



**AND**

**Health Development Agency**

**PRIMARY CARE GROUP**

## **STATEMENT ON MANAGED PUBLIC HEALTH NETWORKS**

### ***Public health programmes within a public health service supported by an effective workforce***

This statement is issued jointly by the Faculty of Public Health Medicine, the National Public Health and Primary Care Group and the Health Development Agency to help NHS and other organisations involved in setting up the new networks think through how they will work in practice. The statement therefore includes guidance about the *purpose, composition, management and accountability arrangements* for Managed Public Health Networks. The statement was developed at a national consensus conference hosted by the H.D.A in October 2001. It is intended to have particular reference to changes taking place in England but the framework outlined in the statement will also be applicable to remaining UK countries.

#### **Context for the Statement**

The key policy drivers for public health are contained in “Saving Lives: Our Healthier Nation” and in the NHS Plan - the need to reduce health inequalities and to make services more responsive to patients. “Shifting the Balance of Power” pushes decision-making firmly down to front line staff and gives primary care a clear focus.

Lord Hunt, in his speech on public health on 13th November stated that:

“in future, the engine of public health delivery will be at the front line around the primary care trust. Every PCT will have a Director of Public Health and a support team. The Directors of Public Health will be board level appointments working at the heart of the new organisations. The focus of their activity will be on local neighbourhoods and communities leading and driving programmes to improve health and reduce inequalities. They will also play a powerful role in forging partnerships with, and influencing, all local agencies to ensure the widest possible participation in the health improvement agenda at local level.

PCTs will be the key foundation for public health but effective local public health action needs to be underpinned by range of specialist expertise which cannot be provided in every PCT. That is why there will also be public health networks. Their purpose will be:

- To pool expertise and skills in specialist areas of public health which will be available to all PCTs
- To share good practice and manage public health knowledge

- To act as a source of learning and professional development

Networks will be flexible, responsive and evolve over time. They will not be an additional tier of NHS management or adhere to rigid geographical boundaries”.

Networks are, therefore, bottom-up arrangements to suit local needs. They are not imposed structures. The term *managed* networks is used to denote recognition of the need for adequate resourcing of networks to ensure delivery in key programme areas.

**This Statement is intended to be of practical use to:**

- NHS and Department of Health decision makers at local, regional and national levels in determining the configuration and size of their public health resource with effect from April 2002
- Chief executives of Workforce Development Confederations in considering the local needs for investment in training and professional development to enable public health responsibilities to be met effectively and efficiently
- Public Health Leaders engaged in ensuring the deployment of appropriate and adequate public health resources at all levels within the NHS and partner organisations.

## **THE CONTEXT FOR NETWORKS**

### **Network definition**

A network can be defined as linked groups of public health professionals working in a co-ordinated manner across organisations and structural boundaries who will have a common agenda to promote health improvement and reduce health inequalities for given populations.

There are different types of network, those that operate as informal networks which may be an email group around a particular topic area, those that are formal such as regular meetings of PCT Directors of Public Health and those that are managed which provide a defined service. This document relates to managed networks.

### **The scope of public health**

Public health professionals work within and across different organisations to deliver a public health service and public health programmes to meet national targets. The public health agenda is clearly spelt out in “Saving Lives: Our Healthier Nation” and is reflected in the NHS Plan.

The scope of a modern public health system as outlined in “Shifting the Balance of Power” is:

- Health surveillance, monitoring and analysis
- Investigation of disease outbreaks, epidemics and risks to health
- Establishing, designing and managing health promotion and disease prevention programmes
- Enabling and empowering communities and citizens to promote health and reduce inequalities
- Creating and sustaining cross-governmental and inter-sectoral partnerships to improve health and reduce inequalities
- Ensuring compliance with regulations and laws to protect and promote health
- Developing and maintaining a well-educated and trained multidisciplinary public health workforce
- Ensuring the effective performance of NHS services to meet goals in improving health, preventing disease and reducing inequalities
- Research, development, evaluation and innovation
- Quality assuring the public health function

These functions link closely to the ten key areas of specialist public health practice as defined by the Faculty of Public Health Medicine.

The focus of public health at each level of the NHS below national level as spelt out in “Shifting the Balance of Power” and Lord Hunt’s speech will be as follows:

*Nine Regions:* development of an integrated multi-sectoral approach to tackling the wider determinants of health, accountability for the health protection function including communicable disease and protection against non-communicable environmental hazards, emergency planning, ensuring quality of the performance management of the public health function.. The Public Health Observatories will be an integral part of the regional public health function. The RDsPH will coordinate the discussion to design the new networks

*Strategic Health Authority:* performance management of the public health function within PCTs, ensuring vibrant clinical governance arrangements and effective clinical networks in each of the organisations it is responsible for

*Primary Care Trusts:* tackling health inequalities, service development based on health needs, evidence-based commissioning, local health protection work, local delivery of public health programmes in partnership with other agencies; the public health network will be formed and managed from the bottom up

### **The Public Health Workforce**

The two main categories of public health professionals who will form part of the new networks are:

*Public health specialists*: who work at strategic or senior management level (eg public health consultants and specialists currently at health authority and PCT level)

*Public health practitioners*: who spend some or all of their time in public health practice (for example health visitors in primary care teams, environmental health officers in local government)

*Specialists* are currently, in the main, located within NHS (health authority, PCTs and NHS Trusts) and civil service (Department of Health) structures or academic institutions  
*Practitioners* are, in the main, located within NHS (health authority, PCTs or primary health care teams) or local government structures

This diversity of location will continue under the new arrangements, although most specialists and practitioners currently working at health authority level will, in future, be based in PCTs and increasing numbers may have joint appointments with local government.

In addition to both the above, the wider workforce needs to have an understanding of public health and the need for population based approaches whether they are in PCTs or other sectors.

### **Why networks are needed**

Public health programmes are delivered across different population levels by a range of professionals based in different organisations.

Managed public health networks are needed for three reasons:

- to provide coordination of the specialist public health function thereby making best use of scarce skills and resources across the whole of the public health workforce
- to prevent professional isolation and to provide professional accountability
- to plan public health interventions especially those dealing with health inequalities at the local level

Networks can, therefore, be for public health practice as well as for public health professional development. Networks provide an opportunity to pool expertise and skills in specialist areas of public health in a coordinated way and make them available across more than one PCT. This avoids fragmentation and duplication. They are also needed to maintain public health standards and governance across the health economy.

The size of the network formed around PCTs will need to be decided locally and will depend in part on the location of specific elements of public health expertise. The principle should be that the nature of a particular public health function determines the appropriate size of the population across which that function is best delivered and

therefore the appropriate scale of the public health network. Networks need to be flexible and responsive and there will be different levels of networks dependent on the area of focus and the population to be served. Networks could be hosted by one PCT on behalf of others in the network.

Where appropriate, networks will need to link closely to academic departments. Public health specialists and practitioners based in NHS Trusts will need to be included as part of the network.

The Director of Public Health in each of the nine Regions will be responsible for coordinating discussions to design the local networks. The Faculty of Public Health Medicine has an important role in ensuring high standards of public health practice.

Professional and managerial accountability for public health specialist staff within local networks will be within the employing organisation.

Further specific guidance is awaited over the organisation and management of the health protection function although accountability for this will be at Regional level.

## **THE FRAMEWORK FOR MANAGED PUBLIC HEALTH NETWORKS**

### **The Function of Managed Public Health Networks**

The role of public health is, through partnership with key stakeholders, to coordinate, integrate and lead on the delivery of a full range of effective public health programmes to improve health and reduce health inequalities.

The specific role of Managed Public Health Networks within this is to:

- Pool expertise and skills in specialist areas of public health which will be available to all participant PCTs as required – *this allows for sub-specialisation of skills and knowledge in a way not possible in smaller pools of professionals*
- Share good practice
- Facilitate PCTs working together for appropriate public health functions
- Manage public health knowledge
- Act as a source of learning and professional development

### **Networks will support and coordination where appropriate for PCTs and their Directors of Public Health in meeting key public health objectives eg**

- To work with key partners such as those in primary care and local government to deliver public health programmes which can be performance managed
- To ensure explicit public accountability for the public health function

- To ensure proactive outreach into all organisations and communities where public health input would be beneficial
- To provide the public health advocacy role on behalf of those communities served by the network

The networks themselves will need:

- To ensure high standards of public health practice across the whole area covered by the network
- To coordinate and ensure access as needed to the full range of specialist and core public health expertise
- To contribute to the development of specialist and non-specialist public health capacity and capability
- To ensure the optimal deployment of scarce specialist public health resources and avoid unnecessary duplication of effort or of resources
- To ensure provision of the quality assurance function for all public health resources in the network area
- To act as a conduit for sharing good public health practice.

### **Network Principles**

- All stakeholders share explicit, common goals with unity of purpose at the top
- Reliance is on relationships, rather than rigid hierarchical structures or uncontrolled markets
- Diplomacy, negotiating and influencing skills are required in order to function
- Skills in trading and brokering are necessary
- Whole systems thinking is important
- Rapid learning and sharing of intelligence are both essential.
- An effective network will be inclusive, outward-looking, visionary and developmental.

### **The Operation of Managed Public Health Networks**

There is no single model for networks – this will depend upon local circumstances such as organisational configuration, boundaries and population. Networks operating across groups of PCTs will require, however, clarity of functions, a structure which coordinates the function, clarity over governance issues. They will need to be clear about who is in the network, what are their responsibilities, who is leading the network. Specifically networks will need to address the following:

#### *Management Structure and Business Plan*

- Networks operating across groups of PCTs may wish to have a Network Management Board to oversee coordination of the specialist functions provided across a number of organisations. The Board could comprise senior public health representation and

representation from all relevant stakeholders, especially NHS bodies (eg PCTs) and local authorities covered by the network. Each Board member should be a Board or senior member of his/her constituency organisation

- A business plan which defines the scope of the network and which has annual objectives, both strategic and operational, to deliver public health programmes across the network. The plan must be clear about expectations from members of the network. The plan must be agreed with members of the network, must reconcile with targets relevant to public health of all constituent organisations and must be signed off by the parent organisation or Network Board where one is in place. One of the key elements will need to be agreement on sessional time for specialist work across the network and how this will be funded
- Agreement from network organisations for resources against the business plan

#### *Organisational structure*

- A clear organisational structure with identified core members as well as those who can be accessed as necessary. Network membership, precise structure and location of network and network members to be decided locally. Networks should include appropriate academic links within their membership.
- Clearly identified roles and time commitment are required from all individuals identified as core members of the network. Definition of lead roles for specific functions across the network with agreed protected time to deliver that function. This should form part of individual job plans
- Network leadership with a clear outline of role and responsibilities from a senior member of the network
- Network coordination which will include sessions for a Network Manager (the time could come from an existing member of the network) to coordinate the process with administrative support and office space
- IT network support and library access for staff undertaking specialist work
- A style of working across the network which is collaborative not hierarchical

#### *Network accountability arrangements*

- A system for ensuring transparent individual and corporate public accountability – including shared values across the network and a system for responding to complaints, dealing with the media
- Risk management strategy in place
- Clinical governance plan for the network
- A system of audit and evaluation with the aim of providing 'added value' attributable to the network, and with the flexibility to react constructively to the results of evaluation. Internal systems, network peer review and review by external bodies are all options.
- Formal “signing off” by a Director of Public Health

- Performance management against agreed indicators (which can be achieved by different organisations within the network) by Strategic Health Authorities for local networks based on business plan objectives

#### *Governance arrangements*

- Governance arrangements must include clear definitions of eligibility for membership and statements on the rights and obligations of members
- Network members must operate with any relevant defined national standards for their specialist or practitioner practice
- Individual professional accountability must be through appraisal, reaccreditation, revalidation and identification of those not meeting standards
- All specialists and practitioners within the networks must undertake appropriate CPD arrangements
- There must be clarification of professional and managerial accountabilities according to employment arrangements for each individual in the network
- There must be clarity over definitions of quality and effectiveness of the network and establishment of success criteria. These should be agreed with the Regional Director of Public Health and form part of performance management arrangements undertaken by Strategic Health Authorities

#### *Communications systems*

- There should be a communications system that operates across the network, with other networks and with partner organisations

### **Training and Professional Development, building up Public Health Capacity within the Network**

*For specialist public health training*, Public Health Networks will become central. The network itself and/or its component organisations may become formally accredited for specialist training provided the criteria for training are met such as trainer competencies and provision of adequate training experience. These comprise adequate resources, including 'standard' office space and equipment, library and Internet resources, and adequate dedicated time of an accredited educational supervisor (trainer).

*For practitioner public health training and development*, the role of the Network could be to work with Workforce Development Confederations to coordinate and ensure appropriate access to training opportunities, and to ensure these opportunities meet identified needs, both in the staff concerned and in the population served. This will be part of the network's overall public health development plan. Network members may provide educational opportunities themselves, according to local need, such as running learning sets.

Networks will also have a role in promoting understanding of public health amongst the wider workforce.

*A development programme*

Each network will need to undertake a skills audit for identifying contributions, including those from academic departments, as well as gaps. There will need to be a funded development programme, agreed with Workforce Development Confederations and linked with academic institutions, to fill gaps in capability and increase capacity and to allow for development of new expertise to meet changing national requirements eg new NSFs

**The Partnership Agenda**

Public Health Networks at all levels will need to engage with all organisations whose activities may impact on the health and wellbeing of the populations within the network area. Networks will be key to the success of Regional Assemblies and Local Strategic Partnerships in achieving their public health targets.

## **Appendix**

### **Organisations represented at the consensus conference**

National Public Health and Primary Care Group  
Faculty of Public Health Medicine  
Health Development Agency  
Royal College of General Practitioners  
Royal College of Nursing  
SHEPs  
CPHVA  
CNA  
Department of Health  
NHS Confederation  
King's Fund  
Local Government Association  
Chartered Institute of Environmental Health  
Royal Pharmaceutical Society of Great Britain