Public Health Development Programmes
Summary Report
September 2007 - March 2010

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Introduction

This report describes the work of Public Health Development Programmes provided by NHS Education South Central to build PH capacity and capability in the practitioner and wider workforce. These NESC programmes commenced from September 2007 when additional funding was allocated by South Central Strategic Authority for the period to March 2010.

The programmes form an element within South Central SHA’s Programme Implementation Plan related to the Training Education and Development (TED) Strategy for Public Health 2008-11. In September 2009 an external review of the work was commissioned by the SHA and undertaken by Lillian Somervaille, independent consultant. This report is available on the Public Health Development pages of the NESC website.

The numbers in brackets for each programme relate to the Programme reference number in the Implementation Plan.

The six programmes described in this report are as follows:

1. Defined Specialist Development Programme (1.3)  
2. PH Practitioner Training Scheme (2.2)  
3. PH Practitioner Learning Sets (2.3)  
4. PCT Public Health Development Leads (2.4)  
5. Local Authority Development Programme (4.1)  
6. Leading Improvement for Health and Well-Being Programme (5.3)

Conclusion

In addition to these programmes, the work of the South Central Health Trainer Hub and the Health Literacy / Skilled for Health Programme as well as that of the South East Teaching Public Health Network should be noted, along with the Specialist Training Programmes provided by the two deaneries. All programmes are designed to relate to and support each other providing added value and creating the Skills Escalator for Public Health. This PH Skills Escalator ensures there is a career pathway for the workforce to move through, up and across from Agenda for Change Career Framework level 1, for example Health Literacy, to 8d and 9 at Public Health Specialist/Consultant and director levels.

The South Central Health Trainer Hub collaborates with SC SHA to ensure the connection between the development of Health Trainers and Health Trainers champions at levels 3 and 2 and the Health Literacy Programme, led by the Dept of Health and the Dept. of Innovation, Universities and Skills, which will have an award at Level 1 in due course. In this way, assurance is provided that development programmes are emerging to support the Public Health Skills Escalator for development in public health at and across all levels of the Agenda for Change and related career frameworks. (refs: 3.2a, b and c).

The South East Teaching Public Health Network (SETPHN) was commissioned by NESC last year to develop a web-based searchable Public Health Courses Guide which is now undergoing its annual update. This maps the learning outcomes of post-graduate public health modules and courses...
against levels 5-7 of the UK PH Skills & Career Framework. The SE TPHN also works to support PH competence within academic courses and on developing the training nationally of the children’s workforce in schools (ref. 4.2).

All of the work of NESC Public Health Development is based on the UK-wide Public Health Skills & Career Framework (PHSCF) which sets out competence required in the four core and five defined areas of PH practice for NHS Agenda for Change levels 1-9.

PHD also collaborates closely with colleagues working on NESC Widening Participation through development of levels 1-4 of the workforce as well as Education Commissioning processes. (programme refs. 3.1 and 3.3).

1. Defined Specialist Portfolio Development Programme (DSP) 1.3

**Background**

The decision by the Faculty of Public Health (FPH), the professional, standard-setting body for Public Health practice, taken some years ago to provide the opportunity for non-medically qualified to become registered as PH consultants, opened up the national PH specialist training programmes provided through Deaneries, to the non-medically qualified workforce. With FPH support, the UK Public Health Register (UKPHR) was thus established to provide a registration mechanism for all such PH consultants; its main purpose is to ensure the protection of the public through a formal regulation process. Subsequently retrospective recognition was given to senior, experienced and well-qualified Public Health practitioners who submitted a comprehensive portfolio to the UKPHR demonstrating knowledge and skill in all key areas of PH practice. From 2003, this process was supported by programmes known across the country as “Top Up Schemes” which guided individuals to develop and submit their portfolios. In Hampshire and the Isle of Wight alone, 10 people were supported in this way and became registered as “Generalist Specialists” on the UKPHR and Fellows of the Faculty of Public Health.

From 2006 there has been the potential to become registered as a “Defined” Public Health Specialist. The DSP programme is provided for people working at a senior, strategic level with experience in public health and who are specialised in certain areas of PH practice, such as health improvement, health protection, health and social care quality, health intelligence and academic public health.

As this document is drafted (April 2010) a review of the regulation of Public Health is being undertaken by the Department of Health to clarify regulation for public health professionals. It is anticipated a report will be published in June 2010.

**Current position**

To date, 10 people in South Central are on the DSP programme which supports them to develop and submit portfolios to the UKPHR for registration as Defined Specialists in Public Health. Earlier this year the first Defined Specialist in Public Health was registered in South Central. This is also the first defined specialist in Public Health Nutrition. Another has just submitted her portfolio and is awaiting feedback from the UKPHR. A third is expected to do so later this year. A further seven are actively involved in developing their learning contracts and compiling portfolios to be submitted over the coming 18 months – two years. It should be noted the challenge involved for these senior people to allocate time to this professional development as well as undertaking senior public health roles.
The South Central DSP Programme is sub-contracted from NESC to an independent PH consultant who works with this group of 10 and provides one to one guidance, workshops and who co-ordinates meeting their identified learning needs through working with PHD to commission additional modules, etc. An evaluation of the support provided by the programme in 2009-10 is currently being completed.

Benefits and Value
The value of the increased knowledge, skill and competence of Defined Specialists has not yet been determined in terms of impact and outcomes related to input. Inevitably the programme will be influenced by the findings of the Dept. Of Health review of PH regulation. Nevertheless, the programme has been an important element in the Public Health Career Pathway for senior practitioners working in public health both for their own professional development and to support them in their existing roles to gain greater recognition and status. This is particularly true for those people who had previously not been registered with any regulatory or professional body. It is anticipated that development into this more advanced level of practice will lead to greater influence within the NHS and partner organisations on projects and programmes of work for greater public health, health improvement and reductions in health inequalities. This programme is also valuable because it is considered to make a contribution to addressing the lack of sufficient capacity in the PH specialist workforce.

2. Public Health Practitioner Training Scheme (PHPTS) 2.2

Background
The need for a practitioner training scheme was identified by the NHS Health Promotion Managers of the Hampshire and Isle of Wight Public Health Network as early as 2004. It was becoming very difficult to recruit into health promotion roles and a considerable number of experienced and qualified staff and managers were approaching retirement. This situation has now become more acute as senior, experienced people in health promotion have moved on to become PH specialists on the UKPHR.

At the time of the opportunity to bid for funding in early 2007 it was decided to establish a Public Health Practitioners Training Scheme to provide a generic scheme for practitioners of any background and fulfilling any public health role and in recognition of the inclusion of health promotion as a major area of public health competence. This generic scheme is also relevant to Public Health Intelligence Analysts who, similarly to health promotion practitioners, do not currently have a professional body or regulation process available to them.

The PH Practitioner Training Scheme Advisory Group was established in 2007, meets regularly and comprises a Specialist Training Programme Director, a Director of Public Health, representatives from each cohort, the scheme manager, the NESC R&D manager and Head of PH Development Programmes.

This scheme is another significant element in the development of the Public Health Skills and Career pathway /escalator, which enables practitioners to gain additional competence to support the limited capacity of Public Health as a specialty. The main elements of the Scheme are:
- Backfill funding of 0.5 whole time equivalent (wte) of current salary
- Paid course fees and study of an MSc in Public Health/Health Promotion
- Learning Sets to develop professional portfolios
- Placements in two different organisations to gain additional experience
- Mentor and manager development for the scheme
Several practitioners from this workforce group have been successful in gaining places either on the specialist training scheme or in becoming registered on the UKPHR by portfolio submission; they are therefore a rich source of “locally grown” future PH consultants who may have a greater commitment to the South Central area.

Current Position
The Scheme has now provided for support for three cohorts of trainees. The first cohort recruited in autumn 2007 completed the two-year programme in September 2009. All five practitioners have gained a post graduate diploma in public health and health promotion. The five trainees involved are now finalising their MSc dissertations for submission in September 2010. The cohort comprises two trainees from health intelligence and three from health improvement roles. The second cohort is now half way through the second year of the programme, preparing for their second summer placements; the mix of backgrounds is similar. The third cohort was recruited in October 2009 and will complete the scheme in September 2011. This cohort includes a new trainee post established jointly between the Workforce Review Team (WRT) and South East Public Health Observatory (SEPHO). A formal evaluation process on the first two years has been underway since the scheme’s inception. An interim report is now available on the website and a poster was presented at the UK Public Health Association Annual Forum in March 2010.

It is worth noting that this scheme has been in the vanguard of such development programmes in the country. Several other deanery/SHA areas have been interested in learning from South Central’s experience to consider introducing similar schemes. The FPH and UKPHR have taken into account the learning thus far in preparing draft standards for the practitioner registration process through contributions by South Central to their national working groups.

In anticipation of public health practitioner regulation, earlier this year a pilot project was established to review processes and structures to assess PH practitioners locally within South Central. A summary of the findings of the pilot process involves a series of workshops provided by members of the UKPH Register board for verifiers, assessors and applicants will be presented at a national meeting for all the other Strategic Health Authorities in June 2010.

Benefits and Value
The 0.5 wte backfill costs amount to approximately £16,000 per participant per year, indicating an annual salary cost per cohort of 5 trainees of £80,000. Clearly this is a considerable outlay on few people; the findings of the review of PHD programmes recommended consideration of combining this scheme into a generic programme of support for all PH practitioners. (see 3. Below)

3. Public Health Practitioner Development Programme 2.3

Background
The provision of a series of workshops on technical and core area elements of public health practice were provided between September and March 2010. Their content was determined by evaluation of the learning sets provided in 2009. Thus these workshops followed the programme from last year which encouraged practitioners to begin to consider the development of portfolios in preparation for assessment. In addition, a series of workshops were commissioned from SEPHO for PH Intelligence Analysts. An evaluation report is on the website.

Current Position
All workshops were completed in March 2010. A report is currently being prepared.
Benefits and Value
The learning set Evaluation Report demonstrated the improved competence and confidence of approximately 40 practitioners at the initial baseline compared to final assessment.

The Health Intelligence workshops engaged many analysts in greater knowledge and understanding of the breadth and purpose of public health and their contribution to the work.

It is from this group of practitioners that applicants and assessors for the pilot assessment project have been drawn and it is hoped many will participate in the processes for development which will be provided throughout 2010-11.

The PH Development Review of programmes conducted in the autumn of 2009 recommended that in future these two programmes are amalgamated in some way.

4. Public Health Development Leads Group 2.4

Background
The Public Health Development Leads group was formed in October 2007. It comprised senior Public Health practitioners nominated by their PCT Director of Public Health. They were to be backfilled by NESC to spend 0.1wte of their time to participate in a group co-ordinated by NESC to facilitate the development of public health knowledge and skill locally into their own and their health partner organisations at practitioner levels. At this time in 2007, two of the nine Primary Care Trust organisations however did not accept the backfill; one did not nominate a PHD lead to be involved and the other undertook some of the work in a limited capacity.

The role is to act inclusively as an advocate on behalf of NESC locally to ensure that the workforce for public health is kept up to date with training, education and development opportunities, particularly those provided by NESC. The group contributed to the development phase of the Skills for Health UK PHSCF, the basis of PHD work for practitioners and the wider workforce across sectors.

Current Position
The group has been working together now for two and a half years. During the first year a comprehensive evaluation was undertaken by one of the R&D Managers of NESC. This report is on the website. It is worth noting that one of the original leads in the group successfully passed the Part A exam and left to take up a specialist training position in the Midlands. This year the role was increased to a whole-day’s allocation of time per week to enable the work to be undertaken and spread more effectively. In some cases, the role is shared between two organisations, e.g. Oxfordshire PCT and Oxfordshire community health services provider; in Milton Keynes the role is shared between the PCT and the council.

This year the group has and will undergo several significant changes of those professionals who have been involved to date through promotions to new jobs and through recruitment of two of them onto specialist training programmes from September 2010.

The role has been recognised as sufficiently valuable in several of the Primary Care Trusts to now be included in job descriptions; it is believed this is the case in Milton Keynes and the Isle of Wight.
The achievements of the PHD Leads include:

- Influencing corporate business plans and strategies to include public health competence
- Ensuring Public Health is included in corporate Induction programmes
- Contributing to and influencing PCT workforce and education meetings
- Leading and delivering PHD projects specific to local needs, e.g. CPD programmes, workplace health, seminars and workshops
- Acting as assessor and mentor to PH practitioners
- Undertaking local learning/training needs assessments
- Providing guidance to individuals and teams/managers on professional development in public health
- Informing and sustaining interest in public health training and education with partner organisations
- Sustained participation in quarterly PHDL group meetings in person and quarterly telephone conferences.
- Engagement of the HR, workforce planning and T&D functions to include PH in their plans.
- Ensuring the links between local HR, training and public health within the organisation and with the SHA/NESC.

**Benefits and Value**

The value of the role is evident in the sustained participation in the group and continued support of the Directors of Public Health, although this seems to be challenging from time to time. The PHD Leads have been instrumental in drafting local workforce development plans based on the workforce strategy of the SHA for public health (Staying Healthy).

The DH guidance for Transforming Communities included specific descriptions about the health promotion role of NHS provider organisations. This provides the means by which commissioning organisations can ensure that the services provided by those from whom they commission are of sufficient quality and meet the needs of the prevention agenda.

For the PHD Lead role this requires collaboration with the provider organisations to quality assure the public health training and development programmes they are providing for their workforce.

**5. Local Authority Development Programme 4.1**

**Background**

With the recognition of an increased emphasis on partnership working and intersectoral collaboration from 2007, this programme was funded to support the organisational and workforce development of local authorities.

It built on earlier work in South Central with individual organisations providing PH awareness sessions through the H&IoW PH Network. Based on work in London which mapped the public health workforce across the capital, it was agreed to use a similar approach and offer projects of such work to local authorities through an “Expression of Interest” process.

Subsequently those local authorities interested participated in a review of their working processes which would enable or hinder public health work; an anagram was used to identify the key influencers of the wider workforce, practitioners and specialists employed within the organisation. This information was then presented in a comprehensive report to the organisation making recommendations for the way forward.
To date this has been through the strategic group with whom the work was agreed at the start and cover Fareham, Gosport and Havant local authorities in the first year. Last year work was concluded with Portsmouth City Council in April 2009, and funding has been allocated for a workforce development programme to implement the recommendations during 2010. A report is due in December.

Current Position

The project work and report for Southampton City Council and Eastleigh Borough Councils has been completed. In Southampton this is at presentation stage and a meeting has been arranged in May 2010 to agree recommendations and implementation plans.

In Milton Keynes, the project work is planned to be undertaken in the first half of 2010.

Benefits and Value
Each organisation receives a thorough review of the main elements of the workforce which make a contribution to public health for their local communities. The process of the project is developmental in itself, facilitating senior staff members to identify with the public health role they have, but which they may not perceive. Having identified this with the organisation, a development programme is enthusiastically supported and implemented. The evaluation of the first workshops with Fareham, Gosport and Havant shows the appreciation of the opportunity to bring the health and wellbeing agendas of the local authority and PCT more into line with improved understanding and relationships.

6. Leading Improvement for Health and Wellbeing Programme 5.3

Background
From earlier public health development work it had long been recognised that senior, strategic staff may not recognise their role in public health and the impact their decision making has on the health and health inequalities of their local populations.

This was observed to be particularly true in organisations outside the NHS public health and community work and applied across sectors including hospitals, ambulance, police, fire, voluntary sector and local authority provision encompassing education and housing.

A Leading Health Improvement Programme had been developed and provided in the North West in 2006, targeting a similar audience and for which the evaluation showed good results. It was decided to establish a Professional Advisory Group to develop a similar programme for South Central and the provider of the North West programme was invited to support this development. In recognition of the plethora of leadership programmes beginning to emerge, a comprehensive review was undertaken by NESC and a report published on the current state of play with recommendations to take the work forward.

A competitive tending process led to the appointment of the Improvement Foundation to deliver this programme for South Central. The programme was launched in November 2008, commenced in January 2009 and ran through until the final event in November 2009.

Current position
This programme provided quality/service and health improvement skills combined with leadership to a group of 55 senior strategic leaders across South Central from a variety of sectors as originally foreseen.
The evaluation of the programme is currently being finalised with a report due later this month.

**Benefits and Value**

Early indications from evaluations of the individual sessions show the value of working together on projects and learning more about each other’s organisations’ cultures, constraints and opportunities.

**Conclusion**

The experience of commissioning and delivery of these six programmes over the last two and a half years gives the SHA a good basis from which to move forward into 2010-11 to support the sustained development of workforce capacity and capability for public health, reducing health inequalities and improving health and wellbeing.

With the emphasis now on public health, the prevention of ill health/disease and the promotion of health, the SHA’s foresight in funding this work is to be acclaimed. Two years on, the imperative to retain a focus on the development of the workforces locally for public health is even more important.

The recent decision of the South Central SHA’s PH Training, Education and Development Strategic Advisory Board to continue the work through each of the two deaneries, Oxford and Wessex, indicates the development of multi-disciplinary Schools of Public Health in each, where specialist, practitioner and wider workforce training is provided in a seamless, one-stop service through working collaboratively with the PHD leads on behalf of the Directors of Public Health in each of the commissioning organisations. This is in line with one of the recommendations from the SHA review of PHD programmes commissioned in 2009.

Recent national policy guidance regarding workforce from the DH for both NHS commissioners and the providers of services combined with the focus on Quality, Improvement, Productivity and Prevention (QIPP) will be helpful to guide mainstreaming public health and health promotion/intelligence development programmes into SHA and local organisations’ planning and delivery processes.

The recent allocation of similar levels of funding for 2010 indicate the commitment by the SHA to sustain this work as part of its Workforce Strategy and Staying Healthy Care Area Report.

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2 Faculty of Public Health – Report on PH specialist capacity [www.fph.org.uk](http://www.fph.org.uk)