In the Autumn of 2020, Health Education England North West and Midlands, in partnership with Public Health England, commissioned the development and delivery of two ‘Action Learning Sets’ to support a range of health and care professionals, to develop their own population health skills through designing, implementing, testing, and evaluating a small-scale health improvement project within their sphere of practice.

Participants

<table>
<thead>
<tr>
<th>Expression of Interest</th>
<th>Starters</th>
<th>Completers</th>
<th>Case Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 clinical staff</td>
<td>33 clinical staff</td>
<td>17 participants</td>
<td>15 submitted</td>
</tr>
<tr>
<td>Initial target 20 clinicians</td>
<td>22 separate organisations</td>
<td>70% Programe Retention</td>
<td>89% of Completers</td>
</tr>
<tr>
<td>+175% above KPI</td>
<td>+49% above KPI</td>
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</tbody>
</table>

The ‘Action Learning Sets’ were designed and delivered by a local public health consultancy ‘Progress Health Partnerships’ (www.progresshp.co.uk) working alongside the Workforce Development Leads at Health Education England and Public Health England. The support offer developed included:

- Access to learning webinar to introduce Public Health England’s ‘Embedding Public Health in Clinical Services’ toolkit, including guidance to navigate through the 5-step process.
- Series of ‘Action Learning Sets’ to support participants throughout the programme
- One-to-one coaching/mentoring sessions
- Support to draft a local case study
- Follow up webinar to allow participants to share their projects collaboratively

Programme Logic Model

EMBEDDING PUBLIC HEALTH IN CLINICAL SETTINGS: AN ACTION LEARNING SET APPROACH

<table>
<thead>
<tr>
<th>CONTEXT</th>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>CONTRIBUTING TOWARDS</th>
<th>SUPPORTIVE CONDITIONS FOR PROMOTING PUBLIC HEALTH IN CLINICAL SETTINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Health Education England North West</td>
<td>Programme Management</td>
<td>Finalised governance</td>
<td>Participants demonstrate improved knowledge of public health in clinical settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Education England Midlands</td>
<td></td>
<td>Finalised delivery model</td>
<td>Participants have increased awareness of opportunity for promoting health and wellbeing in the clinical setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Health England</td>
<td></td>
<td>Monthly monitoring data</td>
<td>Organisations delivering clinical services are supportive of public health intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Progress Health Partnerships</td>
<td>Final evaluation report</td>
<td></td>
<td>Participants demonstrate improved confidence, in the areas of public health and wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project Steering Group</td>
<td></td>
<td></td>
<td>Participants can understand the programme planning process utilised in the PHS Toolkit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>Health Education England Budget: £10,000 per region</td>
<td>Programme management</td>
<td></td>
<td>Participants are motivated and intend to support public health intervention within their setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Resources</td>
<td>Public Health England Toolkit Embedding Public Health in Clinical Settings</td>
<td>Programme design and development</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Health Education England eLearning for Health Portal</td>
<td>Programme delivery</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Programme planning framework</td>
<td>Programme delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Case study</td>
<td>Programme delivery</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Toolkit Teams</td>
<td>Programme delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>2 x HE/Workforce Development leads 1 x Programme Facilitator 1 x Public Health Support</td>
<td>Programme delivery</td>
<td></td>
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</tr>
<tr>
<td>Participants</td>
<td>Action Learning Set participants from the North West Region</td>
<td>Activity design and delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action Learning Set participants from the Midlands region</td>
<td>Activity design and delivery</td>
<td></td>
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</tbody>
</table>

Programme activities
- Attendance at 5 formal group sessions (approx. 2 hours per session)
- Development of a shared group project (K-Hub)
- Guided hours of learning
- Self-guided hours of learning
- Projects undertaken
- Case studies completed

MEDIUM TERM (Behaviour)
- Participants implement and monitor public health programmes in clinical settings
- Participants continue to utilise the PHS Toolkit
- Participants build relationships with public health colleagues
- Participants identify opportunities to engage patients in healthier lifestyle interventions
- Making Every Contact Count.
- Participants’ champion public health opportunities within their organisation

LONG TERM
- Creation of a sustained legacy of public health promoting clinical settings
- Promotion of a sustained culture of support for promoting public health interventions
- Clinical teams empowered to support, shape, and contribute to their roles in promoting public health
- A culture of multi-sector working to utilise a clinical setting to support healthier behaviours
- The NHS system utilises the multiple opportunities each day – the countless moments to support the public in wider health and wellbeing

IMPROVING HEALTH AND WELLBEING OF THE POPULATION
- Whole system approach to public health and wellbeing leading to healthier populations
- Health and wellbeing improvements (multidisciplinary)
- Greater equality in healthy life expectancy between poorest and wealthiest areas
- Reduced health inequalities

EXTERNAL FACTORS AND INFLUENCERS
- There is demand for utilizing the programme within other clinical services
- The programme cannot achieve these outcomes without ongoing partnership with a wide range of local, regional and national organisations and must engage with and utilise other local services
- The programme requires sustained investment from multiple sources to maximise the impact of the scheme
- COVID-19 has placed unprecedented pressures on the NHS system, the long-term impacts of these are yet to be understood
Executive Summary (cont)

**Total number of structured group sessions**
5
(121 total ALS Attendees)

**Total Hours of guided learning**
220
(each participant offered 9 hours structured learning)

**1:1 support sessions provided**
42

**Participant views on aspects of the programme**

![Participant views on aspects of the programme chart]

“Undertaking this project and utilising the PHE toolkit has given me invaluable experience in setting up a larger scale interprofessional public health initiative. Following the toolkit ensured my project was structured with a clear focus on what outcome measures could be used to evidence the aims/objectives from the very start.”

(Programme Participant)

### The Public Health England Toolkit

**I will use the toolkit in future projects**
90%

**I will recomend the toolkit to colleagues**
95%

**Have you achieved your original aim?**
7.0 ★
average rating

### Impact

**Changes in knowledge as a result of the programme**

- I am more knowledgeable about the process of developing public health interventions: "Strongly disagree" 10%, "Disagree slightly" 20%, "Agree slightly" 30%, "Agree strongly" 40%, "Strongly agree" 5%

- I am more knowledgeable about available support I can access to develop public health interventions: "Strongly disagree" 5%, "Disagree slightly" 15%, "Agree slightly" 25%, "Agree strongly" 40%, "Strongly agree" 20%

**Changes in confidence as a result of the programme**

- I feel more confident knowing where to begin and start: "Strongly disagree" 10%, "Disagree slightly" 20%, "Agree slightly" 30%, "Agree strongly" 40%, "Strongly agree" 5%

- I feel like the experience has given me confidence, especially with being able to speak to others and bounce off ideas with my team: "Strongly disagree" 5%, "Disagree slightly" 15%, "Agree slightly" 25%, "Agree strongly" 40%, "Strongly agree" 20%

- I know more about public health, the aims of public health initiatives and how they can be developed within clinical settings: "Strongly disagree" 5%, "Disagree slightly" 15%, "Agree slightly" 25%, "Agree strongly" 40%, "Strongly agree" 20%

### Frequently reported impacts

- PHE toolkit enabled participants to follow a structured approach to quality improvement that may otherwise not have happened
- Group approach has enhanced the value of learning from other professions
- Without the programme the majority of projects would not have developed

### Recommendations

- ALS approach is effective. If resources allow, it should be continued
- Numbers within each ALS need to be kept low, to allow for more interaction and discussion
- Reformat ALS sessions to allow for topic specific sessions
- Clear need for Toolkit. Useful to consider making the toolkit available as a printable resource
- PHE and HEE need to consider the most effective systems to make clinical teams aware of the toolkit.