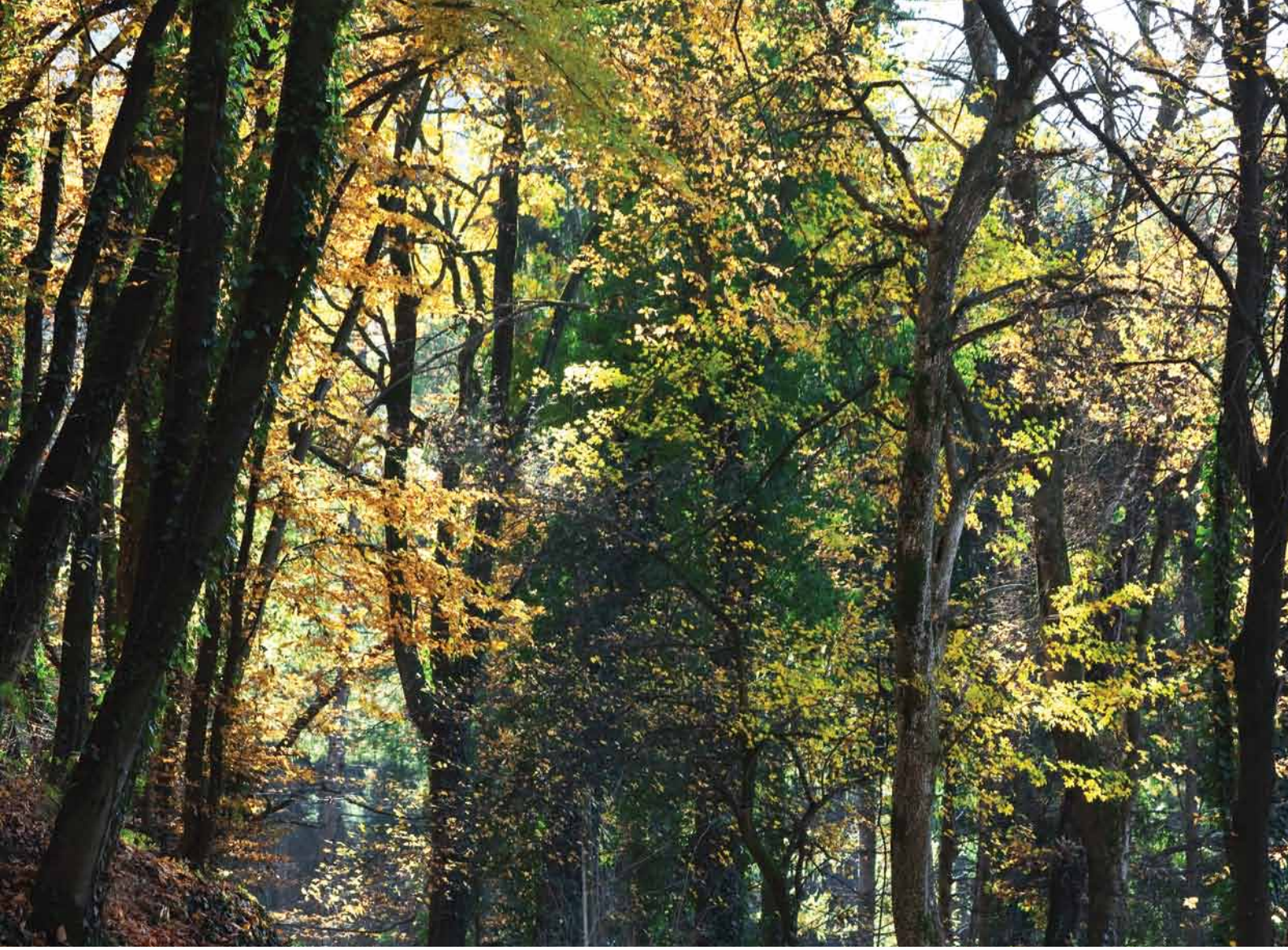

Paving the Way

A closer look at what the changing policy landscape means for public health improvement, education and learning

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RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

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SUMMARY

The landscape for commissioning is changing, affecting future education and learning for everyone involved in public health. This is setting a challenging agenda; for employers, for learners and for those responsible for supporting learning. The broad context for health improvement is well established. However, its architecture is undergoing a radical shift, from a health led service towards a public health system that is local authority led.

This report forms part of a series of studies by the Royal Society for Public Health (RSPH), and builds on 'Liberating Health Improvement' (RSPH 2011) which reviews what the Public Health White Paper means for the delivery of health improvement.

RSPH has commissioned research to investigate the implications of this shift on the learning and development of the wider public health workforce, following the policy journey of the Health and Social Care Bill.

The objectives of the study are to:

- Develop a better understanding of the issues and challenges facing individuals and organisations during this time of transition,
- Identify new areas of skill and knowledge that will be needed by the public health workforce, and
- Highlight potential opportunities for collaboration across the public health arena.

In this short study we have followed the policy journey as it unfolds. Building on earlier research we engaged in a series of focussed discussions with people in a wide range of public health roles; in both practice and learning settings, Local Authorities, the NHS, and the third and the independent sectors.

The conclusions that are outlined in this report reflect a synthesis of views from a learning perspective and the findings highlight the complexity of developing effective education and learning to support health improvement. In particular we find that:

- 'Health Improvement' is still not a clearly understood term, and different groups use it to mean different things.
- Different areas of the workforce have different cultures and use different jargon in their work. This causes difficulties as they start to work together.
- The traditional format of training is no longer appropriate, and new approaches are needed to support learning for the new public health workforce.

This report provides a snapshot of the journey. It highlights emerging themes and considerations to inform future education and learning in the light of the forthcoming Public Health Workforce Strategy. RSPH wants to share the learning from this work with practitioners and policy makers to stimulate, inform and shape ongoing discussions to bridge the gap between the policy and practice. Our intention is to create an ongoing dialogue recognising that the best solutions are co-created.

"In times of change learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists."
(Eric Hoffer on Learning)

THE CONTEXT FOR HEALTH IMPROVEMENT: 'EVERYONE'S BUSINESS'

Good health is everyone's business and it is vitally important to understand how to communicate health messages effectively. There is growing evidence that the success of the NHS in the future will require the engagement of the whole workforce. In order to cope with rising demand and costs, the independent Wanless Report (2002) recommended that the NHS should ensure that all patients are 'fully engaged' in managing their health and well being underpinned by 'shared decision making', and the current government is striving to make this the norm. To achieve this all staff need to have access to the necessary continuous professional development (CPD).

It is however, 'the people not the stage: the moving picture not the snapshot that should command our attention'
(Daloz 1999).

The current move towards 'localism', with power being transferred from central government towards local government and communities, underpins the policy intention of 'Big Society'. It means that Local Authorities will play a critical role in engaging their local populations in decision-making that will allow staff, patients and the public to shape the services that they receive.

High quality education and learning are critical to the delivery of excellence in health and social care, and this is now seen as a core part of NHS business. To achieve this we need a shared understanding, connecting together in all sorts of different ways. This is about learning and doing together.

'The goal is a public health service that achieves excellent results, unleashing innovation and liberating professional leadership'
Healthy Lives, Healthy People (2010)

THE CHANGING POLICY LANDSCAPE

In complex systems such as the public sector, unpredictability and paradox are ever present. Changes in health and social care policy over the last decade have increasingly reinforced the message that people, the public, learners and staff, are to be at the centre of public service delivery and reform. The process for embedding the voices of patients and the public in commissioning has improved, through, for example, Putting People First (2008), The Local Government and Public Involvement in Health Act 2007, and the NHS Constitution (2010). Together these policies paint a picture of inclusivity, which will mean having to work differently to achieve this.

The publication of the Health and Social Care Bill in January 2011 marked the beginning of a legislative journey through Parliament. The Bill followed the Health White Paper, Liberating the NHS: Developing the Healthcare Workforce, which outlined a new framework for planning and developing the NHS workforce. It responds to Professor Sir Michael Marmot's Fair Society, Healthy Lives report and adopts its life course framework for tackling the wider social determinants of health.

The new approach sets out to build people's self-esteem, confidence and resilience. It complements A Vision for Adult Social Care: Capable Communities and Active Citizens in emphasising more personalised, preventative services that focus on delivering the best outcomes for citizens to help build the Big Society.

Together these policies encapsulate what have perhaps been the most significant changes to the NHS since it began. The changes are creating an education system that will be led by those who deliver front line health care services, allowing it to be more responsive to patients, thus requiring a radical shift in the landscape for commissioning both services and learning.

The emerging landscape shows the inextricable links between health, public health and adult social care. The Government have gone some way to illustrating the relationship between these sectors by developing a range of shared outcome frameworks. There is an emphasis on the importance of working together to find new ways to support individuals, teams and organisations. It highlights how equal partnerships between professionals and the public are crucial to improving public services with a growing evidence base that helps us to address the challenge of 'co-production' (Boyle et al 2009, 2010).

THE PUBLIC HEALTH WORKFORCE

Historically, public health medicine has been the major influence within the NHS, with multi-disciplinary roots.

The Faculty of Public Health defines public health as "the science and art of promoting and protecting health and well being, preventing ill health and prolonging life through the organised efforts of society". There are three domains of public health: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness) and health services (including service planning, efficiency, audit and evaluation) (Griffiths et al 2005).

Good health is now everyone's business, so it is vitally important that everyone understands how to communicate health messages effectively. The wider public health workforce now includes everyone who has an opportunity to encourage behaviour change.

A TIME FOR REFLECTION

It remains too soon to describe how the proposed new structures will work in practice locally, but the current uncertainty is perceived to be deflecting from delivery. However, some themes are emerging that are not dependent on structures and these can help to inform how we shape future learning and development for public health improvement.

The time seems right for the idea that users of public services are an immense hidden resource that can help to transform services and strengthen communities at the same time. Co-production as a way of developing public services has the potential to make them much more effective, more efficient and so more sustainable.

There is an opportunity, as every organisation across the public sector works to understand this changing context, for the focus to be placed on the set of underpinning principles that are outlined in this report. In this way emphasis is placed on developing effective relationships and collaboration to respond as new policy is developed.

The future requires a cultural, structural and systematic response to realise the potential for the delivery of health improvement. This review highlights challenges and opportunities to ensure that the whole workforce is prepared and supported to deliver this new agenda.

KEY THEMES EMERGING FROM THE POLICY

Our interviews with a range of specialists from across the public health workforce reveal some common themes:

Culture and Language: 'Health Improvement' is not a clearly understood term. A plethora of terms are used interchangeably across health and social care, for example patient, service user, client and citizen, which can cause problems in communication. Reflecting earlier findings, one of the greatest health improvement challenges is to ensure that all staff, as well as service users, have the necessary skills, knowledge and behaviours (competences) to promote health and well being across the public health workforce. This depends on creating the right conditions, culture and relationships.

Leadership Challenges: Developing the right kind of leadership to support commissioning and service delivery remains a significant challenge. Traditional approaches to leadership and its development are no longer fit for purpose. There is a need to develop leaders, not just at the top of the organisation but at all levels, recognising the value of lived experience beyond professional silos that still exist. This includes all staff and, increasingly, service users. The traditional boundaries within public health have begun to break down as the period of transition begins, and there is a need to build this kind of leadership capacity for the future.

Partnership and Collaboration: Employers are responding already to the clear emphasis that the government is placing on delivering more public health services through joint working arrangements, across traditional boundaries and through pooling resources. The Health and Well Being Boards offer a golden opportunity to improve health locally. RSPH has worked with the NHS Confederation to develop a set of principles for how Health and Well Being Boards should work together, helping to make the new system work for local communities.

Shared Decision Making: The Government has declared "We want the principle of shared decision making to be the norm." However, the reality is that shared decision making is still some way off. This message is reinforced by the national patient surveys published by the Care Quality Commission which show that 48% of all in patients, and around one third of out patients, primary care patients and maternity service users say they are not as involved in decisions about their care as they would like to be (Care Quality Commission 2010).

Patient and Public Engagement: There needs to be a shared understanding of how an effective partnership supports effective engagement. Under the Health and Social Care proposals Clinical Commissioning Groups (CCGs) are expected to have an approach to engaging patients and the public before achieving authorisation from the NHS Commissioning Board. Although there are examples where engagement is working well, there is also evidence to suggest that the NHS still needs to transform the way it involves people in their own care, and in partnership working more widely (The Health Foundation 2011).

Authorisation and Accountability: The guidance issued to the emerging CCGs by the Chief Executive of the NHS (DH 30th September 2011) states that CCGs "need to promote shared decision making by patients about their care". This is a welcome improvement on the previous version, which suggested that CCGs should directly engage with their local patient population in order to gain 'insights' that can inform commissioning. This needs to be built upon.

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Increased Emphasis on Efficiency: The emphasis on doing 'more for less' remains a significant issue that is affecting future education and learning. It highlights the importance of effectively identifying and articulating learning and development needs through the Joint Strategic Needs Assessment (JSNA) process. There is a growing requirement for innovation in service delivery in order to achieve greater efficiency, and new approaches to delivering learning and assessment are required to meet these demands.

An Outcomes Focus: New outcome frameworks are being introduced that set separate directions for the NHS, for public health and for social care. These aim to provide clear, unambiguous accountability and enable better joined up working. All the key partners are obliged to engage in the new system as it forms an integral part of future assessments for the NHS Commissioning Board. RSPH welcomes the Public Health Outcomes Framework, published in January 2012, which sets out the areas of responsibility for health, public health and adult social care and goes some way towards clarifying how the relationships between each element might be developed and supported.

Evaluation, Impact and Return on Investment: At a recent summit, Educating for Patient and Public Involvement, Joan Saddler referred to the defining factors for the NHS, sharing Sir Muir Grey's vision of 'value' for the future. We can be certain that we will have to demonstrate value to public health and the impact that this has, social and financial, on investment that is made. Research is currently underway with Manchester Business School, Sheffield Hallam University, NHS Yorkshire and The Humber and NICE, reviewing the gap between health promotion workforce research and workforce change research, and linking the two. Early findings support a whole systems approach including, for example, the Prevention and Lifestyle Behaviour Change Competence Framework (NHS Yorkshire and The Humber 2010). This offers the basis for development of the workforce for public health and more widely in terms of aligning system, organisational and individual needs.

Behaviour Change and Readiness: Managing the human aspects of change (doing things differently, managing transition, doing more for less, etc.) can have a detrimental effect on levels of motivation. Supporting individuals to change their behaviour as described in MINDSPACE (Dolan et al 2010), and influencing behaviour through public policy is both a key driver and a key challenge for the wider public health workforce, many of whom are experiencing uncertain futures currently. As choice and control is passed to local communities, there is also a shift away from intrusive approaches. To ensure that such approaches are tried and tested a Behavioural Change Unit has been established by the Cabinet Office.

Prevention 'P': The drive to improve quality is one of the key motivating factors of the Health and Social Care Bill. Closely aligned to this, the QIPP programme is all about ensuring that each pound spent is used to bring maximum benefit and quality care to patients, with the aim of achieving up to £20 billion of efficiency saving by 2015. Despite this, there is a risk that the 'p' for prevention falls more silently behind 'productivity'.

Developing Competence, Capability and Confidence: The development of competence based practice and learning is supported by the Knowledge and Skills Framework (KSF), staff reviews, National Workforce Competences (NWC) and National Occupational Standards (NOS). There is a lack of clarity regarding existing standards for health improvement and there is a need to ensure orientation to the wider public health issues and collaborative practice to fully embrace the wider determinants of health improvement.

EMERGING LEARNING AND DEVELOPMENT NEEDS

It is clear that the current context requires all staff, learners and the public to be engaged in health improvement. But during the period of transition, there is widespread anticipation and concern. Our focussed discussions highlighted four key questions:

- How do we make the most of this opportunity?
- How do we create the cultural shift that is needed?
- How do we communicate all of this through effective learning and development?
- How do we measure success?

Creating a successful culture for collaborative working requires help in understanding each other's cultures, language and structures including 'Jargon Busting'. A lack of understanding of how the structure will work, together with variations in language are preventing people from working effectively together.

Every member of staff across the workforce needs to understand the wider determinants of health, have basic health improvement skills and understand how to make the most of every opportunity to talk confidently to people about health.

It is vital that more commercial skills are developed in the Health Service, including business development, audit and analysis skills and financial evaluation and assessment.

And finally, a new approach is needed to partnership and collaborative working, to include stakeholder and community engagement, shared decision making and managing the JSNA process.

Effective public health leadership needs to move from the personal and heroic into a kind of leadership built upon healthy and sustainable relationships within and across organisations and teams; this requires development of trans-disciplinary working skills and genuine critical thinking if new forms of public health leadership - equipped to meet the complex challenges - are to emerge and thrive

IMPLICATIONS FOR COMMISSIONING EDUCATION AND LEARNING

There is a need to think differently about commissioning education and learning for public health improvement, as traditional approaches are no longer considered 'fit for purpose'. Whole qualification programmes are now suffering due to constraints of time and cost.

As the policy unfolds it is placing an increased emphasis on multi-professional learning across traditional boundaries with a focus on the whole workforce approach for staff in Career Framework levels 1-9. This means aligning individual, organisational and system needs and engaging both the public and learners in education and learning.

There must be a focus on providing better outcomes for patients, and knowledge based qualifications alone are not the answer. Staff need to recognise the opportunities to talk about health and health improvement in a variety of situations.

And of course, in times of change, there is a need to support people around dis-investment and decommissioning.

Learning and development for the future needs to be flexible and accessible, divided into bite sized packages. It needs to include more work based learning that addresses real work place issues, and must support progression and transition into roles across the wider public sector.

'This is about bringing in the human dimensions around public health behaviour change'

At this stage there is a clear policy focus on health improvement, but turning it into practice will require a significant cultural shift. There is a widely held view that there is a risk of it becoming too technical. The Education Commissioning Quality Framework puts the JSNA at the heart of the education and training process. However, as this is a new concept there is inadequate evidence so far of how successful it will be.

Key Challenges

Focussed discussions have highlighted key shared challenges and potential opportunities for collaboration:

- Making public health improvement '**everyone's business**'
- Building a **shared understanding** that weaves together variations in language and culture
- Creating the environment that **opens up opportunities for behaviour change** conversations
- Developing the kind of **leadership** needed to support public health improvement
- Creating **new approaches** to education and learning
- Developing **commercial awareness** to support sustainable change for public health improvement
- Embedding **involvement and partnership** in commissioning
- Evaluating the **impact** and return on investment
- **Sharing best practice**

CONCLUSIONS: BUILDING FUTURE CAPACITY, CAPABILITY AND CONFIDENCE

As an independent, multi-disciplinary organisation RSPH is dedicated to the promotion and protection of the collective health and well being. The organisation is uniquely positioned between central policy, practice and learning and this was found to be highly valued at a strategic level.

In particular people who participated in this study highlighted the value of:

- A 'visionary leadership' whose role in strategic lobbying is key
- Helping to lead the growth of public health improvement in the wider workforce
- Guiding behaviour change to build capacity, capability and confidence in all staff, learners, patients, carers and the public
- Working at the leading edge of policy development with strong links between the Department of Health policy makers, commissioners, practice and learning
- Working collaboratively to help translate policy into practice
- Creating a 'stepping-stone' for support staff, playing a key role in unleashing talent
- A platform to share best practice, resources and experience
- Access to newsletters, information, signposting and networking

The findings from this work have reinforced the message that the structural changes to public health are, at so many levels, a challenge to deliver. However, although the transfer to the new public health system represents a major change, it also represents a momentous opportunity. Ruth Hussey recently commented that "The opportunities that could come from this are almost limitless in terms of the way we look at the social context of health, the links across health and well being boards and the opportunities for more primary care involvement' (HSJ 2011).

This study has attempted to identify the implications of the changing policy landscape for education and learning for public health improvement. The emerging policy reinforces the importance of the public health agenda, and highlights that systematic and scaled delivery of lifestyle support is both a key policy imperative and a service delivery priority.

The question remains about how the wider workforce can be supported so they can work effectively within the new operational setting. However, the themes highlighted in this short study go some way towards highlighting the way forward in education and learning for public health improvement, ensuring that people are supported through this significant period of transition.

MOVING FORWARD

RSPH recognises the power of co-creation. As the policy landscape clears the intention is to continue the dialogue producing collaborative solutions and new ways of working that support individuals, teams and organisations to deliver effective public health improvement. RSPH seeks to share the learning from this work with practitioners and policy makers to stimulate, inform and shape ongoing discussions that bridge the gap between policy and practice.

If you would like more information about the RSPH's work in this area please contact **Heather Davison: HDavison@rsph.org.uk**

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ABOUT THE AUTHOR

Rachel Hawley has over 25 years experience of working with a wide range of organisations in the public sector at a local, regional, national and European level where patient and public involvement has extensively underpinned her experience. She has developed an in depth knowledge of the health and social care workforce agenda and its relationship to educational commissioning for staff in career framework levels 1-9 ensuring education delivers an appropriate skilled workforce. Rachel's collaborative style and organisational approach is driven by working with people to simplify the complex and find innovative and practical solutions to achieve sustainable change.

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