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|  | All District Health Boards | |
| **PUBLIC HEALTH SERVICES**  **PUBLIC HEALTH CAPACITY DEVELOPMENT**  **TIER TWO**  **SERVICE SPECIFICATION** | | |
| **STATUS**:  Approved for nationwide use for the standard description of services to be funded. | | **MANDATORY** |
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**Note**: Contact the Service Specification Programme Manager, Services Commissioning, Ministry of Health, to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website: <http://www.nsfl.health.govt.nz/>

**PUBLIC HEALTH SERVICES**

**PUBLIC HEALTH CAPACITY DEVELOPMENT**

**TIER TWO**

**SERVICE SPECIFICATION**

This tier two service specification for Public Health Capacity Development must be read and used in conjunction with the following service specifications:

* tier one Public Health Services service specification which defines the overarching framework and generic requirements for all the tiers of service specifications under it, see below for details.
* the other four tier two Public Health Services service specifications:
* Public Health Assessment and Surveillance
* Public Health Promotion
* Public Health Protection
* Preventative Interventions.

Please refer to the tier one Public Health Services service specification for details on:

* Background (including Te Tiriti o Waitangi, Ottawa Charter and vision)
* Service Definition
* Service Objectives (including Māori Health, and reducing health inequities, including alignment of approaches with He Korowai Oranga, and health equity/Whānau Ora tools )
* Service Users
* Access (including eligibility and exclusions)
* Service Components
* Service Linkages
* Quality Requirements (including legislation, international obligations, guidance material, and political neutrality).

For a summary overview of the relationships between the various specifications for Public Health Services, refer to the diagram in Appendix 1.

# Service Definition

This tier two service specification describes public health capacity development services (the Service). Public Health Capacity Development is one of the five core functions for Public Health[[1]](#footnote-1). Public health capacity development is defined as the conditions needed to be able to effectively, efficiently, and sustainably deliver public health functions[[2]](#footnote-2), [[3]](#footnote-3), [[4]](#footnote-4)

The conditions are grouped under four components[[5]](#footnote-5) as the framework to describe public health capacity development activities.

* Human Resource services that support an adequate and sustainable public health workforce that possess the knowledge, skills and required competencies.
* Information and Knowledge services that strengthen programme planning, research and evaluation development, facilitate uptake of results and transferring of knowledge to policy and service delivery arenas.
* Organisation and Infrastructure services that support and strengthen the systems, structures and overall organisational capability to allow people working in public health to be effective.
* Networks and Partnerships services that provide avenues for workforce capabilities and capacities to be strengthened within and across settings, intersectoral collaboration and forums for engagement.

# Service Objectives

# General

The key goal of the Service is to have ‘a sufficient, effective and sustainable public health infrastructure. The Service will contribute to the New Zealand Health Strategy’s overarching objective that “all New Zealanders live well, stay well and get well”[[6]](#footnote-6).

Service objectives for each service components are:

*Human Resources*

* Increase the Māori public health workforce and strengthen capability of the non-Māori workforce to improve Māori health and achieve health equity.
* Increase the Pacific public health workforce and strengthen capability of the non-Pacific workforce to improve Pacific health and achieve health equity.
* Strengthen the public health capability of the wider workforce.

*Information and Knowledge*

* Strengthen and maintain public health information, research and evidence base to inform public health policies and programme development.

*Organisational and infrastructural capacity*

* Strengthen and maintain reliable public health organisational technical structures and foundations (eg, information systems for recording, reporting and auditing of public health activities and robust governance and strategic decision-making arrangements).

*Networks and Partnerships*

* Increase intersectoral use of public health approaches to achieve collective impact and community outcomes.
* Build and maintain effective partnerships and networks for strategic alliances, coordinate outcome-driven initiatives and sharing of learning and experiences.

# Māori Health Objectives

Māori health objectives of this tier two Public Health Capacity Development service specification are:

* to have strong Māori leadership
* the ability to demonstrate relevance and effectiveness of services
* improve the quality of the workforce
* a coherent and cross-sectoral perspective of Whānau Ora.

Key input to achieving these objectives is an understanding and ability to apply Te Tiriti o Waitangi, He Korowai Oranga[[7]](#footnote-7) , Pae ora[[8]](#footnote-8) and the principles of equity and social justice[[9]](#footnote-9).

# Service Users

The Service is for all organisations, and their staff, providing public health services to communities in New Zealand and the overall population.

# Exclusions

Information systems capital expenditure is the responsibility of the individual organisations and is not covered by this specification.

Refer to section 5.4 Exclusions in the tier one Public Health Services service specification.

# Service Delivery

Some public health services will be purchased and delivered using an outcomes framework. Where the outcome framework is Results Based Accountability™ (RBA),[[10]](#footnote-10) the funder and provider will agree on the population outcomes that the service will contribute to, then the mix of activities and associated performance measures that contribute to these outcomes[[11]](#footnote-11) will be negotiated.

The tables below set out a menu of activities for each Public Health Capacity Development service component. As part of negotiations, as to the range and scale of activities to be delivered, consideration will be given to:

* the assessed needs of the population (including an understanding of service gaps)
* the capacity and size of the provider
* relevant government, Ministry of Health and district health board (DHB) priorities and policies including the New Zealand Health Strategy 2016 (*Future Directions and Roadmap of Actions*)
* how activities contribute to a comprehensive approach[[12]](#footnote-12)
* the need for activities to improve Māori health
* activities that support achieving equity in health
* the extent to which activities influence the determinants of health
* the extent to which activities clearly link to outcomes (such as client/service users outcomes for contracts using RBA).
* any additional and/or innovative activities not included in the tables that are informed by scientific and other evidence, or will be evaluated to help build the evidence.

All public health providers are expected to clearly demonstrate, in planning and reporting documents, how activities will contribute to the outcomes of improving Māori health and achieving health equity.

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| 1. ***Human Resource[[13]](#footnote-13)*** |

| **Activities** |
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| * In collaboration with the Ministry, develop or contribute to the development of a stair-cased or appropriate framework of qualifications, training and ongoing education in public health to build public health capacity across a wide range of professional groups and sectors to: * improve the leadership capability of the public health workforce through increasing or extending access to leadership programmes, mentoring and scholarships * promote careers in public health, including increased support from managers for staff undertaking relevant advanced training and education. * Develop, implement and monitor an organisation-wide public health workforce development plan, which would include: * developing, monitoring and reporting on SMART goals to increase percentages of public health workforce as well as public health workforce with public health or appropriate qualifications * supporting and encouraging public health sector staff [[14]](#footnote-14) to:   + - * attain appropriate qualifications in public health (eg, Certificate in Public Health)       * undertake role and competency based training and education opportunities in various public health settings to build capability (eg, special projects, mentoring, secondments)       * maximise their potential to use their skills and knowledge to best effect       * undertake training to build their skills and capability in, for example, leadership, Kaupapa Māori approaches, cultural competency training, programme planning and evaluation, emergency preparedness. * Promote workplace culture by supporting managers to access training/mentoring in staff management, staff engagement strategies and facilitating staff professional development. * Develop strategies for learning and career development opportunities, performance management, and other organisational practices designed to improve recruitment, retention and resource allocation. * Encourage and support intersectoral professional development opportunities. * Promote and implement public health approaches (including Kaupapa Māori health) focusing on achieving health equity and promoting Māori health. * Develop strategies aimed at strengthening leadership (specialist/technical and management) within and among the public health workforce. * Collaborate with others (across DHBs, appropriate other public health organisations and organisations that influence public health, eg local government) to develop and implement local and/or regional public health workforce development plans. * Develop organisational responsiveness strategies to improve capability and capacity of Māori and non-Māori public health workforce to improve Māori health and achieve health equity. For example: * Māori workforce recruitment, retention and professional development plans, and integration of Māori health considerations into programme planning and resource allocation (including appropriate Māori and Pacific leadership models) * maximise opportunities in other capability and capacity development objectives to further Māori and Pacific public health workforce priorities. * Develop and deliver training (eg, workshops) to own organisation staff or to wider Public Health sector staff (ie, outside own organisation). |
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| 1. ***Information*** ***and Knowledge*** |

| **Activities** |
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| * Develop innovative programmes/proactive interventions that: * apply programme planning and quality management frameworks for public health, including monitoring and performance assessment * ensure quality assurance for programme development is based on evidence * where appropriate, ensure co-design and priority setting and a coordinated approach across organisation/s * ensure timely community consultation/engagement/participation for programme development and implementation * use credible results to contribute to body of knowledge and evidence. * Develop measurable outcomes and data (ie, population indicators and/or performance measures) for existing and new public health programmes and ensure these are routinely monitored, refined and reported on. * Use evidence based research[[15]](#footnote-15) and evaluation to develop, plan and implement public health programmes and services. * Conduct research and evaluation (including with kaupapa Māori methods) of public health programmes and interventions, including a focus on improving Māori health and achieving health equity: * engage with appropriate iwi, kaumatua, community stakeholders and gatekeepers * ensure there is adequate theory/ies and/or strong rationale for why the research is being carried out, and what the eventual results might be used * compile, synthesise and share programme outcomes through health networks and publications * translate complex contemporary research results into local information and knowledge * communicate achievements of public health programmes and share lessons learnt * promote public health teaching and training (including teaching and training of non-public health workforce) * contribute to teaching materials and public health curriculum * contribute to the education and training of other staff (ie, students and colleagues). * Provide adequate and accessible storage and distribution of health education resources[[16]](#footnote-16): * store adequate stocks of all approved health education materials to meet local and regional demands for resources * ensure that health information resources are available in support of public health programmes, and distributed promptly on request * provide a specific ‘authorised provider’ point of contact for queries about health education resources * copy and distribute the Catalogue of Health Education Resources to interested organisations and individuals * ensure health education resources are freely accessible and available to public health services staff and other organisations and individuals, including providing a responsive and culturally appropriate contact for requests * foster the development and maintenance of databases and networks that support the distribution of health education resources, including identifying appropriate community groups and organisations to which targeted resources should be sent proactively. |
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| 1. ***Organisation and infrastructural capacity (see also Public Health Assessment and Surveillance)*** |

| **Activities** |
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| * Develop and implement strategies to develop and maintain the capacity and capability of the public health information system, to effect improvements and strategic investments, to: * increase accessibility to public health information by public health workers and others such as allied health practitioners * ensure the organisations’ health information systems meet Ministry’s information technology core standards. * Develop appropriate information communication technology strategies which focus on: * enabling effective communication within and between the public health system and health care providers * monitoring and reporting of public health activities (eg, appropriate electronic templates are developed and consistently used across organisations). * Develop and maintain necessary linkages between public health information systems and other relevant information systems[[17]](#footnote-17) * Contribute where appropriate to regional and national public health information systems planning and development. * Undertake strategic/operational/business planning of service (including business continuity planning) recognising resources, regional priorities, and issues. * Use, as appropriate, Whānau Ora Health Impact Assessment (WOHIA) tool, the Health Equity Assessment Tool (HEAT): A User's Guide and other appropriate tools for programme development and implementation. * Support and develop effective governance structures and management arrangements, ensuring the following: * clarity on scope of governance role and responsibilities * purposeful recruitment for required skills * opportunity to do appropriate training (eg, human resources financial training for board members) * advocates and ensures appropriate governance and service management core standards are considered and adhered to. * Develop quality improvement plans for the organisation and ensure culture and systems for continuous quality improvement. * Ensure organisational policy development and review processes are well established and understood by staff. * Develop evidenced-based tool/s[[18]](#footnote-18) for assessing shifts in the workforce knowledge, skill, understanding, beliefs and behaviours. |
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| 1. ***Networks and Partnerships*** |

| **Activities** |
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| * Develop appropriate public health network/s with clear membership roles, scope, purpose and expectations to: * maintain effective networks for strategic alliances and sharing of learning and experiences * provide secretariat support as required and appropriate to facilitate and coordinate activities of network * Link with agencies that share contribution to common health outcomes (eg, national and local government, housing/building, education sectors, food safety and quality, environment, transport, biosecurity) * Develop, maintain and actively engage, communicate, collaborate, work in partnerships with wider public health sector (including iwi providers, hāpu, Māori whānau, Pacific and other ethnic community providers, where appropriate) to: * enable joint planning (including regional planning), partnerships and mutual support for public health providers * promote healthy public policies * develop sector consensus, prioritise sector strategies * undertake joint initiatives * promote consistent messages where appropriate and applicable * share learning, experiences and resources. * Promote and advocate for intersectoral use of public health approaches and coordination of outcome-driven initiatives * Measure and report on collective impact. |
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# Service Linkages

In addition to the linkages listed in the tier one Public Health Services service specification, the Service should ensure linkages with public health capacity development plans. Further, the service provider will demonstrate linkages and/or referrals where appropriate, but are not limited, to the following:

* Māori and iwi health providers
* Pacific and other ethnic specific public health service providers
* Public health associations
* Other government and Crown entities such as Health Workforce New Zealand
* PHUs
* NGOs
* Local community networks
* Universities and research institutions.

# Quality Requirements

Public Health Services must comply with the 1999 Provider Quality Specifications for Public Health Services (PQS) or any update in the service agreement that replaces this document.

Where specified in service agreements, services must also comply with Ministry of Health mandated Business Viability Standards (BVS). If there is any conflict between the Provider’s obligations in the PQS and the BVS, the obligations on the Provider as described in the BVS will prevail.

Where the Ministry has developed guidance documents to support the planning, design or delivery of services under this service specification, providers will be required to reflect this guidance in their services.

Services delivered under this service specification are expected to demonstrate best practice or are based on the best available evidence for public health capacity development. Capacity development best practice attributes:

* are led by the organisation as a whole, at the strategic and operational level
* include understanding and have the ability to apply Te Tiriti o Waitangi[[19]](#footnote-19), He Korowai Oranga, and principles of equity and social justice[[20]](#footnote-20)
* uses inclusive participatory approaches, with strong commitment of and ownership by public health service providers[[21]](#footnote-21)
* are initiatives and programmes that addresses the broad social, cultural, environmental and economic determinants of health[[22]](#footnote-22)
* includes Te Pae Mahutonga[[23]](#footnote-23) key elements of Nga manukura (leadership) and Te Mana whakahaere (autonomy) as important components to strengthening Māori public health workforce.

All public health providers are expected to clearly demonstrate, in planning and reporting documents, how activities will contribute to the outcomes of improving Māori health and achieving health equity.

# Purchase Units and Reporting Requirements

Purchase units (PUs) are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following PUs apply to this Service.

All other reporting requirements are detailed in the individual provider contracts.

| **PU Code** | **PU Code Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| RMCAP10 | PH Capacity Development - Human Resources | Public health capacity development services for sector capability development. | Service |
| RMCAP11 | PH Capacity Development – Information, knowledge systems and organisational infrastructure | Public health capacity development services for producing health information, research, evaluation and knowledge management, quality plans and governance. | Service |
| RMCAP12 | PH Capacity Development – Networks and Partnerships | Public health capacity development services for developing sector leadership. | Service |
| RMCAP20 | PH Capacity Development – Alcohol | Capacity development for services that deliver programmes to help prevent harm associated with the misuse of alcohol. | Service |
| RMCAP21 | PH Capacity Development – Illicit Drugs and Psychoactive Substances | Capacity development for services that deliver programmes to help prevent harm associated with the misuse of drugs and psychoactive substances. | Service |
| RMCAP22 | PH Capacity Development – Community Action Youth and Drugs (CAYAD) | Capacity development for Community Action Youth and Drugs (CAYAD) programmes. | Service |
| RMCAP23 | PH Capacity Development – Nutrition and Physical Activity | Capacity development for the delivery of nutrition and physical activity services. | Service |
| RMCAP27 | PH Capacity Development – Sexual Health Promotion | Capacity development for the delivery of sexual health promotion services. | Service |
| RMCAP28 | PH Capacity Development – Smokefree Environments (Tobacco Control) | Capacity development for the delivery of smokefree environments (tobacco control) services. | Service |
| RMCAP29 | PH Capacity Development – Stop Smoking (Smoking Cessation) Services | Capacity development for the delivery of stop smoking (smoking cessation) services. | Service |
| RMCAP30 | PH Capacity Development – Communicable Diseases | Capacity development for the delivery of communicable disease prevention and control services. | Service |
| RMCAP31 | PH Capacity Development – Rheumatic Fever Prevention | Capacity development for the delivery of Rheumatic Fever prevention services. | Service |
| RMCAP32 | PH Capacity Development – Needle Exchange Programme | Capacity development for the delivery of needle exchange services. | Service |
| RMCAP33 | PH Capacity Development – Hepatitis B and C Health Promotion | Capacity development for the delivery of Hepatitis B and C health promotion services. | Service |
| RMCAP34 | PH Capacity Development – Refugees and Asylum Seekers | Capacity development for the delivery of public health services for refugees and asylum seekers. | Service |
| RMCAP35 | PH Capacity Development – Injury Prevention | Capacity development for the delivery of injury prevention services. | Service |
| RMCAP36 | PH Capacity Development –Environmental Health Protection | Capacity development for the delivery of environmental health protection services. | Service |
| RMCAP37 | PH Capacity Development – Social Environment | Capacity development for the delivery of social environment services. | Service |
| RMCAP38 | PH Capacity Development – Health Promoting Schools | Capacity development for the delivery of health promoting schools services. | Service |
| RMCAP40 | PH Capacity Development – Mental Health promotion | Capacity development for the delivery of mental health promotion services. | Service |
| RMCAP41 | PH Capacity Development – Suicide Prevention | Capacity development for the delivery of suicide prevention services. | Service |
| RMCAP42 | PH Capacity Development – Maternal and Child Health Promotion | Capacity development for the delivery of maternal and child health promotion services. Excludes services funded under RMPM25 - Maternal and Child Health Obesity Programmes | Service |
| RMCAP43 | PH Capacity Development – Violence Intervention Programme (VIP) | Capacity development for the delivery of the Violence Intervention Programme (VIP), including a national service to provide training for health professionals to increase understanding of violence, victim identification, support and referral as part of a comprehensive systems change approach, and evaluation to inform practice and address evidence gaps. | Service |

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| **Unit of Measure** | **Unit of Measure Definition** |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

***Appendix 1: Overview of the relationships between the specifications for Public Health Services.***



1. New Zealand Public Health Clinical Network. 2011. *Core Public Health Functions for New Zealand.* [↑](#footnote-ref-1)
2. New Zealand Public Health Clinical Network. 2011. *Core Public Health Functions for New Zealand.* [↑](#footnote-ref-2)
3. http://www.who.int/violence\_injury\_prevention/publications/capacitybuilding/en/index.html [↑](#footnote-ref-3)
4. http://www.phac-aspc.gc.ca/publicat/sars-sras/naylor/4-eng.php#s4a [↑](#footnote-ref-4)
5. As per the New Zealand Public Health Clinical Network report on the *Core Public Health Functions for New Zealand*, these components also draw on existing frameworks from the World Health Organisation and comparable jurisdictions such as Canadian Health, Australia and UK National Health Services. [↑](#footnote-ref-5)
6. Minister of Health. 2016. New Zealand Health Strategy: Future direction. Wellington: Ministry of Health. [↑](#footnote-ref-6)
7. Ministry of Health. 2014. He Korowai Oranga – Māori Health Strategy. Wellington: Ministry of Health. [↑](#footnote-ref-7)
8. Pae ora is the Government’s vision for Māori health. It encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services. The 3 interconnected elements of Pae ora are: mauri ora – healthy individuals, whānau ora – healthy families and wai ora – healthy environments [↑](#footnote-ref-8)
9. Equity is a key thread in He Korowai Oranga: “The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people.”. [↑](#footnote-ref-9)
10. MBIE is leading a whole of government transition to RBA which is an outcomes framework, as part of a Streamlined Contracting Framework. Please refer to: <http://www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos> RBA has two levels of accountability – population accountability (where providers collectively contribute towards population outcomes) and performance accountability (where the provider is responsible for the outcomes of the clients it engages with [client outcomes]). [↑](#footnote-ref-10)
11. For contracts based on a Results-based accountability (RBA) framework, a *guidance document with related performance measures* (How many, How well, Is anyone better off?) *based on RBA is available for download on the NSFL website (see section titled “Downloads”)* <http://nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications> in the section entitled “downloads”. This guidance document will be reviewed and performance measures updated as required. [↑](#footnote-ref-11)
12. A comprehensive approach will be delivered across a range of providers. It is not the expectation that every provider should deliver all these activities. [↑](#footnote-ref-12)
13. Te Uru Kahikatea (TUK) is the national workforce development plan to support the growth and development of the public health workforce in Aotearoa, New Zealand. Services under the Human Resources components need to be guided by TUK. Follow the links below for appropriate documents.

    **Public health workforce**, refer to: Te Uru Kahikatea on <http://www.publichealthworkforce.org.nz/public-health-employment-workforce-tuk.aspx>

    **TUK Maori public health work plan** 2011-2017 <http://www.publichealthworkforce.org.nz/data/media/documents/Maori%20PHWD/TUK%20Maori%20workplans/FINAL%20NOV%202011%20Maori%20public%20health%20action%20plan-03.pdf>

    **Pacific public health work plan and implementation plan 2013-2017** http://www.publichealthworkforce.org.nz/data/media/documents/Pacific%20PH%20WFD/taeao-o-tautai-public-health-workforce-plan.pdf [↑](#footnote-ref-13)
14. This could be staff in own organisation (internal staff) or those in other public health sector organisations (external staff) [↑](#footnote-ref-14)
15. Refer to T2 Public Health Assessment and Surveillance specifications. [↑](#footnote-ref-15)
16. For authorised providers only. [↑](#footnote-ref-16)
17. Refer to Tier 2 Public Health Assessment and Surveillance service specification. [↑](#footnote-ref-17)
18. Local or national tools can be developed for consistent measures and reporting. [↑](#footnote-ref-18)
19. TUHANZ A Treaty Understanding of Hauora in Aotearoa - New Zealand (TUHANZ) from the Health Promotion Forum of New Zealand offers guidance of the application of te Tiriti o Waitangi in health promotion practice in Aotearoa - New Zealand ([Health Promotion Forum of New Zealand, 2002](#_ENREF_3)). [↑](#footnote-ref-19)
20. Equity is a key thread in He Korowai Oranga: “The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people.”. [↑](#footnote-ref-20)
21. See reference 17 above [↑](#footnote-ref-21)
22. Ministry of Health Services (British Colombia) – Population Health and Wellness. (2005). A Framework for Core Functions in Public Health. Resource Document. Vancouver: Population Health and Wellness, Ministry for Health Services, Province of British Columbia. [↑](#footnote-ref-22)
23. Ratima M. (2010) Maori Health Promotion-a comprehensive definition and strategic consideration Health Promotion of New Zealand [↑](#footnote-ref-23)