

Appendix 1:

Detail of the Public Health Strengths and Risks Tool as published on - [Public health strengths and risk tool | Local Government Association](#)

Public health strengths and risk tool

The Association of Directors of Public Health (ADPH) and the Local Government Association (LGA), in consultation with SOLACE, have developed a tool to support system leaders in local authorities in defining and ensuring good public health at place.

Public health

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- The tool was initially developed in collaboration with East Midlands ADPH and the LGA and based on the ADPH London DPH Peer to Peer reflective process/self-assessment
- The original tool has now been updated and an online version created. The updated tool has been sense checked through consultation with Directors of Public Health (DsPH) through the ADPH networks.
- The purpose of the tool is to provide an opportunity for structured reflection on:
 - Strengths and assets
 - Challenges and opportunities.
 - Identify mitigating action to address issues/potential areas of risk in relation to public health
- The tool is designed to support sector led improvement and can be used flexibly by Directors of Public Health and local authorities to understand how effective they are in setting their own ambitions for public health, and the ways they work with partners.
- There are seven sections that make up the tool that mirror the Adult Social Care risk tool with health inequalities themed throughout.
- The conclusions from this strengths and risks self-assessment exercise should enable leaders to be confident that the key elements of the council's role in relation to public health have been assessed using an objective and tested process.
- The LGA can provide some support to local and regional colleagues in adopting and completing the tool. For more information or for technical support, please contact PHRiskTool@local.gov.uk.

∨ Aims

^ Aims

- 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.
- To ensure that councils' political and executive leaders are aware of the public health challenges and strengths 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.
- To enable ADPH networks to identify and prioritise the issues as part of their sector-led improvement plans
- It is designed to support continuous improvement – and not to be used for performance management purposes
- Underpinned by sector led improvement principles

∨ How it works

∨ **Aims**

∧ **How it works**

The focus of the process is on improvement-based self-awareness (a feel), rather than external inspection and is designed to be proportionate and not too onerous to complete. It is not a performance assessment tool in the traditional sense, but is designed to inform peer challenge, aid mutual support, and build solutions to mitigating key risks and to identify and champion key strengths.

The tool encourages Directors of Public Health to discuss and involve their senior management team in the completion of the tool, but the Director of Public Health should have full ownership of both the process and the content, and should sign it off before it is submitted.

Statistical data is not required as part of the self-assessment however we do recommend whether any other data sets would be helpful as part of the analysis of the findings from this process; the LGA publishes a number of research reports on LG Inform which might be useful for this purpose.

∨ **Accessing the tool**

∨ **The seven domains**

∨ **Features and benefits**

^ The seven domains

1. **Leadership and governance:** Political and organisational context, and priority given by the council to public health.
2. **Culture and challenge:** Organisational culture and participation in sector led improvement and other activities, to support and challenge. Including continuous improvement.
3. **Making a difference:** Effectiveness of services, evaluations, and use of data sets/information/analytics e.g., the Joint Strategic Needs Assessment (JSNA) in monitoring outcomes and impact.
4. **Partnerships:** All relevant partnerships including the Health and Wellbeing Board, Integrated Care System (ICS), voluntary and community sector (VCS), etc to improve the health of the population and reduce health inequalities.
5. **Use of resources:** Budget situation and workforce pressures for the local authority and partners.
6. **Commissioning and quality:** Current state of local public health services including the availability, quality, diversity and sustainability of services and the capacity to influence and shape market provision.
7. **Health protection:** Health protection capacity and capabilities within the public health team, local authority, place, and wider system including reflections on the impact of COVID-19 and preparedness for health protection incidents. As part of this, a reflection on the impact of health protection incidents on health inequalities

v Features and benefits

^ Features and benefits

- Owned by the director of Public Health
- Used flexibly re timescale and how deep the Director of Public Health wants to go for each domain
- Stimulate thinking; highlight strengths and successes as well as issues/risks
- Data in and data/information out controlled by DPH, for example, read across to other self-assessments and analysis from completing the risk tool self-assessment Team building exercise and opportunity to reflect
- Provides a common framework/language between ADPH networks and local authorities - opportunities for peer-to-peer work
- Aggregated data can help to bring focus to discussions at network/regional/national level and to focus SLI activities
- Demonstrate trends over time
- Basis for comparative information

Published by:

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