



london teaching public health network

Partnership in Action for building capacity to improve health of Londoners

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This presentation

- **Who** are the **L**ondon **T**eaching **P**ublic **H**ealth **N**etwork?
- **Why** is there a need to build public health capacity?
- **What** are we doing to build capacity around
 - tackling childhood obesity in London?
 - helping harness the public health contribution of the third sector ?
 - undergraduate public health teaching?
- **Where** could/should we go from here?



London Teaching Public Health Network

- One of nine regional public health networks established by the Department of Health, England to:
- **‘enhance the knowledge of anyone who can improve public health through the sphere of influence of their work’**
- **We partner with academic, public sector (health and local government) and third sector to help create a ‘public health mindset’ within the wider workforce”**

We are the national lead for engaging the Third Sector



Why is there a need for TPHNs?

- Current health challenges – need for fully engaged scenario – public and personal engagement with health
- Not everyone has the skills and knowledge to engage fully



The health of Londoners

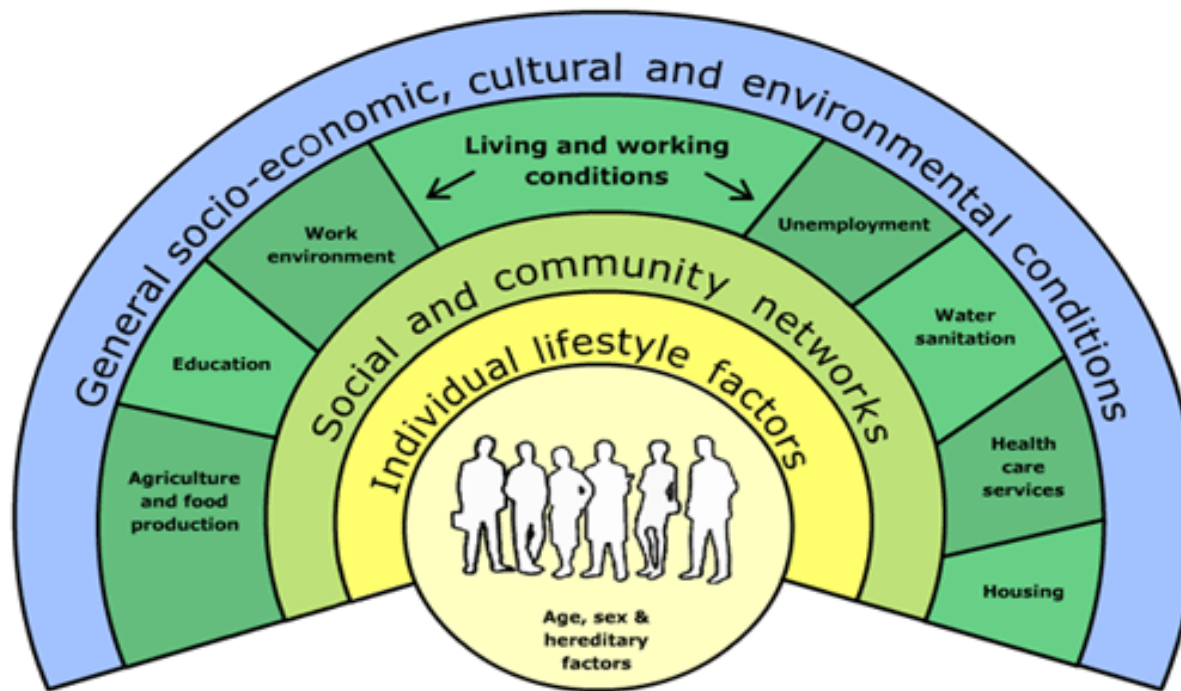
- Health of Londoners generally worse than nation as a whole*
- London has many health challenges – particularly around obesity, smoking, alcohol consumption, sexual health, teenage pregnancy and health inequalities
- Building capacity and capability for effective action to promote health and reduce inequalities a priority**

* Health Focus 2009 ** GLA The London Health Inequalities Strategy Draft Consultation 2009
Marmot Review: Strategic Review of Health Inequalities in England post 2010



Public Health is everybody's business

The Main Determinants of Health



Source: Dahlgren and Whitehead 1992



Historical context: Why TPHNs?

Choosing Health, Wanless,

- Perceived lack of engagement between academic and service PH
- Knowledge that many 'PH relevant' courses lacked coherent PH content
- Enhanced health and allied professional education essential for achievement of 'fully engaged' scenario, even in the NHS
- Growing interest in standards and perhaps regulation of other PH workers – practitioners
- Recognition of importance of PH competences for commissioners and providers (World Class Commissioning)



What LTPHN is doing to help build public health workforce capacity in London

1. Tackling childhood obesity



Healthy Weight for London's Children

- DH – RPHG - funded project 2008-9
- Background: about one in three of our primary school age children is overweight or obese; children being measured in school [NCMP]
- Tasks: a) To develop interventions and b) to train the workforce to deliver targeted interventions to support prevention and management of child obesity in London
- Aim to develop evidence-based interventions *and* to do no harm
- Apply national PH Skills & Career Framework
- Cross-sectoral participation
- Level 1 – Brief Intervention
- Level 2 – weight management for 4-7 year olds



Brief Intervention: 'Level 1' Programme

- 1 day training in childhood obesity awareness using rigorously selected trainers
- Multiple organisations on board: PCTs, children's centres, community groups, hospitals, universities
- Wide range of participants: HE, clinical, schools, 3rd sector
- Included 'real life' role play scenarios
- Free of charge to participants
- Fits local obesity pathways
- Signposting to local resources
- 561 participated (over 35 of these trained to deliver level 2)
- Continuing demand to undertake training
- Reflective log
- Mentoring support
- Certificate



Boroughs where training has been delivered

- Hounslow
- Southwark*
- Hackney
- Brent *
- Barnet
- Haringey *
- Camden
- Barking & Dagenham
- Tower Hamlets
- Harrow
- Westminster
- Ealing *
- Croydon

*and **CHALK** in these Boroughs



Brief Intervention Training – Evaluation

- 95 % of participants* felt confident in raising the issue of unhealthy weight with children and families that they work with.
- A third found the group work/scenarios and discussion the most useful aspect of the day
- Of the reflective logs so far analysed – half the participants have cascaded the training within their organisation

*Total trained 561 across 13 London boroughs



Learning from Brief Intervention Training

- 'Weight' is a difficult topic to raise and seems to be what participants really need to be able and encouraged to do
- Staff from professions where knowledge was expected/assumed *do* need training
- People from very diverse backgrounds can learn together
- The programme has generated interest in new areas – eg higher ed, acute NHS
- Post-training mentoring offered to participants in response to demand



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Level 2 intervention CHALK

- Overall aim: healthy long-term weight based on family behaviour change
- Short term objective: participation, self esteem, parental intention to change
- Target: families with 4-7 year olds 'at risk' re unhealthy weight
- Delivery: flexible
- Content: multiple components during 5 sessions for parents and children
- Addresses health inequalities



End of programme evaluation*

Most useful aspects to parents included

- Portion size
- importance of physical activity

Most enjoyable

- Programme **with** their children whilst having protected learning time away from children
- A third asked for **some form** of **local** support after CHALK had ended

1. *over 100 children and their families took part in CHALK pilot



Follow up interviews – 6 weeks post CHALK

Are you doing anything different?

“Since the CHALK programme, we've massively reduced portion sizes, saving £30/week by not buying junk food & planning proper meals in advance. The FRASH chart has become a family competition - fantastic! Turning the TV off has meant more talking and many more family outings to the park ” (CHALK parent, Haringey)

“Changed portion sizes -fantastic programme” (CHALK parent, Sothwark)

“Measure oil - don't just pour it- salad, no more take away (CHALK parent, Southwark)

“Some of the families are meeting up from the programme; different ethnicities sharing recipes, encouraging kids to do same things, and tackling the same problems.”(CHALK host, Brent)



What LTPHN is doing to help build public health workforce capacity in London

2. Harnessing the contribution to public health made by the third sector in London



A Skilled Public Health Workforce: Third Sector

The Problem

- public health as everyone's business
- third sector key player
- opportunities to participate more fully
- sector complex and diverse
- evidence gap re ph skills knowledge in the sector
- sector varies in resources and organisational infrastructure to support sector-specific skills and career development:
 - potential lack of PH skills development or deskilling
 - lack of professional guidance – public health pathways



“I’ve got a stack of certificates of courses I’ve been on that have been very short.... But whether they would be recognised if I went out of my particular area .. they probably would not....”

Project worker, London



A Skilled Public Health Workforce: Third Sector

A possible solution

Develop a skills passport in health and well-being to be piloted with third sector organisations

A skills passport is

‘ a web-based record of competence which functions successfully in other vocational areas as a support for individual and workforce professional development’



Methods

- research on current models of skills passports and their potential use for health / third sector
- consult with key stakeholders*
 - interviews (telephone/one to one)
 - workshops
 - focus groups
 - consultation event

* Over 200 organisations and individuals included in consultation



Results: Positive

Professional/Individual	Organisational	General
Values, legitimises informal training	Good workforce development tool	Already proven in other sectors
Enabler for jobs and careers in health	Useful for recruitment	Potential for cross-sectoral recognition
Could drive up standards	Useful for tendering	Link to PHSCF
Could create real working links to other sectors	Help create culture of learning and training in health and well-being in the sector	
Facilitate career planning/self-assessment	Help smaller organisations show/become 'fit for purpose'	



Results: challenges

Professional	Organisational	General
QA – how to ensure standards	Workforce development culture non existent for some organisations	Could possibly fragment sector
PHSCF as a potential barrier	Access (IT, language)	Could potentially create inequalities gap in sector
	Cost to organisation	Link to PHSCF
	Transferability in sector untried	Security/data protection
		Trust an issue for some organisations



Recommended next steps

- Explore further sector-specific issues arising from initial consultation:
 - value of competence frameworks
 - use of PHSCF for third sector
 - engage PCT/LA commissioners
- Agree with key stakeholders appropriate model, specifications and costs for development and support
- develop passport and conduct feasibility pilot study to test potential value to sector



What LTPHN is doing to help build public health workforce capacity in London

3. Enhancing public health teaching in undergraduate education



Enhancing PH in undergraduate curricula

- DH funded project to develop public health module suitable for health undergraduates in four areas: child health, diabetes, stroke, coronary heart disease
- Module to be made freely available as teaching/learning resource through Health Knowledge www.healthknowledge.org.uk by end December 09
- Piloting with variety of students/courses in November 09
- Partnership approach to development (multi-agency, multi-disciplinary)



To conclude

Building capacity in the wider workforce is :

- Exciting – eg innovation and creativity thrive in the 3rd sector
- Engaging– the workforce wants to get involved
- Effective – subject to evaluation
- Essential – if we are to improve health and well-being

And needs:

- Proper recognition for skills gained
- An organisational culture of continuing development



Suggestions/ideas

How can LTPHN support you?

For example:

- With training and development?
- Building links with 3rd sector for commissioning
- Evaluation of London wide strategies – e.g. vascular risk
- Ideas for events
(networking/conferences/seminars/workshops)
- Other ideas – e.g. sharing national initiatives through TPHNs