	
Links to last two DPH annual reports	
Examples of any external feedback, eg as a result of peer reviews	
PERFORMANCE OF PUBLIC HEALTH SERVICES PROVIDED DIRECTLY BY THE COUNCIL	
Last two performance reports relating to in house service provision presented to the council. To include waiting times for relevant services and coverage as appropriate, eg for NCMP	
CQC inspection reports as appropriate	
Examples of any service evaluations with recommendations and action plan as appropriate	
Paper describing clinical governance arrangements for in house provision	

7. Suggested dataset to inform self-assessment

3 SERVICE QUALITY	
Last two performance reports relating to commissioned service provision presented to the council. To include waiting times for relevant services and coverage as appropriate, eg for NCMP	
CQC inspection reports as appropriate	
Examples of any service evaluations with recommendations and action plan as appropriate	
Commissioning intentions	
Report showing how service users are engaged	
STRATEGIC COMMISSIONING	
Last two performance reports relating to service provision presented to the council. To include waiting times for relevant services and coverage as appropriate, eg for NCMP	
CQC inspection reports as appropriate	
Paper describing clinical governance arrangements for in house provision	

7. Suggested dataset to inform self-assessment

Complaints and compliments, examples of and action taken as appropriate	
Any evidence of procurement failure of withdrawal from the market, examples of and action taken as appropriate	
Council's procurement plan	

7. Suggested dataset to inform self-assessment

4. NATIONAL PRIORITIES AND PARTNERSHIPS	
HWB strategy and implementation plan	
ICS plan	
Locality plans supporting integration	
MOU for core offer	

7. Suggested dataset to inform self-assessment

5 RESOURCES	
Grant allocation per annum since transfer	
Revenue outturn return for the last two financial years	
Extract relevant to public health from council's medium term financial plan	
Public health programme areas as categorised by SPOT tool, eg high spend, poor outcomes, etc	
WORKFORCE MANAGEMENT	
Public health staff turnover in public health against comparator, eg council	
Public health sickness absence rate against comparator, eg council	

7. Suggested dataset to inform self-assessment

6 CULTURE AND CHALLENGE

Peer challenge reports	
Record of attendance at regional ADPH meetings over last 12 months	
Internal (council) audit reports	
Any reports or presentations of co-production methodology used	
Examples of leadership development for both senior public health officers and councillors	
Examples of public health team development	
Any other reports completed by external agencies reviewing/ assessing public health in council	

8. Further reading and resources

Sector-led improvement

LGA How can sector-led improvement help you?

www.local.gov.uk/sector-led-improvement

LGA corporate peer challenge programme

www.local.gov.uk/our-support/peer-challenges

LGA peer challenge programme on specific issues

www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer

An overview of spend and outcomes in local authorities and clinical commissioning groups (CCGs), for public health teams and commissioners

www.gov.uk/government/publications/spend-and-outcome-tool-spot

The public health allocations to local authorities for improving local population health and the conditions for using the money

www.gov.uk/government/publications/public-health-grants-to-local-authorities-2018-to-2019

Choosing and using indicators

www.kingsfund.org.uk/sites/default/files/field/field_document/Outcomes-choosing-and-using-indicators-the-king's-fund-aug-20121.pdf

Information on health and wellbeing boards (HWBs were introduced as statutory committees of all upper-tier local authorities under the Health and Social Care Act 2012

http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06845#fullreport

Main statutory duties for public health that were conferred on local authorities by the Health And Social Care Act 2012

http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06844

Framework to help local authorities and CCGs review existing and develop future models for healthcare public health advice services

www.adph.org.uk/2017/08/joint-briefing-on-the-healthcare-public-health-advice-service-to-clinical-commissioning-groups-core-offer

User guide Public Health Skills and Knowledge Framework (PHKSF)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545011/Public_Health_Skills_and_Knowledge_Framework_2016_User_Guide.pdf

10 questions to ask if you are scrutinising local immunisation services

www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_94_CfPS_IMMUNISATION_10_Questions_final.pdf

Quality: a shared responsibility

A new framework for England that aims to raise quality in public health services and functions

www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

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