

Example write up of two standards (location redacted to preserve anonymity of practitioner)

<b>Title of piece of work:</b> Increasing the Diagnosis Rate for People Living in X with Dementia. Through the Development of a Workforce Training Strategy and Resource Pack to Raise Awareness and Understanding.	
	List the evidence used to demonstrate knowledge and application for the standard
<p><b>First standard: Standard 5.2:</b> <i>Demonstrate how your work is influenced by an understanding of the impact of the wider determinants of health</i></p> <p>Through the 'Introduction to Public Health' module during my Masters in Public Health, I learnt about the importance of <b>wider determinants of health</b> and how the analysis of public health problems cannot be separated from the analysis of society. I consolidated my knowledge on the WDH by attending the PHE CPD session titled 'Health, Work and inclusive growth' which looked at the relationships between 'good' work (including fair pay, good working conditions and job security) and improved health outcomes</p> <p>I understand that Health and wellbeing is influenced not only through personal characteristics, but by the wider determinants of health. These broader factors affecting health include our family and friends, networks and communities, the quality and security of our housing, our level of education and skills, availability of good work, money and resources and our surroundings. This can be demonstrated in the Dahlgren and Whitehead (1991) model of determinants of health.</p> <p>There is a social gradient across many of these determinants that contribute to poorer individuals having worse health outcomes than those that are better off and therefore health inequalities are underpinned by these conditions in which we live and work. For example, children growing up in more deprived areas often suffer disadvantages throughout their lives, from educational attainment through to employment prospects, which in turn affect physical and mental wellbeing.</p> <p>Understanding the impact of wider determinants of health on health outcomes and health inequalities is fundamental as my role as a Public Health Manager and implementing Public Health Policy. I applied this understanding when writing the service specification to commission Older adults dementia services. Page 9 of the service specification looks at the relationship between Socio economic status, access to services, mental health conditions and a range of health and wellbeing outcomes for people with dementia. This specification highlighted the need to invest in reducing social isolation and ensure that the most vulnerable older people living in the most challenging conditions had access to services to support them.</p>	<p>MPH module: Intro to PH</p> <p>MPH certificate</p> <p>PHE CPD session outline and attendance record</p> <p>Service specification for older adults dementia services</p>
<p><b>Second Standard 1.8:</b> <i>Contribute to the development and improvement of others' public health practice</i></p> <p>I completed an open learn course on different approaches to developing others practice. I learnt about the importance of choosing an appropriate method whether this be working with an individual in a 1:1 through mentoring or coaching or by providing a group learning session. I also learnt about considering the persons prior learning, understanding and motivation to learn. I understand that everyone has a preferred learning style and that it is important to tailor ones approach to take this into account. One model I am familiar with is Kolb (2011) who highlights four different learning styles from Activist to Pragmatist.</p>	<p>Open learn course on developing others practice</p>

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I applied this standard in the dementia project by being part of a team who created a dementia training plan with a set of competencies across X area along with a resource pack that could be used by a wide range of professionals who had contact with people with dementia. My role in this was to work in partnership with the older persons lead in the NHS trust and the head of age concern locally to develop this training and support its roll out.

The training was piloted and rolled out to 250 people over the course of a year. The resource pack was well received and continues to be a well used resource. I also carried out an evaluation of the project.

Resource pack and training material

Evaluation report