

# Building the public health capability of all health improving organisations:

## An 'Academy of Public Health' for London and the South East



Excerpts from business case

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## 1. Purpose

This paper outlines the business case to establish a multi-agency academy of public health and will be used to develop the outline model and develop a consensus on priorities for investment. It builds on a paper considered by Health Education England London and South East Executive in January 2016 where the development was agreed together with a substantial start-up funding.

The Academy will support place-based learning and workforce transformation and enable health and well-being priorities to be delivered at scale and at pace. For all those working in health, social care, local authorities and the third sector in connection with health improvement and prevention, the Academy will:

- provide a coordinated offer of training and resources
- provide clearly signposted further development opportunities
- enable knowledge exchange and networking

The development and commissioning of provision will be led by small workforce development team collaboration between Public Health England, local authorities and Health Education England - and will be headed up by HEE London and South East's Head of Public Health Education and Development.

The business case has been developed with the input of:

Judy Curson, Public Health Consultant (workforce), PHE, South East  
Paul Plant, Deputy Director (workforce), PHE, London  
Louise Holden, Public Health Workforce Development Manager, PHE, London  
Mike Robinson, Association of Directors of Public Health, London  
Members of LKSS School of Public Health  
Members of the HEE London and South East DEQ Advisory Group

## 2. Strategic Context

*The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade** in prevention and public health. (NHS 5 Year Forward View, 2014, p10)*

The **NHS 5 Year Forward View** makes it clear that the prevention of ill health and promotion of wellbeing is a key priority for the NHS. Its tripartite message requires us all to 'break down the barriers about how care is delivered' 'empower patients' and 'get serious about prevention'. Similarly, the **Department of Health's Shared Delivery Plan: 2015-2020** articulates a vision to 'reduce the demand on our health and care system and contribute to its long term sustainability, we will take action to improve people's health – focusing as much on the prevention of poor health as we do on treating illness'. The government's **2016/17 Mandate** to NHS England also

makes a requirement on the system to ‘...improve local and national health outcomes, particularly by addressing poor outcomes and inequalities’.

All of this can only be achieved with a clear focus on workforce development for public and population health.

HEE has undertaken to work with Public Health England, local authorities and other stakeholders to better understand the wider workforce implications and how we use our levers to drive improvements in health. This includes ensuring the health and social care workforce is able to manage health and wellbeing proactively rather than simply responding to illness. Workforce development initiatives need to be future proofed for at least 15 years ahead and the **HEE Strategic Framework (F15)** informs this work.

Supporting local authorities to meet the continuing professional development needs of their current staff is not technically one of HEE’s statutory responsibilities. However, a focus on health improvement is a central responsibility of HEE, and has obvious benefits for the NHS. Increasingly, other provider organisations are developing their public health offer, for instance, there are around 40 acute trusts across the country that have their own public health team. It is anticipated that the diversity of health improving organisations will increase rapidly over the next few years as new models of care emerge, within new integrated organisational frameworks spearheaded by NHS England’s ‘vanguard’ sites. This creates a need for a broader view of workforce development in this area, one that transcends current organisational boundaries and looks beyond the NHS into local authorities and social care.

This is a particularly timely development given that **the government has commissioned PHE to review and make recommendations on the current operation of the public health system in relation to the future** (next five years) capability, skills and experience of the public health workforce. The report is due for completion in March 2016 and is likely to highlight a number of capability and capacity gaps but strong themes are already emerging of the need for an agile skilled workforce working across organisations, sectors and settings.

More locally, although HEE’s KSS team have historically been ahead of the curve in their relationship with public health, this is a great opportunity for HEE to pilot such a development as the London and South East geography. There is a window of opportunity whilst the public health grant to local authorities is still ring-fenced and there are strong Director of Public Health networks with four local offices of HEE all working collaboratively and sharing resources.

Ensuring capacity and capability to maximise opportunities of the **London Health Devolution Agreement (2015)** in which partners, including government, the mayor’s office, NHS England and HEE, have collectively signed up to ten joint aspirations and have agreed a number of actions to help London become the healthiest major global city. Health improvement is at the heart of that collective ambition.

### 3. Case for Change

Prevention of ill health and population-based approaches are interventions delivered by people, and people require training and development to effectively deliver their role. Similar initiatives have previously been developed but these have either been small scale (e.g. Wessex) or ad hoc (e.g. previous investments in the public health workforce in London). This is an opportunity to make a difference at scale, and assuming successful, is a geography model of provision that could be developed England-wide. Specifically the intended benefits are:

#### *Joined up and system wide approach*

An academy for public health would mean a joined up approach to the development of the public health capacity and capability across all 'health improving organisations'. The Academy would allow development of a system-wide approach to priority issues for London and South East that transcends organisational boundaries, improving connectivity between Health Education England and those engaged in workforce development, education and training for health improvement. The Academy would ensure there would be a coherent public health strand in all local delivery plans that delivers HEE strategy and aligns with that of NHS England and Public Health England.

#### *Clear professional development offer*

There would be a provision of a clear professional development (CPD) offer to staff in those organisations, though a coordinated offer of clearly signposted development opportunities, from seminars to Masters programmes, from eLearning to coaching, all accessible through an on-line portal.

#### *Improved workforce planning and development*

Improved workforce planning and development of clear career pathways for the public health workforce wherever that workforce might be.

#### *Financial*

Prevention of ill health and population-based approaches are inherently cost effective and are the backbone of the economic strategy supported in the Five Year Forward View. Financial benefits are dependent on uptake of training but would be realised through the larger NHS and public bodies with the delivery of prevention of ill health and population-based approaches.

The strategic risks if HEE were not to proceed with this project include that:

- The Department of Health and its agencies may fail to deliver on priorities articulated in the Shared Delivery Plan 2015 - 2020.
- NHS England and HEE may struggle to deliver the objectives of their mandates.
- Vanguard sites may not be able to revolutionise their approach to the health of the populations that they serve.
- Emerging accountable care organisations will not have the capability within them to illness prevention, health promotion and population health.
- London may not be able to deliver the aspirations of the health devolution agreement.
- Health Education England will fail to play a full part in delivering the aspirations of the Five Year Forward view and may then not be considered as 'a serious player' in workforce transformation, with this remit transferring elsewhere.

## 4. Scope and operating model

The aim of the Academy is to provide a structured and sustainable professional development offer in public and population health for all staff with health and well-being responsibilities. A multi-agency ‘academy’ will provide coordinated offer of clearly signposted development opportunities for all those working in health improving organisations. This includes all those working in NHS, local authority, social care and the third sector. Direct public health service provision is outside of scope.

The operating model for the Academy will be developed by small workforce development team collaboration between Public Health England, local authorities and Health Education England - and will be headed up by HEE London and South East’s Head of Public Health Education and Development. This geographical model of provision that could be developed England-wide and its development and potential has already been discussed with HEE’s national lead for public health. The delivery team will ensure that opportunities for spread, dissemination and economies of scale across HEE will be considered at every stage.

## 5. Priorities for delivery

Priorities areas for delivery are listed below. The priorities will be discussed and further refined at a multiagency public health workforce event planned for 21<sup>st</sup> April 2016.

1. Making public health everybody’s business	How? ( <i>examples of activity</i> )
1.1 Establish and sustain a vibrant learning network and community of practice	<i>Provide a core CPD offer accessible in one place for clearly articulated levels of the workforce and a space for networking and engagement.</i>
1.2 Develop a consensus of early priorities for development. Agree priorities with service commissioners in light of the shared delivery plan, strategic transformation plans and local priorities identified	<i>Conduct a mapping exercise and develop and a suite of evidence based training, tools and resources to meet skills gaps identified.</i>
1.3 Identify the learning and development needs of the wider public health workforce at a local level	<i>Make systematic use of existing resources e.g. MECC training and other NHS toolkits</i>
1.4 Increase opportunities to develop skills and competencies in public health, leadership and project management	<i>Building on projects such as Team Up and working with HEI’s to increase skill-based learning within their curriculums</i>
1.5 Scale up the involvement of the wider health and social care workforce around ‘place’ as the key setting for workforce development	<i>Working with HEIs, professional and regulatory bodies to identify and embed public health values, approaches and competencies into undergraduate and postgraduate curriculum, practice and CPD for all clinical training</i>

*Establish mechanisms to support place-based learning working with service delivery partners on health improvement priorities and identifying key staff groups for shared development (e.g. NHS Vanguard pilot initiatives offer an opportunity to test and evaluate approaches to developing the wider public health workforce)*

**2. Developing strategic leadership for public health**

**How? (examples of activity)**

2.1 Provide a system leadership development offer for public health specialists and practitioners aimed at supporting service transformation

*Continuing to develop a variety of skills for influencing in a political environment and transformational leadership styles*

2.2 Working in partnership with the NHS Leadership Academy and others, to identify gaps in leadership development provision for all those working in health improving organisations

*Develop a deeper knowledge of other council roles to enable increased joint working with planners, community safety, licensing*

2.3 To signpost available provision and commission additional courses and programmes as appropriate

*Develop multi-disciplinary training/integrated systems approach training on priority issues for London e.g. childhood obesity, sexual health*

2.4 Establish structured programmes of development for aspiring and future leaders in health prevention and improvement

*Establish a mentoring /coaching scheme e.g. sourcing senior local government figures who have navigated the complexity and pace of change*

*Ensure access to personal effectiveness skills e.g. negotiating, influencing, marketing, change agent, engagement, customer service skills, story-telling skills*

*Establish a public health Fellowship programme*

*Support career pathways providing stepping stones to roles of increasing responsibility and complexity.*

**3. Equipping the workforce with public health skills fit for the 21<sup>st</sup> Century**

**How? (examples of activity)**

3.1 Ensure the workforce is equipped with a modern public health skillset and able to respond to future challenges

*Ensure training for new technical skills are commissioned and embedded in training programmes e.g. training for PH scientists and analysts in big data handling and bioinformatics*

3.2 Address emerging global issues in public health in relation to London as a 'Global City' and migration patterns in the workforce and population as a whole

*Ensure healthcare public health skills remain well embedded in the public health core workforce such as, health economics, return on investment, prioritisation/resource management, leadership in clinical settings, critical appraisal, evaluation, data interpretation*

*Contribute to the transformation of the nursing and health visitor workforce, aligning their knowledge, skills and competences with public health and prevention priorities*

*Working with appropriate partners identify the future need and provide development opportunities in global health*

**4. Supporting recruitment, retention and progression in public health**

**How? (examples of activity)**

4.1 Empower and create opportunities for the workforce at all levels to recognise the competencies they have, those they need to maintain and those they need to develop to remain fit for purpose

*Utilisation of the digital Public Health Skills and Knowledge Framework and Skills Passport being developed*

*Develop and collate a suite of tools for self-reflection, 360 feedback, self-management of careers*

*Provide clarity of career progression and clear signposting as to what's helpful to know at what stage of development*

*Build on the current structured approach to PH practitioner development responding to recommendations from recent commissioned workforce reports*

## 6. Funding and governance

The Academy Operational Group will comprise representatives from partner organisations; local authorities, Public Health England and HEE from across London and Kent, Surrey and Sussex. The group will be chaired by a Head of Public Health Education and Development who will act as project lead. The Head of Public Health Education and Development is a HEE appointment and will report to the London and South East Director of Education Quality or nominated senior deputy. The Operational Group will be accountable and report to the London and South East Executive Group of Health education England. The activities of the Academy will be informed by wider stakeholder groupings accessed through the partner organisations. Following the initial set up phase, it is envisaged that further funding needs will be met through partnership working, revenue generated and workforce development investment.

## 7. Next Steps

An indicative timescale for the project is outlined as below:

March 2016	<ul style="list-style-type: none"> <li>• Authorisation to proceed</li> </ul>
April 2016	<ul style="list-style-type: none"> <li>• Development of model with internal and external stakeholders</li> <li>• Multi-agency event and priority setting for the academy</li> <li>• Appointment of Head of PH Education and Development</li> <li>• Establishment of working group and governance</li> </ul>
May 2016	<ul style="list-style-type: none"> <li>• Needs analysis</li> <li>• Appointment to posts as identified e.g. project manager</li> <li>• Digital development pre-work</li> </ul>
July 2016	<ul style="list-style-type: none"> <li>• Amalgamation with existing 'School'</li> </ul>
July 2016	<ul style="list-style-type: none"> <li>• Delivery model and priority areas agreed</li> <li>• Commissioning commences</li> </ul>
October 2016	<ul style="list-style-type: none"> <li>• First tranche of Academy products available</li> </ul>