

“Public Health: Local, Integral” (PHLI) - a Learning Resource

The purpose of this document is to present to stakeholders the approach being taken to develop a Learning Resource which has the following *ultimate aim*:

“support the learning and development of partnerships in local areas so that they may capitalise on strategic opportunities to work with and for communities to improve health and reduce health inequalities”.

Background

Greenwich and Sheffield Local Authorities have commissioned Public Health Action Support Team (PHAST), a community interest company, to design and develop a ‘Learning Resource’ based on their experiences as local authorities with Beacon status for their work in reducing health inequalities and on current established good practice. This Resource will be made available to local areas as a package of written materials, free of charge.

The commissioning of the project coincided with the release of the 2010 White Paper on public health, heralding a substantial structural change to local public health arrangements - probably the most important since 1974.

Discussions with commissioners about applying the outputs in the context of transition suggested the best target audience is the emerging Health and Wellbeing Boards (HWBs), however, it is designed to be used by any audience with a non-specialist expertise in public health.

The Learning Resource is characterised by the presentation of *public health concepts*, which we hope will shape local areas’ approaches to the establishment of boards, or where these are already in place, to their ongoing development. The design of the Resource recognises the support for public health transition which is being made available at regional level, and which appears to be geared towards the development of boards with an emphasis on their formation and governance as partnership bodies. This Learning Resource emphasises public health concepts over these aspects.

What will the resource look like?

The Resource will cover the three domains of public health: health improvement, health protection and health services improvement..

We want the resource to be as useful as possible. However, we certainly do not have all the answers to how to improve population health and so we have asked PHAST to gather together current best practice so that the package blends key public health concepts and the recommendations of the Marmot Review, with the approaches we have used in our local authorities, to produce a modular package of materials that can be adapted and used in different settings.

It will be a set of modules presented in *Powerpoint* slides, with accompanying facilitators’ notes.

The content will cover such things as a short history of public health, commissioning, prevention and early intervention, assets-based approaches, using evidence, how health is determined and some ‘strategic ingredients’ to have in place. We will draw on the wealth of good practice available which has been identified and disseminated by a range of organisations including LGID, the Marmot Review team and others.

It will facilitate highly interactive learning, using case studies from our own experiences and those of other Beacon authorities, as well as good practice we have picked up from other sources.

The modules being designed are as follows:

	<i>Module</i>	<i>Concepts to bring out</i>	<i>Learning style and methods</i>
1	Introduction: <i>Public health - Local, Integral</i>		
2	<i>Public health: from Milkmaids to the Marmot Review</i>	Three domains of public health; the changing nature of population health	Didactic and interactive Two group work components Web-based case study
3	<i>A perfect storm in the NHS</i>	Wanless and imperative of changing patterns of care Whole system interdependencies The role of commissioning	Didactic and interactive Three group work components Insertion of local data
4	<i>Moving Upstream: prevention and early intervention</i>	Short-term v longer term imperatives	Didactic and interactive Two group work components Insertion of local data
5	<i>Culture and partnership</i>	The Whole System Understanding the perspectives of partners	Interactive and didactic Three group work components
6	<i>Beyond the lamp-post: using data to guide decision-making</i>	Understanding population need, demand and supply (including JSNA) Critiquing evidence in the media Pitfalls in looking at data	Didactic and interactive Quality and Outcomes Framework case study on dementia Three group work components
7	<i>The other side of the table: Determinants of health and assets approaches</i>	Assets approaches Working with and for communities Embedding health in across agendas	Interactive and didactic Two group work components Asthma case study
8	<i>Bringing it all together</i>	Reviewing what is in place locally Reflecting on learning Practical next steps	Interactive Three group work components

Format of modules

We are designing the modules to be delivered in 90-120 minute slots, so within one day you could deliver up to a maximum of three, depending on whether you use all the materials or not. The Introduction session allows you to describe your aims and the modules you have chosen and can be delivered in 45 minutes.

Each module has some didactic elements but emphasises heuristic learning - or learning by doing. There are a number of case studies used which allow participants to consider 'real life' challenges in population health, and the modules are fully referenced with additional signposts to further resources. Learning will be facilitated by enabling participants to come to their own conclusions in a highly interactive manner.

How can the Learning Resource be used?

Our intention in making this Resource available is to assist local areas by providing a free set of materials that they can use to suit their needs. Those tasked with leading HWB development will be able to select from the materials both in terms of the modules they want to use, and in terms of the components of modules. We will provide a comprehensive set of slides for each module but you may wish, because your local area is already grounded in particular approaches or due to time constraints, to use only some of those slides.

It is important that local areas tailor the materials to their local circumstances. We will suggest points at which you can insert local data to illustrate a concept, but we would encourage you to do this throughout, so that reference is made frequently to the needs of your local population.

The above means that you will need to do some planning in order to make using the Learning Resource a success. We will suggest in our accompanying notes that planning takes place between key individuals such as the Director of Public Health, GP commissioning lead/s, Director of Adult's Services and Director of Children's Services, and that sessions are facilitated by the most appropriate person or facilitation is shared, rather than one person facilitating throughout. For example Module 3 might be delivered by the Director of Public health and GP commissioning Lead; Module 7 could be delivered by a LA senior manager or director with responsibility for community participation or partnership, and the Director of Public Health. Ultimately, it will be local areas who choose how to run the sessions and who is best placed to facilitate, keeping in mind that planning the sessions jointly will in itself provide opportunities to share perspectives and experience.

Where are we now?

The Learning Resource is currently being finalised, and will be piloted during winter 2011. We are currently in discussions with the Department of health as to how this might feed into the national support provided for the transition of Public Health.