

Health Improvement

Dimension	Assessment	Gaps	Actions required	Priority
1.1 LA health inequality assessment in JSNA, JSIA including asset based assessments	Developing/excellent (included in Joint Strategic Needs Assessment, JSIA, asset based approaches in dementia)	Links with the Data Observatory.	1. Revamp of observatory and new ways of working.	medium/High
		How PPPR2 will effect this area.	2. Follow up consultation of PPR2	High
		Embedding these data sets within the decision making process.	3. Continued use of the data sets and within the processes across the partners.	Medium
		Health inequalities agenda.	4. Ensure inequalities agenda is part of HWB strategy and HIF.	High
1.2 Public Health programme development	Developing (Health and Wellbeing strategy, plans on a page with other DMBC teams and partners, national healthy child programme implemented locally)	Evidence across all LA depts. Of PH input.	5. Plans on the page help but need to communicate with other members of staff.	Medium
		Evaluation that specifically measures the impact of health & wellbeing programmes on local people.	6. Need to ensure all programme areas have an evaluation as part of their delivery plans, all specialists to embed this. Need to communicate where this has happened and good outcomes etc.	Medium
		Local implementation of national PH policy leading to sustained improvement of outcomes in PHOF and NHSOF, maybe include ASCOF.	7. Lots of good examples of this but have we got a comprehensive picture. Work with Performance to look at this.	Medium
1.3 Partnership working for health improvement	Excellent (Health and Wellbeing Board , agreed Better Care fund plan, increased	PH is focussed on its strategic priorities and is effective in driving the agenda.	8. Undergoing priority setting as outcome of this assessment.	High
		Explicit responsibilities for each HWB member and they are held to account in a constructive way.	9. Need to reinvigorate board members particularly as there are new members. The HIF will enable some of this.	Medium/high

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	use of LA regulatory powers e.g. tobacco)	Clear relationships between the HWB and other strategic partnerships in the locality.	10. This will be addressed through the partnerships review.	
1.4 Community engagement	Excellent (engagement in JSNA and health and wellbeing strategy, consulted on health improvement programmes using a range of techniques)	Embedding some of our expertise across the partnerships.	11. Better use of toolkit produced but also offering support to partners.	low
1.5 Communication and PH	Developing (starting to use social media, using local data)	Local engagement from community leaders and the general population in targeted campaigns to improve health. Evaluation of effectiveness of communication in targeted campaigns.	12. Via the PH comms group to hold us to account to ensure we do this for our campaigns for both these gaps.	medium
1.6 Public Health capability and capacity	Basic/developing (some evidence of workforce planning)	Awareness and use of PH knowledge and skills framework across LA.	13. Map out the use of the framework in delivery of the PHOF.	Medium/low

ACTION PLAN: Health Protection. Overall assessment score = Developing

Date: 14th July 2015. Completed by Victor Joseph, Consultant in Public Health

Dimension	Assessment ¹	Gaps	Actions required	Who	Priority ²	When
2.1 Health protection assurance framework	Excellent (health protection assurance framework)	HWB is fully engaged and is assured of the delivery of health protection functions.	14. Need health protection on regular agenda of HWBB	RS	Medium	
			15. Need to develop outbreak control plan	JW		
2.2 Vaccination and immunisation	Developing / Excellent (assurance from NHS England, increased work with schools to raise awareness)	Regular risk assessments carried out and assurance statements received outlining progress or lack of it, and control measures are put in place. Overall performance against PHOF measures for all vaccination and immunisation in the top quartile of national performance or are showing significant and sustained improvement.	16. Agree a common assurance reporting mechanism from NHSE on vaccination programme to all the local authorities in South Yorkshire		Medium	
			17. Need to have Doncaster in the top of peer group of PHOF for vaccination in the short and medium term.	VJ		1-3 years
			18. Promote uptake of vaccination in schools 19. Long-term: Doncaster vaccination rate in top	SP		5 years

¹ Assessment: Basic, Developing, and Excellent

² Priority: High, Medium, Low

Dimension	Assessment ¹	Gaps	Actions required	Who	Priority ²	When
			quartile nationally			
2.3 Screening	Developing (assurance from NHS England)	Regular performance reports are produced, standards are met and targets achieved. Overall performance against PHOF measures for screening in the top quartile of national performance or are showing significant and sustained improvement.	20. Improve Doncaster's performance in order to be top in performance in the peer group. 21. Regular monitoring through Health Protection Assurance Group. 22. Work in partnership with NHSE.	VJ	Medium	
2.4 Infection prevention and control (IPC)	Developing (IPC service commissioned, district wide IPC committee)	IPC specifications are embedded in contracts of all relevant LA commissioned services.	23. Embed standard paragraph in all relevant local authority contracts.	VJ	High	
		Annual statements of declaration by providers of commissioned services that they are compliant with IPC standards, as part of contract review.	24. Conduct annual audit compliant of with CQC standards;	Contract Monitoring Team (Sarah Ferron)	High	
		Healthcare acquired infection targets are met.	25. Contract monitoring against performance of IPC service	VJ	High	
2.5 Environment including: enforcement, trading standards, food, animal health, water, air quality and health and	Developing (joint work with environmental health and recent workshop with health and wellbeing board)	Effective data collection of relevant PHOF indicators.	26. Link PHOF with Heads of Service Plans 27. Strengthen and develop existing joint working between Public Health and Environmental Health.			
		Ensure issues related to health protection are incorporated into	28. Continue to work closely with Air Pollution Team to			

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Dimension	Assessment ¹	Gaps	Actions required	Who	Priority ²	When
safety		work programme, e.g. actions to reduce impact of fast food outlets on health through licensing process, work with schools, and raising awareness, joint work on fire safety, etc.	educate residents & colleagues on the effects of air quality on health. 29. Continue to support active forms of travel as alternative to car use.			
		Demonstrate health outcomes for relevant PHOF indicators are significantly better than the national average or are showing significant sustained improvement, e.g. excess winter deaths, tobacco control profiles, LA profiles, obesity, etc.	30. Identify the relevant PHOF indicators 31. Monitor progress on relevant PHOF	VJ/LM	High	
2.6 Drugs and substance misuse	Excellent (harm reduction strategy, novel psychoactive substance work, paraphernalia supplied (foil and needles))	Gap in ensuring links between obesity and health check services are in place in order to assess levels of alcohol, offer brief intervention and sign post when appropriate.	32. Establish links between obesity and health check services are in place in order to assess levels of alcohol, offer brief intervention and sign post when appropriate.	HC/RM	Medium	
2.7 Prevention of injury and suicide prevention	Developing (suicide prevention group and gap analysis)	Gap: Achieving national outcomes and targets. Health outcomes are significantly better than the national average or are showing significant sustained improvement.	33. Implementation of local suicide prevention strategy and action plan; and monitor performance	DL	High	

Dimension	Assessment ¹	Gaps	Actions required	Who	Priority ²	When
2.8 Sexual health	Developing (integrated service commissioned and being mobilised for adults)	Overall performance against outcome measures for sexual health in the top quartile of national performance or are showing significant sustained improvement.	34. Implementation of local action plan, and performance monitoring of existing contract	AB/HT		
2.9 Emergency preparedness, resilience, and response (EPRR), incidents and outbreaks	Developing (all plans in place, reporting to health and wellbeing board to be agreed)	Relevant plans are in place including: a. Major incident plan b. Mass casualty plan c. Pandemic Flu plan d. Excess death plan e. Severe weather plan f. psychosocial support and recovery	35. Update of the following major emergency plans: (1) mass treatment and vaccination plan; and (2) communicable diseases outbreak plan. 36. Test existing major emergency plan e.g. Pandemic Flu Exercise 37. Capture learning from real events and translate them into actions.	CW		
		Plans reviewed by HWB annually and reports of significant incidents received and reviewed.	38. Annual report to HWB	JW		
2.10 Surveillance of communicable disease	Developing (assurance from PHE in place, local mechanisms to be reviewed)	Review of communication of surveillance information that needs to be received at local level.	39. Establish standard operating procedures (protocol) for dealing with health protection surveillance information received at the DMBC: situation report; weekly notification, and	VJ	High	

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Dimension	Assessment ¹	Gaps	Actions required	Who	Priority ²	When
		Performance reports and information on outcomes received by Health and Wellbeing Board and appropriate action taken.	national surveillance. 40. Agree mechanism of reporting to Health and Wellbeing Board.	RS/VJ		
2.11 Public Health capacity and capability	Developing (needs to be reviewed on an annual basis)	Annual audit of workforce capacity and capability to identify any potential gaps and develop action plans to address any such gaps.	41. Undertake annual audit of capacity and capability in PH Team	RS/VJ		
		Develop and agree standard for PH workforce capacity and capability in the LA.	42. Develop and agree PH standard	VJ		
		Relevant performance outcomes in the PHOF are in the top quartile nationally, or are showing significant sustained improvement.	43. Monitor PHOF performance through the PH Governance Group	LM		

ACTION PLAN: Healthcare Public Health. Overall assessment score = Developing

Date: 14th July 2015. Completed by Victor Joseph, Consultant in Public Health

Dimension	Assessment ³	Gaps	Actions required	Who	Priority ⁴	When
3.1 Health services commissioning - governance	Developing (MOU with CCG)	PH staff co-located with CCG.	44. Explore with CCG mechanism of joint working with DMBC re: hot desk arrangements during MOU review meetings.	RS/VJ	Medium	
		PH staff have access to CCG IT and desk space and to CCG staff and mandatory training needs jointly agreed, and staff fully compliant.	45. Explore with CCG mechanism of a more integrated working arrangements with Local Authority PH.	RS/VJ		
		Jointly funded PH posts in place.	46. Consider with CCG whether or not this is an approach to be taken locally.	RS/VJ		
		Formal appraisal and performance management of PH consultant lead includes feedback from CCG.	47. Annual review of the MOU and work programme	RS/VJ		
		PH staff are members of CCG integrated commissioning teams.	48. Continue public health engagement at CCG Governing Board; and Strategy Forum, and any	RS/VJ		

³ Assessment: Basic, Developing, and Excellent

⁴ Priority: High, Medium, Low

Dimension	Assessment ³	Gaps	Actions required	Who	Priority ⁴	When
3.2 Health and Social Care Prioritisation	Developing (agreed Better Care fund plan)	Where part of MoU with CCG, PH staff have advisory role in Individual Funding Requests (IFR).	49. NOT APPLICABLE: IFR is a service commissioned by the CCG to be administered by a different body on its behalf. Therefore, PH is rarely involved in IFR (e.g. commenting on policy). other relevant group.		Low	
		PH demonstrably critically appraising business cases of proposals for new CCG service developments or re-configurations.	50. Explore proactive engagement in CCG Strategy Forum to influence commissioning agenda.	VJ		
		Where part of MoU with CCG, evidence that PH staff actively contribute to the development of IFR	51. N/A			
		Where part of the MoU with CCG, evidence that PH staff lead the development of IFR policy and that this is evidence based and equitable.	52. N/A			
		CCG, LA Adult Social Care and LA Children's Social Care budget setting and commissioning plans clearly show the influence of PH expertise.	53. Joint working on shared agenda: e.g. Better Care Fund			
3.3 Equity	Developing (needs to be developed as part of 5 year forward view)	LA PH team and CCG have agreed approach to equity, including agreed shared definition.	54. Lead presentation and discussion at CCG Strategy Forum	VJ	High	
		LA PH team and CCG have agreed the contribution that health services commissioning can make to	55. Establish what the CCG strategy on reducing health inequalities is, including	VJ/RS		

Dimension	Assessment ³	Gaps	Actions required	Who	Priority ⁴	When
	response in 2015/16)	addressing health inequalities. The CCG has a strategy for reducing health inequalities that has had input from PH and has changed how they do business.	what constitute the Prevention Agenda of the CCG.			
		Health inequalities demonstrably reduced as a result of PH input and CCG action.	56. Monitor through PHOF indicators and NHSOF.	LM/Eilsa Leighton		
3.4 Quality	Basic	Demonstrable PH input into CCG service specifications that include clearly identified clinical, quality and productivity outcomes. Information on service quality reviewed by PH, including benchmarking against other Districts, and NICE guidance, as appropriate.	57. Explore joint input into the developments of each other service specification (PH in the LA, and CCG)	VJ	High	
		Quality of services demonstrably improved as a result of PH involvement in drawing up service specifications or monitoring of service quality.	58. Performance monitoring of commissioned services in achieving outcomes	LM/Eilsa Leighton	High	
3.5 Evaluation	Developing (bespoke evaluation carried out to a high standard)	One or more topics (e.g. services delivery, service changes, re-commissioning) evaluated against explicit criteria and using a variety of evaluation techniques.	59. Deliver work plan between CCG and PH in the DMBC. Some evaluation areas covered in the work plan.	VJ	Medium	
		Evaluation demonstrably impacts on	60. Deliver work plan between			

Dimension	Assessment ³	Gaps	Actions required	Who	Priority ⁴	When
		commissioning plans, service delivery and outcomes.	CCG and PH in the DMBC.			
3.6 Patient safety	Developing (jointly agreed approach to patient safety)	PH staff have major role in risk analysis, interpretation of data on incidents and serious untoward events.	61. Be involved in Patient Safety and Quality Committee of the CCG; 62. Take part in public health risk assessment, and review.	VJ/PH Governance Group	High	
3.7 Healthcare development	Developing (improved pathways in alcohol and dementia)	New healthcare developments have demonstrable impact on health of population overall (to improve it) or health inequalities (to reduce them).	63. Support innovation in healthcare delivery, with embedded evaluation.	VJ	High	
3.8 Leadership	Excellent	None	64. Maintain leadership	VJ/RS	High	

Knowledge and intelligence

Dimension	Assessment ⁵	Gaps	Actions required	Priority
Information Governance	Developing	Working towards level 3 IG; achieving level 3 status is essential to ensure and maintain on-going PH intelligence but there is limited capacity within the directorate to lead this on behalf of the organisation	65. Work to ensure that this work is led by the appropriate central team within the authority.	HIGH
Data flows and information gathering	Excellent	Local CSU have lost their licence	66. Update PH risk register at next refresh	MEDIUM
		Assurance that there is a minimum level of PH specialist competence in use of data/information gathering (in light of PPPR2)	67. Develop assurance framework 68. Develop a knowledge exchange programme around use of data	LOW/MEDIUM
JSNA	Developing	Discernable 'golden thread' from the needs assessment through the HWBS to commissioning plans, outputs and outcomes for a range of topics is absent	69. Develop an evaluative framework for the JSNA	MEDIUM
		Lack of a routinized needs assessment culture	70. Audit needs assessment activity	LOW
Knowledge Management	Developing	Lack of integrated knowledge and intelligence; approach to synthesis within a complex decision making environment	71. Development action to further understand end user needs and tailor outputs appropriately	HIGH
		NICE guidance is systematically	72. Review NICE guidance and consider	HIGH

⁵ Evidence to support this decision is contained within the full dataset
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		forwarded within the team but it is recognised that more work could be done to support implementation	ways to offer implementation support drawing on implementation science approaches	
Research and Evaluation	Developing	Ad hoc approaches to evaluation; evaluation not embedded in the culture	73. Undertake skills assessment and signpost identified staff to the Evaluation training being developed by SfPH colleagues	MEDIUM
		Limited of routine audit carried out	74. Run a Knowledge exchange on audit as a reminder and use a BAR to develop a directorate wide audit plan	LOW
		Limited development of and use of actionable tools from research	75. Set a standard to ensure actionable tools as an output from collaborative research 76. Ensure that use of the ERepository of research derived actionable tools (in development) ⁶ is encouraged within the team	MEDIUM
Developmental		There is a need to explore useful and meaningful metrics to measure the impact of this work.	77. Develop a basket of indicators to evaluate impact of this work stream	LOW

⁶ Part of NHS England Knowledge Mobilisation work
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Capacity building

Dimension	Assessment ⁷	Gaps	Actions required	Priority
Leadership for Public Health	Developing	Roadmap for population health system required.	78. Develop roadmap for population health system	HIGH
		Refresh and communication of PH programmes	79. Refresh and communicate PH programmes and work programmes	
		Media work could be more effective	80. Review effectiveness of media work	
		Relatively few PH leadership roles across sub-region, region and national	81. Look for opportunities for sub regional, regional and national leads across the team	
		PH advocacy	82. Establish PH advocacy role	
Organisational development	Developing/ Excellent	Development of wider PH workforce in LA and key partners	83. Develop engagement and development plan for wider PH workforce	MEDIUM
		Development of work with elected members	84. Develop the role of elected members as PH champions	
		Structure unchanged, need to assess added value	85. Develop methodology to assess PH staff added value to support review of structure	
Partnerships to build PH capacity	Developing	Partners leading and investing in PH related interventions	86. Identify 1-2 areas for partners to lead and invest in PH related interventions	MEDIUM
		Effectiveness of partnerships not routinely measured	87. Develop maturity matrix approach for key partnerships	

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		Changing decision making processes and structures	88. Map key decision making structures and process and ensure PH involvement.	
Workforce: training PH specialist registrars, the PH team and the wider workforce	Basic/Developing	PH training for LA staff and partner organisations (e.g. MECC, MH first aid, HIA) Bespoke training	89. Review PH role in training LA staff and partner organisations, including bespoke training	HIGH
		Workplace health initiatives not embedded	90. Embed workplace health initiatives	
		CPD development programme needs to include local partners	91. Develop CPD programme to include local partners	
Community	Basic/Developing	Community engagement through communities team as part of adults health and wellbeing directorate and Health and Social Care transformation approach	92. Develop shared approach with the communities team on community engagement including 'universal' and 'targeted' approaches.	HIGH

Governance and systems

Dimension	Assessment ⁸	Gaps	Actions required	Priority
Overall Governance	Developing	Unsure of understanding of partner organisations and community of PH role	93. Communicate with partners and community on role and test understanding via 360 feedback	HIGH
		PH business plan needs linking across other NHS organisations	94. Revise and share PH business plan	
Risk management	Developing/ Excellent	Ensure PH risk register feeds into LA and partners risk registers	95. Clarify reporting/escalation measures from PH governance group to corporate risk register	MEDIUM
		Uncertain of the role of the risk register in strategy formulation	96. Use risk register in developing future strategies	
Clinical Governance and patient safety	Basic	Clinical governance not embedded within the LA's governance and risk management system	97. Review approach on clinical governance initially with adults health and wellbeing	MEDIUM
		Clinical governance reports from commissioned services need to be reviewed alongside activity/finance and other quality indicators	98. Develop, request and receive clinical governance reports from providers	
		Need to join up clinical governance processes across health, social care and children's services	99. Ensure two-way communication with QSG	
Audit	Basic	Need a Public Health audit programme	100. Develop Public Health audit programme	MEDIUM
Use of evidence	Developing	Approach current limited to public health, not explicitly linked to PHOF	101. Expand current approach pending PPPR-2 review	LOW

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