

CASE STUDY: GROWING YOUR OWN – PUBLIC HEALTH PRACTITIONERS

To drive improved health outcomes, the public health system needs a competent and driven workforce. The challenge is to create a culture of leadership at all levels, with staff who are engaged, empowered and encouraged to lead public health into the future.

The 'Growing Your Own' leadership development programmes, cultivated by Health Education North West's public health workforce team, aimed to develop and grow leaders at all levels across the public health workforce. It comprised three programmes focused on the development of:

- aspiring directors
- practitioners
- advanced practitioners

Public Health Practitioners

This case study, which is part of series of three, focuses on a leadership development programme that was delivered to public health practitioners at Agenda for Change pay bands 5-7. This programme ran from November 2012 until March 2013, with a total of 162 public health practitioners completing the course from the North East (NE), North West (NW) and Yorkshire and Humber (Y&H). It was delivered during the transition of public health into local authority leadership, with the programme's main purpose being to develop leaders from within the system, and to assist transition by investing in the workforce at a time of uncertainty and organisational change. This sent out a clear message that the public health workforce remains healthcare's greatest asset and encouraged participants to see beyond current personal/organisational challenges, and to focus on the future, by seeing themselves as personal leaders.

Key Outcomes

Two master classes were held across two full days, with evaluations undertaken following each workshop. An overall programme evaluation was then produced using the Kirkpatrick 4 level model.

- Overall, delegates found the first master class useful for their current and future role. 67% agreed, 30% strongly agreed and 3% were neutral. Furthermore, 94% of delegates strongly agreed or agreed that their learning outcomes had been met. Delegates described the workshop as extensive, pacy and enjoyable and felt that new themes were presented well. Delegates were able to relate to their work environment, particularly how they were currently feeling, and how they could develop their resilience.

"(we were given) the tools to visualise where we want to be - it's now time to reflect on how to get there - very enjoyable"

- With regard to the second master class, 94% of delegates agreed/strongly agreed that their learning outcomes had been met. Delegates seemed overall to enjoy day two more and enjoyed outward looking at the system, and understanding how they could influence and negotiate.



Background

The background to delivering this workforce development opportunity was the reorganisation of public health services as part of the overall changes to health and social care, as set out in the Health and Social Care Act 2012. Consequently, the public health workforce now works across many new organisations. The majority of staff are based in local authorities or within Public Health England, but there are also staff based in academia, CSUs and other NHS organisations. The workforce is very complex and diverse, working across the three core domains of public health that include; health protection, health improvement and preventative health care. Staff come into public health roles from a wide variety of other professional backgrounds, and their roles vary from that of health trainers right through to director level roles, with only the specialist consultant workforce currently professionally registered and regulated.

Within NHS North West, the Strategic Health Authority for the North West, it was recognised that policy changes associated with the transition would require changes in working practice, employment and in leadership. The health and wellbeing alliance at the SHA and the regional public health team saw this as a timely opportunity to build staff resilience and individual leadership skills, and to mitigate against the potential negative impact of organisational change and its impact on staff morale, retention and productivity. Therefore the Grow Your Own programme was developed to provide a development opportunity that would allow people to think beyond the immediacy of change and focus how they would work in the future as public health leaders. Strategic support and approval was provided by NHS NW's senior management team at that time.

Key Aims

The key aims of the Growing Your Own leadership development programmes were to:

- secure increased leadership development at all levels of the public health workforce during a period of significant organisational change
- support public health workforce resilience and responsiveness to change both personally and at an organisational level

The key aim and objective of the Practitioner programme was to support successful transition at a personal and team level.

The objective was to provide a tailored development programme for public health practitioners who were transferring to new or established organisations and who lead on public health

Key Stages of Setup

Given the scale of the project, a stepped approach was taken with a task and finish group made up of public health workforce leads across the NW, NE and Y&H. This group managed the commissioning and delivery of the leadership programme.

Once commissioned, the programme was delivered by an external firm, Prospect Consultancy, whilst the coordination of venues, recruitment and delivery was managed locally, with public health networks in the NW providing administrative support.





How It Works

Recruitment

The team took a collaborative approach that involved working on a “Northern” footprint, to secure consistency and maximise economies of scale where possible. Participants self-selected for the programme with line manager approval, resulting in 162 public health practitioners taking part, including 41 from the NE, 45 from Yorkshire and Humber, and 76 from the North West.

Programme content

This practitioner leadership programme was designed to meet the learning needs of the practitioner workforce using the leadership development framework devised by the National Leadership Academy and evaluated using the Kirkpatrick model of evaluation. It used evidence-based theory as well as tried and tested tools to help practitioners to understand their leadership role in public health. A blended learning approach was adopted which included:

- two master classes, which ran across two full days. The first master class was entitled ‘Self as a Leader’ and the second was entitled ‘Leading in Complex Systems - looking outwards and sense making’
- personal online learning via a bespoke learning platform. This was accessed by participants before and after attending the master classes as part of a reflective learning approach
- delegates being asked to assess their own leadership styles again after the two master classes. Self-assessment of leadership style and learning preference was a prerequisite of joining the course
- a personal address by a local director of public health as part of the programme.

Expected learning outcomes

The expected learning outcomes were that participants were to:

- recognise their personal leadership style and preferences

associated with these, as well as their own strengths and weaknesses

- develop skills in adapting their leadership style to suit the situation, learning how to influence and negotiate and explore how this impacts on others, working in partnership and with stakeholders
- explore emotional intelligence, resilience, power, authority, role, conflict and organisations
- share best practice

Evaluation

Evaluation was undertaken following each master class and a final overall programme evaluation was produced using the Kirkpatrick 4 level model. Overall, the programme was a success, though the providers were aware that for some delegates this was a difficult and at times emotionally charged time in the workplace. A full copy of the evaluation is included in appendix 1.

Resources

Non-recurring funding was received from the Department of Health across the North of England.

Key Challenges

- **Transition** - the programme commenced at a time of significant change for many of the delegates, the majority of whom were due to transfer employment to their receiving organisations. Due to great uncertainty, the participants’ anxieties sometimes “bubbled” over into sessions. This was acknowledged and support was provided by offering delegates access to the NHS mentoring scheme, and limited opportunities for individual coaching sessions via the provider. The programme itself also addressed this issue, as its objective was to support individuals by encouraging them to build personal leadership skills and to provide them with a range of tools and techniques that they could use to support personal change and resilience
- **Resource restraints** - having so many practitioners at bands 5-7 resulted in large workshop sessions,

particularly in the NW, where the provider delivered two sessions together in order to maximise the opportunity for delegate participation. Delivering leadership skills training to such large groups was challenging, and some participants found there was a lot of programme content with not enough time for further discussion and exploration.

"Too much info in too short a time"

"Leadership in two days is VERY short, so a lot was rushed"

- **Organisational boundaries** - working across organisational boundaries to deliver this programme was a challenge that required the development of a virtual project steering group. This group helped to secure delivery and to plan all component parts of the programme, such as procurement of a suitable provider, arranging venues, recruitment to the programme and reviewing final outcomes.
- **Evaluation** - it is difficult to measure the long term benefits of this programme as staff have relocated to many new organisations and job roles.

Key Learning

- Use high quality speakers/workshop facilitators
- Minimise costs associated with venue hire/catering where possible
- Supporting personal development during periods of organisational change is a worthwhile investment of resource.

Next Steps

The programme was well received by delegates, but feedback at evaluation highlighted that there was a need for longer and more sustainable leadership development opportunities for this group, some of whom didn't recognise themselves as leaders in their sphere of work. Unsurprisingly, given the timing of the programme, resilience in the work place was also identified as a key workforce development need.

Recommendations for the future include offering conflict resolution training, and further leadership development opportunities for this particular cohort of staff who don't always see themselves as leaders. As funding is non-recurrent there is little or no monies available to take a pan-North or North West approach to this type of development at the current time. However, the public health workforce team based at Health Education Northwest are well placed to commission/manage such development programmes should the opportunity arise in the future.

Supporting Material

Evaluation summaries for all three programmes are available at www.nw.hee.nhs.uk or by contacting Alison Farrar, using the contact details below.

Relevant websites

- www.phlive.org.uk
- www.leadershipacademy.nhs.uk
- www.nwacademy.nhs.uk
- www.nwemployers.org.uk
- www.deloitte.com
- www.prospectconsulting.co.uk
- www.adph.org.uk

For more information contact:

Alison Farrar
Public Health Workforce Manager
Alison.Farrar@lancashirecare.nhs.uk
07946 519 073

Images used have been released to the public domain by: [page 2 image](#) released by United States Navy, [page 3 image](#) released by US Air Force.