



Prospectus for Specialty Registrars in Public Health



Excellence | Accountability | Respect | Teamwork | Integrity | Compassion



Welcome...



Welcome to this prospectus which gives you an overview of Lancashire Care NHS Foundation Trust and how we can provide you with an excellent training placement.

This trust exists to support the health and wellbeing of local people by providing high quality holistic services that meet a wide range of physical and mental health needs. We are committed to providing services that recognise the interaction between a person's mental and physical health. We can do this because we provide such a wide range of services, across a wide geographical area, beyond Lancashire in some cases.

We initiated the public health function in 2014, and since then have implemented some key public health interventions. For example the making every contact count programme provides physical health knowledge to staff working in mental health services, and knowledge about mental health and well-being to staff working in physical health services.

We recognise the importance of research in service provision and so there are opportunities to develop academic skills, by getting involved in research projects. Much of our work is across multiple organisations so we also offer opportunities to develop leadership skills in an innovative public health setting.

We hope you will consider continuing your public health training here.

Professor Heather Tierney-Moore, Chief Executive

Professor Max Marshall, Medical Director

What's in this prospectus...

This prospectus is in four sections. Section one provides an overview of the services provided by LCFT. It shows the scale and scope of the context in which you could achieve your learning outcomes.

Section two describes the trust's vision and values. This is integral to how we organise ourselves and deliver our objectives. Section three is written by Suzanne Gilman, the first StR to work here. She provides an insight into her experience working here. She also highlights that this placement is only suitable for those who are post Part B.

Finally, section four lists the type of projects that are available.

I'd be delighted to discuss your training opportunities at LCFT with you. Please email me on jane.beenstock@lancashirecare.nhs.uk or telephone on 01772 695320.

Jane Beenstock

Consultant in Public Health

1. Trust facts and overview



1.1 Trust services

First established in 2002, Lancashire Care NHS Foundation Trust (LCFT) is the only provider of health and wellbeing services that covers the whole county of Lancashire. The Trust's focus is on providing integrated care to the 1.5 million people that live in Lancashire, which is tailored and responsive to local need. The Trust specialises in mental health and secure provision.

The Trust employs 6,638 members of staff and has an annual turnover of over £344 million. Historically a provider of mental health services, the Trust now offers a wide range of health and wellbeing services with income being split across the provision of community health and wellbeing services including mental health services.

The majority of the Trust's services are commissioned by local Clinical Commissioning Groups (CCGs). Other sources of income for the Trust come from the provision of specialist services, which are commissioned by NHS England and services commissioned by the local authorities.

The CCGs share boundaries with Lancashire County Council social services with the exception of Blackburn with Darwen, and Blackpool which align to their respective unitary authorities.

1.2 Research and Development

The Trust continues to play a major role in supporting research and innovation and is dedicated to improving the health of its patients, service users and the local population through developing and participating in high quality research and supporting new innovations. Developing an active research culture brings a host of benefits for service users, patients, clinicians and the NHS as a whole. It drives innovation, gives rise to better and more cost-effective treatments and creates opportunities for staff development.

Additionally, it enables Trust clinicians to stay abreast of the latest treatment possibilities and the evolving evidence base and active participation in research leads to improved patient outcomes.

The Trust supports the Research and Development Department and works closely with clinicians and internal and external researchers to develop and deliver a range of research studies and increase the number of service users and patients participating in research each year. During 2017/18, the Trust was able to offer 76 different clinical research studies to patients with 2,194 service users and patients participating in quality-assured research.

Lancashire Care has been recognised as the number one care trust nationally for the volume of research studies and has a growing research culture with an increasing number of clinical services becoming research active in 2017/18. Participation in clinical research demonstrates the Trust's commitment to improving the quality of care offered to patients and making a contribution to wider quality improvement. The Trust is committed to research that improves patients' health outcomes and their experience of services. The Trust had 76 active National Institute for Health Research studies this year, the same as in 2016/17, with 1682 patients newly recruited in this year. There were 23 individual Trust services involved in recruitment for studies compared to 20 in

the previous year. Overall, the Trust has recruited 12,211 participants over the

last seven years (April 2011-March 2017) which demonstrates a clear focus on research and the strong commitment to continuous improvement in service delivery.

The Trust is committed to increasing the number of commercial clinical drug trials each year, thereby increasing the number of patients who can access novel treatments. The Trust has increased access to clinical trials for dementia and mental health service users, as well as rheumatology and diabetes patients during 2017, and is actively seeking to open research trials in other areas in the future.

1.3 Innovation

Innovation is about identifying strategic or operational problems or challenges, fully defining those challenges and then uncovering creative ways and means to implement solutions.

The Trust is host to the North West Coast Innovation Agency, the Lancashire and Cumbria Alliance (LCIA) Test Bed and the North West Learning Disability and Autism Operational Delivery Network.

Some recent developments include:

- A dedicated Innovation Manager appointed to the Trust, who is developing a pipeline of innovative projects linking with internal and external entrepreneurs and stakeholders. Projects include collaboration with a Manchester based tech company addressing the challenge of Anti-Microbial Resistance; state of the art training and education methods incorporating virtual reality and artificial intelligence; improving health and wellbeing from a Population Health approach. With ambitious plans to develop an Innovation Hub which will lead the way within the Lancashire & Cumbria footprint.
- The Lancashire Test Bed – One of seven selected by NHS England this was established to help people living with a long term condition to self-manage their conditions whilst remaining in the community through the use of innovative technology. By 2018, over 750 patients had used a range of technologies to improve their self-management skills for their long term condition. With wave 1 complete, wave 1.5 continues.
- The Health Informatics Team successfully achieved Global Digital Exemplar (GDE) fast follower status.
- Electronic patient records (ePR) – During 2018 RiO was rolled out to implement ePR across the Trust. Additionally the Trust is partner to the ICS, Healthier Lancashire and South Cumbria, whose LPRES system provides access for clinicians, to view summary patient records across its footprint.

2. LCFT's values and vision

The values represent what we as an organisation, and the individuals who make up that organisation, are about. Our values are the guiding principles for how we work together at Lancashire Care to provide the best possible experience and outcomes for the people that use our services.

It is our aim that everything we do fits in with, and reinforces, these values:

- **Teamwork** – share it
- **Compassion** – offer it
- **Integrity** – show it
- **Respect** – earn it
- **Excellence** – reach for it
- **Accountability** – accept it

Our vision is depicted in the form of the following infographic.

It incorporates our quality statements and commitments



3. A specialty registrar's perspective...

As a senior registrar I was looking for a placement that could offer something slightly different in my penultimate year of training. Lancashire Care has been a great opportunity to gain new knowledge and skills in an NHS healthcare provider.

In this placement registrars can get involved in providing leadership for large scale programmes to more discrete project based work such as carrying out literature reviews or health needs assessments. The Trust is very research focused with lots of opportunities to develop your academic interests with strong links to local universities. There is also a library and resource centre with a library team on hand to support you with your research project.

I was with the Trust for just under 12 months and during that time I lead and supported various programmes of work. The Making Every Contact Count (MECC) programme involved collaborating with the University of Manchester to develop staff e-learning resources on behavior change approaches. I had the opportunity to present the Trust's work on MECC at a national PHE conference. I also worked with colleagues to establish a community of purpose group to support the Trust's developing parity of esteem agenda. This work involved developing systems for sharing results of physical health checks between services in primary and secondary care.

LCFT has a small public health team and you will work fairly independently. The placement is therefore best suited to registrars who have passed both part A and B exams. I have found the Trust to be a welcoming and supportive environment for training and would recommend this to colleagues as a placement.

Suzanne Gilman

Specialty Registrar (now consultant in Bolton)

4. Training Opportunities at Lancashire Care NHS Foundation Trust, project examples

4.1 Illustrative projects

Types of training opportunity	Learning outcomes that could be addressed
<p>Specific public health interventions. LCFT has implemented a trust-wide Making Every Contact Counts approach. There is potential for registrars to be involved in this work in a range of ways including reviewing the evidence-base, conducting an evaluation of specific modules or the overall programme, investigate how the MECC programme should be tailored to the mental health setting.</p>	<p>2.1 Define, document and conduct structured reviews of scientific literature relevant to questions about health and health care policy and practice, systematically locating and critically appraising the research evidence to identify strengths and limitations.</p> <p>2.2 Formulate balanced evidence-informed recommendations both verbally and in writing using appropriate reasoning, judgement and analytical skills.</p> <p>2.3 Build consensus where there are gaps in evidence or controversies on its implications.</p> <p>2.4 Identify the need for overviews of research to inform operational or strategic decisions about health and health care and advocate this approach.</p> <p>2.5 Produce specifications for structured reviews of research to inform policy and practice.</p> <p>2.7 Implement or apply evidence based practice.</p> <p>3.1 Display an awareness of current national and international policies and strategies that affect health and wellbeing, and their global context.</p> <p>3.2 Evaluate a situation and identify the steps required to achieve change, preparing options for action.</p> <p>3.3 Appraise options for policy and strategy for feasibility or implementation.</p> <p>3.4 Demonstrate consultation with stakeholders, including the public and representatives of the political system, in the development of a strategy.</p> <p>3.5 Write a strategy [action plan] to address a need for change to improve a public health or health care issue.</p> <p>3.6 Lead the implementation of a strategy including demonstrating the ability to solve problems that arise during this process.</p> <p>3.7 Undertake policy or strategy evaluation using an appropriate method, critically analysing whether desired changes have been achieved.</p> <p>8.4 Advise on the relative strengths and limitations of different research methods to address a specific public health research question.</p> <p>8.5 Identify research needs based on patient/population needs and in collaboration with relevant partners.</p>
<p>The trust provides limited health improvement</p>	<p>4.1 Use a range of leadership styles effectively as appropriate for different settings and organisational</p>

services and there are opportunities for registrars to undertake projects in this area. For example, work with staff and service users on ways to increase ward-based healthy eating.

There are opportunities to be involved in the implementation of public health guidance such as smoke free environments. The Trust is committed to full implementation of NICE PH48. This work began at the start of 2015 and there are still aspects of implementation such as communication of complex concepts, and changing staff behaviour, that could provide training opportunities.

Developing public health at a strategic level would be experienced through the trust's physical health group, which has representatives from across the trust. There are opportunities for registrars to be involved in this work as it develops, including taking forward work with external stakeholders within the local health economy.

cultures.

4.2 Demonstrate appropriate presentation, communication and listening skills, as appropriate for the audience or individual. Communicate in written format and in presentations to a number of different organisations and audiences.

4.11 Demonstrate and apply an understanding of how mental health and wellbeing can be managed and promoted in staff and yourself in a range of situations.

4.3 Assess, communicate and understand the management of different kinds of risks, including health, financial, reputational and political risks.

5.5 Influence local services to be health promoting.

5.7 Demonstrate leadership in environmental sustainability with a focus on the links to health and climate change.

7.1 Monitor and Assess the impact of preventive and treatment services, appraising and applying routine information and bespoke data sources.

8.7 Make a significant contribution to the design and implementation of a study in collaboration with appropriate team and relevant partner (e.g. academic partner).

8.8 Write and submit an article of sufficient quality for publication in a peer review journal.

8.9 Deliver education and training activities for academic or service audiences in a wide range of formats including large lecture and small group.

10.4 Uses academic rigour appropriately to give independent public health advice.

10.3 Promotes and uses an evidence based and evaluative approach to scope public health problems and deliver solutions.

4.4 Design, lead and manage complex areas of work in multi-agency settings to a successful conclusion or suitable endpoint within available resources and timescale.

4.7 Handle uncertainty, the unexpected, challenge and potential or actual conflict in a sensitive and successful manner.

4.8 Use influencing and negotiating skills in a setting where you do not have direct authority to advocate for public health issue of local, national or international importance.

5.1 Influence or build healthy public policies across agencies, demonstrating an awareness of different social, cultural and religious perspectives that may influence health.

5.2 Be an advocate for public health principles and action to improve the health of the population or subgroup.

7.8 Appraise, select and apply tools and techniques including benchmarking, for improving safety, reliability and patient orientation of health and care services.

8.2 Apply principles of epidemiology in public health practice.

8.3 Formulate questions that will allow a structured approach to retrieving and assessing the evidence to inform research, policy and practice.

10.1 Selects and uses advanced public health knowledge and skills appropriately for different tasks to deliver timely results.

10.2 Produces, integrates and interprets complex evidence from multiple sources with scientific rigour and judgement.

Service transformation and pathway redesign. Specialty registrars could be involved in specific pieces of work to bring a population perspective to all of the services that LCFT provide.

4.5 Demonstrate effective team working in a variety of settings, balancing the needs of the individual, the team and the task.

4.9 Work collaboratively with the media to communicate effectively with the public.

5.4 Develop a strategy that applies theoretical models of change in order to enable individuals to improve their health.

7.4 Advocate proposals for improving service health or care outcomes working with diverse audiences.

7.6 Criticise and appraise service developments for their costs and impacts on health and health inequalities, using health economic tools to support decision making.

7.7 Appraise, select and apply models of change across health and care systems.

Public health intelligence. As a provider organisation, our performance teams gather significant information which is relevant to public health. Registrars could use this opportunity to undertake projects using this data to inform service delivery and evaluate services.

1.1 Address a public health question using data and intelligence by refining the problem to an answerable question or set of questions, determining the appropriate approach and applying that approach.

1.5 Display data using appropriate methods and technologies to maximise impact in presentations and written reports for a variety of audiences.

1.6 Use and interpret quantitative and qualitative data, synthesising the information to inform action.

1.7 Undertake a health needs assessment for a defined population for a specific purpose, attempt to implement recommendations from a health needs assessment and demonstrate that the work has been considered at a high level within the organisation.

1.8 Use public health intelligence to understand and address a health inequality in a sub-population.

4.2 Specific Projects Currently Available (January 2019)

Outlines below can be shaped according to the learning outcomes that need to be met

Pants to plants? An exploration of the views of a range of staff groups in an NHS trust about the benefits and potential harms of a plant-based diet for people with a mental health disorder.

There is a view that nutrition is insufficiently recognised as a factor in good mental health.¹ Some medications given for mental illnesses can cause weight gain and increase the risk of developing type 2 diabetes. Being overweight can also increase the risk of heart disease, stroke and some cancers. Various cohort studies link the consumption of animal products with increased risk of type 2 diabetes, hypertension, weight gain and cardiovascular deaths.^{2, 3, 4, 5} Systematic reviews of randomised controlled trials suggest that changing to plant-based diets can reduce blood pressure,⁶ weight,⁷ and total (and LDL) cholesterol.^{8,9}

There is, therefore, potential to reduce these risks by people with a mental health disorder eating a plant-based diet.

This project aims to:

- Understand staff views about plant-based diets; in general, for themselves, for service users
- Identify the barriers and enablers to increasing plant-based foods eaten by staff and service users using mental health services
- Provide a written report that summarises the findings and makes recommendations for how plant-based foods could be consumed more frequently by mental health service users.

What's the impact of using e-cigarettes on acute psychiatric wards? A post-implementation evaluation

Elements of this evaluation could include:

- A literature review of work conducted elsewhere
- Qualitative work with staff and service users about their views and attitudes
- Quantitative work using surveys with staff and service users, analysis of incidents, complaints, NRT and other implementation activities.

Activities to develop a support package for doctors about the nicotine management policy

1. A literature review of attitudes and views of medical staff about stopping smoking in mental health in-patient units. This would provide a summary of medical staff views that can be used to inform an educational package that will mobilise the medical workforce to take action on this issue.

Focus groups with medical staff to identify what would help and hinder them when implementing NICE guidance PH48. And/or use the theory of domain framework, adapting existing questionnaire.¹⁰ This would need a literature

review to see how this questionnaire has been updated. The output would be a list of recommendations for an educational package that will mobilise the medical workforce to take action on this issue.

2. An e-learning package for doctors that supports them in their implementation of NICE guidance PH 48 in mental health settings is required. Write a script for an e-learning package that covers:
 - Impact of stopping smoking on mental health
 - Sample conversations to have with service users
 - How to prescribe and advocate use of NRT
 - Impact of stopping smoking on other medication
3. Make a video with the following content.....
 Doctors and smoking in mental health services: Produce written and visual communication materials addressing doctors' key concerns, and the actions they should take, based on a literature review of medical attitudes towards service users smoking in mental health services

School health needs assessment – analysis of data to inform service delivery – why do so many children in BwD wear glasses? Work has already been published from this database.¹¹

Is the Trust's literature about the smokefree initiative fit for purpose?

- Identify a suitable framework or set of standards for the review.
- Review the leaflets for staff and/or service users against these criteria. Could also conduct focus groups.
- Make recommendations about content and format for future leaflets – and implement.

What are the three key messages that should be promoted to the public about the impact of stopping smoking on mental health? (myth buster)

- Review the literature and identify the most important facts.
- Test out the facts with members of the public.
- Write the most salient facts in accessible language.
- Explain in words and pictures the impact of nicotine on the brain.

Evaluate the implementation of MECC level one and level two

Build on Lancaster University evaluation – use the new PHE tools? Find an academic to work on this too

- Literature review of similar evaluations (MECC or behaviour change or brief advice)

- Focus groups with staff
- On-line survey – Questionnaire design with reliable and valid questions – statistical analysis
- Compare other places??
- Inform development – what next element – should we tailor MECC for mental health services?

References

- ¹ Mental Health Foundation (2017) *Food for thought: Mental health and nutrition briefing*. Available from: <https://www.mentalhealth.org.uk/sites/default/files/food-for-thought-mental-health-nutrition-briefing-march-2017.pdf> [Accessed 30 August 2018].
- ² FRASER, G. E., 2009. Vegetarian diets: what do we know of their effects on common chronic diseases? *Am J Clin Nutr* [online]. 89 (5), pp. 1607-1612. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/19321569> [Accessed 29 August 2018].
- ³ SONG, M., FUNG, T. T., HU, F. B., WILLETT, W. C., LONGO, V. D., CHAN, A. T and GIOVINNUCCI, E.L., 2016. Association of animal and plant protein intake with all-cause and cause-specific mortality. *Jama Internal Medicine* [online]. 176 (10), pp. 1453-1463. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27479196> [Accessed 29 August 2018].
- ⁴ PAN, A., SUN, Q., BERNSTEIN, M. D., SCHULZE, M. B., MANSON, J. E., STAMPFER, M. J., WILLETT, W. C. and HU, F. B., 2012. Red meat consumption and mortality. Results from 2 prospective cohort studies. *JAMA Internal Medicine* [online]. 172 (7), pp. 555-563. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3712342/> [Accessed 29 August 2018].
- ⁵ ROHRMANN, S., et al, 2013. Meat consumption and mortality-results from the European investigation into cancer and nutrition. *BMC Medicine* [online]. 11, pp. 63. Available from: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-63> [Accessed 29 August 2018].
- ⁶ YOKOYAMA, Y., NISHIMURA, K., BARNARD, N. D., TAKEGAMI, M., WATANABE, M., SEKIKAWA, A., OKAMURA, T. AND MIYAMOTO, Y., 2014. Vegetarian diets and blood pressure: a meta-analysis. *JAMA Int Med* [online]. 174 (4), pp. 577-597. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24566947> [Accessed 29 August 2018].
- ⁷ BARNARD, N. D., LEVIN, S. M. and YOKOYAMA, Y., 2015. A systematic review and meta-analysis of changes in body weight in clinical trials of vegetarian diets. *Acad Nutr Diet* [online]. 115 (6), pp. 954-969. Available from: [https://jandonline.org/article/S2212-2672\(14\)01763-8/fulltext](https://jandonline.org/article/S2212-2672(14)01763-8/fulltext) [Accessed 29 August 2018].
- ⁸ Wang, F., ZHENG, J., YANG, B., JIANG, J., FU, Y. and LI, D., 2015. Effects of vegetarian diets on blood lipids: a systematic review and meta-analysis of randomized controlled trials. *J Am Heart Assoc.* [online]. 4 (10), pp. 2408. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26508743> [Accessed 29 August 2018].
- ⁹ LI, S. S., et al, 2017. Effect of plant protein on blood lipids: a systematic review and meta-analysis of randomized controlled trials. *J Am Heart Assoc.* [online]. 6 (12), pp. 6659. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779002/> [Accessed 29 August 2018].
- ¹⁰ Beenstock, J., Sniehotta, F.F., White, M., Bell, R., Milne, E.M.G. and Araujo-Soares, V. (2012) 'What helps and hinders midwives in engaging with pregnant women about stopping smoking? A cross-sectional survey of perceived implementation difficulties among midwives in the northeast of England', *Implementation Science*, 7(36).
- ¹¹ Clarke, A., Beenstock, J., Lukacs, J.N., Turner, L., and Limmer, M., 2018. Major risk factors for sexual minority young people's mental and physical health: findings from a county-wide schoolbased health needs assessment. *Journal of Public Health* [online]. Available from: <https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdy167/5106594> [Accessed 11 January 2019].