Royal Society for Public Health Response to Dept of Health Consultation on the Future Public Health Workforce Strategy

RSPH welcomes the publication of Healthy Lives, Healthy People, Towards a Workforce Strategy for the Public Health System and the opportunity to comment on the consultation questions – our response is set out in the attached feedback report.

Question 1

Do you agree that a public health workforce strategy should be reviewed regularly – and if so should this be every three or five years?

A review mechanism should be built into the strategy to include measures to know whether it is working. Clarification on what critical success factors and key performance indicators will be adopted would be useful as this will help define the appropriate review periods. We suggest medium and long term strategic objectives are set and that these are linked to review periods of 3 and 5 years.

The level of change and the overall breadth of the public health workforce (albeit that there are 3 domains) means that it will face into different regulatory, professional and employer organisations. There will also be national, regional and local infrastructure and policy frameworks/outcome targets that will no doubt influence the overall workforce strategy over time. This would support the need for a regular review period and a more intense scrutiny of what is and isn't working in the first 2 years of implementation.

Clear leadership and ownership of the strategy is required and it is assumed this will come within the responsibilities of Public Health England who will work closely with all organisations responsible for implementing the workforce strategy. It should also support ways of engaging with all levels of the public health workforce itself and ensure they are consulted with directly as part of the review process.

Clarification on the make up and constitution of the public health workforce is also required as there are clear gaps in the current consultation paper. Health visitors for example are not mentioned and yet are an important element within the overall system. This is particularly concerning given the Government's investment in increasing the planned numbers of Health Visitors over the next 3 years. Health Improvement is also one of the 3 domains within the new system although there is little mention of a defined pathway for practitioners working in this field.

Question 2

Are these four groups a useful way of describing the public health workforces?

Defining the public health workforce and classifying into broad groupings is useful however these need to be clearly agreed with the workforce itself and with employers. The descriptors that are used in future also have to pass the acid test of being easily communicated/explained to the general public and users of public health services. The separation of the practitioner workforce grouping into 2 categories is supported although exact terminology should be thought through carefully and consulted on widely. For example the suggested term of specialist public health practitioner as a broad classification raises potential confusion with the existing role of public health specialist. There is also a need to map across to the 3 domains of public health as is the need to identify the impact of introducing new classifications across the system.

The wider workforce is perhaps better seen in terms of opportunities for the more clearly defined public health workforce to o engage and influence. It is in our view more appropriate to raise awareness about initiatives such as Making Every Contact Count across the wider workforce rather than trying to attempt define and categorise what this workforce is made up of.

Question 3

Do you agree that methods of enumeration of the public health consultant and practitioner workforces should be scoped and piloted at a national level? Or do you think that workforce planning can take place effectively at a more local level eg LETBs working with local partners?

It is critical that all workforce planning is supported by relevant data collection, information and modelling . This should be undertaken to get the best possible overview at national level with agreement on what is to be included in more localised work with for example LETBs. Both aspects are critically important and influence each other to provide a richer picture of public health workforce capacity than what is currently available. The estimates of what is required for a safe and effective consultant and practitioner workforce against what is current and planned at national level and how that drills down into local estimates and plans, will be important aspects of reporting on the efficacy of the new public health system.

Question 4

Would these values, combined with the features of the public health in Box 2, serve to bind together dispersed public health workforces?

Dispersion of the public health workforce maybe part of its strength and it is difficult to envisage how all aspects of what is defined as the wider workforce can be brought together. There is also the need to ensure there is a clear communication strategy that engages with the public and employers within the new infrastructure. The Faculty of Public Health have set out a framework for professional practice and behaviours. All of the registration and professional bodies that are involved in supporting practitioners and consultants have clear codes of practice and conduct in place. Any new value statements should integrate with the existing codes and framework however a national communications strategy about the values enshrined in public health practice is seen as a useful addition.

Question 5

What further actions would enhance recruitment and retention of truly representative public health workforces?

The current starting point should be one of identifying what is meant by true representation at national level and whether this applies at a local level ie representative of local populations that public health serves. The issue of representation relates to both early education about careers in public health and the availability of access to education and career pathways that provide an equality of opportunity for all. There are initiatives such as Phorcast (the career support tool for public health) that provide helpful advice and information however it is early intervention in career advice and choices that is probably most needed.

Question 6

Are there workforce challenges and opportunities that we have not identified? What support could be put in place to help meet these challenges?

There are issues about the transfer of public health roles into Local Authorities and the challenges this is presenting to those who are directly impacted by this transfer. The management of this level of change is a sensitive area and advice, support and guidance is needed from Public Health England and the Dept of Health. Clear and very regular communication should be a priority through this period of transition.

The lack of outcomes from the Sally review and consultation is a live issue and needs to be considered in the round when looking at regulation and registration. The Law Commission consultation on healthcare professionals is also taking place currently which may highlight even further the need to clarify the future arrangements for the public health workforce.

Question 7

How can local people be encourage to develop their skills for public health in the new system?

The ongoing development of Healthy Settings mapped to the life course should be encouraged and supported as should be the re-instatement of the Healthy Schools initiative. Healthy Living Pharmacies will be a very useful addition to this approach and be a much used local resource for local people and ideal in supporting knowledge acquisition about public health.

The set up of the Health Trainer and Health Champion networks over the last 6 years has been successful particularly in terms of the numbers of individuals who have gained the RSPH Level 2 Award in Understanding Health Improvement. This stands at 25000 (May 2012) and continues to grow. This is a peer to peer type of education taking place in communities supported by the voluntary and public sector. It provides a common baseline education about health and well being as a starting point for a local population.

Supporting all of these areas is going to be crucial as will be ensuring there is investment in the development of health improvement and community development practitioners who are at the heart of local community empowerment and engagement around key public health issues - their ongoing work will be critical in meeting the challenges set out in the public health outcomes

framework. It is felt that an important indicator of whether the new system is working will be the level of the local population's knowledge and understanding about what is meant by public health and whether that impacts on the achievement of outcomes and individual behaviours and attitudes towards health over time.

Question 8

How can the public health element of GP training and CPD be enhanced?

It is seen as important to continue to develop the work that was ably undertaken by the Teaching Public Health Networks and Deaneries related to the public health aspects of GP and other medical specialisms education and training. The RCGP is responsible for the curriculum for GPs and specialist training schemes and it is important to have early dialogue with them and the BMA about any further developments in this area and potential mandatory CPD requirements . There will b e other aspects of the new system that may also input into enhancement of training eg Public Health England, LETBs etc however it is important that responsibilities for The Faculty of Public Health have identified a number of ways to strengthen the public health element of GP training, and opportunities for placements and this is strongly supported by RSPH.

Question 9

Would it be helpful to describe the potential career pathways to public health practitioner workforces?

The Public Health Skills and Career Framework is already in place and provides a platform to further define the pathways for entry and other access points into the many varied practitioner roles in public health. All the professional and registration bodies that are involved in supporting public health practitioners will also have relevant communication channels and be in contact with the practitioners they serve.

It is important to link any further development in this area with intended workforce planning at national and local levels as is informed discussion with employers. This is to manage practitioner expectations regarding what is available and to ensure that publicised career development pathways are matched with the reality of what roles and training support is made available on the ground.

There should be some thought given to the potential target audiences and ensure this is taken into account in the design of information /communication channels. There are existing channels that provide advice on careers in public health including Phorcast, NHS Careers etc and as stated the PH careers framework and these could be further built on. However it will be important to clarify the registration and CPD requirements for practitioners and clarify how this work in the future with the support of the Voluntary Register and others involved in this aspect of supporting practitioner development.

Question 10

What benefits would multi disciplinary training bring to the public health workforces?

Multi disciplinary training is widely available and well defined for public health and has been for sometime. If it is intended to be more about developing public health skills for the clinical workforce again it is understood that there are already many schemes in place to encourage this. It has been a part of the work of the Deaneries and was also an important aspect of the Teaching Public Health Networks.

Many of the Professional and Regulatory / Statutory Bodies across the allied medical and health professions, NHS Trusts, Universities and Medical Schools are involved in very innovative ways of supporting multi disciplinary working and are finding new ways of building partnership and consensus across different disciplines. Broader generic skill sets are also being developed through the inclusion of competency standards and frameworks managed in part by Sector Skills Councils. So in summary this is already a rich area, and well under way. It is probably more the case that there needs to be a bringing together of all the key initiatives that are taking place and widespread communication about provision and where this is all leading.

Question 11

How can LETBs best support flexible careers to build extended capacity in public health?

There is a need for LETBs to undertake local workforce planning with reference to national and local intelligence about the many varied public health roles and related entry, re-entry and access points. The make up of the Board should ensure that local public health expertise is best utilised to inform how flexible career structures can be built to meet any planned extension of public health capacity. As a first step there needs to be a clear identification of the gaps in public health delivery and then an exploration how these might be best met through the provision of flexible career opportunities and the investment required.

Consultation with local employers, education and training providers and the existing and future workforce itself is also an important component of building a flexible system that works for everyone involved. This will take time and whilst flexibility in career structures might be play a critical role and be an agreed outcome for a LETB, solutions will vary from area to area even where common skill gaps occur. However it is assumed that national guidance will be required to essentially ensure there is equality of opportunity in relation to flexible and portable careers in certain areas of public health practice.

Question 12

Is the healthcare Education Outcomes Framework appropriate for public health education and training? If not how could it be adapted?

It is felt that the EOF is broadly defined and could therefore be adapted for public health albeit they would need to be re-focussed on the broader parameters of public health delivery to include voluntary, public and academic sectors.

Question 13

How can flexible careers for public health specialists best be achieved?

As the new system and transfer of public health specialists takes shape it appears that the current level of flexibility is being undermined. This is a complex area and appears to relate to issues of continuity of service with one employer (eg the NHS) which has allowed for flexible transfer arrangements in the past. Whilst it is understood this issue is beyond the reach of this consultation there is a growing concern about the impact of a reduction of flexibility on the size of the public health specialist workforce in the future.

Certainly a recognition of the impact of the current changes should be considered and what this means for the whole system. This should take priority and be recognised as a serious issue before identifying new ways to encourage flexibility in the future. How well the new infrastructure works will be dependent on working out the role and place of public health specialists and the opportunities that are presented for working with different employers across the revised system. There are inherent risks and dangers that there will be a loss of specialists who may move back into clinical roles with their existing employer.

Question 14

What actions would support the development of strong leadership for public health?

Leadership needs to take place across the whole system and is already embedded as a core skill across the Public Health Skills and Careers Framework. There are many training and development programmes already available at national and local levels that provide high quality support. However there is potentially a lack of joined up leadership and voice for public health as a profession. There is therefore an opportunity for more joined up leadership to be shared between bodies such as the CIEH RSPH, Faculty of Public Health and the UKPHR.

Question 15

What actions can be taken and by whom to attract high quality graduates into academic public health?

It could be argued that there is already a strong supply of high quality graduates coming out of the many public health related under graduate and post graduate degrees both in the UK and wider afield. The question may therefore be more related to ensuring this is matched by a supply of opportunities that stimulate a competition for academic posts in Universities and similar Institutions.

The market can be stimulated by investment in recruitment drives and there are good examples of how other subject disciplines attract talented graduates in areas as diverse as engineering and the social sciences. It clearly involves discussion with Universities and their partners as well as involving LETBs and Public Health England – particularly if there is going to be a shortfall in academic public health skills in future. However without information about the demand and supply issues it is difficult to analyse and suggest the most appropriate actions to be taken.

Question 16

Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?

Public Health England will potentially have the highest number of specialists and practitioners who will be well placed to develop and strengthen this function. However there is a need to ensure that local and regional input takes a leading role. The work of public health observatories and academic departments should be highlighted in this context as they will be key partners in any discussions /actions to strengthen this area.

Question 17

Do you have any evidence or information that would help analyse the impact of these proposals?

The impact of the proposals are difficult to establish at this stage and we are looking forward to seeing the next stage report from the consultation and where we can best assist with any future impact assessment.

June 2012