



Public Health
England

Protecting and improving the nation's health

Fit for the Future – Public Health People Progress report

2016 to 2018

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Members of the People in UK Public Health group are:

- Association of Directors of Public Health
- Chartered Institute for Environmental Health
- Department of Health and Social Care
- Department of Health Social Services and Public Safety (Northern Ireland)
- Health Education England
- Faculty of Public Health
- Greater Manchester Fire Service, Health Education England
- Institute of Health Equity, Local Government Association
- NHS Health Scotland
- Public Health England
- Public Health Wales
- Royal College of Nursing
- Royal Society for Public Health
- UK Public Health Register

Foreword

By Shirley Cramer CBE, Chief Executive, Royal Society for Public Health

The publication of the 2016 Fit for the Future public health people report, with its 5 themes of:

- creating an attractive career
- developing a stronger social movement for health
- building 21st Century skills
- strengthening systems thinking and leadership
- ensuring resilience, flexibility and mobility

underpinned by concrete recommendations and an action plan was a key step in addressing the workforce development needs of a multidisciplinary public health workforce.

Actions around the recommendations within Fit for the Future have been taken forward by key public health stakeholder organisations in England and aligned with parallel initiatives in the devolved administrations. Oversight of the work has been maintained through the People in UK Public Health Advisory Group, of which I am the chair.

This report marks the mid-point of the 5-year action plan and records the considerable progress that has been made against most of the recommendations but also highlights the few areas where progress has been slower.

Public health needs an increasingly agile, flexible, multidisciplinary workforce that retains many current public health skills and develops new ones, and great strides have been taken in supporting the role of the wider workforce and in building the capabilities of our future public health leaders.

I look forward to the activities during the remaining years of the project building on our successes to date and providing resources to support a strengthened public health workforce.



Shirley Cramer, Chair People in UK Public Health Advisory Group

Executive summary

In 2015 the Department of Health (now Department of Health and Social Care - DHSC) commissioned Public Health England (PHE) to undertake a review of the future capacity and capability needs of the public health workforce over the following 5 years. The report from that review 'Fit for the future – public health people' (FFTF) was published in May 2016, with 31 recommendations and now forms our strategic approach to the development of the workforce until 2021.

This mid-point report summarises the system-wide work that has been completed to date. It is aimed at people working to improve the public's health across all England, including public health leaders, commissioners and public health organisations.

The 31 recommendations within FFTF are grouped within 5 key themes of:

- creating an attractive career
- developing a stronger social movement for health
- building 21st century skills
- strengthening systems thinking and leadership
- ensuring resilience, flexibility and mobility

The themes encompassed work already underway as well as new ideas. DHSC funds priority projects and workstreams via PHE, where needed, but there is also the expectation that programme-related work will continue as 'business as usual' for partner organisations.

Progress has been made against almost all the recommendations (Annex A), highlighting the close partnership working between all parts of the public health system.

Key actions and successes since publication have included:

- development of the Public Health Skills and Knowledge Framework (PHKSF)
- expansion of 'Making Every Contact Count'
- expansion of 'All our Health'
- 'Future Directors' leadership programme and support for newly appointed directors of public health
- embedding public health in clinical curricula, for example for the UK adult nursing curricula and Allied Health Professionals
- inclusion of health improvement as a generic professional capability for General Medical Council registered professionals
- employer standards for public health teams and guidance for health visitors in local authorities

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- online resources for the 'blue light' services
- public health e-learning content available online via eLearning for Healthcare
- exploration and greater alignment of routes to qualification and registration for public health specialists
- development of a degree-level Apprenticeship Standard for Public Health
- revitalisation in training healthcare public health skills
- enhanced understanding of the system-wide public health workforce, including timelines and career pathways for senior public health leaders

We conducted a review in 2017 and found the recommendations still appropriate but have refocused some priorities. We have maintained close alignment with workforce activities across the health and care system and will be looking to align future strategies with this broader framework.

Current priorities for work include:

- roll out of public health practitioner development and apprenticeship standard
- review of the Wider Public Health Workforce
- further development of e-learning modules on HEE's eLearning for Healthcare platform
- review of leadership development for specialists in training
- removing barriers to movement round the system
- development of a digital service to support the use and application of the PHSKF

Background

In 2015 the Department of Health (now the Department of Health and Social Care - DHSC) commissioned Public Health England (PHE) to undertake a public health system-wide, thematic review of the public health workforce and its future capacity, capabilities and skills. The report from that review 'Fit for the future – public health people' (FFTF) was published in 2016, taking a strategic approach with recommendations for actions over a 5-year programme of work.

The objectives of the review were to:

- develop a system-wide understanding of future scenarios that challenge the health of our population or the way in which public health is currently delivered
- understand where the key gaps in skills, knowledge or capability lie to meet those challenges
- develop options for actions to address those gaps, within the likely resources available

Four questions were posed:

- What would good public health work look like in 5 years' time and beyond?
- What will influence the way the workforce will need to develop?
- What does this mean in terms of the future composition of the workforce, and the skills and capabilities needed?
- How should the public health system respond nationally and locally to prepare a workforce that is fit for the future?

The report contained 31 recommendations, grouped within 5 key themes which were:

- creating an attractive career
- developing a stronger social movement for health
- building 21st Century skills
- strengthening systems thinking and leadership
- ensuring resilience, flexibility and mobility

There are 10 public health partner organisations identified as leads for particular recommendations; PHE and Health Education England (HEE) lead on most them.

DHSC funds the programme through PHE each year, based on projects identified and bids for support. These funds form either grants in aid for longer-term projects (such as the Leadership programmes and **Public Health Skills and Knowledge Framework - PHSKF**) or non-recurrent programme monies allocated to commissioned, procured or

collaborative work with system partners. There is also the expectation that programme related work will continue as 'business as usual'.

In July 2017, a review of the programme was undertaken in light of the changing public health landscape. The aim was to establish a system view on the relevance, urgency and prioritisation of the 31 FFTF recommendations.

Priorities that were identified from the review, mostly linked to current FFTF recommendations included:

- develop those working at public health practitioner level
- enable the development of portfolio careers in public health by enhanced mobility, flexibility and agility around and across the system
- improve cross-system approaches and the ability to communicate between, for example, NHS, local authority, civil service and provider services
- engage better with NHS as a priority
- identify and utilise critical skills that we need but may not have in public health workforce, particularly commercial business skills, economics skills, investment analyst skills and digital skills

The PHE national workforce team reviewed its areas of ownership, resulting in high-level priorities for action which were:

- system leadership
- apprenticeship standard
- PHSKF – digital platform
- e-learning
- credentialing
- mapping of the challenges which impact on mobility, flexibility and resilience of the workforce at system level

Current programme

A 5-year programme of actions was developed by PHE and other system partners. DHSC sponsors the programme, and PHE leads on behalf of the public health system.

The key external stakeholder group is the People in UK Public Health advisory group (PIUKPH). This is essential for multi-agency input, and, because many of the recommendations have UK-wide implications, need involvement of Scotland, Wales and Northern Ireland.

As PHE is accountable to DHSC for delivery of the programme there is an internal system of governance in PHE's People Directorate and upwards to management committee. There are also links to other directorates and boards within PHE, such as those supporting 'Place'.

Progress to date

Two and a half years after the publication of FFTF, significant progress has been made against most of the recommendations, highlighting the good collaboration between all parts of the public health system.

2016/17

During the first year after publication of FFTF, several new projects were initiated following agreement of DHSC funding. Pre-existing workstreams were also absorbed under the wider strategic banner of FFTF: public health leadership, the Public Health Skills and Knowledge Framework and the Public Health Minimum Data Set.

New projects included e-learning courses for public health to be hosted on existing HEE platforms, exploration of credentialing, a joint project around the viability of a more responsive approach to public health training and routes to PH specialist qualification, projects to enable public health to be embedded into undergraduate curricula, next-generation development, and greater use of existing training and toolkits such as [All Our Health](#) and [Making Every Contact Count \(MECC\)](#).

The existing offerings around public health leadership were reviewed and re-procurement of the [Future Directors Programme](#) was undertaken. Leadership for Change programmes, contributed to by PHE with other partners and hosted by Staff College, were also reviewed.

Workstreams not specifically funded by DHSC were also included, such as extensive work undertaken on public health mental health by PHE and HEE, improvements in personal effectiveness skills, guidance from Royal Society for Public Health (RSPH) measuring the public health impact of health professionals' guidance and public health leads being appointed to all 10 ambulance trusts.

A report by [Solutions for Public Health](#) published in 2016, [Healthcare Public Health. Ensuring Sustainability and Capability of Health Care Public Health across the system](#), was prepared in parallel with FFTF, in response to specific concerns about skills and capacity to support the healthcare public health function and informed FFTF recommendations.

2017/18

During 2017/18 progress was made in the following key areas:

The alpha phase of digital development of the PHSKF was successfully completed.

An ethics paper to accompany the PHSKF was added to the online collection of PHSKF materials.

A selection of case studies and other resources to support PHSKF continue to be added to the online collection.

Institute for Apprenticeships (IfA) approved the Expression of Interest for a degree standard for the occupation of Public Health Practitioner in December 2017.

The standards for employers of public health teams in England was published in conjunction with the Local Government Association (LGA) which will help ensure that the workforce is fit to practice.

Guidance for employers of health visitors and school nurses delivering the healthy child programme was published by PHE.

The UK Public Health Register (UKPHR) and the Faculty of Public Health (FPH) published a report in April 2018 showing the existing flexibility of approach to public health training and accreditation and identifying that there was no need for a new training route.

Animations to support the next generation development of All Our Health were completed.

Reports on the collaborative work between police and public health have been published on Gov.uk website.

A digital platform for all 'blue light' services was developed with the Royal Society for Public Health (RSPH) to assist prevention in population health.

The first cohort of the 21st Century Public Servant Leadership Programme for Aspiring Directors was successful and the second cohort is in progress.

A coaching and mentoring offer for new in-post directors of public health was set up with the Association of Directors of Public Health.

A draft report was produced about mobility in the public health system.

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A workshop focussing on credentialing (February 2018) explored how it might benefit public health.

UKPHR introduced revalidation for their registrants. PHE has developed support for professional appraisal mirroring the GMC registrants.

Work to develop the midwife workforce to support pregnant women to stop smoking has led to a range of freely available tools [here](#).

RSPH has continued working to make careers and job roles in public health more visible and accessible to young people through the development of the Young Health Movement.

Two RSPH-led projects around Youth Health Champions (Sir Doug Ellis Pathway to Healthcare and Train-the-Trainer sessions) have been funded.

AHPs4PH has been established as a community of practice for allied health professionals (AHPs) with an interest in public health on FaceBook with 2,300 members.

PHE-funded e-learning materials including a new health economics module have been mapped and added to HEE's learning platform.

Public Health Intelligence courses were launched in August 2018.

The multi-agency Public Health Minimum Data Set project has developed a set of National Occupation Codes for public health healthcare scientist roles and National Occupational Codes for public health team roles are in development.

There has been an increase in public health specialist registrar placements within provider and other NHS settings, helping to contribute to the development of workforce healthcare public health capacity and capabilities.

PHE has actively engaged and supported engagement with NHS around public health, for example in collaboration with NHS providers to engage their chairs and chief executives network on the value of population health within secondary and community care settings.

Case studies relating to public health and population-level practice have been uploaded onto the 'Atlas of Shared Learning' via 'Leading Change, Adding Value' website.

'Business as usual' projects, including those led by system partners, continue across a range of areas

Public health is included on the NHS health careers site and information on healthcare scientist roles is linked as relevant to healthcare scientists working in public health.

An England-wide data collection of public health consultants and specialists in local authorities, universities and PHE was undertaken by HEE with support from PHE and published online by HEE.

Public health content has been included within the pre-registration curricula for allied health professionals, which was published in September 2017. A survey is being undertaken of all universities to understand the extent to which they are incorporating the recommendations.

The 3 'p's of public health are included in Platform 2 of the Future Nurse Standards (October 2018) and are to be implemented between 2019 to 2020 across the UK.

HEE, the Medical Schools Council and the Academy of Medical Sciences co-hosted an event in July 2017 to showcase good practice in embedding public health competencies within undergraduate curricula for doctors, dentists and pharmacists.

The General Medical Council now includes Health Improvement as part of Generic Professional Capabilities which will become part of all Postgraduate Curricula.

HEE has agreed to support public health practitioner development schemes in England by equitable funding in each HEE region. All areas of England now have access to schemes. There is a single contract for the use of e-Portfolio with City and Guilds and HEE leading a session at the 2018 PHE conference.

A national Public Health Practitioner Network has been established (HEE-led) to support Public Health Practitioner development across England. A UKPHR-led task and finish group has made good progress on several topics related to public health practitioner registration, including the new public health practitioner standards.

Public health employers (for example PHE, NHS and local authorities) are engaging with apprenticeships as a development resource and developing their own staff.

The Blue Light Wellbeing Framework is a new sector-specific framework for the emergency services which contains learning from across the services, academia and PHE to provide organisations with a self-assessment tool.

Consensus statements for the respective emergency services to work together with other services to help improve public health and wellbeing have been agreed.

A **consensus statement around placements in the public health system** was led and published by PHE, as part of work to facilitate movement around the system.

RSPH has continued to work to make careers and job roles in public health more visible and accessible to young people, through the development of the **Young Health Movement**.

Reference to prevention was included in consultation responses for the **2017/18 National Health and Social Care Workforce Strategy**, 'Facing the Facts, Shaping the future'.

The General Medical Council now includes **Health Improvement as part of Generic Professional Capabilities**.

HEE, in partnership with PHE, NHS England and the community health and learning foundation, launched the **Health Literacy toolkit and strategic report**, on the HEE website in December 2017.

NHS Employers have developed a **framework, supporting information and diagnostic tool** to help people working in all NHS organisations to plan and implement their own approach for improving staff health and wellbeing.

Active engagement between PHE and NHS Providers to highlight the importance of public health including NHS Providers Provider Voices publication '**Public health: everyone's business?**' Oct 2017.

'**Framework for a Population Health approach for Trusts**' has been developed by the Provider Public Health Network, a group of public health professionals who work in or closely with NHS healthcare providers, with co-ordination support from PHE.

HEE has developed a **toolkit** to quality assure the undergraduate education curricula in the Northwest for public health content. The indicators were drawn from the '**Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals**' which has since been updated to the **All Our Health framework June 2016**.

The **Making Every Contact Count (MECC)** programme co-led by PHE and HEE has developed further products and support including **free e-learning resources to support MECC** and a consensus statement. A **MECC community of practice has been established** (on Facebook), gaining over 400 members since launch in August 2017.

This work includes a **suite of practical tools** and a **consensus statement** endorsed by signatories to the Five Year Forward View

PHE has established a national, centre-based MECC network, which includes a lead identified at each PHE centre who supports the uptake of MECC within local health and care systems.

There is input to the **development of a NICE MECC resource for ICSs/STPs**.

PHE provided input on the MECC approach to a World Health Organization (WHO) Europe symposium on cross-cutting approaches to behaviour change in June 2017

HEE, working with PHE, has created a **Population Wellbeing Portal** on eLfh.

HEE is developing **a Learning Solution**.

HEE has developed **a glossary of public health terminology**.

The **Faculty of Public Health (FPH)** has developed **a workforce strategy and standards** closely linked to Fit for the Future.

RSPH and the Professional Standards Authority 2017 joint report '**Untapped resources: accredited registers in the wider workforce**' looked at the role of the 80,000-strong accredited registered workforce in improving and protecting the public's health.

RSPH and ukactive produced a joint report in 2018 '**Going the Distance**', on the role of exercise professionals in the wider public health workforce, many of whom are now getting training in health and wellbeing.

The July 2017 review of the programme led to:

- a reduction in the number of projects to be delivered in year, from the 11 in 2017/18 to 3-5 larger projects in 2018/19
- earlier planning for the next year, with specification and business plans prior to financial bidding to improve efficiency of delivery
- improving procurement, through training and targeted recruitment, and closer working with procurement and finance colleagues
- work with partner organisations to help them deliver against their FFFTF programme recommendations
- an acknowledgement of the 'business as usual' model as an effective delivery vehicle, and a recognition of the amount of work being undertaken within the system which is not formally linked to FFFTF, for example the work undertaken on

public health mental health by PHE and HEE and improvements in personal effectiveness skills

2018/19

FETF priority projects have been funded by DHSC for 2018 to 2019:

- continued development of a level-6 apprenticeship standard for public health practitioners through a national trailblazer led by PHE in collaboration with other employers and HEE
- maintaining a supply of high-quality specialists and adapting to changing regulatory systems such as **Revalidation for UKPHR specialists** and new portfolio routes to registration which aligns with the **FPH curriculum** covering all domains of Healthcare Public Health, Health Improvement and Health Protection
- **UKPHR Framework of Competencies for Specialist Registration by Portfolio**
- the exploration of the availability of the as a digital service or resource, demonstrating progress through the Government Digital Service (GDS) stages of digital development.
- a series of tools and resources (compendium) published to assist public health workers, their employers and educators, in applying the 2016 revised PHSKF
- an evaluation of the PHSKF, 2 years on, following publication in November 2016
- commissioning a study and report of the impact of the Employer Standards, 1 year on.
- commissioning an e-learning package on housing and health and publishing on e-LfH and potentially to train a cadre of PHE staff in instructional design
- delivering the programme for aspiring directors of public health (DPHs) through University of Birmingham (C21st public servants) - the programme is taking cohorts of 29 delegates and preparing them for the role of DPH
- extension of the DPHs mentoring programme to include interim and aspiring directors - the current scheme is working well but restricted in volume and misses a significant proportion of DPHs at a critical time in their new role
- facilitated work with ADPH Council to enhance System Leadership for DPHs: defining the system within which they work and how they can 'grab' the role of system leader
- a series of workshops (potentially regional) about how DPHs can take on further responsibilities and continue as DPH
- development of regulated credentials in public health
- a study and report on barriers to movement around the system and possible solutions, building on and expanding initial work done by PHE
- PHE and HEE working together to digitalise All Our Health and create e-learning modules via E-LfH in 2019
- the PHE-hosted WHO Collaborating Centre for Public Health Nursing and Midwifery will deliver an international conference in 2019

Forward look

Areas of good progress

Overall progress has been good, as can be seen from Annex A, with significant activity at all levels across all themes.

We planned to cover all recommendations over a 5-year period and some activities, viewed as less urgent, were moved to later years (for example Guidance on Multidisciplinary Teams – for 2018 to 2019)

In some instances, we have deferred projects considering changing circumstances, for example credentialing where we are waiting for GMC, HEE and NMC frameworks.

Several areas have required multiple years to complete, for example PHSKF leadership programmes.

In some cases, there was a natural sequence of projects, for example mapping of career pathways which required some prior work on defining options such as registration and apprenticeship systems.

Areas for future focus

These are our main areas of focus and challenges for the coming year.

Increased engagement with NHS

We see the opportunity of current changes to the whole health and care workforce to build on our significant progress engaging with the NHS at all levels and to build closer links to NHS organisations. NHS Providers have been working closely with PHE and are now part of the People in UK Public Health advisory group as well as HEE. We have engaged with HEE's workforce strategy development and the **NHS long-term plan** (although at the time of publication the former was not yet published) and will continue to support these developments and DHSC's **prevention green paper** to enable the capability and capacity of the public health workforce across all sectors.

Movement round the system

This has been a continuing major concern since the 2013 changes. We have made progress on some cultural elements (such as encouraging secondments) but have not been able to shift some of the bureaucratic barriers such as cross-sector recognition of

continuity of service. We feel the time is ripe to try again and will continue to revisit this area in line with developments in the wider national agenda for health and care integration which will highlight these issues.

Mapping of career pathways

The complexity of public health – a multiprofessional, multidisciplinary endeavour – means there will never be ‘simple’ career pathways, but we will be working closely over the next year to ensure that we have the clearest possible framework for wider use.

Making public health an attractive career

We will continue to work on ways to engage and attract the public health workforce of the future, getting young people interested in health, social care and public health careers, which can offer a uniquely varied and fulfilling career with roles at different levels of specialisation. This fits with the way employment is developing with a need for flexible, rewarding careers with multiple routes and entry points. Although Fit for the Future was focused on the system in England, the ideas and actions can apply to and inform public health workforce initiatives in other UK nations (not just in regulatory issues), and the involvement of the People in UK Public Health Advisory Group ensures that this will continue.

Annex A. Table of progress by recommendation: examples at national, regional and local levels

FFTF Recommendation	Progress
1. Creating an attractive career	
<p>1.1 Increase the visibility of public health as a career to a wider range of people – for example by targeting 16- to 18-year-olds via youth health champion schemes, making use of opportunities to embed in careers advice and providing new or increased points of entry, such as apprenticeships.</p>	<p>Royal Society for Public Health (RSPH) has continued to work to make careers and job roles in public health more visible and accessible to young people, through the development of the Young Health Movement.</p> <p>PHE South East - pilot of practitioner prospective registration scheme, runs like an apprenticeship with placements across the system supplemented by practitioner development and Epi MsC module.</p> <p>Working with University of Portsmouth to offer student nurses a public health system wide placement to influence students to attitudes to public health as a future career option.</p> <p>PHE West Midlands host regular Taster Days for Public Health for school leavers, students and others to gain a better knowledge and understanding of PHE and its local role. They recognise that placements are a fundamental and highly effective method of personal and organisational development providing a platform to:</p> <ul style="list-style-type: none"> • understand working environments • gain skills and experience • build flexibility, capability, capacity and resilience • broaden contact networks • understand different working cultures • provide essential career mobility <p>and have developed a platform and process to manage placement requests. Bid submitted to Black Country LWAB for £50k to fund 2 project co-ordinators who will be responsible for planning schools careers events and working with NHS staff to be ‘ambassadors’ for the ‘Healthy Kids Healthy Careers’ initiative. Project approved but combined with a similar bid from Dudley looking to raise awareness of careers in health and social care including mental health. Project to be completed by end of March 2019</p>
	<p>a. Youth health champions:</p> <p>RSPH redeveloped the Youth Health Champion qualification, making it more practical and immersive, with stronger links to both the curriculum and careers across health and care. The Award is now mapped to the 6C’s of Care and the core competencies and values of the Health Education Care Certificate, as well as key subjects from the educational curriculum. RSPH is hoping that this will narrow the gap between education and careers across health and care.</p> <ul style="list-style-type: none"> • PHE-funded and RSPH-led projects around Youth Health Champions • Aston University, Sir Doug Ellis Pathway to Healthcare Summer School activity took place in July 2017, enabling 41 participants to achieve the Level 2 Youth Health Champion Award. RSPH is looking to repeat this with Aston University for their 2018 Doug Ellis Pathways to Medicine Cohort. • Two Train-the-Trainer sessions were delivered to around twenty different trainers for the new qualification, and a pilot scheme is due to take place imminently with learners attached to Wolverhampton City Council

	<p>HEE are supporting work in the West Midlands to explore public health competencies within initial teacher training (ITT) and have been working with the PHSE association. A workshop is planned for November 2018.</p>
	<p>b. Embed in careers advice: HEE has revised the NHS health careers website which now includes advice on careers in public health. The information on healthcare scientist roles on the NHS careers site is also relevant to healthcare scientists working in public health.</p>
	<p>c. New or increased points of entry for example apprenticeships An integrated degree standard for the occupation of Public Health Practitioner was approved by the Institute for Apprenticeships in November 2018. Work is now focussing on the End Point Assessment, on-programme plans and funding before the apprenticeship is ready for delivery in 2019 to 2020. Public Health employers (for example PHE and Local Authorities) are engaging with apprenticeships as a development resource and developing their own staff via apprenticeships in other functions.</p> <p>The Chief Nursing Officer for England has launched a campaign called Transforming Perceptions of Nursing and Midwifery which is building a repository of case studies and career examples across the system including public health</p>
<p>1.2. Continue to shape and build an appropriate, structured and consistent approach to develop those working at practitioner level, informed by the reviews carried out by CfWI and HEE.</p>	<p>HEE agreed to support practitioner development schemes in England with a similar amount for each HEE region, removing the previous inequity around access to development. Funding has been secured to fund respective schemes for the NW, Y&H and NE regions. The NW and Y&H schemes will run for the first time in Spring 2019 whilst the funding will enable the continuation of the NE scheme. A national Public Health Practitioner Network has been established to support PHP development across England. This group has seen the migration to a single ePortfolio contract with City and Guilds and ePortfolio user guides have been updated. The group also secured a session at the PHE conference 2018 to share developments around PH practitioners, the UK Public Health Register (UKPHR) review, the Public Health Skills and Knowledge Framework (PHSKF) digital solution and apprenticeships.</p> <p>The UKPHR-led PH Practitioner Task & Finish group made good progress on several topics related to PH practitioner registration; considering the new Practitioner Standards, Processes and Profile and Value.</p> <p>PHE WM - Practitioner Scheme well developed and Masterclasses are open to the wider PH system.</p> <p>PHE London in partnership with Academy of Public Health and UKPHR creating an e-learning tool to outline the purpose of practitioner registration, the process and next steps for registration. FPH commissioned to deliver a series of masterclasses benchmarked against the practitioner standards for registration</p> <p>PHE NE – practitioner scheme continues to develop with support from the Centre and public health system as assessors, verifiers and through provision of training</p>
<p>1.3. Clarify entry points and career milestones for those working in public health, and the roles of undergraduate and postgraduate public health qualifications as well as registration systems.</p>	<p>The work is longer term as it requires the completion of several key areas of work (see work done under 1.1, 1.2, 5.1 and 5.2). The main programme of work during will begin during 2018/19.</p> <p>PHE London in partnership with Academy of Public Health and UKPHR published a visual tool outlining the various competency frameworks in public health:</p>
<p>1.4. Enable the development of portfolio careers in public health, supported by a skills and knowledge framework with a</p>	<p>The Public Health Skills and Knowledge Framework (PHSKF) and accompanying Ethics report have been published on the Gov.uk website. The framework document and all links to work done under the PHSKF programme can be found in the PHSKF collections page. PHSKF Ambassadors are being trained via a series of webinars and a library of</p>

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<p>'digital passport'. This needs to be embedded and used as a point of reference by employers and key organisations</p>	<p>case studies and resources to support application of the framework is being created.</p> <p>The development of a digital service around the PHSKF is progressing steadily, with discovery and alpha phases complete. During 2019 to 2020 work will progress into the building of the digital service, or beta phase, and ongoing testing with users.</p> <p>During 2018 to 2019 the PHSKF in its current form, following the 2016 re-design, will be evaluated through a third-party commission</p>
<p>1.5. Revise guidance on multidisciplinary teams in local government to reflect the current and future context.</p>	<p>This will be done through the Standing group on local public health teams, in 2019 to 2020.</p>
<p>1.6. Continue to build public health workforce planning tools and capabilities to allow proper succession planning, and early warning of emerging skills gaps.</p>	<p>The Public Health Minimum Data Set (PHMDS) project continues and is led by HEE but progress is dependent on other organisations and external timescales. Pilot projects around collection mechanisms were completed in 2017. England-wide data collection of PH Specialists in Local Authorities, Universities and PHE, results are published on the HEE website. This will be repeated in 2019 to 2020</p> <p>A set of National Occupation Codes for public health healthcare scientist roles have been developed and have been included in the latest release of the NHS Electronic Staff Record manual. National Occupational Codes for PH team roles are in development. NHS Digital is leading this as part of the PHMDS work.</p>
<p>1.7. Develop a set of employer standards for public health in local government</p>	<p>Employer Standards, Audit Checklist and Webcast has been completed and is publicly available on the Local Government Association website.</p>
<p>1.8. Demonstrate how employers are improving the health and wellbeing of their own workforce.</p>	<p>The Blue Light Wellbeing Framework is a new sector-specific framework for the emergency services. This new Framework contains learning from across the services, academia and Public Health England to provide organisations with a self-assessment tool.</p> <p>NHS Employers have developed a framework, supporting information and diagnostic tool to help people working in all NHS organisations to plan and implement their own approach for improving staff health and wellbeing. This is likely to be a strand of work during 2019 to 2020.</p> <p>England's Chief Nursing Officer has set up a Health & Wellbeing Nursing Reference Group. This is a system wide approach in response to the recent health select Committee on nursing.</p> <p>West Midlands' Combined Authority 'Thrive at Work' Wellbeing Programme has launched with associated toolkit, standard of good practice and quality mark for employers to improve health and wellbeing, engage and communicate more effectively with employees and help to achieve a range of business and organisational benefits</p> <p>PHE – NE - Centre Workforce Development Manager chairs the Oversight and Operational Groups for the North East Better Health at Work Award, co-ordinated by the TUC on behalf of Directors of Public Health.</p> <p>Trained 'Health Advocates' drive delivery of the Award programme from within the workplace, signposting to appropriate resources and undertaking campaigns based on the needs of the workforce, identified through a health needs assessment. In meeting criteria across a broad range of public health priorities during their progress from Bronze to Continuing Excellence, they consistently demonstrate the key role of workplaces in improving health and wellbeing, The programme currently engages 358 employers in the North East with a good representation across different sizes and sectors. This represents a reach of just under 200,000 North East employees</p>

2. Developing a stronger social movement for health	
<p>2.1. Ensure public health is embedded in the undergraduate curriculum for all clinical training.</p>	<p>HEE has developed a toolkit to allow healthcare education programmes leads to consider, identify and map how their programmes evidence public health education knowledge and skills acquisition. The purpose of the toolkit is to quality assure the undergraduate education curricula in the Northwest for public health content. The indicators were drawn from the Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals which has since been updated to the All Our Health document June 2016.</p> <p>The toolkit draws on are 6 key areas of population health activity - the first 4 are drawn from the 4 public health domains outlined in the in the public health outcomes framework of health improvement, health protection, wider determinants of health and healthcare public health. It includes a further 2 from the Compassion in Practice framework.</p> <p>The toolkit is hosted on the North West Population Health and Prevention Network website.</p> <p>A conference on PH in the medical undergraduate curriculum was held in July 2017, as part of the Health of the Public 2040 workstream, co-hosted by the Medical Schools Council and Academy of Medical Sciences, to showcase good practice in embedding PH competencies within undergraduate curricula for doctors, dentists and pharmacists.</p> <p>Public health content within the pre-registration curricula for allied health professionals Was published in September 2017. We are undertaking a survey of all universities to understand the extent to which they are incorporating the recommendations.</p> <p>PHE London - Academy of Public Health working with emergency medicine to embed public health skills and knowledge</p>
<p>2.2. Evaluate how best to develop and roll out wider workforce training 'at scale', learning from 'early adopter' groups such as Fire and Rescue</p>	<p>Reports on the collaborative work between police and public health have been published on Gov.uk website.</p> <p>Midwives and Smoking – “Supporting a smoke-free pregnancy: New resources for healthcare professionals”. The Smoking in Pregnancy Challenge Group has launched new interactive resources to support health professionals having sensitive conversations with pregnant women who smoke. These include infographics on the harms of smoking during pregnancy and the benefits of having a smoke-free home. There are also animated advice videos, including how to help pregnant women quit smoking and explaining the risks of exposure to tobacco smoke during pregnancy. All the materials have been developed in collaboration with Public Health England and are freely available here.</p> <p>A 'One stop shop' hosted on the RSPH web site for all resources linked to the emergency services public health focus has been available since April 2018.</p> <p>PHE WM worked with Community Leisure trusts (Sporta) and presented at PHE2016 conference.</p> <p>PHE London - Academy of Public Health exploring organisational readiness and other organisational levers to realise the potential of health champions</p>
<p>2.3. Make systematic use of training and other toolkits such as "All Our Health" for healthcare professionals and other NHS staff.</p>	<p>All our Health (AoH) is a PHE led 'Call to Action' for an estimated 2 million health and care professionals in England to embed and extend prevention, health protection and promotion of wellbeing and resilience into everyday practice. AoH provides a framework, tools and resources to support this 'health promoting practice' with quick links to evidence and impact measures and top tips on what works. Two animations have been commissioned and nearly completed, 'All Our Health/Prevention' and 'Work and Health'.</p> <p>Awareness raising social media #welearn initiative has been launched and very well received – includes learning modules and tweetchats and an evaluation is being undertaken.</p> <p>This has included development of a suite of practical tools, publication of the MECC Consensus statement endorsed by signatories of the Five Year Forward</p>

	<p>View, relaunch of the national MECC website, input from PHE and the national MECC advisory group to HEE's free e-learning resources to support MECC available from www.e-lfh.org.uk/programmes/making-every-contact-count/, including a module on the 5 ways to wellbeing, and funding and support for local 'into practice' MECC activity.</p> <p>PHE and HEE led delivery of the Making Every Contact Count (MECC) website, which has included development of a suite of practical tools, publication of the MECC Consensus statement endorsed by signatories of the Five Year Forward View, relaunch of the national MECC website, input from PHE and the national MECC advisory group to HEE's free e-learning resources to support MECC available from www.e-lfh.org.uk/programmes/making-every-contact-count/, which including a module on the 5 ways to wellbeing and funding and support for local 'into practice' MECC activity.</p> <p>HEE, with input from PHE, is developing a digital platform for resources to support population health, which is in beta testing phase.</p> <p>PHE national Centre MECC Network – provides local support for the uptake of MECC within health and care system</p> <p>HEE, in partnership with PHE, NHS England and the community health and learning foundation launched a health literacy toolkit in December 2017 and has also developed a glossary of public health terminology.</p> <p>PHE WM actively engaged in embedding MECC with the Opticians network, running several Dementia and sight loss workshops since 2016</p> <p>PHE NE - A strategy/steering group and network have been established for MECC and an action plan is in place. Activity so far includes development of a multi-agency partnership, agreement on the basic approach and training programme and a mapping exercise to identify delivery across settings.</p>
<p>2.4. Use a range of levers to embed prevention at all levels – individual to organisational, for example by including in job descriptions and provider contracts.</p>	<p>Reference to prevention has been included in consultation responses for the National Health and Social Care Workforce Strategy, 'Facing the Facts, Shaping the future'; PHE and other PH stakeholders will be involved in the final drafting of this strategy.</p> <p>The NHS long term plan will have both prevention and workforce sections in which these issues can be aligned and PHE is contributing to both these workstreams.</p>
<p>2.5. Explore with professional and regulatory bodies the levers for making prevention everybody's business through registration and revalidation processes.</p>	<p>The General Medical Council now includes Health Improvement as part of Generic Professional Capabilities.</p>
<p>2.6. Review and, if needed, develop/refresh local area networks for public health to strengthen communication and support between wider workforce groups, core public health teams and local academic organisations.</p>	<p>The Allied Health Profession PH Champions Network has been established; the provider is Sheffield Hallam University.</p> <p>A community of practice for AHPs with an interest in public health 'AHPs4PH', has been established on FaceBook, with 2300 members and growing; about 50% of these are active participants. An evaluation of the network is underway.</p> <p>Academic Health Science Networks were renewed for another 5 years in May 2018, and there a range of academic-service links and networks in each area.</p> <p>A MECC community of practice on FaceBook has been established, gaining over 400 members since launch in August 2017</p> <p>PHE - NE A potential gap in the support for public health nurses and midwives was identified in the North East Public Health Workforce Development Strategy and in order to better understand the type of support that would be of most value and the preferred mechanism for accessing it, NMC-registered public health nurses and</p>

	<p>midwives across the North East were consulted, using PHE's 'select survey' tool. This has led to a new 'virtual network' being established with quarterly e-bulletins covering, for example, research and development, local innovative practice and opportunities for personal and professional development.</p>
<p>3. Building 21st C skills</p>	
<p>3.1. Ensure healthcare public health skills, and the infrastructure to support application of those skills, remain embedded in the public health core workforce. These include: health economics, prioritisation, resource management, people management, leadership in clinical settings, critical appraisal, evaluation, commissioning and commercial skills, and data interpretation. Training in NHS settings should be part of this.</p>	<p>The report 'Healthcare Public Health. Ensuring Sustainability and Capability of Health Care Public Health across the system'. by Solutions for Public Health, has been published and is now being implemented.</p> <p>A survey of Heads of School of Public Health showed that the curriculum is being covered in all areas, and there are an increasing number of NHS placements for public health trainees.</p> <p>Further work on increasing NHS placements is linked to developments of integrated care systems.</p> <p>Increases in Public Health Registrar placements within provider settings (2017 to 2018) are helping to contribute to the development of workforce healthcare public health capacity and capabilities. This provides a positive starting point, which could be further strengthened by conversations with the NHS about overall support for training posts.</p> <p>PHE has actively engaged and supported engagement with NHS around public health, for example in collaboration with NHS Providers to engage their Chairs and Chief Executives Network on the value of population health within secondary and community care settings.</p> <p>Workshop on 'Evidence reviews for PHE and NHSE', provided by University of Southampton, scheduled for Jan 2019.</p> <p>PHE WM - HCPH network in the West Midlands, HCPH training pathway, training events in Health Economics and Evaluation techniques developed with LFPH and local HEIs</p> <p>PHE NE – circulates a CPD calendar for the public health system</p> <p>The recently published UKPHR Framework of Competencies for Specialist Registration by Portfolio now includes HCPH and health economics skills</p> <p>FPH workforce strategy and standards contains a specific recommendation (2.6) that all 3 domains should be offered at each stage of training and specifically mentions training in the NHS.</p>
<p>3.2. Local NHS organisations, with local government, to consider how they can best secure PH input to all activities</p>	<p>There is input via DsPH and PHE Centres to discussions around STPs, ACOs and ICSs and some examples of this are happening round the country.</p> <p>Active engagement between PHE and NHS Providers to highlight the importance of public health including NHS Providers 'Provider Voices' publication 'Public health: everyone's business?', Oct 2017 .</p> <p>'Framework for a Population Health approach for Trusts' has been developed by the Provider Public Health Network, a group of Public Health Professionals who work in or closely with NHS Healthcare Providers, with co-ordination support from PHE.</p> <p>Guidance is being developed by the Standing group on local public health teams to support opportunities for population health engagement in these systems. Review of guidance for DPH appointments is also under way.</p>
<p>3.3. Commission relevant training programmes: for example for healthcare</p>	<p>This is devolved down to organisations to develop staff appropriately; training programmes are updated to take into account technical innovations. See also 3.5. There has been considerable work across the system in data science and analysis</p>

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<p>scientists, or information analysts, that include new technical skills.</p>	<p>defining standards, apprenticeships, and registration systems. HEE is commissioning training in R, data visualisation / infographics, predictive modelling etc to upskill existing PH Intelligence workforce</p>
<p>3.4. Implement <i>'Doing, Supporting and Using Public Health Research, the PHE strategy for research, translation and innovation'</i> to develop public health academic careers and strengthen the academic/service interface.</p>	<p>The academic network for North of England was established and the model evaluated by May 2017. The Academy of Medical Sciences report 'Health of the Public 2040' now provides a broader strategic framework and better underlying data on the academic workforce. PHE WM proactively links with NIHR CRN to develop local research priorities and to enable linking PH practitioners with academics</p>
<p>3.5. Explore opportunities to develop online /e-learning courses and qualifications that can be more readily accessed by the wider workforce for example town and transport planners, and support global public health training and development .</p>	<p>PHE-funded eLearning materials have been mapped and are being migrated to HEE's learning platform where appropriate, and HEE capacity permitting. For example Health Economics and Prioritisation in Public Health and Public Health Intelligence courses launched in August 2018. The mapping work is being overseen by the Digital Learning Technologies Steering group (first meeting April 2018). HEE WM working with HEE NW to develop e-learning for Health Literacy awareness. Health Check training to be updated to include arrhythmia detection for AF E-learning for Suicide Prevention already developed this year</p>
<p>4. Systems leadership and thinking</p>	
<p>4.1. Consider how systems leadership training can be accessed by a wider group of people working in public health, such as those working in specialist roles. Recommendation wording amended to 'Systems leadership accessed by wider range of people including further deployment of Skills for Systems Leadership'</p>	<p>Cohort 1 of the 21st Century Aspiring Director's programme has been held and Cohort 2 is in progress. PHE and the Association of Directors of Public Health (ADPH) have collaborated on support for new in post Directors of Public Health (Coaching and Mentoring offer), including a 2-day system leadership skills workshop held in June 2018 Support for PH scientists (mainly within PHE) including a 'Scientists as Leaders' talent programme which is being evaluated. PHE SE established leadership Action Learning Sets for new-into-post PH Consultants and HCPH Consultants PHE WM - Practitioner Masterclass on system Leadership - open to the wider workforce. Complex Evaluation workshop developed that included discussion around Complex adaptive systems PHE NE - North East Leadership Academy opportunities promoted to the public health system through the CPD calendar, including training on Leadership Fundamentals and Influencing with Integrity</p>
<p>4.2. Strategic leadership for mental health embedded in leadership development programmes</p>	<p>The Public Mental Health leadership and workforce development framework has been published and is being implemented. HEE, in partnership with PHE has developed an action plan for mental health promotion and mental illness prevention courses and content guides for introductory courses and professional training programmes PHE SE MH Network & HEE South worked collaboratively to support mental health training for the wider workforce via local authorities during 2018-19. WM Combined Authority published 'Thrive at Work', an action plan to drive better mental health and wellbeing in the West Midlands. HEE PHE RSPH Pilot of TtT Connect 5 in 2016 and 2017. HEE Public Mental Health courses guides, for introductory courses and public health academic courses in 2018</p>

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4.3. Multidisciplinary training and other integrated approaches to training should become the norm	This principle is gradually being incorporated into training programmes.
4.4 Further deploy the Skills for System Leadership programme with its emphasis on working in a political environment, aimed at public health teams in local authorities.	See progress under 4.1.
4.5. Organisations should review the training and development offer to their employees to ensure that staff can (and do) access personal effectiveness skills for example negotiating, influencing, co-production approaches as appropriate, alongside more technical skills.	<p>PHE has developed a Learning and Development (L&D) strategy to shape the way it develops and delivers L&D within the organisation over the next 3 years, built around the evidence-based '70/20/10 model' of learning.</p> <p>PHE SE has developed a local L&D Policy to be used alongside the strategy to support staff in understanding and accessing 70/20/10 opportunities.</p> <p>PHE WM staff have access to NHS WM Leadership training.</p>
5. Ensuring resilience, flexibility and mobility	
	<p>Most of the planned support for UKPHR registered specialists' appraisal has been delivered. We are looking for core PHE funding for additional staffing for next year as well as FFTF non-recurrent costs to continue this.</p> <p>The roll-out of revalidation appraisals to all non-medical public health specialists in Local Government in leadership positions during 2017 to 2018, access to PHE's professional appraisal platform (SARD) and a series of workshops and seminars covering topics such as quality improvement activity and personal development planning, has commenced.</p> <p>215 UKPHR specialist registrants are now accessing PHE's professional appraisal platform (SARD); this is approximately half of the total number expected to ultimately sign-up.</p> <p>Detailed working arrangements between UKPHR and PHE have been developed and are being implemented, which will support UKPHR in making revalidation decisions about registrants and ensure their revalidation processes mirror the GMC/ processes as closely as possible.</p>
5.1. Explore viability of a more responsive approach to public health training and accreditation, (for example a 'fast track' 2-year training scheme) to enable those with experience (for example existing local authority directors with some public health skills and experience) to become fully trained in public health, via a conversion course or 'top ups'. This would sit alongside the existing training scheme and be integrated into current routes to specialist registration.	The UKPHR and Faculty of Public Health joint report was presented to PHE in December 2017 and published by UKPHR in April 2018. The recommendation from the work is that existing routes to professional registration should be used; there is no need to create a new fast-track.

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<p>5.2. Review potential of credentialing schemes as means of nurturing sub-specialisation as appropriate, building on core competences.</p>	<p>The Faculty of Public Health (FPH) has set up a task and finish group to understand the potential of credentialing. The FPH Credentialing in Public Health Workshop was held 8 Feb 2018. This was followed by a report to FPH Education Committee and agreement to continued exploration in 2018 to 2019 but being mindful of concerns from professional bodies.</p> <p>The GMC has started a consultation on credentialing (October 2018) which we will input to. More detailed work on public health credentialing will start once the GMC has published its framework in Spring 2019.</p>
<p>5.3. Explore ways of ensuring that the workforce, and in particular, those working as specialists, training to be specialists, or at practitioner level, can gain experience of working in a wide range of settings in the system, including global health opportunities, through for example secondments or work placement linked to personal development and talent management planning.</p>	<p>Public Health England (PHE) and system partners have developed and published a consensus statement which will support organisations and individuals to undertake placements in the field of public health.</p> <p>PHE SE is supporting Practitioner and Specialist placement opportunities and encouraging case studies to showcase their experiences.</p> <p>See also progress under 5.6</p>
<p>5.4. Placements for training schemes should include training in all settings in the system including the NHS, PHE, local government, third sector, and other parts of public sector, and include opportunities for international experience/global exchange opportunities.</p>	<p>This links to progress under 3.1, ensuring the skills for those working in Healthcare Public Health by appropriate access to placements.</p> <p>PHE's global public health team can support PHE consultants deployed on international placements to support infectious disease outbreaks and provide organisational development advice. This team now offers specialty training placements.</p>
<p>5.5. Key employers to consider balance between generalist and sub-specialist job roles to ensure future workforce mobility and flexibility, while retaining a skilled workforce.</p>	<p>See also progress under Credentialing (5.2)</p> <p>This is also linked to work within PHE (for example workforce planning around the new PHE site in Harlow) as many of the highly specialised PH and scientific posts are in PHE.</p>
<p>5.6. Continue to review what action can be taken at national and local level to remove barriers to mobility linked to terms and conditions of public health staff. <i>NB = particularly continuity of service.</i> Incorporating Rec 5.7 "In particular, work with NHS Employers, the NHS Staff Council, the LGA, DHSC and relevant Unions to develop a plan for addressing continuity of service."</p>	<p>A draft report has been produced on mobility round the system and this will be taken forward via the National Health and Care Workforce Strategy. Barriers to mobility continue to be discussed at PH system wide meetings, in particular the Standing Group on local public health teams and the National Joint Council public health working group.</p> <p>PHE have re-submitted a business case to Cabinet office around continuity of service for NHS recruits.</p> <p>Consensus statements have been agreed with each of the emergency services.</p>