Title:
Consultation on a proposed public health workforce strategy
IA No: 3072

Lead department or agency:
DH

Other departments or agencies:
DCLG, LGA

Impact Assessment (IA)

Date: 29/02/2012

Stage: Consultation

Source of intervention: Domestic

Type of measure: Other

Summary: Intervention and Options

RPC Opinion: RPC Opinion Status

Cost of Preferred (or more likely) Option				
Total Net Present Value	**Business Net Present Value**	**Net cost to business per year** (EANCB on 2009 prices)	**In scope of One-In, One-Out?**	**Measure qualifies as**
£0m	£0m	£0m	No	NA

What is the problem under consideration? Why is government intervention necessary?

Under the new system, the public health workforce will be employed by a range of different employers. There is a need to set out, at high level, how new integrated ways of working will help to sustain and develop a public health workforce for the future, including training, education and continued professional development (CPD). Without intervention, there is a risk that there will be underinvestment in training. Lack of information could result in individuals investing in little or inappropriate training and education leading to a negative effect on health outcomes.

What are the policy objectives and the intended effects?

The aim of the consultation is to set out proposals for a workforce strategy that would support highly qualified and motivated public health specialists who will be employed in a range of settings including local government, the NHS and Public Health England. The consultation will also explore ways in which employers can provide opportunities to deliver, develop and embed public health knowledge and skills into the wider workforce. The responses to the consultation will inform the development of a public health workforce strategy that will be accompanied by a fully costed impact assessment.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Option 1 - do nothing. New organisations that are being established, Public Health England and Health Education England, will develop and establish their own policies that will have incremental impacts on the public health workforces. These policies will be reflected in the final public health workforce strategy.
Option 2 - develop a workforce strategy to support local authorities and other employers through ensuring a supply of highly qualified and motivated public health specialists and providing opportunities to embed public health capacity within the wider workforce.
Option 2 is the preferred option as it will avoid further fragmentation of the public health workforce, provide a consistent approach to training, education and continued professional development and provide appropriate support for employers.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** Month/2015

Does implementation go beyond minimum EU requirements?			No		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	**Micro** No	**< 20** No	**Small** No	**Medium** No	**Large** No
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:** N/A	**Non-traded:** N/A	

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister: [signature] Date: 6/3/12

Summary: Analysis & Evidence

Policy Option 1

Description: Do nothing

FULL ECONOMIC ASSESSMENT

Price Base Year N/A	PV Base Year N/A	Time Period Years N/A	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	**High:** Optional	**Best Estimate:** 0

COSTS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	N/A		N/A	**0**
High	N/A		N/A	**0**
Best Estimate				

Description and scale of key monetised costs by 'main affected groups'

Costs are defined to be zero.

Other key non-monetised costs by 'main affected groups'

Costs are defined to be zero.

BENEFITS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional		Optional	**Optional**
High	Optional		Optional	**Optional**
Best Estimate	0			**0**

Description and scale of key monetised benefits by 'main affected groups'

Benefits are defined to be zero.

Other key non-monetised benefits by 'main affected groups'

Benefits are defined to be zero.

Key assumptions/sensitivities/risks **Discount rate (%)** N/A

There is a risk of fragmentation of the public health workforce if no action is taken. Further there is a risk that without an overarching vision, other policies that affect the public health workforce will lead to confusion and fail to achieve their expected benefits.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			In scope of OIOO?	Measure qualifies as
Costs: 0	**Benefits:** 0	**Net:** 0	No	NA

Summary: Analysis & Evidence

Policy Option 2

Description: Public Health Workforce Strategy

FULL ECONOMIC ASSESSMENT

Price Base Year **N/A**	PV Base Year **N/A**	**Time Period Years** N/A	**Net Benefit (Present Value (PV)) (£m)**		
			Low: Optional	**High:** Optional	**Best Estimate:**

COSTS (£m)	**Total Transition** (Constant Price) Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Cost** (Present Value)
Low	Optional	Optional	**Optional**
High	Optional	Optional	**Optional**
Best Estimate	N/A	N/A	**N/A**

Description and scale of key monetised costs by 'main affected groups'

No costs have been monetised. It is not expected that there will be any significant incremental costs from option 2. However, this will be determined following the consultation.

Other key non-monetised costs by 'main affected groups'

The incremental costs of implementing this strategy may include staff time in a range of organisations in collating and distributing information on education, training and career opportunities. This has not been monetised as the exact requirements are uncertain at this stage.

BENEFITS (£m)	**Total Transition** (Constant Price) Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Benefit** (Present Value)
Low	Optional	Optional	**Optional**
High	Optional	Optional	**Optional**
Best Estimate	N/A	N/A	**N/A**

Description and scale of key monetised benefits by 'main affected groups'

No benefits have been monetised. These will be determined following the consultation.

Other key non-monetised benefits by 'main affected groups'

The intended benefits of the strategy include (i) improved capacity and capability, (ii) more integrated workforce planning, (iii) sustainable and transparent investment in training and education, and (iv) better value for money.

Key assumptions/sensitivities/risks **Discount rate (%)**

The success of the consultation on a workforce strategy is dependent on key stakeholders engaging with the consultation.

BUSINESS ASSESSMENT (Option 2)

Direct impact on business (Equivalent Annual) £m:			**In scope of OIOO?**	**Measure qualifies as**
Costs: 0	**Benefits:** 0	**Net:** 0	No	NA

Evidence Base (for summary sheets)

Problem under consideration

1. The role of the Department of Health is changing fundamentally. The Health Bill formalises the relationship between the Department of Health and the NHS, to improve transparency and increase stability while maintaining appropriate accountability. In the future, with the abolition of strategic health authorities, the Department of Health will have progressively less direct involvement in planning and development of the healthcare workforce.

2. The public health workforce will be employed by a wider range of employers and there is concern that it will become fragmented, that there could be duplication in planning and inconsistent approaches to education and training (including continued professional development) and that the public health specialism will become isolated from other clinical specialities. The majority of local authorities, who will take responsibility for delivery against public health outcomes, do not currently have the expertise to appropriately plan and support public health specialists.

3. With the transfer of responsibilities for public health to local authorities and Public Health England, there is a significant risk of fragmentation of the workforce. Further, given the significant number of proposed policies that will affect the public health workforce (eg the establishment of Public Health England and the NHS Commissioning Board, the changes to training and education for the healthcare workforce, including the establishment of Health Education England and local education and training boards, Any Qualified Provider etc), there is an additional risk that they will not deliver their aims without a strategic vision for the whole of this workforce that brings all these policies together and sets them in context.

4. Under the new arrangements, upper tier and unitary local authorities will have statutory responsibility for public health and will employ large numbers of public health staff. These will include Directors of Public Heath, consultants, specialists and trainees working in local government and in the NHS, with commissioners of care.

5. In addition, Public Health England (which is to be set up as an Executive Agency of the Department of Health) will be established. It will take on the functions currently performed by the Health Protection Agency, National Treatment Agency for Substance Misuse, public health observatories, cancer registries and some strategic health authority functions. It is anticipated that approximately 4,500 staff will transfer to the new organisation.

6. Many critical roles in public health are played by people who will be part of a wider professional network. A range of clinicians and other professionals – from GPs to dentists, pharmacists to nurses, allied health professionals to environmental health officers, custody suite and court drugs workers, health visitors and school nurses as well as voluntary/charity service providers – have essential roles to play in improving and protecting population health and reducing health inequalities.

7. The Public Health White Paper *Healthy Lives, Healthy People* included a commitment to develop, and consult on, a public health workforce strategy in autumn 2011 to address the risks arising from a fragmented workforce and possible inconsistency of training and education. The strategy also highlights the opportunity provided by the changes to the public health system to make public health everyone's business. The White Paper set out a vision for a public health workforce that would be known for its:
   - expertise
   - professionalism
   - commitment to the population's health and wellbeing
   - flexibility.

Rationale for intervention

8. The White Paper envisaged a workforce strategy that would set out how the supply of highly trained and motivated staff, with the appropriate skills for understanding the range of public health interventions, providing public health advice and commissioning the services communities require, can be sustained and grown. This consultation is the first step towards the development of that strategy. It pulls together those functions that Health Education England (when established) will perform with regard to public health and the functions of Public Health England (when established) with regard to the public health workforces. In addition, the consultation proposes a number of further actions that build on existing arrangements and which are designed not to have any additional burden or cost.

9. The Secretary of State for Health has agreed that the focus of the strategy will be on the specialist workforce, including those staff employed by Public Health England. However, Ministers have been clear that public health is everyone's business and the consultation therefore includes proposals for both public health practitioners and the wider workforce such as housing officers and planners. It brings together those elements of other related polices that impact on the public health workforce including *Healthy Lives, Health People*, *Liberating the NHS: developing the NHS workforce* and the *Operating Model for Public Health England.*

10. The professional groups that are addressed in this consultation include, but are not limited to:
    - consultants in public health and directors of public health and those who are training towards professional registration via the Faculty of Public Health
    - public health dentists
    - academics in public health
    - healthcare scientists whose work mainly (but not exclusively) resides in health protection, other medical consultants whose work involves health protection (such as microbiologists and toxicologists)
    - members of the nursing profession (such as health visitors, school nurses, occupation health nurses and those offering sexual health services);
    - allied health professionals whose work is closely involved with public health
    - professionals who have undertaken practitioner development in public health towards accreditation
    - environmental health officers

- information and intelligence analysts.

11. This list is not exhaustive, but demonstrates the complexity that is modern professional public health. There are also important associations with workforces such as social workers and education.

12. In building capacity and skills in public health, it is crucial that these workforces "interlock" to achieve the best outcomes for the populations they serve, in a time of stretched resources. The consultation examines how such working can be enabled and what is the "glue" that holds dispersed workforces together in pathways for health.

13. In order to achieve this coherent vision, a number of further actions may be needed, which are outlined on option 2 and are subject to consultation.

Policy objective

14. The White Paper set out the vision for the public health workforce, which comprise the objectives of this strategy. Specifically, the public health workforce will be known for its:
    - expertise – public health staff, whatever their discipline and wherever they work, will be well-trained and expert in their field, committed to developing and maintaining their expertise and using their an evidence-based approach to practice
    - professionalism – they will demonstrate the highest standards of professional conduct in their work
    - commitment to the population's health and wellbeing – in everything they do they will focus on improving and protecting the health and wellbeing of their populations, taking account of equality and rights, whether it be a Director of Public Health in a local authority, an infection control nurse in an acute trust or a microbiologist within Public Health England
    - flexibility – they will work effectively and in partnership across organisational boundaries.

Description of options considered

Option 1: Do nothing

15. Under the "do nothing" option, a number of separate, but related proposals that will affect the public health workforce will be implemented as part of the already agreed reforms of the NHS. These include:
    - the multi-disciplinary public health consultant workforce and practitioner workforces with a special interest in public health will be subject to quality assured enumeration; and scoping the ways of doing so will be undertaken nationally
    - Public Health England will deliver through appropriate collaboration, certain specialist training for its own workforce that is not provided via the Faculty of Public Health and Deaneries
    - public health training will be planned and funded as a small national specialty, through a partnership between Public Health England and Health Education England, when established

- Public Health England will commission from Health Education England a recruitment and training programme that meets national professional standards as laid out by the professional regulators and the Faculty of Public Health
- Public Health England and Health Education England hold a database of academic departments that lays out the training strengths and "offers" from the Schools of Public health to specialist trainees in public health
- an understanding of the training needs of the public health workforce will be firmly embedded into the local education and training boards
- directors of public health working across local government should cooperate with Clinical Commissioning Groups to enable local people to develop their own community assets and source local solutions to their needs
- that there should be an annual review contributing to a 'rolling' strategy, regularly update. The strategy should be implemented and reviewed as part of Public Health England's core workforce function.

Option 2: Public Health Workforce Strategy

16. The White Paper envisaged a workforce strategy that would set out how the supply of highly trained and motivated staff, with the appropriate skills for understanding the range of public health interventions, providing public health advice and commissioning the services communities require, can be sustained and grown.

17. The consultation sets out a strategic vision on workforces that will contribute to future public health and identifies how the right skills can be sourced across the new public health system. The consultation is designed to obtain views on what actions will be necessary to support and develop the future public health workforces.
18. The workforce consultation pulls together of a number of related policies into a single place to describe how the future public health system will operate, and how to ensure the recruitment and retention of a workforce capable of delivering health improvement at both national and local levels. A number of these are outlined in the do nothing option. Most of these areas of work will be subject to impact assessments related to their separate workstreams ie such as the Public Health England and Health Education England operating models.

19. In addition to bringing together these existing proposals into one coherent vision for the public health workforce, the consultation includes a small number of additional proposals, identified in discussions with key stakeholders. They are:
    - the Faculty of Public Health, working with relevant stakeholders, reviews whether its specialist competencies need to develop in the light of new working environments, relationships and expectations
    - consideration is given to certain modules of postgraduate training for professionals with a public health remit in their future career are undertaken together with those training for specialist public health
    - that the Department of Health works with the LGA to explore how local education and training boards could actively and appropriately engage local government to support determination of the specialist public health workforces required at local level.

20. In addition to these proposals, the consultation document includes a number of questions about further action that might be appropriate for inclusion in the final strategy. As part of the consultation process, we have asked for additional information and evidence that can be used to assess whether these actions would provide value for money. This analysis will be included in the Impact Assessment that will be published with the final strategy.

21. The proposals in this consultation document apply to England but the Devolved Administrations will be involved in discussions on areas of shared interest. The strategy will not cover issues such as terms and conditions or HR transition issues as these are being dealt with separately.

Option 2: Benefits and Costs of the Public Health Workforce Strategy

22. Develop a new public health workforce strategy to support employers in for recruitment, retention and development of the future public health workforce (we are consulting on this option).

23. At this stage in our policy development we have set out proposals for the development of a new public health workforce strategy. The full details of the proposed new strategy are therefore not known at present. The proposed roles and responsibilities and rationale for the strategy, set out below, will be tested through the consultation.

Benefits

26. The broad benefits of the policy are expected to fall into roughly five categories. These are incremental to the outcome under option 1, whose benefits (and costs) are defined to be zero. They are expected to be ongoing benefits, with no transition benefits expected. It is intended that the strategy, once finalised, will be reviewed and updated on a regular basis to ensure it is delivering the public health capacity required across the system.

(a) Builds capacity within public health delivery

27. Given the varying professions involved in providing public health, building an integrated approach to delivery will help to build capacity for public health delivery in the future. The potential for more multi-disciplinary, cross-professional working can be increased and realised, with a good outcome from a high level strategy being to empower communities with skills for public health. This could potentially include cost savings to local government as public health capacity is embedded across the workforce leading to improved health and wellbeing outcomes for their local populations. These are intermediate benefits, rather than health benefits that could be expected from improved public health training.

(b) Provides clarity about who comprises the public health workforce

28. In previous years it has been difficult to define who makes up the public health workforce and hence concentrate on its development. The current workforce is disparate and varying proportions of the workforce representing differing specialisms have different career paths. A clearly defined workforce will help bring together recruitment and retention, providing effective development and talent management for the multi-disciplinary professions delivering public health. The strategy, when finalised, will champion the public health

interdependencies with the workforce strategy look at the provision of these opportunit themselves. However, these are not the subject of this IA (as they would involve doubl counting).

33. The costs specific to this strategy will therefore focus on staff time in collating, sharing and making use of this information. This will involve some transition costs in setting up systems, and other ongoing costs to maintain them. Following the consultation, these proposals will be refined in order to quantify the extent of this cost, and whether there will be further costs involved in implementing the policy.

Proportionality approach: rationale and evidence that justify the level of analysis used in the impact assessment

34. This is a consultation stage impact assessment, setting out initial proposals that might form the basis of a Public Health Workforce Strategy. The incremental costs of the policies specific to this consultation are expected to be small, and the benefits are generally unquantifiable. Where possible, detailed costs will be established following the consultation.

Risks and assumptions

35. Given the significant number of already agreed additional policies that will affect the public health workforce, there is a risk that they will not deliver their aims without a strategic vision for the whole of this workforce that brings them together and sets them in context. In order to achieve this coherent vision, a number of further policies may be needed, which are outlined on option 2. The individual proposals in Option 2 are considered to be uncontroversial and low risk.

Direct costs and benefits to business calculations (following OIOO methodology)

36. The workforce consultation is not expected to have any impact on private business. The policies focus on the vision for the workforce and light touch provision of information, rather than regulation, and they mainly affect public sector organisations. None of the proposals in this consultation will have an impact on private businesses. The proposals in Option 2 relate to building relationships between the new organisations that will be established or for various stakeholder organisations to consider what more they can do to embed public health within their work. We have made an assumption that these actions will bear little or no cost and will test this during the consultation process.

Specific Impact Tests

Competition Impact Test

37. A workforce strategy arising from this consultation will have a positive impact on competition given that with a consistent approach to the public health workforce throughout England training and opportunities in public health will be consistent throughout the regions. Without the strategy that will result from this consultation, there is a risk that

discipline and play a key role in building the public health capacity the country needs. This work will be a core function of Public Health England, when established.

c) Promotes equality of access to public health services and careers at every level

29. The reduction in inequalities in health and wellbeing outcomes was identified as one of the greatest public health challenges we face by The Marmot Review in 2010. Providing a public health workforce strategy will help to ensure there is equality in access to public health as a career at all levels with the aim of a truly representative workforce. This is also in line with the Equality Act 2010, which applies to public bodies and those undertaking public functions, to employment, policymaking and service delivery. Indeed both The Marmot Review and the Equality Act 2010 relate to both access in a career in public health and access to public health services.

By providing local authorities and other employers a high level strategy it will help to ensure that all regions operate to a consistent level in response to current and future public health challenges and thus provide a consistent level of key public health services to all. The future development of the public health workforce must consider not just the immediate needs for the workforce but also the longer-term issues likely to influence the skills and knowledge necessary for an effective public health function. Ultimately, essential skills will be retained within the system and transferred to local authorities so that critical public health functions can be commissioned and delivered.

(d) Aids public health across national borders

30. Given the global nature of health, the ability to work across national borders to address such issues will become increasingly important. A consistent workforce strategy will ensure that England will be able to provide key public health services for threats that can cross national boundaries such as flu pandemic or diseases. The public health workforce strategy would complement the WHO interim draft on Strengthening Public Health Capacities and Services in Europe: A Framework for Action. The Framework covers several areas, including a 'competent public health workforce' and 'organisational structures for public health services'.

(e) Contributes to the creation of a clearly defined public health workforce

31. In preparation for this consultation, it was found that there is less robust data available about the practitioner workforces that contribute to public health outcomes as compared to the specialist public health workforce. By identifying areas for future data collection such as this more effective monitoring of training, education and CPD can take place. It will provide a clearer picture of the qualifications, grades and functions. Variations in numbers between regions may reflect additional responsibilities of those regions rather than a growth of staff for public health functions per se.

Costs

32. At this stage, the costs of option 2 are uncertain, although they are likely to be relatively small. The incremental effects of this option focus on information around opportunities for education, training and career development. Other policies that have strong

the public health workforce will become even more fragmented with employers taking different approaches to workforce development leading to inequity and risks to the delivery of public health outcomes.

Health Impact Test

A more consistent approach to recruitment, retention, development and working methods in the public health workforce will help to increase its capacity and thus increase and improve the public health services provided throughout England. Indeed the consistent approach will help to ensure equity in public health service provision and thus public health, regardless of region. The impact on health as a result of the strategy that will be informed by the responses to this consultation is expected to be positive at the local, national and international level. Given that public health threats vary in their effect (they can be isolated cases or cases that spread across national borders), all three of these aspects should be considered as beneficial.

Sustainability Impact Test

The public health workforce will appear a more viable and appealing option with the implementation of a Public Health Workforce Strategy. With consistent and multi-disciplinary training and development opportunities, it will become a more attractive career option. This will ensure that the workforce in years to come will continue to thrive through continued recruitment and retention. Equally, with equal public health training opportunities throughout regions it will be a career option available to all throughout England.

Summary and preferred option with description of implementation plan

The preferred option is option 2: a consultation on a Public Health Workforce Strategy. The proposals set out in the consultation are expected to mitigate the risk in option 1 of a fragmented workforce that is subject to many requirements that lack coherence. It is expected to achieve the vision set out in the *Healthy Lives, Healthy People*, of a public health workforce exemplified by expertise, professionalism, commitment to the population's health and wellbeing, and flexibility. In doing this, it is expected to deliver: (i) improved capacity and capability, (ii) more integrated workforce planning, (iii) sustainable and transparent investment in training and education, and (iv) better value for money.