

Faculty of Public Health Medicine

PUBLIC HEALTH

AND

PRIMARY CARE GROUP



LEARNING SETS

A TOOL FOR DEVELOPING A MULTIAGENCY, MULTIPROFESSIONAL APPROACH TO PUBLIC HEALTH

Toolkit developed for the Faculty of Public Health
Medicine by the Public Health and Primary Care
Group

LEARNING SETS – A TOOL FOR DEVELOPING A MULTI-AGENCY, MULTI-PROFESSIONAL APPROACH TO PUBLIC HEALTH

Welcome to the toolkit which will take you through the different approaches to setting up and running learning sets on public health.

New approaches to health and health improvement with particular emphasis on reducing health inequalities coupled with organisational and structural change across public services call for an increase in the breadth and depth of public health skills required at practitioner level as well as a need to work in different ways for public health specialists.

The Faculty of Public Health Medicine, with funding from the Department of Health worked with the National Public Health and Primary Care Group during the latter half of 2000 and early part of 2001 to test out the learning set model in three Regions (West Midlands, South and West and Eastern) between public health specialists and PCG/primary care practitioners and managers with an interest in public health. The aim was to ensure that both primary care professionals and public health professionals developed a pattern of working that ensured the public health function was fully integrated into primary care groups and trusts. Specifically, the focus was on sharing good practice and information, ensuring government health goals remained a priority within PCG/Ts and making best use of specialist public health expertise in the planning of local services. The target audience was public health professionals involved in the multidisciplinary public health function of Primary Care Groups and Trusts, PCG/T Board members with an interest in the public health agenda.

With project management support provided by the Faculty and evaluation from the Public Health Resource Unit in Oxford, each of the three pilot Regions organised the setting up and running of a public health and primary care learning set. A final meeting held in April 2001 brought learning set attendees, the facilitators of the learning set together with Faculty representatives to review what had come out of the learning sets both in terms of the process and value to attendees.

The toolkit presents the summary of these experiences set out as a guide to local setting up of learning sets. It is hoped that the guide will be of use to those commissioning, running and participating in learning sets.

Whilst the pilots focussed on the interface between public health and primary care, the tool could easily be applied to facilitate other key interfaces for public health specialists and practitioners for example at Strategic Health Authority or Regional level.

The toolkit is set out as follows:

- *Defining a learning set and its key characteristics*
- *Getting a learning set going*
- *Setting up the programme*
- *Evaluation*
- *Costings of learning sets*
- *Appendix containing:*
 - *Useful references*
 - *Examples of public health skills and knowledge that might be covered*

- *Sample materials for setting up and evaluating learning sets*

The Faculty and Public Health and Primary Care Group would like to thank the facilitators and staff at the Regional Offices involved in the organisation of the learning sets and, most especially, members of the three learning sets for their enthusiasm and richness of experience.

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DEFINING A LEARNING SET AND ITS KEY CHARACTERISTICS

A learning set can be defined as a process by which common needs or issues are first identified and then met within a group through shared learning and/or through external expertise. Groups will commit to attending regular sessions over a defined period of time.

TYPES OF LEARNING SET

There are different types of learning sets. The pilot learning sets represented three approaches:

Problem-solving and support where the group used each other to bounce ideas and share issues during a time of organisational change

Action-orientated where the group had goals and outcomes with specific products

Discussion and debate where the group used opportunity presented by different topics to gain greater understanding of each other's roles

GROUND RULES

All learning sets have, however, key features in common:

- A commonality of focus or purpose - there needs to be a reason, owned by all members, for the group coming together
- A commitment to attend sessions on a regular basis

There needs to be established, at the outset, the ground rules by which the learning set will operate. These must include a commitment to confidentiality if participants are to feel free to explore issues in depth. Also important will be acknowledgement of individual's rights to express themselves in the group and their views respected.

BENEFITS AND RISKS

There must also be benefits to the individuals attending. Learning sets are potentially powerful ways for people to share and learn together, to promote mutual understanding and to facilitate a change in attitudes. Participants in the three pilot learning sets gave the following benefits from their experience:

- Networking opportunities across disciplines and agencies
- Understanding others' time pressures and priorities and also their expectations
- Gaining or extending knowledge about public health and primary care
- A time to pause and reflect
- Ability to test out new ideas, ask questions, express ignorance in a "safe" environment
- Using the learning in their own workplaces

There are also risks - learning sets are not courses with structured input. They are highly interactive and participative and can therefore be challenging. Participants do need to know what to expect before they make the commitment to attend.

TO FACILITATE OR NOT

The pilot learning sets all had a facilitator (in one pilot this was shared between two people). Not all learning sets will require facilitation. If a multidisciplinary group wishes to meet to mutually problem-solve they may not need a facilitator. Where there are multidisciplinary

groups across different organisational interfaces a facilitator can help make sure there is fair play in the discussion. The role of the facilitator in learning sets is not one of leadership but of drawing out discussion points, making sure all participants are able to contribute, helping participants to reflect back the learning to their own work situations.

Facilitators for the pilot learning sets came from public health specialist or primary care backgrounds. Although an appreciation of the field has obvious advantages in public health and primary care learning sets, it is the facilitation skills that are critical and not the depth of the facilitator's knowledge. Expert knowledge can always be brought in.

EXTERNAL HELP

All three pilot learning sets used external speakers on occasion to provide information or to enrich the debate. Frequently, these were from the local patch and suggested by participants as helpful people to involve. Using local experts, where possible, promoted networking and improved participants knowledge of whom to access and for what. Learning sets can also draw upon specific expertise within the group. One of the pilots used the specialist public health expertise within the group to lead a session on public health information. Depending upon the topic, the facilitator may also be able to lead specific sessions.

HOW OFTEN TO MEET

Learning sets usually run for up to a year. There needs to be a clearly defined end point. The gap between sessions should not be too close so that time commitment and attendance are a problem (particularly if project work related to the set is required in between) and not too far apart for participants to lose the thread. The pilot learning sets had sessions on a monthly or two-monthly basis. Because of the relatively short timescale for the whole project (seven months), none of the sets had time to fit in more than five sessions which was felt to be too few - the group just gets going and has to stop. The sessions need to be booked well in advance - preferably in diaries from the first session.

SIZE OF THE SET

The pilots ranged from 7 to 14. If the set is too small, there may not be sufficient breadth to the discussion. If too big, it may inhibit some participants from contributing fully. Around 10 is probably a workable number given occasional sickness, annual leave and job changes.

THE SETTING

The setting needs to be comfortable and informal. Refreshments are key.

ADMINISTRATION

No learning set will work without good administration to organise venues, book speakers, notify participants. Gaining permission from the set to share each other's contact details (including email) is helpful for exchanges in between sessions.

PROJECT WORK

Project work for participants to undertake outside the sessions can be helpful in testing out new skills or different techniques or for fact finding. The action-oriented pilot learning set very successfully managed this, leading to a definite product from the set which could be distributed widely locally.

Where action is required in between session, this needs to be clarified and agreed at the end of each session with participants.

Where there is no project work related to the set, it is helpful at the start of each session to revisit and reflect on key points from the previous session and allow participants to relate impact on their workplace.

GETTING A LEARNING SET GOING

It is important that this phase is not rushed to get the best out of the set.

AGREEING THE FOCUS

Each learning set needs to have a focus for bringing people together. Learning set commissioners may also have broad objectives for the learning set. They should avoid, however, specifying tasks. Each learning set will set its own programmes based on the common needs identified across the group. All three of the pilots felt hampered by too tight briefs from commissioners which they felt at the first session they had to adapt and change.

FINDING THE RIGHT FACILITATOR

Once the focus is fixed, the facilitator needs to be selected. The pilots felt it was helpful to involve the facilitator in the selection and setting up process.

AGREEING THE TARGET AUDIENCE

Once the broad objective is defined the target audience needs to be identified and how they should be accessed. The pilots worked best where participants volunteered to come rather than being nominated. Where permission to attend needs to be granted this needs to be clarified with appropriate line managers.

There may need to be selection, particularly if a balance of professional groupings is required. It is also important to be aware of any particular problems or issues - one learning set had fewer GPs than it would have liked because of local PCT development; another ran, by chance, at a time of considerable local organisational change which affected how participants wished to use the set.

SENDING OUT INFORMATION IN ADVANCE

Because the term learning set may have different connotations, it is crucial to send out information in advance about what the learning set will offer and how it will be run to that potential participants are aware of the style and commitment. Fliers along with letter of invitation can help. Equally, two of the learning sets used an application form (examples in the appendix). Interviews may need to be held if the set is oversubscribed. Prior discussion with potential participants can be helpful in any case to clarify expectations and commitment and to answer questions.

SETTING UP THE PROGRAMME

The first session or "diagnostic" day is vital to set the tone of the set and to agree the programme.

After introductions and "warm-up" the group needs to explore in more details what is meant by a learning set and to establish the ground rules by which it is going to operate which can involve what they do not want to happen in the group as much as what they would like to happen (example in the appendix)

All three pilots used the first day to explore the meaning of public health and its relevance to participants in their own roles as a way of developing a shared understanding from which to move onto to explore skills and knowledge and common gaps which the learning set can be used to address.

Not all outlines for each session need to be fixed in advance - the thoughts of the group may well change and topics need to be adapted. It is useful, however, to be able to plan 1-2 sessions ahead, particularly if external speakers need to be booked.

Another useful tool is to get participants to undertake a learning styles questionnaire which will establish the balance in the group between active and reflective learners and help give insight to group members about each other's needs.

All sessions need to be interactive and participative - with activities, use of case-studies, plenty of time for discussion and reflection and summarising key points at the end. It is helpful also to gain full contact details from the set and agreement to sharing these around the group.

EVALUATION

It is helpful to evaluate each session at its end. This can help participants crystallise key points they have learnt and how they might act upon them. It is also helpful to the facilitator to know what worked well, what less well, what needs to be changed before the next session. Evaluation can be done individually or as a group exercise (example in the appendix).

The pilots had external evaluation which was in the form of a pre-first session questionnaire on their expectations and a telephone interview after the final session (example in the appendix). External evaluation can provide commissioners with an independent view on the value and outcome of the set.

COSTINGS OF LEARNING SETS

Cost of setting up and running learning sets will vary from £4-9,000 depending upon whether an external facilitator is used or not. Key costs to be considered are:

Venues and refreshments (usually modest)

Facilitator (this can be the bulk of the expense and will be between £300 and £500 per session)

External speakers (occasionally expenses need to be covered; usually speakers are happy to give the time for free, particularly if they are from services local to the set)

Administration

APPENDIX

Useful References

When the talking is over: using action learning Newton R, Wilkinson MJ, Health Manpower Management 1995 Vol 21 (1), p34-9

The mirror group Judith Riley, Health Service Journal 1995 Vol 105, 19 October

Leaders for Enterprise: Salomons Centre:final report for the "Leaders for Enterprise" project "Executive Learning Sets" 1994 Salomans Centre, Broomhill Road, Southborough, Near Tunbridge Wells, Kent TN3 0TG

Courses for action: the case for experimental learning programmes in public health John Gabbay, Public Health 1991 Vol 105 No. 1 p39-50

Sample materials for setting up and evaluating a learning set

Examples of skills and knowledge that might be covered in a learning set

Application form

Setting the ground rules

Running a diagnostic day using the Faculty's core elements of public health as a basis

Session evaluation form

External evaluation form

Examples of the public health skills and knowledge that might be covered during the course of a public health and primary care learning set

Project management and change management

- Defining what it is
- Outlining the project stages and methods
- Describing the pitfalls and stakeholder analysis
- Measuring success
- Understanding change management theory and resistance to change

Health and health improvement

- What is health; the broader determinants; role of health promotion
- Vehicles such as the HImP, Community Plans, LSPs
- Public health roles of different players including specialist public health
- Managed public health networks as a way of coordinating a dispersed public health function
- Public health leadership and advocacy roles

Public health information

- Outlining the sources of data and the good points/limitations of each
- Present local examples of data on the health of the population eg SMRs, deprivation and encourage discussion on the implications

Reviewing the evidence base

- Revisiting critical appraisal and its importance
- Understanding the key terminology
- Using a sample research paper
- Updating searching skills if need be

Epidemiology

- Importance of measuring health and disease
- Exploring the concepts of case definition, prevalence, incidence, risk, odds, rates
- Identifying patterns of health and disease - familiarity with terms such as exposure, outcome, bias, confounders
- Understanding epidemiological studies - case control, cross-sectional, Intervention and the strengths and weaknesses of each

Health needs assessment

- Outline of the theory including need and demand
- The different methods including rapid appraisal
- Covering the whole cycle through to re-evaluation

Prioritisation

- Ethical framework
- Theories of rationing
- Prioritisation in practice and what is involved

Community development and partnership working

Ways to access the public

Techniques for community development and key components for success

Health impact assessment

Barriers to effective partnerships

PUBLIC HEALTH AND PRIMARY CARE PILOT LEARNING SET ACROSS WEST MIDLANDS

REGISTRATION

“What is a learning set? A process by which common learning needs are first identified and then met within a group through shared learning and/or through external expertise”

The aim of this form is to gain a picture of your current role, your experience of public health, your reasons for joining the learning set and your hopes in terms of the skills and knowledge you hope to gain. During the life of the learning set we will ask for your views after each session, either by short questionnaire or by group discussion to ascertain whether your objectives are being met.

CONTACT DETAILS

Name

Work address.....

.....

Telephone **e-mail**

YOUR COMMITMENT

Are you willing to commit 4 half days to the learning set? Yes/No
(dates to be agreed at first session)

YOUR CURRENT ROLE

What is your current role?

.....

How does it, or could it, contribute to public health?

.....

.....

.....

THE LEARNING SET

Why have you chosen to join the learning set?

.....
.....
.....

What skills and knowledge do you hope to gain?

.....
.....
.....

How will this help you in your current job?

.....
.....
.....

What do you feel you are able to offer to the learning set?

.....
.....
.....

Signed **Date**

Details on this form are confidential.

Please return the form to:

The 4 Gs

Gains

Gives

Ghastlies

Ground Rules

Diagnostic Session for Public Health Learning Set

OBJECTIVE:

To understand the role of public health and identify where responsibilities and capacity for delivering public health lie.

Resources required:

- List of the FPHM 10 core elements
- The core elements to be copied onto sticky labels
- Individual core elements to be copied onto large “flags” attached to poles (we used garden canes)

Process:

Individual roles

Both the list and one sheet of sticky labels with the core elements are given to each participant (preferably in their pre-course packs).

Before the session begins the flags are fixed (to chairs or tables) around the room.

A short presentation “What is public health?” is given

Participants’ attention is drawn to the list of core elements and they are asked to do the following:

- Look at the list and decide which of the core elements relate to their work
- Stick the appropriate labels onto themselves

They are then asked to decide which of the core elements is MOST relevant to their work and go and stand by that flag.

Each participant is then asked to explain why they have chosen that particular flag.

Corporate roles:

Participants then work in pairs or threes on 2 or 3 core elements to discuss:

- which organisations are (or should be) responsible for each of the core elements
- which people or roles have responsibility for delivering or influencing each element
- what are the barriers to delivering the function

Participants then feed back in plenary.

This process can be extended to identify which skills people on the learning set wish to develop, from which an agenda can be drawn up.

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10 KEY AREAS

(Faculty of Public Health Medicine, May 2001)

1. Surveillance and assessment of the population's health and well-being (including managing, analysing and interpreting information, knowledge and statistics).
2. Promoting and protecting the population's health and well-being.
3. Developing quality and risk management within an evaluative culture.
4. Collaborative working for health.
5. Developing health programmes and services and reducing inequalities.
6. Policy and strategy development and implementation.
7. Working with and for communities.
8. Strategic leadership for health.
9. Research and development.
10. Ethically managing self, people and resources (including education and continuing professional development).

**PUBLIC HEALTH and PRIMARY CARE LEARNING SET
EVALUATION**

Were they
met?

SESSION:

DATE:

It would be most helpful if you could complete the following questionnaire. Your responses will contribute to an on-going commitment of quality.

1) What were your personal learning objectives for this session?

	POOR	AVERAGE	GOOD	EXCELLENT
Standard of organisation of the session was				
The competence of the facilitator was				
Standard for all session materials was				
The relevance of the session to my professional practice was				
The opportunity to give feedback on content and process of the session was				

3. List up to 3 new things you have learnt today.

4. List upto 3 actions you will take as a result of the day.

5. What has been most helpful?

6. What could be improved?

7. Any other comments or suggestions.

Thank you for completing this form.

Public Health & Primary Care Learning Sets Final Evaluation

The following are broad questions about your experience with the learning set? If you would like to discuss any topic in more detail please let me know (email or phone) and we can arrange a time for a telephone call.

I am sure that all of you are familiar with using Word – the boxes are expandable, just type as much as you want. And please don't worry about typos!

Which learning set were you involved with (delete the others)?

West Midlands	South West	Hertfordshire
How many times did the group meet?	How many sessions were you able to attend?	

1. Which topics were the most useful to you personally?

2. Which topics were the least useful to you personally?

3. Overall what worked well with the learning set?

4. Overall what worked less well with the learning set?

5. What have you learnt/gained personally from the learning set?

6. How will you use that in your public health work?

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7. How do you feel about the organisation? – the facilitation, venues, programmes, administration etc.

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8. Would you like me to contact you to discuss your responses/views in more detail?

Yes	No
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9. Any other comments?

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Thank you very much for your time