Written evidence submitted by Health Education England (PHP0018)

Executive Summary

Health Education England (HEE) is the NHS engine, established in 2013, that will deliver a better health and healthcare workforce for England. We are responsible for the education, training and personal development of every member of staff, and recruiting for values. We are England’s health and healthcare people service.

HEE has worked with stakeholders from across the system to develop an action plan for our work on prevention and public health, built around our mandate from Government in this area. The plan was completed in February 2015 and outlines how we are working with our stakeholders to better understand how we use our levers to drive improvements in health so the workforce is able to proactively manage health rather than just respond to ill health.

This response sets out how HEE is working across its internal networks and with partner organisations to deliver our public health action plan. This includes work linked to the government’s 5-year strategy for tackling antimicrobial resistance and a plan of work on sepsis, linked to the work of NHS England’s Cross-System Sepsis board. We have also outlined how the changes effected by the Health and Social Care Act 2012 have led to a lack of clarity in a number of areas relating to roles and responsibilities for education, training and workforce planning for NHS public health activities (Section 7A).

[This evidence should be read in conjunction with that provided by Public Health England (PHE) and Health Education England (HEE) as all three organisations work closely together to support and develop the public health workforce.]
1. Introduction

Health Education England (HEE) is the NHS engine, established in 2013, that will deliver a better health and healthcare workforce for England. We are responsible for the education, training and personal development of every member of staff, and recruiting for values. We are England’s health and healthcare people service.

2. HEE Public Health Action Plan

2.1 HEE has worked with stakeholders from across the system to develop an action plan for our work on prevention and public health, built around our mandate from Government in this area. The plan was completed in February 2015 and outlines how we are working with our stakeholders to better understand how we use our levers to drive improvements in health so the workforce is able to proactively manage health rather than just respond to ill health.

2.2 In order to deliver this work, we have established a Public Health Advisory Group and a Public Health Network across HEE and the wider system. We are working with Public Health England (PHE) to support best practice in commissioning and delivering training around what has become widely known as “Making Every Contact Count”; using every contact that we have with people as an opportunity to talk to them about their health and wellbeing. This work includes collecting and sharing evidence from those who have delivered and benefited from training around what interventions work best.

To build on our work to date we are hosting a system-wide Making Every Contact Count (MECC) conference on 27 January 2016 at the University of Salford, Manchester. The focus of the conference will be to explore the contribution that commissioners and providers of MECC training can make to preventative healthcare. The aims of the conference are:

- Launching a national MECC toolkit
- Showcasing best practice around the delivery of MECC/behaviour change;
• Exploring opportunities for a professional MECC/behaviour change network.

2.3 HEE plays a critical role in commissioning education and training for public health specialists and other public health staff in PHE and local government, as well as in embedding public health capacity across the wider NHS, public health and social care system. In our Mandate from Government we were asked to work with PHE to commission the appropriate number of public health specialists to meet demand and improve the public health capability of all professional healthcare staff undertaking training.

2.4 Our wider role is to support the whole health and social care workforce in delivering the prevention agenda. Our work in this area has included inputting into various cross-system programmes including the refresh of the public health knowledge and skills framework and development of a skills passport being taken forward by PHE. We are working with both PHE and the Department of Health to commission various pieces of work from the Centre for Workforce Intelligence to help us to better understand the breadth of the public health workforce. The current projects we are involved with are:

• A stocktake of the specialist workforce – work is being taken forward in two phases, a scoping exercise plus some basic national modelling, to take into account possible demand scenarios (e.g. separation between ‘population need’ and ‘system need’)
• Practitioners – a review of current practice to document how practitioners are employed across the country, what career paths are available and what registration or other training options are open to them, plus the development of a proposed definition of ‘public health practitioner’ for use in future discussions and workforce planning
• Scoping work to help determine what the workforce of the future might look like and what capabilities and skills will be needed.

2.5 More information about these and other public health projects that have been commissioned from the Centre for Workforce Intelligence are available from: http://www.cfwi.org.uk/our-work/public-health

2.6 HEE is a member of the People in UK Public Health Group and, as well as contributing to the Group’s work, we help to ensure this work is co-ordinated and promote good practice and effective working across organisations in the public health system.

2.7 Much has been achieved already to deliver the commitments in our Mandate around prevention and public health. The work undertaken already includes:

• The public health careers website PHORCaST has been re-developed and integrated into the NHS Careers website
• We host regular network events to share good practice and facilitate the development of strategic partnerships across the new public health landscape
• We have been working in partnership with our Human Resources team and our Health and Wellbeing Group to explore how to support workplace incentives to promote the health and wellbeing of our own workforce and the wider NHS workforce
• e-learning materials to support MECC and behaviour change are freely available from Health Education West Midlands and Health Education North West’s websites.
• A number of LETBs are working to support the development of public health practitioners and voluntary registration with the UKPHR through assessed
retrospective portfolios. LETBs are working together to share good practice and support emerging schemes.

2.8 HEE’s national programmes team helps to ensure that this work is co-ordinated and promotes the wider roll-out of good practice and effective working across organisations in the public health system.

3. Public health specialists

3.1 Since the transfer of public health functions to local authorities HEE has become aware of anecdotal reports of reductions in the specialist workforce in both Public Health England and in local authorities. These anecdotal reports are that in local authorities there have been greater reductions in medically qualified consultant staff than those from other backgrounds, due to downward salary and contractual pressures. Workforce planning for this workforce is challenging because of difficulties in accessing data from local authorities on actual posts and future demand. Despite this, speciality training in public health remains a popular discipline.

3.2 It has been reported that the changes have created some barriers to the efficient and effective delivery of training. Public health does not, for example, benefit from the postgraduate educational machinery that Trusts have built up over time. There have also been reports of difficulties in sourcing courses to bring people up to the standards required for educational supervision in this area.

3.3 However, the system has begun to meet the challenges of training specialists in local authorities and has been able to deliver learning outcomes that support trainees and specialists to be effective in these environments.

4. NHS Public Health Functions (Section 7A)

4.1 The changes effected by the Health and Social Care Act 2012 have led to a lack of clarity in a number of areas relating to roles and responsibilities for education, training and workforce planning for NHS public health activities (Section 7A). Over the past few months we have been working with stakeholders from NHSE and PHE to consider a number of areas where specific risks have been identified. These areas include immunisation, and five screening services, newborn hearing, abdominal aortic aneurism, diabetic eye screening, cervical screening and bowel scope screening. The issues are summarised below.

4.2 Immunisation

There is a need for

- Clarification of responsibilities around the implementation of training to support new programmes and the maintenance of existing programmes
- e-learning to be fit for purpose and placed on the right platform

A specific recommendation that has been made to HEE in this area is

- For new e-learning programmes or for programmes that are refreshed to be placed on the e-Learning for Health platform.
4.3 Screening

Currently there are 11 national screening programmes but there are issues with training for four of them. New-born hearing programme (NHSP), Abdominal Aortic Aneurysm screening (AAA), Diabetic Eye Screening Programme (DESP) and cervical cytology.

HEE has led the development of a new generic screening qualification for Abdominal Aortic Aneurism, Diabetic Eye and Newborn Hearing. New screeners now need to be trained to deliver these screening services. Since LETBs develop and agree their own commissioning plans the current state of play is that some, but not all, have agreed to make funding available to support training costs of those undertaking the new qualification.

Specific recommendations that have been made to HEE in this area are

- For HEE to fund the training costs of 300 new screeners across the country this financial year (cost £1,000 per person) and to ensure that funding for new screeners is available on an on-going basis through HEE’s workforce planning process.
- To explore the possibility of developing a new e-learning resource to support this training hosted by e-Learning for Health.

4.4 Cervical screening

There is an issue relating to equity of access to cervical screening within the armed forces. Which is being explored with the Dean for the armed forces.

4.5 Bowel screening (endoscopy)

There are mixed messages across the system about the role of HEE in providing training for non-medics in endoscopy. HEE is piloting a training programme initially involving a cohort of 40 people who will be trained in 2 procedures over a period of 6 months. A target has been set to train a total of 200 new non-medical endoscopists by 2018. No decisions on further steps will be taken until these pilots have been delivered.

We are still considering some of the immediate “asks” internally we believe that the best approach to resolving some of the difficulties for the medium to longer term is to take a number of specific issues with recommendations to the Five Year Forward View prevention board for discussion and decision at arms’ length body chief executive level.

5. Antimicrobial and sepsis awareness

5.1 In our Mandate, we were asked by Government to work with universities, commissioners and employers on a number of measures aimed at reducing the risk of antimicrobial resistance as set out in the Government’s five year antimicrobial resistance strategy. In order to support this, we are conducting a survey of higher education institutes to understand how competencies that have been developed to encourage the more appropriate use of antibiotics and other antimicrobials are being embedded into curricula. We have developed an introductory e-learning package for health professionals and the wider health and care workforce others on anti-microbial stewardship and how to ensure that antimicrobials are used appropriately.

5.2 We are undertaking a plan of work on sepsis, linked to the work of NHS England’s Cross-System Sepsis board and includes the development of two e-learning packages. The first is being written with a primary care focus and will be targeted at GPs. To inform this
work an analysis of GP educational needs in this area has been commissioned from the Royal College of General Practitioners. This has identified some of the resources that are already available in this area and has identified the learning outcomes needed for the new materials.

5.3 The second will be based around an introductory video that will act as the entry point to the resources that all paediatricians / GPs are recommended to look at relating to the identification and management of Sepsis in children. Scoping work in this area has identified a gap in relation to resources that explore why in many settings the early signs of sepsis are sometimes “ignored” and healthcare workers blind themselves to the facts usually by creating alternative hypotheses to explain the features. The video will provide key points to consider, and then explain the various other resources that are available for further learning, such as Spotting the Sick Child, the Meningitis e-learning course and other materials we have identified.

5.4 A wider piece of scoping work is also underway which will help us to identify many of the other resources that are being used across all sectors. This will help us to identify any further gaps in provision and will inform recommendations for future work.

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