



# Working towards a public health whole that is greater than the sum of its parts

## Reflections on ADPH London's SLI Programme



### a. Overview

- In 2014-15 the Association of Directors of Public Health for London (ADPH London) piloted a peer-led, **Sector-Led Improvement (SLI) project** involving 32 local authorities.
- SLI is an **approach to improvement** where local authorities help each other to continuously improve outcomes.
- The initial review focused on **Smoking Cessation** and **Tobacco Control**.



### b. Our approach

#### Self Assessment

Completion of the national CLear self-assessment tool.



#### Data Insight

PHE (London) developed a bespoke London and borough Tobacco Profile that included contextual information.



#### Peer Review

Representatives from each borough then came together for peer challenge workshops to share profiles and best practice, and identify where improvements can be made locally and across London. Each identified local improvement priorities.



### Case Study

#### Keep it Out campaign

- South East London boroughs have been working together to tackle illegal tobacco after a survey showed that 15% of tobacco consumed in this area was illegal.
- The "Keep it Out" campaign sought to ensure public awareness of criminal associations of illegal tobacco and its negative impact on the community. The Keep it Out campaign provided information on how to anonymously report illegal tobacco.
- The campaign ran between July and November 2015 and included sniffer dog\* roadshows. Intelligence provided led to an impromptu inspection of a local shop resulting in the seizure of several hundred illegal cigarettes.

\* the identity of our Operation Henry sniffer dogs has been obscured to protect their anonymity



### e. Taking it forward

- In this first SLI process, while it took time to get buy-in, the evaluation showed teams valued the process and found it worthwhile. The process **has supported collaboration between teams** and with a wider range of stakeholders. This has challenged current practice and driven collaborative work.
- ADPH London has taken a **similar approach** to childhood obesity; peer review workshops have taken place. A review of its impact is planned for 2017.
- An approach has also been developed for **peer-to-peer reflective practice and quality and standards**.

### c. Findings - areas benefiting from a collaborative approach

- Engaging with primary care to deliver stop smoking services and contribute to quit attempts.
- **Exploring new models** of stop smoking service delivery.
- **Investigating reasons** for the reductions in footfall to services.
- Tackling **illegal tobacco**.
- Reducing **smoking in pregnancy**.
- Using **local levers** and increasing levels of engagement throughout local councils on tobacco control.
- **Benchmarking** across councils.
- A **web-based platform** was developed to support the information sharing.

### d. Driving local improvement

- One year after the review, the majority of **teams reported changes in line with action plans** they had developed.
- These changes included **increased integration with other services**, e.g. health checks.
- The process led to **more joined up working** with a range of stakeholders across the council and NHS.
- The development of **sub-regional networks to tackle illegal tobacco**.
- Evidence of effectiveness from other local authorities was found to **strengthen teams' cases for making changes**.



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