



Shaping and securing the future children's public health workforce: a briefing for LAs on the role of Health Education England and Local Education and Training Boards

Introduction

Local authorities (LAs) take on commissioning all Healthy Child Programme 0-5yrs services from October 2015. They will then commission all public health services for children and young people 0-19yrs. These services are led and delivered by qualified and regulated health staff – nurses, health visitors, family partnership nurses and school nurses. Additionally, LAs are involved in commissioning/joint commissioning for service integration across a number of services. LAs will wish to be involved in shaping and securing the future workforce. This briefing sets out the role and responsibilities of Health Education England and its Local Education and Training Boards in educating the health workforce.

What does Health Education England do?

Health Education England oversees the training and development of the workforce. They are responsible for planning, education and training of the future workforce, and development of the existing workforce working alongside commissioners and service providers.

What are Local Education Training Boards (LETBs) and what do they do?

Health Education England has 13 [LETBs](#) who are responsible for education and training at regional level. Their main role is to:

- plan and commission high quality education and training in order to secure future workforce supply with the right numbers and right skills to improve health outcomes
- identify the local education and training needs of health and public health staff required to build skills and meet future service needs
- bring providers and relevant stakeholders together to develop the workforce in line with local health needs and the service transformation agenda.

How do Health Education England and LETBs develop the workforce plan, and ensure training commissions meet workforce need?

In 2014/15, the first ever [Workforce Plan](#) for England was published, highlighting the need for a shared vision for future models of care. HEE has a responsibility to ensure that the investment plans of all LETBs support a sustainable national workforce through bottom up and top down planning to meet local need.

HEE's strategic [Framework 15](#) is based on future health needs to inform long-term investment decisions. HEE has also worked with the rest of the system to produce the [Five Year Forward View](#). It is crucial that local authorities, HEE and the wider system work together to inform commissioning going forward.

How can Local Authorities influence workforce planning?

Local Authorities have a vital and growing role across all services as strategic commissioners. They have a responsibility to ensure that the providers they work with give a quality service to citizens. Good management of people and looking after their personal development are key aspects of this, and councils will be engaging fully with the providers of health visiting services and family nursing services. Every year, LETBs run a workforce planning process to prioritise where to allocate the local education and training budget. The process then runs as follows:

- Providers submit demand forecasts over a 5-year period, detailing which parts of their workforce will grow and which parts will decrease. These workforce demand forecasts should be based on agreed service plans between providers and commissioners (Local

Authorities from October 2015)

- Over the summer period, LETBs aggregate individual plans and then must work with Local Authorities as a key stakeholder in planning the future workforce, to ensure their strategic commissioning intentions are reflected in local workforce plans. This determines, for example, the number of health visitor training commissions. HEE will be encouraging LETBs to involve Local Authorities in key decisions and to be full members of LETB's stakeholder groups. The LETB workforce planners will invite local authority chief executives to nominate leads to attend these workforce stakeholder events.
- Based on this engagement, LETBs then annually undertake commissions on behalf of stakeholders, balancing the different needs of the workforce. The final draft of the investment plan, which describes the level of investment in education commissions, is submitted to Health Education England by the end of October. Financial models forecast the impact of these investments and executive board approval has to be obtained prior to this October submission.

Supporting newly qualified health visitors to deliver the new model of health visiting

HEE is responsible for training all public health nursing staff who deliver 0-5 services. Newly qualified health visitors are supported in their first year of practice through a national health visitor induction and preceptorship frameworks, and a charter, gaining from the experience of those more established in the profession to develop the practical, on-the-job skills and understanding. Arrangements for family nurses will continue.

Newly qualified health visitors are further supported through the Education Initiative, an additional training opportunity, developed by DH and HEE which offers a menu of professional development, to expand on Specialist Community Public Health (SCPHN) training. DH has funded a number of additional interventions broadly aimed at realising the benefits of the expanded health visitor workforce. 'Making the Most of Health Visiting' is a project completed in March 2015, which develops and supports post-qualification support for health visitors commissioned from [the Institute of Health Visiting](#) and [UCL Partners Academic Health Sciences Network](#).

E-learning materials have been developed to support many practitioners working with young children via the [e-Learning for Health](#) website, which combines learning through education materials and practical application in the workplace and local community.

The Family Nurse Partnership provides targeted support for first-time mums under 19. Family nurses are registered nurses and midwives who undertake additional specialist training with the FNP National Unit. This learning programme comprises three intensive phases (foundations, infancy and toddlerhood) and continues for the first 15 months of the role.

Next steps

HEE is supportive of the drive to prioritise health prevention and protection. HEE's wider role will be to support the whole health and social care workforce in making every contact count and in putting population health at the centre of the work they do. HEE will ensure curricula and programmes of education, as well as development of the current workforce, focuses appropriately on this critical area. HEE and LETBs will continue to work with partners in local authorities, Public Health England and local service providers to sustain, and maintain stability of the workforce plans going forward. This will continue until and after the transfer in October 2015.

Further information about the transfer can be found [here](#).