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Healthy Lives, Healthy People: update on the public health workforce strategy

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Healthy Lives, Healthy People: update on the public health workforce strategy

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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 is to achieve an even more expert and professional workforce that will be able to deliver innovative, effective and evidence-based interventions to improve the public's health and reduce health inequalities.

This update sets out the progress that has been made against each of the 14 commitments in the Strategy, and the next steps.

A more detailed review of the strategy will take place during 2015.

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 National Joint Council (NJC) for Local Government Services negotiating body has set up a working group on public health workforce issues which meets regularly. The NJC Working Group organised two successful national events to address post-transition HR issues and a summary document on issues arising has been published, available at <http://www.local.gov.uk/documents/10180/11535/Public+Health+-+Beyond+Transition+Events+Summary+Document.pdf/89b4f85e-f574-41d4-897d-42f878ac4f8f>
 - 1.2 Advice on job evaluation and equal pay issues has been issued along with evaluated benchmark role profiles, available at http://www.local.gov.uk/web/guest/workforce-local-government/-/journal_content/56/10180/3702152/ARTICLE#Documentation
 - 1.3 Advice on NHS pension provision has been issued jointly by the LGA and Department of Health (DH), available at http://www.local.gov.uk/c/document_library/get_file?uuid=5182c131-783e-4af5-b531-e40d8dbc867a&groupId=10180
 - 1.4 Guidance on managing specialty trainees on placement has been issued, available at http://www.local.gov.uk/documents/10180/12075/L13-861_PH+Trainees+in+LG+final_V4.1.pdf/d805bcef-51de-40fc-a5e2-01799d2672ae
 - 1.5 Guidance on access to the NHS Jobs portal for councils has been issued, available at <http://www.local.gov.uk/documents/10180/12075/Local+Authorities+-+NHS+Jobs.pdf/af685e9b-bf2f-4ec1-8c8d-31c0f0625a0e>
 - 1.6 On-going advice and continued reactive support on pay, conditions and pension issues is being provided to council employers by the LGA.
 - 1.7 A working party has been established involving Public Health England (PHE), Local Government Association (LGA), Association of Directors of Public Health (ADPH), Faculty of Public Health (FPH) and Unison to develop guidance on the development and organisation of multi-disciplinary teams, in particular when it might be appropriate to employ medical consultants. The advice will also cover pay and job evaluation issues. As part of its remit, the working party is conducting research which will identify local priorities for workforce development and skills needs which can be used to guide the strategy.
 - 1.8 Options for dealing with anomalies in continuity of service between NHS and local government will be developed to enable ease of movement around the system, as will advice and guidance to support councils in developing their local teams. This will be designed to help public health professionals to move easily between different parts of the system in line with the remit of the working party.

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 PHE has convened a Skills Passport Reference Group, which has met a number of times, consisting of leaders and representatives from the public health workforce, to discuss concepts and requirements for a skills passport. Reference Group representatives took part in an engagement exercise in February and March to test these concepts and requirements with their members.
- 2.2 This ran alongside a survey seeking responses to questions and proposals about a skills passport, accessible on the Public Health Online Resource for Careers, Skills and Training (PHORCaST) website, hosted by HEE East Midlands. These successful engagement exercises sought views on the scope and focus of a passport tool to inform the design of a prototype skills passport, to be piloted later in 2014/15 with agreed groups within the public health workforce by March 2015.
- 2.4 Alongside this work, PHE is leading a review of the Public Health Skills and Knowledge Framework (formerly the Public Health Skills and Career Framework) focusing on levels 5 – 9 to complement the previous review, which focused on levels 1 to 4.

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 team at Health Education East Midlands (HEEM) is working to support the integration of PHORCaST, NHS Careers and Medical Careers to create a completely new HEE Health Careers website. The PHORCaST team has informed work with the IT supplier to develop the information and functionality for the new website and has utilised public health input to update the existing content on PHORCaST and identify opportunities for the development of more interactive content. The PHORCaST team held a stakeholder workshop in March 2014, which received an excellent response.
- 3.2 The team is working to ensure four- country representation for public health under the governance of new site.
- 3.3 The intended outcome is to have a fully functional health careers website from the end of 2014 and to have agreed a phase 2 (post-launch) development programme, particularly to increase the interactive nature of the site.

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 group, chaired by the Department of Health (DH), has been established to develop a minimum dataset for the public health workforce to future support workforce

planning. The group, which has met several times, is looking to identify core public health roles and functions that will be used to develop national occupational codes.

- 4.2 At the same time PHE is currently reviewing the information held on its payroll system (ESR) and will be undertaking a significant data cleanse so it can extract information to add to a list of functions compiled by the Association of Directors of Public Health. Once distinct job roles have been identified, consideration will be given to coding, where possible using existing national occupational standards.
- 4.3 Once the work to produce options for the NHS data standards has progressed, the group will also look at a smaller list and explore how data standards might apply to local government in a way that would nest into the more detailed NHS data standard. It is anticipated that a discussion paper will be sent out to interested stakeholders later in 2014.
- 4.4 The intention is to have a consistent way of collecting information about the public health workforce across the system to support Health Education England and employers.

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 focus of this work is on making public health careers for those people with a nursing and midwifery background more attractive. The programme involves developing career pathways and skills for Specialist Community Public Health nurses (and opportunity and status with PH workforce) and building skills in health protection and improvement across the whole nursing and midwifery workforce.
- 5.2 A critical review of the international literature on public health models for nursing and midwifery has been completed, with ongoing stakeholder engagement. PHE and DH Nursing Directorates are engaged in high level multiagency groups looking at addressing future education and workforce needs. Membership of these groups includes Health Education England (HEE), NHS England, the National Institute for Health and Clinical Excellence (NICE), and the Nursing and Midwifery Council. PHE's Tuberculosis (TB) Strategy includes a section on workforce, which includes scoping the TB nursing workforce in 2014/15.
- 5.3 Progress will be reported at the second PHE nursing and midwifery conference in July 2014. Additional work will include engaging PHE's Chief Knowledge Officer's Directorate, linking in with the public health, NHS and social care outcomes frameworks, identifying opportunities for public health education to be included across the curriculum (pre and post graduate) and to include public health in continuing professional development and mandatory training for all health and social care nursing and midwifery staff. PHE will also be scoping the sub-specialist public health nursing workforce (TB and community infection, prevention and control).
- 5.4 The aim is to produce for piloting a public health framework for all nurses and midwives to increase awareness and understanding of their role in delivery public health outcomes. The intended outcome is that all nurses and midwives across the health and social care system are aware of public health and wellbeing strategies, are able to utilise public health skills, and able to make every clinical contact count.

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

- 6.1 PHE held a “Developing our Scientific Community” day on 29th July 2013 and implemented the resulting recommendation to establish a PHE Science Forum. The initial meeting of the Forum was in October 2013, with representation from the varied scientific disciplines within PHE. The Forum will support and provide advice to PHE’s Scientific Advisor and input to PHE’s Professional Leadership Forum. The aim is for the Forum to become self-sustaining and become a voice for non-medically qualified scientists within PHE.
- 6.2 PHE scientist input into Modernising Scientific Careers will align the appropriate curriculum areas more closely to the needs of public health scientists. Science Forum representatives have participated in meetings with the Health Education England’s (HEE) Modernising Scientific Careers team to help influence the curriculum reviews in appropriate areas, infection sciences and bioinformatics and to scope out the potential curriculum area of epidemiology.
- 6.3 The Centre for Workforce Intelligence (CfWI) has been commissioned to undertake a stocktake of the public health scientist workforce and PHE scientists are being invited to contribute to interviews and workshops to provide information on the future direction of scientific workforce needs. The stocktake will provide information on the potential composition and training needs of the future public health scientific workforce.

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

- 7.1 DH has continued discussions with key stakeholders about its plans to extend statutory regulation, through the Health and Care Professions Council, to public health specialists from backgrounds other than medicine and dentistry.
- 7.2 It is anticipated that the necessary legislation will be in place in 2015.

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 and PHE have held discussions about the most appropriate and effective way of meeting this objective and this will be a key deliverable for the new HEE Advisory Group (HEEAG) for Public Health.
- 8.2 The Public Health HEEAG, which had its inaugural meeting on 15 April 2014, works alongside HEE’s Strategic Advisory Forum to provide strategic professional advice and expertise to HEE in its work 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.
- 8.3 The HEE strategy team is working with PHE, NHS England and a range of other partners (including NICE and Monitor) on a Cross-System Modelling project. The aim of this is to develop a robust model that sets out probable future scenarios for health and healthcare

for the population of England and the likely service models that will be required to be most effective at delivering those. HEE will then work with those organisations and our partners in education and training to understand the workforce implications and ensure that the workforce of today and tomorrow is best equipped to meet those needs.

- 8.4 Health Education East Midlands is the Lead LETB for recruitment to Public Health Specialist Training in England, Scotland and Wales.

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 curriculum defines and describes the processes (learning methods and outcomes, induction, assessment and remediation), phases of training, and settings for learning. Learning outcomes are divided into core (those which every Registrar must have to gain a Certificate of Completion of Training (CCT) and Registrar-selected areas of optional special interest (OSILOs) which are available in addition to the core and allow development of special interests either in a particular area of public health practice or in a particular setting.
- 10.2 The FPH has established a Curriculum Review Steering Group (CRSG) with responsibility for overseeing the curriculum review process. A consultation was launched on 27 November 2013 and ran until 3 March 2014 and the FPH ran five one-day workshops as part of the consultation process.
- 10.3 Around 300 consultation responses have been received from individuals and organisations and FPH is now working to extract the data for further analysis. An early summary of the results was presented at the workshops.
- 10.4 The FPH is now working to extract and analyse the consultation responses and will group the responses thematically in accordance with areas and themes that have been agreed by the Working Group:
- Surveillance and assessment of the population's health and wellbeing and public health intelligence.
 - Assessing the evidence of the effectiveness of health and healthcare interventions, programmes and services
 - Health and social service quality
 - Policy and strategy development and implementation
 - Strategic leadership and collaborative working for health
 - Health protection
 - OSILOs and training phases
 - Meta-competence and ethical management of the self
 - Academic public health

- Health improvement
- 10.5 The FPH will circulate its developed proposals proposed response for consultation with key stakeholders in September 2014 and following this consultation the proposed changes to the curriculum will be finalised for submission to the General Medical Council and UK Public Health Register in January 2015.
- 10.6 The outcome of the project will be a fit-for-purpose public health specialty training curriculum for the UK training programme.
- 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 DH and PHE, together with key stakeholders have been active in developing and delivering bespoke system leadership programmes. These are designed to enable and support those working in the public health system to maximise their effectiveness across a variety of settings to improve outcomes for citizens.
- Aspirant Directors of Public Health: The first cohort of the aspirant Director of Public Health (DPH) programme concluded in October 2013. It evaluated very positively and was deemed an outstanding success by participants, both in terms of preparing them for future DPH roles and for developing their leadership capability. Of the 38 aspirants who participated, seven individuals have now been appointed to a substantive DPH role and a further four appointed to an interim role. A second cohort was recruited in summer 2013 and this programme started in October 2013. Of the 27 participants, two have already been appointed to DPH posts. Plans are in place for a third cohort during 2014/15.
 - Skills for system leadership: The local government Leadership Centre, working with PHE, has developed a Skills for System Leadership programme that is intended to complement other whole system learning opportunities by providing a focus on the skills, behaviours and frameworks to support systems leadership specifically for public health professionals.
 - Public Health System Talent Management: Public Health England, the Local Government Association and Association of Directors of Public Health are leading work on a single common approach to talent development for the whole public health system. This will develop the personal effectiveness of individuals, working at whatever level, to accelerate and deepen their impact on the public health system and the health and well-being of the population.
- 11.2 This is an unprecedented initiative drawing on existing learning, development and talent management activity across relevant sectors (local government, NHS, and the civil service). It will enable and support participants to act beyond organisational and sectoral boundaries, including a learning set within a specific public health context. As the approach progresses during autumn 2014 it will be tested and co-developed with other national, regional and local partners, through two pathfinder cohorts. Cohort participants will be those working across public health in a variety of roles, from a variety of employers, in two different localities.

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 PHE Knowledge Strategy was published as a consultation in October 2013 <https://www.gov.uk/government/consultations/knowledge-strategy-harnessing-the-power-of-information-to-improve-the-publics-health> and will be published as a final version in June 2014.
- 12.2 PHE has established a group within PHE to consider whether a common skills framework can be used across a range of knowledge and intelligence (K&I) staff in different areas of public health. Early discussions with LGA, CfWI and others have started to develop a clearer workforce map and plan.
- 12.3 Future milestones include:
- Working with the Centre for Workforce Intelligence (CfWI) to map the K&I workforce with a report in early 2015
 - Developing a common skills framework for staff across the public health system, working in parallel with the mapping exercise above, to produce a strategy by March 2015
 - Delivery of training to local authority analysts and others as part of the 'local contribution' of Knowledge and Intelligence Teams (KITs)
- 12.4 There remains an aspiration to create training posts to work across the system, based in KITs across all areas of the country. A project this year will create exemplar secondment opportunities for analysts. This will then help us to understand how best to manage such secondments and promote movement round the system.
- 12.5 The public health system is dependent on knowledge and intelligence, so this work is critical to all public health delivery. A K&I workforce strategy will ensure that K&I is available wherever it is needed and that the best people are recruited, retained and developed by making it an attractive career.

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

- 13.1 Public Health England convened the Public Health Academic Network Workshop, (2nd December 2013), in conjunction with the office of the Chief Medical Officer, to facilitate the development of effective partnership working with academia and networks. The event focused on members of the PH academic community, mostly employed in universities, who hold honorary contracts with PHE. Professor Dame Sally Davies, Chief Medical Officer, opened the event, followed by speakers from the Academic Health Science Networks and National Institute for Health Research Clinical Research Networks. Professor David Walker, Deputy Chief Medical Officer, chaired the closing of the conference. Delegates took part in the following syndicate groups:
- how to build a national identity and influence for public health academia and how might this be sub-divided as key public health disciplines
 - how to construct the framework of the network; themes/areas of interest, database of people, capability and research activity; the network, web-based facilities, Facebook, Twitter

- public health professional development; developing the current workforce and building the workforce of the future; influencing curriculum in the wider aspects of public health e.g. environmental health, housing, planning.
- 13.2 Outputs of the latter group may highlight additional workforce development needs, particularly around revalidation.
- 13.3 A PHE Research and Academic Strategy is being prepared by the Chief Knowledge Officer's Directorate. PHE has worked with the Academy of Medical Sciences, UK Clinical Research Collaboration and other national research funders on a strategy which has been consulted on internally within PHE and externally with key researchers and stakeholders. Comments have been assimilated including those in respect of workforce development and infrastructure. A document capturing these comments will be presented to PHE's Board in early summer and disseminated widely for national consultation.
- 13.4 The research and development function within PHE is being strengthened. PHE will complete the refresh and strengthening of its research and development function with the creation of senior posts of Deputy Director of Research and Development and Head of Academic Research Strategy.

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 will be addressed as part of the Faculty's review of the curriculum (see section 10 above).

Chapter 2 – next steps

The partner organisations will continue to implement the commitments set out in the public health workforce strategy and will continue discussions with stakeholders to identify gaps and priorities for future work.

DH, PHE and the LGA are committed to review the impact of the strategy in 2015 and will consider the best way of doing this in the next few months.

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