COSLA/Scottish Government Public Health Reform Programme

Leadership for Public Health Workforce Development Commission

Deliverable 4: Customer Requirements

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Appendix 1 Customer Requirements A Public Health Workforce Development Framework for Action	

Leadership for Public Health Workforce Development Commission
Draft deliverable 4: customer requirements

1. Introduction

The Improvement Service (IS), NHS Health Scotland (HS) and NHS Education for Scotland (NES) were commissioned to undertake work to describe and produce options for how Public Health Scotland will provide leadership in ensuring a confident, effective, forward looking public health workforce, in the broadest sense, and across the whole system in Scotland. This paper describes the customer requirements that have been highlighted so far through a process of stakeholder engagement which will conclude in March 2019.

2. Ambition and vision

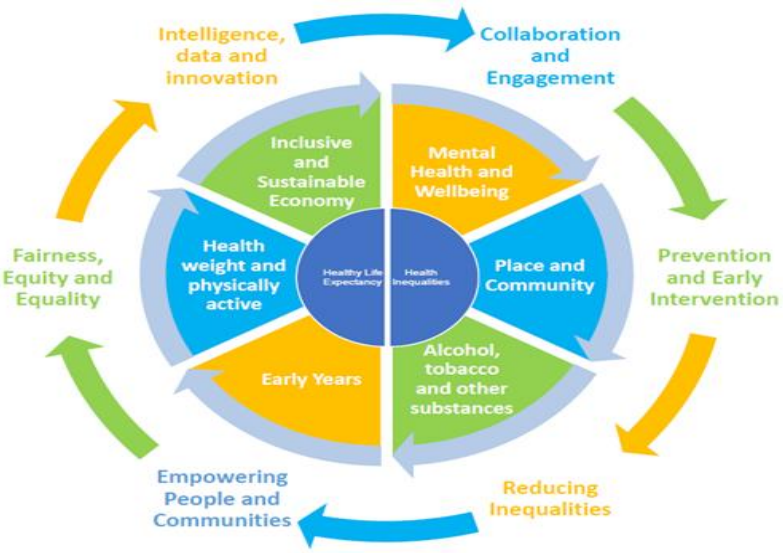
The ambition for the Leadership for Public Health Workforce Development Commission (LPHWD) is set in the context of the overall vision and mission for the Public Health Reform programme. The programme's vision is "A Scotland where everybody thrives" and mission is "To lead, drive, support and enable a public health system fit for the challenges of the 21st century".

The LPHWD Commission's ambition is:
"A resilient, competent and agile workforce that is able to tackle inequalities and enact system change to improve and protect the health and wellbeing of the population of Scotland by meeting public health priorities."

This ambition, being considered with our stakeholders, draws from an outcome in the reform programme blueprint that a "Strong workforce that can respond to the challenges to ensure a robust, resilient and competent workforce of the future, and that new talent can be attracted to the field of public health" (BP59). It also reflects ambitions from the PHR programme for whole systems working.

3. Principles and priorities for public health reform

The principles and priorities for public health reform shown in the diagram below set out the agenda for the public health workforce' challenge. This is at the forefront of our minds in designing a new workforce development system.



4. Scope

The initial brief from Scottish Government was to focus on the wider public health workforce. Early in the process we had feedback from stakeholders that the LPHWD Commission should cover both the core and wider workforce given the need to meet stretching Public Health Reform ambitions and the requirement for a collaborative approach. The terms are defined and explored in more detail in the Commissions work in Deliverable 3: Current Landscape. For ease of reference, the definitions are:

Core workforce: "All staff engaged in public health activities that identify public health as being the primary part of their role."[1] This includes for example, people who work in public health teams in NHS Boards and Health and Social Care Partnerships, environmental health professionals in local authorities and public health scientists.

Wider workforce: "Any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work".[2] This includes for example, people working in community organisations that provide services locally, third sector leaders and policy officers, community planning managers and housing officers.

There has been discussion about these definitions (see below). Crucially, feedback showed an ambition to give direction and leadership to develop the integrated public health workforce as a whole. This breadth was seen as challenging but something we should tackle to maximise opportunities.

5. Stakeholder engagement

5.1 The public health workforce is central to delivery across all commissions. We had the expectation that the workforce itself (broadly defined), and bodies that represent and/or have an interest in developing the workforce, would be engaged by many of the commissions. With this in mind, we planned to have targeted conversations with key stakeholders to understand their views about what is needed and what can be done better to achieve the public health priorities rather than running large scale surveys or events.

5.2 The Scottish Public Health Workforce Development Group (SPHWDG) is the Leadership for Public Health Workforce Development Commission's wider reference group and has contributed to its thinking. The Whole System Steering Group has offered us guidance and insight from their extensive stakeholder engagement.

5.3 In addition, our stakeholder engagement to date has included:

- Angus Community Planning Partnership via the CPP Managers network
- Coalition of Care and support Providers in Scotland (CCPS)
- Directors of Public Health - leadership development sponsor
- Faculty of Public Health
- Fife Health & Social Care Partnership
- Health Protection Nurse Specialists
- Health & Social Care Alliance Scotland
- Infection Control Managers' Forum
- NHS Education for Scotland
- NHS Grampian
- People in UK Public Health
- Public Health England
- Scottish Social Services Council (SSSC)

[1] Mapping the core public health workforce in Scotland; Centre for Workforce Intelligence (2015)
[2] Rethinking the Public Health Workforce; Royal Society for Public Health (2015)

- Scottish Health Promotion Managers Group
- Scottish Health Protection Network
- Society of Chief Officers of Environmental Health for Scotland
- Society of Personnel Directors Scotland
- Voluntary Health Scotland

5.4 As we progressed, we gathered viewpoints in relation to the development of a public health workforce development framework for action' (appendix 1 Draft D4 paper). The questions to stakeholders were then simply:

- What are your thoughts on this proposal?
- What gaps and challenges do you identify?
- What can your organisation/profession contribute to this agenda?
- Any other comments

5.5 We have also spoken to leads and reviewed customer requirement documentation from the following Commissions for workforce development issues:

Underpinning Data & Intelligence
Improving Health
Improving Services
Protecting Health
Data Science & Innovation
Research, Innovation & Applied Evidence

5.6 Commission members attended the *Enabling Whole Systems Working* event on 24 January. This reinforced some key messages:

- The need for whole system working to deliver reform. Public Health Scotland (PHS) will be an integral part of the system and will support and enable the whole system to deliver.
- Our refreshed National Performance Framework connects strongly to the Public Health Priorities, the two are interdependent and can help us build a whole system vision.
- Achieving the outcomes for people and places is beyond what one organisation can deliver. We must collaborate, build deeper trust with partners and seek to understand each other's values.
- The importance of creating a culture that places people at the heart of the system and supports the development of an empowered population where everyone can contribute and improve public health.

Further engagement visits will include:

- Local Government and Community Planning. Now strengthened by Improvement Service Commission Co-lead, we can do more engagement in this sector
- Community led health and the Community Learning and Development sector
- Third Sector who relate to PH priorities
- The Alliance Third Sector Collaborative
- Police and Fire Services
- Scottish Care
- Skills Development Scotland
- Reference and Project groups

5.7 Engagement with future PHS Staff in partnership with our staff side representative and collaborating with the OD and Values Commission is an important next step. We have already had feedback from some senior Health Scotland and Public Health & Intelligence colleagues.

5.8 We have reviewed the following papers:

- *Public Health Leadership Development briefing,* Susan Webb – Chair of the Leadership and Succession Planning Subgroup of the Scottish Directors of Public Health, September 2018
- *Statistical overview of the public health wider workforce in Scotland*, Health Scotland, October 2018
- *Emerging findings from an investigation to assess the extent and capacity of the Public Health Wider Workforce (PHWW) in Scotland and the systems which currently support its development, Health Scotland, October 2018*
- *Mapping of key competencies required by the public health wider workforce to public health priority 3*, NHS Health Scotland, draft report November 2018
- *Improving public health capability and capacity in Quality Improvement,* Aberdeen City Council, Health Scotland, October 2018
- *Leadership for Public Health Workforce Development, Health Scotland staff, December 2018*
- *Local Health improvement teams: current landscape*, SHPMG, December 2018
- *Realising the Public Health Priorities: Innovating for Change,* Public Health Reform, draft report January 2019

6. What our stakeholders said – general points

6.1 Whilst much of what we proposed was welcomed, it was acknowledged as high level, that more detail would be needed and stakeholders were willing to work with us on this. Stakeholders had varying levels of awareness about public health. There was some role exploration with those who were not clear on their workforce's future role in public health. The tone we take in this continuing conversation is important – we need to shift to a discussion of 'what can public health offer to you' rather than 'what can your organisation/profession contribute to this agenda'?

6.2 Some concerns were raised around the language. For example, the term 'health' can prove a barrier and some identified more with 'wellbeing'. Also the use of 'public sector' and 'public services' can alienate those who don't see themselves in either. The Commission had feedback on the terms 'core' and 'wider' workforce. We heard from stakeholders that some feel that being referred to as part of the 'wider' workforce devalued their contribution. A number of Third sector stakeholders, for example, felt that they were not part of a wider workforce, saying that improving the public's health was core to their work. Therefore while 'core' and 'wider' workforce might be helpful shorthand, the Commission is conscious that it can be an unhelpful division for stakeholders. It may be may be necessary to co-produce a less divisive way of describing the whole public health workforce. One suggestion was the term 'public health family'.

6.3 We had a positive response to our reference to the principles from Christie: supporting a workforce to deliver on prevention and equity; services built around people and communities; partnerships and integration; improvement and cost saving. Stakeholders' responses to the proposals for high level actions were positive overall with an acknowledgement that 'one size will not fit all' and call to build on the current strengths across our systems.

7. What stakeholders said they need from the system

7.1 The purpose of this paper is to reflect what stakeholders said they need. An analysis of the responses has been themed as follows:

- Building and maintaining knowledge and skills
- Career development and workforce planning
- Conditions to strengthen public health workforce development
- Role of Public Health Scotland

Building and maintaining knowledge and skills. Given the breadth of the public health workforce, it is unsurprising that we received information on a wide range of generic and topic specific knowledge and skills. These requirements have both a national and local focus and in some instances an overlap is apparent. Suitable workforce development solutions will be required. We will refine this further for our final customer requirements and future state papers but key knowledge and skills to be considered are listed below.

7.2.1 Leadership

- Collaborative, collective leadership – support and development for leaders to take a whole systems approach that is multi-disciplinary and respects contributions from across public services and communities.
- Build a knowledge base for systems thinking in public health.
- Enhance skills in policy advocacy (including health in all policies approaches) and effectiveness in a range of influential settings.

7.2.2 Empowering communities

- Invest in community development capacity and skills.
- Enhance capability for co-production
- Develop a workforce that is empowered to listen and respond to local communities.

7.2.3 Public Health Knowledge and Skills

The development of both generic and specialist areas of public health were highlighted by our stakeholders including access to continuing professional development quality assured (CPD) in public health available in a variety of formats and which is accessible across the whole system. Examples included:

- Foundation learning modules in public health for the Third Sector
- Specialist programmes in health economics, health protection, population needs assessment and health inequalities impact assessment.
- Ensuring key knowledge and skills relating to reactive response to dealing with public health incidents and emergency response are developed and maintained at all times to ensure the provision of a safe and effective response.
- Data and intelligence (D&I) – learning needs were identified in most D&I specialist functions including methodological support, data analysis, interpretation, evaluation and knowledge sharing. Helping the wider workforce to be more evidence literate and ensuring that evidence is accessible and actionable was highlighted.
- Building research and research facilitation skills and capability

7.2.4 Improvement and Innovation

- Test Quality Improvement (QI) capability and capacity building in a local public health context, including Third sector and the voice of lived experience
- Combine QI approaches with knowledge of network theories to achieve large scale collaboration leading to improvement
- Develop capacity for innovation – not restricted to but including digital literacy.

7.3 PH Career Development and Workforce Planning

The Commission recognises that it is important that the public health workforce is able to work effectively and flexibly across the public health system - within local government, health and social care, Third Sector and other relevant statutory bodies. With an aging workforce we need to attract new talent. Enablers include:

- Universal use of the Public Health Skills & Knowledge Framework (PHSKF) with employer guidance as appropriate

- Scoping and developing career pathways for the core workforce to attract, enthuse and retain staff and allow mobility at local and national level (for example between health boards and local government).
- Attracting in a multi-disciplinary workforce – use of apprenticeships, secondments and internships to broaden the talent base
- Access to continuing professional development (CPD) in public health which is accessible across the whole system
- Providing support for professional registration of the core workforce and close collaboration with FPH, UKPHA and other professional or regulatory bodies
- Leadership that supports flexible deployment of the workforce – openness to using existing capacity differently
- Workforce planning for the core workforce (identifying capacity, critical mass and with sustainable funding).

7.4 Conditions to Strengthen PH Workforce Development

A key issue was the need to develop shared mutual understanding of the operating context for the public health workforce and to highlight what the component parts – for example Community Planning Partnerships - already do to contribute to public health. Raising the profile of public health was crucial to the early intervention and prevention agenda. Stakeholders proposed and/or supported:

- Shared definitions and an accessible language for public health
- Strengthening Third and Community Sector capacity/resources
- Increase statutory sector bodies' ability to work with the Third Sector
- Illustrate the contribution the wider workforce makes to public health through case studies and live tests of change
- Using appropriate educational frameworks and building public health in to existing professional frameworks. The idea of making an element of training in public health mandatory, like Adult or Child Protection learning and development, was seen as positive, as would structural interventions such as reviewing Job Specifications to include a public health dimension.
- Utilise and strengthen relationships and networks, for example work closely with further and higher education
- Develop an progressive, integrated and cohesive public health workforce development strategy

7.5 Role of Public Health Scotland

This will form a significant part of what we will describe in Deliverable 5: Future State in response to the above needs but some proposals are already clear:

- Public Health Scotland (PHS) should provide a hub and support an integrated network for national leadership for public health workforce development
- It should draw on the professional and organisational strengths of the new organisation, work together with national agencies in common purpose of workforce development, span the domains of public health with the Data and Intelligence function as an underpinning and core competency, relate to local, regional, national and UK stakeholders and expert resources.
- The focus of a workforce development function within the organization, however structured, should have a strong, strategic and distinct influence on the underpinning work of PHS to deliver its wider strategic aims.
- Partnership and collaboration with stakeholders' learning and development systems and education providers across the wider public health system is key to our success
- Digital first: we will link to Scotland's Digital Strategy and make the most of opportunities presented by digital technology

- We will build on successful grassroots and ‘Once for Scotland’ developments already in place such as the NES/HPS collaborative arrangement which was widely praised.

8. Good Practice

We will add some illustrative case studies which illustrate relevant good practice in workforce development to the final draft of this document. For example:

1. Aberdeen City Community Planning Partnership illustrate how they have taken a whole system approach to building QI capacity and capability to enable collaborative action which leads to improved outcomes as outlined in the Local Outcome Improvement Plan
2. Mapping of key competencies required by the public health wider workforce to public health priority, Mental Health & Wellbeing’
3. How the Place Standard Tool and learning resources are being used to engage communities and link national policies to local activity (reflects community engagement, public health priority ‘Place & Community’, local leadership, participation of local government and communities).
4. Workforce education development for health protection in Scotland- A refreshed strategic partnership approach for 2017-2022: May 2017. Health Protection Scotland, NHS National Services Scotland and NHS Education for Scotland.