REVIEW OF PUBLIC HEALTH DEVELOPMENT PROGRAMMES ACROSS NHS SOUTH CENTRAL
Draft Report

Executive Summary
The importance of a strong public health voice across the public sector continues to be emphasised locally, regionally and nationally and yet public health continues to be a shortage specialty at both Specialist and Practitioner level with recruitment and retention problems. Training and development of all but the senior levels continues to be done on an ad hoc basis where opportunistic funding allows. Progress can be made, as has happened in South Central, but this is at risk as soon as funding pressure arise.

Coherent public health workforce development should be part of sustainable and mainstream activity aligned with the strategic priorities for NHS South Central.

The programmes in the review cover the development of leadership in public health, training and development of both practitioner and specialist (defined) public health, development of local authorities and their workforce in public health, and the Public Health Development Leads group that hold these developments together locally. Appendix A contains a summary of recommendations for the individual programmes in the review.

As a regional commissioning body NHS South Central provides the leadership to achieve a coherent approach to public health development at all levels and across sectors. The programmes need to be within the context of an NHS South Central Workforce Development Strategy for Public Health so that clear links can be seen between workforce planning, innovation and the commissioning of the right number and kind of educational, training and development opportunities.

NHS South Central is well placed to take an innovative approach to education and training in public health by moving Specialist and Practitioner development alongside each other through the delivery mechanisms of the Schools of Public Health and the developing HIECs.
Review Brief

This review was commissioned to provide a high level, independent assessment of the effectiveness and appropriateness of five public health development programmes developed, commissioned and provided by NESC over the last two years.

Specifically these programmes are:

- Professional Development Programme
  - Public Health Development Leads Group
  - Public Health Practitioner Learning Set
  - Defined Specialist Programme
- Public Health Practitioner Training Programme
- Workplace Learning
- Local Authority Development Programme
- Leading Improvement for Health and Well-Being programme

While each of the programmes was considered separately in terms of delivery against stated aims and value provided, it was important to take an overview of how the programmes:

- link to each other and to programmes outside the scope of the review;
- align with strategic priorities for the public health workforce locally, regionally and nationally
- fit, or in future might fit, with existing or emerging developments to provide mainstream support and sustainability.

Methods

This review has been based on recent nationally and regionally relevant documents as well as material provided by the SHA covering the individual programmes. The paper review has complemented a series of semi-structured interviews with key stakeholders identified by the review commissioners (plus additional interviews agreed separately). All comments made during these interviews remain confidential and no attribution has been made, although some direct quotations have been used. The list of interviewees is given in Appendix B.

It should be noted that the programmes in this review have been developed and run through the Innovation and Development Division (IDD) in NESC and will, like all their developmental programmes, be subject to formal evaluation and value for money review processes. It is not the intention of this review
to attempt to duplicate that process, nor indeed would it be possible to do so as many of the elements in the programmes have yet to be completed.

**Context for the review**

The need to develop the capacity and capability across the three levels of the public health workforce (the specialists, the practitioners and the wider workforce) was first clearly stated in CMO’s report of 2001. In 2004 Derek Wanless emphasised the risks in not achieving this capacity and capability development and in 2007 issued a follow up report critical of the lack of progress.

Lord Darzi’s report in 2008 focused on what the NHS can do to improve health and prevent ill health, highlighted the need for improved education and training as part of quality improvement, and talked about the need to strengthen the numbers and skills of the public health workforce.

Over the past years some fundamental underpinning steps for public health workforce development have been taken. In 2008 the Public Health Skills and Career Framework (PHSCF) was published. This was a collaborative project that, for the first time, placed the whole public health workforce (specialist, practitioner, wider workforce) within a single framework, describing the knowledge and skills needed at each level. It is the basis for the South Central Learning Needs Assessment tool (LNA) developed through the Public Health Development Leads group.

In 2003 the UK Public Health Register (UKPHR) was launched to provide a regulatory framework for those specialist/consultants in public health from backgrounds other than medicine. The UKPHR provides professional registration for those successfully completing training and those able to demonstrate competence retrospectively - to take account of those already in practice. This led to the first coherent investment in this group of the public health workforce through nationally funded and regionally organised Top-Up Training schemes (TUTs). In 2006 regulation was extended to specialists/consultants practicing in ‘Defined areas’ of public health. Currently there are just over 400 public health specialists registered with the UKPHR.

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1 Report of the CMO’s project to strengthen the public health function. DH, 2001
2 Wanless D Securing Good Health for the Whole Population. London HM Treasury, 2004
4 Lord Darzi of Denham KBE High Quality Care for all: NHS Next Stage Review final report. DH, June 2008
5 NHS Next Stage review: A high quality workforce. DH, 2008
In 2006 the 4 UK Departments of Health funded the UKPHR to extend public health regulation to the practitioner workforce. The UKPHR worked with the PHSCF team and a consultation on the regulatory package was completed earlier this year. At the same time, as part of the review of national public health policy, DH has indicated that a review of regulation in public health will be carried out before the end of 2009. This will ensure that current policy regarding the regulation of healthcare professionals has been considered for the full range of public health professionals.

Within NHS South Central there has been considerable effort made to develop a total system approach to development of the public health workforce at specialist/consultant level, at practitioner level and with the wider workforce. This has been recognised nationally and the South Central region identified as an example of good practice in this area.

The current economic climate means that all services will come under financial pressures and a robust approach is needed to ensure that essential programmes for developing the public health workforce are supported and become even more effective.

**KEY ISSUES**

The programmes included in this review form part of a suite of programmes that come under the Training, Education and Development (TED) Strategy for Public Health and are overseen by the TED group chaired by the RDPH. Whilst this report will address each programme in the review individually it has also been important to take an overview of the linkages between programmes, to see how the programmes might fit with mainstream activity and to explore issues of sustainability. In doing this some key issues have emerged.

**Public Health Workforce strategy and planning**

(a) Commissioning for the public health workforce

As a regional commissioning body NHS South Central provides the leadership to achieve a coherent approach to public health development at all levels and across sectors.

The role for commissioners in workforce development is reflected in the World Class Commissioning Assurance system⁷ and is a vital part of delivering on the Quality, Innovation, Productivity and

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Prevention (QIPP) agenda\(^8\). Commissioners need all the levers available to them to ensure the highest quality services are provided in the most effective way, and the workforce is a huge part of this.

The roles of commissioners, SHAs and providers of all kinds are complimentary with a renewed emphasis on the place that workforce and management issues should play in commissioning. The role of the SHA is described as including:

- developing a strategic workforce development plan in partnership with other commissioners and local government
- setting up and performance managing educational, training and development contracts
- assurance that local workforce development plans are fit for purpose and will deliver against priorities
- to work collaboratively in developing a set of key workforce metrics to drive quality improvement.

A truly mature and effective system relies on clear links between workforce planning, innovation and the commissioning of the right number and kind of educational, training and development opportunities\(^9\). This is as true in public health as in any other area.

(b) **Workforce planning**

The enormous progress there has been in NHS South Central in both identifying and developing the public health workforce needs to be put into the context of a fully integrated workforce plan for public health. The completion of the draft NHS South Central Workforce Development Strategy for Public Health will be extremely important.

The TED Board have asked the PCTs to identify their public health workforce plans and requirements, and action is also being taken forward through the PHD Leads group. Good examples already exist where the thinking around building capacity and capability in public health locally and regionally has been taken forward\(^10, 11, 12\).

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\(^8\) Implementing the Next Stage Review visions: the quality and productivity challenge DH (10 August 2009)
\(^9\) Securing Quality Innovation and Productivity – the Workforce Agenda for Commissioners DH (2009)
\(^10\) Capacity and capability – Public Health Workforce Development; Plymouth teaching PCT (2005)
\(^11\) South West Regional Public Health Workforce Strategy 2008-2013
\(^12\) Building Public Health Workforce Capacity and Capability in Sefton (2008)
Workforce planning itself is undergoing some transformation. The traditional approach of developing a workforce plan for each professional group may be less helpful than thinking through the strategy needed to address the major health and wellbeing challenges that exist and described within the Darzi’s care pathways, and developing an overall workforce plan to address them.

This approach is a useful one for public health as it offers plenty of scope for extending planning beyond the NHS. Within the behaviour change aspects of the Staying Healthy pathway industrial scale change in public health will be needed, yet growth rates for both specialist and practitioner elements within the workforce is slow. Tackling alcohol abuse for example, is a major area of activity which will require skill development across public sector organisations. It is also of course an area with major issue-based funding streams attached.

However significant difficulties remain in both attracting and retaining public health professionals in other areas of country not just in NHS South Central. In the East Midlands, which in 2007 had the lowest number of specialists per head of population across England, developing the capacity and capability of the public health workforce has become a priority.  

(c) Planning for consultant and sub-consultant grades

A second potential change in workforce planning generally is the transfer of responsibility for medical specialist/consultant level workforce planning to the regional level. With Deaneries and workforce planners working more closely in future there should be greater synergy between consultant and sub-consultant workforce planning. This model would work well for public health where workforce planning has really only been fully done in the past for the consultant grades.

Public health is a shortage speciality and with economic pressures in the short to medium term, this is unlikely to get any better. The importance of having an effective public health workforce at levels below consultant (ie. practitioners) is therefore even more important in ensuring delivery of public health goals. However reality is the opposite with a similar shortage of properly trained and developed practitioners with posts often difficult to fill, and staff retention an issue.

Even achieving an accurate figure for the public health workforce across the region is not straightforward. The Faculty of Public Health conducts a biannual workforce survey but this includes the consultant level

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only, while nationally run ‘head counts’ of public health run the risk of artificially inflating the apparent public health professional workforce as inclusion criteria are unclear and open to interpretation. Workforce planning for public health which provides a clear picture of what is needed against what exists would be a huge step forward.

Public health is in a strong position within both local and regional organisations. The PHSCF supports a skills escalator approach to the whole workforce from levels 1 through 9, and can be applied both inside and outside the NHS. Workforce planning for public health has a strong platform on which to build and become embedded in the annual planning round.

(d) Planning the workforce outside the NHS

Workforce planning for public health needs to take account of the needs of both commissioners and providers of services, working within and outside of the NHS. Within World Class Commissioning and the QIPP agenda it is a commissioner’s responsibility to develop the market and ensure that the workforce in that market is fit for purpose by insisting on quality kite marks. Commissioners have a major part to play in planning and developing the provider workforce, a model essential to public health but also one that is important elsewhere (eg. general practice, dentistry, pharmacy etc).

The scope to extend overall workforce planning beyond the NHS is at the moment an aspiration but it is also a priority across the NHS workforce (eg. children’s services where Children’s Trusts have been made the drivers for workforce planning). Delivering public health workforce developments across sectors, building on the work already done with local authorities, would translate aspiration into reality.

Few organisations plan or manage their workforce recruitment, development and retention strategically and workforce issues are often viewed as an operational responsibility of limited relevance to strategic objectives. However not only does it underpin delivery of current priorities, workforce planning for health and wellbeing in the public sector per se might be thought of as ‘the ultimate public health intervention’ with high level underpinning assumptions needed around population dynamics and current and future population health needs. Ensuring some public health input into workforce planning could have wide reaching benefits.

There is a real opportunity to work with the South Central Workforce planning team to embed planning for public health within the mainstream and to systematise what is currently a ‘chaotic system’. With
economic challenges on the horizon this will be vital to ensure that health and wellbeing services are not the easy targets for future cuts.

**The delivery infrastructure for public health training and development**

(a) **Governance**

Education, training and development should be commissioned with appropriate quality measures and a governance structure that assures delivery. Currently the Public Health TED Board provides both governance and overview.

Some thought should be given to how the work of this Board delivers around the needs of the key health challenges facing NHS South Central through the care pathways and in particular the Staying Healthy pathway. To relate this into workforce development needs through strategic workforce planning may require some re-thinking of the way the work of the TED Board is framed.

In line with the QIPP workforce agenda the inclusion of a work stream around the collaborative development and use of quality metrics for workforce development within the public health arena would be useful. It is here that professional affiliation, accreditation and regulation might have a significant role to play.

(b) **Commissioning and Providing roles**

There remains a need for clarity around the different commissioning and provider roles of regional organisations. Although NESC has incorporated both functions some interviewees felt that it would become more of a provider than a commissioner in future – ‘subcontracting does not make you a commissioner’. There is a similar lack of clarity around where the Deaneries and the new Schools are on this spectrum.

Clarity would be helpful in thinking through the options for delivery of the education, training and development necessary for public health and the infrastructure that will be needed both to provide high quality training and to assure that this is done.

It will become increasingly important to identify the commissioning drivers for quality that need to be in place as both providers and commissioners have a duty to assure themselves of the quality of developments and how they link to the workforce plan.
(c) **Deaneries/ Schools of Public Health**

Deaneries are undergoing change with the establishment of Schools for training and development. Nationally Schools of Public Health are being set up separately to other Schools of Medicine, in recognition of the differences between public health and other medical specialities. Schools of Public Health though are likely to be small in size.

The new Schools are increasingly multidisciplinary with Public Health and Rehabilitation being seen locally as pioneering role models. Deaneries may also move closer to the Higher Education sector becoming key partners in the developing HIECs (Higher Education Consortia) which would facilitate a move toward closer integration of training and education for sub-consultant grades. This would be particularly helpful in developing the public health workforce, providing a single integrated delivery infrastructure, with quality assured processes.

However there are drawbacks to this model in that within NHS South Central specialist level training in public health is delivered through the two Deaneries/ Schools of Public Health, while public health practitioner training and development is done region wide.

How practitioner training and education can be brought alongside specialist training through the Deaneries/ Schools will therefore require further thought. Options might include:

- specialist and practitioner training and development supported through each School of Public Health – provides close links and full engagement across the region but will have resource implications
- one Deanery/ School to provide practitioner training and development on behalf of the other – potentially less resources needed but a risk of disengagement
- regionally driven practitioner development continuing as separate from specialist training – risks the loss of coherence, common quality assurance processes, connectivity and cross fertilisation.

NHS South Central is well placed to take a lead in developing this new and coherent approach for developing the public health workforce. In doing this the importance of effective leadership and active champions should not be underestimated.
(d) **Wider workforce**

Although not strictly within the scope of this review some concerns have been expressed around the development of the wider workforce and how this will be taken forward. With changes taking place the importance of the contribution of this part of the workforce to overall priority areas should not be lost. Here the new Schools of Public Health may have a more limited role as although they might be *driving* the work with specialists and practitioners (consultants and sub-consultant grades) they may *contribute* to levels 1-4 only.

Development of the wider workforce has two aspects:

- increased capability of the wider workforce
- development of the next generation of practitioners as individuals develop their career

The Higher Education sector and in particular the Teaching Public Health Networks (TPHNs) have an increasingly important provider role with the wider workforce and in the south east, development around the children’s agenda has been impressive. The work of the SETPHN is already included within the TED programme but might benefit from increasing integration within the oversight function of the TED Board and in planning for public health workforce developments more generally. It is here in particular that good partnership arrangements will be needed with sectors outside of the NHS.
Programmes

Professional Development Programme – Public Health Development (PHD) Leads group

TED Programme 2 (PH practitioners) Budget £60K 2007-2010

The PHD Leads group was established in 2007 to act as a developmental network, providing information and support for public health practitioner career and competence development across the region. Their stated aim is to facilitate and motivate the local workforce both inside and outside the NHS to increase their public health and health promotion competence through training and development.

A positive evaluation of the PHD Leads group was completed in September 2008. From April 2009 it was proposed that the hours allocated to the PHD Lead role be increased from 0.1wte to 0.2wte and that a similar role be introduced to facilitate the development of pre-registration levels of public health competence in the wider workforce.

The core areas of work identified by the group for the period 2008 to 2010 include development of an e-network resource, local identification of individuals wishing to take the next step in their public health careers and providing a signposting resource for them with particular links to regionally provided support. The PHD Leads have also been able to bid for small sums of money to support local initiatives such as awareness raising, facilitator led, sessions targeted particularly at local government staff, building on the work of the Local Authority Development programme.

Key points and Recommendations:
The PHD Leads group is a valuable resource linking local needs to region wide initiatives and providing good communication. To fully realise the potential of this link thought should be given to:

- the level and position that PHD Lead members occupy within their local organisations
- the need to support group members to develop skills in negotiating, influencing and leadership.

To enhance the influence that local public health workforce needs have on regional workforce planning, the PHD Leads group should feed directly into the regional Workforce Planning team. Every effort should be made to ensure links are made for the coming planning cycle.

Workforce planning and development

The value of having such a group linking workforce development at local level should not be underestimated and the group is widely seen as providing value for money in terms of action on the ground. Under the current leadership the group have formed a facilitative and supportive network.
However, questions have been raised about the degree of influence the PHD Leads can exert in their local health economies including their own PCTs, and their reporting routes into the workforce and commissioning decisions made at regional level. They need ‘to influence conversations at strategic level’.

PHD Leads are working with their DsPH and HR leads to provide a locally based view of workforce planning in public health and they have a pivotal role in ensuring local needs are fully reflected in the NHS South Central strategic workforce plan.

Whilst the group currently report through IDD and NESC, some thought should be given to how they could more directly link with the regional Workforce Planning team who carry out an annual demand and supply analysis. Unless public health plays directly into this cycle it is difficult to see how it will be recognised as an area that needs core support to deliver the public health function. It is also arguable that the PHD Leads group should report through the commissioning body for the region and not through what might become over time a more clearly provider organisation.

Developing for the future
It has already been recognised that the members of the PHD Leads group have a considerable challenge to deliver against their aims. Locally they need to be able to drive workforce developments both within and outside the NHS, acting as champions and supporting their DsPH in their leadership roles. Increasingly they should be linking with, and providing a coherent approach to, the needs of the specialist public health workforce as well as the practitioner group and wider workforce at local level.

If the members of the group are to fully realise their potential they should be ‘moving up a gear’. Some thought should be given to the level and position that members occupy within their local organisations and how they influence their local health economy. The viability of the group is yet to be tested if backfill funding is withdrawn. If this were to happen sustainability would depend in large measure on demonstrable benefits to their local public health workforce and the value the employing organisation places on their role. To help the group members meet these challenges support should be given for their individual learning needs in terms of developing negotiating, influencing and leadership skills.
Defined Specialist programme

TED Programme 1 (Specialist Public Health) Budget £6K 2008-2010

In 2006 the UKPHR opened the Defined arm of its Specialist Public Health Register in recognition of the number of senior strategic level individuals who practice within ‘defined areas’ of public health. Current registrants include individuals practicing in public health intelligence, health improvement and public health nutrition.

Although few in number these ‘Defined Specialists’ are likely to be extremely valuable members of the public health workforce. Across England, DH supported Top-Up Training programmes, co-ordinated nationally and delivered regionally. In many areas that support is no longer available but through NHS South Central the continuation of this small scale support has been enormously welcomed.

The aim of the programme is ‘to contribute to the pool of highly qualified and competent senior public health specialists within the workforce capacity of South Central.’ Between 4 and 6 people have been recruited in each of the last 2 years and provided with support through facilitated learning sets. The majority of individuals already in senior positions but needing some support to extend their knowledge base have now been accommodated within the programme. Future needs will lie with those who want to develop their public health careers in this direction plus a small number of very senior people moving into defined areas of public health practice.

Key points and Recommendations

Public health is a shortage speciality. Development of Defined Specialists offers a small but valuable workforce contributing at senior level in key, specific areas of practice and should be placed on a sustainable basis. To ensure this happens:

- the capacity and capability of Defined Specialists in public health should be included in the NHS South Central strategic workforce plan to provide a coherent framework for guiding future training numbers;
- the training and development of Defined Specialists in public health should sit alongside training of specialist public health generally and be subject to the same quality assurance processes.

Workforce planning

Public health is a shortage speciality which is unlikely to change in the current economic climate. The Defined Specialist workforce is likely to remain a small but valuable one and yet the development of these individuals is taking place in the absence of a coherent workforce plan covering all specialist roles
in public health. Whilst those who succeed in registering with a public health Specialist register might justifiably expect their roles and salaries to reflect the level of seniority they are capable of, professional registration is no guarantee of job or salary. There are a small, but increasing number of consultant posts now advertised in defined areas of public health practice across the country, but this evolutionary approach risks losing already valuable individuals to the service, while creating numbers in the future that may be either without appropriate roles or be in such demand that service developments suffer.

To ensure that the appropriate number of Defined Specialists are trained and developed for the future this element of the public health workforce should be included in the public health workforce strategy and subsequent planning rounds.

Training for the future
The South Central Defined Specialist programme was developed in the absence of any nationally agreed prospective training programme, but earlier this year the UKPHR Board approved the Chartered Institute of Environmental Health (CIEH) managed Developmental Route to Defined Specialist Registration. This is effectively a prospective portfolio assessment process where a series of portfolio submissions are made over a maximum period of 3 years, supported by a Professional Development Plan. (The current fee is £110 per assessment.)

The development of this training route provides an alternative approach for the development of this small, but valuable workforce in the future. This might include:

- career advice
- learning needs assessment process
- support for Developmental Route fees
- support for learning around reflective practice and the keeping of a professional portfolio (in line with probable future revalidation requirements)
- support for short placements and courses to allow some broadening of experience and knowledge
- opportunities for intensive learning (learning sets/ CPD events/ summer schools)

This would require an ad hominem approach where developmental support is tailored to the individual. To ensure that this becomes a sustainable and quality assured process some effort should be made to align developmental processes for Defined Specialists with other specialist development programmes in the region. Already Defined Specialists are receiving career advice and guidance through NHS South Central’s Talent Management service and aspects of the training and development in future could be offered through the new Schools of Public Health.
Public Health Practitioner Development

TED Programme 2 (Public Health Practitioners)

In developing their approach to public health development, the TED programme has addressed the relatively ad hoc way the public health practitioner group has been supported in the past. There are two public health practitioner development programmes within the review and it seems sensible to take them together in this report.

For the purposes of this report, a public health practitioner is someone engaged in professional public health practice at a level below that of a consultant/specialist. They would sit somewhere between a level 5 and a level 7 on the PHSCF.

I. Public Health Practitioner Learning Sets (Budget £15K 2008-2010)

A series of facilitated Learning Sets were established (5 during 2008/09) each meeting six times with the stated aim of ‘developing practitioner competence to become registered on the UKPHR as a public health practitioner’. The intention was to have 40 practitioners ready to register by March 2010. There was a risk in taking this approach ahead of the details of registration being finalised but it has left South Central very much ‘ahead of the game’ and nationally regarded as a region where lessons in good practice can be learned.

Although initially quite targeted at health promotion/improvement staff, the membership of the learning sets has become broader including staff from, for example, health information. Each learning set day includes an open master class session where the groups are joined by other practitioners, public health consultants and trainees in public health. This aspect was welcomed as enhancing the opportunities for learning and professional CPD across the region.

The learning sets have provided successful development opportunities. Members have undertaken a learning needs assessment against the PHSCF, been able to develop their competence and increase their knowledge base through attending the master class sessions, learned the skills needed to establish and maintain a professional portfolio and importantly gained confidence in their practice by doing this.

One problem has been around the uncertainty of the details of registration and the timing of the register opening to practitioners. However the learning sets have provided valuable skill developments which are
likely to be very relevant to whatever model of registration is adopted, and a commitment from the groups to meet again once there is clarity around registration processes.

2. **Public Health Practitioner Training Programme** *(Budget £200K 2007-2011)*  
This programme offers considerably more intensive training for a smaller number of practitioners (up to 6 per year), and is aimed at the health promotion/ health improvement workforce, health intelligence and academics. The programme is part time over 2 years with up to 2 ½ days a week backfill refunded to employers. The programme includes an MSc in public health or health promotion, work placements, learning sets and workshops and the development of a portfolio to evidence progress and facilitate registration as a public health practitioner when appropriate.

The Training Programme has provided an excellent and valuable opportunity for public health practitioners in the region to develop their knowledge and skills base, move forward in their careers and benefit from a professional network that has supported them in developing their roles.

**Key points and Recommendations**  
There is a shortage of trained and developed public health practitioners which means that providing development opportunities for new and existing staff is essential. The two separate existing programmes should be merged into a single development programme, offering:

- all practitioners with career advice/ learning needs assessment/ access to CPD events
- support for specific training and development on a competitive basis
- partnership development for new practitioner ‘training posts’.

Integration with specialist training would maximise learning opportunities and provide a common approach to quality assurance. Practitioners will be in a strong position to join a fully regulated public health profession in due time.

**Developing the workforce**  
As with Specialist public health there is a shortage of well trained and fully developed public health professionals at levels below specialist/consultant grades (practitioner/ sub-consultant grades) and difficulties experienced in recruiting staff into public health posts. The need is therefore two fold:

- to fully train and develop those currently in post
- to attract high calibre staff into public health roles to become the professionals of the future.
Development of the practitioner workforce also provides a route into specialist training and the importance of this should not be underestimated. The cadre of non medical public health consultants that have come into the workplace over the past 5 years has been largely drawn from those currently practicing in senior roles. This ‘ready supply’ has now been fairly well exhausted and the majority of the next generation of non medical consultants will be coming through training routes. It will be essential to encourage the best recruits into the specialty in the future if public health as a specialty is not to lose even further ground.

This development of the public health practitioner element of the workforce, sitting alongside the consultant grades, once again highlights the urgent need for workforce planning at both local and regional level. Without this it is difficult to plan what training and development opportunities should be in place and what career opportunities there should be.

A single programme for practitioner training and development

The degree of separation that exists between the practitioner training programme and the practitioner learning sets scheme has caused some confusion. With funding secured until 2010/11 there is a window of opportunity to take a more considered approach to what might be needed as part of a single package of training and development for this element of the public health workforce.

The Top Up Training model used in NHS South Central to prepare people for registration as Specialists in public health was one that has been widely praised. This was a programme which accepted that one size did not fit all, and relied instead on a formal process of recruitment where a skills gap analysis was carried out for each applicant.

This approach to designing an *ad hominem* training package for those already in post more flexible might be considered. It would need a delivery infrastructure and good communication networks to maximise the benefit of any learning opportunities. The package might include:

- career advice and learning needs assessment process
- bursary support for modules or full Masters’ programmes as appropriate
- support for learning around reflective practice and the keeping of a professional portfolio (in line with probable future revalidation requirements)
- support with short placements and courses to allow some broadening of experience and knowledge
- more intensive learning opportunities (cf learning sets/ CPD events/ summer schools)
opportunities for mentoring

NHS South Central already provides a Talent Management service for public health consultants and those at Director Level. The aspiration of this service is to encompass the whole professional workforce and it is already providing advice to practitioner through bespoke services.

In addition some support should be given to the development of ‘training posts’ for new recruits in partnership with PCTs and other organisations. This is already a model that is being tried within NHS South Central. Individuals within training posts would access the learning opportunities above as appropriate to their needs.

The most expensive element of the current practitioner training programme is salary backfill, but even with this facility many employers have been reluctant to release staff for training. This suggests that concern over the ability to fill short term/ part time vacancies and provide cover for staff absence may not be wholly financial which may add to worries around future roles for staff who have undergone major development. With the development of the new and embryonic Rapid Response Unit in NHS South Central some of this reluctance might be overcome, but thought should be given to alternative approaches to incentivise employers.

An integrated approach
Whilst training and development of public health practitioners has been seen as separate from that of specialist training there are many advantages to taking a more integrated approach. As the public health practitioner learning set Master Classes demonstrated where learning opportunities are opened up they can benefit different groups either in training or for ongoing professional CPD.

Both specialist and practitioner trainees will need

- appropriate career advice and signposting to learning opportunities or guidance
- help with getting a variety of experiences through job swaps/ shadowing opportunities or formal secondments
- development of skills to ensure life long learning (CPD and revalidation)
- help with preparing for examinations, whether formal Faculty of Public Health examinations or academically based examinations for modules or full Masters degrees
- help with professional registration as appropriate
An integrated approach to training both practitioners and specialists in public health would allow common needs to be addressed through a single system, would provide a single approach to quality assuring the training and development opportunities and facilitate cross fertilisation of knowledge and skills particularly where trainees have particular areas of expertise such as with health intelligence.

**Regulation**

Although there has been some frustration around the delay in finalising details of practitioner registration, all participants on both elements of the Practitioner development programme have benefited from these learning opportunities. A common regulatory framework for this sector of the public health workforce will offer considerable benefits in terms of a quality kite mark for a properly identified and supported workforce. South Central will be in an excellent position to take full advantage of this in the future.
**Workplace Learning**

*TED Programme 2 (Public Health Practitioners) Budget £15K 2008-2010*

This e-learning package is being developed in collaboration with Southampton University and is aimed initially at increasing the public health knowledge of those in the wider workforce.

**Key points and Recommendations**

The opportunities provided through e-learning facilities are particularly valuable in developing the skills of the wider workforce, in supporting pre-registration professional learning and in supporting individual CPD activity. While the funding to pump prime has been helpful, regard needs to be given to the development of a comprehensive package and how it will become a sustainable resource.

**Developing an e-learning package**

This work should be seen in the context of pump priming monies to begin what should be an ongoing programme of development which may or may not need continued support through the TED Programme funding. Related bids for funding have already been submitted (for example by TPHN to DH for e-learning resource development).

This first phase is being hosted by NESC as a provider of e-learning material and sits comfortably with a TPHN proposed model of supporting public health learning for pre-registration health care professionals to enhance the impact of the NHS workforce through e-learning.

The current focus is on the development of modules on health needs and the determinants of health. This is aimed specifically at Local Government Council members to support Joint Strategic Needs Assessment and, in collaboration with the Teaching Public Health Network (SETPHN), aimed at engaging with schools and the children’s agenda.

Although the Workplace Learning programme currently sits as part of the TED Programme 2 (Public Health Practitioners), it has obvious links with wider workforce developments and might in time become a valuable resource for pre-registration learning and individual professional CPD. All these groups could benefit from a suite of e-learning materials which might be commissioned as part of a coherent support package. The strong links between professional public health, the Wessex Deanery, SETPHN, SEPHO and the University sector would seem to put South Central in a strong position.
Local Authority Development Plan

TED Programme 4 (Wider Workforce)  Budget £35K  2007-2010

This programme aimed to provide a co-ordinated approach to developing public health capacity and capability within local authorities by

- identifying the public health workforce within each organisation
- recommending actions to strengthen the contribution to health and well being made by the organisation.

Local Authorities were asked to come forward to take advantage of this programme and the aim was to work with 3 councils per year. Not all local authorities have responded nor will the programme cover all authorities within the budget allocation.

Key points and Recommendation

The development programme has enhanced the Local Authority view of themselves as health improving organisations employing many members of the public health workforce. This should be taken forward as a broadly based workforce and organisational development programme post 2010. Consideration should be given to:

- ensuring local authority public health workforce needs are picked up in local public health workforce plans and the regional strategy
- adoption of an issue based approach to taking forward public health workforce development within local partnerships, focusing around priority areas such as alcohol, smoking and obesity
- supporting the development of the professional public health workforce in Local Authorities through the PHD Leads group.

Public health workforce in Local Authorities

This programme is aspirational in wanting to help local authorities see themselves as health improving bodies. In identifying the public health workforce and actions needed to move forward, it does pre-suppose additional resource and opportunities will be made available.

The audit of the public health workforce within the Local Authorities reviewed has included the identification of a number of public health practitioners. Whilst increasing the awareness of public health issues across local government is essential, the development particularly of the health improvement practitioner workforce within the Local Authorities is critical. The jointly appointed DsPH have a huge opportunity to ensure that this workforce is effectively engaged, trained, developed and mobilised, encouraging their organisations to demand that this is so.
Linking through the local PHD Leads can influence local workforce planning activities to include the needs of local government and their responsibilities. Local PHD Leads have already acted as links between Local Authority staff and existing training and development, with many of these opportunities falling within programmes that are part of this review.

**Organisational development**

The identification of further action needed for organisational development has led to a small number of bids for funding being put forward through the PHD Leads group to support specific learning sessions within the organisation. The ability to secure small sums of money (circa £5K) to take forward this agenda locally has been very much welcomed.

However the degree to which it is a regional responsibility for taking this work forward is worth discussion. Rather this programme might be seen as pump priming resource to help local partnerships identify particular needs which should be locally addressed. The development of Local Authorities as public health delivery organisations is seen as essential and since this aspiration is an NHS goal, financial support locally or regionally, is seen as entirely appropriate.

However, although the Local Authority Development programme was generally welcomed it has not proved as catalytic in changing perceptions within the local authorities as was hoped. Nor has it fully engaged with the Local Authority culture.

Local Authorities need to identify the public health component in their own roles and its potential for development and yet the perception of where public health skills lie remains the NHS. Better progress might be made if ‘public health training events’ such as those that arose from the development programme, were aimed at developing public health capability and capacity around specific priority and partnership issues. *Industrial scale change* is needed to address health challenges such as obesity, alcohol and drug misuse and tobacco control. Local Authorities will play a major role in all these areas and whilst training budgets within Local Government are severely limited, issue based health budgets must ensure the workforce is fit to deliver the changes needed.
Leading Improvement for Health and Well-Being programme

TED Programme 5 (Learning Beyond Registration) Budget £145 2008-2010

This is a bespoke leadership development programme which is aimed at senior staff from a range of public sector organisations to:

- develop local leadership capacity particularly in relation to quality improvement
- develop partnerships across organisational boundaries
- deliver health and wellbeing improvement on the ground.

The programme was commissioned following a review of current provision in April 2008 which found that programmes to support leadership development in different sectors were largely running in parallel tracks. It highlighted the need to focus on developing leadership in the context of partnership working and joining agendas. An element that has become very important to the resulting programme is the ability to develop leadership capacity in teams of senior staff from different sectors but form the same local health economy.

Like many new development programmes it has not always proved straightforward to attract suitable individuals to take part and although over 50 people will have been on the programme, participants have not all been at the level hoped for. It has also proved difficult for some to attend all the programme days because of pressures of work. Nevertheless the feedback has been positive and the programme found to be useful, particularly the team development aspect.

Key points and Recommendations

The Improvement for Health and Wellbeing programme, although experiencing some teething problems, has been well received. The aspect of the programme found to be most useful has been the ability for senior staff from NHS/ non NHS partnerships to learn together. To ensure that it is seen as part of an overall approach to leadership development across NHS South Central;

- the programme should sit more closely alongside the suite of programmes offered by Leadership South Central whilst retaining its funding stream and public health input

- senior public health staff should be encouraged to apply for all leadership development opportunities offered, selecting from the suite of approaches offered.

Developing Leadership in South Central

There is no question that developing leadership capacity within public health is a priority and it is seen as an SHA responsibility to ensure that those leading local health economies both within and outside the
NHS, are supported to carry out their roles better. What has been questioned is why, once again, public health development is seen as separate to the mainstream. This is particularly stark in South Central where an enviable suite of leadership programmes is already supported through the SHA.

The Leadership South Central approach is one of training leaders for a purpose, developing the behavioural leadership skills of the individual. This approach acknowledges that leadership itself is the skill set being developed outside of, and complementary to, the context within which it is practiced. Arguably the need to develop the technical context (such as public health knowledge and skills) can be better done elsewhere.

A small number of public health professionals have already accessed these SHA run programmes and have found them extremely beneficial. Conversely the addition of public health professionals to the learning group enhances the appreciation of public health knowledge, skills and values across the NHS, without any formal ‘teaching’.

A concern has been expressed that more public health senior staff are not applying for these individually based leadership development programmes. This might be due to a lack of effective local dissemination or be indicative of senior staff, such as DsPH, not considering, or being considered for, their next career move. If this was the case succession planning at the very senior end of the public health workforce might need attention.

Leadership in partnership

The team aspect of the Improvement for Health and Wellbeing programme, involving senior staff from both inside and outside the NHS, has become a very important aspect of the programme and one which marks it out from the suite of programmes offered through Leadership South Central. The impact of learning together has helped local partnerships develop and indeed several interviewees commented on how important it was for senior staff other than public health within the PCT to link with public sector bodies outside of the NHS.

If the Leading Improvement for Health and Wellbeing programmes were to be offered as part of the suite of South Central Leadership programmes, the benefits of learning together with partners outside of the NHS could be spread wider. In terms of the suite of programmes offered, it would extend the choice of approach and would enable other NHS/ non NHS partnerships to be developed across care pathways.
Local teams might also be keen to develop partnership working through this approach and work with the SHA on bespoke programmes.

However, the current funding stream for the Leadership South Central suite of programmes is seen as ring fenced for NHS staff only with competition for places already fierce. For this reason it would not easily be possible for the programme, with its emphasis on partnership building, to be run through the Leadership South Central team. (This has also proved to be the case with the separately identified need to develop and support those in acting DPH roles or those aspiring to be DsPH in the near future, taken forward through the Talent Management service. Once again competition would be fierce for places on the Leadership South Central ‘Aspiring Leaders’ scheme and the programme not designed to facilitate a partnership approach). Questions also remain on the future of the Leadership South Central function itself and where it should be best placed in future in terms of commissioning and providing functions.

Perhaps a better medium term solution would be for the Improvement for Health and Wellbeing programme to more obviously sit alongside the other leadership development programmes whilst retaining its separate funding stream and public health input (something which might also be the case with the developing public health ‘Aspiring Leaders’ development). This would help to publicise all programmes throughout public health networks, encouraging public health participation in other programmes. It would also ensure that leadership development in South Central has a more collective approach to those outside of the organisation.

Lillian Somervaille
September 2009
Appendix A  Summary of Recommendations for individual programmes

PHD Leads Group

- The level and position that PHD Lead members occupy within their organisations should be reviewed.
- Support should be given to PHD Lead group members to develop their skills in negotiating, influencing and leadership.

Defined Specialist Programme

- Capacity and capability of Defined Specialists should be included in the NHS South Central strategic workforce plan, providing a coherent framework for guiding future training numbers.
- Training and development of Defined Specialists should sit alongside training of Specialist Public Health and be subject to the same quality assurance processes.

Public Health Practitioner training (Learning Sets and Training Programme)

- Practitioner training should be done as a single programme using a TUT/ *ad hominem* model for existing staff.
- Practitioner and Specialist training in public health should be integrated as far as possible to maximise learning opportunities and provide a common approach to quality assurance.
- All practitioners should be provided with career advice/ learning needs assessment/ access to CPD.
- Support should be provided for specific training and development on a competitive basis.
- Partnerships should be facilitated to develop ‘training posts’ for new practitioners.
- Practitioners should be encouraged to become registered professionals as soon as is practicable.

Workplace Learning

- A comprehensive and sustainable approach to e-learning is needed involving academic, TPHN and PHO partners.

The Local Authority Development programme

- The local authority public health workforce needs should be picked up in local public health workforce plans and the NHS South Central strategic workforce plan.
- An issue based approach should be adopted to take forward public health workforce development within local partnerships, focusing around priority areas such as alcohol, smoking and obesity.
• The development of the professional public health workforce in Local Authorities should be supported through the PHD Leads group.

The Improvement for Health and Wellbeing programme

• The programme should sit more closely alongside the suite of programmes offered by Leadership South Central whilst retaining its funding stream and public health input.
• Senior public health staff should be encouraged to apply for all leadership development opportunities offered, selecting from the suite of approaches offered.
Appendix B  List of interviewees

John Acres
Merrill Bate
Joanna Chapman-Andrews
Judy Curson
Paul Edmundson-Jones
Julie Higgs
Fleur Kitsall
Neil Luckett
Ruth Monger
John Newton
Viv Speller
Chris Stannard
Graham Watkinson
Premila Webster