

Embedding public health in to clinical services toolkit-workbook



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Who is this workbook for?

This workbook is designed to be an easy access version of the, 'embedding public health in to clinical services toolkit' (<https://portal.e-lfh.org.uk/LearningContent/LaunchForGuestAccess/602486>).

The workbook can be downloaded for quick access to resources, there is also a 'reflection space' to make notes as you go through.

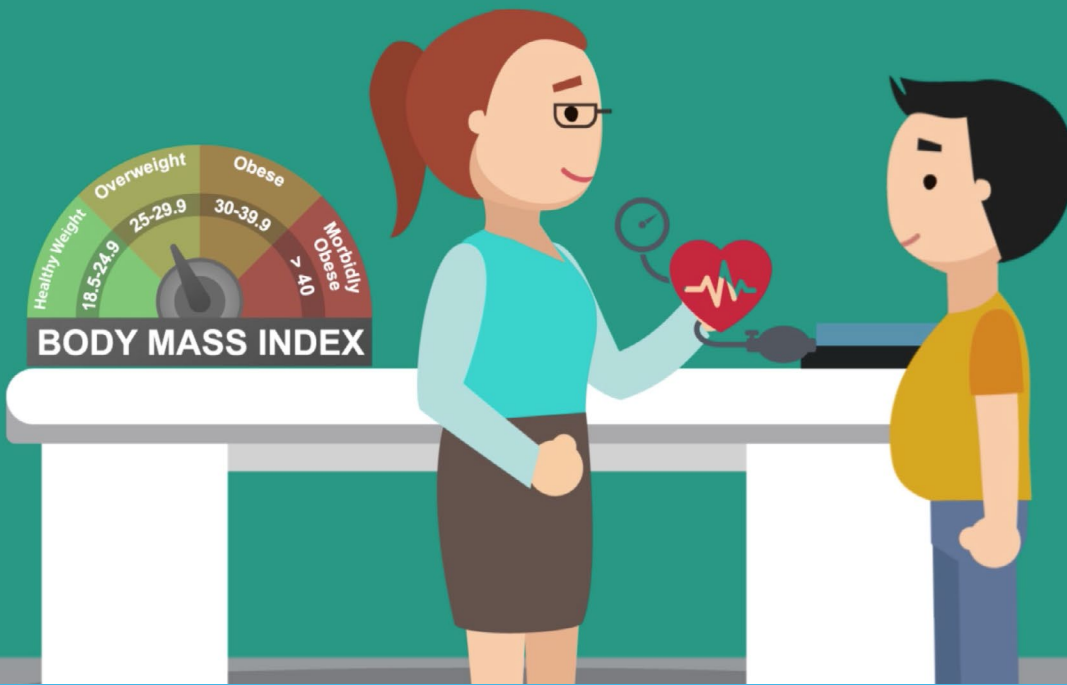
The toolkit is intended to support clinicians, clinical strategic leaders and service managers to guide their teams through the process of re-designing services to support prevention.

Whilst there has been a growing interest in public health by health and care professionals and the policy framework is placing increasing priority on prevention, NHS services have traditionally been established to provide specialist treatment rather than prevention. The shift in focus towards prevention therefore needs a system wide leadership, at regional and local levels.

A recent survey of strategic clinical leaders (n=218) highlighted that whilst the majority (81%) agreed public health was a priority for them; only around a third (35%) felt confident

implementing a prevention-focused service. Almost all respondents (94%) said resources to help them develop prevention focused services were required. This toolkit is a response to that need.

The toolkit is designed as a 5-step process and provides practical tools and resources to help individuals and their multidisciplinary teams identify their unique contribution and then implement quality improvement initiatives to transform services. The toolkit is intended to be pragmatic and iterative, recognising the competing pressures on front line teams. The tools and resources highlighted can be useful in more than one stage of the 5-step process and will be inter-dependent with wider improvement initiatives.



How to use this workbook

The toolkit is divided into 3 sections:

Section 1 - The Case for Prevention	5
Section 2 – Creating the conditions for improvement	8
Section 3 - 5 Steps to developing prevention focused services	11

Cardiovascular
diseases

Respiratory
diseases

Cancer

Dementia



Section 1 - The Case for Prevention

This section introduces you to the policy context surrounding public health and prevention and the role of health professionals in public health and prevention.

[The NHS Long Term Plan](#) and [The Prevention Green Paper](#) identify the need for a renewed call for action across the NHS to strengthen its contribution to prevention and reducing health inequalities.

This sits in a context of a system-wide vision for prevention, recognising the important role of individuals, business, communities and national government. This is because the burden of preventable disease negatively impacts on many people's lives and threatens the sustainability of England's health and social care services. It's estimated that if the public were fully involved in managing their health and engaged in prevention activities, £30 billion could be saved.

As health and care professionals we have relationships with individual people, families and communities and reach across all ages and all places. This means that there is a huge opportunity 'for health promoting practice' to make a difference to health outcomes and health inequalities. In addition acting collectively we can be a force for change in building a culture of health and wellbeing in our society.

All Our Health

With over a million health and care professionals working across England, we can act as a powerful force for change. This is why the Office for Health Improvement and Disparities is leading a 'call to action' for all health and care professionals to embed and extend prevention, health protection and promotion of wellbeing and resilience into everyday practice. [All Our Health](#) brings together priority topics to help address the major factors causing premature death, ill health and health inequalities. The framework includes tools and resources to support health and care professionals, with quick links to evidence and impact measures and top tips on what works.

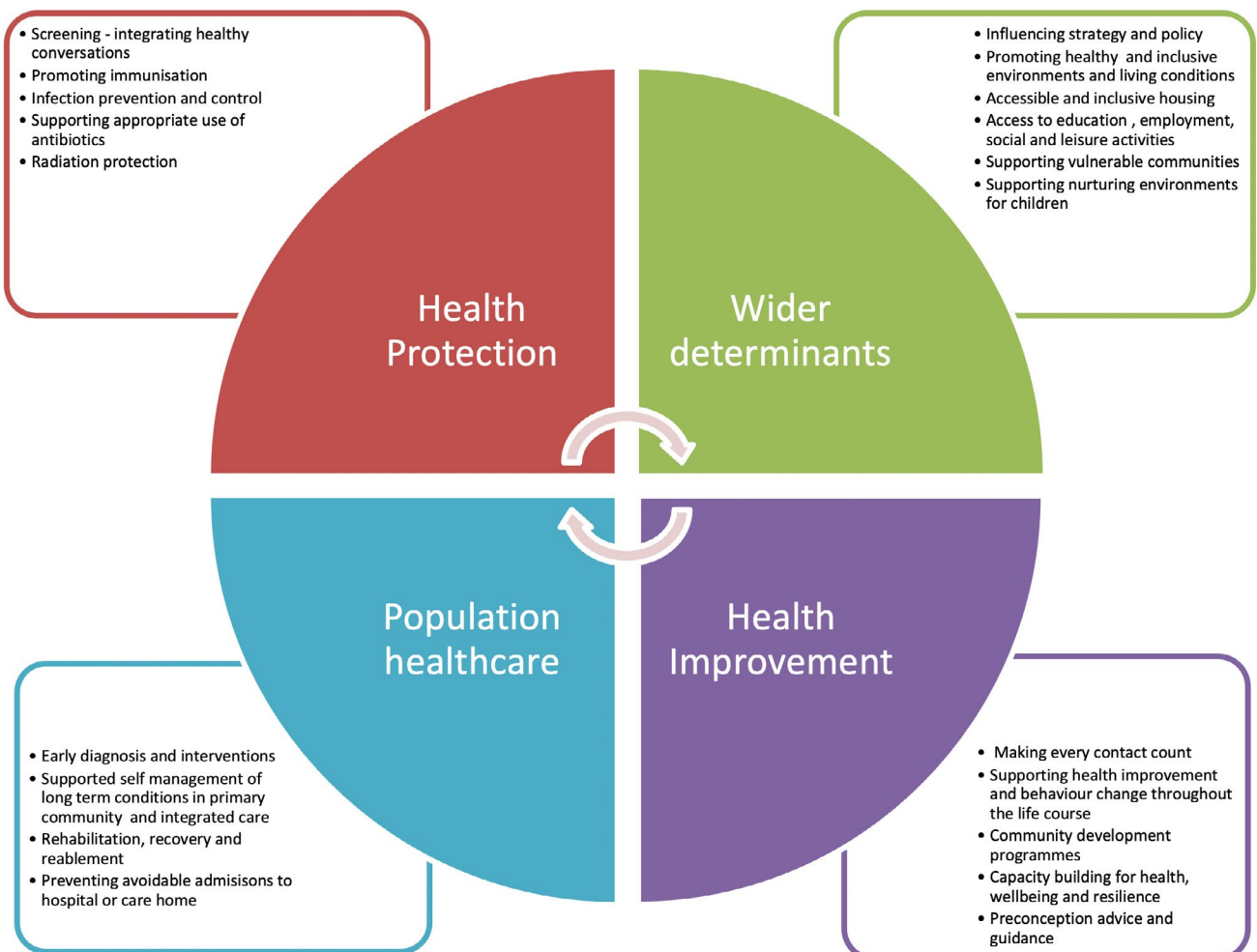
Defining public health and prevention

The Faculty of Public Health define public health as the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.

Health and care professionals contribute to public health through interventions affecting the physical, mental and social wellbeing of individuals, communities and populations.

Health and care professionals have the potential to contribute in a variety of ways. The model below provides some examples, this will vary by profession and is not intended to be exhaustive.

Model of public health



- Wider determinants – also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people’s health and wellbeing. Addressing the wider determinants of health and wellbeing has a key role to play in reducing health inequalities. The Health Foundations report ‘What makes us healthy?’ provides a comprehensive overview of the social determinants of health.
- Health Improvement - describes the work to improve the health and mental wellbeing of individuals, communities or populations through enabling and encouraging healthy lifestyle choices and developing resilience.
- Population healthcare – aims to maximise value, equity and good outcomes by focusing on the needs of the population and delivering person centred services across the entire health and care system.
- Health Protection – aims to protect the population’s health from communicable diseases and other threats, while reducing health inequalities



Section 2 – Creating the conditions for improvement

This section is designed to support you with creating a culture that is receptive to meaningful, sustainable and effective improvement.

Continuous improvement goes hand in hand with compassionate and inclusive leadership. Creating cultures in which teams have time and space for reflective thinking and feel psychologically safe and empowered to suggest and try new ideas in partnership with patients, families and communities is essential.

Culture is often referred to as ‘the way we do things here’ and leadership is the most powerful influence on the culture of an organisation whether it is formal or informal leadership. It is vital leaders role-model the compassion and inclusion they wish to see in others and need to be visibly committed and supportive of improvement work.

The CQC highlighted key leadership behaviours in leaders committed to quality improvement: courage, persistence, humility, curiosity, a willingness to challenge their own assumptions

and practices, a commitment to transparency and a commitment to shared learning across the organisation and beyond:

https://www.cqc.org.uk/sites/default/files/20180911_QI_hospitals_FINAL.pdf

Additional things you may wish to consider:

- Having an open-minded approach to understand and define the issues before designing the solution.
- Recognise people closest to the work on a daily basis are those most likely to identify the opportunities for improvement.
- Having a basic understanding of quality improvement in a health and care context across the team, including specific quality improvement training and coaching.
- Understand your own organisational approach to improvement and seek development opportunities for staff to broaden their perspectives and experience of improvement.
- Creating an environment where everyone is encouraged to question current practice, explore new ideas and innovate.

- Creating the space to engage in improvement work.
- Ensuring the involvement of patients and wider partners.
- Commit to change ourselves not just others.
- Choose a few priorities for improvement and stick to them.
- Demonstrate early impact and commit to continuous feedback.
- Celebrate success and willingness to try, even if it didn't go as expected.



Useful tools

Tools	Purpose
The habits of an improver	15 habits grounded in 5 areas including learning, influencing, resilience, creativity and systems thinking.
Leading improvement	An overview of leading improvement, influence model
Improvement journey	How to develop an organisational approach to building improvement
Embedding a culture of quality improvement	How senior leaders can create the right conditions for quality improvement to emerge and flourish.
Quality improvement made simple	As well as providing an overview of some popular approaches used to improve quality this guide also describes the factors that can help to ensure the successful use of these approaches and methods.
Clinical leadership – a framework for action	Professionally diverse leadership teams including senior clinicians increase the likelihood of meeting the complex challenges facing the NHS. This framework will help providers make the most of the talents of all their existing workforce.

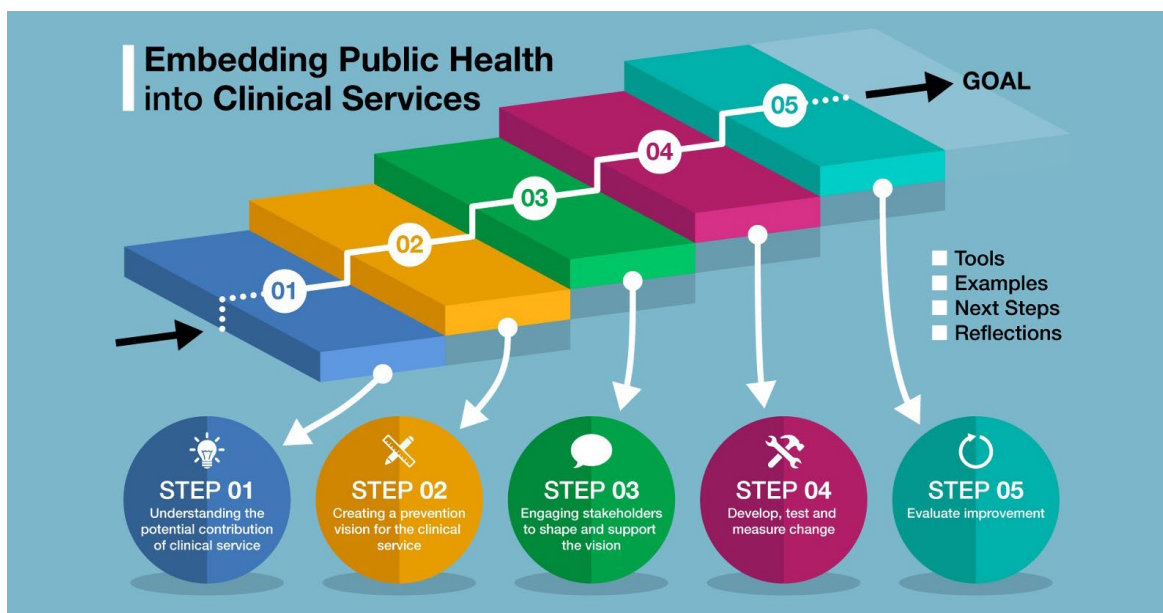


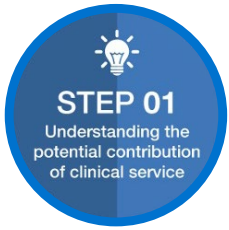
Section 3 - 5 Steps to developing prevention focused services

This toolkit is designed as a 5-step process to help individuals and their multidisciplinary teams identify their unique contribution and then implement quality improvement initiatives to transform services. The toolkit is intended to be pragmatic and iterative, recognising the competing pressures on front line teams.

For each step we have outlined **what** you can hope to achieve by the end of the step; then covered **why** the step is important and **how** to approach it, there are links to practical tools and resources to support you, although please note you may not need or want to use all of them. The tools and resources highlighted can be useful in more than one stage of the 5-step process and will be inter-dependent on your improvement efforts at the time.

At the end of each step there is a 'reflection/ notes' space which can be used as you work your way through the quality improvement process.





Step 1 – Understanding the potential contribution of your clinical services

By the end of this step you will:

- Know how to find out about local public health and prevention priorities.
- Have spent time reflecting on the skills and experience of your service to agree which priorities you will add most value to.
- Be able to identify areas where your service is already making a contribution, quick win opportunities and priority areas for further consideration.

Why

- Your service is unlikely to have the capacity or skills to contribute to every public health priority and therefore it is important to identify where you will have most impact.

How

1. In order to work out where you can add most value, start by understanding your local public health and prevention priorities.
2. Next, map the skills and experience of your teams.
3. Cross reference to identify the most obvious alignments between your service and the local priorities.
4. Use this to list to identify
 - a) what your service is already doing
 - b) quick win opportunities
 - c) priority areas for potential further development.

Tools and resources

Tools with a ★ are the ones to look at first if you have limited time

Tools		Purpose
Fingertips tool	★	Fingertips is a web platform that provides easy access to in-depth analysis of a wide range of localised health and health related data in thematic profiles. With these profiles you can: <ul style="list-style-type: none"> • Browse indicators at different geographical levels • Benchmark against the regional or England average • Export data to use locally
Health Profiles	★	Local Authority Health Profiles are part of the fingertips tool produced by Public Health England summarising the health of the population. The local health profiles are ready made summaries of health priorities at local authority level.
Joint strategic needs assessment (JSNA)	★	Each local authority is required to publish a JSNA summarising the local population health needs. This will usually provide more narrative than the health profile.
Health and wellbeing strategy	★	The joint health and wellbeing strategy is developed by local leaders through the health and wellbeing board. It outlines the priorities for collective action to address the health needs identifies in the JSNA.
CCG or Integrated care system priorities	★	Local health system plans will outline the contribution they will make to the joint health and wellbeing strategy.
Other local intelligence	★	What are local health leaders and communities saying in meetings or on social media? Have councillors expressed any specific health priorities? What matters to your service users? Insights gained from networks and meetings you and your team are part of.
Director of public health annual reports		Directors of public health are required to produce an annual report about the health of the people living within their geographical area.
Aligning improvement with strategic goals		Support individual departments, services or organisations to ensure that their own priorities are supporting wider aims

Reflection/notes space:

- Can you list the local public health priorities which your team can have the most impact on?
- Can you articulate the potential of your team to address health inequalities because of your experience working with specific communities, for example, people with learning disabilities, homeless people?
- Can you evidence the work your team is already doing to impact on public health and health inequalities?
- Have you identified any quick wins – these might be improvements which could be made very easily and with no additional resource?



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Step 2. Creating a prevention vision for your services

By the end of this step you will

- Have a clear, shared idea of what you are aiming to achieve in the form of one or several inspiring sentences

Why?

- To create a culture shift you will need to empower clinicians and partners to join you in undertaking service improvements.
- Your vision will tell people why they should invest time and effort into prevention. It will outline what you aim to achieve, your ambition and how it will make things better for patients and the public.

How?

1. A good starting point is to think about your unique selling point (USP). What could be different if you used your USP to address local health challenges?
2. Involve your team - the more people involved in creating the vision the more they will own it.
3. The vision is about building commitment and articulating direction without getting into detailed plans.
4. Build your vision through a series of steps – starting with the logical and measurable before moving into the harder to define and more emotional elements.
 - a) Start with defining the desired outcomes that you can measure so you will know when you have achieved them.
 - b) Now think about what your team or service will be doing in relation to prevention and how they will behave in the future – how is that different to what they are doing or how they are behaving now?
 - c) Start to think about ‘how it will feel’.
 - d) Bringing it to life – is about developing ideas about how you communicate this vision. How can you communicate the vision so that it will have meaning to others who haven’t so far been involved in developing it?
 - e) Don’t forget about values – what values should be important in the new future and what values need to guide the change journey?
5. Think creatively to come up with new solutions and perspectives to an issue, problem or improvement opportunity.
6. Your vision may come easily and feel obvious in which case you won’t need to spend long doing this step.

Tools and resources

Tools with a ★ are the ones to look at first if you have limited time

Tools	★	Purpose
Creating a vision	★	Six characteristics for an effective vision
Driver diagrams		A simple way to show how an overall improvement goal can be broken down into its underpinning drivers and projects
Brainstorming	★	Tools for brainstorming and reference to other tools to support creative ideas generation.
Fresh eyes bring new perspectives		Tool to generate new ideas by getting you to view a situation from very different perspectives
Six Thinking Hats		This is a useful to encourage ideas and understand ideas from different perspectives. The six hats represent artificial distinctions in common patterns of thought.
Simple rules		Resource to identify, and then break some of the thinking that maintains the status quo and prevents you from moving forward and improving
Affinity diagram		A technique to help you review and analyse ideas generated during brainstorming sessions by grouping and analysing ideas based on similarity or theme
Bullet-proofing		Tool to identify and plan for obstacles
Involving stakeholders		Know how to work with your stakeholders
Prioritise stakeholders		Prioritise stakeholders and assess how much time and resource to give to maintaining their involvement and commitment.
Your service improvement department		If you need help your service improvement department may be able to facilitate a session to help you
Co-production		Feedback from patients. For example PREM (Patient response experience measures) This video provides a good explanation of co-production. https://www.scie.org.uk/publications/guides/guide51/how-to-do-coproduction/

Reflection/notes space:

- Do you have a clear vision about your team's ability to support prevention and reduce health inequalities?



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Step 3. Engaging stakeholders to shape and support the vision

By the end of this step you will have:

- Identified who you need to involve as you develop your thinking and plans further; why they are important to you; and why they will be interested in the vision.
- Developed a network of colleagues and partners who support the vision and are on board to help take it forward.
- Identified, understood and considered any concerns.
- Inspired and empowered your team to own the prevention vision and be creative to develop solutions.
- Positioned your service as willing and able to be part of the prevention agenda.
- Identified potential collaborating partners.

Why should you engage stakeholders?

- The next stage will involve moving from a general vision of how your service could impact on prevention using the skills and expertise of the team; to developing and testing specific service improvements to implement this vision. As such changes will impact on and involve others, it is important that they are involved in shaping the changes.
 - Some improvements may be relatively small and easy to implement without any additional resource or equipment, however others will require support or approval from senior management or external partners.
- Involving stakeholders and understanding and acting on their perspectives will help to ensure that your changes are sustainable and will produce the best outcomes.
 - There may be multiple ways to implement your prevention vision. Involving your whole team from the start will enable everyone to see how they can contribute. Section 3 of this document includes more on creating a culture conducive to shared ownership and innovation.
 - You want leaders within your area to see that you are serious about prevention.
 - There will be other teams and organisations who you could work with as you develop your prevention plan. This is not about doing everything yourself.

How?

1. Work out who would be interested in your journey and to what extent you need to engage with them.
2. A first step involves creating a list of all potential stakeholders using a process called stakeholder mapping. Think about staff, commissioners, organisational leaders, other departments, voluntary sector organisations, community groups, service users.
3. Next consider to what extent each will be interested and impacted by your vision and whether they are likely to be supportive or not. This will help you to identify how to engage with each.

4. Find out about related services. In the case of prevention interventions anything you decide to do will be part of a system of other interventions and policies designed to impact on a particular public health priority. Your vision is likely to lead you to either fill a gap in this system or add to the volume of support available. It is likely that there are others already providing services or interventions in this space.

Mapping this will be important to enable you to decide how you add value. For example if your vision is to support your client group to increase physical activity, you may not need to provide physical activity opportunities if they are already available in your area; your contribution might be to raise awareness of these opportunities amongst your service users and support them to access them.

In this example an important step will be to identify the main providers in your area and link with them to find out about their offer, referral criteria, suitability for your clients etc.

5. Develop a communications and engagement plan and an elevator pitch. Also network and connect.



Tools and resources

Tools with a ★ are the ones to look at first if you have limited time

Tools		Resources
Brainstorming	★	Tools for brainstorming to identify relevant stakeholders and delivery partners.
Involving stakeholders		Know how to work with your stakeholders
Prioritise stakeholders	★	Prioritise stakeholders and assess how much time and resource to give to maintaining their involvement and commitment.
Communications planning	★	Proactively plan your communications
Driver diagrams		A simple way to show how an overall improvement goal can be broken down into its underpinning drivers and projects
Maintaining commitment		simple techniques to maintain commitment
Elevator pitch	★	How to structure an elevator pitch
Finding relevant delivery partners	★	Depending on your priority area, you might use google, check your local authority web site or contact link workers via your primary care network
Summary document		Template to summarise the reasons for the project, the expectations and limitations which apply

Reflection/notes space:

- Have you involved your team and other stakeholders, including service users, in creating this vision?
- Could you give a concise account of how your service intends to contribute to improving the health of the local population?



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Step 4. Develop, test and measure a plan to implement your vision

By the end of this step you will have:

- Have agreed, developed and tested one or several change ideas to support implementation of your vision.
- 4. Consider using sustainability self-assessment tools to evaluate your project and identify barriers to overcome.

Why?

- The most successful service improvements start small to engage and empower your stakeholders whilst building on the learning and embedding best practice that is sustainable.
- Including improvement science methods, tools and techniques aligned with a continuous measurement approach will help you to evaluate and monitor your aim towards your vision.

There may be several different change ideas that you are testing and each change idea may go through several PDSA cycles as you test, evaluate and decided how to progress your change idea. Good practice is that you should fill out one PDSA worksheet for each change idea you test, in order to keep a record of all the change ideas tested and learning.

How?

1. Identify and work with your stakeholders to develop your overall aim and drivers leading to all change ideas that meet your vision using a driver diagram.
2. Review the model for improvement framework when you are ready to test a change idea, and then develop your aim statement, measures and test for change.
3. Decide how measurement for improvement will be applied to your work and how you will include process, balancing and outcome measures to validate your change idea has made a difference. Consider both quantitative and qualitative data collection, as well as time series charts with your improvement efforts.



Plan:

- Objective
- Questions and predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Do:

- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

Study:

- Complete the analysis of the data
- Compare data to predictions
- Summarise what was learned

Act:

- What changes are to be made
- Adopt, adapt, abandon
Next cycle?

Tools and resources

Tools with a ★ are the ones to look at first if you have limited time

Tools		Resources
<u>Lens of profound knowledge</u>		Described as appreciating a system, understanding variation, psychology and the theory of knowledge
<u>Process mapping</u>		Mapping the patient journey will enable you to look for opportunities for improvement by visualising how the whole patient journey currently works and identifying points of inefficiency.
<u>Plan do study act cycles and the model for improvement</u>	★	Use plan, do, study, act (PDSA) cycles to test an idea by trialling a change on a small scale and asses its impact, building upon the learning from previous cycles in a structured way before wholesale implementation
<u>Measurement for improvement overview</u>		Understanding the importance of measurement for improvement
<u>Everyday Interactions measuring impact toolkit.</u>	★	The impact pathways produced in Everyday Interactions will support healthcare professionals to record what they 'do' in their interactions with individuals, what data can be collated and also the possible impacts from these interactions
<u>Seven steps to measurement for improvement</u>		This provides a structure and method to develop effective measures in practice. It complements the 'Model for improvement' and 'PDSA cycle'.
<u>Driver diagrams</u>	★	A simple way to show how an overall improvement goal can be broken down into its underpinning drivers and projects
<u>Sustainability model</u>	★	Use the portal diagram with your sustainability scores as a visual of your improvement efforts and as a discussion point for ongoing sustainability

Reflection/notes space:

- Have you engaged the key stakeholders?
- Are you clear about which change idea(s) you are testing and are you undertaking PDSA cycle(s) for ongoing learning and development of your idea?
- Is your change idea sustainable and / or can it be spread or adopted in other practice(s)?
- Are your change idea(s) underpinned by measurement for improvement so that you can demonstrate the impact of the change?
- Do you have enough data to demonstrate an improvement?



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Step 5. Evaluating your improvement

By the end of this step you will have:

- Evidenced the impact of your improvement.
- Used your improvement to raise the profile of your service.
- Considered how to scale or adapt your improvement.

Why?

- Evaluating your improvement provides evidence to support the change to be sustained and spread

How?

1. Once the change is fully implemented, monitor it to ensure the original aims and benefits are continuing to be realised - with new ways of working continuing rather than the old ways being reverted back to.
2. Your desired output at this stage is that the improvement has become 'business as usual' with benefits realised, sustainability, or spread and adopted across the system.
3. Produce a brief evaluation report and case study so that you can share your work with local stakeholders and more widely.
4. Consider submitting your work for an award.
5. Consider whether your change could be spread more widely.
6. Is the learning transferable to other public health issues?

Tools and resources

Tools with a ★ are the ones to look at first if you have limited time

Tools		Resources
<u>After action review</u>		Structured approach for reflecting on the work of a group and identifying strengths, weaknesses and areas for improvement
<u>Guide on Spread and Sustainability</u>	★	This guide has been developed by Healthcare Improvement Scotland to summarise the existing resources and key pieces of research around spread and sustainability
<u>Communications in healthcare improvement toolkit</u>		Increase your understanding and use of communications to better plan, implement and spread your improvement work
<u>Sustainability model</u>	★	Use the portal diagram with your sustainability scores as a visual of your improvement efforts and as a discussion point for ongoing sustainability

Reflection/notes space:

- Have you written up your improvement to share with others?
- Are there any awards you can apply for?
- Is your improvement transferable to another public health issue?
- Is your plan sustainable?



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