BARNSLEY
Metropolitan Borough Council

Foundation Programme in Public Health

Evaluation Report

August 2025

Summary

The Foundation Programme in Public Health aims to equip the wider public health workforce with foundational skills and knowledge. Funded by NHS England and hosted by Barnsley Council, the programme is delivered online and free for learners in Yorkshire, the Humber, North-East, and North Cumbria regions. The programme has been running since January 2023.

This evaluation, conducted by Barnsley Council's Public Health team, used a mixed methods approach, including evaluation forms, online surveys, and focus group discussions.

Evaluation findings consistently showed that participants had a positive experience of the Foundation Programme in Public Health and felt it strengthened their knowledge and skills. The evaluation revealed a statistically significant ($p < 0.001$) increase in participants' self-assessed knowledge of public health after completing the programme (average of 5.3/10 rising to 8.1/10 after the programme). The average rating for overall satisfaction with the programme in terms of increasing public health knowledge and skills was 8.7 out of 10.

Most respondents felt that the programme had helped them feel ready to apply public health knowledge in real-world scenarios. Nearly two-thirds (63%) of respondents reported that they always, or often, applied the learning from the programme in their current role. Additionally, the vast majority (83%) indicated that the programme had inspired them to pursue further learning or initiatives in public health.

Overall, the programme is accessible and well received. It is effective in participants gaining public health knowledge, who felt more confident applying it in their roles, and were motivated to continue learning. It demonstrates the programme’s real-world impact and its role in strengthening public health knowledge and application across the wider workforce.

The average rating for overall satisfaction with the programme in terms of increasing public health knowledge and skills was 8.7/10	63% reported that they always or often applied the learning from the programme in current role	83% indicated that the programme had inspired them to pursue further learning or initiatives in public health

TABLE OF CONTENTS

Introduction

Public health practice across England seeks to influence the combined efforts of all of society in promoting and protecting the health of all people equitably. Therefore, a deeper understanding of the public's health in the workforce across disciplines beyond the health sector could improve understanding of public health in other sectors/organisations and help to link these combined efforts more explicitly with health outcomes. In addition, the NHS Long Term Workforce Plan aims to embed public health core skills and knowledge across the wider NHS workforce and equip the NHS workforce with the right skills and knowledge to shift care toward prevention and early intervention.

The Foundation Programme in Public Health is designed to provide foundation level skills and knowledge to the wider public health workforce. Funded through NHS England it is hosted by Barnsley Council and works in partnership with the School of Public Health for Yorkshire and the Humber, the Office for Health Improvement and Disparities, the University of Leeds and other stakeholders across the region.

Delivered entirely online, the programme has been running since January 2023. It is free of charge for learners who work in the Yorkshire and the Humber and North-East and North Cumbria regions. It is made up of 2 levels:

☐ **Level 1** is an entry level course that covers the fundamentals of public health that will help to address health inequalities and support population health initiatives. There are no prerequisites for entry, though participants should be working in a position that allows them to influence the public's health.

☐ **Level 2** has been designed for those who want to take their learning about public health further, or who have team leadership or management responsibilities that allow them to incorporate public health interventions into their work. Participants should already have completed Level 1 of the Foundation Programme, have completed a similar entry-level course, or can evidence sufficient experience

This evaluation has been conducted by Barnsley Council Public Health team (who host the programme) by team members with research/evaluation experience. The evaluation team are not involved in delivery of the programme. The evaluation sought to understand if the programme is achieving its objectives and identify ways it can be improved, using two key questions:

1. To what extent is the foundation programme helping to embed public health core skills and knowledge across the wider workforce?
2. To what extent is the foundation programme equipping the wider workforce with the right skills and knowledge to shift their work towards prevention and early intervention?

Methods

To answer these questions, a mixed methods approach was taken (quantitative and qualitative) using the following data sources:

1. The programme uses evaluation forms on Microsoft Forms (bespoke to the programme) to collect data from all participants at completion of each of the 8 sessions – four level 1 sessions and four level 2 sessions (mainly participant satisfaction scores i.e. satisfaction with the program structure, materials, instructors, and relevance to their professional needs)
2. We developed and distributed a bespoke online survey to all participants that had completed either level of the foundation programme (survey questions can be found in the Appendix). Included questions measured their perceived improvement in public health core skills and knowledge, as well as their ability to shift towards prevention and early intervention in their roles. We used Likert scale questions (e.g., strongly agree to strongly disagree) to quantify responses to analyse changes.
3. Survey respondents were then invited to participate in an online focus group discussion with other learners to explore the research questions in more depth and to triangulate the evaluation form data and survey responses. A topic guide was developed from the themes of the online survey responses. We explored their experiences, perceptions, and the impact of the programme on their work. Each of the 4 focus groups were filled on a first come first served basis. Participants were provided with a summary of the themes that came from the workshops and an opportunity to add any further points or corrections. Focus groups were electronically transcribed through MS Teams.

Methods of analysis

Simple analysis of the percentages of responses from the evaluation forms was undertaken.

The online survey was analysed and overall results presented in terms of percentages of respondents. Changes in learners' knowledge was tested (paired t-test) for statistical significance. Themes from free text responses were summarised by a team member/researcher and Microsoft Co-pilot with human oversight.

A researcher with qualitative analysis experience facilitated and themed the MS Teams focus group transcripts. Another facilitator with similar experience reviewed the themes. Findings were then summarized and shared with participants for validation.

Findings

Evaluation form results

From a total number of 2,584 session places attended across all the level 1 sessions delivered and 1,181 session places attended across all the level 2 sessions delivered, evaluation forms were received from 2,136 (83%) level 1 learner session places and 1,047 (89%) level 2 learner session places over the last four academic terms of delivery.

Level 1 Evaluation Form Results

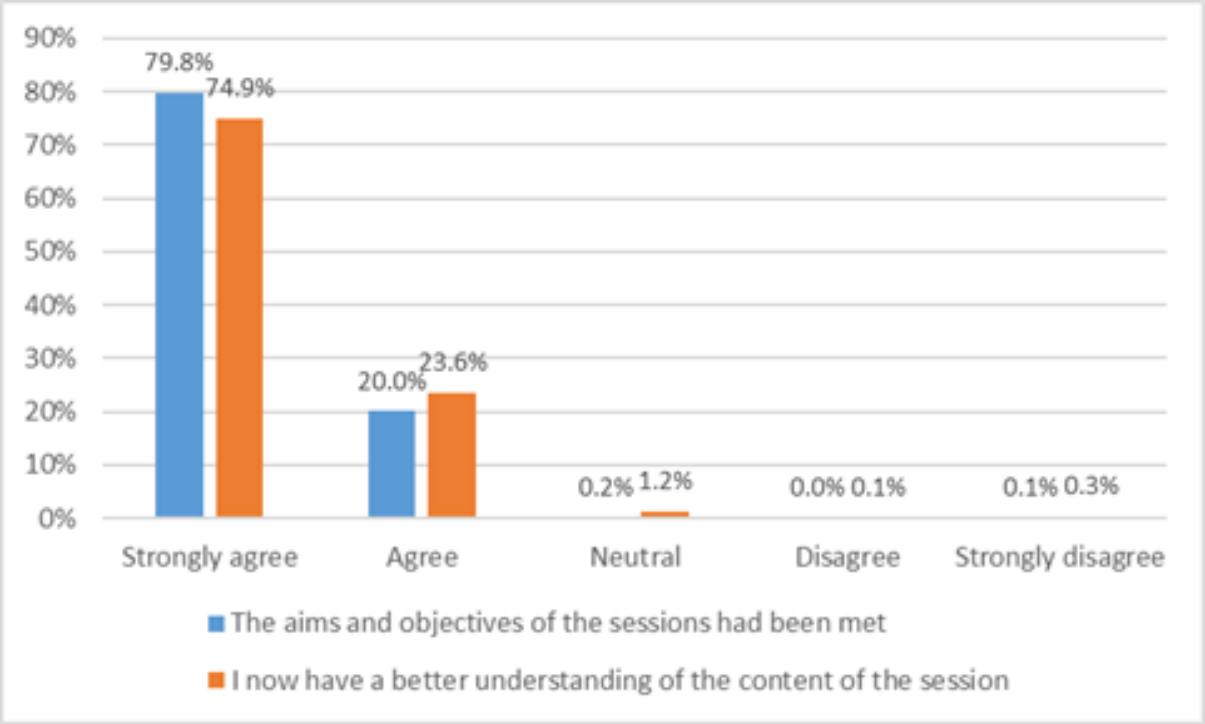
Survey Statement	% Agree	Notes
Aims and objectives of the sessions had been met	100%	No disagreement
Session content was informative and interesting	99%	No disagreement
Facilitator was effective and engaging	100%	No disagreement
Facilitator enabled participation from group members	99%	No disagreement
Questions were addressed well	98%	No disagreement
Administration was well planned and useful	99%	No disagreement
Communication beforehand was good	99%	No disagreement
Better understanding of the content of the session	99%	No disagreement

Level 2 Evaluation Form Results

Feedback Statement	% Agree	Notes
Aims and objectives of sessions met	100%	No disagreement
Session content was informative and interesting	100%	No disagreement
Facilitator was effective and engaging	100%	No disagreement
Facilitator enabled participation from group members	99%	No disagreement
Questions addressed well	99%	No disagreement
Administration was well planned and useful	99%	No disagreement
Communication beforehand was good	98%	No disagreement
Better understanding of session content	98%	1 respondent strongly disagreed

Across all responses to level 1 and level 2 sessions, 99.8% of respondents agreed that the aims and objectives of the sessions had been met and 98.5% agreed that they now have a better understanding of the content of the session (see Fig. 1).

Fig. 1 - Percentage of evaluation form responses - level 1&2 combined



"I have minimal Public Health-specific training, with a background in Nutrition. I was tasked with developing Doncaster's Food Strategy.

Through the Foundation Programme in Public Health, I reviewed my approach, aligning it with recommended methodologies. I adopted a whole systems approach, involved stakeholders, and created a shared vision.

The learning helped me to develop a strategy which included forming an internal council Food Working Group and relaunching the Food Network. Positive feedback from stakeholders affirmed the strategy's comprehensiveness. The Foundation Programme boosted my confidence in planning and delivering effective interventions for the Food Strategy."

Kirstie Lamb
Public Health Improvement Coordinator (Food)
City of Doncaster Council

Online survey results

The survey was distributed to 803 individuals who had completed at least one level of the Foundation Programme. There were 144 respondents - a response rate of 18%.

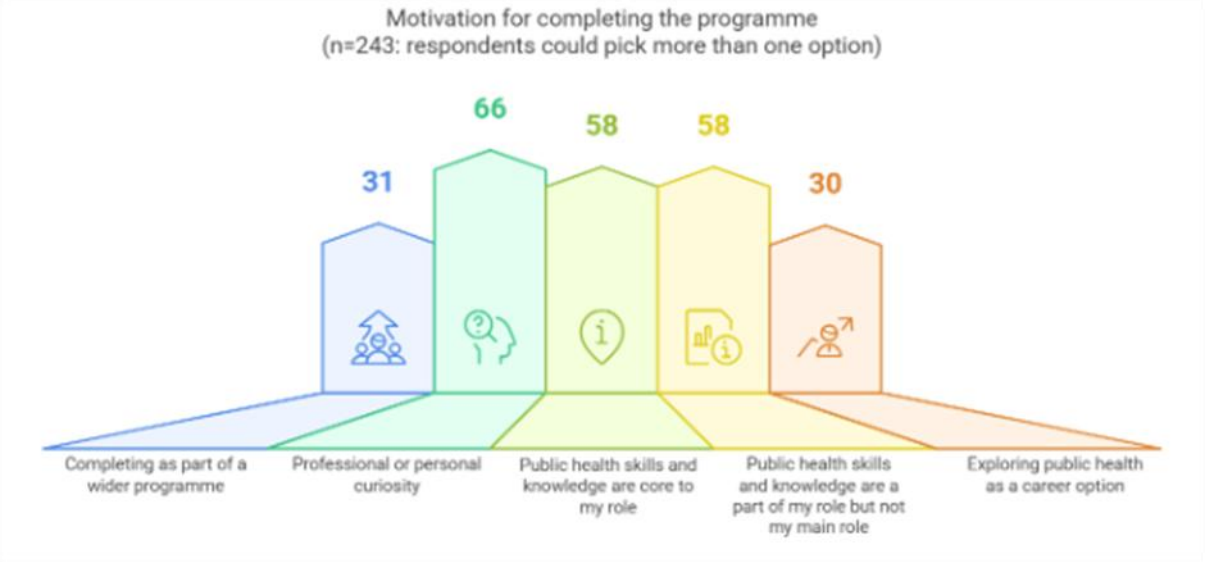
Respondents were from various sectors, including healthcare (37%), Local Authorities (38%) and the Voluntary and Community Sector (14%). A further 10% selected 'other' which included employees from universities and combined authorities.

Over half of respondents (57%) had completed both levels of the programme. 39% had completed level one only, although a high proportion of these respondents (79%) were intending to complete Level 2. Of those not intending to go on to Level 2, several respondents indicated that lack of time, work pressures, and staff capacity issues were barriers to completing further learning.

Motivation for completing the Foundation Programme

Motivations for completing the Foundation Programme were varied, with many respondents indicating 'professional/personal curiosity', followed by public health skills and knowledge either being a core element or part of their role (see Fig. 2).

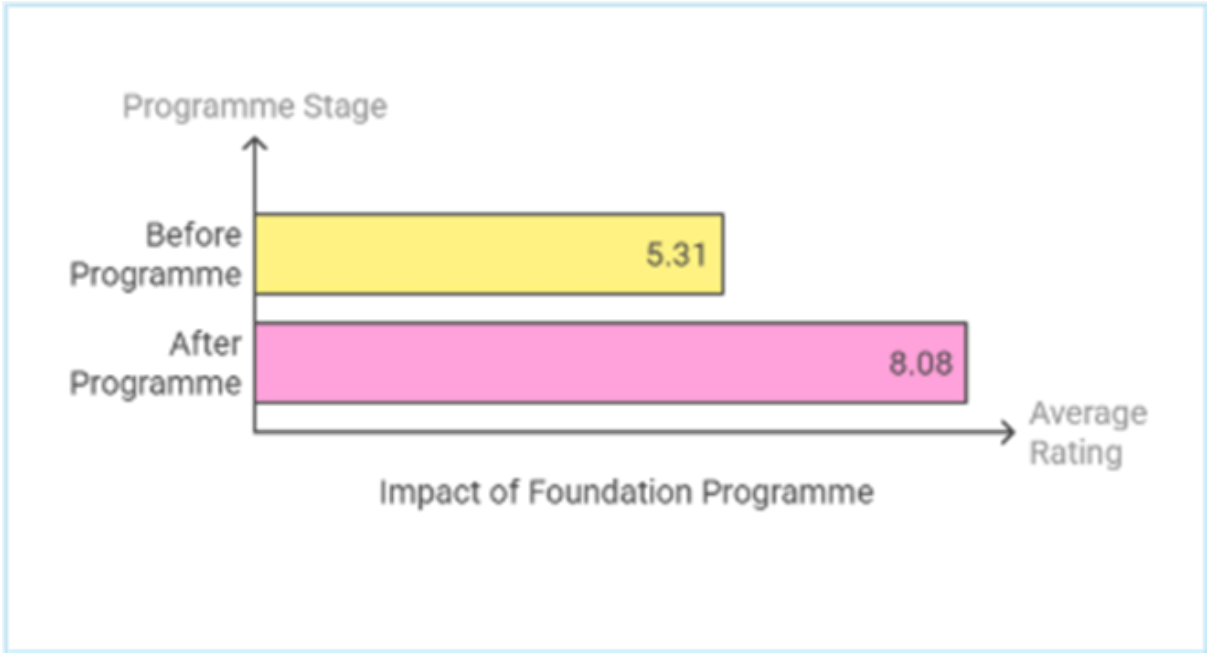
Fig 2: Learner motivations for completing FPPH



Impact of the Foundation Programme on knowledge

In the survey, participants were asked to retrospectively rate their knowledge of public health (knowledge and practice) prior to doing the programme, and after completing the programme. On a scale of 1-10 (1=low, 10=high), the average pre-programme rating was 5.31 compared to an average post programme rating of 8.08 (an average change of 2.77 points – see Fig. 3). Statistical testing (paired t-test) revealed a statistically significant increase in scores ($p < 0.001$), indicating that the Foundation Programme had a significant impact on improving participants' knowledge.

Fig 3: Impact of programme on learners' self-reported knowledge

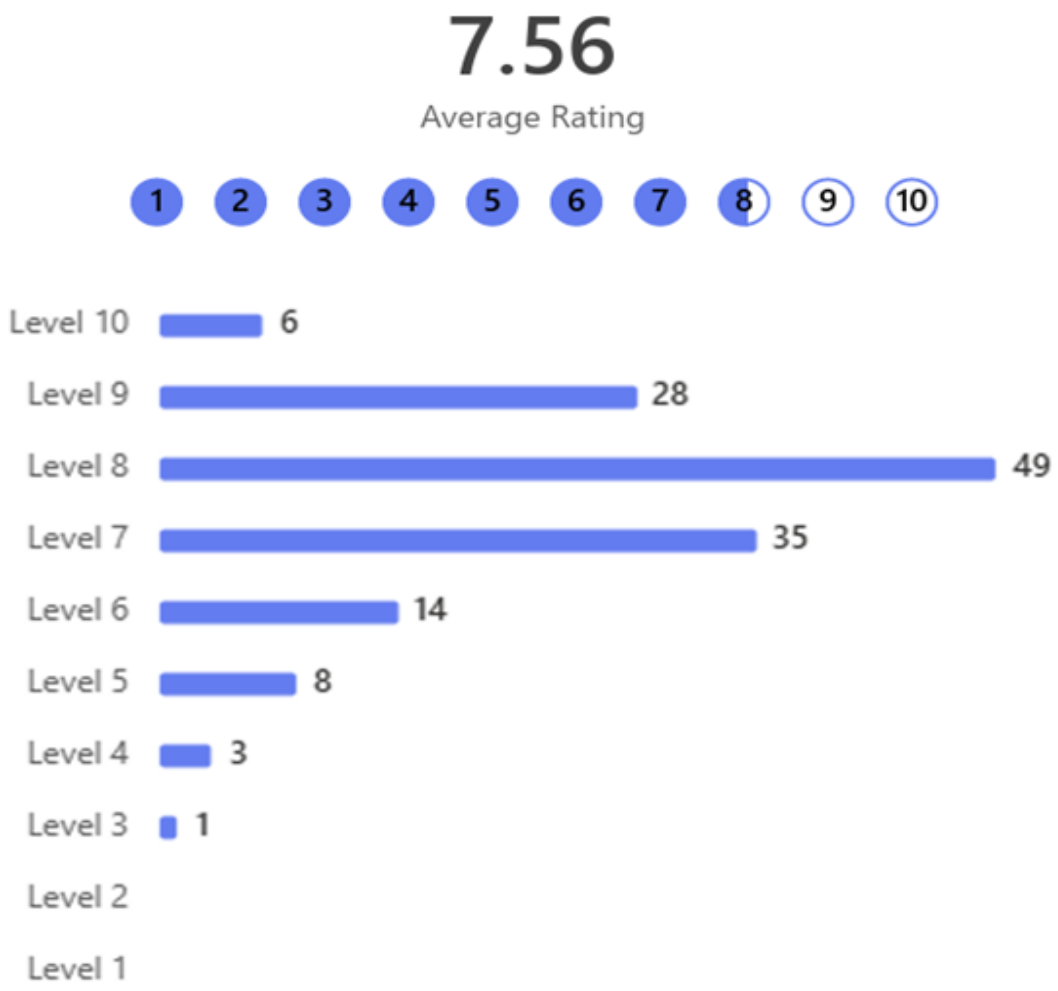


Overall satisfaction with the Foundation Programme in terms of increasing public health knowledge and skills was high with an average rating of 8.65 out of 10 (a score of 10 = completely satisfied). A third of respondents (33%) gave the highest rating of 10. Two respondents scored less than 5 and provided some context for the lower score:

- *"The format of the learning has prevented me from exploring other opportunities".*
- *"I would like to learn more but would be looking for something more advanced, and more accessible, really struggled with accessing the content".*

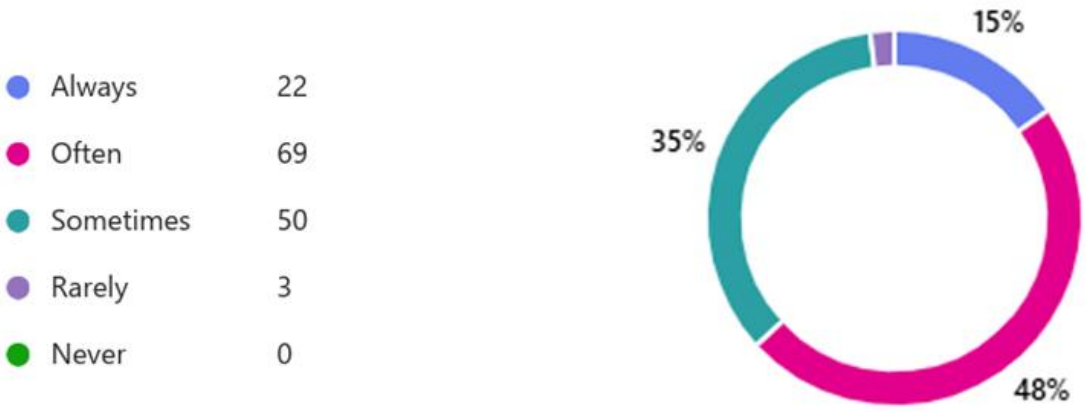
Most respondents felt that the programme had helped them to feel ready to apply public health knowledge in real-world scenarios (where 1 is low and 10 is high) with an average score of 7.56 (see Fig. 4).

Fig. 4: Average score of the question – "How well-prepared do you feel to apply public health knowledge in real-world scenarios after completing the foundation programme? (1=low 10=high)"



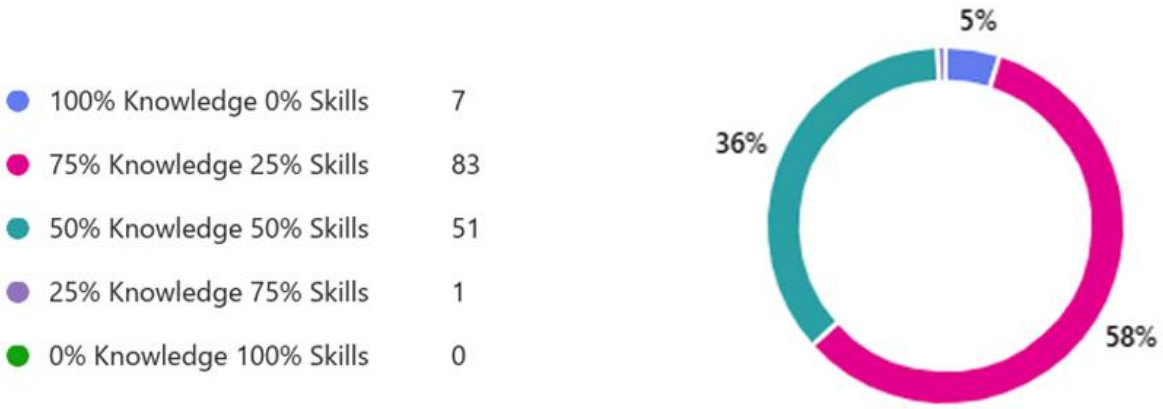
Nearly two-thirds (63%) of respondents reported that they always or often applied the learning from the programme in their current role (see Fig. 5).

Fig. 5: Answers to the question - How often do you apply the learning gained from the foundation programme in your current role?



On balance, respondents felt that the programme had given them more knowledge than skills. However, the skills element was still substantial. 5% felt it was 100% knowledge, but 58% felt the balance was 75% knowledge and 25% skills, with 36% stating both were 50% (see Fig. 6).

Fig. 6: Answers to the question - How would you rate the balance of knowledge and skills gained on the foundation programme?



Most respondents (83%) indicated that the programme had inspired them to pursue further learning or initiatives in public health. Examples included:

- *Interest in further public health learning:* finding the subject of interest and recognising both the relevance of public health to areas of work and in improving community health and wellbeing. Respondents shared their aspirations to explore new opportunities in public health, including potential career changes, more advanced roles, and participation in specialised programmes.
- *Pursuing further education and training:* several participants were actively pursuing or considering further education, such as a master's degree in public health, or practitioner

registration. They valued structured learning opportunities to enhance their knowledge and skills.

- *Application of learning in professional roles:* participants highlighted how their learning has influenced their professional roles, such as applying public health principles, engaging in community projects, and improving service delivery.

For those who indicated that the Foundation Programme had not inspired them to pursue further learning (17%), feedback highlighted time constraints, relevance to roles, and issues around barriers to continual learning:

- *Time constraints:* Several responses indicate that lack of time, work pressure, and staff capacity are significant barriers.
- *Relevance to role:* Some participants felt that the content or activity was not applicable or relevant to their current role, which influenced their engagement.
- *Challenges and barriers to learning:* some respondents mentioned challenges in accessing further education due to time constraints, job commitments, or funding issues. They expressed a need for more accessible and flexible learning options.

"In 2013, I stopped working due to ill-health and returned in 2022 in a part-time administrative role for a community health partnership in Bradford. My passion for addressing health inequalities grew, leading me to complete a Health Equity Fellowship, part of which was to undertake the Foundation Programme in Public Health.

A role as project manager came up at one of the partnerships I worked for. The knowledge I had from completing the fellowship and the learning from the Foundation Programme gave me the confidence to successfully apply for the role. I now manage small grant project providers, who are delivering projects on a local level to improve health and wellbeing and address health inequalities – often around the wider determinants of health.

I thought most of the Foundation Programme had gone over my head, but I am still surprised how often I quote things I have learned or refer to certain examples from the course. I am amazed at how much I have retained; the learning and confidence from the programme were major factors in helping to obtain my current role. And best of all, I am putting my knowledge and skills into everyday use to help others address and reduce health inequalities"

Sean Johnson
Project Coordinator
Bingley Bubble Community Partnership and BD4+ Community Partnership

Of the 144 respondents to the survey who were invited to participate in focus group discussions (FGDs), 65 agreed to be in a FGD and 26 participated in one of four, hour-long sessions using MS Teams.

Similar to the responses to the online survey, focus group participants were overwhelmingly positive and gave numerous examples of how the learning had been applied. Many had recommended it to colleagues, and all felt they had benefitted from the sessions in terms of their knowledge and understanding of public health.

> *"all my team now have either done this course or are signed up to it... because we found it really valuable".*

> *"When I started, I wanted to sign up straight away for session two! It suddenly made sense what we were doing. It was linked to the work that we do... because although we're hosted by the hospital, all our work is in the community. It's around health inequalities. It's around taking healthcare to the patients and it was just really refreshing to sort of think actually we sit with public health because what we're doing is part of preventative work".*

The programme was described as comprehensive, insightful and as laying a strong foundation of knowledge and skills. The content and level of learning were right in most circumstances. Sessions on tackling inequalities, epidemiology, systems leadership, behavioural insights and designing and delivering public health interventions were particularly impactful and frequently mentioned by participants.

Participants found the course provided new perspectives and a deeper understanding of public health systems and challenges. Participants liked that they learned methodologies and could use this now to better understand and approach their work. They felt supported by the frameworks and models they have learned on the programme.

> *"...being completely new to the area of population health and health inequalities, a lot of it I thought had gone over my head, but then I've realised over the last 12-18 months... the amount of things you actually remember that you quote that come back to you and you think afterwards 'Oh, yeah, I learned that on it.' It's amazing the number of times I've thought that... you've learnt more than you've actually realised!"*

Participants described how the programme encouraged them to view public health with new perspectives, considering wider determinants and interconnected systems, rather than isolated issues. It enabled individuals to consider equity approaches to their practice.

Active networking, both formal and informal, were shared as examples of application. Many found new opportunities for collaboration and knowledge exchange through programme connections. The success of Barnsley council's 'how's thi ticker' hypertension programme was shared through the network, inspiring adaptation and delivery via local authority blood pressure champions and leading to replication across another Integrated Care Board (ICB). Furthermore, exposure to peer-led campaigns, such as 'be that friend' and other blood pressure check initiatives, led to their adoption and adaptation in different localities, facilitated by programme networking. This cross-fertilisation of ideas and initiatives provided for rich discussions in the group work.

Some participants liked that they learned methodologies and approaches to problems, as much as facts themselves and could use this now to better understand and approach their work. They felt their work would be well supported by the frameworks and models they have learned on the programme.

Some participants commented on the challenges of applying the learning in their roles. They felt that they needed more support from public health colleagues to do that. Opportunities for project work in public health were discussed by one focus group as an idea for helpful follow on, to see how the learning could be applied in a real-life public health project.

Some participants reported greater confidence to take on new roles, apply for public health-related positions, and contribute meaningfully to their teams. The Humber and North Yorkshire Health Equity fellowships were an example of this, where a couple of participants were now fellows on this 12-month scheme. They reported that their topic interest was developed through the programme but also their successful applications to the scheme were greatly strengthened by their newly acquired knowledge.

Other examples of using the programme for wider staff development include:

- One participant reported that their team use the programme as part of the induction for all new staff
- Another stated that unsuccessful candidates in the recruitment for public health roles are directed towards the programme to strengthen their understanding and CV
- One participant reported that they developed and delivered a team lunchtime learning session on health inequalities using course resources, sparking new conversations and action within a previously uninformed team

- Another participant shares learning at their team meetings under a new standing agenda item on health inequalities
- Another participant even reported using the course content in her volunteering capacity with coastal fishing communities and healthcare access at harbours
- Sarah (and her predecessor Helen) received particular praise for their exceptional facilitation and presentation skills, tailoring to various learning styles, and bringing energy to sessions. There was appreciation for how Sarah manages so many different groups of people from different roles, organisations, experiences etc. Sarah was also praised for being responsive to people's needs; providing for additional support where it was required.

> *"Sarah is an unbelievable presenter in this kind of forum with so many people on the call. She brought such energy to every session. You're so lucky to have her. So she was a huge plus and not an easy skill to have."*
>
> *"My favourite part of the programme, was Sarah, because she was absolutely brilliant. Really engaging!"*

The course incorporated a range of learning methods, including visuals, application exercises (e.g. Miro Board, Presentations), case studies, interactive elements, and methodologies to engage participants effectively. Participants emphasized the usefulness of practical examples, case studies which helped contextualize the learning in practical scenarios. Time in between modules also provided opportunity for learners to apply what they had learned. They also valued methodologies that could be directly applied to their work.

Despite overall satisfaction with the programme, discussions in most FGD's turned to how the course could be improved in its delivery even further.

Suggestions included

Suggestion to introduce a level 1.5 for those between beginner and advanced stages	Barriers with the POD platform booking system; need for clearer guidence	Suggestions for formal accreditation	Mixed expereinces in break-out rooms; suggestions of clearer instructions, facilitator involement, and improved feedback mechanisms
A desire for more case studies, guest speakers, and localised content	Suggestions for pre session slides, a centralised platform for resources, and a course handbook	Requests for 'hands-on' public health projects, field visits, placements, and initiatives beyond the current course	Provide basic healthcare jargon explanations for those from non-clinical backgrounds

Discussion

Data gathered through the forms, survey and FGDs provide evidence of an overwhelmingly positive experience of learners on the Foundation Programme. Very few learners were negative in their overall experience of the programme, its content and delivery. Knowledge of public health principles had been secured by learners which is supported by some statistical evidence.

Overall, learners found the content interesting, engaging and thought provoking and had provided them with a fresh approach to tackling health problems. Learning was gained beyond a factual awareness, to a deeper understanding of concepts, methodologies and principles. These were linked to real-life examples in the teaching content.

Most learners have been able to apply some of what they learned in their current roles. There were examples of how learning had been applied in a range of practical ways. The extent to which learners have shifted their current roles towards prevention and early intervention is less clear from the data, but there are indications this has happened to some degree.

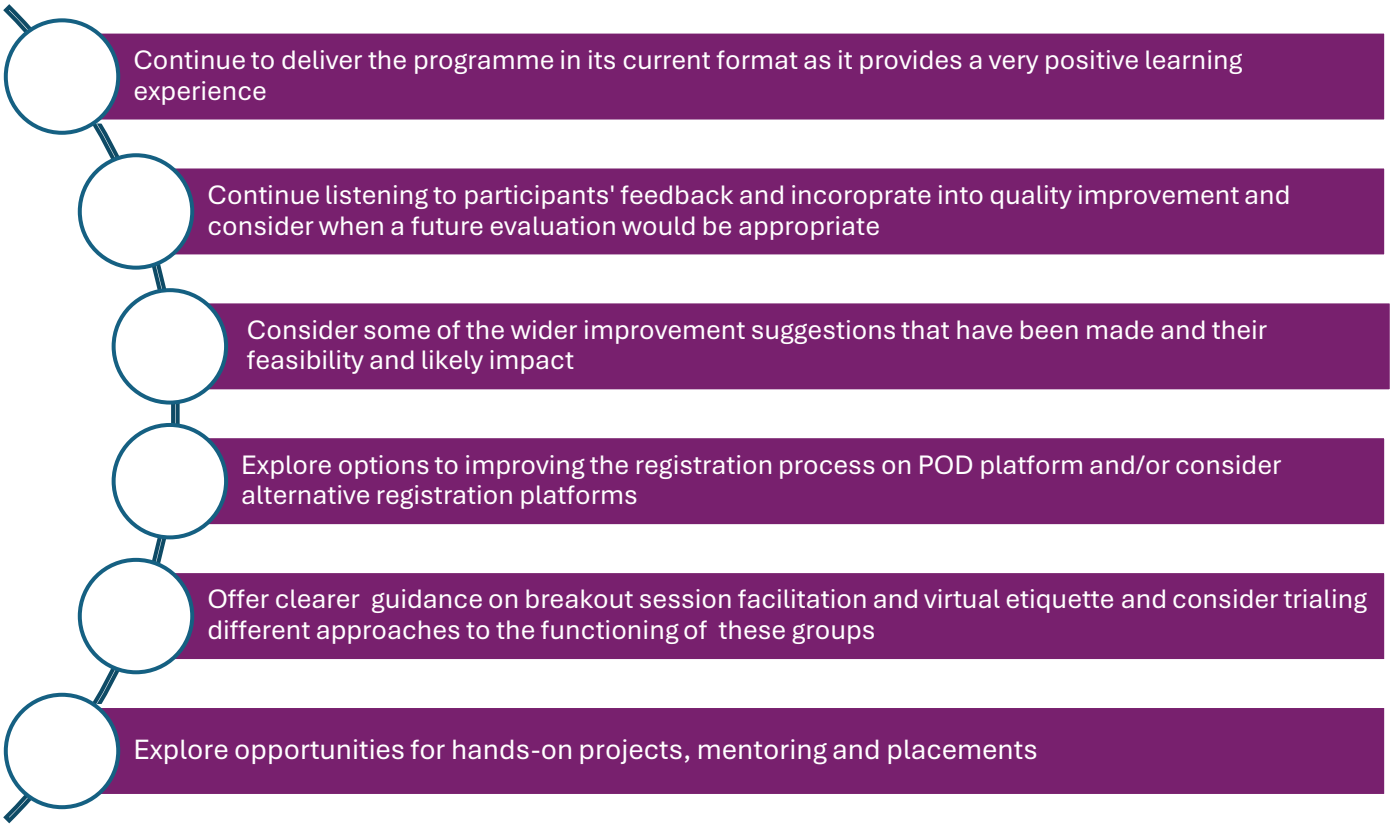
The feedback from learners on the ways in which the delivery of the programme can be improved further, requires further consideration by the programme team.

There are limitations to the robustness of this evaluation. For instance, all data is self-reported by learners. Therefore, the knowledge gained, and skills utilised in current roles have not been evidenced in more objective ways. Secondly, there is a potential response bias in those learners that have provided data. Learners that completed surveys and participated in FGDs may be more positive about the programme overall than those that did not respond.

Conclusions and Recommendations

The Foundation Programme in Public Health provides excellent online training to a wide variety of participants. It evaluates very well in terms of knowledge gained and skills acquired, which most learners utilise to some degree in their current roles.

Recommendations



Authored by:

Ian Walker, Head of Public Health, Barnsley Council

Kirsty Austin, Public Health Research Officer

Emma Robinson, Research and Evaluation Manager

Appendices

Example evaluation form used by the programme

Evaluation: Level 1 Session 1 - Introduction to Public Health

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Required

1.The aims and the objectives of the session were clearly stated and met

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

2.The session content was informative and interesting

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

3.The facilitator was effective and engaging

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

4.The facilitator enables participation of group members

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

5.Questions were addressed and answered well

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

6.The administration of the sessions was well planned and useful

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

7.Communication leading up to the event was timely, clear and helpful

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

8.I now have a better understanding of the subject of todays's session

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

9.Are there any other areas that you would have liked to have covered by this session?

Yes No

Online Survey Questions

Which level/s have you completed?

Do you plan to complete Level 2? Please can you tell us why?

Approximately, how long ago did you complete your final session?

What was your motivation for completing the programme? (tick all that apply)

How would you rate your knowledge of public health (theory, practice) prior to completing the foundation programme? (1=low 10=high)

How would you rate your knowledge of public health (theory, practice) after completing the foundation programme? (1=low 10= high)

Please rate the value of each of the sessions of the programme –

· The principles of health protection

· The principles of healthcare public health

· Where to find and how to use public health data and information

· The wider determinants of health

· Reducing health inequalities through population health approaches

· Basic epidemiology (level 2 only)

· Systems leadership in public health work (level 2 only)

· How to develop, deliver and evaluate public health interventions (level 2 only)

· How to use behavioural insights in public health work (level 2 only)

What public health skills do you feel you have acquired through the foundation programme? For example: stakeholder and systems mapping, using data to inform decisions, communicating public health...

How well-prepared do you feel to apply public health knowledge in real-world scenarios after completing the foundation programme? (1=low 10=high)

How would you rate the balance of knowledge and skills gained on the foundation programme?

How often do you apply the learning gained from the foundation programme in your current role?

How have you applied the public health knowledge and skills that you have gained in the Foundation Programme, including any positive outcomes for patients/service users?

Is there anything that stops you from using the knowledge and skills in your current work? Use the space below to explain

Overall, how satisfied are you with the foundation programme's impact on your public health knowledge and skills? (1= Not at all satisfied 10= Completely satisfied)

Has the programme inspired you to pursue further learning or initiatives in public health? Please tell us more about this

How could the programme be adapted/changed in order to better support you gaining public health knowledge and applying public health skills?

Which of the following options is your main place of work?

Please tell us which town or city is your main place of work

Which sector do you work in?

Job Role

You do not have to answer these questions, and it will make no difference to the way the council treats you whether you answer them or not.

· Ethnicity

· Gender

· Age

Do you have a physical or mental health condition or illness which has a substantial and long-term impact on your ability to do normal day to day activities?