NHS
Health Education England

Leading Prevention in Clinical Services: A toolkit approach

A Proof-of-Concept Evaluation

"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)

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1.0 Background

The NHS Long Term Plan sets out new commitments to strengthen the role of NHS in the prevention of ill health and in the reduction of health inequalities.[1] It builds on the service priorities outlined in the NHS Five Year Forward View[2] that called for a radical upgrade in prevention and population health. Achieving this will require a shift in our healthcare system from a narrow model focusing on acute, individual patient care to one that focuses on the health and overall wellness of the broader population it serves[3].

In 2019, a survey of over 200 clinical leaders highlighted that whilst eight out of ten agreed public health was a priority for them, only around a third felt confident in implementing a prevention-focused service.[4] This highlighted a need to support clinical leads in the delivery of public health interventions within their service. Public Health England have attempted to help address this through the development of an e-learning toolkit *'Embedding public health into clinical services.'* The toolkit was designed and integrated into Health Education England's e-learning for health portal[5] to support clinical leaders and service managers to guide their teams through the process of re-designing services to support prevention.

In the Autumn of 2020, Health Education England, in partnership with Public Health England, commissioned the development and delivery of a proof-of-concept pilot project, to trial the use of the toolkit in clinical settings and gain feedback from a range of health professionals. Utilising action learning sets and coaching to enable clinicians to use the toolkit to frame their own public health projects. Two cohorts were recruited one for the North West and one for the Midlands region.

The project model and delivery were led by a local public health consultancy 'Progress Health Partnerships' (www.progresshp.co.uk) working alongside the Workforce Development Leads at Health Education England North West (alison.farrar@hee.nhs.uk) and Midlands (sally.james@hee.nhs.uk) and Public Health England. The support offer developed included:

- Access to a 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 4 'Action Learning Sets' across a six month period, 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 collectively
- Final optional webinar on writing for publication and public health career journey from a senior public health colleague

[1] The NHS Long Term Plan (2019) https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[2] The NHS Five Year Forward View (2014) https://www.england.nhs.uk/publication/nhs-five-year-forward-view/
[3] Cohen D, Huynh T, Sebold A, Harvey J, Neudorf C, Brown A. The population health approach: a qualitative study of conceptual and operational definitions for leaders in Canadian healthcare. SAGE Open Med. 2014;2:205031211452261.
[4] Survey monkey 'Developing a prevention-focused AHP service', Jan 2019.
[5] https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_44698&programmeId=44698

Running throughout the contract was an ongoing process evaluation to assess the impact of the approach and make recommendations for on-going support options. This report outlines the main findings from the evaluation to help inform future delivery.

2.0 Evaluation Methodology

2.1 Evaluation Aim

To explore the impact of the *'Embedding Public Health into Clinical Settings'* toolkit and the *'Action Learning Set'* approach to support clinical leaders in project development.

2.2 Evaluation Objectives

- To explore the potential usefulness of the toolkit to clinical leaders
- To explore the effectiveness of the 'Action Learning Set' approach to delivering public health interventions in clinical settings
- To engage effectively with training participants to gather quantitative and qualitative data and explore their perceptions of the programme
- To analyse the data and draft a report with clear recommendations based on objective findings of the evaluation

The evaluation was conducted through a series of inter-linked work packages. It was agreed that no personal identifiable data would be reported in the evaluation.

Table 1. Methods used in the evaluation

Work Package	Evaluation Methods Used
Context setting	• Review of background documents to the programme • Meetings with Health Education England North West and Midlands and Public Health England • Development of programme level logic model
Programme recruitment, retention, and fidelity	• Assessed through registration forms and drop-outs and supported by interviews and group discussion covering issues such as: Was the programme delivered in a manner as designed and intended? How well were individuals and relevant organisations recruited to the programme? How many participants were recruited and retained?
Participant use of the Toolkit	• Data gathered through participant on-line survey and qualitative discussion
Participant Action Learning Set experiences	• Development of pre and post eSurvey of participants. • Qualitative data gathered rough 1:1 interviews and group discussion, exploring impacts, enablers, barriers, and future intent
Participant actions	• Gathered through qualitative participant case studies
Data analysis and reporting	• All available quantitative data was analysed • Qualitative evidence was manually coded against recurring themes.

2.3 Evaluation Limitations

- The programme and the evaluation were delivered during the COVID-19 pandemic. Many participants were redirected to COVID related roles which limited their involvement in the programme and subsequent evaluation.
- As a 'proof of concept' programme, the evaluation budget was limited to just 5 days in total. Whilst significantly more time was afforded to it, it should be recognised that a greater resource would have meant that the evaluation could have investigated deeper.
- The time scales for the programme (6 months) meant that there were significant limitations on implementation of project level interventions back in practice. Evaluation over a longer term would allow for more robust impact and outcome measures.
- In any evaluation like this it is challenging to find and interview people who withdrew from the programme (as they also do not tend to want to engage in the evaluation). This might lead to a positive bias.

2.4 Programme Logic Model

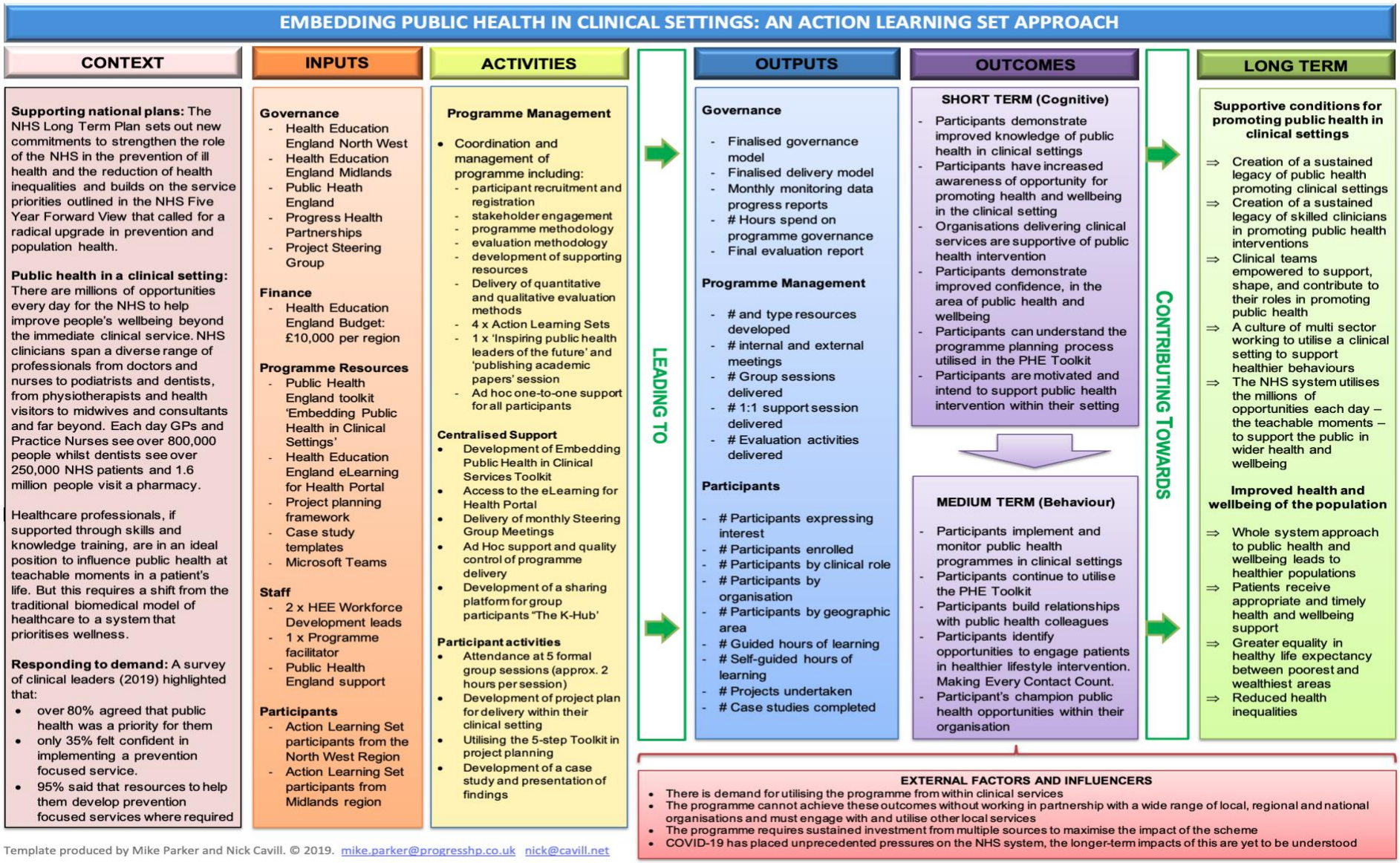
To support the programme planning and evaluation, we developed a programme level Logic Model (Fig. 1, overleaf). The model identified the outputs anticipated from the programme and identified a range of outcomes split into:

- **Short Term:** Change that happens immediately because of attendance on the programme. These impacts relate to cognitive change (thinking, knowledge, confidence, and intent)
- **Medium Term Outcomes:** these relate to changes in participant behaviour brought about by the cognitive impacts. Some of these are difficult to evaluate within the short lifespan of the programme
- **Long Term Outcomes:** These relate to changes such as the environment, the organisational approach, that are brought about by changes in behaviours of participants. These are totally outside the remit of this evaluation.

It was agreed that we would consider the following **output measures**: Numbers of action learning sets; numbers of participants; number of organisations; retention rates; number of hours training / learning; and number of case studies.

The following **short term outcome measures**: Increases in awareness; knowledge; confidence; intent; and motivation. Additionally, we would look to identify any **medium-term outcomes** relating to change in practice to highlight the potential for the programme.

Fig 1. Logic Model: Population Health in Clinical Settings: Action Learning Set



3.0 Findings

3.1 Programme Participants

Clinical staff were recruited onto the programme through an 'Expression of Interest' form distributed through the Health Education England networks in the North West (NW) and Midlands (Mids.) region. The programme anticipated recruiting 20 participants, 10 from each region.

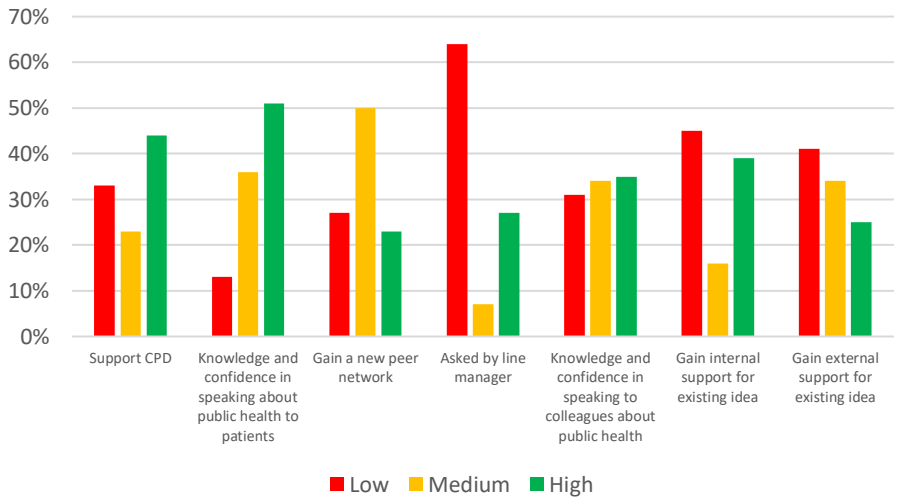
Programme demand exceeded initial expectations, especially given that recruitment was in the middle of the COVID-19 pandemic when the NHS system was under significant strain. Demand was greater than the resource available, demonstrating a willingness by NHS clinicians to embrace public health within their practice. Following a two-week recruitment period, the programme had received 35 Expressions of Interest (17 NW, 18 Mids.) and a decision was taken to accept all 35 participants onto the programme. Two participants did not progress their interest meaning 33 participants enrolled onto the programme. A further 20 participants expressed an interest but did not meet the deadline for submission. These participants were retained on a 'reserve list'.

Participants represented 22 different organisations across primary, secondary, and tertiary care. Job titles ranged from Speciality Doctors to Advanced Nurse Practitioners, from Matrons to Pharmacists, from Podiatrists to Dieticians and from Consultants to Speech and Language Therapists and more. This highlighted the breadth of clinical services with an interest in public health, again exceeding original expectations. For a full list of participating organisations and participant job titles see Appendix 1.

3.2 Reasons for joining the programme

At the outset, participants were asked about their primary reasons for joining the programme. To support their personal CPD, to improve their confidence in speaking to patients about public health and to gain internal support for an existing idea were the most highly ranked reasons for enrolment.

Fig 2: Reasons for enrolling on the programme



"I want to learn more regarding public health and engaging with patients."

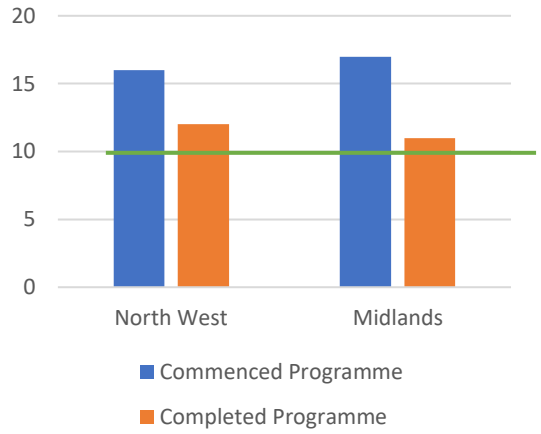
"It will allow me to develop a new skill set and allow me to incorporate PH into my pharmacy practice."

"I want help to build my project at my place of work, to help us assess our patient population and deliver brief and effective interventions to promote better lifestyles for the same group."

3.3 Programme Retention

Of the 33 participants starting on the programme 23 went onto to complete, a retention rate of 70%.

Figure 3: Participant retention



There were two primary reasons for programme withdrawal. Of the 13 withdrawals, seven withdrew due to changing roles related to COVID-19 activities, whilst three withdrew due to lack of time within their existing role. One participant changed employer and two participants did not state a reason for withdrawal.

"We currently do not have the capacity to be able to fulfil the project to the level that we would wish. The time constraints we are currently under and the goals/commitments that we have for the coming year mean that this just isn't currently feasible for us."

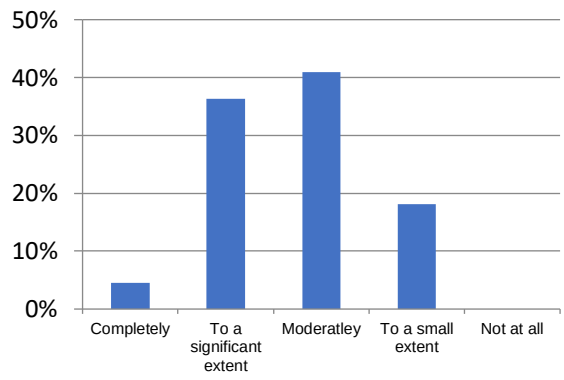
"Due to Covid redeployment it has meant that I was unable to commence my project within the timescales of the programme. I would have liked an opportunity to be able to extend this."

3.4 Experiences of using the toolkit

Eight out of ten participants had never heard of the toolkit before enrolling onto the programme whilst just two participants had already used the toolkit within their work.

During the first month of the programme, 82% of participants had looked at the toolkit in detail and 40% of participants had used it within their project planning. Of participants completing the programme, 100% had used the toolkit of which 87% rated the toolkit as good (47%) or excellent (40%) the remaining 13% rated it as sufficient.

Fig 4: Has the toolkit informed project planning?



40% of participants reported that the toolkit had significantly or completely informed their project planning. Whilst 18% said it had only informed planning to a small extent.

"The toolkit had lots of useful links and further reading on public health priorities which I think has increased my knowledge and understanding greatly."

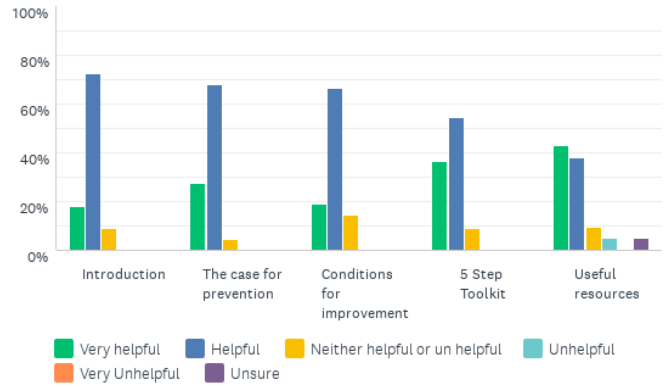
"The PHE toolkit is slightly bulky and, in my opinion, is trying to provide a little too much information. Much of the text is not concise enough."

"It has helped me look at local service needs and gather more local data than I previously would have known how to. I plan to use it more in my project planning when I have the chance to and as the project progresses- it is definitely a useful tool."

"My project was already at a relatively advanced planning stage, but it has helped to clarify thinking and has led me to new resources."

"Used it before I started the planning, found it a bit overwhelming, so then used the project plan, but referred back to it and the docs associated with it."

Fig 5: Most helpful aspects of the toolkit



On the whole participants found the toolkit clear and easy to follow and the early steps assisted participants in identifying aspects of planning that may otherwise not be included within planning.

Most participants found the toolkit to be easy to understand and navigate. And welcomed the links to resources within the toolkit

"It is easy to use, concise - good structure to follow when planning a project. Useful resources that question every part of project"

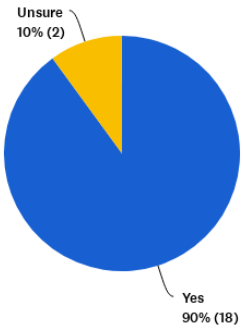
"Easy to use, quite accessible (not too full of jargon, clear and easy to read and follow), broken down into manageable sections"

However, there are some aspects of the toolkit that did not meet the needs of all participants. Some found it a little 'long winded' and time consuming. *"Embedded resources were unnecessarily wordy when you click on the hyperlinks"* whilst others suggested that it was not easy to access (on the E-learning for health portal) or easy to navigate *"You keep having to click on the links. It would be useful if the 'essential' info was all in one place."*

Several participants would have preferred there to be a printable manual to make working through it less complex and more user friendly. *"I think it would be more useful as a 'manual' that can be downloaded, with pages for the different sections to refer to, had to keep going to different tabs for the info, and going back to the toolkit, back and forth."*

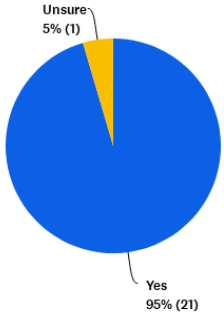
Participants are overwhelmingly positive about their use of the Toolkit going forward. Nine out of ten will use the toolkit in the future and 95% will recommend it to colleagues.

Fig 6: Will you use the toolkit in future programmes?



"I wish I could have had access to it for previous projects I have completed!"

Fig7: Would you recommend the toolkit to colleagues?



"I have already recommended to others."

3.5 Experiences of the support programme

At the outset, participants were asked what they hoped to achieve through enrolling on the programme. As anticipated, the responses varied but could be grouped under the key themes of:

- To gain a better understanding of public health
- To explore frameworks and methods for quality improvement programmes
- To gain a better understanding of how to embed public health within clinical settings
- To network with like-minded professionals
- To understand how to influence stakeholders

"I wanted to gain a better understanding of how to embed public health into the clinical services we develop. I also hoped to gain experience of piloting a service and being confident in assessing whether the public health aims had been met."

Fig 8: Have you achieved your original aim when joining the programme?
(1= Not at all, 10= Totally)

On completion of the programme, we asked participants how much they had achieved these aims (on a scale of one to 10). The average score across was participants was high (7).

Figure 9, below, highlights the major barriers experienced by participants. As would be anticipated the COVID 19 impact on clinical roles (i.e. being reassigned to focus on COVID) was raised by 73% of participants. The other significant barrier was that of time pressures within their existing role which restricted the time given to the programme (67%).

Fig 9: The major barriers that have hampered progress

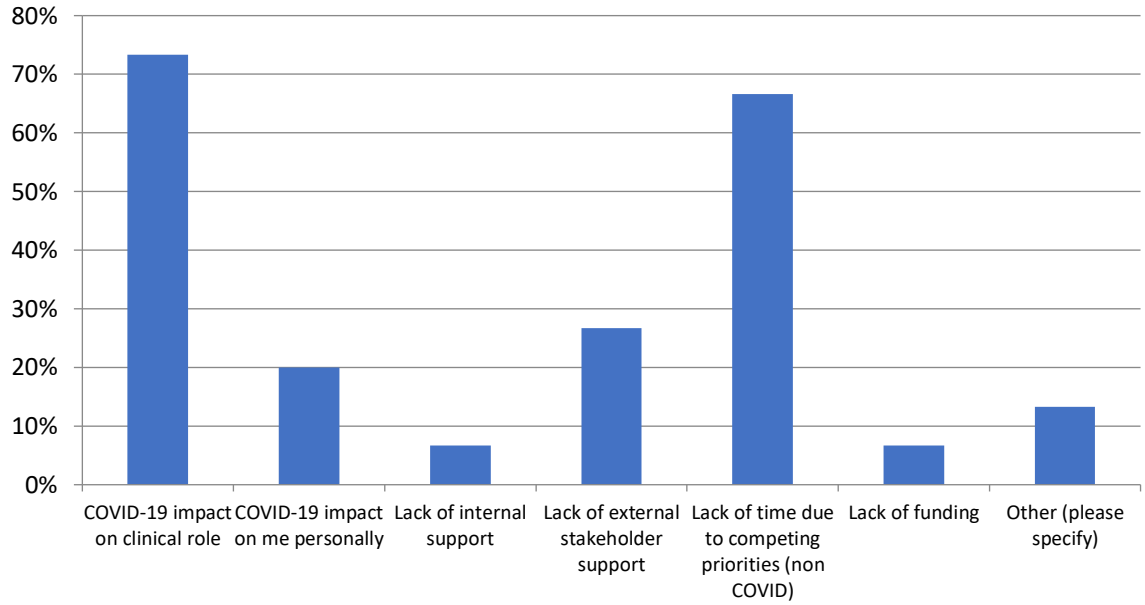


Figure 10, below, asked participants to list the most significant factors within the programme that enabled their project progression. The majority (87%) highlighted their own personal drive to deliver on the programme. Whilst 60% listed the PHE Toolkit and the resources it provided. Just under half (47%) listed the ad-hoc, one to one support provided by the programme and the internal support from within their workplace as significant enablers.

Fig 10: The major enablers that have supported progress

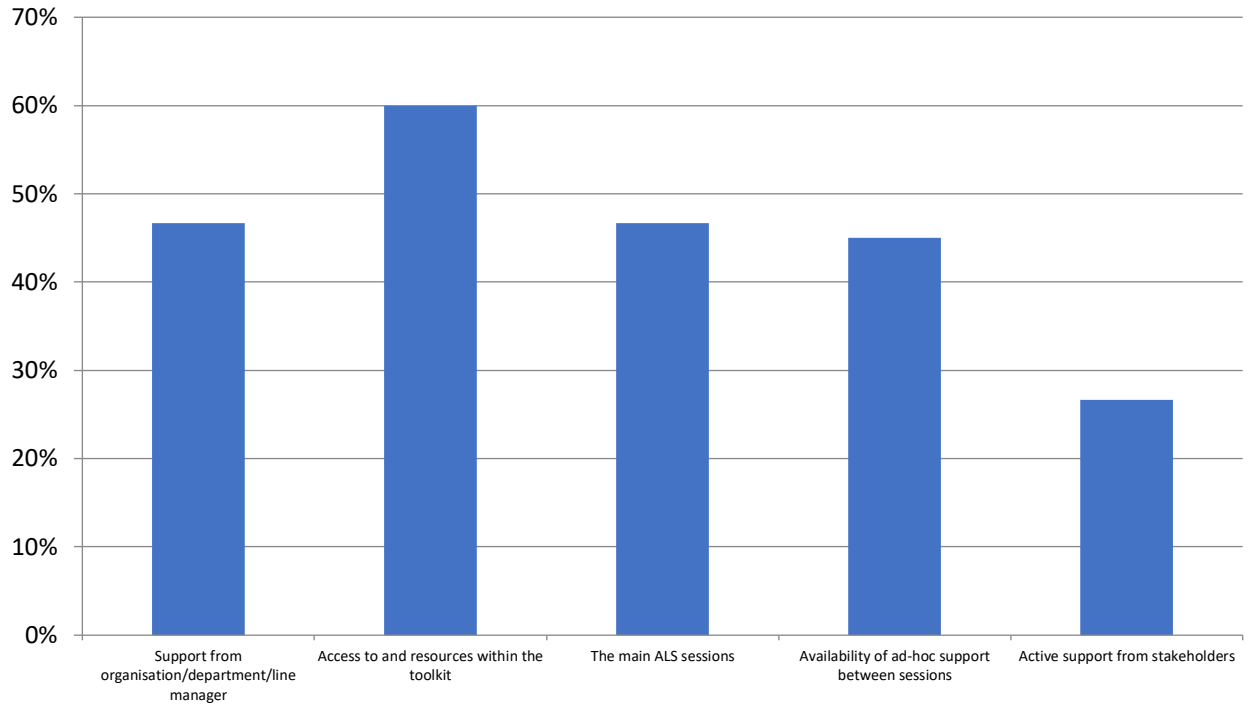
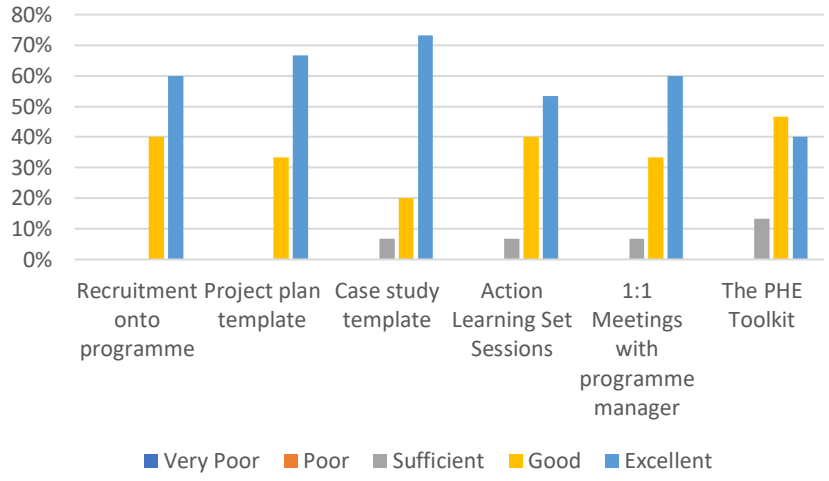


Fig 11: Participants views on the various aspects of the programme



Participants were asked to rate their views on specific aspects of the overall programme delivered by HEE. Clearly all aspects of the delivery were highly regarded. In particular, the templates produced to support participants, the Action Learning Set sessions the 1:1 support sessions and recruitment were all rated excellent by over half of the participants.

"The ad-hoc check ins were really helpful and kept the project moving. The HEE team always got back to me really quickly when I contacted them about my project."

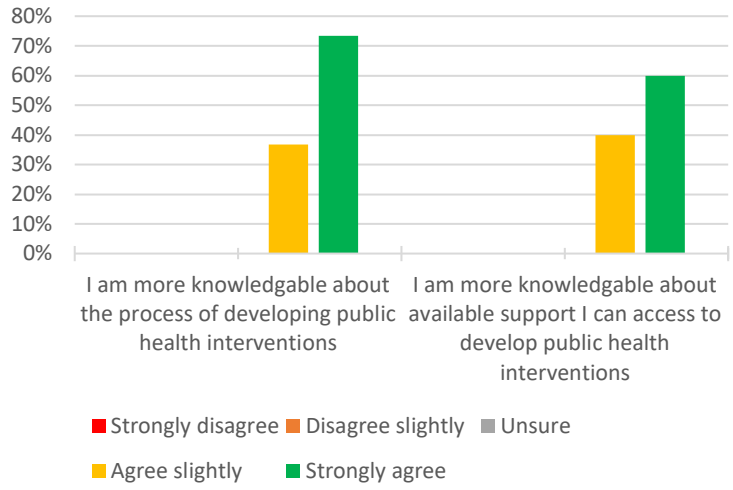
Several participants suggested that they would have preferred smaller group sizes for the Action Learning Set sessions and some suggested that the formal sessions could have been extended from 2-hours to half a day, as this was the only protected time they had on the programme.

"In the ALS I would have appreciated more time to look at the practicalities of using the toolkit and skill development- more guidance around how to do things… For instance, explaining how to pull data from the toolkit resources (it is quite overwhelming when you are unfamiliar with it)."

3.6 Programme impact

The evaluation focused on assessing the short-term outcomes identified on the logic model, most namely around increased confidence and increased knowledge of clinicians developing and delivering public health interventions.

Fig 12: Changes in knowledge resulting from the programme



As can be seen (fig 12) 100% of participants completing the programme reported that their knowledge about the process of developing a public health intervention had increased slightly (37%) or significantly (73%) and similar increases in knowledge were reported for accessing available public health support (40% slightly and 60% significantly).

Participants were asked to clarify these statements by explaining how their knowledge had increased. Here, participants reflected that it has made them explore their clinical role more widely and seek out opportunities to introduce public health interventions.

"It has made me look at my field more widely and appreciate things on a more national level, looking for the root causes of issues and how they can be dealt with."

"The programme highlighted the impact of small changes I can make with regards to public health. The toolkit provided some useful resources to help identify public health issues locally and nationally."

Many participants reflected that it had significantly increased their knowledge about public health, what public health is and how it can be applied within different settings

"I know more about public health, the aims of public health initiatives and how they can be developed within clinical settings… which has taught me a lot about my own setting"

"I feel more knowledgeable about how to develop public health interventions and I am more aware about different public health issues."

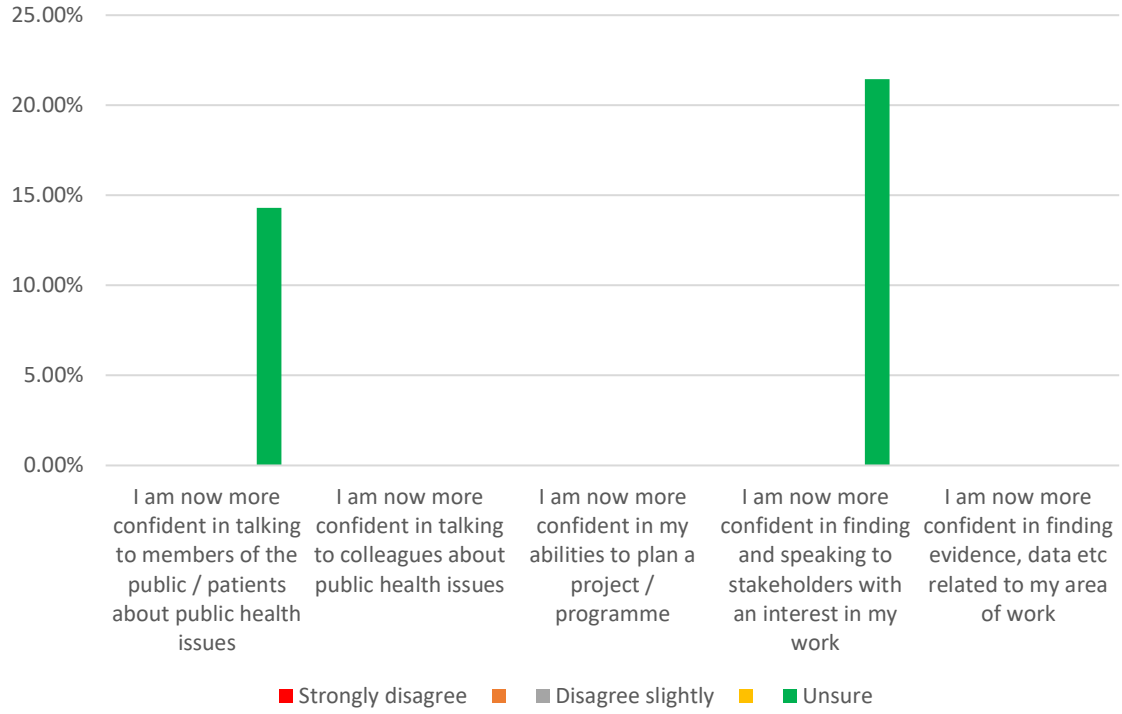
"I've consolidated my knowledge about what public health is and how this can be related to other disciplines outside of the team I work within and how different teams can link together to work towards similar public health priorities."

Alongside the increases in knowledge came an increase in the confidence of participants in talking to patients (86%) and colleagues (100%). Still positive but of a lesser impact was participants confidence in talking to stakeholders. 21% were unsure if they felt more confident talking to stakeholders and 57% only slightly agreed that they were more confident. This is reflective of qualitative data received from participants throughout the programme in that they struggled to find and engage stakeholders. However, in the participant's comments to articulate their statements the only ones relating to confidence in speaking to stakeholders were positive.

"The actual process of engaging with stakeholders about oral health again helped improve my confidence."

"My confidence to engage stakeholders has also increased as the toolkit helped me realise the importance of getting them onboard early."

Fig 13: Changes in confidence resulting from the programme



In explaining the changes to levels of confidence, participants articulated that the process undertaken had provided them with the confidence to speak about their ideas more freely and articulate their thinking more clearly.

"It gave me the confidence to speak about my ideas more freely and required me to be able to articulate myself more clearly."

"I feel more confident knowing where to begin and start, I feel like the experience has given me confidence, especially with being able to speak to others and bounce off ideas with my team"

"Working on this project has pushed me out of my comfort zone to discuss my project and also views on the process with others that I haven't met. I have also had to talk about my project in a large team meeting (80+ people) and engage the team in gaining their views on the project. This is something that I am still not confident with but the experience has meant that I have proved to myself that I can do it and will have to do it again!"

The final short-term outcomes that the evaluation sought to measure was participants intent to continue to utilise the learning in future practice. Here, 70% of participants' completing the programme discussed their intent to take the learning onto developing their existing programme or embedding it into future work.

"Having a structured approach to all projects will help my organisation in actually achieving outcomes massively."

"I feel much more confident in undertaking quality improvement projects in the future. I feel confident in discussing the importance of quality improvement with my colleagues and helping them to develop any ideas they have."

"I think when developing services, I'll have more of an idea of how to focus on prevention to meet any public health objectives. I also feel now more confident with developing services"

"It has motivated me to upscale my project and also think about other public health interventions that need priority "

"It has given me a huge springboard to develop my work with an evidence-based toolkit to be able to dip into and keep me on track."

"In all aspects, it has given me the confidence to pursue ideas and implement, I am more likely to pursue more opportunities like this"

4.0 Discussion

The quantitative findings from the evaluation are overwhelmingly positive, which, considering this programme was delivered during the COVID-19 pandemic with unprecedented pressures on clinical staff, shows the enormous potential in supporting clinicians to embed public health interventions within their clinical services. A focus group of project participants allowed the evaluators to understand in more detail the reasons behind and the impacts of participation in the programme.

Focus group participants reflected that their main motivators for joining the programme were linked to the acquisition of new public health skills, skills that they had either not acquired in their clinical training or that had been unused within their clinical role. *"Thinking about using a more structured programme was kind of what drew me into it really. Just becoming more aware of different resources out there. The Public Health focus isn't something that I've focused on before".* Clearly participants enrolling on the programme had a personal or sometimes departmental interest in utilising their service to reach beyond the immediate need of patients "*The fact that the programme was Public Health kind of linked really well with our team ethos. You know, wanting to support all children with their language development, not just those children that are struggling."*

One of the conditions for joining the programme was a requirement for participant's line manager approval. Participants suggested that this was important, as it secured 'protected time' to focus on the programme. *'Having my line manager's approval meant that I got a little bit more protected time to actually collect the data and analyse it and then work on the teaching presentations and things. I think otherwise it would have been very much as an adjunct to normal clinical activity."* Participants also felt this gave them personal accountability to their department, *'for making progress within the programme.'* Participants talked about the programme being a regular discussion in their 1:1 supervision sessions.

It is clear that on registering with the programme, participants had generally underestimated the amount of time required to plan, garner support and implement a public health project within their setting. Whilst this encouraged sign-up, on reflection participants were perhaps overly ambitious in their expectations. "*I thought, oh it'll be easy to finish this project in 6 months, that was kind of part of the appeal. Then, you start and realise that actually you've got possibly a bit more work to do. I think I will definitely achieve what I wanted to, but I think, maybe I was a little bit unrealistic in thinking that I could do it in the 6 months."* Alongside this, the impact of COVID-19 on clinical services has had a significant effect on the progress of individual projects. Recruitment to the programme started shortly before the second wave of infections when Covid pressures on clinical teams were low. It would have been impossible for participants to account for the impact that the second and third wave of infections would have on their clinical workloads, including, for many, the reassignment of roles to support the vaccine roll-out. *"I think the Covid component's been a big one, hasn't it, in terms of competing priorities. It's*

something we couldn't have necessarily foreseen." Given this, a 70% programme retention demonstrated the enthusiasm and commitment within the clinical settings for embracing work around public health.

On commencing the programme, participants were unaware of the toolkit and indeed many other resources out there to support public health, which perhaps suggests a need to review how resources, in general, are promoted within clinical services and a need for more effective engagement of clinical teams in understanding their role within the promotion of public health. Once participants were introduced to the toolkit, they clearly welcomed it and embraced the content and spoke favourably about the structure and the direction that the toolkit provided to their thinking. *"So, the toolkit was useful. I think I had a vague idea of where I wanted to go but then actually following the toolkit, prompted me to think before jumping straight in with an idea. It changed my structure, thinking about the data, especially engaging the stakeholders early on."*

Underpinned by the toolkit, participants valued the overall structure of the approach to training and the resources produced to support participants, in particular the programme planning template, produced separately from the toolkit, which self-guided participants through their programme planning. The approach of group action learning and the supportive environment it provided was clearly valued. *"I just wanted to hear from other minds and get kind of inspired about how to direct myself and make it a bit more strategic, so it's been really useful having lots of kinds of different people from different backgrounds and different expertise to come together, I guess."* The structure provided by the Action Learning Set sessions was seen as critical by participants in keeping the progress on-track. Participants talk about the sessions providing accountability for progressing with their thinking. *"The group meetings have been really helpful in terms of structuring the project and also giving an idea of which direction... Well not which direction … but how to keep proceeding with the project."* Without these structured sessions 70% of participants said that they would not have progressed the programme, highlighting the need for this structured approach. *"I think I might have ended up doing the project at some point but maybe it wouldn't have had the same structure and probably it would have taken longer to do it."*

This Action Learning Set were enhanced by ad-hoc 1:1 support between individual participants and the programme lead. The vast majority of participants (87%) made use of this opportunity and had one or more conference calls to discuss various aspects of their project. It was reported that these sessions had helped to alleviate issues, clarify thinking, and give direction and focus. *"One of the most useful things was how supportive you (programme lead) were in saying that you would be happy to talk to us directly. That gave me a lot of guidance. I felt everyone was really approachable and I could ask for support and you had places to direct me to and I thought that was really useful."* It is also reported that the regular communication kept participants on track and prompted progress throughout the six months. *"Your emails saying, if you want someone to act as a soundboard, to run your ideas through someone really kept me focused. Because when you're doing a project independently and there's not much support around it's really easy to let time slip. I could kind of say that this is really important and kind of argue my case a bit better."*

Through development of the case studies (apendix 2) we asked participants to clarify the impact that being involved in the programme had had. It is clear that most of the impacts have been at a personal or organisational level and that the workloads surrounding COVID-19 have meant that programmes have not, on the whole progressed through to measuring impact on the medium behaviour change outcomes for patients. Participants consistently highlighted the following impacts:

- Using the PHE toolkit enabled participants to follow a structured approach to quality improvement that may otherwise not have been part of the planning and implementation
- The programme and the supporting resources clearly increased confidence of participants to progress introducing public health components into their clinical roles

> *"My passion and drive for quality improvement has increased and I feel myself to be much more confident in my own ability to undertake such a task in the future having used this toolkit."*

- It has raised participants' knowledge of the need to engage stakeholders and develop programmes collaboratively. Although several participants reported difficulties in engaging stakeholders in their work.

"This project has given me the confidence to approach stakeholders, something I would have never done at the start."

"It made me appreciate that there needs to be active involvement from other people and not just myself. In order for it to be successful, you have to get other people involved"

"It's improved my networking and organisational skills. I have been able to identify the appropriate stakeholders and used their experience to adapt my plan as I go along."

- The networking provided by the group approach has further enhanced individual confidence and the value of learning from other professions has been important

"It's allowed me to learn from the wealth of experience from different healthcare professions, using the lessons learned from their previous successes and failures ."

- Increased public health knowledge of clinicians

"I have developed an increased understanding of public health and feel that I am in a position to share this with colleagues"

"It has enabled me to update my knowledge of current PHE facts and figures for my area and learn more about the key priorities for the Notts ICS, the Notts health and wellbeing strategy and NHS England. It has updated my knowledge of public health and reinforced the importance of embedding it into clinical practice."

5.0 Conclusions and Recommendations

"I'm just amazed at everybody's commitment in what are tremendously difficult times. It's fantastic and it's heartening to know that the toolkit has been useful and has enabled people to know where to go for data or how to structure their work more effectively."

There was significant interest from clinicians in engaging with the programme. Participants understood the opportunities to deliver public health interventions within their clinical settings and were enthusiastic to take up the opportunity offered by Health Education England and Public Health England. The Action Learning Set approach, coupled with ad-hoc 1:1 support was effective in sustained engagement of participants and the PHE Toolkit was an extremely valued resource amongst the clinical teams.

COVID-19 pandemic, and the pressures it placed on participants clearly affected how far individual projects progressed within the time frame, however very high retention rates and the detailed case studies developed by participants demonstrated a determination to drive their projects and feedback suggests that implementation will continue beyond the life of these action learning sets.

Participants gave extremely positive feedback on the programme delivery. In many cases they say this has led to enhanced development of public health interventions within clinical settings.

For those who have not yet implemented their project it is clear that the training and resources have clarified their intent to continue with development and implementation.

Finally, the evaluation has identified the potential to develop this pilot further. To fully measure the impact and outcomes identified in the programme logic model, will require a longer-term approach to training and evaluation. There is potential to use the logic model for the programme as the starting point for setting a longer-term evaluation framework. The evaluators make the following recommendations.

1. The Action Learning Set approach to training is effective and if resources allow, should be continued, perhaps starting with the reserve list from the programme
2. Numbers of participants within each Action Learning Set need to be kept low, to allow for more interaction and discussion between participants
3. Delivery of individual ALS sessions should consider being revised to allow for topic specific sessions focusing on individual areas (eg data gathering or stakeholder engagement)
4. There is a clear need for the PHE Toolkit, but it would be useful to consider making the toolkit available as a printable resource and putting all the essential information in one place
5. PHE and HEE need to consider the most effective systems to make clinical teams aware of the toolkit.

Appendix 1

Organisations represented by participants
Southport & Ormskirk Hospitals Trust
Slieve Surgery / People's Health Partnership
Sherwood Forest Hospitals NHS Foundation Trust
Lordswood Medical Group
People's health partnership PCN
Community Dental Services CIC
South Warwickshire NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust
St Helens Council
University Hospital Coventry and Warwickshire
Manchester Royal Eye Hospital
Manchester University NHS FT Trust
The Hive health centre
Liverpool Heart and Chest Hospital
Haydock Medical Practice
NHS- University Hospitals Leicester Trust
Woolton House Medical Centre
Manchester Local Care Organisation
Wythenshawe Hospital-Manchester University NHS Foundation Trust
Royal Bolton Hospital
Health Education England
Warrington Hospital

Participant Job Titles
Specialty Doctor
Pharmacist / PCN Clinical Director
Matron Patient and Carer Experience and Health inequalities
Senior Paramedic
Pre-Registration Pharmacist
HEE Leadership Fellow with Clinical Experience in Paediatric Dentistry
Specialist Health Visitor - Parent & Infant Mental Health
Speech and Language Therapist
Public Health Programme and Commissioning Manager
Advanced Nurse Practitioner for Mental Health
Weight management dietitian
Registrar
Advanced Podiatrist: Diabetes
Consultant Radiologist
Professional Lead & Dietetic manager
Junior doctor FY2
GP partner
Physician Associate
Advanced Nurse Practitioner frailty lead
Leadership Fellow with Clinical Experience in Restorative Dentistry
Health Development Coordinator
Community Dietitian
Practice Nurse
Clinical Director and Lead SLT
Physical Activity Coordinator
Dietitian
Health Development Coordinator
Consultant-Emergency Medicine
FY2 Doctor
Dental Transformation Fellow
Speech & Language Therapist
Consultant in Emergency Medicine
FY1 doctor