

COSLA/Scottish Government Public Health Reform Programme

Leadership for Public Health Workforce Development Commission

Deliverable 5 – Current and proposed future state for the leadership arrangements



DOCUMENT CONTROL SHEET:

Key Information:

Title:	Leadership for Public Health Workforce Development – Current and proposed future state for the leadership arrangements
Date Published/Issued:	10.05.19
Date Effective From:	10.05.19
Version/Issue Number:	0.8
Document Type:	Future State
Document Status:	Final
Author:	Wilma Reid, Elspeth Molony
Owner:	LPHWD Commission Project Team
Approver:	Project Team Leads
Approved by and Date:	K Wilson, W Reid, A Spark
Contact:	wilma.reid@nhs.net or colin.murray1@nhs.net
File Location:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:
W Reid		Head of Learning & Improvement	10.05.19	0.8
A Spark		Programme Manager	10.05.19	0.8
K Wilson		Director of NMAHP	10.05.19	0.8

Distribution: This document has been distributed to

Name:	Title/Division:	Date of Issue:	Version:
A Trolland	Programme Manager	10.05.19	0.8

Linked Documentation:

Document Title:	Document File Path:
Appendix 1: PHWFD Systems Map	

The Leadership for Public Health Workforce Development (LPHWD) Commission

1. The brief¹ from Public Health Reform (PHR) was to commission NHS Health Scotland, NHS Education for Scotland and the Improvement Service to undertake work to describe and produce options for how the new public health body will provide leadership in ensuring a strong, effective, forward looking public health workforce, in the broadest sense, and across the whole system in Scotland.
2. The LPHWD Commission's ambition, as stated in Deliverable 4: Customer Requirements² is for:

“A resilient, competent and agile workforce that is able to tackle inequalities and enact system change to meet current and future public health challenges and improve and protect the health and wellbeing of the population of Scotland.”

Membership of the commission:

- Dot McLaughlin, replaced by Amanda Spark, Improvement Service (Co-Lead)
 - Wilma Reid, NHS Health Scotland (Co-Lead)
 - Karen Wilson, NHS Education for Scotland (NES) (Co-Lead)
 - Andrew Fraser, NHS Health Scotland (Sponsor Director)
 - Alison Christie, Coalition of Care and Support Providers in Scotland (Team Member, Third Sector representative)
 - Michelle Cochlan, Aberdeen City CPP (Team Member, Local Government representative)
 - Michael Craig, NHS Health Scotland (Staff Side representative)
 - Roy Lawrence, Society for Personnel and Development Scotland (Team Member)
 - Ruth Robertson, NHS Education For Scotland (Team Member)
 - Lesley Whyte, NHS Education for Scotland (Team Member)
 - Elspeth Molony, NHS Health Scotland (Writing Support)
 - Colin Murray, NHS Health Scotland (Project Management Support)
3. Our wider reference group was the Scottish Public Health Workforce Development Group (SPHWDG) with membership from Convention of Scottish Local Authorities (COSLA), Scottish Government, CHEX, NES, Directors of Public Health, Scottish Health Promotion Managers, Royal Environmental Health Institute of Scotland (REHIS), National Services Scotland and NHS Health Scotland.
 4. We note that we have inter-dependencies with other Commissions, in particular the Specialist Workforce Commission who will influence the deployment of the core workforce, and the OD Commission since a significant section of the public health workforce will be employed by PHS. In our approach (detailed below) we have analysed the submissions from the 'core' Commissions and the Research, Innovation & Applied Evidence Commission, have drawn direction from these reports and have common purpose with each of them.

Public Health Reform Workforce Ambition

5. The LPHWD Commission is focussed on realising the following outcome in the reform programme [blueprint](#):

¹ Public Health Reform Programme Leadership for public health workforce development Commissioning Brief, April 2018

² Leadership for Public Health Workforce Development - Customer Requirements, April 2019

“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). Supporting and developing the core and wider workforce and ensuring effective partnership working across the public and third sectors were recognised as “vitally important” in the [2015 Review of Public Health in Scotland](#).

6. The Review states that:

“To address the determinants of population health, as well as particular health priorities, responsibility for public health needs to be shared widely across different organisations, sectors, communities and individuals. Greater emphasis should be placed on this sense of collective responsibility. The core public health workforce should lead the collective effort, recognising that many population health challenges are the type of ‘wicked problem’ that can only be overcome through partnership working and a shift to prevention within and across systems.”

7. This recognition of the importance of harnessing the power of the wider workforce has been central to the Commission’s thinking from the outset. To achieve the necessary improvements in public health, we have also explored and understand the need to support and develop the core workforce to embrace this new opportunity in addition to continuing to apply their considerable existing skills and knowledge in specialist roles.
8. Public Health Scotland (PHS) will have a significant and visible leadership role in engendering this whole system working approach. This role extends beyond the workforce development function within the new body. Almost all areas of PHS will have a role to play in supporting the realisation of the ambition for whole system working – from the people working with and as part of Community Planning Partnerships, to those engaging with communities as part of the delivery of programmes, and those working with employers and businesses.
9. The role of Public Health Scotland in leading the development of the workforce is distinct from, but vitally connected to, these other areas in which PHS will work with to support the wider system to realise the public health priorities. Ultimately, a “robust, resilient and competent workforce” is a prerequisite to the making the public health priorities a reality. Strong leadership around workforce development therefore underpins efforts to optimise whole system working.
10. The Commission recognises that the leadership required of Public Health Scotland takes many guises, but all of the demands on the new agency to lead include demands for *collaborative* leadership. Public Health Scotland will fulfil its duties with and through other parts of the public health system – working in partnership and helping to build capacity and capability within local systems. This is no less true of the leadership required from the workforce development function. Our stakeholder engagement has reinforced the view that to achieve and support effective change, the workforce development function of PHS should work collaboratively and in partnership with the other workforce development agencies (e.g., NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), Skills Development Scotland, professional bodies (including the Faculty of Public Health, UKPHR and across many disciplines in the wider workforce) and with employers across the wider public health system (notably local government, NHS Boards, the Independent and Third sector bodies) that have their own duties, plans and priorities around workforce development.
11. Lastly, the Commission would like to highlight the following learning point from the engagement that informed the 2015 Public Health Review:

“Respondents argued that the robust development of the wider public health workforce was essential to enhance influence and impact and deliver public health outcomes, not only in terms of health behaviour change, but also in reducing health inequalities.”

12. This echoes our own stakeholder engagement, reported in Deliverable 4, and also the stakeholder feedback received by the Improving Health Commission, in both cases there were repeated calls for support to develop policy advocacy and influencing skills, knowledge and skills in taking a rights-based approach, Health in all Policies expertise and the skills and capability required to move public health interventions upstream and to tackle the wider social determinants of health.
13. In summary, the leadership required for public health workforce development is collaborative; skilled, focussed and influential; rights-based and fundamentally about supporting the whole system to be as fit for purpose as possible, with a workforce equipped with the knowledge and skills to meet the challenges of the 21st century. Inherent in this is the need for adequate and sustainable resourcing.

Process to date

14. In describing the scope, the brief stated that the commission should *‘set out how leadership for public health workforce development should be best organised in the new public health body and in the context of the wider system, in order to achieve a fully multi-disciplinary and cross sector approach to public health and to effectively meet the needs of national, regional and local partners and customers... which:*
 - *supports delivery of the public health strategy and priorities;*
 - *encompasses workforce training and development;*
 - *delivers effective workforce planning;*
 - *supports a structured approach to informing, supporting and utilising the contribution of the wider workforce in pursuit of public health outcomes.’*
15. Following early engagement with stakeholders, we took the decision to extend this scope to include workforce development for the core as well as wider workforce since the interface and collaboration between these is integral to supporting change in the whole system. We recognise that there is a challenge to closely define the whole workforce which, from our current investigations, is close to two million paid and unpaid Scottish workers and citizens. We have taken a broad and inclusive scope on what the workforce is. It is about the public health family and supporting public health organisations and partners to be and achieve all they can.
16. The current landscape paper produced by this Commission³ provided an outline of the current arrangements for leadership of public health workforce development in Scotland. This is currently spread across a number of bodies and with reform there is an opportunity to add value and bring a coherent, collaborative approach to the future arrangements. The proposal, detailed below, is that Public Health Scotland provides a central hub for the function with strong partnerships with other national and local organisations that share our agenda.

³ Leadership for Public Health Workforce Development - Current Leadership Arrangements, September 2018

Approach taken

17. We expected that the workforce 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 had 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. We also reviewed some key papers (stakeholders and papers are listed in detail in D4) and Commission members attended events⁴ which have fed into our response.
18. It is clear that in order to provide the step change required in public health in Scotland, PHS will need to work in partnership and harness the resources, enthusiasm and expertise that is available outside the core public health workforce. This will involve continuing to empower and harness the wider workforce in communities by giving them the tools and confidence to know that the work they do will influence the public health of Scotland. Public Health Specialists and Practitioners will need the skills and confidence to provide transformational leadership to local communities, leadership which empowers the wider workforce, in terms of knowledge, skills and the use of data & intelligence. They will need to continue to develop skills which complement those of the wider workforce including using and interpreting local “soft” data from communities to inform their wider work. The principles underlining this are collective problem solving within a complex, adaptive system.
19. In addition, we have spoken to leads and reviewed customer requirement documentation from the following Commissions’ reports to identify workforce development issues:

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

Aims of the Workforce Development Function

- *Shape and develop* a workforce that understands public health, and is driven and empowered to work with the whole system to improve and protect health and wellbeing in Scotland
- Develop a *workforce strategy* that encompasses all public health-related disciplines, stakeholders, segmented to assess and respond to needs. The strategy will have commitment to multi-disciplinary working, recognise the potential and value of an inclusive approach to the public health workforce, with clear governance that engages key stakeholders to build strong relationships and co-produce local interventions
- Be the *recognised centre of excellence* for strategic leadership for public health workforce development in Scotland, in contact with institutions, leading thinkers and practitioners across Scotland, the UK, and internationally.

⁴ Public Health Reform, Enabling Whole System Working, January 2019
The Future of Public Health – Bicycle or Frog? The Gathering, February 2019
Public Health Scotland and Community Planning, March 2019

- *Influence* the strategies of key partner organizations to strengthen public health within their own approaches to workforce development, including education and training at all stages of life and careers in many sectors.
- Align and *communicate our ambitions for leadership* in workforce development with those of Public Health Scotland as a whole, engaging its stakeholders across sectors.
- Ensure workforce development is at the heart of Public Health Scotland values and strategy with *a strong and effective function* that supports core public health staff with professional requirements to demonstrate proficiency and competence in their public health-related practice, while acting as leaders and advocates for change and improvement,
- Ensure the *leadership behaviours* set the conditions that support and encourage others to work in a collaborative way, building strong relationships within Public Health Scotland and also across the whole system nationally and locally, to deliver the public health priorities.
- *Develop and sustain strong linkages within Public Health Scotland* so that the entire organization is orientated to high standards of practice and conduct, fit for purpose skills and delivery of services that improve health and support the wider system.
- *Develop and sustain strong linkages with stakeholders and key organizations* across the wider system that influence and ensure the continuous improvement of the quality, effectiveness and relevance of the workforce for public health purposes.
- Be a *direct provider of a targeted and specific set* of actions, plans and training activity but, above all, be the recognised centre for stimulation and co-ordination of efforts across all providers of education, training and opportunity to develop the workforce in ways that will improve, protect and sustain public health, tackle inequalities and align in common purpose with broader aims for health, social and economic development.
- Be the *co-ordinating centre* for trainees and visiting workers to Public Health Scotland, and a hub for learning and professional development planning and implementation with appropriate partners.
- Be the *co-ordinating centre* for specialist and subject-lead staff on secondment and in honorary positions with Scottish Government, local government and universities and other partners in Scotland and internationally where arrangements are in place.
- Ensure, in partnership with NES and information service colleagues, a timely and accurate *intelligence and data set* for the widest definition of the public health workforce.

The Workforce Development Function

20. PHS will have a Workforce Development function whose role will be to lead the development, and then the implementation, of a public health workforce development strategy. It will ensure that there are appropriate educational interventions and educational resources for effective development of the core and wider public health workforce at every level of professional activity and stage in their careers. This strategy team will have strong links with national organisations such as NES, SSSC, universities and colleges to encourage the signposting and embedding of resources developed in the strategy. This is separate from but connected to the corporate staff development function in PHS.

21. It will have a specific remit to ensure leadership development capability grows, drawing on strengths that a working group on leadership and succession planning has pursued over the past three years delivering the *Place To Be* programme.
22. The administration and support function within this team will ensure the proper support and accreditation of professionals with registration requirements, professional development planning, secondments and honorary posts, and drive specific initiatives to deliver on key topics by direct provision.

Learning Needs

23. The Commission can report that *learning and workforce development needs* were identified in the following broad areas:
 - Collective, collaborative leadership for public health
 - Personal effectiveness, practice driven by values and conduct that complement technical skills and proficiency
 - Whole systems theory and working
 - Empowering communities and upskilling those who work in them
 - Public Health and Inequalities knowledge and skills for both core and wider workforce
 - Improvement and innovation – multi sector learning and shared good practice
 - Digital and data literacy, including valuing data from communities' experience
 - Organisation development to clarify roles, find a common purpose and language across national and local agencies

The need to ensure that the developing workforce can support the ambitions of a knowledge-based organization that is influential through its skill with data and intelligence is a key theme.

24. More details on each of these needs are given in Deliverable 4: Customer Requirements. The workforce development function will establish strategic partnerships to determine how best these needs are met, influenced or supported by the organisation with partners.
25. The Commission proposes building on and strengthening existing good practice:
 - Extend the approach of the public health leadership development programme *A Place To Be* across the whole system
 - Link *A Place to Be* with other whole system, collaborative leadership development programmes in Scotland.
 - Consider the use and extension of the current strategic educational leadership partnership model between NES and Health Protection Scotland in other areas of public health
 - Where good practice is not already well developed and tested, the function will commission and co-produce new learning and education resources that meet local needs by taking a 'Once for Scotland' value added approach.

Workforce Development Strategy

26. It is clear from considering how other national public health agencies operate and from the feedback we have had through stakeholder engagement that a Public Health Workforce Development Strategy is needed to embed the scale of change needed. This strategy will be designed in partnership with the bodies and sectors already listed. In particular we need

to identify, enable and support the public health contribution of the wider workforce, to raise the profile of public health within their existing WFD structures and to support the parts of the workforce who do not have a well-resourced infrastructure for learning and development. To be successful, the strategy needs to be relatable and accessible across sectors, linked to the national performance framework as well as national and local public health priorities. We anticipate that the Learning and Development Framework being developed by NES and mentioned above will help facilitate this inclusive approach.

27. Public Health Scotland should use the Fit for the Future PH Strategy (2016)⁵ as a starting point. It was developed in partnership with agencies across the UK by Public Health England for the Department of Health and was intended as a UK workforce strategy. It has 5 key themes:

- Creating an attractive career (to attract into and move through public health roles)
- Developing a stronger movement for health (to generate support by engaging across systems)
- Building 21st century skills (for specialist, practitioner and wider workforce' learning needs)
- Strengthening systems thinking and leadership (to take a collaborative, adaptive approach to achieve PH outcomes)
- Ensuring resilience, flexibility and mobility (for a fit for purpose workforce to deliver priorities)

28. The Scottish Public Health Workforce Development Group has already endorsed this strategy as being applicable to Scotland and it is broadly in line with the findings from our stakeholder engagement. From a UK perspective, the People in UK Public Health Forum provides independent, expert advice to the four UK countries on an overarching strategy for a multidisciplinary public health workforce based on Fit for the Future. The Faculty of Public Health (FPH) published a Workforce Strategy & Standards Document 2018-2021 <https://www.fph.org.uk/media/1265/fph-workforce-strategy-march-2018.pdf> and is also aligned to Fit for The Future. Utilising this strategy as a basis will provide a platform for work in Scotland with UK partners ready to collaborate. A Scottish Public Health Workforce Development Strategy that responds to the needs of the whole workforce will give coherence and create the conditions to achieve the ambition set out at the top of this document.

29. The diagram in Appendix 1 describes the public health workforce development system in Scotland that the new body will engage with to achieve it's goals.

Learning and Development Framework

30. A learning and development framework for health, social care, voluntary, 3rd sector and local authority workforce is being developed by NES with other partners including HPS, Society for Personnel and Development Scotland and Health Scotland with SSSC already committed to joining the working group. This framework will help facilitate a consistent, inclusive and flexible approach to learning and development. This work is based on recognised methodology and a shared language already used by the NHS, social care and local authority partners in other frameworks i.e. Promoting Excellence for Care (2011). <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/about-the-framework.aspx>, and Palliative and End of Life Care <https://learn.nes.nhs.scot/2450/palliative-and-end-of-life-care-enriching-and-improving->

⁵ Fit for the Future – Public Health People A review of the PH workforce, 2016

experience. The framework will include a matrix model with 5-6 core public health topics (domains) and 4 levels of knowledge and skills (informed, skilled, enhanced and expert). Knowledge and skills will be co-produced for each level, with the informed level outlining core knowledge and skills required by the whole workforce. The approach will be inclusive of key stakeholders in both the identification of domains and the knowledge and skills which workers need to know and do, depending on their degree of involvement/impact in public health.

31. The framework can be used alongside specialist and discipline-specific standards and frameworks and its flexibility will enable it to be used in different ways to support learning and development at individual, service provider and organisational levels (colleges and universities). Over time it might be used to influence registration requirements across health and social care, e.g. qualifications and CPD requirements.
32. As part of the development process a review of existing national policies and frameworks and linkage to the Public Health Skills & Knowledge Framework will be undertaken.

Career development and workforce planning for the Core PH workforce

33. PHS will require to undertake robust workforce planning for its own workforce (the scope of which will be confirmed following the Specialist Commission and final TOM) leading to a Workforce Plan for the new body. It will be integral to a broader workforce strategy – see below.
34. We propose that as part of this function PHS will work with NHS Education for Scotland and local NHS Boards to provide data and intelligence to public health employers about their public health workforce and its needs. This will be underpinned by both the new model of public health (whole system) and strengthened data and intelligence on public health priorities and related workforce needs.
35. Responding to clear demands from the system, PHS will also work with partners such as NES, UKPHR and the Faculty of Public Health to develop career pathways and professional support for professionals across disciplines working in public health in Scotland, including routes for entry into the various professions. Building on existing good work for example in Health Protection, we will expand this work to Health Improvement and Healthcare Public Health and meet the needs our stakeholders have identified including attracting social scientists and scientists across the disciplines to public health and developing models from advanced practitioners to internships and apprentices to ensure the flow of staff to deliver what public health needs.
36. In summary, Public Health Scotland should provide a hub and support an integrated network for national leadership for public health workforce development. It should draw on the professional and corporate strengths of the new organisation, relate to local, regional, national and UK stakeholders and expert resources work together with other national agencies in common purpose of workforce development. Within and beyond the new organization, it will span the domains of public health with the Data and Intelligence function as an underpinning and core competency. The focus of a workforce development function within the organization should have a strong, strategic and distinct influence on the underpinning work of PHS to deliver its wider strategic aims. It will work closely with organizational development as well as heads of professions within PHS, and with senior leaders, learning and development leads in support of the wider public health system. Partnership and collaboration with stakeholders' learning and development systems, education providers, regulators and standard setters across the wider public health system is key to our success. It will take a digital first approach, link to Scotland's Digital Strategy

and make the most of opportunities presented by digital technology. The function will respond to local needs by sharing learning from successful grassroots development and utilise a 'Once for Scotland' approach where this can add value.

Benefits and Benchmarks

37. The proposal to have a leadership function for workforce and career development in Public Health Scotland is in line with other UK national public health agencies in England, Wales and Northern Ireland. There are potential benefits of a coordinated approach in a period of change and these would be tracked to measure the extent to which PHS is achieving efficient and effective support for delivering on public health priorities.
38. Developing strong strategic partnerships with organisations such as NHS Education for Scotland, COSLA and SSSC will allow PHS to concentrate its expertise on developing public health resources, while these national education/regulatory bodies have access to the wider workforce in health & social care and can ensure that public health principles and knowledge is embedded at under-graduate, post-graduate and within regulation.

Organisational Structure

39. The structure we propose now will not be fully evolved on Day 1 of the new organisation but the development of a workforce development strategy and integrated workforce planning with appropriate infrastructure for implementation must be designed and ready for the final structure along with the full reform package. It would have the following elements:
 - Leadership for workforce development, led by a senior management figure with extensive workforce development experience. This role would have direct access to Director level colleagues and the Board of the organization who would support leadership for public health across the whole system.
 - Well resourced programme commissioning capability, with strong linkages and partnerships with a range of stakeholder organizations
 - Strategy development
 - An administrative core with a once-for-Scotland co-ordinating centre for strategy implementation, specialist and practitioner accreditation, governance and registration, supervisor of training programmes pre- and post- completion of training, and data and performance monitoring role
 - A home for expertise on public health workforce development.
 - Operational group supporting specific operational programmes to support PH priorities..

Senior Workforce Development Management Roles

40. The workforce development function should have explicit representation at Director level in the organisation. There should be a Head of Workforce Development, centrally located, who would focus on the workforce development function across the organization and wider system. The head role would have governance responsibilities toward the function and their chief task would be the delivery of workforce development strategy. Each directorate should have a nominated member of staff at appropriately senior level who would link across with colleagues in the organisation to ensure strong connections on workforce development matters throughout the organisation.

Staffing Models and Levels

41. This will relate to the finalised TOM. Current thinking identifies a requirement for WFD staff to be situated across Directorates within multi-disciplinary teams. Consideration needs to be given to the numbers, skill mix and level of experience required for these roles.
42. Current staff working on externally facing public health workforce development roles in PHI, NHS HS and NES are listed by band below. There may be an argument to increase resources to achieve the ambitions of public health reform.

Organisation	Current Job title	Band and number of employees
NHS Health Scotland	Head of Learning & Improvement	1 x Band 8c
	Organisational Lead	2 x Band 8a
	Learning & Development Manager	4 x Band 7 (one job share)
	Senior L&D Officer	3 x Band 6
	L&D Officer	3 x Band 5
	Learning & Development Coordinator	4 x Band 4
	People Development Team (NB internal staff development)	
PHI /HPS and NES	Head of Programme	1 x Band 8c (jointly funded by HPS/NES)
	Specialist Senior Educator	1 x 0.6 Band 8a (seconded from NES to HPS for 2 years fixed term)
PHI/ISD	Learning and Development Team (NB internal staff development)	Considerable activity and initiatives have been undertaken in ISD in relation to workforce development but as the vast amount of data intelligence staff are currently internal to ISD this work has been to date internally focussed.

Additional Skills and Training Requirements

43. There is already a well established WFD staffing in the existing organisations of Health Scotland and Public Health & Intelligence (HPS and ISD). As new approaches are developed to meet the ambitions of public health reform, these staff will need to be supported in order to develop others. In the engagement there was a strong desire for staff to be supported to be seconded in and out of PHS across the wider system in order to share learning and understand the context of operating in the whole system.

Additional IT Systems

44. ELearning will continue to feature as a vehicle for workforce development within a wider offer. There is the opportunity to utilise a 'once for Scotland' platform such as TURAS Learn (NES) when it is accessible to the whole system. We have opportunities to exploit digital learning innovations such as the SSSC open badges in the social care workforce.

Additional Business Processes, Support Processes and Service Management Functions

45. Model will be based on a partnership approach. PHS' ability to co-produce with new partners in the system with financial and procurement systems that enable this will be critical.

