FPH CPD Return Report

Submitted Activities

Description:	Attendance at LeDeR Learning and Sharing event
Start date:	27/03/2023
End date:	27/03/2023
Type:	Group work, seminars and journal clubs
Linked PDP objectives:	To keep up to date with public health practice To strengthen the public health voice in my LA

Reflective Notes

Why did I choose this activity for my CPD?

I chose this because I am the public health consultant on the ICB LeDeR Inequalities Board, and I wanted to reflect further on the public health role here (PDP objective: strengthening the PH voice in my LA) as well as on keeping up to date with this area of practice (PDP objective: keep up to date with public health practice.) Having attended the Board meetings, I have been impressed by the input from the expert by experience, as well as by individuals working in social care. However, it has been harder to see how exactly the public health consultant can make a difference in this group. This specific activity was a learning and sharing event, lasting a full day and including experts by experience, family carers, social care workforce, and commissioners. I reflected that this is a rare opportunity to come together with this diverse group in a relatively informal way, and was looking forward to my learning from it.

What did I learn from this activity or event?

There was a short video on the findings from the national report on lives and deaths and this was sobering to watch, highlighting again poor health outcomes and the importance of including this group within our public health thinking on health inequalities, and not allowing it to be 'marginalised' to specialist services. I read more from this report after the event and I reflected particularly on the presentation of the data. The Easy read version meant that key data were starkly set out, with very memorable statistics such as that half of all the people with LD who died in 2021 died an avoidable death, compared with a quarter of people without LD. I compared this easy read version with the more detailed powerpoints from the session and reflected on how important it is, in terms of PH advocacy, to have a small amount of easily understood data, as opposed to much longer and more detailed versions. I concluded that both has a place in the collation and presentation of data, but that the Easy Read approach may be particularly impactful with elected members.

The regional LeDeR report was also presented, and in comparison with national data, the Region showed some key points such as slightly more positive association between deaths and deprivation; slightly younger age at death; slightly better in terms of C-19 deaths; poor data recording on LTCs in reviews. . I was struck by the finding that nationally 64% of people who died had a DNACPR in place at the time of their death and it was found that this was correctly followed only 60% of the time, and that in the Region there had been an increase in 2021. The ICB level report was presented and this highlighted some specific issues such as that most people who died had high body weight and/or diabetes and that annual health checks and health action plans are of variable quality. It also reported 52 deaths across the two counties which was more than I had thought.

The most uplifting and memorable part of my learning was the celebrating achievements section, where interventions on healthy bowel awareness; over-medication; and sensory environment in GP surgeries were delivered. The bowel information had been developed with the experts by experience from the Health checkers team and this was of really high quality but I realised it had taken some time to produce. However, the value of having materials to guide an informed conversation with people with LD and/or their carers was clear. The GP environment work had grown from the understanding that people with LD often find it hard to engage with health professionals and diagnostic over-shadowing can happen, with signs of illness being over-looked. The project consisted of an assessment of the practice environment by people with lived experience of autism and findings were reviewed by

health professionals with specialist knowledge. a recommendations report was sent to the practice and the ICB will fund minor changes. Four short training videos were also produced. The work was time consuming and 7 practices in my LA had so far been included.

Whilst I had expected to learn about the PH voice in the LeDeR Board, I learnt more about taking the LD voice into PH! This was powerful for me. It also reminded me again about the value of attending events which are not only attended by the PH workforce. I shall continue to do this in different contexts, rather than always focus on keeping up to date by attending regional and national conferences (although these have their place.)

So what am I going to do to apply this learning in my work?
I will try to apply the Easy Read principles to the presentation of PH reports locally.

In my academic work, students often take DNACPR/ReSPECT as a topic for an improvement idea and I will feel better able to supervise these assignments. I will encourage a focus on people with LD for this, rather than the older population who are usually chosen for further study.

I will highlight the importance of annual health checks in PCN settings and ensure that the usual behaviour change advice is readily accessible for people with LD. I will be aware of the Health checkers' work in assisting with any information campaign work, in particular on oral health which is an area where I have a leadership role. Although we have delivered training to care home staff, the impact of really simple messaging for direct use with people with LD, via families or carers, is very promising. I reflected that the training we had delivered had not been customised in this way and this was a weakness.

I will take the opportunity to consider reasonable adjustments for services we commission, building on the learning from the GP practice work. I will share the learning from the practice assessments where appropriate and support the PCNs to encourage the work going forward.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?
I shall find out more about the process for producing Easy Read versions in my LA.
I will review the oral health training package for carers and work to develop materials for use with people with LD directly.
I will make sure I read the annual national and regional reports on deaths, and consider how we might learn from this in developing the drug related deaths audit group which I have a leadership role in. I need to understand more about the constitution of these groups in other areas, and how the voice of the service user and their family can be included.

Description:	Attendance at LGA/FPH/ADPH conference session (session on childhood poverty)
Start date:	20/02/2023
End date:	20/02/2023
Type:	Conferences
Linked PDP objectives:	To keep up to date with public health practice To strengthen the public health voice in my LA

Reflective Notes

Why did I choose this activity for my CPD?

I chose this because there can be some debate here about the extent of poverty locally, and whether or not this really is an issue for our population. I am well aware that it is an issue (we have the second lowest average wage in the Region) but was struck by evidence from qualitative social prescribing work that some staff have no perception of poverty here.

I wanted to frame my thinking more clearly before addressing the issue locally, hoping to present as a reliable advocate and expert. In order to find out more about current thinking I joined the LGA/FPH/ADPH conference session on childhood poverty. I knew that there were speakers from the Royal College of Paediatrics and Child Health, Action for Children, Barnados, and local government (DPH) and hoped this would give a range of lenses through which to deepen my understanding.

What did I learn from this activity or event?

I found this event really helpful in considering narrative. The chair positioned poverty as a public health emergency and that it is a particular crisis for children and young people whose life chances will be adversely affected, negatively impacting on short and long term outcomes.

I learned about some source material of which I had previously been unaware and I will read this. I also reflected that I did not have a clear line of sight into these relevant publications and so will ensure I look at relevant 'grey' literature a little more in the future. In fast moving times, academic research often does not keep pace and so it was a useful reminder that this literature can bring very timely evidence and enhance knowledge in a much shorter time frame.

I took away some very compelling statistics from the Barnados national report and felt that a hard-hitting approach is needed. I shall do what I can to mirror these with local figures but, if these are not available, will promote the national data. This has been a successful strategy in mental health for example where it is often said that 1/4 of us will experience mental illness at some point in our lifetime and I have never had a challenge for local data. Here, numbers such as 1/7 children have to share a bed with an adult; 1/3 parents say their child's mental health is worse than it was before the cost of living crisis; 1/4 parents say their child's physical health is worse were powerful.

However, there was also an important contribution from Action for Children, making the point that 7/10 children in poverty live in working families and so the advice around 'working your way out of poverty' has little real potential. This linked for me to the Marmot findings and the need for central government action to remedy this. It is particularly pertinent in our low wage area. This speaker gave some really practical calls to action which appealed to me, on increasing the uptake of all that is on offer in particular, and ensuring that the inverse care law does not apply.

The DPH from another urban LA described clustering of poverty there and the life long impact. I took away his point that poverty is not an ACE, but that all ACEs are more likely if you live in poverty. This is important when we sometimes can be over sensitive to any judgement about the quality and experience of those living in poverty. He also reminded us of the fact that everyone is less well off in unequal societies, as described again by Marmot.

So what am I going to do to apply this learning in my work?

I will share the references with colleagues and will ensure that some of this narrative is fed into our developing inequalities strategy.
I will ensure that I advocate for a living wage with any anchor institution work in the County.
I will not be reticent about naming the positive association between poverty and ACEs.

I will liaise with colleagues on increasing uptake of healthy child vouchers. We have focused on vaccination much more than this, yet both have a very strong place in improving children's health outcomes.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I will follow up some useful references for my further knowledge and understanding:

- child poverty statistics were to be published tomorrow and so will make sure I read those.
- I will read the LGA Public Health Annual Report 2023 'Supporting Communities in Difficult Times' of which I had previously been unaware.
- I will read the Barnados report 'A Crisis on our Doorstep' 2023, of which I had previously been unaware.
- I will source an ICB poverty toolkit from Barnados. of which I had previously been aware.

Description: Attendance at PhD supervisor training

Start date: 04/02/2023

End date: 04/02/2023

Type: Group work, seminars and journal clubs

Linked PDP objectives: To extend teaching and learning competence

Reflective Notes

Why did I choose this activity for my CPD?
I attended Phd supervisor training as part of my PDP objective to extend teaching and learning competence. This was to enable reflection on my practice as supervisor of two very different students. One is a full-time student, the other a full-time member of staff. The two supervisory teams are different too, made up of colleagues from other Schools and disciplines and I was aware of variation in approach and practice. Attending this training and some more specific training on supporting accessibility (one of the students is dyslexic) which is also listed in the CPD diary meant I could learn more about best practice which could steer me in my future higher degree supervisory practice. I was also aware that I apply pedagogic theory in my MSc teaching, but have not done this in the same way in PhD supervision.

What did I learn from this activity or event?
Some of this learning was operational and initially I was a little disappointed. However, this proved to be a helpful reminder of the importance of following University procedures, and a reminder of what they are! I was able to see that my more experienced colleagues often did not follow these, due possibly to the fact they have changed over time. This reminded me of the importance of CPD in general, the lack of which invites practice to be based simply on observing the practice of others which may not be optimal.

Another element was about supervisory practice itself and we were signposted to resources about which I had previously been unaware, in particular to 'Enhancing Practice in PhD Supervision.' I was made aware for the first time of the national body which has produced this, the UK Council for Graduate Education . I familiarised myself with this in private study and learnt about the shift from active researchers being seen as simply able to supervise others to do it, towards developing active teaching and learning relationship with facilitation and empowerment at its heart. I found a four-type conceptualisation helpful: research supervision as pedagogy; research supervision as relationship; research supervision as management; and research supervision as facilitating contributions to knowledge, and understood all elements to be present in both my practice and in my observation of the practice of others. I realised the importance of achieving the most effective mix between the four.

The learning on accessibility was interesting and highlighted the legal requirement under the Equality Act to make all learning accessible and and focused on on-line resources. This was less relevant than I had hoped but actually served to remind me that people with dyslexia see the world differently from me. This means that I need to take more time to understand the world from their perspective, just as I would, for example, with experts by experience in the service world of the NHS. This seems particularly important in the one to one relationship with a PhD student and is more nuanced then. In MSc teaching in large groups, I am competent at ensuring accessibility but it raised the question for me about how I adapt practice and make reasonable adjustments in PhD supervision. I concluded I do not.

So what am I going to do to apply this learning in my work?
I will be careful to follow University procedures in my own practice and will also raise with colleagues the need to do so, leading the way if necessary.

I will make sure that I am more mindful about the focus of supervision sessions and ensure that there is a balance between its different elements, remembering that there is more in this relationship than simple' showing how.' I will apply pedagogic knowledge to supervision following some further private study.

I will have a specific conversation with my dyslexic student about reasonable adjustment. I am sure I rely too strongly on discussion and have reflected that I do not create enough processing time. I also do tend to repeat points using different phrasing which makes things particularly hard in person.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

I shall further my reading on this topic in private study, initially with following up the references in the 'Enhancing Practice' document. I shall also attend research supervisor network meetings at the University which I have not done in the past, because my co-supervisors do not.

I shall read more about supporting the dyslexic PhD student.

Description:	attendance at White Ribbon Conference
Start date:	01/01/2023
End date:	01/01/2023
Type:	Conferences
Linked PDP objectives:	To keep up to date with public health practice To strengthen the public health voice in my LA

Reflective Notes

Why did I choose this activity for my CPD?
I chose this activity to link with two PDP objectives: to keep up to date with public health practice, and to strengthen the public health voice in my LA.

I am active in leadership work in the Community Safety Partnership, one of whose strategic objectives is ending violence against women and girls and I chair a sub-group of the CSP on Sexual Violence. I wanted to take time to reflect on my approach going forward. I am aware that this area of work locally is dominated by some very vocal voluntary sector survivor and victim organisations including a lobby group in my LA 'Anywhere's Women's Equality Group.' It is easy to accept their voice without criticality and to be wary of being seen as unsupportive to those who champion tackling violence against women. I wanted to challenge myself to be sure I was clear on my own professional views without being swayed by these loud voices. I also wanted to reflect on the prevention and evidence led public health principles in in this area, because there is an imbalance in favour of reactive services for survivors.

What did I learn from this activity or event?
This was an on-line event, with a good range of speakers covering topics including survivor support, perpetrator support, creating safe public space, and evaluating RSE in schools. I reflected that, although data shows a rise in offences, there has been significant progress in tackling this during my career. The opening address reflected for example, on the development of MARACs, of Claire's law, and legislation on coercive control. This reminded me to stay positive about the impact of advocacy in this field and the impact strong system leadership can have at population level. This renewed my commitment to this important area of public health practice.

I was particularly moved by a video from a victim's father, who has set up the Hollie Gizzard Trust in her name to raise awareness of domestic abuse and stalking and to deliver training, including bystander training. He has also developed the Hollie Guard app which is an app to enable alert and camera to be activated. The story of Hollie and her father's response was powerful and it reinforced my commitment to the agenda and reminded me of the importance of story-telling in advocating for change. I can become very focused on data in an attempt to present a dispassionate account of the reality of violence against women and girls but this reminded me that hard data can be made more impactful with the use of personal case studies.

There were also presentations about some small initiatives locally, including making public space safer. I learned of the value of this, in terms both of reducing crime and of the fear of crime, and that impactful interventions could be low cost and include changes to landscaping and street lighting. However, I noted that this was retro-fitting for some insensitive design and I felt empowered to be more vocal about avoiding the need for this through better planning and design principles.

A research evaluation study was presented by researchers from SafeLives on RSE. This had been based on a survey of 63 teachers and 1025 young people and focus groups with a further 37 young people. This highlighted the variable content, training for and quality of RSE and also that students are aware that teachers are uncomfortable teaching this. Students said they wanted very specific information on how to have difficult conversations especially around consent and that boys were unable to show or discuss vulnerability. This evaluation reminded me of the importance of RSE but the need to be rigorous on quality, especially when commissioning training or delivery. Locally there has been some reactive commissioning of school based education from a main VCS provider to use under-spent budgets and I reflected that this is not acceptable without clear targetting, quality standards and impact evaluation.

I have been concerned about the lack of a clear approach to perpetrator programmes locally, and aware of a reluctance locally to focus on this. The personal story of a former perpetrator was again powerful and I was reminded that, unless there is a focus on their behaviour change, perpetrators will go into future relationships unchanged, even if they have had legal consequences for violence behaviour.

So what am I going to do to apply this learning in my work?
I will make sure that presentation of data is balanced by personal stories from women who have experienced violence from men.

I intend to ask for a fuller service specification for our next commissioned schools based training, and to consider how the robust training of RSE teachers can be ensured. I want to really build on the evidence base from this study and make sure that we can address some of the findings of weakness locally. I will also look for robust evaluation of the interventions, be they training of teachers or classroom RSE sessions.

I will advocate for perpetrator programmes to be one of the options when we consider priorities for funding.

I will emphasise the role of planning and design in creating safer public spaces for women and girls. This should not be funded from one-off funding streams, but should be embedded into our work with developers and planners. I will take this forward into work I have recently begun on an SPD on health in planning and a workshop which is being arranged.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?
I will fully explore the Safe Lives organisation, and the resources it offers. I will do a fuller literature search on the topic. New RSE guidance is expected this year and I will make sure that I keep up to date with this.

I will scope evidence on what works regarding perpetrator programmes.

I will read more on designing for women's safety in the public realm.

Good Quality notes 3.

Description: **Start date:** **End date:** **Type:**	Leading and Managing Together development programme 01/03/2022 30/12/2022 Organisational development activities
Linked PDP objectives: Look at ways in which to continue to expand my leadership skills	
Reflective Notes	
Why did I choose this activity for my CPD?	
1.	Description of the activity

Leading and Managing Together is my Local Authority (LA) new development programme aimed at helping members of the Senior Leadership Management Group (SLMG) define their responsibilities and sets out how my LA expects its leaders to behave and what my LA expects them to do, while providing the support and development to enable SLMG members to deliver on my LA plans. It contained the following workshops and eLearning packages:
Leading well
Our Leadership Framework (1.5 hours)
Change Masterclass (2 hours)
Being an Inclusive Leader (2 hours)
EDI in the Workplace (eLearning)
Political Awareness (3 hours)
Performing Well
Our Behaviour Expectations (1.5 hours)
HR for Managers : Resolution and Grievance (eLearning)
HR For Managers : Managing Disciplinary (eLearning)
HR for Managers : Managing Absence (eLearning)
Delivering Well
Using Customer Insight to Design Services (2 hours)
Decision Making Arrangements (eLearning)
Councillor / Officer Roles and Responsibilities (eLearning)
Writing Effective Reports and Decisions (eLearning)
EDI in decision making: Equality Impact Assessments (eLearning)
Finance, governance and effective decision making for budget managers (6.5 hours)
Finance Fundamentals (eLearning)
Risk Management – (1.5 hours)
Total = 30 hours
In person sessions (21 hours)
eLearning (est. 9 hours)

2. Why did I choose this activity for my CPD?
This programme has been a significant piece of CPD over the last year – while each session forms a separate CPD activity, I have grouped them for reflection purposes to consider the impact participation in the programme has had on my practice. The Leading and Managing together programme was mandatory for all SLMG officers and was seen as an important part of fostering a change in culture and embedding new leadership behaviours across my LA.

Developing strong leadership skills is an important aspect of life as a Consultant in Public Health. Within 6 months of having joined my LA in my first CPH role COVID meant that my leadership skills were tested in numerous ways. This is not an area that Public Health Training can fully prepare you for and while I had a good sense of what type of leader I wanted to be, COVID helped me, fairly rapidly, develop and build confidence in my leadership style. However, I continue to see this as an area for development and it forms a key part of my professional development plan (PDP).

What did I learn from this activity or event?

There was lots to take away from this programme of CPD activities. The programme was split into 3 domains and I found these useful in different ways.

Performing Well – this set of workshops and e-learning packages focused on management skills. With a growing public health team and new line management responsibilities as well as a responsibility to embed the council's new behaviour expectations at all levels, this group of sessions provided very practical guidance and learning. It introduced or updated me to new HR policies around absence, informal and formal disciplinary actions, and grievance. It also provided an opportunity to discuss with peers how to utilise the council's new Leadership behaviours and expectations to support development and performance of staff.

Delivering Well – this collection of modules (both e-learning and workshops) included a useful foundation to my role by offering learning around the council's updated decision-making process and the role of officers and councillors in these processes. This domain also included a one-day workshop on 'Finance, governance and effective decision making for budget managers' which provided further chance to discuss confidence in financial management with colleagues and learn about different approaches to financial planning. The session provided useful background to the financial challenges of the council but also enabled me to learn about the challenges peers face with financial planning in their areas.

Leading Well – this was probably the most interesting domain within the programme of work. Largely this was because it was delivered through workshops with SLMG colleagues from different parts of the council. We held quite open discussions about how we felt about the council but I also learnt much from hearing about how others apply leadership skills as well as the relationships different officers have with elected members. The latter was a particular interesting aspect of the programme and I learnt much about: the evidence and narrative that elected members may wish to see in order to make decisions; the role of scrutiny as a vehicle for elected members to offer challenge to and influence wider decisions; and, dealing with the challenge of defining clear roles and responsibilities between elected members and officers in decision making.

So what am I going to do to apply this learning in my work?

- Engaging with political members and building stronger relationships by thinking carefully about how I present and frame messages to elected members be they my portfolio holder, a portfolio holder for another area, or representing their local ward and community.
- We have a new team that has recently undergone much change, but I am working with other members of the public health senior leadership team to embed leadership principles at all levels and help develop staff.
- Building on the new visibility of public health and connections built through the course to re-engage with the wider council on a range of key topics.
- Play a more active role in SLMG discussions including those with the chair of the Improvement and Assurance Board. This is something I have already taken forward and have recently talked with the chair in a senior leadership meeting representing the public health team and talking about the progress we have made linked to the core values he has asked the council to focus on.
- Some of the more practical elements are now built into my day-to-day practice with the way we

approach the decision-making process, a fundamental part of how we operate.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

- There continues to be things I can learn about the council constitution as well as working with elected members; including the opposition.
- There is also much I can do to expand my understanding and application of leadership skills. Some of this will be on-the-job learning by observing and reflecting on the actions of my DPH as well as identifying a suitable DPH mentor.

……..

Description:	Train the trainer session: Cost-of-living
Start date:	22/11/2022
End date:	22/11/2022
Type:	Workshops and educational meetings

Linked PDP objectives: Ensure strong thematic knowledge across my responsibilities (national guidance, policy drivers and emerging evidence)

Reflective Notes

Why did I choose this activity for my CPD?

- This is a really important topic: The increase in the cost-of-living is described by the Royal Society of Public Health as a public health crisis. It is having an immediate impact on millions of households' ability to heat their homes, provide sufficient food, and access support to live healthier lives.
- PDP: Ensuring strong thematic responsibilities was an objective within my PDP. Improving my understanding of issues such as financial wellbeing and food insecurity

What did I learn from this activity or event?

Financial wellbeing:

- Defining financial wellbeing: The extent to which someone is able to meet all their current commitments and needs comfortably, and has the financial resilience to maintain this in the future
- This session kicked off with a really interesting discussion on the language of lack and how, without realising it, the words we use can often greatly impact on the narrative or stigma surrounding an issue. This included considering the benefits of using strength-based language.
- A public health approach: it was useful to consider how the public health approach is applied to social issues. This including considering the enabling factors (e.g. financial capability, access to services, and income) and barriers (e.g. cost of living, indebtedness, lack of education, unemployment) to financial wellbeing.

Food insecurity

- We heard about two examples of work created during COVID-19 in my LA and nearby LA focused on bringing together partners to talk about food insecurity. In my LA, this primarily focused on crisis management and the co-ordination of food banks. In the other LA, the programme had a stronger public health lead and thus looked beyond immediate crisis to the root causes and took a very community-centred approach. The work in the other LA had led to a Food Charter and Sustainable Food Plan which was particularly interesting.
- The session included an introduction to the Food Ladder approach that considers the associated social and economic implications that comes from food insecurity, alongside a need for food. The ladder has three rungs

i. ii.	'Catching' (e.g. crises management); 'Capacity Building' (e.g. activities that improve financial circumstances, social networks, and build food knowledge);
and	
iii.	'Transforming' (e.g. community change).

So what am I going to do to apply this learning in my work?

- Financial wellbeing is one of our Joint Health and Wellbeing priorities and this session helped build a better understanding of the challenges and goals of that workstream. This will be particularly useful in helping me identify overlapping areas of work.
- I had never previously reflected on my use of language when talking about deprivation and disadvantage and the negative framing these discussions often take. There is a balance to be found to ensure we continue to talk about the issues and challenges faced by our communities. However, the session helped remind me of the importance of taking an asset-based approach.
- The discussion on food insecurity by two other local areas was incredibly useful. Food insecurity and sustainable food environments are an area shared across two of our Joint Health and Wellbeing Strategy (Eating and Moving for Good Health and Financial Wellbeing). The discussions have helped us shape the direction of travel for this work. Much of the local work has focused on crisis management and supporting food banks. The work from the other LA supported our case for additional resource to co-ordinate a food insecurity strategy that was broader in it's scope.

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

- This is a great example of the learning that can come from peers. I will continue to look for opportunities for me and my team to visit or talk to other areas and learn about the way they have approached topics.
- With this topic specifically, I will continue to look for opportunities to attend webinars and lectures from experts on the topic

Good quality notes no 2.

Description:	Developing an Evaluation Framework
Start date:	28/06/2022
End date:	29/01/2023
Type:	PH audit, appraisal and reflective practice

Linked PDP objectives: Professional development, teaching and training, research

Reflective Notes

Why did I choose this activity for my CPD?

As I have become more deeply involved in my role and am developing my areas of interest, I have become very interested in real-world evaluation and how we can embed a culture where evaluation is considered important and carried out consistently to develop knowledge, improve patient care, and ensure taxpayers' money is well spent. I was invited to join a project group led by a Specialty Registrar in Public Health. As the project developed, I could really see the value in developing a framework built on academic rigour, that incorporated behavioural science models to help design an intervention based on changing people's behaviour, and sets out clear metrics to measure from the outset. This work is designed to be used as a tool to support evaluation across different public health settings, by individuals who may or may not have evaluation expertise.

My role has been predominantly advocating for the use of the tool in a number of different fora and encouraging people to pilot the tool in real-life scenarios so that we can gather feedback to further develop the tool. I have presented the tool nationally and regionally and have embedded it into our regional processes.

What did I learn from this activity or event?

Implementing a new approach

So far I have learned that it takes a lot of work to get a project like this off the ground; that it requires significant leadership to engage people and maintain momentum when everyone is busy, and that when the leader moves on it is especially challenging. There are always barriers to getting a new process adopted and you need to get buy-in at every level to embed new processes.

Managing conflict

Following this work, I have been endeavouring to embed a culture of evaluation into regional approach to address inequalities in the COVID vaccination programme. I have invited colleagues to present local evaluations, invited academic colleagues to attend, and worked with the national evaluation team to try to develop an enhanced data return to support value for money evaluation of pop-up/outreach activity. I set up an engagement session with our 7 systems to discuss how they could best support this work which led to the airing of a lot of strong opinions about how people did not have time to evaluate their work and did not want direction from the centre with the shift of focus to ICSs.

The value of face to face

I have had more success in going out to the Systems in person to see the work they are doing, which has reinforced the value of face-to-face interaction and ensuring that people know the work they are doing is valued.

Perseverance

Following our unsuccessful efforts to gain buy-in to an enhanced data return including financial data in the regional group, I adopted a new approach of approaching System colleagues individually to listen to the challenges and use my influencing and negotiating skills to successfully get one system

to pilot this approach.

Gathering further insights

I brought the topic of evaluation to our national Screening and Immunisations Leads network for discussion and learned that there was not an appetite to pursue evaluation for the same reasons cited by Systems - that there is not capacity to support this work. It was also raised that there is not a robust repository to store and reference grey literature evaluation. Even acknowledging how stretched everyone is, I am a little surprised to see that there is so little support for robust evaluation processes when this is a central tenet of public health practice.

So what am I going to do to apply this learning in my work?
1. Embedding a culture of evaluation in PH is really important - I will continue to engage people on this, including my team with CPD sessions
2. Implementing new approaches and managing conflict - I will use the learning about implementing contentious changes eg when best to get some people on board as allies before discussing with the masses
3. Face to face - I will plan to build more face to face into my diary especially with external stakeholders
4. Perseverance - I have seen through this work and other work as a consultant, the importance of conviction in your approaches and accepting that there will be barriers and conflict along the way - using this to refine your approach rather than give up.
5. Gathering insights - Having discussed with colleagues I will now look to
- Renew energy in this project
- Pilot the framework in our team
- Find allies to support this work
- Approach academic colleagues including economic evaluation teams eg in our critical thinking unit
- Speak to colleagues in other areas of PH about how they approach
- Think about what people really want to get out of evaluation, and what is achievable
- Approach the FPH's Healthcare PH special interest group to see if there is interest in expanding this framework outside of immunisations and if there would be support to develop a central repository

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?
I will continue to learn through these planned conversations with colleagues
I will look to attend an NIHR training course on Service Evaluation and/or economic evaluation

……

Description:	Leadership reflection
Start date:	29/01/2023
End date:	29/01/2023
Type:	PH audit, appraisal and reflective practice

Linked PDP objectives: Build a strong network and excellent relationships with stakeholders within the organisation and with partner organisations, inc
Professional development, teaching and training, research
Provide strategic leadership on addressing inequalities in Screening and Immunisations Programmes, particularly the COVID vaccin
Provide strategic leadership to ensure that high quality screening and immunisation programmes are delivered in line with nation

Team Leadership

Reflective Notes

Why did I choose this activity for my CPD?

Leadership is central to my role in the team, as well as my role as an influencer in the wider System. I have chosen this area for reflection as it was a new role for me on becoming a consultant, which I feel I have grown into as my role has developed, acknowledging that there is always further work to do. This is particularly important at present as we have just lost our lead consultant in the team and so we need to look to fill that space to provide some stability for the team. This links to my objectives around leading the team, leading workplan teams, and providing leadership around the Inequalities agenda.

What did I learn from this activity or event?

I have observed that my leadership skills have grown considerably over the time I have been with the team and grown in confidence in my ability, and gained respect from colleagues in the team and at senior level. My leadership role comprises a number of areas, all of which have developed over this time. I have been able to push for more than keeping the status quo, constantly looking at how we can improve, and strive for excellence in the team.

My role as a leader in the team includes:

- Being part of the Leads Group
  - Collective problem solving
  - Questioning and sharing my opinions constructively
  - Pushing to be action-focused
- Developing clear priorities for the team
  - Taking part in discussions to develop our annual team priorities and plan on a page
  - Steering discussions about prioritisation around inequalities work - which programmes to focus on
  - Bringing discussions to the Leads group about roles and responsibilities within the team and how members of the team prioritise their work, who leads what, how to prevent duplication
- Promoting team wellbeing
  - Bringing ideas to support team wellbeing to the Leads group
  - Promoting clarity around priorities and processes
  - Realistic timelines for projects in discussion with colleagues carrying out projects
- CPD
  - Bringing ideas on CPD to the Leads group, setting up a CPD workplan team to ensure team development and people feel valued in their role

My wider leadership role includes:

- Strategic thinking
  - Developing a vision eg Inequalities Strategy, place-based groups for collaborative working around screening and immunisation uptake
  - Looking at opportunities to develop new and innovative models of delivery of immunisations based on learning from COVID - building on community engagement and asset-based approaches
- Collaboration
  - Networking and building relationships with colleagues working on the same agenda within and outside of the organisation to identify synergies and keep abreast of the wider picture
  - Bringing people together across the System to effect positive change: eg via the design and chairing of regional networks to share good practice
- Influencing and negotiation
  - Working with System colleagues to influence system approaches and architecture eg through our approaches to collaborative working around increasing immunisation uptake at System level
  - Sharing work around inequalities with other regions and nationally to influence national strategy
  - Negotiating with System colleagues about how they can provide costing information about

outreach to support value for money discussions
I have also learned by observing others' leadership approaches, looking at aspects that I value from a leader, and those that I wouldn't wish to follow. What I hope to bring to the role is being:
- Kind and courteous
- Approachable and willing to engage
- Enthusiastic and inspiring
- Credible
And adopting a problem solving approach, clearly summarising issues and looking at options to address the issues, calling on colleagues' expert knowledge when required.

So what am I going to do to apply this learning in my work?

My reflection is that I would like to further improve on my approach in the following areas:
- Consistency of approach/direction and adhering to agreed priorities
- Giving people my time and attention without being distracted
- Building on the programme management approach - putting in place systems to ensure that I can keep all of the plates spinning
- Communicating well - including being clear about mutual expectations when working with colleagues
- Balancing close working relationships with maintaining credibility

Key actions for me include:
- Ongoing reflection on others' leadership styles
- Accessing a coach and a mentor as agreed in my work appraisal
- Leadership MSF in 2023 and developing an action plan following this
- Setting up some reverse mentoring in the team
- Developing a project plan around approach to working with external stakeholders including 121s with my key contacts, team show and tell sessions, adopting more of a customer service approach and seeing what our stakeholders want from us

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

As per my PDP, I would like to access some formal leadership training including
- Lean Thinking Training
- Management of Change
- Compassionate leadership
- Systems Leadership

☐

…….

Description:	Population Healthcare Development Programme
Start date:	26/01/2023
End date:	29/03/2023
Type:	Formal courses

Linked PDP objectives: Professional development, teaching and training, research Team Leadership

Reflective Notes

Why did I choose this activity for my CPD?

I saw this course advertised and thought that the content sounded valuable to develop my knowledge and insight into Healthcare Public Health and to broaden my consultant skillset around leadership and organisational culture. I was glad to have the opportunity to learn from Sir Muir Gray.

What did I learn from this activity or event?

I learned about the fundamental challenges facing the healthcare system today, of a relentless increase in the demand for healthcare services, and inadequate resource to meet this need. This

demand is exacerbated by the description of 'new' conditions and advancements in technology and treatments.
Critically, we need to look at the value of the services that we provide. There comes a point when the risk of harm from an intervention outweighs the potential benefit. There is also significant variation and an enormous amount of waste in the health service.
The course advocated for a stewardship model, where we take collective responsibility for developing a sustainable model of value-based healthcare. We need to think about personal value, technical value, allocative value and social value.
It then went on to discuss how we can lead these changes, creating a positive culture and moving our focus to value based healthcare.

So what am I going to do to apply this learning in my work?

The key messages which I am taking away from the course to incorporate into my practice are
- Thinking about what we are actually trying to achieve and who we are trying to serve
- Thinking about what outcomes matter to the individual and how we link with personalised care approaches
- Thinking about empowering patients to make informed decisions about whether to have their screening or
immunisations – what are the processes for consent? What decision aids do we offer?
- Thinking about how to develop a positive culture in our team (if not the wider organisation)

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

To better understand what matters to the individual and how this is facilitated I would like to arrange some visits to some of our screening providers to better understand what happens in a screening appointment and see the discussions that we have with individuals attending.
I will also look at how we are reporting health outcomes ie cancers prevented, rather than just screening coverage.
I will bring in the discussions about organisational culture and values into our team development work, including our vision, mission, values, and how these are portrayed through our meetings, stationery, job plans etc.
I will talk to xxxxxxxxxx in our team who also joined the course to reflect on what we have learned and how we can apply this.
I also heard an example of using a web-based proforma for annual reports which I would like to explore for our team.

…….

Description:	RSM Tackling Health Inequalities Conference
Start date:	11/01/2023
End date:	11/01/2023
Type:	Conferences

Linked PDP objectives: Professional development, teaching and training, research
Provide strategic leadership on addressing inequalities in Screening and Immunisations Programmes, particularly the COVID vaccin

Reflective Notes

Why did I choose this activity for my CPD?

This was a conference centred around tackling health inequalities, which is my passion and key area of focus for my work. This fits with my objective on Inequalities: to Provide strategic leadership on addressing inequalities in Screening and Immunisations Programmes, including COVID vaccination programme, promoting and facilitating initiatives to increase uptake amongst underserved

communities.

What did I learn from this activity or event?

Some key messages that I took away were

- Refuse to collude in despair
- Think about your spheres of influence - what you can do not what you can't
- 60-80% of health is attributable to wider determinants, but there is still a big opportunity to help the 20-30% of health attributable to healthcare
- Think about opportunities available through ICSs, anchor institutions
- Building trust with communities needs to be sustainable
- Leadership - only leaders can put in place the structures to allow people to have the time and resource to do this work
- Data plus narrative drives change
- Smoking - so much data about this - why don't we ask patients about this every day and see what we can do to help?

Specific case studies

- More than a Game - using football as a focus for health conversations eg barbers event at football stadium raising awareness of prostate cancer
- Starting to revamp hospital inductions - these are our communities that we are serving - need to understand the people, demographics etc

So what am I going to do to apply this learning in my work?

Reflecting on the day made me ask the following questions which I am now exploring further as key areas of focus:

How do we evaluate interventions to address health inequalities?

Could there be a central repository?

All interventions to address HIs not just imms uptake Including economic evaluation

How we engage with communities on an ongoing basis?

Building trust, responding to communities' health needs

Working with existing structures

Is this the ICB's role?

How can we link in?

How do we understand the wider picture?

Knowing our populations

Look at our induction and making sure that we know our localities

Show and tell about our localities

Key info - population size, demographics, key needs esp cancer stats, VPD

Understanding epi - hospitalisations

A picture of health?

How do we engage primary care colleagues in our HI work?

How do we engage people at early stages of training and harness enthusiasm of young GPs to make a difference?

Some specific actions I have identified are:

- Discussing evaluation with colleagues and raising this as an issue requiring further attention
- Scoping conversations about how we can join up community engagement work
- Contacting colleagues in analytics teams and UKSHA to look at how we can better understand the wider context
- Contacting xxxxxxxxxx, xxxxxxxxxx ambassador to discuss engagement with primary care, particularly GPs at early stages of their training
- Looking at what the opportunities might be for offering further AAA screening in football clubs

Now what am I going to do to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?

Ongoing learning about approaches to tackling health inequalities in healthcare by

- Talking to colleagues who I know can help me with taking forwards the actions I have identified
- Networking - joining networking calls, regional events and conferences
- Listening to good practice from elsewhere and seeing how we can apply it - via national meetings and webinars
- Learning more about health inequalities data and analytical support