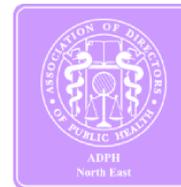




# A Review of Public Health Networks in the North East (NE)

**Catherine Parker**, Health and Wellbeing Programme Lead; **Michelle Mancini**, Health and Wellbeing Support Manager (Public Health England North East Centre), **Amanda Healy**, Director of Public Health (Durham County Council) and Chair of the ADPH Network, North East



## INTRODUCTION

There are currently 12 public health networks operating across the North East (NE) covering a range of key priority areas. Topics include: Tobacco, Obesity and Physical Activity, Alcohol and Drugs, Sexual Health, Public Mental Health, Children and Young People, Migrant Health, Workplace Health, Social Marketing, and Workforce Development.

The networks are led by the local public health system and facilitated by Public Health England. 5 years since transition, the networks have evolved and priorities have shifted. A review was undertaken to ensure the network approach in the NE remained fit for purpose in a modern public health system.

## METHODS

As part of a programme of Association of Directors of Public Health (ADPH) NE network development sessions, NHS Improvement were invited to a DPH and Public Health (PH) Network Chairs session to share their tools to develop and strengthen networks to achieve better outcomes.

The session was an opportunity to:

- Consider the evidence and theory of network development, what it takes to lead a network well and how this can be applied in practice to strengthen value and impact
- Develop knowledge and skills in the use of the Source4Networks (S4N) diagnostics tools and resources available through the Sustainable Improvement Team S4N Platform and how they can be applied within the North East public health networks
- Consider ways to strengthen network activity to support delivery needs and ambitions

Throughout 2017, PH networks utilised the tools to review their individual effectiveness.

A further session was held with DsPH and Network Chairs to:

- Feedback on the effectiveness of the NHS Improvement tools
- Conduct a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis of the individual networks (and network approach as a whole)
- Discuss current and emerging priorities
- Consider scope and purpose of networks
- Review governance and reporting arrangements

Key themes from the SWOT analysis were then developed into a series of questions which public health teams considered in each individual Local Authority.

Feedback was received and collated and recommendations were presented to DsPH.

## FINDINGS

### What people valued about the networks:

- Access to technical expertise from colleagues across the region
- Continued Professional Development opportunities
- A safe "closed" space with elements of peer support
- Access to evidence, guidance, tools and products
- Sharing good practice / exploring complex issues
- Sharing costs and resources
- NE seen as a leader in some fields so opportunity to develop and highlight good work happening locally
- Circulation of bulletins, updates or newsletters
- Networking and developing relationships across LAs and with PHE
- Quality assurance of own system and benchmarking

### Key challenges and areas for improvement:

- Capacity of individuals and teams to engage in the networks within their existing operating model
- Core membership – inconsistent attendance has led to repetition and making it difficult to drive forward project work
- Division of work in relation to contribution to the meeting and in taking forward actions
- The big impact priorities that needed collective action require a different engagement structure
- Communication and engagement between networks and back into local teams and to the DsPH
- Perceptions around silo working impacting on small teams who were serving multiple networks
- Need to strengthen links to regional networks that address wider determinants of health. Particularly around economic development and skills, transport and active travel, air quality, and housing
- Need to strengthen alignment between the public health networks and the clinical networks
- Collective action needs broader partnership engagements – e.g. Health Education England, universities and the voluntary and community sector

### Feedback on the tools:

Feedback was positive with members commenting that the tools were straight forward and helpful and people engaged well in the process.

"It was useful for focusing the perceptions of the group and develop plans for going forward. Helpful to realise the value of shared working,, learning and problem solving"

	PURPOSE AND DIRECTION	GOVERNANCE AND STRUCTURE	LEADERSHIP AND FACILITATION	KNOWLEDGE CAPTURE AND REUSE	INTEGRITY AND VITALITY	LEARNING AND IMPROVEMENT	IMPACT AND VALUE	SUSTAINABILITY AND RENEWAL
ONE	The network continues to be a focus for the network chairs and other stakeholders. The network chairs are working to ensure the network is fit for purpose and to address the needs of the network members.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.	Networks are working to ensure they have a clear purpose and direction. This is being achieved through the development of a network charter and the establishment of a network steering committee.
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Source4network tools: Maturity Matrix used to stimulate discussion

## RECOMMENDATIONS

3 options were developed and presented to DsPH, with option 3 being the preferred option:

1. Retain existing operating structures
2. Realign networks to place based or life course and reduce number of networks to address capacity concerns
3. Remodel existing networks structures with a focus on what is valued

Option 3 was agreed. This includes:

- Retain the current range of networks and revisit at 12 months
- Address alternative mechanisms for wider collaboration and engagement
- Embrace technology such as Skype, teleconferencing, virtual classrooms, webinars
- Refocus the role of the networks to share best practice, keep up to date with evidence, peer support and CPD
- Reduce frequency of networks to 2-3 times a year
- Delivery of shared priorities to be separated from the networks
- Exploration of shared representation across LAs

## INTRODUCTION

The screenshot shows the Source4Networks website interface. At the top, there are logos for Source4Networks and NHS England. Below the logos is a navigation menu with links for Home, Learning Space, Resources, FAQ, Diagnostics, S4N Community, Contact Us, and Account. A search bar is located on the right side of the navigation menu. The main content area features a 'Welcome!' message with a circular image of two people. The text below the image says: 'Here you will find the latest intelligence on networks, you can connect to other health and social care networks in a Learning community, you can access resources that help you 'take the temperature' of your network and decide how you can be even more effective by seeing what other networks are doing, and provide you with 'know how' to help you make the best contribution to your network.' At the bottom of the page, there is a green banner with the text 'Register for your account on the Source4Networks platform' and a 'Register here' button.

## NEXT STEPS

- DsPH will agree 2-3 shared priorities per year for collective action to be delivered through multi-agency, cross network task and finish groups which will form the NE DsPH Sector Led Improvement work programme
- A more formal mapping is being undertaken of the current regional and sub-regional networks that exist to tackle the wider determinants of health to enable nominated public health representation as appropriate
- PHE will facilitate an annual public health conference in February 2018 on behalf of the system as an opportunity to learn and share across the networks
- Community centred and asset based approaches is being embedded across all networks through a set of principles and training
- All networks are now supported by a DPH sponsor, a senior Chair for the LA teams and a named PHE lead support
- Standard terms of reference have been developed across all networks
- A schedule of network themed sessions has been devised which will form the afternoon programme of the monthly DsPH meetings

## ACKNOWLEDGEMENTS

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