

## Embedding Public Health into Clinical Services

I am very pleased to launch the “embedding public health into clinical services” toolkit. This toolkit has been developed in response to feedback I have received over the previous 12-18 months. The toolkit is intended to support leaders and service managers to guide their teams through the process of re-designing services to support prevention. The toolkit can be accessed here: <https://www.e-lfh.org.uk/programmes/embedding-public-health-into-clinical-services/>

The toolkit is formed of three key sections; the case for prevention, creating the conditions for improvement and 5 steps to developing a prevention focused service. Sections one and two provide some of the policy context and background to prevention, alongside suggestions for creating a culture for improvement. You might be familiar with some of the content in sections one and two in which case this will be a quick refresher before working through section three, the 5 steps. If you are not familiar with the content in sections one and two then you will find these sections useful preparation for working through the 5 steps.

The final section, the 5 step process is the largest component of the toolkit. Within each of the 5 steps, we have outlined what you can hope to achieve by the end of the step; then covered why the step is important and how to approach it. There are links to practical tools and resources to support you, although please note you may not need or want to use all of them. The tools and resources highlighted can be useful in more than one stage of the 5-step process and will be inter-dependent on your improvement efforts at the time. Each step finishes with one or more questions to enable you to self-assess.

### The 5 steps



The first step is to understand your potential. Start off by looking at the local health profile for your area and use this to determine where your expertise will add value to the local needs. You might want to consider what your service is already doing to address this priority

and whether system leaders know about it. Next, consider whether there are any quick wins, by this I mean things that could be relatively easily implemented without the need to ask permission or seek additional resources such as increasing signposting to voluntary sector organisations for additional support. Finally, consider what else could be done in an ideal world; these things might require additional resource, capacity or focus but they may be things which could be achieved by partnering with other organisations.

Step two involves creating a vision of your prevention focused service. What could be different and how will this be of value? If you want your vision to be well received, aim for a focus which is achievable within current resources.

Step three is about engaging the people who you need to support your vision, so that they see the value of it from their perspective and understand how they can help. Key stakeholders will include your team, leaders within your organisation and local system, partner organisations and the users of your service.

Step four involves developing, testing and measuring a plan to implement your vision. This step takes you through the plan, do, study, act cycle to help you to test your vision.

Finally, step five encourages you to consider how to evaluate your improvement. How will you demonstrate the impact of your improvement and disseminate your work?

I hope you find the toolkit a useful addition to the tools and resources that we have available. I'd love to hear from any members that have used the toolkit to embed prevention within their service (Linda.Hindle@phe.gov.uk).