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Healthy Lives, Healthy People: a review of the 2013 public health workforce strategy

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Contact details: Public Health Policy and Strategy Unit Richmond House 79 Whitehall London SW1A 2NS

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Healthy Lives, Healthy People: a review of the 2013 public health workforce strategy

Prepared by the Public Health Policy and Strategy Unit, Department of Health

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Introduction

Following a consultation in 2012, the Department of Health (DH), the Local Government Association (LGA) and Public Health England (PHE) published a public health workforce strategy in May 2013.

The strategy contained a number of commitments to be delivered by a range of partner organisations to support and develop the public health workforce. Taken together the commitments in the strategy aim to

- Help us better understand our public health workforce
- 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

The objective of the strategy is to achieve 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.

We published a progress report on the delivery of the strategy in June 2014, <https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-public-workforce-strategy>. This review focuses on the progress that has been made since then and sets out next steps.

In addition to the work to deliver the commitments in the strategy a great deal of other activity has been undertaken to develop and support the public health workforce including practitioner development schemes, the work of the Standing Group on Public Health, the work of the People in UK Public Health Group and various Making Every Contact Count Programmes. The outcomes of all these workstreams will be reflected in a future strategy to be published in summer 2016.

Summary

Since the publication of the last update in June 2014, delivery partners have continued to develop and deliver initiatives to support workforce development across the public health system. Much of the work has been delivered through close collaboration between national organisations including DH, PHE, the LGA, the Faculty of Public Health and Health Education England (HEE), supported by a range of other national and local organisations and informed by work commissioned from the Centre for Workforce Intelligence (CfWI).

Good progress has been made in a number of areas including:

- Continued support for staff in local authorities from the LGA and the National Joint Council (NJC) for Local Government Services Working Group on Public Health (page 6)
- The ongoing work to review the Public Health Skills and Knowledge framework and the development of an on-line tool to support career development (page 6)
- The transfer of the PHORCaST public health career support website to Health Careers, hosted by HEE (page 7)
- Ongoing work to develop a minimum dataset for the public health workforce to support workforce planning across the system (page 7)
- Additional work to raise the profile of and develop the public health nursing workforce (page 8)
- Support and development of the public health non-medical scientific workforce (page 9)
- The establishment of Health Education England's public health advisory group and the development of a prevention and public health action plan (page 10)
- The review of the Faculty of Public Health's national specialists training curriculum, which has been completed with the new curriculum approved by the General Medical Council in July 2015 (page 10)
- The ongoing development and delivery of a range of public health leadership development and talent management programmes (page 12)
- Support and development for public health knowledge and intelligence staff in PHE and local government (page 13)
- Support and development for public health academic staff (page 14)

One proposal the Government decided not to take forward, for reasons set out later, is work to extend statutory regulation to public health specialists from backgrounds other than medicine or dentistry (page 10)

Chapter 1 - update

1. 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

- 1.1 The NJC for Local Government Services Working Group on Public Health continues to meet quarterly. In particular, the group has conducted research on the training and development needs that councils see for public health staff as they develop new services and career structures. This has been used in the planning of various national support projects with PHE.
- 1.2 Revised and updated guidance on managing specialty trainees on placement is being developed, working with the Faculty of Public Health based on an analysis of needs
- 1.3 On-going advice and continued reactive support on pay, conditions and pension issues is being provided to council employers by the LGA.
- 1.4 A working party involving PHE, the LGA, the Association of Directors of Public Health (ADPH), the Faculty of Public Health (FPH) and Unison published guidance on the development and organisation of multi-disciplinary teams, in particular when it might be appropriate to employ medical consultants. The document is available at <http://www.local.gov.uk/documents/10180/12075/Multidisciplinary+Public+Health+teams/0122ca35-f30d-4c14-8e08-5975daea0f3a>
- 1.5 Options for dealing with anomalies in continuity of service between NHS and local government were presented in the document mentioned in 1.4 and are the subject of on-going discussion in the wider context of health and social care integration.
- 1.6 The LGA has collaborated in the development of the public health section of the new Health Careers website.

2. 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

- 2.1 A full report on the first phase of consultation that took place in February/March 2015 has been published: <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-consultations-review>
- 2.2 Throughout 2015/16, PHE has chaired quarterly meetings of a combined Steering Group for the PHSKF review and skills passport, convening representatives from national partners in public health systems leadership, including colleagues in Wales, Scotland and Northern Ireland.

- 2.3 A first draft for a revised framework has been developed using a function-led approach, and this has been consulted on via existing networks and through an on-line survey and web-based video, made accessible to the UK-wide workforce through December 2015/January 2016. The sector skills council 'Skills for Health' has also worked with this revised draft to identify existing National Occupational Standards that can complement and add depth to the framework.
- 2.4 Following a trial that took place in February/March 2015, using an e-portfolio based prototype for a skills passport, clear specifications are now being developed to identify potential costs, and implementation and management strategies, for the provision of an interactive web-based framework (skills passport). This process involves the engagement of the necessary expertise and is being conducted in line with the requirements of the government digital service.

3. 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)

- 3.1 The PHORCaST website (Public Health Online Resource for Careers, Skills and Training) has been closed. The content from PHORCaST has been incorporated in HEE's new Health Careers website, which was launched on 22 October 2015 (www.healthcareers.nhs.uk). The team formerly responsible for PHORCaST at HEE East Midlands continues to be responsible for the maintenance and development of public health careers information on Health Careers and works as part of the HEE Health Careers team.
- 3.2 Much of the work prior to the launch of Health Careers concentrated on the satisfactory amalgamation of information from three existing websites (PHORCaST, NHS Careers, Medical Careers). Now, Health Careers is entering a second phase of development, which aims to make it a more interactive resource. Ways of achieving this (e.g. through career planning tools, videos and real-life stories) are currently being researched by the Health Careers team, taking into account HEE priorities, online feedback, and the results of testing by users selected to align with a range of user-types (personas).
- 3.3 The information about public health careers on the Health Careers site has also been informed by both PHORCaST board members and relevant CfWI reports (e.g. Mapping the core public health workforce; Understanding the wider public health workforce; Review of the tuberculosis nurse workforce; Public health scientist stocktake; The public health knowledge and intelligence workforce; and Mapping the core public health workforce in Scotland). These reports have been useful for, for instance, categorising public health roles, describing training requirements, and providing key labour market information.
- 3.4 As a substitute for the PHORCaST board, we anticipate the regular involvement of both People in UK Public Health and HEE's Public Health Advisory Group in steering the continuous development of public health content and tools on Health Careers. We believe that the involvement of the former group will ensure continued four-country representation. To secure ready access to expert support in public health career areas, Naresh Chada (PHORCaST board chair) and the team in the East Midlands are currently exploring with stakeholders the creation of an expert reference group.

4. 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)

- 4.1 A small Working Group, chaired by DH, has been working to develop a minimum dataset for the public health workforce. The Group, which has met several times, has identified core public health roles and functions in local authorities and PHE that will be used to develop new national occupational codes, where appropriate, that can be used by employers and Local Education and Training Boards (LETBs) to support workforce planning across the public health system.
- 4.2 The Group is also looking to explore potential collection mechanisms for workforce data and aims to test a range of approaches during 2016. Guidance related to the new occupational codes will be produced by the Health and Social Care Information Centre to support implementation across the public health system.

5. DH and PHE will support and develop the public health nursing and midwifery contribution to public 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)

- 5.1 The initial focus of this work was on public health careers for those people with a nursing and midwifery background, career pathways and skills for Specialist Community Public Health nurses (and opportunity and status with PH workforce) and building skills in prevention health protection and improvement across whole nursing and midwifery workforce.
- 5.2 In 2015/16 the work programme included all nurses and midwives contribution to prevention and population health and encompassed other professionals such as AHPs. The work was national (PHE All OQR Health Programme) UK and Rep Ireland – Nurses Midwives and the obesity challenge and international WHO Strategic Directions and an invitation to pursue designation as the first Collaborating Centre in public health nursing and midwifery
- 5.3 The NMC has just approved a review of the undergraduate curricula and development of new competencies for those entering nursing profession including the need for education in public health promotion. PHE is working with RSPH on specialist and wider PH workforce and roles and responsibilities of regulated health care professionals in prevention and population health. The new national framework for nursing midwifery and care will include focus on closing health and wellbeing gap and population health. The scoping of both the TB and Infection Prevention and Control (IPC) nursing work force is complete. The development of the TB nursing workforce is incorporated into the work plan of PHE's TB Control Board. Further development work on IPC workforce will be required in the future.
- 5.4 A public health framework for all nurses and midwives to increase awareness and understanding of their role in delivery public health outcomes was piloted as

Personalised care and Population health framework

<https://www.gov.uk/government/publications/framework-for-personalised-care-and-population-health>.

Further stakeholder engagement resulted in further development and renaming as All Our Health and a range of products will be published on Gov.uk in Spring 2016.

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

- 6.1 PHE established a self-organising Science Forum which meets regularly, providing a means for the varied scientific disciplines within PHE to understand each other's work, celebrate success, support PHE's Scientific Advisor and input to PHE's strategic leadership. This Forum is the voice for non-medically qualified scientists within PHE and, in line with the recommendations of the CfWI Stocktake of Public Health Scientists, actively supported PHE's early career scientists with dedicated sessions at PHE's annual conference in 2015. Forum members also communicate informally via PHE's internal social media.
- 6.2 PHE scientists' active engagement with HEE's Modernising Scientific Careers team and the Academy of Healthcare Science has enabled them to influence appropriate curriculum areas (e.g. infection sciences, medical physics, bioinformatics) of the Healthcare Scientist Training programme, aligning them more closely to the needs of public health scientists. They are actively engaged in expanding the curricula to include epidemiology as a discipline and are also working proactively with colleagues from PHE's Chief Knowledge Officer's Directorate to explore areas of commonality in development needs between epidemiology and analytical disciplines.
- 6.3 The CfWI stocktake of the public health scientist workforce (March 2015) provided insight on the future composition of the workforce and the direction of scientific workforce needs, with input from PHE scientists via interviews and workshops. The report suggested that PHE consider:
 - Continued support of scientific career development, including increased secondment opportunities.
 - Building an increased profile of scientific functions in PHE, including reviewing and updating emergency response plans.
 - Greater investment in succession planning.
 - Ensuring strong scientific leadership and representation on PHE's executive.
 - Expanding the skill set of microbiologists in genomics, computer science and bioinformatics
 - Wider promotion of Modernising Scientific Careers and working with the Academy for Healthcare Science to ensure recognition of equivalence.
- 6.4 Actions on these recommendations have been taken forward by senior leaders in PHE and by Science Forum members, as well as being part of the development of PHE's National Infections Service and Science Hub programme.

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

- 7.1 This Government remains committed to the principle of proportionate regulation of healthcare professionals. Having considered the arrangements already in place to ensure that public health specialists from backgrounds other than dentistry or medicine are appropriately registered and qualified, the Government does not consider that extending statutory regulation to this professional group is necessary. To this end, it will not be taking forward legislation in this regard.

8. 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).

- 8.1 HEE's Advisory Group for Public Health (HEEAG) works alongside HEE's Strategic Advisory Forum to provide strategic professional advice and expertise to HEE on workforce planning and education development across public health. The HEEAG consists of a core membership of approximately 20, representing a range of key stakeholder organisations, including PHE.
- 8.2 HEE is working closely with the CfWI to carry out a stocktake of public health specialists to understand the workforce and the drivers of demand and supply both now and in future years. This work has been jointly commissioned by HEE, PHE and the DH to draw together available data on the workforce and to gather intelligence from across the system to inform commissioning decisions at a national and local level.
- 8.3 HEE's strategy team continues to work with PHE, NHS England and a range of other partners (including NICE and Monitor) to join up long term strategy across the DH arms-length bodies. Part of this work includes horizon scanning and investigating the implications of probable future scenarios for health and healthcare as outlined in HEE's Framework 15, to plan for a workforce that is equipped to meet the needs of patients and the population for the long term.

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

- 9.1 This issue was raised at the first PH HEEAG, which felt that public health would be too large and complex an issue for one LETB to focus on. It will be further reviewed in line with the 'Beyond Transition' work HEE is currently undertaking-

10. 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).

- 10.1 The FPH committed in 2013 to undertake a review of the Public Health Specialty Training Curriculum. The 2010 curriculum had already been 'future proofed' by adhering to the enduring principles of public health practice which remained relevant across different systems, cultures and countries. However, settings for practice were changing and

diversifying and in particular the new role of local government in England presented a major cultural shift and an opportunity to strengthen public health by refocusing some important work in communities. Furthermore, the FPH regularly reviews the curriculum to ensure its content is fit-for-purpose and relevant across the whole of the UK.

- 10.2 A semi structured questionnaire was administered in October 2013(first stage), when around 300 responses were obtained, and analysed for themes. Much of the initial collation of results was done by small sub-groups through virtual collaboration between March and May 2014. Final outputs were co-ordinated through the lead Public Health Consultant for each sub-group and discussed in detail at two face to face workshops, one in May and second in July 2014. The draft version of the curriculum was approved by the Curriculum Review Steering Group in September 2014, and sent to selected stakeholders for the next stage of consultation.
- 10.3 Questions for the second stage targeted stakeholder organisations and Faculty of Public Health Committees involved in education and training. Another semi-structured questionnaire was used that included questions designed to identify a) whether the changes had been in line with agreed principles, and b) equality concerns, and c) perceived barriers to implementation.
- 10.4 The process and the content of new curriculum were viewed as a positive change. A number of useful concerns and suggestions for implementation were also highlighted by respondents.
- 10.5 Assessment of competence for consultant practice was piloted by FPH with external educationalist expertise in two different regions in October 2014, and an educational consultant was invited to evaluate the concept, process and feasibility of conducting a formative assessment. The results of this evaluation and the second stage of consultation were discussed by the working group at their meeting in December, and formed the basis of further revisions. A draft implementation was agreed at a working group meeting in February 2015. The final draft of the curriculum document was sent to the relevant stakeholders in March 2015, prior to submission to the GMC and UK Public Health Register for approval.
- 10.6 The General Medical Council gave formal approval of the new public health curriculum in July 2015, which followed approval by the UK Public Health Register in April 2015.
- 10.7 Key changes in the 2015 curriculum include:
 - The phases of training have been reduced from three to two, with greater flexibility on the timing in training when the learning outcomes can be demonstrated.
 - The number of learning outcomes has been reduced by concentrating on the description of higher level learning outcomes.
 - The presentation of these learning outcomes in each key area has been improved by producing an overarching aim for each key area; describing the knowledge base required; outlining the settings and learning experience where the learning outcomes might be demonstrated; and providing clear descriptors of what is required to demonstrate each learning outcome.
 - Where appropriate, new learning outcomes have been added, and existing learning outcomes reworded and renumbered to improve clarity.
 - The nine key areas have been modified slightly with amalgamation of key area eight into key area one.

- The replacement of Ethical Management of Self with a new key area nine - professional personal and ethical development.
 - Integration of academic public health rigour throughout all training and areas of work, while also retaining Academic Public Health learning outcomes within a distinct key area.
 - The introduction of the concept of Competence for Consultant Practice (CCP). CCP describes the learning outcomes registrars must demonstrate to be ready for independent practice as a consultant. Readiness for independent consultant practice requires an ability to consistently judge how to select and use a range of specialist public health expertise and skills, working at senior organisational levels, to deliver improved population health in complex and unpredictable environments.
- 10.8 Descriptions within the curriculum remain generic and are based on enduring principles of the practice of public health rather than the detail of any current system within the four UK administrations in which health and health care is delivered. The curriculum as developed should therefore be relevant through structural reorganisation and in different systems/ cultures/ countries.
- 10.9 The FPH is now working to an agreed implementation plan to ensure the introduction to new registrars and the transition of existing registrars to the new curriculum is as smooth as possible. This plan, as well as the final curriculum and associated documents, can be found here: http://www.fph.org.uk/curriculum_2015

11. DH and PHE will work closely with colleagues in the health system, the NHS Leadership Academy (NHS LA), 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)

- 11.1 The Future Directors programme, part of the 'Leadership for Change' suite of programmes, represents an ongoing collaboration between the Virtual Staff College and Public Health England. The programme evolved from other senior leadership offers to aspiring directors across the public sector and provides an opportunity for senior officers who specifically aspire to director level roles in children's services (however configured) and public health, to jointly prepare for the next phase of their careers and learn from each other. The programme builds on the success of the Aspirant Directors of Public Health programme, with fifty per cent (33 out of 65) of those who have participated in the programme having secured DPH posts or other senior leadership posts in the system within three years of completing it. From a large number of high quality applicants, 30 individuals (20 from public health and 10 from children's services backgrounds) have been accepted to join cohort three which began in January 2016.
- 11.2 'Skills for System Leadership' is a single national programme for senior leaders from a local area and across public services, to work together on a shared system challenge. The programme has been delivered in all top tier local authorities. The programmes helped those working in public health to develop the insights and skills needed for a more devolved, localised and integrated health and social care system. About 40 local authority areas have become part of the 'Local Vision' programme, focusing on a complex health issue and applying a systems leadership approach. The Local Vision Programme has recently been evaluated by the University of the West of England and

shows that whilst it is early days, the approach has been regarded as successful with some good examples of positive outcomes in people's health and wellbeing.

- 11.3 In 2015 PHE worked with the LGA, ADPH and other sector partners to develop and pilot an approach to talent management for those working in public health in London and the North West. Through close engagement between partners at national and local level, each pilot recruited a cohort of 28 participants, working in public health or a related field, from a number of employers (local government, PHE, voluntary and third sector, the NHS) in a variety of roles (from environmental health to scientific to children's services commissioning). The pilots focused on people at a similar stage in their careers where they increasingly needed to engage and influence beyond their own, and their team's, operational boundaries. This work has been recently evaluated by PHE with the support of a multi-agency steering group. The findings will be used to develop a systematic and sustainable approach to identifying and developing staff across the system.

12. 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).

- 12.1 The CfWI published its study into the public health knowledge and intelligence workforce in March 2015. The report provides an estimate of the number of people working in PHE and local authorities in knowledge and intelligence roles, as well as an analysis of the skills needed by this workforce. <http://www.cfwi.org.uk/our-work/public-health/public-health-knowledge-and-intelligence-a-study>
- 12.2 PHE published the final version of its Knowledge Strategy in June 2014 – 'Harnessing the power of information to improve the public's health'. This strategy describes how PHE will meet the knowledge and information requirements of practitioners across the wider public health system. <https://www.gov.uk/government/publications/knowledge-strategy-harnessing-the-power-of-information-to-improve-the-publics-health>
- 12.3 An Analytical Workforce Development Group has been set up within PHE to bring together analysts from across the domains of public health and develop common standards as well as providing a voice for this group.
- 12.4 The curriculum for a scientific training programme in Applied Epidemiology is in development and will be submitted to HEE for approval in 2016.
- 12.5 The PHE HEEAG is also supporting further education and training in bioinformatics / data science relevant to public health
- A cross system group looking at analyst skills frameworks has been established as a workstream under the National Information Board; PHE is actively involved in the work of the group.
 - There has been improved access to data - in particular LAs now have access to Hospital Episodes Statistics.

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

- 13.1 PHE published its strategy for research, translation and innovation – 'Doing, supporting and using public health research' in August 2015

(<https://www.gov.uk/government/publications/doing-supporting-and-using-public-health-research-phe-strategy>). This sets out how PHE will drive research, translation and innovation to support the transformation of public health practice and services. It addresses five priorities:

- knowledge;
- infrastructure;
- capacity;
- innovation; and
- communication

13.2 With regard to the 'capacity' priority, PHE's objectives are to:

1. Embed development of research capabilities and leadership in workforce development initiatives;
2. Support academics in public health through engagement with PHE;
3. Provide career-long research training for public health researchers. In pursuing these goals, PHE has increased significantly its formal and informal engagement with the academic community.

13.3 An academic network event was held in June 2015 followed by a series of topic-specific events that aim to create PHE-university partnerships to address research questions relevant to public health policy and practice

13.4 PHE continues to support PhD studentships. These highly competitive awards support training in prioritized research areas. Supervisory teams include both academics and PHE staff thereby enhancing the supervisory capacity of the workforce. From 2016, the studentships will be open to existing PHE staff who wish to achieve a PhD through part-time research.

13.5 The FPH has completed, and gained approvals for, its 2015 curriculum. Key Area 8: Academic public health gives a set of learning outcomes to ensure that all public health specialists have a good grounding in research. http://www.fph.org.uk/curriculum_2015. PHE's Deputy Director for Research, Translation and Innovation is engaged through membership of the Faculty's Academic Research Committee.

13.6 PHE is also a member of the NIHR Clinical Academic Careers Stakeholder Group and is aiming to increase the uptake of funded career development opportunities by public health staff (PHE staff and others).

13.7 PHE recognises the system-wide demand for skills to evaluate public health interventions. A Steering Group is mapping existing capacity and capability and will address gaps. In addition, support has been provided to the Public Health Practice Evaluation Scheme (PHPES), operated by The NIHR School of Public Health Research. The scheme offers public health practitioners working in any sector an opportunity to collaborate with leading population health scientists to evaluate their practice. <http://sphr.nihr.ac.uk/phpes/>

13.8 PHE's partnership in the 13 NIHR Health Protection Research Units includes the support of doctoral and post-doctoral research training in addition to the production of high quality evidence to support PHE to deliver its remit to protect the public's health.

13.9 PHE's cohort of honorary public health academics now extends to almost 400 staff across a range of professions. The depth and diversity of expertise is a significant advantage to PHE. For example, holders of academic honorary contracts support the development of

evidence reviews and provide training in critical evaluation of published literature, evidence synthesis, systematic reviewing, evaluation, health economics etc.

14. 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)

14.1 Academic competencies have been addressed as part of the Faculty's review of the curriculum (see para 10.7 and 13.5 above).

Chapter 2 – summary and next steps

The partner organisations will continue to implement the commitments set out in the public health workforce strategy, where they have not been completed. The intention is to develop and publish a new public health workforce strategy in summer 2016. This will specifically be informed by both the thematic review of the public health workforce that is being undertaken by PHE and the CfWI project looking at the future public health workforce as well as other work that has been undertaken in the past three years by PHE, HEE, CfWI, the LGA, the FPH and others at local and national level.

If you have any queries on this document please contact alison.ross@dh.gsi.gov.uk