



Department  
of Health



Public Health  
England



# Healthy Lives, Healthy People: **A public health workforce strategy**

April 2013

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## Foreword

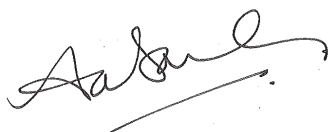
The changes to the public health system provide real opportunities to make a significant impact on the health of the population. Central to this is ensuring that the public health system continues to have a highly skilled and motivated workforce across all three domains of public health – health protection, health promotion and healthcare public health – wherever they are in the system.

A major element of the new public health system is the key role to be played by local authorities. From April 2013, around 4,500 public health staff became council employees and councils working in partnership with other stakeholders, including the Local Government Association, Public Health England and Health Education England, will play a critical part in developing the workforce. Innovative local approaches to the development of the public health workforce can be expected and this will provide exciting opportunities.

People with public health expertise will play a vital role at national and local level in making a difference to the health and wellbeing of the population, not least by helping shape national and local policies and informing decisions that influence the social and economic circumstances that are major determinants of individuals' and communities' health. At the local level, they will support local authorities in making real differences to the health of the people in their area, linking more closely with the wider determinants of health, and achieving the maximum return on investment. There will be opportunities to harness the expertise of voluntary and other sectors in improving the health of the local population. Public health expertise will be needed to design, deliver and evaluate public health interventions and programmes. And it will continue to be needed to help the NHS get the best value for the taxpayer and the best outcomes for patients and the public from its investment of more than £100 billion in healthcare.

Robert Francis QC's report on the public inquiry into the Mid-Staffordshire NHS Foundation Trust sets the whole health system a major challenge to reshape everything we do around patients and the public. This challenge applies to public health just as much as to other parts of the system, and the degree to which we succeed in meeting that challenge will be a key criterion for measuring the success of this strategy.

We are grateful to all those who responded to the earlier consultation on a public health workforce strategy. This strategy builds on that consultation and sets out the actions the various partners in the public health system will take to support and develop the public health workforce, which is essential if we are to maximise the opportunities that the new system presents.



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# 1. Introduction

**1.1** The Health and Social Care Act 2012<sup>1</sup> set out significant changes to the public health system, with the goal of transforming public health in this country and achieving a step-change in outcomes for the population. (We have summarised the key roles and responsibilities in the new system at Annex A.) This transformation cannot, however, be achieved without the right workforce, in the right place, with the right skills. The reforms therefore provide an ideal opportunity to take stock of the current public health workforce, to consider the skills and competencies that will be needed for high quality and effective 21st century public health and the innovations in the workforce that will be developed by local authorities in their new core role.

**1.2** As a major new force in the provision of public health, local government will shape a large slice of the demand for specialists with new types of skills. However, councils will also have a key role in ensuring the supply of specialists because they will help to host and develop trainees and will be responsible for the continued development of many staff as they pursue their careers. Similar considerations will apply to other new parts of the public health system, such as Public Health England (PHE), which will have a key role in supporting professional workforce development at national, regional and local levels.

## Who is the strategy for?

**1.3** First, we need to understand who we are talking about. In the UK we have a strong and unique public health specialist workforce with about 1,200 people who have completed the national training programme or qualified through the portfolio route and are working as consultants in public health. In April 2013 around 4,500 people transferred to local authorities, including consultants in public health, public health commissioners, health promotion specialists, public health knowledge and intelligence staff and others. They will join those people such as environmental health practitioners who already have a key public health role within local government. There will also be around 5,500 people working in PHE. This specialist community is a key target group for this strategy.

**1.4** Beyond this it is difficult to define the wider public health workforce. It consists of a diverse range of professional groups currently working in the NHS, national and local government, academic departments and elsewhere who are performing a wide range of health and care functions. What unifies them in the first instance is a shared commitment to using their skills and experience to deliver public health outcomes across the three domains of public health: health improvement, health protection and healthcare public health. This strategy is also, in one way or another, for all of them. It is not designed to apply to those in public health teams who undertake corporate functions such as finance or business planning.

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<sup>1</sup><http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

## What are we trying to achieve?

**1.5** We are fortunate indeed to have a dedicated and highly skilled public health workforce and it will be vital to ensure a continued supply of public health specialists across all employers in the new system. But we know from the Marmot review<sup>2</sup> and the 2012 Chief Medical Officer's Report<sup>3</sup> that, despite much progress, we face very serious public health challenges and profound inequalities in health outcomes. We are ambitious for improvement. The Public Health Outcomes Framework,<sup>4</sup> published in January 2012, reflects the Government's determination to make great strides in public health, including improving the health of the poorest the fastest. The NHS and Social Care Outcome Framework<sup>5</sup> and the Children and Young People's Health Outcome Framework<sup>6</sup> similarly demonstrate the Government's commitment to focus on improving outcomes.

**1.6** Beyond the core national outcomes, there will also be a whole range of locally developed priorities and initiatives that will rely on the skills and potential of the workforce. The Local Government Association (LGA) will work with councils and other partners to ensure absolute clarity about the many ways that Directors of Public Health (DsPH) and their staff can work most effectively to deliver local health outcomes on behalf of councils as well as contributing to national health outcomes. Organisational and workforce development plans need to be aligned for public health as for any other community service.

**1.7** As well as new roles for public health specialists, there is an exciting opportunity to broaden the concept of public health to bring into play a whole variety of other professions that are already part of local government. From social care to environmental health and leisure, a range of services are focused on healthy communities. New training programmes and development opportunities need to be made available to these staff in order to make the most of the new beginning for public health.

**1.8** So, we need a clear vision of what we want the public health workforce to deliver, and a strategy for how we will realise that vision. The White Paper *Healthy Lives, Healthy People* (2010)<sup>7</sup> was clear about the former:

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<sup>2</sup>Fair Society, *Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010*, Feb 2010

<sup>3</sup>Annual Report of the Chief Medical Officer, Volume One, 2011, 'On the state of the Public's Health' London: Department of Health (2012)

<sup>4</sup><http://www.dh.gov.uk/health/2012/01/public-health-outcomes/>

<sup>5</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131700](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700)

<sup>6</sup><http://www.dh.gov.uk/health/2012/07/cyp-report/>

<sup>7</sup><http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/>

### **Box 1. The vision for the public health workforce**

The public health workforce will be known for its:

- expertise – public health staff, whatever their discipline and wherever they work, will be well-trained and expert in their field, committed to developing and maintaining that expertise and using an evidence-based approach to practice
- professionalism – they will demonstrate the highest standards of professional conduct in their work
- commitment to the population's health and wellbeing – in everything they do, they will focus on improving and protecting the health and wellbeing of their populations, taking account of equality and rights, whether it be a director of public health in a local authority, an infection control nurse in an acute trust or a microbiologist within PHE
- flexibility – they will work effectively and in partnership across organisational boundaries.

**1.9** This document addresses the latter point, the need for a strategy. It is built on a three month consultation that ran from 27 March to 29 June 2012. The Department of Health (DH) received almost 250 responses to the consultation from a range of organisations as well as from individuals. A summary of the responses to the consultation has been published alongside this strategy.

### **Monitoring and next steps**

**1.10** DH, PHE and the LGA will monitor the implementation of this strategy and, in partnership with stakeholders, will review and if necessary update it in 2015. The LGA and PHE will take the lead in providing advice and support on the development of local strategies.

### **Impact on devolved administrations**

**1.11** Whilst there are no direct implications or effects on the devolved administrations or on their workforce and its ongoing development, there are areas where it will be advantageous to work closely and share innovative practice and development.

### **Public health transition**

**1.12** One of the major issues raised in responses to the consultation was the impact of the reform of the public health system and the resultant anxiety about the future for many. This strategy has a longer term focus and therefore does not cover issues relating to transition. Guidance and support for employers, managers and staff affected by changes to the system can be found at: <http://healthandcare.dh.gov.uk/tag/public-health-england>

## LIST OF PROMISED ACTIONS (in the order they appear in this strategy)

The LGA, working with councils and other partners, will lead the **development of further advice and guidance** dealing with ideas for local innovation in workforce development and the alignment of skills with local community priorities (para 2.5).

A review of the Public Health Skills and Career Framework, completed in March 2013, will be used to refine the relevance of the Framework for local authorities and to develop a **new skills passport for public health** (para 2.6).

The Public Health Online Resource for Careers, Skills and Training (PHORCaST) website will migrate to Health Education England (HEE) and be developed as an **interactive resource** to inform and support public health careers (para 2.7).

PHE will work with partners including the LGA to develop a **minimum dataset for the public health workforce** to support workforce planning for public health specialists and the wider public health workforce (para 2.10).

DH and PHE will **support and develop the public health nursing and midwifery contribution** to population health and the achievement of the public health outcomes framework and will work with the NMC and others to recognise the important role of public health nursing skills. (para 2.11).

PHE will **support and develop its non-medical scientific workforce**, linking with the Modernising Scientific Careers programme (para 2.17).

DH are working to **extend statutory regulation to non-medically qualified public health specialists** (para 2.20).

HEE will lead on **workforce planning, education and training** with professional advice from PHE to ensure that the public health system has an appropriate supply of public health specialists (para 2.21).

PHE will work with HEE to **identify a lead Local Education and Training Board (LETB) for public health** (para 2.23).

The Faculty of Public Health (FPH) will **update and develop the curriculum and assessment systems** in line with the principles and standards outlined by the regulators (para 2.25).

DH and PHE will work closely with colleagues in the public health system, the NHS Leadership Academy (NHSLA), the LGA and others to **co-design and develop leadership programmes**. These will be complementary to existing leadership programmes in local government which local authorities may decide to use (para 2.30).

PHE and the LGA, in partnership with other key stakeholders, will lead the **development of the knowledge and information workforce** at national and local level (para 2.37).

PHE's Chief Knowledge Officer will lead on **developing academic public health for PHE** (para 2.43).

Academic competencies should be given appropriate weighting and the lead LETB for public health will identify and **promote high-quality academic training placements** (para 2.44).



## 2. Key Themes and Actions

2.1 In this section, we outline the key themes raised in the consultation and our response.

### Career pathways

2.2 A key issue that arose from the consultation was the desire to have clearer career pathways for public health, particularly for healthcare practitioners without a medical qualification (such as health protection nurses or health promotion specialists), for public health knowledge and intelligence practitioners and for public health academics. Career pathways should enable public health staff to move within and between organisations, especially local authorities, and between UK countries during their careers.

2.3 The UK national specialist training programme for public health is open to anyone with the appropriate entry qualifications and the multi-disciplinary nature of the public health profession is widely supported. The training programme provides high-quality training which develops registrars' public health knowledge, competence and capabilities to standards set by the Faculty of Public Health (FPH) for those who want to work in senior specialist roles. However, there are many who do not want to undertake the training to become a consultant, but do want opportunities for career development, or to move into senior public health roles other than a consultant in public health.

2.4 The development of the voluntary public health practitioner register is a sign of the way that public health practitioner careers have developed over the past ten years. Many practitioners, including GPs, health visitors, school nurses, family nurse practitioners and other nurses, environmental health practitioners, community pharmacists and allied health professionals, have extensive skills and experience and are often at a senior level within their own profession. They have a crucial role to play and deliver some of the most complex components of public health outcomes. It is important that these skills and the contribution that practitioners make to the delivery of public health outcomes are properly recognised.

2.5 Careers in public health are not linear. It can be expected that, in the future, specialist staff will continue to move between organisations as their careers develop. The consultation identified numerous opportunities for people to develop their skills. These opportunities can be an effective way of building capacity, and will be an important consideration over the coming years for employers who have responsibility for ensuring a skilled workforce that is fit for purpose. It is also important to offer a chance to contribute to public health through the personal development of other groups of staff in local authorities. The **Local Government Association (LGA), working with councils and other partners, will lead the development of further advice and guidance** dealing with ideas for local innovation in workforce development and the alignment of skills with local community priorities.

2.6 To support capacity building, the Department of Health (DH) has established a sub-group of its Public Health Workforce Advisory Group to review the Public Health Skills and Career Framework. The review will make the Framework more streamlined and relevant to the new system. It is especially important to ensure that it is relevant for local authorities,



most of which already operate their own local frameworks. **The review will be used by Public Health England (PHE) to develop a new skills passport for public health.** The skills passport will complement other career frameworks that are in place or are being developed, such as *A Health Visiting Career*<sup>8</sup>, published in May 2012.

**2.7** The Public Health Online Resource for Careers, Skills and Training (PHORCaST) website provides a one-stop shop for information about careers in public health and is a valuable resource. To provide a sustainable future, the website will form part of a service model in which all healthcare careers-related information is hosted by Health Education England (HEE). This initiative will facilitate the development of the website, enabling it to be **an interactive resource**, will increase joined-up working with NHS Careers and Medical Careers and will allow PHORCaST to maintain its autonomy. The review outlined in paragraph 2.6 will explore how best to help local authorities and other employers use this online resource.

## Public health workforce data

**2.8** Current information about the public health workforce is poor and better data is needed to underpin workforce planning and capacity building.

**2.9** In the new system, information about public health staff working in the NHS and in PHE will be available through the Electronic Staff Record. However, this payroll system will not generally be used by non-NHS employers and consideration needs to be given to the best way to collect data from non-NHS employers without creating additional burdens.

**2.10** To take this work forward, DH has established a small working group<sup>9</sup> to develop a **minimum dataset for the public health workforce**. The first phase will be the development of an outline dataset that will then be further developed. The working group includes the LGA and PHE to ensure dovetailing with existing datasets and to minimise the data collection burdens for local authorities.

## Public health nursing

**2.11** DH and PHE will **support and develop the public health nursing and midwifery contribution** to population health and the achievement of the public health outcomes framework and will work with the NMC and others to recognise the important role of public health nursing skills. PHE will provide direct support to its specialist public health nurses and, where appropriate, to those in local authorities as a key part of the multi-disciplinary public health workforce. PHE and DH will support midwives and specialist community public health nurses as key practitioners in the delivery of Healthy Start, working to achieve the best possible outcomes for children and families.

<sup>8</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134574.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134574.pdf)

<sup>9</sup>Membership includes the Health and Social Care Information Centre, Local Government Association, Centre for Workforce Intelligence, Association of Directors of Public Health, Faculty of Public Health, Department of Health and Public Health England.

## The specialist scientific workforce in public health

**2.12** The non-medical healthcare science workforce applies science, technology, engineering and mathematics in the fields of biology, microbiology, physiology, medical physics and clinical engineering specifically within the health sector (inclusive of the NHS, PHE and National Blood and Transplant) to deliver improved health outcomes and health protection for people and communities.

**2.13** The healthcare science workforce works within and across specialist areas of scientific practice to provide the skills, knowledge, advice and expertise to develop, deliver and support services, through specialist investigations and/or interventions for the diagnosis, treatment and management of disease and the control and prevention of disease or harmful infectious and environmental agents. It makes a significant contribution to the innovation pathway, from invention through to translational research, adoption, diffusion and knowledge management.

**2.14** Healthcare scientists working in public health play a key role, particularly in health protection. It will be important to understand the education, training and career development opportunities for these specialist scientists and, in particular, how they relate to the Modernising Scientific Careers programme that has defined education and training pathways for the non-medical healthcare science workforce.

**2.15** We want to ensure that the arrangements to educate and train the specialist public health scientific workforce are robust and appropriate for all areas of specialist practice in PHE and to enable movement of staff between PHE and other employers to support flexible and challenging careers across public health. This requires clarity around education and training programmes and career pathway opportunities.

**2.16** In order to explore this, DH has established a small group to:

- consider the opportunities presented by the changes to the public health system
- establish how PHE can implement Modernising Scientific Careers as part of its professional workforce development function
- consider the requirement for clinical academic careers for this section of the workforce and make recommendations to HEE
- consider the employment aspects for HR transition.

**2.17** The work of the group will consider wider system change and the interface with other organisations, e.g. the NHS England (NHS England) and HEE, and the position of the devolved administrations.

**2.18** **PHE will support and develop its non-medical scientific workforce, linking with the Modernising Scientific Careers programme**, led by the NHS England's Chief Scientific Officer, ensuring that healthcare scientists working in public health have full access to professional workforce development opportunities as well as to broader leadership development.

**2.19** To date, all of the Modernising Scientific Careers governance and implementation arrangements, including the National School of Healthcare Science, have incorporated public health representation and this will continue under HEE.

**2.20** The West Midlands Local Education and Training Board will continue to have lead commissioning responsibilities for healthcare science education and training and will continue to host the National School of Healthcare Science within the West Midlands Postgraduate Medical Deanery. This will include the specialist scientific workforce in PHE, including microbiologists and epidemiologists, because of the need for coherence and consistency for the non-medical healthcare science workforce. This approach will also provide economies of scale as well as a more in-depth knowledge of specialist areas of practice.

## Regulation of public health specialists

**2.21** In response to the 2010 *Review of the Regulation of Public Health Professionals* the then Secretary of State for Health announced in January 2012 his intention to **extend statutory regulation to non-medically qualified public health specialists**. DH has discussed the implementation of this commitment with the FPH, PHE, the Health and Care Professions Council, the UK Public Health Register and the Council for Healthcare Regulatory Excellence. They will work together to ensure that appropriate methodologies and standards deliver a consistent and effective regulatory approach for the whole profession. DH has started to extend statutory regulation to this group and DH will consult on its proposals later in 2013.

## Education and training

**2.22 HEE will lead on workforce planning, education and training with professional advice from PHE to ensure that the public health system has an appropriate supply of public health specialists**, from both medical and non-medical backgrounds, including Directors of Public Health (DsPH), trained to meet the vision of an expert, professional, committed and flexible workforce. PHE and HEE will work with the LGA and local authorities to ensure the relevance of education and training programmes for local needs.

**2.23** Local Education and Training Boards (LETBs) will enable local partnerships, with healthcare and public health providers at their centre, to take on the workforce functions of Strategic Health Authorities, including the postgraduate deaneries. Local education providers, universities, colleges and employers will remain directly responsible for the provision and quality control of education, including for public health, at a local level. This framework will be maintained in the new system, with the LETBs assuming responsibility for the quality management role at local level and for meeting standards required by national frameworks and the regulators. LETBs are already beginning to develop strong relationships with local authorities and further developments will be expected.

**2.24 PHE will work with HEE to identify a lead LETB for public health** to ensure that there is a profound source of knowledge within the system, providing a focus on both the specialist public health workforce and public health capacity within the wider workforce.

**2.25** More information about the new healthcare education and training system can be found at <http://hee.nhs.uk/>

**2.26** As the standard setting body for public health in the UK, the FPH ensures that the specialty training curriculum remains up to date and fit for purpose to train the specialist workforce across the UK. The specialist public health curriculum has been designed and written permissively so that it is resilient to reorganisation and can be flexed to reflect the sensitivities of cultural and local context. **The FPH will update and develop the curriculum and assessment systems** in line with the principles and standards outlined by the regulators. It will work with key partners including the LGA and local authorities in pursuing this responsibility.

**2.27** The UK national training programme for public health will be the normal route to the specialist register, complemented by a single, consistent process for access to specialist registration for those individuals whose exceptional circumstances have precluded them from following the normal training route (i.e. the Certificate of Eligibility for Specialist Registration/ portfolio process), assessed by FPH on behalf of the regulators. There should be consistency of standards across registers for generalist specialists: the same standards regardless of route and all assessed to these standards. To become a generalist specialist someone must have met all the learning outcomes described in the public health training curriculum: the fundamental principle being that they should be competent in all areas of public health practice.

**2.28** DH will maintain its status as a National Treasure<sup>10</sup> for the purposes of the national public health training programme and will continue to offer training placements to specialty registrars, with high quality educational supervision provided by PHE to the standards set out by the General Medical Council (GMC).

**2.29** The rigour and transparency of a recognised and robust appointments process for public health consultants and DsPH, which includes external professional assessors and is underpinned by high quality education, training and continued professional development standards set by FPH, is essential for the maintenance of a safe and effective specialist workforce. DH and PHE will work with the FPH and the LGA to develop and disseminate guidance on the best way to achieve this.

## Leadership for public health

**2.30** Strong leadership is required to ensure that the public health workforce can balance national and local priorities. Attention needs to be given to delivering both the national outcomes set out in the Public Health Outcomes Framework and priorities developed in accordance with local joint strategic needs assessments. The changes to the public health system will bring a challenge for continued and stronger leadership. For those working in local government there will be a need for new skills in working with elected members, and possibly managing new services aligned to public health in that environment. DsPH and

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<sup>10</sup>'National Treasures' are training placements which offer trainees opportunities to acquire specific additional or contextual experience which may not be available in all programmes. National Treasure placements are intended to be undertaken by trainees in Phase 3 of training, allowing them to consolidate core skills in the practice of public health and/or to develop their specific interests.

other specialists in public health will have a key role in providing this leadership to the public health workforce.

**2.31** Councils and the LGA will work closely with DH and PHE and other colleagues in the public health system, including the NHS Leadership Academy (NHSLA), **to co-design and develop leadership programmes** that will create exceptional leadership capability, underpinned by initiatives that will create the conditions in which system or shared leadership can flourish.

**2.32** One clear priority for the future is the creation of a talent management strategy for all public health systems, covering talent identification, development and deployment. Work on this will need to be jointly led by PHE and the LGA as it includes staff working in both local government and health.

**2.33** DH and PHE will work with the LGA, the NHSLA and others to identify priorities for 2013/14 and beyond and to design and develop leadership programmes that meet these priorities.

## Public health knowledge and intelligence

**2.34** The public health knowledge and intelligence function underpins the delivery of public health practice across all three domains. This function concerns the management of knowledge needed to inform action including: analysis of data and statistics; learning from practical experience and sharing best practice; and implementing new knowledge gleaned through research. Staff working in knowledge and intelligence roles have a wide range of skills, spanning analysis, statistics and epidemiology, alongside knowledge management, library and information services, as well as interpretation and evaluation.

**2.35** In the past, the public health knowledge and intelligence function has grown organically and there is a lack of structure and consistency across England. The changes to the system, including the appointment of PHE's Chief Knowledge Officer, provide an opportunity to consider how this function can be strengthened to support national and local delivery.

**2.36** Responses to the consultation indicated strong support for this strategy to relate to the knowledge and intelligence system in England as a whole, including local public health teams as well as PHE's knowledge and intelligence service. There was also strong support for PHE to lead this work, collaborating closely with the LGA, local authorities and other partners.

**2.37** Knowledge and intelligence support is vital for the delivery of effective public health services. There needs to be a clearer definition of the public health knowledge and intelligence functions and a better understanding of the skills and competencies required to fulfil those functions. There also needs to be action to address inconsistency across the country so that there is robust local health intelligence capacity to support local authorities in their new public health roles.

**2.38** PHE and the LGA, in partnership with other key stakeholders, will lead the **development of the knowledge and information workforce** at national and local level and will focus initially on:

- reviewing the scope and definition of public health knowledge and intelligence and the competencies needed in the context of the changing needs of the public health system in England – in conjunction with the wider review of the Public Health Skills and Career Framework
- in partnership with the FPH, developing and updating the current public health knowledge and intelligence traineeship schemes
- strengthening the professional network of public health knowledge and intelligence practitioners in England
- ensuring relevant continued professional development opportunities are available to all public health knowledge and intelligence professionals
- describing career pathways for public health knowledge and intelligence staff and developing support mechanisms that allow individual members of the workforce to follow their preferred route.

**2.39** It will be important for PHE to consider potential synergies with developments in other parts of the public health workforce and wider national agendas, e.g. the NHS Information Strategy.

**2.40** Local authorities will need to use the best available health intelligence in order to deliver their significant new public health functions, ensuring they have access to appropriate information and a wide range of evidence from a number of sources to discharge their new duties effectively. Knowledge and intelligence will be required both to inform the public health advice local authorities will provide to the NHS and to shape public health practice and strategy within local authorities themselves, including inputting into joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS).

**2.41** A number of specialist staff, including analysts, knowledge managers and public health specialists, will transfer to local authorities from the NHS, bringing with them significant and relevant expertise and experience. The capacity for knowledge and intelligence staff varies across the country and it will be important for councils to consider carefully how best to deploy their new staff in order to deliver their new public health duties.

## Research

**2.42** The public health workforce should be receptive to research and innovation, so that patients and the public receive the best quality and most cost-effective public health advice and interventions. Research provides the evidence that public health practitioners and advisers will need in order to identify the best quality advice to offer the public and the most cost-effective public health interventions. Public health evaluation and research will therefore be critical in enabling public health practice to develop.

**2.43** DH has established a National Institute for Health Research (NIHR) School for Public Health Research, which will conduct high quality research to increase the evidence base for effective public health practice. Working closely with local partners, including public health



practitioners, the School places an emphasis on what works practically and can be applied across the whole country and will help bring research and practice closer together. The NIHR will continue to take responsibility for the commissioning of public health research on behalf of DH. PHE will work closely with the NIHR and other research organisations in identifying research priorities.

## Academic public health

**2.44** As with knowledge and intelligence, a strong academic public health function is critical to the delivery of high quality, effective public health services. There has been a loss of capacity in academic public health over recent years and a separation of public health academia from public health practice. These trends need to be reversed. The **Chief Knowledge Officer (CKO) will lead on developing academic public health for PHE**, with a key role in the development of research capacity and research expertise within PHE. The CKO will also work closely with research partners and PHE's lead for professional development to promote academic public health careers and exchange opportunities for academic postings within broader public health careers.

**2.45** To support and strengthen **academic public health, academic competencies need to be given appropriate weighting**. The ability to understand and use research evidence will be important for trainees pursuing a non-academic, practitioner path, so that patients and the public receive the best advice and the most robust public health interventions. The lead LETB for public health will identify and **promote high quality academic training placements** and encourage trainees to maintain their links with academic departments following completion of the placement. LETBs and Training Programme Directors will support specialty registrars who want to undertake research placements.

**2.46** PHE will continue to provide support to the academic community through encouraging professional development and funding arrangements for academic staff, individual projects and research networks and institutions. PHE will maximise the opportunities created by the system changes, forging new relationships with academics through the management of honorary contract links, Clinical Excellence Awards and medical revalidation.

**2.47** To build public health capacity within other clinical specialties, PHE, working with academic and research departments and professional bodies, including the Academy of Royal Colleges, will explore ways to enable other clinical specialties to 'bolt on' academic public health placements, including through, for example, dual accreditation/certification.



## 3. Conclusion

**3.1** Public health is changing, and the public health workforce will need to change with it. We have a vision for an expert, professional and flexible workforce that is committed to promoting and protecting the health of the population, building on the great foundations of the current workforce. Capturing input and ideas from all sectors, including the community and voluntary sector, will provide a richer and more innovative workforce to deliver the public health challenges of the future.

**3.2** Taken together, the commitments in this strategy will enable us to:

- understand our public health workforce better
- focus on the workforce development role of local authorities
- give a clearer roadmap for future career pathways and skills development
- give assurance on the competence and professionalism of all public health specialists
- improve connections between commissioners of education and training and the end users
- promote leadership skills
- embed public health knowledge and capacity across the healthcare workforce.

**3.3** The end result, we believe, will be an even more expert and professional workforce that will be able to deliver innovative, effective and evidence-based interventions, against the Public Health Outcomes Framework, to improve the public's health and reduce health inequalities. The impact of this strategy will be monitored and a review in 2015 will enable us to identify what further actions might be needed to ensure that England continues to have a world class public health workforce.

# Annex A. Roles and Responsibilities in the Public Health System

## Department of Health (DH)

The establishment of the NHS England (NHS England), Health Education England (HEE) and Public Health England (PHE) mean that DH will have a slimmed down role, focused on core health and social care policy, supporting Ministers and securing cross-government cooperation in developing policy on the public health workforce.

DH will have overall policy responsibility for issues related to the public health workforce and oversight of the implementation of this strategy, working closely with PHE and the Local Government Association (LGA).

## Local authorities (LAs)

LAs will need to ensure that there are proper induction and training arrangements for staff transferring in to local authorities, to help them develop an understanding of and familiarisation with the role, responsibilities and approach of LAs. LAs will also need to ensure that they develop a full understanding of the scope and depth of their public health responsibilities. This is particularly important in relation to health protection arrangements and commissioning functions.

LAs will have a role in the education and training of public health specialists and other staff through active engagement with Local Education and Training Boards (LETBs) and professional bodies and through the provision of trainee placements and educational supervisors in line with guidance from the General Medical Council (GMC).<sup>11</sup> There may also be opportunities for other parts of the public health system to learn about public health in local government.

Whilst PHE will be designated to nominate or appoint Responsible Officers for public health doctors employed by LAs, it will be important to ensure that appropriate arrangements are in place for educational and clinical supervision and for continuing professional development to support medical revalidation for those doctors and other public health professionals working in LAs in line with guidance from professional bodies.

Directors of Public Health (DsPH) and their teams will have a key role in supporting elected members and other officers to embed public health across the LA. They will be a key link to LETBs and can influence public health capacity through the commissioning process by including in contracts with providers of public health services a clause to cooperate with HEE and its LETBs to support education and training, workforce planning and capacity building.

DsPH will also be statutory members of Health and Wellbeing Boards, and they and their teams will need to support and input into the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) process, which will in turn inform the local

<sup>11</sup> <http://www.gmc-uk.org/education/index.asp>

authority's commissioning, including for public health. Health and Wellbeing Boards will want to ensure that all the staff that support them, including those in the public health teams, have the appropriate skills and also access to the evidence and resources they need.

## Local Government Association (LGA)

The LGA will represent councils in national stakeholder discussions about workforce development, to ensure that best practice is identified with partners and disseminated and to ensure that the approach taken to training and development in public health takes account of the requirements of the whole local workforce. The LGA will lead the development of the second part of the workforce strategy, focusing on local development needs and innovation. The LGA also has a key role in working with councils to ensure a high-quality workforce through sector-led improvement in which local government takes individual and collective responsibility for ensuring continuous improvement of services and planning.

## Public Health England (PHE)

PHE will have the lead role in supporting and developing the specialist public health workforce, including DsPH, and building public health capacity in the wider workforce. Professional workforce development is one of PHE's core functions; across the organisation and at national, regional and centre levels there will be people with responsibility for supporting professional public health workforce development across the health and social care system.

At national level, PHE will build and maintain strategic relationships with partner organisations including the NHS England, HEE, the LGA and the NHS Leadership Academy (NHSLA), as well as with professional bodies and regulators.

This will include consideration of the future capacity, capability, workforce development, training and education needs, including continuing professional development, required to deliver public health outcomes across the public health system. Based on advice from PHE and others, HEE will commission public health specialist training and the education outcomes expected from that training.

PHE will be designated to nominate or appoint a Responsible Officer for public health doctors employed by LAs.

In order to ensure the best possible use of the nursing and allied health profession (AHP) contribution to delivering on the Public Health Outcomes Framework, PHE has appointed a Director of Nursing and is currently planning to identify a lead AHP to work in collaboration with the NHS England to influence the NHS role in preventing and reducing health inequalities by making full use of the part the nurses and AHPs have to play in improving the public's health. A number of other PHE professional staff leads are also planned to be introduced during 2013/14.

PHE will also be responsible for ensuring that the development needs of specialist health protection staff are met and that the epidemiological skill base is developed across the wider public health workforce.

PHE will become an administering body for the Clinical Excellence Awards (CEA) scheme. PHE will be able to administer employer based CEAs for itself, for LAs and for public health academia. As a transitional arrangement, LA employer based awards agreed after 1 April 2013 and applying to the current CEA scheme will be funded centrally and managed by PHE.

## Health Education England (HEE)

HEE is the new national leadership organisation responsible for ensuring that education, training and workforce development drive the highest quality public health and patient outcomes.

HEE will:

- place providers of NHS and public health services firmly in the driving seat to plan and develop the workforce, within a coherent national framework and to consistent standards
- ensure that staff are available with the right skills and knowledge, at the right time, and that the shape and structure of the workforce evolves to meet changing needs
- provide a clear focus on the entire healthcare education and training system, and ensure greater accountability against service improvements
- ensure that investments made in education and training are transparent, fair and efficient, and achieve good value for money.

## Faculty of Public Health (FPH)

The FPH is the standard-setting organisation for public health in the UK. This means quality assuring the Higher Specialist Training Programme for public health and setting the examinations that all trainees must take in order to work as specialists. The FPH also monitors the progress of trainees throughout their training, providing advice and support where needed.

The FPH produces a wide range of resources to encourage best practice at local level. These range from toolkits giving practical steps for action on issues such as obesity, to annual events to facilitate knowledge sharing and networking between those working in public health.

The FPH also plays a statutory role in the appointment of consultants, providing guidance to both employers and employees on senior public health appointments, and advising the NHS on workforce planning.

## General Medical Council (GMC)

The purpose of the GMC is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. In line with this statutory mandate in the Medical Act, the GMC sets the standards and requirements for medical education and training in the UK and checks that these are being met through quality assurance processes.

The standards apply wherever postgraduate medical education takes place. Under the new arrangements, the GMC would expect local authorities as new employers to ensure that their obligations for training were reflected in the job plans of all postgraduate medical trainees in public health.

The GMC also approves the curriculum for postgraduate specialist training developed by the FPH. It certifies medical doctors who meet the required standards and who have successfully completed the curriculum requirements in the specialty. The GMC also certifies doctors who demonstrate equivalence by virtue of their specialist qualifications, training and experience, which may, for example, have been obtained overseas.

Those doctors who receive certificates from the GMC in these circumstances will have their names entered in the Specialist Register against the specialty for which they have been approved. Once on the Specialist Register they are eligible to apply for substantive medical consultant posts, including in the specialty of public health.

## General Dental Council (GDC)

The GDC regulates dental professionals in the UK. All dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with the GDC to work in the UK.

The GDC's purpose is to protect the public by regulating the dental team. It does this by:

- registering qualified professionals
- setting standards of dental practice and conduct
- assuring the quality of dental education
- ensuring professionals keep up to date
- helping patients with complaints about a dentist or dental care professional
- working to strengthen patient protection.

Dental public health in the UK is a dental specialty overseen by the GDC, and dental public health specialists must be registered on its specialist list. The GDC approves the curriculum for dental public health specialist training and the award of the Certificate of Completion of Specialist Training requires evidence of satisfactory completion of training in all the aspects of dental public health that are outlined in this curriculum.

## UK Public Health Register (UKPHR)

The UKPHR is an independent regulator that aims to protect the public through the voluntary registration of public health professionals in the UK. It:

- works with partners setting and promoting standards for admission to the register and for remaining on the register
- publishes a register of competent professionals
- deals with registered professionals who fail to meet the necessary standards.

The UKPHR has a specialist register for those who have either:

- completed an approved education and training programme run by the FPH or the College of Surgeons (for dentists) or
- have demonstrated competence by presenting a portfolio for assessment if they have sufficient senior level experience but have not completed an approved education programme.

The UKPHR has also established a register for public health practitioners who work across the range of public health functions and are often senior or advanced practitioners within their own disciplines.

## Health and Care Professions Council (HCPC)

The HCPC is a regulator set up to protect the public. It keeps a register of health and care professionals who meet its standards for their training, professional skills, behaviour and health.

The HCPC regulates the following professions: arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, social workers in England, and speech and language therapists.

All of these professions have at least one professional title that is protected by law, including those shown above. This means, for example, that anyone using the titles 'physiotherapist' or 'dietitian' must be registered with the HCPC.

## Nursing and Midwifery Council (NMC)

The NMC is the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. The NMC exists to safeguard the health and wellbeing of the public. It sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers. It ensures that nurses and midwives keep their skills and knowledge up to date and uphold its professional standards, and it has clear and transparent processes to investigate nurses and midwives who fall short of the standards.

## Chartered Institute of Environmental Health (CIEH)

The CIEH is a registered charity and the professional voice for environmental health. It sets standards and accredits courses and qualifications for the education of members and other environmental health practitioners. It provides information, evidence and policy advice to local and national government and environmental and public health practitioners in the public and private sectors. As an awarding body, the CIEH provides qualifications, events and support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice.