

# From National Strategy to Local Plans: Sector Led Improvement Work in England

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# RECENT History of local government performance REGIMES



**The Best Value  
Duty / 3 Es Duty –  
4 Es Duty**

Economy, Efficiency,  
Effectiveness, Equity



**Audit  
Commission –  
*Misspent Youth* to  
Decline and Fall**



**Comprehensive  
Performance  
Assessment**



**Comprehensive  
Area Assessment**



**Advent of Sector  
Led Improvement**

There are **still**  
inspectorates –  
OFSTED,  
CQC,HMI,HMIFPP, etc  
etc



# The 'what'



Sector led improvement (SLI) is the approach to improvement put in place by local authorities, the Local Government Association and Association of Directors of Public Health following the abolition of the previous national performance framework



Aims to provide assurance to both internal and external stakeholders and the public as well as demonstrate continuous improvement to PH practice



Aims to improve health outcomes which top-down inspection regimes have been shown not to achieve often

# The 'HOW' - Core activities of sector led improvement



Some form of peer support, review and learning



Self evaluation eg standardised self assessment tool



Regional working such as networks, events, action learning sets, regional boards



Systematic sharing of knowledge and learning e.g. performance data and indicators, notable practice examples, best practice checklists



Mainly organisational/system wide focus but sometimes on individuals e.g. coaching, mentoring, buddying systems



Less common but equally legitimate tools such as regional 'show and tell' visits, 'hack days' where participants spend a day on 'live' challenges

## What good looks like:

Improving the Public's Health is integral to the work of public services in this place

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Transactional

Transformational

Safe

Informed

Embedded

Empowered

**Criterion:**

The core services and functions are well delivered and effective

**Criterion:**

The system understands why the population's health is important

**Criterion:**

PH skills and tools are in use and being embedded across the system

**Criterion:**

The wider workforce are actively contributing to a PH agenda

- Services in place
- Contracts sound
- Clinical Governance & quality processes in place
- Access comprehensive
- Monitoring in place
- Best Value
- Safe services
- Regular review of services against need and evidence

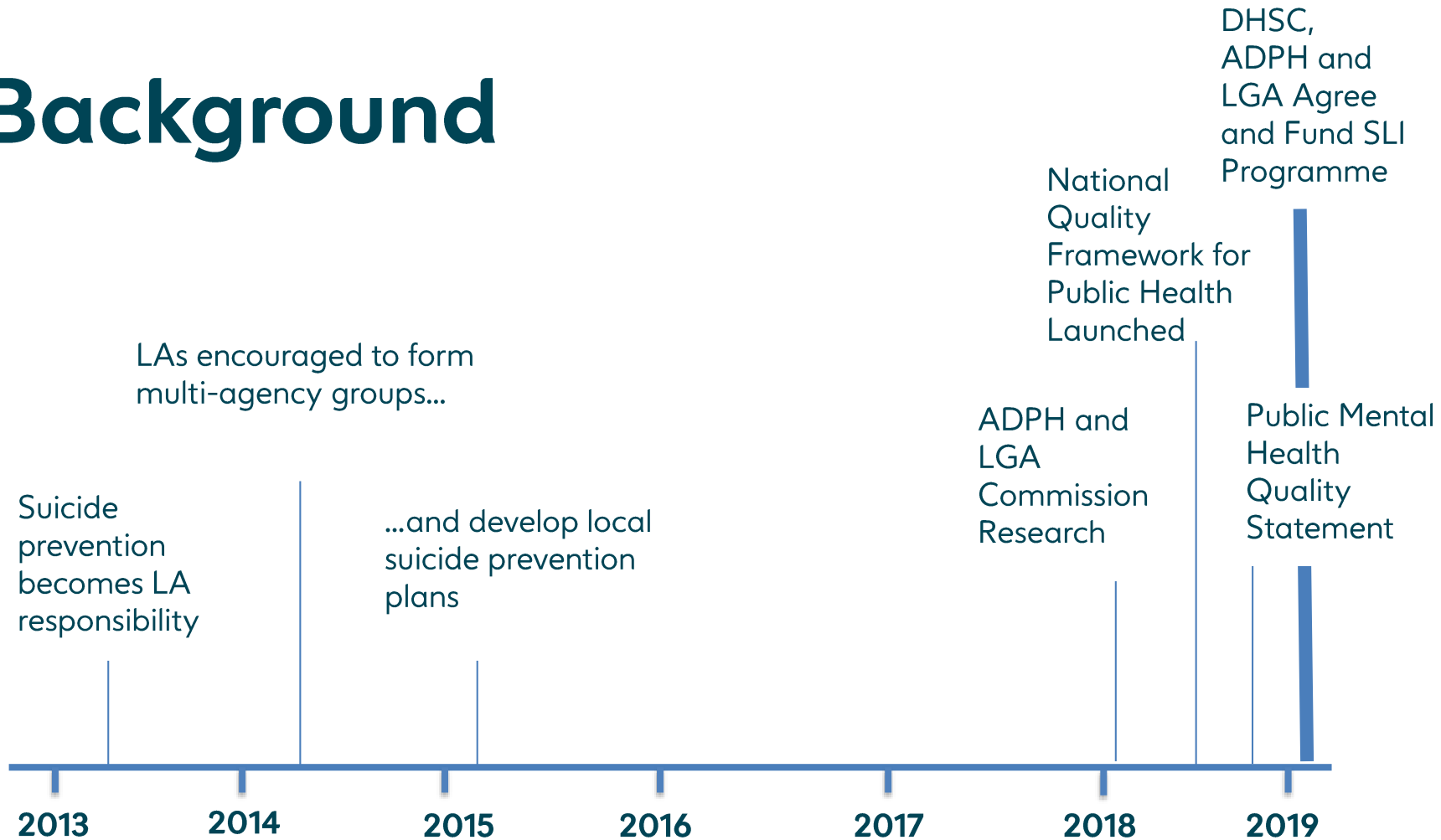
- System understands: a sick population is costly
- Articulate prevention: primary, secondary and tertiary
- System benefits of a PH approach is understood – pathways, outcomes, cost savings
- Barriers to growth are understood
- Narrative of importance of PH is understood

- Everyone in the organisation knows why PH is important to their job
- There is a prevention strategy across services with clear aims
- Workforce health programmes in place
- There is a commissioning cycle with PH concepts and tools as a core part

- There is health equity in all policies
- People in the system think about inequality and equity in the work they do
- The principles of: need; equity; evidence; evaluation; impact & change are embedded within the skill set of all officers

Evidence of leadership for public health being built from officers to members, at all levels  
Explicit comparison with and learning from other systems

# Background



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# Local suicide prevention planning in England

Tom Chadwick & Jacqui Morrissey, Samaritans  
Professor Christabel Owens, University of Exeter



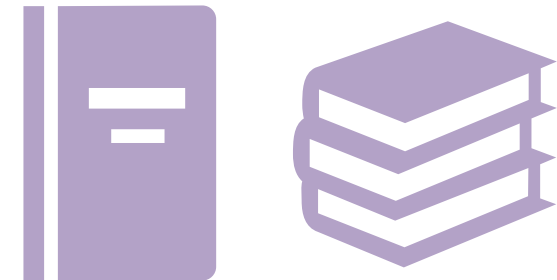
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# The data

## 1. Online survey

- LA staff
- Submit local plan



## 3. Case study interviews

- Good practice / challenges
- Staff experience
- 12 conducted
- 20min – 1hr



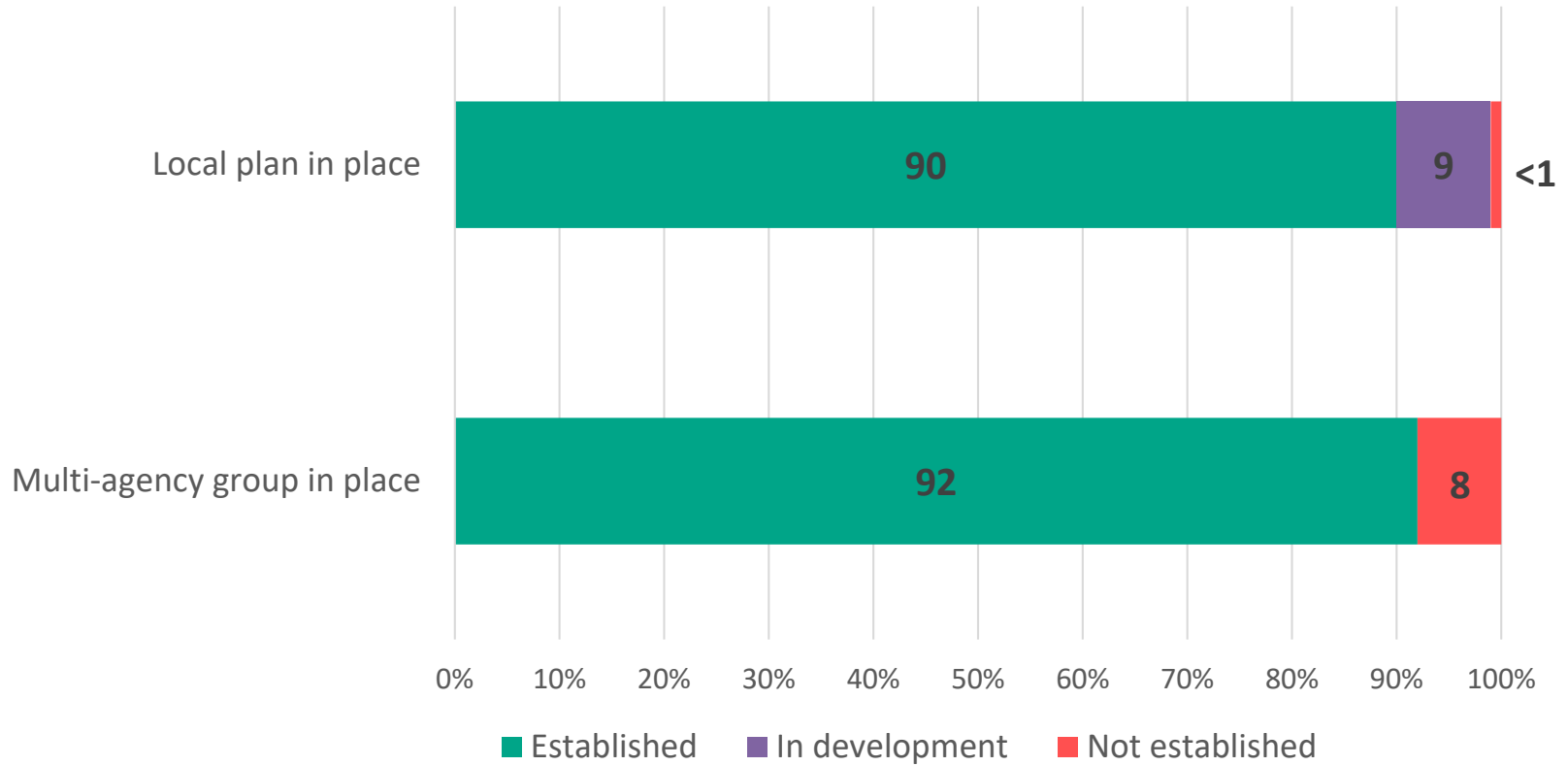
## 2. Analysis of local plans

- Content of plans
- Thematic analysis
- Describing not assessing
- Plans for 117 LAs analysed





# Key findings:



# Multi-agency groups

## Membership (in over 90% of groups):

- public health
- clinical commissioning groups
- voluntary sector
- secondary mental health providers
- police

## Key challenges

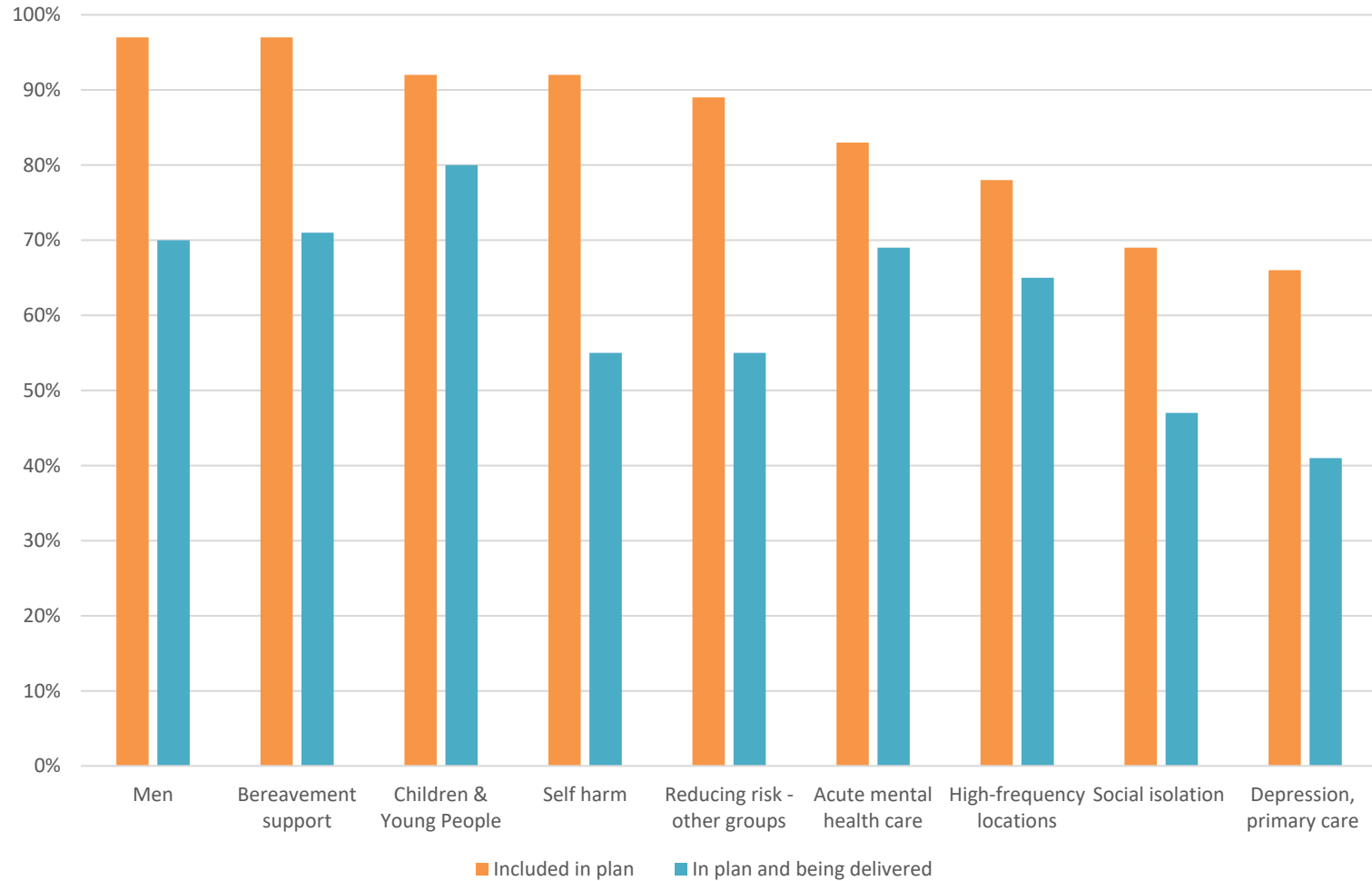
- recruiting members
- retaining members
- supporting members to take active role in suicide prevention

"I have taken suicide prevention to everybody to make sure it is on their agenda... It's all very well saying 'We need to plan suicide prevention, could you work with this high-risk group?' What I've done is I've gone to them and I've specifically said, 'This is why you could work with that group, this is why *you're* so instrumental."

# Local plans: content and delivery

Planning and delivery of actions		
Area for action	Included in plan	In plan and being delivered
Reducing risk in men	97%	70%
Bereavement support	97%	71%
Improving mental health of children and young people	92%	80%
Preventing and responding to self-harm	92%	55%
Reducing risk in other populations	89%	55%
Improving acute mental health care	83%	69%
Reducing suicides at high-frequency locations	78%	65%
Reducing social isolation	69%	47%
Improving treatment of depression in primary care	66%	41%

# Local plans: content and delivery



# Content of action plans

- Area 1: High-risk groups
- Area 2: Mental health in specific groups
- Area 3: Access to means
- Area 4: Bereavement support
- Area 5: Sensitive media
- Area 6: Research, data collection and monitoring
- Area 7: Self-harm

# Areas 1 & 2:

## High-risk groups / Mental health in specific groups

Men	Children and young people
<b>Overview</b>	<b>Overview</b>
Delivering actions: 70% (105/150)	Delivering actions: 80% (120/150)
Most commonly referenced group	2 <sup>nd</sup> most commonly referenced group
Some sub-group work e.g. men in debt	Generally regarded as a single group
<b>Actions</b>	<b>Actions</b>
Campaigns and awareness raising	Training and awareness raising
Training: frontline staff & 'male settings'	Bullying prevention & online safety
Improving social connectedness	School/college-wide models
Diagnosis, referrals & access to services	Universities
	Developing clinical services
	Bespoke bereavement support

# Area 3: Access to means

High-frequency locations	Other means
<b>Overview</b>	<b>Overview</b>
Delivering actions: 64% (97/150)	Not often included in plans
Most LAs familiar with PHE guidance	Limited details given
Some outdated language: 'hotspots'	
<b>Actions</b>	<b>Actions</b>
Identifying locations	Controlling access to medication
Installing barriers & safer building designs	Firearm restrictions
Signs / encouraging help-seeking	Retail controls
Public interventions	
Trauma support for witnesses	
Sensitive media reporting	

# Areas 4 & 5:

## Bereavement support / Sensitive media

Bereavement support	Sensitive media
<b>Overview</b> Delivering actions: 71% (106/150) Suicide-specific and proactive support	<b>Overview</b> No survey data
<b>Actions</b> Information & signposting Commissioned services Training & capacity building Identifying gaps in service provision School / workplace support Managing clusters/contagion Memorial services	<b>Actions</b> Distribution & monitoring of reporting guidelines Training for local journalists Agreeing standard response & local protocol Promoting positive stories Monitoring social & online media



# Areas 6 & 7:

## Research & Data/ Self-harm

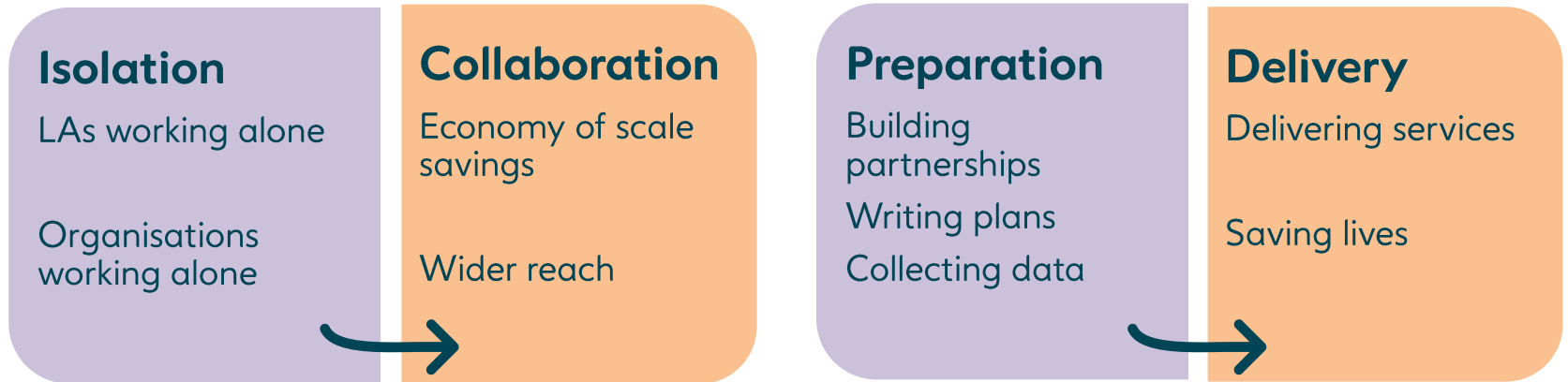
Research & data	Self-harm
<b>Overview</b> Widely featured throughout plans Overlaps with many priority areas	<b>Overview</b> Delivering actions: 55% (83/150) Issue covered by other plans (children & young people)
<b>Actions</b> Monitoring, reviewing & 'gap mapping' Data sharing Real-time surveillance Sharing evidence & learning Evaluating actions	<b>Actions</b> Awareness raising, education & training NICE guidelines Self-harm registers & data sharing Clinical & non-clinical interventions

# So all good, or ... ?

- Building on other work or starting from scratch?
  - Quality of evaluation?
  - Safe, supported, diversity of lived experience?
  - Cataloguing of activities, not driving action?
- 
- Making links, building partnerships – just the start!
  - Getting the basics right – language!
  - Moving knowledge and ideas to action
  - Maximising resource and impact
  - Ensuring leadership and ownership

"Somehow the real-time [data], I can't really explain it, I've just found it really, really useful. We haven't had to act on it but somehow when it comes in, it's just a tiny reminder of how tough it is out there for people."

# Where next?



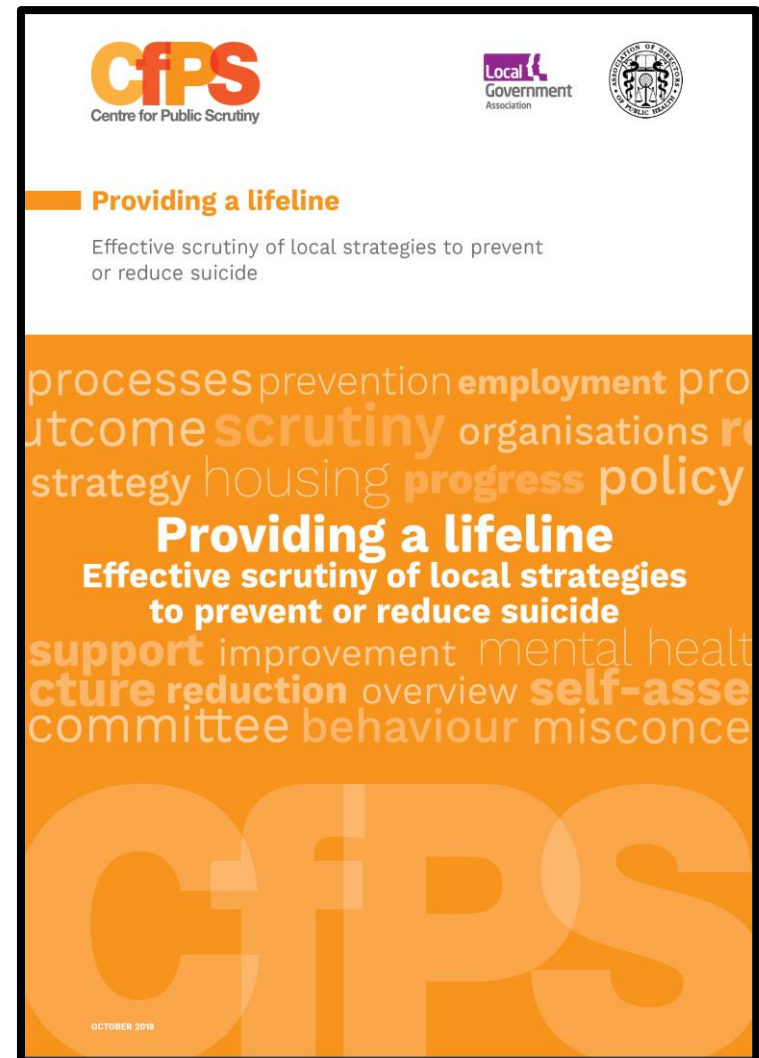
## Sector-led improvement



- ...broader public mental health development
- Regional capacity-building support
- Tools, products & events to share good practice and learning
- Expert support for individual LAs facing significant challenges
- The Peer Challenge and Review Process

# Scrutiny

- Select Committee Report
  - Recommended scrutiny
- Minister wrote thanking all LAs and asking us to implement Select Committee recommendation by taking plans through scrutiny
  - 57 have been
  - 37 will be going
  - 34 using other mechanisms (e.g. HWB)

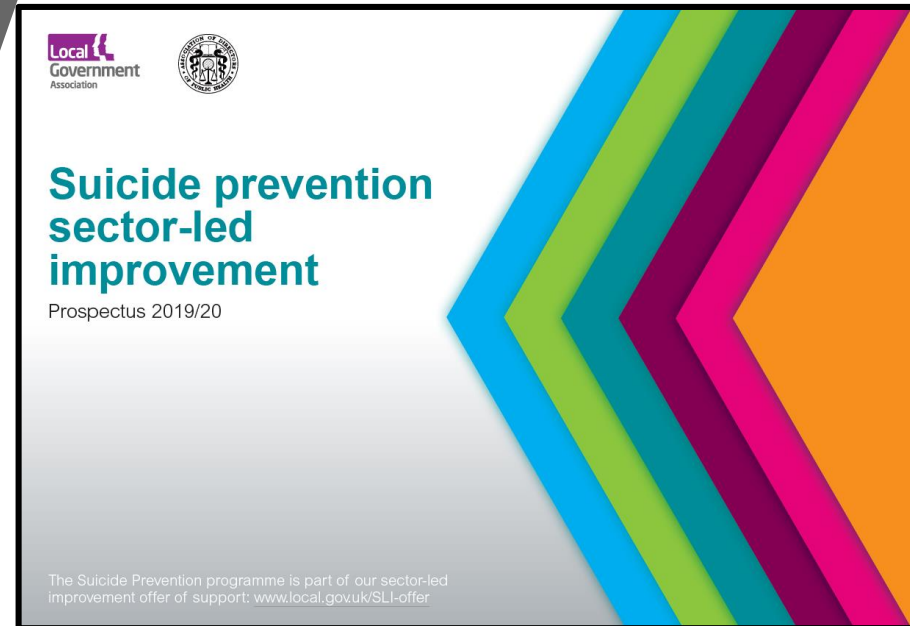


# Work underway

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- **National SLI Board**
- **National Support**
  - Webinars
  - Masterclass
  - Advice
  - Guidance
  - “Must Knows”
  - Pool of resource on prevention
  - Media work
- **Regional/Network Support**
  - Peer Networks
  - Learning Events
  - Peer Challenge
- **Local Support**
  - Bespoke local advice



  
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# Thank You

