



NATIONAL QUALITY BOARD

For meeting on: 05 December 2018

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Paper for:

Decision	Discussion	Information
	X	X

QUALITY FRAMEWORK FOR THE PUBLIC HEALTH SYSTEM

SUMMARY

An overview of the project to develop a Quality Framework for the Public Health System. The framework will exemplify a system-wide commitment to high quality in public health aligning, where appropriate, with the existing frameworks for adult social care and healthcare in the NHS. This paper outlines the background to the project, progress so far and next steps.

PURPOSE









To introduce the Board to the draft Quality Framework for the Public Health System and to seek the Board's views.

The NQB is asked to:

- 1) **Note** the progress that has been achieved to date.
- 2) **Comment** on the draft framework (**ANNEX A**) and share its experience of implementing the "Shared Commitment to Quality" framework.
- 3) **Agree** to consider endorsement of the final framework once it is completed.



ALB involvement in development and sign-off of paper:

			
			
X			



QUALITY FRAMEWORK FOR THE PUBLIC HEALTH SYSTEM

1. OVERVIEW AND AIM OF THE PROJECT

- 1.1 Quality frameworks already exist for adult social care (“Quality Matters”) and for healthcare delivered in the NHS (“Shared Commitment to Quality”). Currently there is no quality framework for public health. Earlier this year, it was agreed by the Public Health System Group (PHSG), a group of key national stakeholders which has oversight of the system (membership listed in **ANNEX B**), that a similar framework should be developed for the public health system.
- 1.2 On behalf of the PHSG, PHE is leading this project to co-produce a system-wide commitment to high quality in public health. The framework will describe the characteristics of high quality public health systems, functions and services; set out the roles and responsibilities of key players in the public health system to delivering quality; and identify priority areas for action.
- 1.3 The overall aim of the framework is to raise quality in public health services and functions across the public health system. It is intended that the framework will be used to support self-improving local public health systems and enable them to hold themselves to account. The key audiences for the framework are:
 - People working in public health and related areas.
 - Providers of public health functions and services.
 - Commissioners and funders.
 - Local authority councillors and directly elected mayors.
 - National government, organisations and policy makers.
- 1.4 We are aiming to publish the framework in Quarter 1 of 2019, which is to be followed by a more detailed action and implementation plan.
- 1.5 The framework is being developed in parallel with ten service specific *What Good Looks Like* publications (being led by PHE and ADPH). The publications aim to define what a good quality public health functions looks like, through a set of core principles which set out what is expected in any population system in order to support continuous improvement in population health outcomes. It will set out the roles and expectations of partner organisations within the defined place/local system. These documents will be published throughout 2019.

**Table 1 – The 10 thematic areas for planned publications**

10 Proposed Thematic Publications
Sexual and Reproductive Health
NHS Health Checks and CVD
Health Protection
Public Health System Wide Advice
Healthy Weight (all age)
Public Health Services for 0-19 years (to incorporate specialist drug and alcohol services for children and young people)
Tobacco Control
Public Mental Health
Health at Work
Drugs and Alcohol – Treatment and Prevention of Harm for Adults

2. PROGRESS TO DATE

- 2.1 To support the development of the framework we have established a working group consisting of representatives from the Public Health System Group and other key system partners such as the Health Foundation, NHSI and CQC (full working group list at **ANNEX C**).
- 2.2 In developing the first draft of the framework, we reviewed both the “Shared Commitment to Quality” and “Quality Matters” documents and conducted a thorough literature review to analyse existing quality related material in relation to public health. We ensured synergy with the existing frameworks by:
- Following a similar structure and layout.
 - Adopting the ‘safe, effective and positive experience’ model (Q shaped) with the addition of ‘equity’ for high quality public health services.
 - Adopting the seven steps model to raise quality.
 - Having clearly defined priorities and national commitments.
- 2.3 Although we have sought to align with the existing quality frameworks as far as possible, there are differences between public health, adult social care and healthcare in the NHS, which will shape this framework and how it is used. For example:



- a) The working group gave an early steer that the framework should not take a reductionist approach to public health by focusing solely on services. We have therefore broadened the scope of the document to include the characteristics of high quality public health functions.
- b) The locally led and wide-ranging nature of public health means that it is more challenging to set priorities for the system as a whole, as each local public health system will look different and have its own priorities. We therefore need to achieve a balance between ensuring the framework captures the range of public health activity without rendering the document so broad and high-level that it becomes meaningless and of low practical value for local systems.

2.4 Following development of the first draft of the framework, we undertook an extensive engagement exercise across the country in September/October. We have held seven events, which engaged over 150 people, including public health professionals, from local government, the NHS, academic institutions, think tanks and the voluntary and community sector. Broadly speaking, there was general support for the development of the framework and we received constructive feedback and have amended the framework to:

- Provide greater clarity on the intended purpose and desired impact.
- Ensure a greater focus on the role of a place and community assets in public health systems.
- Ensure system wide inclusivity, avoiding a 'top down approach'.
- Highlight the commitments made by the PHSG at a national level.

2.5 We will also create an executive summary for the general public and non-public health professionals.

3. NEXT STEPS AND LAUNCH OF THE FRAMEWORK

3.1 We are using the feedback received to develop a further draft of the framework and we intend to conduct further engagement with local public health stakeholders and other system partners such as the Royal Colleges and other professional bodies later this year. We will also be engaging the voluntary and community sector through a national webinar and seek specific input from the public through the PHE Peoples Panel.



- 3.2 Once engagement is complete, all feedback will be consolidated, reviewed and the framework will be finalised early in the new year. We expect to launch the framework formally in Q1 of 2019. Following the launch of the framework, the PHSG will be responsible for driving the initiative forward and overseeing implementation. An action plan will be developed based on agreed commitments in the framework. We are also considering the merits of testing the framework with some local areas, once it is launched.

ANNEX A



PHSG

QUALITY: A SHARED RESPONSIBILITY

Minimal Viable Product/ Draft 2

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Foreword

Improving quality across the public health system is **a shared responsibility**. It requires the collective efforts of everyone who delivers the range of functions and services that **protect, promote** and **improve** the public's health. With a growing number of challenges facing the health and care system, maintaining a focus on high quality in public health is more important than ever in order to improve health outcomes and reduce health inequalities.

This document sets out a high level, shared, system-wide commitment to high quality public health functions and services. It:

- Provides a framework for improving quality in the delivery of public health functions and services that can support sector led improvement
- Describes what we mean by quality in public health systems, functions and services
- Sets out the roles and responsibilities of key players in the public health system to deliver high quality functions and services
- Describes the process for improving quality
- Identifies priority areas for further action, which will be underpinned by more detailed action plans.

This document builds on existing partnerships and aligns with the existing quality frameworks for adult social care (*Quality Matters*) and the NHS (*Shared commitment to quality*). It does not change the statutory responsibilities of individual organisations nor does it undermine its independence but highlights the strategic importance and impact of quality in a public health system.

The framework has been developed so that:

- People working in public health and related areas;
- Providers of public health functions and services;
- Commissioners and funders of public health functions and services;
- Local authority councillors and directly elected Mayors;
- National government, organisations and policy makers;

are clear about what quality in public health means; what is expected from them as key players in the system; and what steps they can take to improve quality.

It is intended that this framework and the detailed action plans that follow it will be used by self-improving local public health systems to assess the quality of their own services and functions and to take steps to improve quality, where necessary.

The Public Health System Group:

This document has been produced by the Public Health System Group and other key national partners. The purpose of the Public Health System Group is to provide a single forum for public health system leaders and partners to discuss and act on priority strategic questions and issues in protecting and improving the public's health. For more information about the Public Health System Group, please see page x [Placeholder]

Introduction

High quality public health functions and services play an integral role in helping people live healthier for longer, preventing the spread of disease, and reducing health inequalities.

The background

Public health is about creating the conditions in which people can live healthy lives for as long as possible. Good health and well-being are about more than just health and care services. Economic prosperity, a good start in life, education, good work, housing and strong, supportive relationships all play their part.

In return, a healthier society is a wealthier society. Poor health outcomes currently cost the UK economy £x as a result of [insert ref]. The evidence suggests that the median return on investment on public health interventions is 14.3 to 1 (every £1 spent on public health delivers a median saving of £14.3). However, the challenge remains that some public health interventions may not produce tangible impact for a very long time.

The reforms to the public health system in 2013 sought to put local communities at the heart of public health by transferring responsibility for public health to local government who are best placed to address the social determinants of health. Public Health England was also established to protect and improve the nation's health and wellbeing and reduce health inequalities. Commissioning responsibilities for a specific number of public health services were transferred to NHS England.

The ³new system continues to evolve with the essential structures having been established and an increasing focus on linking people's health to the place where they live.

Successes & Challenges

Over the past decade there have been numerous success stories in public health, such as:

- Smoking prevalence at all time low [insert figures]
- Reduction in teenage conception [insert figures, refs]
- Fewer cases of HIV [insert figures, refs]
- Improvement in health behaviours among younger people [insert figures,]
- Reduction in tuberculosis incidence [insert figures, refs]

However, the system continues to face significant long term challenges:

- An ageing population and increase in complex long term conditions, requiring more interventions from health and care services
- The increase in poor health due to lifestyle factors, with two thirds of adults in the UK classified as overweight or obese
- The challenges of increasing health inequalities with people living in poorer areas living up to 19 years longer in ill health and dying up to 9 years earlier than those who live in more affluent areas
- Financial constraint in the health and care system, resulting in difficult decisions about the prioritisation of public health and preventative interventions
- Workforce challenges. [give examples]

Looking Ahead

In the face of these challenges, partners across the public health system have come together to develop a shared commitment to maintain quality in the delivery of public health functions and services. This framework establishes a vision of high performing public health systems and the characteristics and enablers of high quality public health functions and services.

This framework recognises the wide ranging scope of public health endeavours and activities with recognition of the wider public health functions, role of place and locally led nature of public health systems. [Add further text]

This framework has been developed by national partners on the Public Health System Group in collaboration with those who use, work in and promote public health. The Group has identified 'key areas for action' and has signed up to the commitments in this document, which will support the wider system to deliver high quality public health services and functions. Local systems will have their own priorities for improving quality and are encouraged to adopt the principles and commitments in this document, monitor the quality of their public health interventions and take action, where necessary, to improve quality.

By doing this, we want to achieve:

- **A shared understanding of what high quality in public health is** and how the public health workforce, providers, commissioners, locally elected politicians and national bodies can achieve this.
- **More effective and aligned support for quality in public health**, by building stronger partnerships, building on existing relationships and commitments, and taking joined up action to encourage improvement and champion high quality in public health.
- **Improved quality in public health**, which we can measure and celebrate, so that users of public health services receive care that is of a consistently high quality and we see an improvement in individual and population level health outcomes.

Insert Image

Public Health Systems & their functions

Public Health is defined as *“the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society”* (Acheson, 1988; WHO).

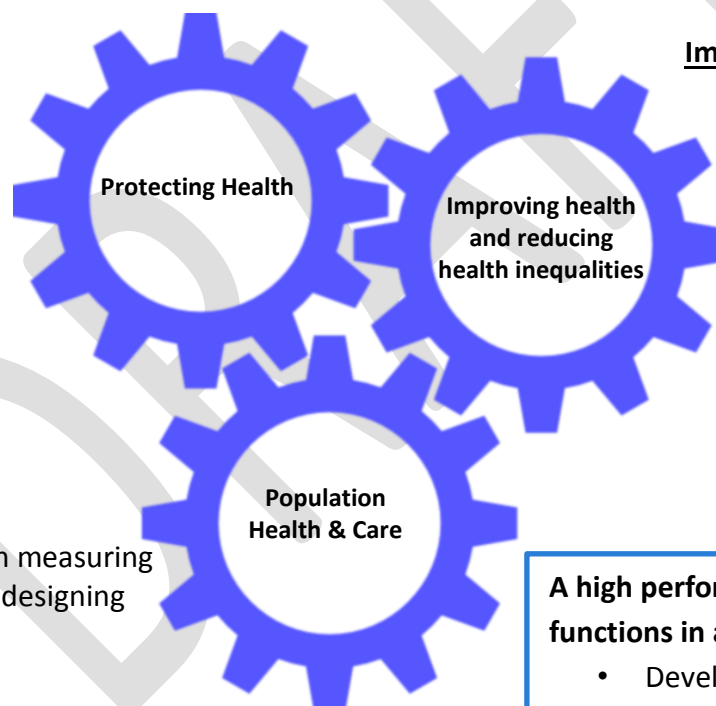
The wide-ranging and locally led nature of public health activities means that there is no one public health system. Each local place has its own public health system, with multiple actors, reflecting local needs and priorities. However, all public health systems are responsible for delivering the following key public health functions: 1) Protecting Health, 2) Improving health and reducing health inequalities and 3) Population health and care.

Protecting Health

- Prevention of and response to infectious, chemical, biological and environmental threats to health; emergency planning.
- **Key players:** PHE, Local Authorities, NHS, Food Standard Agency, Environment Agency etc.

Population Health & Care

- The role of public health specialists in measuring health and care needs, planning and designing health services and monitoring their effectiveness.
- **Key players:** PHE, the NHS, public health specialists (local government and NHS) etc.



Improving health and reducing health inequalities

- All public health policy and health promotion services. This includes public health services delivered by local government, the NHS; and action to improve the wider determinants of health.
- **Key players:** DHSC, PHE, local government, the NHS, national public health bodies, think tanks, academics, the voluntary and community sector, private sector etc.

A high performing public health system delivers its functions in a way that is:

- Developed with and for communities
- Focussed on equity of access
- Evidence informed and standards driven
- Delivered by qualified and well trained staff
- Timely and responsive to the needs of the population

Characteristics of high quality public health systems

High performing public health systems demonstrate the following characteristics:

Strategic Characteristics:

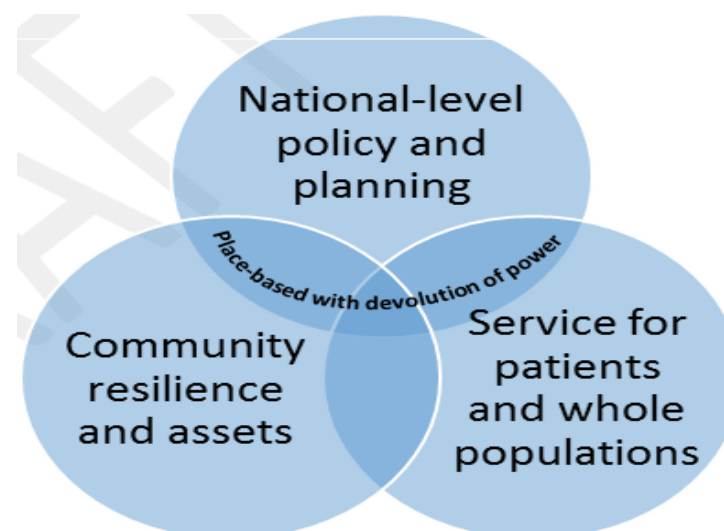
- A community asset based approach, engaging and working in partnership with local communities and the users of public health services.
- A shared goal to improve public health outcomes and reduce health inequalities with a strong ethos of collaboration among partners
- A 'health in all policies' approach, putting health outcomes at the heart of all policy decisions to address the wider determinants of health.
- Acts proactively to enhance and safeguard health, keeping individuals and populations as healthy as possible and reducing threats to health
- An awareness and responsibility to future generations.
- A commitment to integration of services.
- A focus on prevention and early intervention, including in primary, secondary and tertiary care settings, adopting a life-course approach to prevent ill health
- A strong advocacy and influencing role for public health including mental as well as physical health

Internal Characteristics:

- A culture of monitoring and evaluation and is transparent about its quality measures and outcomes.
- A culture of continuous self-assessment and self-improvement
- Delivery of public health services and interventions based on evidence, needs and intelligence.

Enabling Characteristics

- Strong leadership (political and professional) which mobilises and leverages action by multiple actors at all levels to achieve a common vision.
- Investment in its public health workforce
- Use of innovative technology to stay ahead of the game



Characteristics of high quality public health services

Public Health Services are a coherent set of actions carried out for the direct benefit of members of the public or other stakeholders within the public health system.



Characteristics of high quality public health services for people who use them would be:

- **Safe:**
People are protected from avoidable harm, neglect and abuse. When mistakes occur lessons are learned.
- **Effective:**
People's care and treatment achieves good outcomes, promotes a good quality of life and is based on best evidence.
- **Positive experience:**
Caring: The public health workforce involves and treats you with compassion, dignity and respect.
Responsive: Services respond to citizens diverse needs, meeting the needs that people themselves have identified, in ways they have chosen, with support from professionals.

Characteristics of high quality public health services for those providing and commissioning services:

- **Equity of access and usage**
Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- **Well-led**
Promoting a culture that is open, transparent and committed to learning and improvement.
- **Resourced sustainably**
Resources are used responsibly, providing fair access.

Working together

What our shared view of quality means for you...

The public health workforce should -

- Feel consistently supported to ensure quality and improve quality in all areas of your work.
- Be well trained and able to provide a high quality function or service that inspires confidence in the public.
- Have a clear understanding of how your role fits into bigger picture.
- Feel supported and encouraged to pursue continuous professional development.
- Have a continuous cycle of review and improvement.

Providers of public health functions and services should -

- Be measuring and monitoring quality consistently.
- Be continuously involved in raising standards.
- Make a commitment to continuous service improvement.
- Obtain feedback from members of the public and stakeholders to inform quality improvement.
- Develop a culture of transparency.
- Have a continuous cycle of review and improvement.

**Commissioners & funders
should –**

- Support and recognise the importance of commissioning of high-quality public health functions and services.
- Set expectations of quality standards when commissioning.
- Take account of quality when performance managing contracts.
- Explore ways to reward high quality locally.
- Have a continuous cycle of review and improvement.

**Local Authority councillors and
directly elected Mayors should -**

- Recognise the role of the Director of Public Health as a system leader.
- Expect high quality public health functions and services that demonstrate improvement in outcomes and reduce health inequalities.
- Recognise and reward high quality in public health.
- Include quality considerations when scrutinising functions and services.
- Work with the local population in the development of services and functions.
- Support others to have continuous cycle of review and improvement.

**National bodies and policy
makers should –**

- Set quality standards for public health systems, functions and services.
- Set priorities for national action.
- Work collaboratively to highlight the importance of quality in the delivery of functions and services.
- Recognise and reward high quality
- Ensure that policy development takes into account quality and wider determinants.
- Have a continuous cycle of review and improvement.

Key areas for action

Quality should permeate everything we do; no single organisation can improve quality on their own. The Public Health System Group has accepted a shared responsibility to support local public health systems to take steps to improve quality in the following priority areas.

Developing a system-wide focus on prevention	Reducing health inequalities	Embedding 'Health in all Policies'
<ul style="list-style-type: none"> + Ensuring that preventative interventions are prioritised, and integrated into communities. + Ensuring people remain independent and empowered through recovery of mental health and long term conditions. 	<ul style="list-style-type: none"> + Ensuring the reduction of inequalities in health outcomes. + Ensuring equity of access and usage on all services as well as providing targeted services where needed (proportionate universalism). 	<ul style="list-style-type: none"> + Informing and advocate with others to influence the wider determinants of public health. + Assessing national policies to evaluate impact. + Identifying opportunities for cross sector policy making.
Evidence & needs based public health	Developing strong system leadership	Responsibility to future generations
<ul style="list-style-type: none"> + Sharing data on good practice across the system to inform national decisions and actions. + Listening to stakeholders needs and wishes before making national decisions. 	<ul style="list-style-type: none"> + Ensuring mutual accountability and system wide assurance. + Mobilising community assets and the wider public health workforce. 	<ul style="list-style-type: none"> + Taking due consideration on present day decisions and how they will impact the health and wellbeing of future generations.

Implementing Priorities

These national priorities will be facilitated by the Public Health System Group (National System) and supporting partners through the development of a mutually owned action plan. All partners will hold each other to account to deliver on the key areas for action identified.

Local Implementation

Every local system can take action to improve quality, by identifying the key areas where they would like to prioritise action.

Seven Steps to improve quality

The seven step model below sets out how together we can improve quality in public health in our **key areas for action** and deliver on the **our commitments** shown later in the framework

Local Implementation:

Once local priorities for raising quality are identified, local public health systems can adopt this methodology to raise quality and facilitate the development of their own commitments.

Setting direction and priorities

Based on evidence including the views of people impacted by public health systems, functions and services.

Bringing clarity to quality

setting standards for what high quality public health functions and services should look like across the system.

Measuring and publishing quality

Harnessing information to improve the quality of public health through benchmarking, transparency and the management reporting of quality.

Recognising and rewarding quality

Recognising, celebrating and sharing outstanding public health.

Maintaining and safeguarding quality

Working together to maintain quality, reduce risk and protect people from harm.

Building capability

By Improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement.

Staying ahead

By developing research, innovation and planning to provide progressive, high quality public health.

Our commitments

As organisations of the Public Health System Group and supporting partners we commit to promoting the principles in our work to help improve the quality of functions and services within the public health system. We commit to using the principles stated and applying them to the following priority areas:

- 1) Developing a system-wide focus on prevention
- 2) Reducing health inequalities
- 3) Embedding a 'Health in All Policies' approach
- 4) Evidence & needs based public health.
- 5) Developing strong systems leadership
- 6) Responsibility to future generations.

Detailed action plans will be developed which assign specific actions at the national level.

Local implementation

Having developed your own commitments (or using the principles that the national system has commitment to), systems can develop a detailed action plan based on the focus areas and use the seven step methodology to raise quality in your local public health system

Map your own
system

Agree your
focus areas

Review the 7
step model

Get your system
to commit

Develop your
action plan

The principles we commit to:

Set direction and priorities

- Work effectively as a system to establish and communicate clear, collective and consistent priorities for quality.
- Identify the quality gap and base future priorities on the evidence.

Bringing clarity to quality

- Provide support to the development of quality standards and align efforts to support their implementation.

Measuring & publishing quality

- Publishing transparent information on achievement of quality standards.
- Identify ways to measure and publish quality.

Recognising & Rewarding quality

- Evaluate and encourage sector-led improvement.
- Publishing and disseminating examples of good practice.
- Developing reward mechanisms for high quality.

Maintaining and safeguarding quality

- Continually strive to gain the views of the public, service users and stakeholders as we believe this is essential to safe guard quality.
- Use evidence to set aims and measures for quality improvement.

Building Capability

- Advocate the importance of training and CPD for the workforce.
- Support the development of leaders in public health to focus on quality improvement.

Staying Ahead

- Monitor developments in innovation and promote public health technologies
- Build a culture of continuous improvement which can accept change and innovation.

Bringing it together

Our Goal

The public health system group sees quality as a shared responsibility. The system has united to address the quality challenges and has looked at how quality can be raised in the delivery of public health services and functions. In order to achieve this it is imperative to comprehend the notion of quality and for the system to work to an agreed definition. The framework has looked at the key characteristics of quality in relation to the system, functions and services. It has aligned the safe, effective, positive experience model and introduced the notion of equity. The document has set out its expectations from the system.

Focus areas & seven steps to raise quality

Together the national system has agreed its focus areas where it would like to prioritise quality improvement. These include:

- 1) Developing a system-wide focus on prevention
- 2) Reducing health inequalities
- 3) Embedding a 'Health in All Policies' approach
- 4) Evidence & needs based public health.
- 5) Developing strong systems leadership
- 6) Responsibility to future generations.

Our commitment

We have set out our commitment, based on the seven steps for improvement. We will be developing an action plan to ensure tangible deliverables are assigned and owned by the system. We will monitor and support improvement activities as a national system.

The Quality Framework for the Public Health System has been jointly developed by:

- Association of Directors of Public Health
- CQC
- Department for Health & Social Care
- Faculty of Public Health
- Local Government Association
- National Pharmacy Association
- NHS Clinical Commissioners
- NHS England
- NHS Improvement
- NICE
- Public Health England
- Royal Society of Public Health
- Solace
- UK Health Forum

It is endorsed by:

- L
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INSERT CLOSING IMAGE



ANNEX B

Public Health System Group (PHSG) Membership
Public Health England
Royal Society for Public Health
Local Government Association
UK Health Forum
SOLACE
DHSC
National Pharmacy Association
NHS Clinical Commissioners
NICE
The Faculty of Public Health
NHS England
Association of Directors of Public Health
Department for Health and Social Care



ANNEX C

Membership of the PHSG Working Group	Representative
Public Health England	Dr Rashmi Shukla (<i>Director Midlands & East & Working Group Co-Chair</i>) Dr Andrew Furber (<i>Centre Director Yorkshire & Humber</i>) Chris Bull (<i>Local Authority Advisor</i>)
Public Health System Group	Jonathan McShane (<i>PHSG Chair & Working Group Co-Chair</i>)
Royal Society for Public Health	Richard Burton (<i>Director of Qualifications</i>)
Local Government Association	Paul Ogden (<i>Senior Advisor</i>)
UK Health Forum	Heather Lodge (<i>UK Public Health Network Coordinator</i>)
SOLACE	Paul Najsarek (<i>Chief Executive</i>)
Department for Health and Social Care	Jim Fowles (<i>Deputy Head Public Health System & Strategy</i>)
National Pharmacy Association	Helga Mangion (<i>Policy Manager</i>)
NHS Clinical Commissioners	Sara Bainbridge (<i>Head of Policy & Delivery</i>)
NICE	Judith Richardson (<i>Deputy Medical Director & Programme Director</i>)
Faculty of Public Health	Maggie Rae (<i>Consultant</i>)
NHS England	Richard Owen (<i>Head of Quality Strategy</i>)
Association of Directors of Public Health	Nicola Close (<i>Chief Executive</i>)
The Health Foundation	Tim Ewell- Sutton (<i>Assistant Director for Strategic Partnerships</i>)
NHS Improvement	Jane Robinson (<i>Clinical Improvement Project Lead</i>)
CQC	Dominique Black (<i>Strategy Manager</i>)