



Building the Skills and the Community : Group Work

World Café

- World Café, or the collective learning technique, is a widely used group work methodology to "...foster collaborative dialogue, active engagement and constructive possibilities" in a relaxed café inspired setting.
- In tables, formatted in a café style, you will be discussing the questions on how to build the skills and a community drawing from today's programme.
- Each table will consist of one host and then participating members. During the discussion points, ideas and answers can be written and drawn on the paper by the host and members.
- Members will move between tables every 10 minutes. This provides the opportunity for ideas to be built upon and connected to previous ideas.
- To conclude the session we will draw the ideas together with a short whole group discussion.
- After the session points will be collated and circulated to attendees.

World Café Principles

- Has a clear purpose;
- Hosted in a pleasant space;
- Addresses questions that matter to participants;
- Everybody's contribution must be valued;
- Connects diverse viewpoints;
- Participants listen together;
- Participants share collective ideas.

References and Resources

FALLON, H. & BEAN, E. 2014. Hosting a World Café: experiences at the National University of Ireland Maynooth. *SCONUL Focus*, 72-74.

KEMPNICH, J. & COSTANZO, C. 2014. World Café for Leadership Development. *Nurse Leader*, 12, 98-101.

OJALA, M. Library Survival Steps. *Information Today*, 30, 17-17.

THE WORLD CAFÉ. 2008. Café to Go! [Online]. Available: <http://www.theworldcafe.com/pdfs/cafetogo.pdf>

BUILDING THE SKILLS

1. **Reflecting on today's discussions, which skills do we need to develop?**
 - a. **Which skills would you like to have improved in 6 months' time as a result of today?**
 - b. **Who should commission this training and who should it be for?**

Summary of the discussion:

The delegates were from diverse backgrounds including local government, NHS and the third sector. Delegates were of the view that the following skills would be essential in the future:

- Influencing skills
- Change management
- Negotiating skills
- Political skills
- Horizon scanning skills
- Advocacy skills
- Critical appraisal skills
- Skills to demonstrate impact and effectiveness
- Results deliverance in the situations of resource scarcity
- Skills in summarising and synthesising the evidence
- Story telling skills (know your audience and knowledge management techniques)

Delegates shared their experiences on how their new jobs improved their knowledge and skills in the following areas:

- social marketing
- epidemiology
- concepts and terminology being used in healthcare commissioning
- Quality improvement tools.

The Public Health Skills and Knowledge Framework (PHSKF) outlines specialist skills and competencies required to become a 'public health practitioner'. There was mention that should library professionals gain specialization in public health by attending some 'public health courses'. It was also discussed that there is a need to develop a special module in 'public health librarianship' in LIS schools.

Some delegates mentioned about the identity crisis that they experienced after the abolishment of the PCTs libraries (Primary Care Trusts). Culture of inter-professional working would be required to succeed in future workforce market.

Who should commission training?

Public Health England, Cilip, Health Education England, NICE and local government should set up a steering group to offer a "comprehensive and needed training offer". Cost should be shared and the training should be offered to people directly involved in supporting public health practitioners.

BUILDING THE SKILLS

2. Do we have access to the resources we need to find the public health evidence? Are there any barriers in accessing resources, and if so, who in your organisation should remove these them?

Summary:

- A comprehensive research or review is required to ask the above question.
- Evidence resources are there in the 'public health ecology' but are fragmented.
- Delegates clearly felt that there is a need for a single, integrated portal (gateway) for searching across maximum public health evidence.
- Better access to better databases is required with an enhanced focus on social care, public health and interdisciplinary content.
- National Core Content dropped journals focusing public health from its portfolio; hence there is a gap in the system for a 'national public health evidence resources offer'.
- Leadership and finance would be the challenges in the current climate of changes; especially local councils are facing budget pressures.
- Stakeholder working group (comprised of representatives from PHE, Local Govt, HEE, NICE, and third sector) to work nationally for best value to deliver national public health evidence platform.
- It is better to deliver / offer core public health evidence resources through Athens platform. Following databases can be considered for this 'national offer' as a starting point:
 - a. Social policy and practice
 - b. Applied Social Science Index and Abstracts (ASSIA)
 - c. ProQuest Public Health
 - d. Web of Science (group purchasing model), as presentation from NICE reflected its comprehensive content coverage.
- Clever licence negotiations with the publishers can extend the access of public health evidence resources to wider audience.
- Athens authentication would be an issue for the staff working in the councils.
- NHS Athens is only open to public health staff in the local councils not the social care staff after the disappearance of SCIE Athens account.
- It is not just about peer reviewed resources: there are also barriers to other kinds of evidence including:
 - a. lack of indexing of grey literature
 - b. lack of indexing of case studies
 - c. how do we get tacit knowledge & experience

BUILDING THE SKILLS

3. Reflecting on the new public health landscape, how should we change our services?
 - a. How can we improve the visibility, impact and value of our service?
 - b. How can we make our services an integral part of public health?
 - c. What would you like to be doing differently in 6 months' time as a result of today?

- People thought building a community was an important outcome to draw from today and would like to see this beginning to be developed in 6 months' time.
- Create a **network** of PH Librarians and Information Specialists.
This can be done electronically to counteract geographical barriers.
Possible methods could be creating a website, forum, mailing list.
Provide a platform for comparing notes, sharing information and best practice.
However, still need some face to face contact. Hold regular events like today. Aims for this can be to keep people motivated, feel connected and see desired outcomes being put into practice.
Create smaller networks within each PH region.
- Greater **marketing**
Some LA's services are still being used by the NHS.
Further work with other departments (within own organisations) to improve their visibility.
The language used when talking, discussing and promoting library services can be too technical and not user friendly.
Networking will help improve marketing and visibility.
- Who would we like to become more visible to? Determine outreach to the right people.
- Embedding professionals and services within teams is a great idea. This links to the discussion on visibility and marketing.
"Physically being in the middle" means people remember you.
- Need for more and better **resources**. People wanted resources to be built up rather than loose them.
Felt that in this area there was huge potential for collaboration.
Also wanted to build more **skills** and have greater knowledge of what training is available, for example synthesising evidence. Then knowledge and skills gained can be shared within the network/community.

BUILDING THE COMMUNITY

4. Do we wish to develop a professional network following on from today?

- a. Over which matters would we collaborate and confer?**
- b. How can we effectively communicate across sectors?**
- c. Will there be any organisational barriers to our network, and if so, how can we overcome these?**
- d. Who should organise network activities?**

Summary:

Do we wish to develop a professional network following on from today?

The general opinion was that it would be good to have a network, however should we be building on existing public health intelligence networks? It was noted that there are a number of different networks around the country (for example, CHAIN) and perhaps we should investigate what is already out there first, before just starting a new network.

Over which matters would we collaborate and confer?

Collaboration over skills and training were discussed in particular, and a focus on KM theory, For example, a standardised approach in order to develop consistency across the country.

How can we effectively communicate across sectors?

It was suggested that secondments and shadowing across sectors would be really useful.

Will there be any organisational barriers to our network, and if so, how can we overcome these?

Many people felt that arranging admin support could be a barrier to setting up a network. It would be time-consuming to manage such a potentially large network, and this could become a low priority in someone's work, given the cuts and other demands on time and resources.

It was also noted that high level sponsorship would be required for many of the ideas.

It was discussed whether the network would be nationwide or wider. This comment led to a discussion about where and when to stop.

Who should organise network activities?

(this was not discussed)

BUILDING THE COMMUNITY

5. How can we build upon today's network?

- a. How can we publicise ourselves?
- b. Which other professions would we like to include?

Who else should we invite?

- Chief Knowledge Officers
- Public Health Scotland or health KM representatives from Scotland
- CILIP (Chartered Institute for Library and Information Professionals) - to help involve other sectors
- Strategic library leads
- Public librarians
- NHS Core Content representatives, to inform future procurement
- Clinical Commissioning Groups
- Voluntary and community sector
- Social care

How can we publicise ourselves?

- Library mailing lists and other JISC-related mailing lists
- Directors of public health mailing list
- LinkedIn
- CHAIN - has just created a new "chain" about networks and networking, but they have others, including one for health and wellbeing, which might be useful for this work.

Which other professions would we like to include?

- Local government colleagues, working in the wider determinants of health e.g. people working in housing teams. This created some discussion about whether they would be interested in a day like today, where the searching elements might not be relevant to them, so we may need to hold thematic events to reflect diversity. It is important to meet people in these teams so that we can understand their needs.

Practical outputs:

- It would be useful to have a way of sharing searching strategies, because there must be lots of duplication going on.
- Many people mentioned networks that others hadn't heard of, so could we carry out a mapping exercise of relevant KM networks?

BUILDING THE COMMUNITY

6. a. **When & where should we re-convene today's network?**
- b. **Which of today's outcomes should we report back?**
- c. **Who should organise this?**

- Delegates said it had been a really useful day & would definitely like to see future events. They felt at least an annual event would be good, which should probably be held in London or Birmingham.
- Whilst an annual conference would be good it was also felt that networking events were vital & should be arranged as often as time & resource restraints allowed.
- It was generally agreed that people would like to receive the presentation slides & a summary of the World Café brainstorming exercise
- Some delegates also mentioned other topics that could be discussed at any future events. These included more understanding of people's specific roles; issues arising from local politics; how this may link with CQC; discussions on supporting new concepts that Public Health in local government are working on eg. Social marketing & asset based community development
- As for organising a future event it was unanimously agreed that Public Health England were ideally placed to fulfil this role. It was felt that knowledge staff based in KITs would be the key to knowing local networks. Health Education England could also play a role in organising future events.

BUILDING THE COMMUNITY

7. How can we build a community of practice

What will it aim to do?

- For sharing - sharing best practice and products (e.g. current awareness – Colleagues in Oxford are making use of a current awareness system developed by colleagues in Brighton). For connecting.
- Peer support and help, to ask questions.
- We need a definition of a community of practice. Don't be too bogged down by definitions, we need a loose network for sharing.

What format should it take?

- Members should include public health colleagues, not just LKS colleagues. Include others who work on the public health agenda but are not part of public health, like commissioning.
- Wiki, blog, discussion list directory of members (including their skills and expertise)
- Occasional face-to-face meeting/development opportunities
- Build on existing communities, like the analytical community

Who will lead this?

- Everyone should be an equal member but someone should oversee the community.
- PHE

How will we know if we have achieved success?

- Evidence that people are sharing and having discussions.

Other comments

- There is a need for advocacy to help public health colleagues understand the importance of professional development for KLS staff. Some KLS colleagues in local authorities felt that they did not have the backing of their public health departments to undertake LKS professional training and development and therefore found it difficult to do so. One colleague said that despite being a KLS team of 3, only he was allowed to attend the conference.
- The Knowledge for Healthcare Framework does not adequately address KLS staff working in public health in local authorities, or the prevention and social care agenda. There is mention of health improvement and social care, but document refers mainly to KLS supporting healthcare staff and patients, which is not generally applicable to public health LKS.