



Public Health
England

Placements in the Public Health System: Career Mobility in Action Consensus statement

Produced by Public Health England, Association of Directors of Public Health, Faculty of Public Health, Local Government Association, Health Education England, NHS England, UK Public Health Register.

Sponsored by the Standing Group on Local Public Health Teams.

About Public Health England

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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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List of partners

Public Health England
Association of Directors of Public Health
Faculty of Public Health
Local Government Association
Health Education England
NHS England
UK Public Health Register



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Headline consensus statement and commitment for action

This statement describes the commitment of the signatory organisations to enabling placements within the public health system, within and between partner organisations, to the mutual benefit of individuals, organisations and the system as a whole.

The statement has been developed to provide not only a documented consensus, but also clarity of intentions, practical examples of good practice, clear definitions, and recommendations in relation to actions being undertaken by each organisation to facilitate this essential element of career mobility, skills development, mutual understanding within our workforces, and a whole-systems approach.

Introduction

This consensus statement represents our joint support for organisations offering placements and for individuals undertaking placements. This support is given in the context of a public health environment of integration and of sustainability and transformation partnerships. We recognise the working principles of devolution in health and social care and finally, but perhaps most importantly, we want to provide for a public health workforce that will improve the health of our populations.

Placements are a fundamental and highly effective method of personal and organisational development and undertaken in a variety of forms ranging from the informal and short-term, to formal contractual arrangements. They provide a platform to:

- understand working environments
- gain skills and experience
- build flexibility, capability, capacity and resilience
- broaden contact networks
- understand different working cultures
- provide essential career mobility

Career mobility has become increasingly important within the public health system, following the substantial system changes that took place in 2013. This resulted in public health primarily moving into a local authority setting, with some services also delivered by the Civil Service, NHS, commercial providers, and the voluntary, community and social enterprise sector.

This system change has resulted in some cases in a loss of the 'culture' of placements across organisational boundaries, and variation in processes that are, both in perception and reality, a barrier to ease of access to placement opportunities. Such change, however, also presents the ideal climate to take stock, review and commit to move forward with systems approaches, and demonstrate leadership within and across organisations, and the public health, health and care system as a whole.

There is also a genuine desire across the system to reinvigorate and enable placements, and advance principles that will enable staff of all disciplines and levels to undertake a standard part of development for all workforce in public health. Further work across the public health system resulting in the report 'Fit for the Future – Public Health People: a review of the public health workforce'¹ has provided another driver,

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524599/Fit_for_the_Future_Report.pdf

and a view of the workforce and system needs over the next 5 years. This established key themes and work streams for all organisations in public health in relation to creating an attractive career in PH, building skills for the 21st Century, ensuring resilience, flexibility and mobility, and strengthening our system thinking and leadership. These are areas for which placements, at all levels of the workforce and across and between all organisations, provides a strongly enabling vehicle for demonstrable and deliverable action.

In recognition of this system position, the signatory organisations have come together to publish a statement of consensus and intent. The intended audience includes directors of human resources, workforce and organisational development, chief executive officers, directors of public health, and public health leaders and managers from all organisations within the public health system.

Our shared definition of placements

Placements for the purposes of this statement may be defined as:

‘Temporary postings of an individual to an organisation within the public health, health and care system, undertaken formally or informally, and involving project, programme, topic-based work or for the purposes of shadowing or experiential learning and/or development’.

This definition is intentionally not prescriptive, recognising the breadth and variety of placement opportunities and formats that may be potentially created or available within the system, and which may encompass individuals currently working within, or those from outside system organisations whom may wish to experience the public health working environment.

Shared principles

Each signatory organisation maintains their own policies, guidelines and approaches to offering placements or their staff undertaking placements, or represents organisations with their own policies. This statement does not alter or affect these local arrangements. Appraisal and objective setting, or other equivalent local performance management systems, should be conducted jointly where possible and appropriate for the duration of the placement.

We have identified and agreed a number of key principles, which provide a framework to guide ourselves and other system partners in developing system mobility opportunities:

1. We will work to enable and facilitate placements around the public health system, reducing bureaucracy where appropriate.
2. We will promote the values and benefits provided by placements for individuals and the sending and receiving organisations, and encourage ease of access to these opportunities.
3. We recognise the need for flexibility in approach, format and content for placements, which will be a matter of agreement between the individual and the sending and receiving organisations.
4. In pursuit of flexibility and reduced bureaucracy, we will work together on the development of common approaches in terms of policies, practices and procedures in relation to placements.
5. That placements should be of mutual and lasting benefit and value to the individual and organisations involved in terms of developing skills, knowledge, experience, understanding and mobility.
6. That placements provide the means for effective learning and development via workplace experience², being experiential, practical and immersive in nature.
7. That placements provide opportunities to enable and build a shared culture in the public health, health and care system.
8. That placements are a demonstrable investment in our people working within the public health system.
9. That placements are to be encouraged in as wide a range of settings as possible.
10. That where signatory organisations do not provide placements themselves, they will work with associated organisations and bodies to promote the principles and benefits of placements in the PH system.

² <http://www.ccl.org/wp-content/uploads/2015/04/BlendedLearningLeadership.pdf>

Benefits and value of placements

There are substantial benefits to placements. Both to the individual, the teams they work with, and the organisations involved. These have been articulated by the signatories and are listed below. We hope they will guide other system partners in making the case to create, develop and sustain placements with the aim of realising some or all of these direct and indirect benefits:

- capacity and capability building within the public health system
- improved resilience within the workforce through improved system-wide understanding, network development, and more joined up ways of working
- knowledge and skills transfer across and within organisations – building bridges and further enabling the public health system to work as a whole, rather than the sum of its parts
- provision of low cost, effective, experiential learning and development opportunities
- providing opportunities to map the competencies that placements will help develop, to the revised Public Health Skills and Knowledge Framework³ enabling individuals to evidence development and enhance career opportunities
- creating a collaborative working culture
- relationship building between organisations
- raising employer profiles
- enabling the promotion of systems leadership and culture, shared goals, drivers and outcomes, including system-wide programmes of work, to improve population health outcomes

It is recognised that the undertaking of placements may also cause some pressures within both the sending and receiving teams/organisations. Every placement will require discussion and agreement between the individual and line management, and the application of the relevant organisations' individual policies in relation to personal and professional development and the management of risk. As well as the links and benefits to both the staff member and the organisations involved.

The benefits of enabling temporary placements, taken as a whole, are expected to outweigh such pressures, in providing manageable career development opportunities, enhanced skills and knowledge that may be subsequently utilised within the sending organisation, improving effectiveness and capability, and supporting an environment of mobility, thus providing a return on investment.

³ <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf>

Case studies and success stories

These case studies provide examples of where placements have been utilised in the system, and the potential opportunities created by the involved organisations. It also shows the breadth of placement models, and the possibilities, benefits and challenges created and encountered.

Examples of LA/PHE secondment

Wakefield.

Role: Consultant in Public Health (Health Intelligence).

Duration: Ongoing now for about 4 years.

The secondment was arranged for 2 days per week and was remunerated by PHE.

Overall, it appears to be successful. The only challenge noted was related to excessive bureaucracy involved in extending the annual agreement.

South Gloucestershire.

Role: PH Analyst (South Gloucestershire Council to Knowledge and Intelligence Team).

Duration: 18 months.

It was a formal secondment with ID pass and access to organisational IT systems. No fees were involved. The secondment was successful both in detail of work but also, and more importantly, in establishing relationships. No challenges were mentioned. The Analyst was subsequently employed by PHE directly, which is a sign of success.

Role: Health Protection Nurse (Public Health England to South Gloucestershire Council).

Duration: 2 years.

It was a formal secondment with ID pass and access to organisational IT systems. Full paid for 2 days per week while PHE added 1 day per week. The secondment was successful both in detail of work but also, and more importantly, in establishing relationships. No challenges were mentioned. PHE continues to support the secondment for 1 day per week even when the South Gloucestershire Council could no longer finance the 2 days they covered previously, which again can be considered a success.

Ealing.

Role: Senior Public Health specialist.

Duration: 6 months.

The PHE secondment appeared to be successful. Some challenges were mentioned related to difficulties for the seconded individual to manage 2 part-time jobs between the PHE and Ealing Council.

Nottingham City Council.

Role: Within public health team (from PHE East Midlands).

Duration: 6 months part-time.

Secondment was offered as a development opportunity to 2 senior PHE staff working toward the Defined Specialist Route for Public Health Register registration (3 months each). Nottingham City Council paid for the position.

Over the duration of the secondment, the work plan was successfully implemented, and delivered within timescales. Working within a local authority and leading on their priority public health portfolio, as well as direct relationship building with key senior Clinical Commissioning Group stakeholders, were listed as key learning points. Excellent support and leadership from the DPH and guidance from public health consultants were the top positive experience. The challenges encountered were related to managing the workload of 2 part-time roles, which prevented the individual from fully taking advantage of the development opportunities. Furthermore, PHE East Midlands were not able to backfill the secondment, resulting in a reduction in capacity to deliver the business plan.

Role: Within PHE East Midlands (from Nottingham City Council) equivalent to NHS band 8A.

Learning about PHE and its operational structures was listed as a key benefit for the individual. Exploring similarities and differences between the 2 working environments have contributed to improved communication. Working from a regional perspective and considering new agendas have broadened individual's experience. Balancing the 2 part-time roles was listed as a challenge for the individual.

PHE East of England – collaboration between NHS Graduate Management Scheme and PHE Centre to provide 8 week placement for Scheme trainee.

Example of NHS England secondment

NHS England public health central team.

Role: Medical consultant in public health (cancer screening).

Duration: 2 years.

This is a current formal secondment for two days per week with the national public health commissioning central team at NHS England. Our consultant provides invaluable support to the work programme of S7a, in particular the work around cancer screening ie bowel scope and the roll out of FIT (faecal immunochemical test) and HPV (human papillomavirus). They are engaged in strategic groups across the bipartite of NHS England and PHE to develop key aspects of programme direction and provide advice with regard to clinical implications making an invaluable contribution to the change programmes transferring from PHE to NHS England.

Example of academic placement

Staffordshire University Centre for Health and Development (CHAD).

Academic Public Health training placement for 6-12 months.

Role: An exciting opportunity for a Specialist Registrar (StR) in Public Health to work at Staffordshire University in the Centre for Health and Development (CHAD). CHAD is a collaboration between Stoke-on-Trent City Council, Staffordshire County Council and Staffordshire University, which is committed to carrying out high quality, locally relevant, translational research to improve health and reduce health and social inequalities.

Sustainability

It is important that any statement of this nature does not start and finish with its publication, but has ongoing effect and impact, providing sustainability and momentum for its intentions for the signatories and wider system partners.

There are a number of drivers that will provide for this:

Driver	Details/Examples
Fit for the Future – Public Health People: a review of the public health workforce	Enable development of portfolio careers in public health
	Development of employer standards for public health in local government
	Multi-disciplinary training opportunities and integrated approaches
	Workforce to gain experience of working in a wide range of settings in the system
	Ensuring workforce mobility and flexibility
	Removal of barriers to mobility linked to terms and conditions
Review/refresh of organisational policies and guidance to enable ease of placements	Work being undertaken in PHE to review Visiting Worker Policy
Public Health Skills and Knowledge Framework	Functional and single reference point for personal development planning and employer-led workforce development

Our commitments

We believe in leading by example and, therefore, we are committed to the following actions:

1. To ensure our organisations continue to work together to encourage, enable and facilitate placements within the public health, health and care system.
2. To develop communication strategies for promoting placement opportunities and to publicise the possibilities and benefits to our staff and others.
3. To engage with our respective Human Resource and Workforce colleagues to support and enable placements to take place in the most effective, appropriate and timely manner possible.
4. To review opportunities for organisation-specific and joint work on placements.
5. To promote the use of placements as a way of developing and demonstrating capability linked to the Public Health Skills and Knowledge Framework, and other professional frameworks.
6. PHE will enable up to 5 placements under the revised Visiting Worker policy by 2018.