



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

THE UNUSUAL SUSPECTS

UNLOCKING THE POTENTIAL OF THE
WIDER PUBLIC HEALTH WORKFORCE



REFERENCE:

Roberts W, Satherley P, Starkey I, et al. *The unusual suspects: unlocking the potential of the wider public health workforce* [Online]. March 2024.

Available at: (web link)

AUTHOR INFORMATION:

William Roberts – CEO, RSPH

Philip Satherley – Policy and Public Affairs Manager, RSPH

Indigo Starkey – Policy and Public Affairs Advisor, RSPH

Samantha King – Head of Membership and Educational Services, RSPH

Aaron Mansfield – Head of Education and Assessment, RSPH

ACKNOWLEDGEMENTS:

We would like to thank those from across the sector who engaged with us and supported our research on the wider public health workforce.

ROYAL SOCIETY FOR PUBLIC HEALTH:

The Royal Society for Public Health is an independent health education and campaigning charity, committed to improving and protecting the public's health and wellbeing. We are the world's longest-established public health body with over 5000 members who are committed to supporting the public's health. Our activities include providing qualifications, e-learning, accreditation and programmes. We also campaign on a wide range of issues to support better health and wellbeing for the public.

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INTRODUCTION

It has never been more critical to have in place a public health workforce with the appropriate skills, knowledge, values, and competencies at every level to help build a healthier nation.

In doing so, it is important to consider all of the different people who seek to improve the health of the nation, including those who work across *different* professional groups and settings who *contribute* to public health. This large and diverse group of occupations are called the wider public health workforce, and they can be defined as “all staff engaged in or who want to engage in public health activities, who identify public health as being an important part of their role but are not employed within the core public health workforce.”

Whilst they may not work in occupations traditionally considered as being ‘public health’, they have the ability to make an impact on the health and wellbeing of local communities, and the population at large, through applying public health approaches to their work. They come from a diverse and varied set of professions and sectors and quietly, often unseen, protect our health, promote our health and prevent ill health.

Over the last year, RSPH carried out engagement and research with the wider public health workforce to build an evidence-base and gather insight on the work they do, the challenges they face, and where we might collectively support them to further develop their skills and knowledge in this area.

Having lived through one of the most significant pandemics in human history, a fall in life expectancy, growing inequalities, and an increase in the number of people economically inactive due to long-term sickness¹ we are again faced with a range of issues and problems that need to be addressed if we are to be healthy, happy, and prosperous. The public health workforce – in its widest sense – has a key role to play in this.

Through our engagement with the wider workforce we know that many are already embedding public health approaches into their work, but they also say that additional support would provide assurances and allow them to go further with this. Recognition of their work as impactful and contributing to public health, protection, and prevention also came across strongly.

The majority want to stay in their occupations but want access to better training, to be empowered to deliver and consider public health in their work. What also came across loud and clear is that this needs to be done through accessible and recognised routes into educational pathways and packages of training to enable them to fully harness their potential as part of the public health workforce. Creating meaningful opportunities through different but clearly defined packages and pathways will ensure that a career in public health will be exciting, challenging, and attractive to all, including young people, from a diverse range of backgrounds.

Informed by engagement across the sector, our recommendations focus on the need to consider collectively the needs of all of those who deliver and contribute to public health, alongside how we can specifically support the wider public health workforce.

1

UK and devolved nation governments need to develop a cross-sector national strategy for the whole UK Public Health Workforce.

2

The sector and relevant government departments need to think collectively and smartly about how to resource, upskill and empower the Wider Public Health Workforce to maximise their impact.

3

The Wider Public Health Workforce need to be better recognised as contributing to public health and prevention.

4

The Wider Public Health Workforce needs clearer routes into public health and ways to develop and be recognised for their expertise in public health.



THE HEALTH OF THE UK

To understand the importance and potential impact the wider public health workforce can have in improving the nation's health, we first need to consider the current state of health in the UK. Life expectancy is stalling, we are seeing health inequalities rise, and the number of people living with preventable health conditions continues to grow². The gap in healthy life expectancy has increased, with people in deprived areas now living less of their life in good health and the gap between the most and least deprived communities is increasing³.

The cost-of-living crisis has left more than one in five people (14.4 million) across the UK living in poverty⁴. People in England's most deprived neighbourhoods work longer hours than those in more affluent areas, but live shorter lives with more years in ill health, costing an estimated £29.8bn a year to the economy in lost productivity.⁵ We see significant challenges around coastal communities, an ageing population and in-work sickness and work-limiting illness. In addition, we're seeing the rates of many preventable conditions rise, and smoking remains high in more deprived areas.⁶ Rising poverty levels and widening health inequalities have severe consequences for individuals and communities, the NHS, social care, and for the economy.

From the NHS to social care and public health, there are issues around capacity to deliver health interventions and the capability to improve the health of the nation. From the backlog of cases and NHS waiting lists, to seeing people stopping work due to ill health, we continue to face a significant number of pressures. If we want to address the health of the UK, we need to have a strong and effective public health workforce.

THE STATE OF THE PUBLIC HEALTH WORKFORCE

At its heart, public health is about helping people and working with different communities to support them around health and the prevention of illness. Collectively the public health workforce work across multiple settings to improve our health and wellbeing, prevent illness, ensure fewer people need the NHS and that we have a healthier and more productive workforce. The public health workforce also works closely with the community, for example, co-producing programmes with communities to tackle the impact of inequalities on health. A 2023 RSPH survey found significant support for the public health workforce, with 82% of the public saying that they are crucial to safeguarding the nation's health and 83% agreeing that there should be a greater focus on tackling the causes of poor health⁷.

The public health grant had faced years of real-terms spending cuts, by 26% on a real-terms per person basis since 2015/16^{8,9}. This is against a backdrop of reductions in funding to local amenities and services, designed to keep us healthy and active, with England alone seeing the closure of nearly 400 swimming pools across the country since 2010¹⁰.

Alongside this we know that there are greater than ever challenges to recruit and retain the right people. Whilst sustainable long-term funding is fundamental, we need to be realistic and consider how we can utilise all those who do, and can, deliver public health.

The public health workforce can be difficult to measure in size due to the limited data available, but we do know that across the workforce there are some consistent themes:

- A diverse range of skills and backgrounds within the public health workforce.
- A lack of clear routes into public health careers below the specialist public health workforce.
- A lack of clear pathways below the specialist public health workforce.
- Ensuring that opportunities for development and progression are equitable.

THE PUBLIC HEALTH WORKFORCE

The public health workforce in its widest sense is vast – covering a huge array of people from epidemiologists and smoking cessation specialists to cleaning and hygiene operatives, from Directors of Public health and town and country planners to sports and fitness specialists and Allied Health Professionals (AHPs). Defining the Public Health workforce has always been challenging; the broad consensus is that three groups of the workforce exist.

WIDER

RSPH define this as:

All staff engaged in or who want to engage in public health activities, who identify public health as being an important part of their role but are not employed within the core public health workforce.

THIS IS AROUND 7.75M PEOPLE.

CORE-PRACTITIONERS

All staff engaged in public health activities who identify public health as being the primary part of their role. Those who spend a major part, or all of their time, in public health practice delivering public health.

THIS IS AROUND 36,000 PEOPLE.¹¹

CORE-SPECIALIST

All staff engaged in public health activities who identify public health as being the primary part of their role and who are on the (GMC, UKPHR or GDC) specialist register.

THIS IS AROUND 1,300-1,500 PEOPLE.¹¹

RSPH believes that by focussing on the value of those not traditionally thought of as part of the public health workforce, we can use their skills to address some of the challenges we face.

OUR WORK WITH THE WIDER PUBLIC HEALTH WORKFORCE

At the centre of the delivery of public health sits the core public health workforce. However, there is an even larger group who work across a wide range of sectors, occupations, and settings we might not consider traditionally as public health. This is a group who can – or may want the opportunity to – embed public health approaches in their policies and practices whilst carrying on with their day jobs. They have the ability to positively impact health and wellbeing through their work, made all the more impactful from being done across multiple settings.

In 2015, RSPH conducted work to define the wider public health workforce and what was needed to develop and embed them in public health¹². At the time we identified between 15-20 million people who could be part of the wider public health workforce. This led to the development of over 50 RSPH training programmes and qualifications to support the wider workforce. Since 2015, approximately 138,000 learners have taken one of these training programmes or qualifications, that's 1 in 500 people in the UK. This has included:

- Developing a suite of health improvement qualifications between levels 1 and 3, the first of their kind in the UK.
- Supporting young people to actively contribute to public health outcomes and consider the sector as a future career destination, through a Level 2 Award for COVID-19 Young Health Champions.
- Developing and delivering a number of Making Every Contact Count training programmes.
- Developing qualifications on new or emerging public health issues, for example on tackling gambling-related harms, encouraging vaccination uptake and working with NHS England around violence prevention and reduction.
- Supporting the development of specific workforces, such as Health Coaches, Healthy Living Pharmacies, Link Workers, Oral Health Practitioners and Dairy Hygiene Inspectors.
- Working with partners to offer qualifications to new or non-traditional parts of the workforce, such as working with the Welsh Government to introduce an infection control qualification for special procedures practitioners (tattooists).

RSPH have also contributed to Fit for the Future¹³ (a comprehensive review of the public health workforce) and we supported the development of support hubs – which provide resources, support, and encourage the sharing of practice, for AHPs¹⁴ and Emergency Services¹⁵.

UNLOCKING THE POTENTIAL OF THE WIDER PUBLIC HEALTH WORKFORCE

Given the health challenges we now face, it is important that we turn our attention again to the wider workforce to unlock their potential to support our health. Our engagement with the wider public health workforce has been hugely positive and told us that many are out there delivering public health (sometimes without knowing they are) and want to do more. There is huge, unlocked potential out there, and the offer of developing public health skills will benefit whole swathes of professional groups and impact positively on the individuals and communities they work with.

We have revisited our previous estimates around the wider public health workforce. Using the methodology we developed in 2015 with the Centre for Workforce Intelligence¹⁶, we have used the latest ONS workforce data^{17 18}. This has enabled us to refine our estimates of the size of the wider public health workforce. Drawing on our sector engagement, and in order to reflect the reality of numbers in the wider workforce, we went back to the original methodology and excluded some occupational groups whose role we might now consider as more 'passive'. This has been reflected in our new suggested workforce number.

Based on this work we believe that in the UK there are around **7.75 million people** who could be considered to be part of the Wider Public Health Workforce. In 2015 we identified two groups within this:

THOSE WHO ARE ACTIVE, WHO ACTIVELY:

- Make an explicit contribution to public health on a daily basis.
- Work collaboratively in promoting public health outcomes.
- Have a direct or indirect impact on wellbeing.
- Already deliver or have the opportunity to engage in healthy conversations.
- Address the wider determinants of health, including mental wellbeing.
- Extend reach and remit to vulnerable populations.

THE UNENGAGED WIDER PUBLIC HEALTH WORKFORCE, WHO:

- Are not engaged in the public health system either without realising it or due to demands on current service delivery.
- Have the potential to influence health and wellbeing but are not currently doing so.



If we were able to further engage the active wider public health workforce, there would be between **750k-1.5 million people** who could contribute to improving the health of the public.

Throughout our engagement with the spectrum of professions who make up the active wider public health workforce we encountered:

- Professionals with a range of public health skills which they apply as part of their core job or profession and who may want the opportunity to further up-skill themselves through recognised training and qualifications.
- The majority will probably want to stay within their profession, but build on their public health knowledge and practice. There are also those within this group who may then want to develop their public health skills even further and have a clear pathway into becoming part of the core workforce.
- Professionals (typically registered professionals) who want to further enhance their public health skills and be recognised for them both personally and professionally.
- Professionals who do not yet have the public health skills but wish to develop these and make a difference to those they interact and work with.

At RSPH we are committed to supporting and empowering all these professionals and individuals who collectively make up the wider public health workforce. We want them to:

- Be empowered to be outstanding and excel in their jobs.
- Have access to appropriate training and qualifications so they can then embed public health skills in their roles.
- Deliver impactful public health to prevent illness and for the protection and improvement of the health and prosperity of the nation.

The passion and willingness to better the health of the country and communities is already there, and many out there are already starting to build up their public health skills through training and qualifications. If this kind of career development and ability to upskill and embed public health into their roles was offered more widely, the benefits to population health could be immense, supporting us all to be healthy and deliver prosperity for the UK.



2023 ENGAGEMENT WITH THE WIDER WORKFORCE

Throughout 2023, RSPH carried out extensive engagement with the wider public health workforce and stakeholders to understand what they want in terms of support and development. Findings from the engagement are embedded across this report as both insight, sector voice, research, and evidence.

We carried out a survey of the wider public health workforce survey to gather insight and evidence. This was open for any member of the wider public health workforce to complete and ran for three months (11 July – 8 October 2023). We promoted the survey widely and it was self-selecting based on RSPH's working definition of the wider public health workforce¹⁹. We used RSPH networks to ensure the survey reached as many people and professional groups as possible across all four nations and we'd like to thank all those organisations and individuals who promoted the survey.

After cleaning the data, we had 388 responses from across 60 different occupational groups²⁰. Whilst the survey was predominately filled out by members of the wider workforce, a small number indicated (5%) that they were part of the core public health workforce. Additionally, we know that some professions, such as nurses and allied health professionals, straddle wider and core public health workforce. We have included these responses in our analysis as they indicated involvement or interest in the wider public health workforce through their survey responses. We also gathered stories from the wider workforce, with a focus on how they got into their careers and developed public health skills into their practice.

We hosted Public Health Workforce Week in October 2023 to promote the impactful work the wider workforce does and increase recognition of roles not traditionally thought of as public health.



Sector engagement covered a wide range of settings, sectors, and leading industries, including from: cleaning and hygiene, sport and fitness, community pharmacy, pest control, allied health, housing and homelessness, blue light services, charities which provide support and signposting to communities, government agencies and formal systems (including UKHSA, OHID, NHS Confed, Integrated Care Systems), and leading public health organisations (including Faculty of Public Health, Association of Directors of Public Health, and the UK Public Health Register).

We hosted a workforce roundtable to gather insight from expert organisations which represent, or include, members of the wider public health workforce²¹. This included those working in sport and fitness, arts and health, school nursing, cleaning and hygiene, community pharmacy, higher education, NHS, and allied health. Together we developed nine key priorities to support the wider workforce which we have used to inform this report and recommendations.²⁰ These broadly reflected the themes which emerged from the wider engagement.

We carried out engagement with RSPH's national network of training centres across the UK to understand their areas of focus and gain initial support for RSPH educational priorities. These Centres help over 30,000 people each year to achieve qualifications in subjects as diverse as food hygiene, behaviour change, pest control and health improvement.

INSIGHT AND EVIDENCE



The wider public health workforce is made up of a range of professionals who carry out functions in health protection, health promotion and prevention. Our survey responses reflect this, with respondents from over 60 occupations across a spectrum of professional groups and settings. Some of these groups will cover related areas and straddle the wider and more specialist public health workforce, depending on the detail of what they do.

FIGURE 1 SHOWS THE WIDE RANGE OF OCCUPATIONAL GROUPS THAT RESPONDED TO THE SURVEY INCLUDING, SPORTS AND FITNESS PROFESSIONALS, PEST CONTROL WORKERS, CLEANING AND HYGIENE OPERATIVES, TEACHERS, AND TOWN PLANNERS.

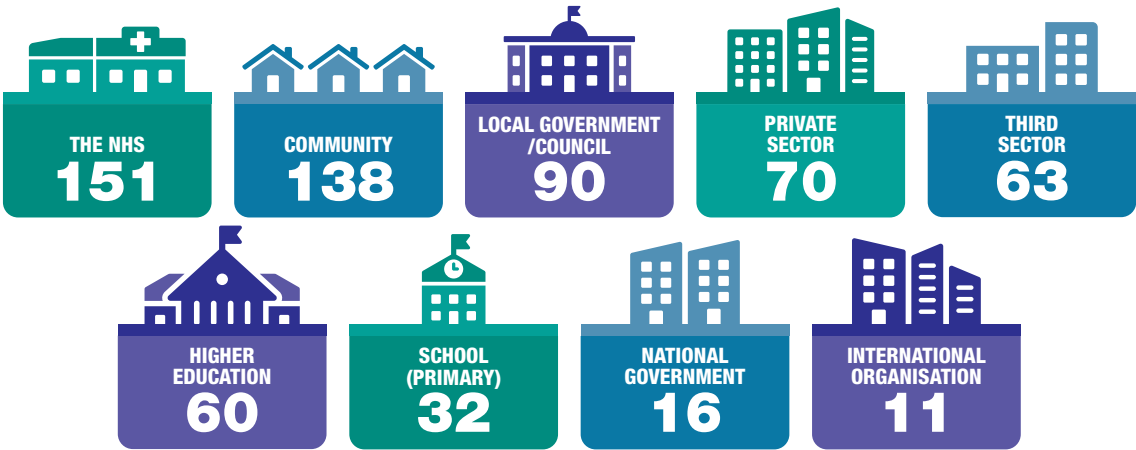


We asked respondents to identify if they belonged to any other occupational groups and bodies. In response, over 40 formal bodies were identified as organisations that respondents were registered with, including Royal Colleges, institutes, and trade unions. These ranged from the British Dietetic Association to the Chartered Institute of Environmental Health and the Royal College of Occupational Therapy, and from the College of Healthcare Chaplains to the British Institute of Cleaning Science and the Royal Town Planning Institute. This reflects the cross-sector nature of the wider workforce and highlights where there is common ground around delivering public health and the desire to do more public health within an occupation.

To an extent, our responses reflect which professional groups are more engaged with this work, with AHPs (a group that includes 14 different health and care professions) being the largest occupational group to respond to our survey²². In recent years significant work has been done to promote and develop public health amongst AHPs. Their regulatory body, the Health and Care Professions Council (HCPC), has recently introduced new standards about preventing ill health and promoting public health. These include understanding how social, economic, and environmental factors (wider determinants of health) can influence a person's health and well-being²³.

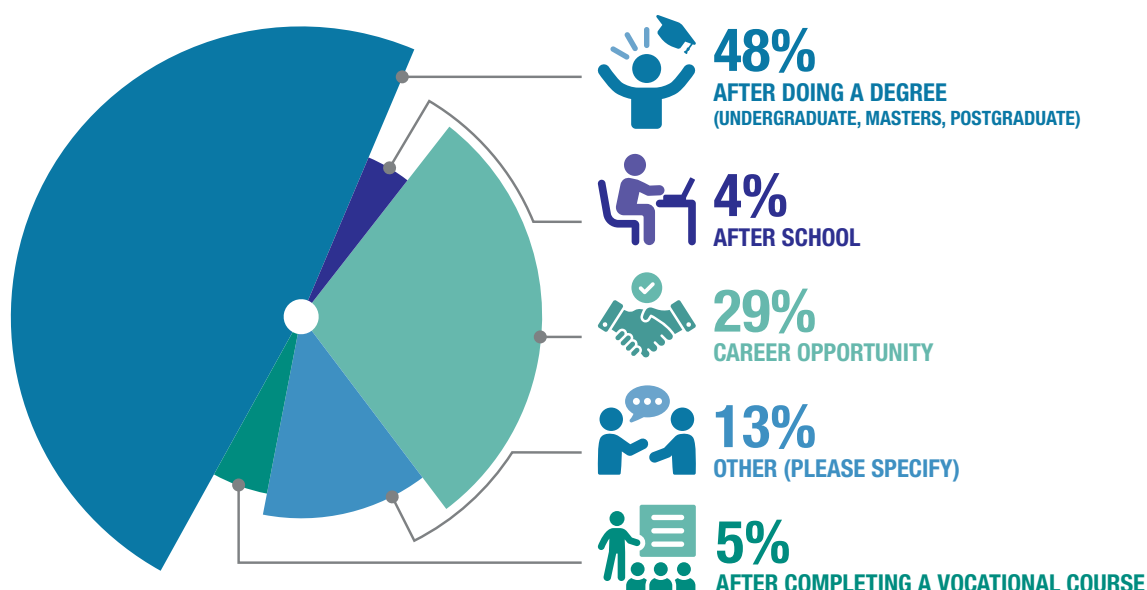
We also asked respondents what settings they work in. Our respondents worked across a huge range of settings including community, education, local authority, financial support, industry, third sector, NHS, fitness and wellbeing and social care. This demonstrates the diversity of the wider public health workforce and their ability to promote public health across different settings and with different groups, including underserved communities.

FIGURE 2: SETTINGS



Our engagement shows us that there is no linear, or ‘one size fits all’, route into public health, and people across professions come in at different levels and with different types of experiences and qualifications. Around half had completed a degree (undergraduate or postgraduate) and just under a third said they developed public health skills through a career opportunity. We also know that others entered their role through vocational and online courses, or after they’ve finished school.

FIGURE 3: ENTRY ROUTES INTO PUBLIC HEALTH BASED ON SURVEY DATA



With one in four telling us that apprenticeship routes into public health should be increased and many saying they took advantage of career opportunities, it is imperative that we consider opportunities and routes like these. With further consideration and formalisation, they could provide practical routes for many people out there who otherwise would not be able to access these types of careers.

Our findings demonstrate just how many people and professions out there are delivering public health. Respondents indicated that they do a variety of public health functions on a daily basis (or more than twice a week).

FIGURE 4: WHAT MEMBERS OF THE WIDER PUBLIC HEALTH WORKFORCE SAID THEY DO AS PART OF THEIR ROLE AT LEAST TWICE A WEEK

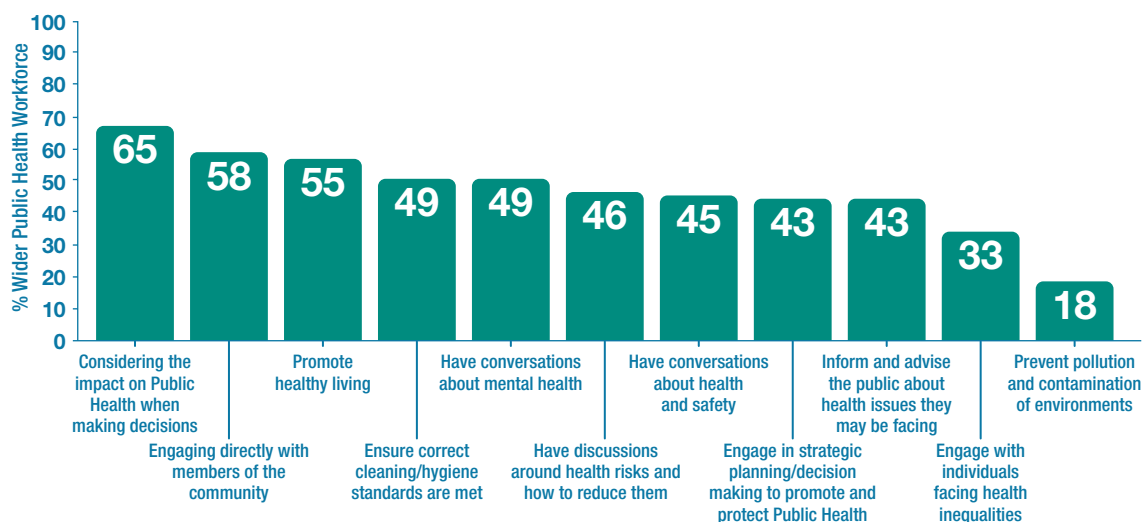


Figure 4 shows us that a majority of respondents representing the wider public health workforce are already considering public health in their roles. The graph shows that some respondents are clear they do consider or promote public health in their decision-making. Furthermore, we can see from this that a majority of the wider public health workforce also have regular contact with members of the community, emphasising that this workforce is ideally placed to influence public health outside of health and care settings, thus reducing the pressure on the NHS.

There are many who would be considered part of the wider public health workforce who frequently promote healthy living as well as having conversations about mental health and reducing health risks. Promoting healthy living is a bedrock of public health and can include having conversations about exercise and healthy eating as well as raising awareness of potential health risks such as smoking and alcohol consumption. Another example would be promoting regular health checks and cancer screening to catch illnesses in the early stages.

We know that many in the wider workforce are aware of the inequalities communities they work with face (and its impact on health and wellbeing) and can support individuals that may be facing these inequalities. With inequalities increasing across society, the wider workforce's role is key²⁴.

Figure 4 shows that members of the wider public health workforce are also regularly ensuring that correct hygiene standards are met. Whilst some roles may have to do this as part of their roles such as nurses, pest control workers, cleaning and hygiene operatives and food safety operatives we have found from our survey that other professions, such as teachers and sport and fitness occupations, have told us that this is also part of their role. It could be that there is more focus on hygiene following the Covid-19 pandemic and it now might be part of many job roles where it wasn't before.

I realised very quickly, if I was to make a difference in addressing the health inequalities for our stroke patients, the best place to learn what I needed to do was by speaking to patients who have had a stroke, their carers who look after them, and those who work to treat these patients – the workforce.

Health Inequalities Lead, England



It is evident that the wider workforce also support health protection in the form of preventing pollution and contamination of environments. Although less of the wider workforce do this than other public health functions a relatively large number said they do this more than twice a week.

We gave respondents an opportunity to tell us if there was anything else they do to support and deliver public health. We categorised these responses and grouped them into key themes, covering everything from health promotion to environmental health. This is shown in Figure 5 below.

The word cloud shows the variety of public health functions carried out by the wider public health workforce. Some notable responses were encouraging vaccine uptake, educating and teaching, health promotion, and environmental health. Make Every Contact Count (MECC) was also mentioned in this section and raised by respondents as a best practice example of the public health work they do²⁵.

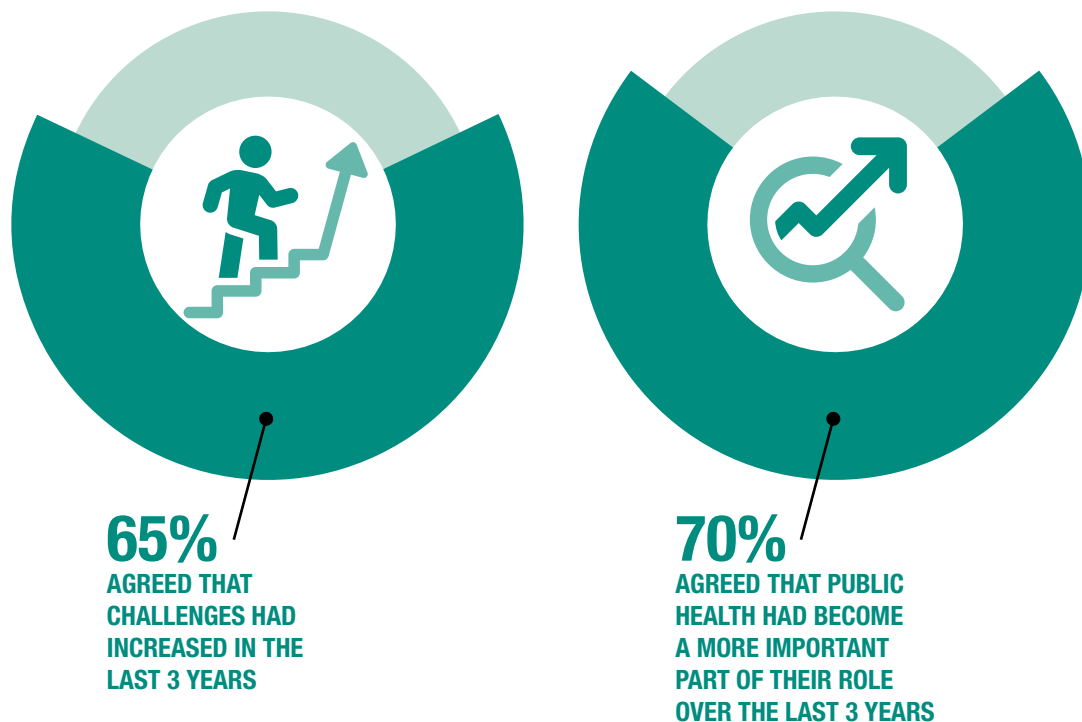
FIGURE 5: WHAT THE WIDER PUBLIC HEALTH WORKFORCE DO TO SUPPORT PUBLIC HEALTH

**ACCESS HEALTH INEQUALITIES HEALTH PROTECTION
INFLUENCING HEALTH PROMOTION
EMERGENCY PLANNING POLICY DATA ANALYSIS
WATER SAFETY MECC EDUCATION/TEACHING
WORKFORCE POLICY/INFLUENCING FOOD SAFETY HYGIENE
HOUSING SIGNPOSTING EVIDENCE GATHERING MENTAL HEALTH
ENVIRONMENTAL HEALTH VACCINATIONS**

THE WIDER WORKFORCE IS ALREADY SEEKING TO IMPROVE THE HEALTH OF THE PUBLIC

Respondents told us that whilst the challenges they face have increased over the last three years, public health had become a more important part of their role over the last three years.

FIGURE 6: HOW THE PUBLIC HEALTH ROLE HAS CHANGED/INCREASED OVER LAST THREE YEARS



Around 70% of respondents said their public health role has increased in the last three years. Reasons for this could be linked to the increase in challenges facing this workforce and in particular respondents again highlighted that Covid had exacerbated existing health inequalities. However, they also told us that the public had become more aware of the range of health issues that might affect them and respondents also indicated that they had also become more aware as professionals about their role in supporting public health.

More emphasis on the patient playing a role in their health management and us as a speciality having an awareness of the wider health inequalities and management.

AHP, Wales



WHAT THE WIDER WORKFORCE WANTS

We asked respondents about what support they would benefit from.

FIGURE 7: WHAT SUPPORT DO THE WIDER PUBLIC HEALTH WORKFORCE WANT?



At RSPH, we are focussed on practical solutions to support the wider workforce so our survey also asked what career and training opportunities they would like to be made available. Just under one in three respondents supported embedding basic public health skills across the health and care workforce and also in businesses and industry.

Respondents said they would like Continuing Professional Development, online courses, short courses, networking, and conferences. They told us that better pay, flexible working, more recognition and value, accessible routes into public health roles, and more career opportunities would help with staff recruitment and retention.

Greater recognition that public health workforce can come from various backgrounds (e.g., social work, education, research, community activism) and does not necessarily follow a medical pathway or MSc in Public Health.

Research and insight analyst



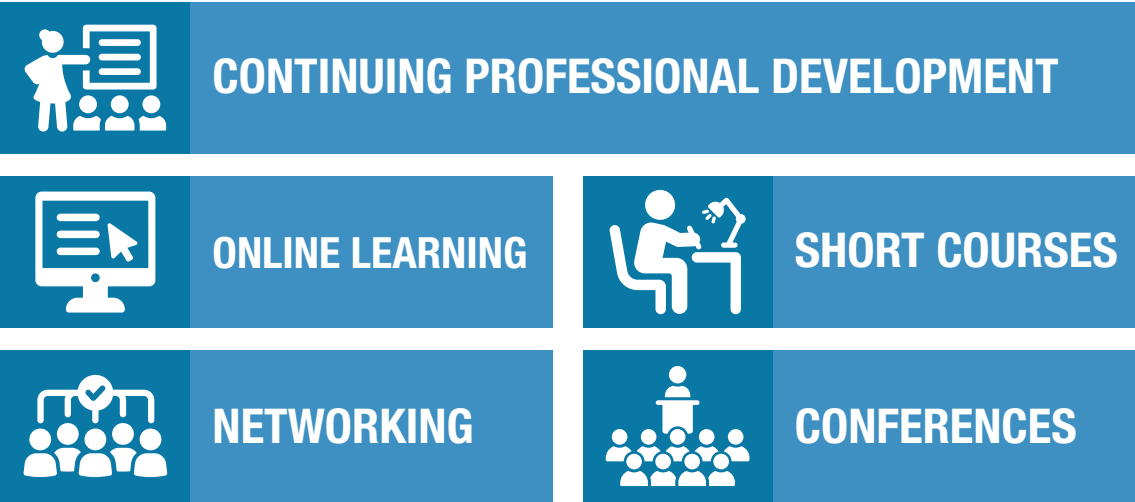
We also asked respondents if they supported the government committing to a long-term workforce plan. The majority supported this being a policy focus, and this was also strongly reflected in consultation and engagement across the sector.

FIGURE 8: 9/10 WANT A LONG-TERM PLAN



There is a lack of tangible and truly accessible opportunities for many of those within the wider workforce to develop their public health skills and knowledge, progress their careers, and identify entry points into the core workforce. We’ve learnt that current educational offers can often feel fragmented to the learner and the links between courses and career development are currently not clearly outlined. This can leave people feeling unsure as to how their skills and knowledge map to other roles, settings and sectors, and what opportunities might be open to them.

FIGURE 9: WHAT TRAINING AND CAREER OPPORTUNITIES DO THE WIDER PUBLIC HEALTH WORKFORCE WANT?



Whilst there is undoubtedly a huge amount of potential and passion within the wider workforce, it currently lacks the support, recognition, and developmental opportunities for this potential to be fully realised. This acts as a brake on the development of the workforce as a whole and to the individuals working within it.

Embedding basic public health skills within every business and organisation. Creating that awareness about the importance of public health.

Substance misuse advisor, England



With a large portion (70%) of the wider workforce telling us that public health has become an important part of their role and that they want more training and development opportunities, it is crucial that they are supported to learn and therefore deliver impactful public health services and approaches.

Central to this is a shared understanding that the wider workforce is an integral part of the public health eco-system, with a wealth of skilled and passionate professionals who can support the delivery of good public health, ease system pressures, diversify experience, and expand the talent pool for future leaders.

This has helped us to identify four key areas of need:

- There is **a lack of accessible entry points into public health, as well as tangible progression pathways** that provide clear routes for career development. The educational offer can often feel fragmented and the links between courses and career development not clearly outlined. This can leave people feeling unsure as to how their skills and knowledge map to other roles, settings and sectors, and what opportunities might be open to them.
- For many working in the wider workforce, **there is often a perception that their impact on public health goes uncelebrated or unrecognised**, or that their full potential to support health and wellbeing has not been fully tapped. Many of those we have spoken to want to be recognised for delivering public health, and to be supported to further develop their skills.
- There is both a real **need and an opportunity to build public health awareness, skills, and capacity within the general population**. We know that there are individuals who have an opportunity every single day to support the health and wellbeing of others, be this a cleaner chatting to a client or a volunteer welcoming someone to a community centre. These individuals may never move into the public health workforce, but they deserve recognition and support in the vital work that they do.
- **Shifting the perspective to look within workforces**, we know that some employers may benefit from increasing their skills and knowledge in supporting their employees to stay healthy. We know that there is a need for a workplace health offer that uses preventative peer-based skills training to strengthen employee health and wellbeing and reduces issues such as absence and presenteeism.

SOLUTIONS: PRACTICAL SUPPORT FOR THE WIDER PUBLIC HEALTH WORKFORCE TO DEVELOP



RSPH is committed to listening to and supporting the wider workforce. We have been working on practical solutions to support career routes into public health, which are flexible and are able respond to the needs of those who want to develop these skills at a range of levels.

A UK-WIDE PUBLIC HEALTH WORKFORCE STRATEGY IS NEEDED

A National Strategy is needed, to effectively grow and support a comprehensive public health workforce that is that is fit for the future.

Whilst we can do a lot of this within RSPH we cannot do it alone, and we need all parts of the public health system to come together to develop a workforce strategy for public health, which recognises and incorporates the wider workforce alongside specialists in public health.

Many of the building blocks for this exist and there is strong support across the public health community to do this. This strategy could help to develop whole systems solutions to some of the current workforce challenges and be a catalyst for improving the health of the nation, alongside building a clear and coherent approach to public health careers for all.

In order to develop and deliver public health which harnesses the expertise of those working across public health in a wide range of settings, it is critical that this includes both specialists and the wider public health workforce. We're already seeing many sectors of

the wider workforce are already working to further contribute to the public's health and tackle inequalities and this national strategy would need to consider how to support and expand on these initiatives.

The UK government (and respective devolved governments) would be responsible for developing and implementing this strategy, with input from the public health community and other key stakeholders including UK Health Security Agency, Public Health Scotland, Public Health Wales, Institute for Public Health, Office for Health Improvement and Disparities, NHS England Workforce, Training and Education, Department of Health and Social Care, Department for Work and Pensions, and Department for Education.

This strategy would seek to:

- Bring together all of the different partners who would need to work together to develop a comprehensive and effective Public Health Workforce Strategy as we know that no one organisation, sector or professional group can do this. The public health sector has not had a joined up public health strategy since the 2015 Fit for the Future strategy.
- Increase recognition of the wider public health workforce and its contributions to public health and tackling health inequalities, alongside supporting the public health system to be more inclusive and develop stronger links with the wider workforce and its representatives from a range of settings.
- Have a clear fit with other relevant strategies, including plans across the four nations, the NHS Long Term Workforce Plan and Skills for Care's social workforce strategy
- Be considered alongside other relevant programmes and opportunities, for example around the role of apprenticeships, further education, supporting people back into the workplace and helping them remain healthy whilst in work.
- Address key challenges such as securing sustainable funding to support and develop the wider workforce.



BUILDING PACKAGES OF EDUCATION AND TRAINING THAT ARE MORE ACCESSIBLE

Through our education offer we have helped hundreds of thousands of individuals, from community champions to pest controllers, to develop the skills to support, protect, and improve public health. As a membership body, we connect individuals ranging from cleaners to health coaches into the wider public health community.

As discussed earlier in this report, this includes a widely held perception that the impact of the wider workforce on public health can often go unrecognised and uncelebrated. It has also shown there is a need to build better connections between the wider workforce and the core public health community, so that this impact can be appreciated, best practice shared, and opportunities for collaboration identified.

We also need to consider what sort of wider public health workforce is needed to address the impacts on health and inequalities of climate change. Examples include an increase in vector-borne diseases, flooding, housing, and access to food, all against a backdrop of increasing inequalities.

Engagement during 2023 has enabled us to further develop training packages – for those who can and want to do more to promote good health – for the wider workforce to develop and formalise their public health skills. We also need to consider how this is paid for and suggestions have included securing ring-fenced funding for training, the role of apprenticeships and exploring existing funding pots.

FOCUSSED SUPPORT THROUGH EDUCATION AND CAREER PATHWAYS

Improving health inequalities must sit at the heart of this new pathway and never has it been more critical to have in place a workforce with the appropriate skills, knowledge, values, and competencies at every level to help build a healthier set of four nations.

A workforce fit for the future will need to be both resilient and flexible, so creating meaningful opportunities through different but clearly defined pathways will ensure that a career in public health will be both, exciting, challenging, and attractive to all, including young people, from a diverse range of backgrounds.

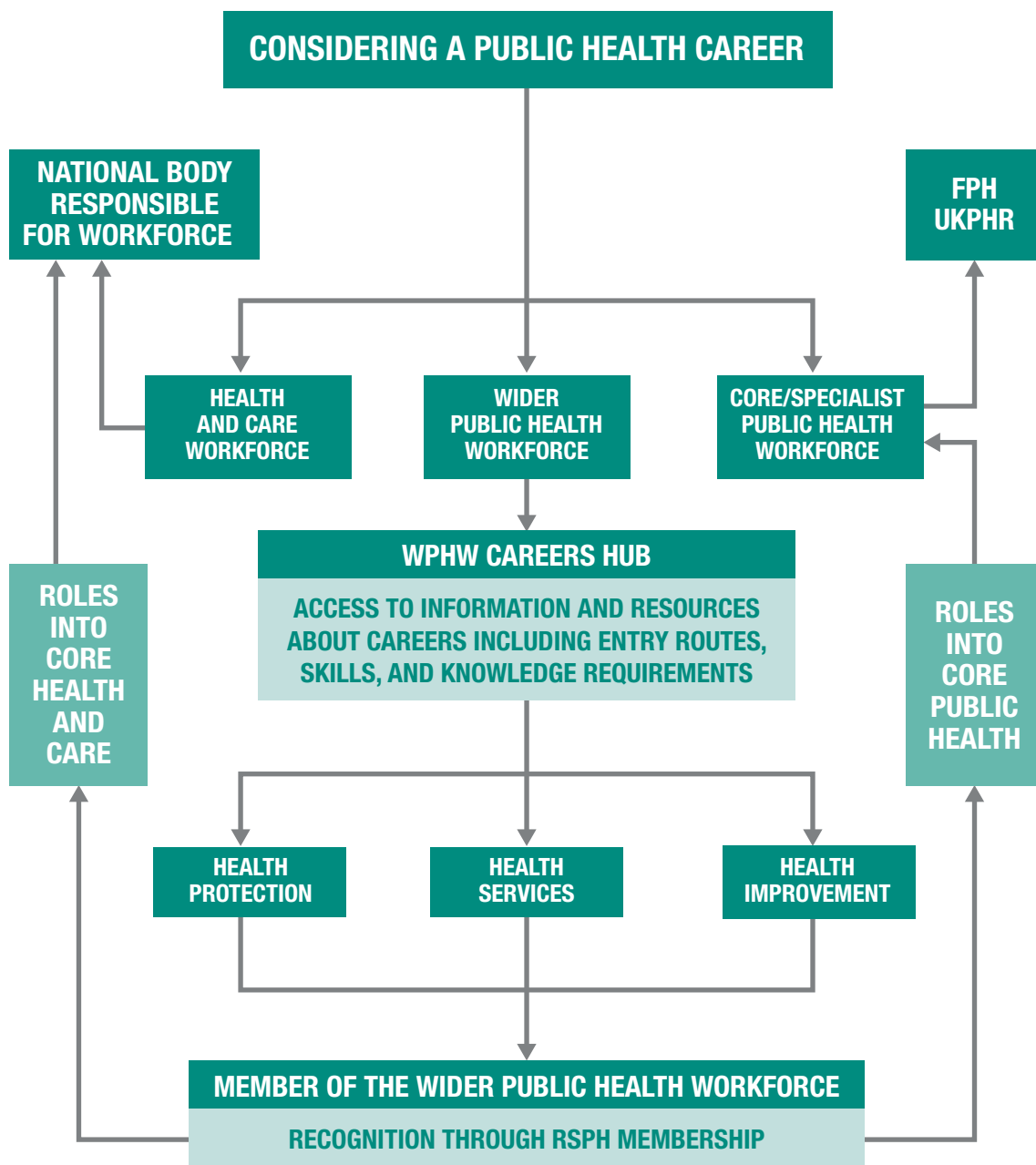
We need to think about how people can develop and grow into public health roles whilst also using these pathways as a way to lift people out of poverty and address longstanding inequalities.

We know that education, whilst being only one piece of the jigsaw, has a crucial role to play in supporting the wider public health workforce. RSPH will continue to work with partners to build and launch sustainable and accessible education pathways for the wider workforce across the areas of health improvement, prevention, and protection, which will:

- Provide a vehicle for formally recognising and celebrating the contribution of the wider public health workforce. This would be supported with access to a Community of Practice, resources, and a comprehensive Careers Hub.
- Draw together educational products from both RSPH and the wider system into clear progression routes, which help individuals to recognise and develop their transferrable skills and understand how they can lead to new opportunities.

- Give individuals the flexibility to choose education products that best meet their skills and development needs.
- Provide clear and equitable access points both into and along public health careers, diversifying the workforce, amplifying the voices that matter and building a system that is able to drive up public health standards from the ground up.
- We will continue to be the voice of the wider workforce and we will also work with partners to put in place the steps they have called for to support workforce transformation.

FIGURE 10: REPRESENTATION OF THE ROUTES INTO DIFFERENT PUBLIC HEALTH ROLES AND TRAINING





RECOMMENDATIONS

1 UK and devolved nation governments need to develop a cross-sector national strategy for the whole UK Public Health Workforce.

A national strategy is needed to effectively grow and support a comprehensive public health workforce that is fit for the future. There is already strong support across the public health community for this. This needs to take a four-nations, joined-up approach and build on strategic plans already in place or in development. A group which represents all facets of public health would be well placed to coordinate such a strategy. For example, the UK People In Public Health (UKPIPH) group could be supported with a small amount of funding to carry forward this work, working alongside all governments and relevant departments.

2 The sector and relevant government departments need to think collectively and smartly about how to resource, upskill and empower the Wider Public Health Workforce to maximise their impact.

Training is crucial and needs to be adequately resourced and funded in order to upskill and develop those who want to initiate or further their public health skills. This needs to specifically focus on training packages and qualifications that are transferrable and portable as people move through their career. We need think creatively and practically about how we access existing resources and education opportunities.



3 The Wider Public Health Workforce need to be better recognised as contributing to public health and prevention.

Recognition of the wider public health workforce, within the public health sector and more widely, is a crucial first step to harnessing their skills and experience. As the leading organisation committed to supporting and growing the wider workforce, and with demonstrable impact to date, the RSPH are well placed to lead and support on this. RSPH have a range of ways for people to evidence their learning and competence to say that they are part of the wider workforce, these could easily be adapted to act as a benchmark.

4 The Wider Public Health Workforce needs clearer routes into public health and ways to develop and be recognised for their expertise in public health.

As part of a training and development offer, RSPH need to work with the sector to develop competencies for those working across public health, which are inclusive, flexible, and adaptable for their sector. This should be clearly outlined in a national strategy. We know that many in the wider workforce want to develop their public health skills and competencies further and stay within their role. There will also be others who want to use training and career opportunities to move into the core public health workforce.



RSPH PLANS FOR 2024 ONWARDS...



Anyone working within the wider public health workforce should be able to be recognised as a person with public health skills, to understand the routes they have to develop their skill, competency, and career and recognise the impact that they can have on public health and wellbeing.

It is important that those working across public health appreciate the wider workforce, and also that the workforce genuinely feel like they are part of public health so both they and the public health system understand the impact they are having. We want people to develop and grow into public health roles whilst also using these pathways to lift people out of poverty and address longstanding inequalities.

As part of our ongoing work to support the wider public health workforce we will:

- Create easier routes for individuals to access our educational services.
- Pilot a modular pathway for the public health workforce. The aim being to create more visible routes into public health with an easily accessible pathway to develop skills and support career progression, underpinned by equalities, diversity and inclusion principles that create transferable skills to allow transition between roles, settings and sectors.
- Develop scalable packages of educational products to support the development of the wider and core practitioner public health workforce.
- We are committed to ongoing engagement with the sector to understand their challenges, with a focus on career progression, qualifications and recognition, and to work with them towards solutions.

If you would like to contact us to discuss our plans for the wider public health workforce please email policy@rsph.org.uk



ENDNOTES

- 1 <https://www.resolutionfoundation.org/press-releases/britain-has-a-bigger-but-sicker-workforce-than-previously-thought/>
- 2 <https://www.health.org.uk/publications/long-reads/nine-major-challenges-facing-health-and-care-in-england>
- 3 <https://www.health.org.uk/evidence-hub/health-inequalities/map-of-healthy-life-expectancy-at-birth>
- 4 https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk#_-poverty-across-the-uk
- 5 <https://www.manchester.ac.uk/discover/news/new-report-shows-almost-30bn-health-cost-of-englands-most-deprived-communities/>
- 6 <https://www.bma.org.uk/media/6520/the-country-is-getting-sicker-bma.pdf>
- 7 <https://www.rsph.org.uk/about-us/news/rsph-celebrates-the-second-public-health-workforce-week-2-6-october-2023.html>
- 8 <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/spending-public-health>
- 9 <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed#:~:text=Public%20health%20grant%20What%20it%20is%20and%20why%20greater%20investment%20is%20needed&text=The%20public%20h>
- 10 <https://www.theguardian.com/society/2023/mar/12/england-has-lost-almost-400-swimming-pools-since-2010> (sport england).
- 11 https://assets.publishing.service.gov.uk/media/5a74e93bed915d502d6cbfe6/CfWI_Mapping_the_core_public_health_workforce.pdf
- 12 <https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/rethinking-the-public-health-workforce.html>
- 13 https://assets.publishing.service.gov.uk/media/5a81a81340f0b62305b9022c/Fit_for_the_Future_Report.pdf
- 14 <https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub.html>
- 15 <https://www.rsph.org.uk/our-work/resources/emergency-services-hub.html>
- 16 https://assets.publishing.service.gov.uk/media/5a757a1040f0b6360e4746c4/CfWI_Understanding_the_wider_public_health_workforce.pdf
- 17 <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/latest#labour-market-data>
- 18 <https://www.nomisweb.co.uk/>
- 19 The working definition of the Wider Public Health Workforce we used for the survey was “Any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their work.” – this had now been updated.
- 20 The survey had 388 responses once the data was cleaned. Total responses was 548.
- 21 <https://www.rsph.org.uk/about-us/news/rsph-s-priorities-for-supporting-the-wider-public-health-workforce.html>
- 22 <https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub/handbook-of-profession-specific-descriptors-for-public-health.html>
- 23 <https://www.hcpc-uk.org/standards/standards-of-proficiency/revisions-to-the-standards-of-proficiency/promoting-public-health-and-preventing-ill-health/>
- 24 <https://www.rsph.org.uk/our-work/campaigns/our-health-the-price-we-will-pay-for-the-cost-of-living-crisis.html>
- 25 <https://www.rsph.org.uk/our-work/programmes-hub.html#MECC>



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



Royal Society for Public Health
John Snow House, 59 Mansell Street, London, E1 8AN

Tel: 020 7265 7300
www.rsph.org.uk

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