



Association of Directors of Public Health (UK)

Shaping Public Health for 150 Years

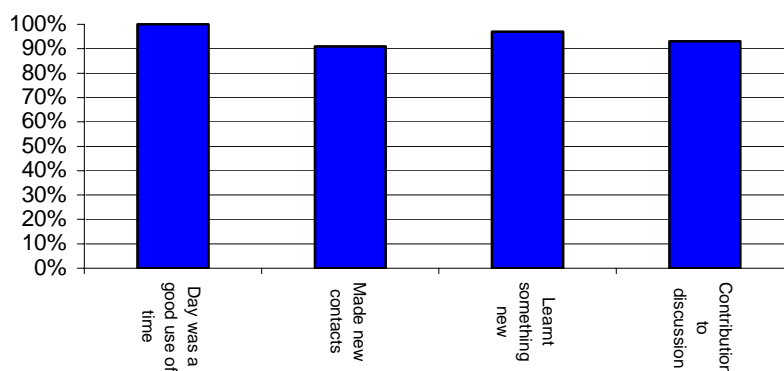
Wednesday 29th November 2006

Evaluation Summary

63 delegates attended the conference of which 33 (52%) returned completed evaluation forms

Evaluation results are as follows:

		Yes	No
1	I thought the day was a good use of my time	33	
2	I made new contacts which will be useful	29	3
3	I learnt something new	31	1
4	I made a valuable contribution to the discussions	25	2



Headline summary (more detailed analysis follows)

This was a very successful conference with high levels of interest and satisfaction. The participative nature of the structure was very well received and the speakers were thought to be provoking and informative. Getting the four CMOs together was really appreciated and their 'same agenda – different approaches' presentations gave a great deal of substance to spark the discussions. The discussion groups produced a wealth of material (separate report) and they along with the networking opportunities were mentioned as being of particular importance to the day by 50% of responders.

Far more delegates than is usual stated their proposed post-conference actions. This particular question is useful for gauging how engaged the audience was and as such is a very good marker for success. Actions ranged from the expected cascade to colleagues to using the lessons learnt in a productive way in the areas of working with LAs, influencing, commissioning and the use of epidemiology.

There are several excellent suggestions for future ADsPH work – not least of which is the idea of a consultation / workshop to produce a '10 high impact changes' for PH.

What specific actions do you intend to take as a result of the day?

Cascade to colleagues -

- x2 - Feedback to PH team
- Feedback to NW DsPH – not very many here today
- Run a public health network away day/session on Vision for the Future

Use Harry Burns lessons -

- x2 - Scotland Prevention 2010 read/revisit
- Have another look at the role that health service provision can play in improving Public Health in deprived areas (following Harry Burns).
- Further discussion about social/medical model
- Focus activity in LA (Social model) & NHS (Medical model) arenas
- x2 - Review actions in relation to model in Scotland on epidemiologically based targeting services to tackle inequalities
- Re-look at medical aspects of life expectancy
- Pursue invest to save arguments on 'medical' PH

Working with LA -

- Review plans for joint DPH post with LA
- Meet with individual directors at the LA
- Agree priorities between LA and PCT
- Pick brains re balancing NHS and LA
- Think about relationships/activity with Local Authority
- Invite Tim to meeting with LGA

Influencing -

- Key areas of all CMO talks re influencing/greater emphasis on shared outcomes and LA – influencing agenda
- Take away and implement approaches from CMOs
- Identify top 20 key influences in my area
- Identify the 20 most health influential people in Sheffield and meet them all over the next year.
- Reflect on Liam's 7 forces and 10 key areas
- Prioritise 4 key public health actions - getting consistent message about actions to key partners
- Develop a more 'active' relationship with my local MPs
- x2 - Encourage a Welsh Division of ADsPH to lobby the Welsh Assembly

Commissioning -

- Develop PH roadshow for practice based commissioning groups
- Email Mike McBride re inequalities commissioning
- Developing a service spec for PH for community nursing
- Discuss in PEC how GP's /primary care can contribute to reducing health inequalities, explore options through GMS contract etc.
- Check on NSF health improvement actions progress
- Refocus on secondary prevention in PCT

Other -

- Develop local PH strategy
- Check Choosing Health 2007 budget
- Contact some people I met at the conference
- Sustainability on the agenda
- Specific points to raise in my next APHR
- Read the government papers!
- Job applications!

What was the most useful aspect of the day?

- x3 - All – Networking – Group work – Presentations

Speakers -

- x11 - Hear the 4 CMOs' views and approaches
- Presentations from CMOs – common issues/different approaches
- Recognising the differences in approach across UK – reflecting whether this tuned to individual CMO's beliefs or because of the needs of the country
- Appreciated the quasi Chatham House approach of CMOs
- CMO giving 'go ahead' for advocacy/influencing key people
- x7 - Interesting provocative presentation from CMO Scotland
- x2 - Caroline's presentation
- x3 - History of Public Health and visions for future of Public Health

Discussions -

- x6 - Round table discussions definitely useful addition
- Discussions on priorities & LA work
- Workshops very good – sadly missed this morning

Networking -

- x6 - 'Networking', mutual support, timeout from traumas of current PH 'churn'
- Information Exchange
- Being able to share experiences of tackling same challenges
- Messages I was able to share with key individuals

What could have improved the day?

CMO talks -

- x3 - Having the presentation handouts circulated in advance so we could make our own notes
- Some questions for CMOs immediately after their talk
- More time with the CMOs on Questions and Answers
- A short 'buzz' before CMO Q & A to make best use of the time
- Having a formal debate on 1 or 2 subjects with the CMOs
- Did we have any press interest – should we have stimulated it – 4 CMO press conference??

Discussions and networking -

- Mixed the tables for the different discussions
- Perhaps more time for workshops/feedback and discussion
- More time to network

Attendance -

- x3 - Even wider attendance of colleagues
- Being able to have arrived on time

Ideas -

- Presence of LA Chief Exec?
- More Focus on Future Shaping
- Slightly better arrangement of tables to be able to see speaker and slides at the same time

Nothing -

- x4 - Nothing thank you
- Very interesting – was it 'new information'
- Good day

What topics would you like to be considered for future ADsPH meetings?

PH topics -

- x2 - Alcohol/Dry Policy
- Making progress with key public health topics e.g. Choosing Health
- Goals to improve wellbeing and actions which deliver against them
- Health protection
- Programme specific from experts in the field e.g. 'top 10 public health issues in CHD'
- Climate Change?
- Criminal Justice

Joint working -

- Joint working with Local Authorities
- What will LA do for PH?
- Links with DASS/DCS
- Examples of joint working/joint needs assessment linked to outcomes
- More on joint appointments and how to succeed
- What is a joint strategic needs assessment
- Heads of English, Welsh, Scottish and N Irish Local Government Associations

Evidence-base & commissioning

- Public Health's role in commissioning – examples of good practice
- Use of Evidence for Prevention
- Commissioning – evidence base/economic evaluation of health promotion
- I would have put Evidence base for asocial marketing/lifestyle interventions but it looks as if covered at May 2007 conference
- Public Health NICE role/Public Health remit

Advocacy & politics -

- Leadership
- Focus on key issues for advocacy and come up with agreed line
- Why not produce a '10 high impact changes' list for Public Health?
- Influencing skills
- Leverage to increase resources
- How to lobby (colleagues need to do more!)
- Political skills: what are they? How do you get them? Is there evidence for how to use them?

PH systems / working in PH -

- Hearing about innovative Public Health delivery systems – i.e. experience from overseas
- Speakers from Public Health organisations from other countries – the Swedish experience etc
- Possible having further exploration as to how Directors operate within different settings to start identifying best practice/share experience
- Discuss building capacity/capability in teams
- The impact of organisational change and contracting out on the public health function
- More opportunities to share work which DsPH are doing

Any other comments?

Good day / Really enjoyable day / Good therapy

Thanks / Thank you very much to the organisers / Thank you – these events are vital

Thank you – glad to have started the debate about PH speaking with one voice