Public Health England

Protecting and improving the nation's health

# The wider public health workforce
## A review

27 February 2019

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# Executive summary

The changing nature of population health challenges facing the UK in the 21st century require a whole society, cross-sector approach to prevention. It is time to build a wider social movement for better health. Moreover, there is an increasing demand for holistic, personalised, and community-based care.

In 2015, the Centre for Workforce Intelligence (CfWI) and the Royal Society for Public Health (RSPH) identified that the wider public health workforce has the potential to make a large contribution to the public's health and wellbeing. During 2018-19 Public Health England (PHE) has conducted a review of this workforce and its activities, which is detailed in this report.

We have found that the wider public health workforce comprises individuals and organisations across a range of sectors. In many instances, members of this workforce are engaged in joint projects that span boundaries between different sectors and organisations addressing shared priorities with 'upstream' preventative action.

Over the course of the review, PHE has identified members of the wider public health workforce working in 3 broad capacities: leading and advocating for health, influencing the wider determinants of health, and having direct contact with individuals and communities which provides an opportunity to positively impact health.

This report outlines the key policy areas driving this agenda, a number of tools that have been developed to support the activities of the wider public health workforce, and a broad overview of progress within specific sectors of this workforce.

We intend to use this review as a springboard for further engagement with the diverse individuals and organisations that make up the wider public health workforce to understand their respective priorities and requirements, and how the public health system can usefully support them.

It is also a time of great change, particularly in the public sector: an NHS Long Term Plan, forthcoming green papers on prevention and social care, and changes in local government. These present a huge opportunity to develop the wider public health workforce to improve the nation's health and wellbeing, and to reduce health inequalities.

# Purpose

In October 2018 PHE launched a project to review the contribution of the wider public health workforce to improving the public's health. The review has been conducted as part of the Fit for the Future programme and corresponds to the recommendation that we build a stronger social movement for health. This document records the findings of PHE's review. The following report outlines what has been achieved to date and what remains to be done to maximise the positive impact of the wider public health workforce on the public's health.

Through this review we expect to broaden engagement with colleagues across a range of sectors and organisations including, but not limited to, PHE, the Department for Health and Social Care (DHSC), NHS, Health Education England (HEE), RSPH, Skills for Care, and other health and social care partners, the Local Government Association (LGA), local authority services, professional bodies, third and private sector organisations, and wider central government departments including the Department for Environment, Food and Rural Affairs (DEFRA), the Department for Business, Energy and Industrial Strategy (BEIS), the Department for Education (DfE), the Ministry of Housing, Communities and Local Government (MHCLG), the Home Office, and the Ministry of Justice (MoJ).

The purpose of this document is to provide insights to inform strategic direction and policy to maximise the positive impact the wider public health workforce can have on the public's health, to initiate new and to support existing cross-sector collaborative working. It aims to be a resource for business planning for the organisations above, and to feed into national discussions about the NHS Long Term Plan, the DHSC prevention and social care green papers, and local discussions about Integrated Care Systems and other local developments.

If we harness the potential of the wider public health workforce, we can embed prevention and improve support for individuals and communities in as many settings as possible. In many cases the wider public health workforce are already acting in this capacity, whether it is a deliberate health-related effort or whether a positive impact on health and wellbeing is the indirect consequence of addressing priorities associated with their own area of work. The public health system needs to channel the ability, and proactiveness, of members of the wider public health workforce. By working with the individuals and groups that make up this workforce to understand their requirements, by developing training and sharing best practice, we can mainstream these activities across the professions and volunteer groups of the wider public health workforce and improve outcomes for the public.

# Methodology

PHE's review of the wider public health workforce has been progressed over a number of stages.

## Desktop research

The first stage of the project was desktop research to gather information that is publicly available. We reviewed a number of reports published by a range of organisations including government, local government and voluntary, community and social enterprise (VCSE) organisations. We used the information we collected to inform our approach going forward. Through desktop research we identified the component groups of the wider public health workforce. We used this research to establish key informants to the project.

## Interviews with key informants

We identified key informants to the project across a range of government and local government organisations, professional bodies and topic leads within PHE. When selecting key informants to interview we tried to ensure that we spoke to representatives of a range of professions and elements within the wider public health workforce. We conducted semi-structured interviews with 21 key informants. We asked interviewees the same 7 questions and their responses were recorded word for word. In many cases interviewees pointed us towards other contacts or further areas of research which informed the project going forward.

## Webinar

On 12 November 2018 PHE hosted a webinar with approximately forty attendees from a range of organisations including internal PHE colleagues, government, local government and VCSE organisations, and professional bodies. We used the webinar to present emerging findings from desktop research and key informant interviews. During the webinar attendees contributed via an instant messenger chat box. Attendees commented on our emerging findings and suggested areas for further research. Some attendees proposed case studies of good practice within the wider public health workforce. We recorded the webinar and a transcript of the instant messenger chat box. We launched a call for further feedback and contribution of case studies after the webinar.

## Workshop

We circulated a draft report of our findings among stakeholders in January 2019 and on 29 January 2019 PHE hosted a workshop with 29 delegates from a range of organisations.

We asked the delegates to consider the following:

- how we might subcategorise the wider public health workforce and whether this is a useful practice for the purpose of strategic thinking
- policy drivers shaping engagement with the wider public health workforce
- methods, tools and resources enabling the wider public health workforce
- how best to engage with partners across the wider public health workforce
- how PHE's review can drive further work in this area

The feedback that we received during the workshop was that PHE's review should encourage the growing social movement for better health, and support ongoing cross-sector engagement and collaboration. The delegates advised that any recommendations for specific action to progress this work further should be determined following deeper consultation to ensure that they are sector led.

NB: Complete bibliography available on request.

# Context

The following reports and growing areas of practice have informed our thinking on this project.

## RSPH and CfWI reports

### ‘Understanding the wider public health workforce’ (CfWI July 2015)

The Centre for Workforce Intelligence (CfWI) and the Royal Society for Public Health (RSPH) developed a definition for the wider public health workforce:

*‘Any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work’.*

The CfWI report estimated that the wider public health workforce totals 15 million people in England that have the opportunity or ability to impact people’s health and wellbeing through their paid work and approximately 5 million (overlapping with the 15 million) who provide unpaid care or support to friends or family experiencing disability, illness or poor mental health. It grouped the wider public health workforce by occupation into the categories: *active, interested* or *unengaged with public health*. The CfWI report highlighted a number of themes emerging from case studies demonstrating the work of the wider public health workforce. It recommended that leadership within systems, development and training interventions, and ongoing research and evidence gathering were priorities in the future.

### ‘Rethinking the Public Health Workforce’ (RSPH 2015)

The RSPH report reflected the findings of the CfWI report identifying groups of people within a wider public health workforce of approximately 15-20 million people. The RSPH report discussed drivers for change and ingredients for success within the wider public health workforce including strong leadership, whole-system approaches in a local setting, working in partnership and community-asset based approaches. It identified common challenges facing the workforce including the need for a culture shift in many areas, budget cuts and resource shortages. The RSPH report identified occupations within the wider public health workforce who were already engaged in public health work as ‘early adopters’.

The RSPH report recommended future actions relating to:

- redefining who can be involved in public health work
- joint working between the Local Government Association (LGA), the Department for Health and Social Care (DHSC), Health Education England (HEE), public health organisations and employers
- providing education and training to the wider public health workforce
- ensuring system level engagement about the role of the wider public health workforce
- increasing public awareness about the role of the wider public health workforce
- agreeing the services that can be delivered by early adopters
- starting conversations with other interested occupations that could have a role in delivering public health
- supporting ongoing evaluation and innovation across the wider public health workforce

## Progress on RSPH 2015 recommendations

The RSPH has published several subsequent reports that have expanded on who can be involved in improving the public's health by identifying the varied and unique contribution of particular professions. A number of multi-agency steering groups exist to facilitate joint working between the organisations listed in the RSPH 2015 report. The wider public health workforce is increasingly discussed at these groups. We have received feedback that 'system' is an ambiguous term and one purpose of this document is to clarify which sectors and organisations have a role to play in the wider public health workforce. The 2015 reports identified leadership within systems as an ingredient for success, which has manifested in numerous consensus statements between various partnerships including health, social care, police, fire and rescue services, ambulance services, and housing partners.

The RSPH 2015 report suggested the development of a single brand to identify members of the wider public health workforce to the public. Particular groups and professions have created a brand or quality assurance mark for their area, for example the Healthy Living Pharmacy brand. At the workshop in January 2019 delegates commented that the creation of a single brand covering the whole wider public health workforce could inadvertently exclude some of the diverse individuals, organisations and activities of that workforce. The tool WeCommunities, however, has facilitated the creation of fora for professional discussion within individual healthcare professions (such as WeNurses, WeAHPs, WeMidwives) while maintaining an umbrella brand. Discussions about which services that can be delivered by early adopters continue, and services vary across the wider public health workforce depending on the setting and nature of their interactions with the public. RSPH reports subsequent to 2015 reflect conversations that have started with additional occupations that could have a role in supporting public health, for example practitioners on the accredited registers. In most cases professions within the wider public health workforce have self identified and

initiated these conversations themselves, for example Healthy Living Opticians in Dudley are modelling their practice on the Healthy Living Pharmacy framework. There are examples of self evaluation and audit of practice within the wider public health workforce although stakeholders have commented on the difficulties of evaluating these kinds of intervention.

## Fit for the Future (PHE 2016)

In 2015 PHE was commissioned by DHSC to carry out a review of the future capabilities and skills of the public health workforce. Fit for the Future summarises the findings of the review and what good public health would look like in 5 years' time. The recommendations resulting from the review were grouped into 5 key themes:

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

Fit for the Future identifies that engaging and developing the wider public health workforce is essential in developing a stronger social movement for health. In particular, it makes the following recommendations:

- embed public health in the undergraduate curriculum for all clinical training
- evaluate how best to develop and roll out wider public health workforce training at scale
- make systematic use of MECC training and other toolkits such as All our Health
- use a range of levers to embed prevention at all levels, for example by including in job descriptions and provider contracts
- explore the levers for embedding prevention including registration and revalidation processes
- develop local area networks for public health to strengthen communication and support between wider and core public health workforce and local academic organisations

# Policy drivers

## Prevention is better than cure (DHSC 2018)

In November 2018 the Secretary of State for Health and Social Care outlined his vision for prevention: Prevention is better than cure.

*'Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at 70 years old as it is at age 7.'*

The prevention vision recognises that many people are living with multiple complex conditions so a person-centred approach where an individual is considered holistically rather than treating each illness in isolation is optimal. It recommends that people are supported within their own homes wherever possible. The vision addresses a broader audience than just the health and care sector recognising that public health outcomes will be improved by a whole system and whole society approach to prevention. It advocates for joint working across government as local communities, housing, school and work, among other factors, affect people's health and wellbeing.

*'We must also build on the role of the wider workforce. That is, those in early years, fire, housing and leisure services, and in a range of other professions, have a responsibility to embed prevention throughout society. By encouraging professionals in private and public sectors to support the nation's health – and equipping them with the knowledge, skills and confidence they need – we can build a social movement for health.'*

## The NHS Long Term Plan (NHS England 2019)

The NHS Long Term Plan, published January 2019, advocates a whole system approach to prevention and discusses the role that the NHS can have.

The plan describes new models of integrated and personalised care that will be rolled out across the country. Universal Personalised Care, published subsequently to the plan, provides detail of the NHS's Comprehensive Model to roll out personalised care including how this relates to the wider public health workforce. Measures include the roll out of Personal Health Budgets and integrated personal budgets, community-based multidisciplinary teams and social prescribing. These measures are being implemented with the aim of improving referral pathways across health and care services within local areas, providing holistic care adapted to individual needs, and addressing health inequalities.

The Long Term Plan identifies the NHS's position within the whole system and its ability to influence the wider determinants of health. It recognises its responsibility, as the largest employer in the UK, to lead on workplace health and wellbeing for its staff. The plan identifies how the NHS can facilitate cross-sector work between health and the employment and justice sectors, as well as reducing its environmental impact.

A workforce plan is expected to be published later in 2019, which this document seeks to engage with.

## Social prescribing movement

Community referral, or social prescribing, enables health and care professionals, as well as other local agencies and services to refer people to a range of community-based support. Social prescribing recognises that wider determinants such as social, economic and environmental factors impact people's health. It encourages health and care professionals, and the people they prescribe to, to consider alternatives to clinical treatment or drugs. It empowers individuals to take greater control of their own health.

Through social prescribing people are signposted to a range of activities within the local community. Examples of these activities include sports, arts, gardening, learning opportunities, befriending organisations and cookery classes. Many of these activities are provided by voluntary and community sector organisations. New roles, known as link workers or care navigators, have been developed to connect individuals to local services based on what matters to that individual through a process of shared decision making. The NHS Long Term Plan expects that there will be 1,000 trained social prescribing link workers in place by the end of 2020/21.

While the community referral model has existed for several decades it has been developed in recent years. It aligns with new models of integrated local services and person-based holistic approaches, as well as the prevention agenda outlined in the NHS Five Year Forward View, the General Practice Forward View, and Prevention is better than cure.

## Cross-sector momentum for collaboration

PHE's review has found that organisations are increasingly working together across sectors to achieve shared priorities. The publication of consensus statements between policing, health and social care partners, ambulance and fire services, partners recognising the benefit of evidence-based early intervention and prevention, and health and justice partners all testify to this collaboration. Joint cross-sector working groups such as the Work and Health Unit provide further opportunity for achieving shared

priorities. A cross-government approach to prevention will be outlined in a green paper to be published in 2019.

An example of this cross-sector collaboration is the actions of public health, police and education partners working to reduce the incidence of Adverse Childhood Experiences (ACEs) and to support those affected. Partners work together for mutual benefit where public health teams are interested in addressing the risk of health conditions in later life, police are interested in reducing the risk of crime, and education partners are interested in improving attendance and academic attainment.

# Definition

For the purpose of this review PHE adopted the definition of the wider public health workforce developed by the CfWI and RSPH:

*'Any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work'* (2015).

We think that this definition remains helpful and relevant although we have refined it further below.

## Refinement of the definition

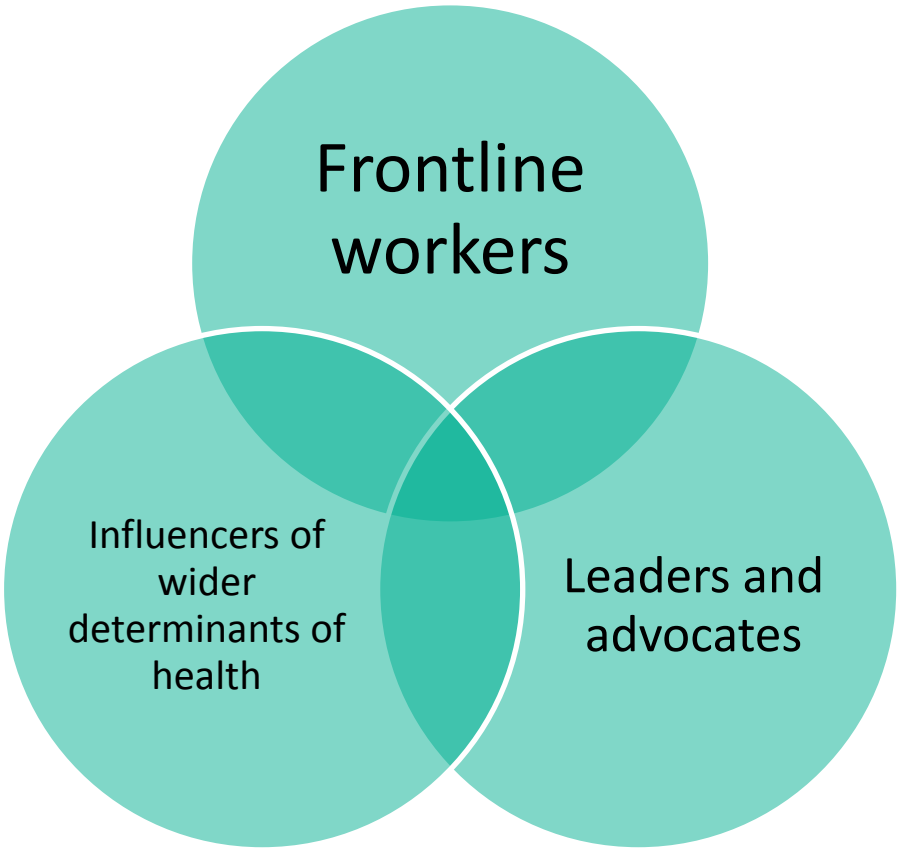
At a system level, the term has facilitated strategic thinking and workforce planning. It acknowledges that people whose primary function is not public health can nonetheless contribute to improving the public's health and wellbeing. The term has acted as a driver for engagement with non-healthcare sectors. The review found that the distinction between the 'core' and 'wider' public health workforce facilitates the development of tools, training and resources that are appropriate to the particular requirements of each workforce.

The term 'wider public health workforce' captures the social movement for better health. We received feedback from stakeholders that keeping the broad term 'wider public health workforce' is useful to ensure that as many people as possible recognise the role they can have in promoting the public's health. That being said, stakeholders reported that it is important to recognise that different elements of the wider public health workforce have different roles and therefore different requirements. In response to this feedback PHE has identified 3 types of role within the wider public health workforce.

## Sub categorisation

We have identified 3 types of role within the wider public health workforce:

- people who have direct contact with individuals or communities
- leaders and advocates
- influencers of the wider determinants of health




PHE's review found that individual members of the wider public health workforce will move between these categories and may fit into more than one category at any given time given variation of their role. In particular, we have found that in many cases there is overlap between leaders and advocates and those that influence the wider determinants of health. Often members of the wider public health workforce that have direct contact with individuals or communities become leaders and advocates in an official or unofficial capacity as a result of individual enthusiasm and proactiveness, such as taking on managerial roles. PHE recognises the fluidity of these categories. It is important that we ensure appropriate mechanisms and resources are in place to support those individuals who want to develop the role they have in public health.

## People who have direct contact with the public

This workforce includes, but is not limited to, health and care professionals working in a clinical setting whose primary focus is on individual clients. For example GPs, registered nurses and midwives, allied health professionals, mental health specialists, dentists, opticians, pharmacists and social care workers, among others.

There are a number of other people who have direct contact with people and communities in a non-healthcare professional capacity which provides an opportunity to improve public health outcomes. For example, emergency service personnel, teachers,

exercise and fitness professionals, housing officers, job centre workers and administrative staff in health and care settings, among others.

The CfWI and RSPH 2015 reports identified 5 million people undertaking public health activities on a voluntary basis as part of the wider public health workforce. These activities, such as providing care and support for family or friends with a disability or health condition, represent direct contact with individuals or groups which provides the opportunity to positively impact the public's health.

PHE's review found that the activities and type of public health intervention undertaken by those in the wider public health workforce who have direct contact with the public vary across the sector. There are a number of common tools that members of the wider public health workforce can use but in many cases individuals and organisations tailor their own approach so that it is appropriate to the nature of the interaction they have with the public. It is useful that the type of work undertaken by individuals and organisations is self driven as it allows them to harness their unique skillsets to improve outcomes for the public.

During the review PHE found that the wider public health workforce is enthusiastic about contributing to improving public health outcomes. It is the responsibility of the system to continue to roll out training and education programmes aimed at this workforce where they already exist, and to develop new programmes to fill the remaining gaps. PHE is currently exploring the possibility of a Level 3 apprenticeship standard for members of the wider public health workforce in community roles that support the public's health. HEE has developed a number of e-learning tools that are described later in this report.

## Leaders and advocates

Over the course of this review we have heard that in order to achieve the vision that 'health is everyone's business' we need strong leadership.

People in leadership and advocacy roles in organisations or communities can impact the public's health by ensuring that health is reflected in all policies, by prioritising the health and wellbeing of the people in their charge and themselves, by encouraging integrated working across organisational boundaries, and by taking every opportunity to promote health and wellbeing. These individuals might include local councillors, chief executives, board members, headteachers, police chief constables and faith leaders, among others. As described earlier in this report, consensus statements are an example of leaders driving engagement across a wide range of sectors. The LGA has published guidance for local authorities on including Health in All Policies.

On a national level, the prevention vision calls for a health and social care system that works with other sectors including housing, education, employment, justice, or local government, to address the root causes of poor physical and mental health. Collaborative working across government departments and organisations to target shared priorities is an opportunity to lead by example.

## Influencers of wider determinants of health

There a number of people whose work, while it may not bring them into direct contact with individuals and communities, has an important impact on the public's health. Working with these 'wider determinants of health', such as the economy and environment, is key to improving health and reducing inequalities.

For example, those people who are employed in town planning and licensing, or by housing and accommodation, public transport, education and catering providers. Large organisations, companies, schools, universities and employers will indirectly influence the health of their staff through policies and wellbeing provision in the workplace or education setting. It is important that the system engage with these members of the wider public health workforce to encourage them to recognise the impact their work has on the public's health. Many of these people are in local authorities where Directors of Public Health and their teams are engaging closely with other departments.

# Supporting tools

A number of tools have been developed to support the wider public health workforce in improving public health outcomes.

## The Public Health Skills and Knowledge Framework

The Public Health Skills and Knowledge Framework (PHSKF) was updated by PHE in 2016. It is a tool that can be used by members of all 3 categories of the wider public health workforce as well as the core public health workforce.

PHSKF sets out the functional areas in which individuals, teams and organisations operate to deliver on public health outcomes. For each functional area a set of statements describes what functions an individual might carry out in their work, although this will vary from individual to individual. PHSKF is designed to support the public health workforce and their employers to plan their personal development, and to help employers plan and develop their workforce. PHSKF acts as a template for creating job descriptions. It is designed to be a common point of reference for the review and development of standards of practice and curricula for public health training and education qualifications.

PHSKF outlines 3 functional areas which the public health workforce operate within: technical, context and delivery. Different members of the wider public health workforce will operate within one or more of these functional areas. In general those members of the wider public health workforce who have direct contact with the public will operate within the technical and delivery functional areas. Leaders and advocates and influencers of the wider determinants of health will operate across the technical, delivery and context functional areas.

PHE published a user guide for PHSKF which explains how to use it. It maps several job descriptions against the framework to demonstrate how it works. It includes several examples from the wider public health workforce. PHE is developing an interactive digital platform (or ‘skills passport’) to accompany PHSKF.

## Online resources

### Population Wellbeing Portal

HEE, with support from PHE, has developed a new e-learning for healthcare Population Wellbeing Portal which was launched in February 2019 and acts as a

central access point into e-Learning for Healthcare hosting material from multiple sources.

## All our Health

All our Health is an evidence-based framework (or online textbook) designed to guide health and care professionals in preventing illness, protecting health and promoting wellbeing. It was originally developed as a toolkit of practical resources for registered nurses and midwives to support them in delivering the prevention agenda. It has since been adopted by a range of health and care professions.

The All our Health framework provides resources on a range of topics including healthy beginnings, smoking and tobacco, antimicrobial resistance, dementia, and workplace health, among others.

PHE is working with universities to embed the All our Health framework into the curricula of a range of health and care programmes. PHE is working with professional bodies that represent the dental, pharmaceutical and medical professions to establish champions within those communities to embed All our Health into professional disciplines.

## Making every contact count

Members of the wider public health workforce that have direct contact with the public are well placed to support behaviour changes among individuals, families or communities which will help them to improve their health. Making every contact count (MECC), sometimes referred to as healthy conversations or making every opportunity count (MeOC), is an approach which can be used to influence behaviour change.

The wider public health workforce has millions of interactions with people on a daily basis. The MECC approach uses these interactions to encourage people to adopt behaviour changes that would have a positive impact on their health and wellbeing. Members of the wider public health workforce have the benefit of being trusted and respected by the people and communities they come into contact with and therefore have a real opportunity to enable change.

The MECC approach is used primarily by community-based organisations that provide a public service and therefore have a high level of interaction with the public. This includes frontline staff within local authorities, health and social care, community pharmacies, the Department of Work and Pensions, and the emergency services. The MECC approach enables behaviour changes such as quitting smoking, eating healthier, increasing physical activity, losing weight or reducing alcohol consumption.

The National MECC Advisory Group have developed a suite of practical resources to support the local implementation and evaluation of MECC activity, and the development of training resources.

The website www.makingeverycontactcount.com is an online resource designed to support people and organisations implementing MECC.

The MECC approach has already been successfully adopted by many within the wider public health workforce. Some regulated professions have embedded the approach into pre-registration curricula and professional standards. Some NHS trusts and hospitals have embedded MECC into their mandatory training programmes. The MECC approach can be found in the primary prevention strategies of most health and care organisations. In some areas, the MECC approach is now expanding from its core content to include some of the wider determinants of health such as social isolation, affordable warmth and falls prevention. This expansion of the MECC approach can often be linked to the primary objectives of particular organisations and the areas of health and wellbeing that they believe they can have the greatest impact upon.

Members of the wider public health workforce should be supported to recognise when it is appropriate to offer advice, to refer individuals into statutory services, or to signpost towards locally available services.

MECC can be used in conjunction with All our Health resources. MECC refers to the skillset and approach taken to an intervention whereas All our Health refers to a set of resources designed to support and inform public health interventions.

## Tools for supporting mental health and wellbeing

Over the course of the review PHE has found that one of the areas in which the wider public health workforce can make a significant impact is supporting the public's mental health and wellbeing.

The Five Year Forward View for Mental Health describes a cross-government preventative collaborative approach to addressing the wider determinants of mental health and wellbeing such as employment, housing and contact with the criminal justice system. The strategy highlights a need for improved referral pathways between physical and mental health and care services. An implementation plan published in 2016 detailed how the system would achieve the main objectives of the strategy and an update report one year on outlined progress achieved to date.

The Mental Health Core Skills Education and Training Framework has been developed to support the education and training of workforces that come into contact with people experiencing mental health problems to facilitate a holistic approach to service provision. It describes core skills and knowledge areas about mental health and

wellbeing which are transferable across different services and professions. The Public mental health leadership and workforce development framework aims to build the capacity and capability to deal with mental health issues of the leadership of both the core and wider public health workforces.

HEE's action plan for mental health promotion and prevention courses 2016-2020 sets out their plan to improve the course content of the core and wider public health professional training courses and to increase the availability and uptake of accessible quality training courses in public mental health. HEE has published emerging practice examples listing mental health promotion and training programmes available in England for the core and wider public health workforces to support those who wish to commission or deliver such training. They have developed Public Mental Health Content Guides for introductory courses or professional development in mental health and wellbeing and public health academic courses, professional training programmes and professional development.

The National MECC Implementation Group has undertaken work to ensure that mental health and wellbeing are reflected in MECC and All our Health resources.

The National Suicide Prevention Alliance has developed a resources hub to help individuals and organisations understand suicide prevention and bereavement support better. The resources include toolkits to help prevent suicides and provide support following suicides including specific toolkits for schools, universities, and workplaces. There is a suite of resources to support local suicide prevention planning. HEE and the National Collaborating Centre for Mental Health have launched a series of self-harm and suicide prevention frameworks.

The Prevention Concordat for Better Mental Health signals the commitment of partners across local authorities, the NHS, public, private and VCSE organisations, education settings and employers to the adoption of public mental health approaches.

# Review

Over the course of the review PHE considered how to divide up the wider public health workforce to facilitate strategic thinking. Beyond our initial 3 groups we have considered dividing by:

**Occupation**: while some initiatives will need to be profession or occupation specific, we think there is much to be gained by looking at a whole sector.

**Place**: most work will be done across an area eg within a local authority, ICS, or primary care network, however, there is still much to be gained by sharing experiences across regions.

**Employer**: 2 key employers are the NHS and local authorities, but we think it is useful to subdivide their work into sectors.

**Sector**: we have defined some sectors below where we think there is much learning to be done.

We received feedback that deep dives into particular groups and professions within the wider public health workforce would allow the detailed recommendations to be sector led and therefore we have only included a broad overview of activities at this stage. For the purpose of this overview we have divided the wider public health workforce into several broad sectors.

## Healthcare

Several tools have been developed to support healthcare professionals working across primary and secondary care settings, including MECC and All our Health resources as described earlier in this report. HEE has developed a skills, education and training framework to support the healthcare workforce in delivering person-centred care. PHE and the RSPH have developed the Everyday Interactions toolkit to support healthcare professionals to measure the impact of their public health work. In July 2017 HEE, the Medical Schools Council and the Academy of Medical Sciences co-hosted a conference to showcase good practice of embedding public health content within undergraduate curricula for doctors, dentists and pharmacists.

NHS England developed the Leading Change, Adding Value framework which outlines 10 aspirational commitments to support the action of nursing, midwifery and care staff. The first 3 commitments relate to public health issues. The Nursing and Midwifery Council have updated the standards of proficiency for registered nurses to include their public health function. Corresponding curriculum changes to undergraduate nursing

courses will be rolled out from September 2019. A new nursing associate role has been developed to support registered nurses.

The RSPH have worked with allied health professionals to identify their unique contributions to improving public health outcomes. PHE and the Allied Health Professionals Federation (AHFP) have published a joint strategy to develop the capacity, impact and profile of AHPs in public health, and NHS England have published AHPs into Action describing how AHPs can improve public health outcomes. A profession-led community of practice (AHPs4PH) has been voluntarily coordinated. Curricula guidance for public health content has been developed to support individual allied health professional bodies to update their pre-registration curricula, and universities to design courses.

PHE have developed an evidence-based prevention toolkit Delivering better oral health which summarises preventative advice and professional interventions dentists can offer people. PHE and DHSC are working to build prevention into contracts for dentists, and PHE, DHSC, NHS England and the Chief Dental Officer's Office are working to produce a document outlining the impact of inequalities on oral health.

Healthcare professionals within primary and secondary care settings are undertaking a range of activities including using the MECC approach to initiate conversations about health issues beyond the specific health concern which prompted an individual to access services, offering advice, social prescription and signposting people towards locally available services. On a population level, healthcare professionals are increasingly working federatively across organisational boundaries to achieve a greater understanding of the health profile of their particular area and local population, and an awareness of health issues of particular prevalence. The ongoing development of Integrated Care Systems is an important step towards the provision of holistic person-centred care.

## Hospital healthcare

A huge range of professionals including registered nurses and midwives, doctors, dentists, allied health professionals and pharmacists work in hospital settings so there is a huge opportunity to develop their public health and prevention role.

## Primary and community healthcare

Primary care is delivered by teams linked to GPs, dentists, pharmacists and optometrists. While there are examples of good practice in all these professions, Healthy Living Pharmacies (below) provide one of the few examples of widespread adoption of a single approach. We recognise that some consider GPs and registered nurses and midwives working in primary care settings 'core' public health workforce

whereas others consider them ‘wider’ public health workforce. For the purpose of the review we have used the 2015 definition of the wider public health workforce and therefore include healthcare professionals working in primary care settings whose primary focus is individual clients.

Community care is delivered by a range of NHS professionals such as district nurses, community mental health nurses and community occupational therapists in people’s homes or from community bases. This provides an excellent opportunity for direct interaction with the public in the context of their daily lives.

PHE and the RSPH have published the report Building Capacity which recognises that pharmacies are already engaged in health promotion but that there is capacity for pharmacy workers to have a greater role in improving public health outcomes. There are now (as of February 2019) approximately 9,400 community pharmacies accredited as Healthy Living Pharmacies (HLPs) which deliver a range of services determined on the basis of local need. The RSPH provides training for Health Champions and Leaders within pharmacies. In 2017/18 NHS England introduced the Community Pharmacy Quality Payments Scheme which pledges funding to community pharmacies meeting a number of quality criteria. Opticians in Dudley have driven the Dudley Healthy Living Optician Scheme modelled on the HLP framework.

There is scope for administrative staff within primary care settings to improve public health outcomes by engaging in activities such as signposting to local services.

## Social care

PHE’s review has found that people who work in social care settings have an opportunity to improve public health outcomes for those in their care. They are well placed to offer holistic health and care support because they have ongoing contact with communities, families and individuals over an extended period of time.

The Care Certificate is a set of standards developed by Skills for Care, Skills for Health and HEE that health and social care workers adhere to. Individuals are awarded the Care Certificate on the basis of an assessment. In 2018 34% of the total adult social care workforce had achieved or were working towards the Care Certificate[1].

Over the course of the review we received feedback that it is difficult to ensure consistency across the social care sector as it comprises a complex network of individuals and organisations operating in different settings, and the workforce is non-regulated. VCSE organisations such as Age UK are key players in the social care

[1] Skills for Care, ‘The state of the adult social care sector and workforce’ (2018)

setting. PHE recognises the importance of engaging with the social care workforce to understand what support they require to maximise their positive impact on public health outcomes. Skills for Care are undertaking work to better understand the role of social care in prevention.

There are scoping exercises in progress seeking to understand how healthcare and social care can be more closely aligned to facilitate holistic person-centred approaches. Vanguards for new care models and the Better Care Fund are pilot schemes aiming to provide integrated local health and care services by spanning organisational boundaries.

## Emergency services

The RSPH 2015 report identifies the emergency services as ‘early adopters’ of public health practices within the wider public health workforce. RSPH’s Emergency Services Hub hosts resources for the emergency services to facilitate access to consensus statements and the sharing of information and best practice.

The role that fire and rescue services (FRS) have in improving the public’s health has been outlined in LGA reports and case studies. FRS across the UK now conduct 'Safe and Well' visits. When officers visit people in their homes they have the opportunity to identify risk factors of fire and those that impact on health and wellbeing, where possible they provide advice or equipment to reduce that risk, or refer people to specialist advice and support. In January 2019 the Minister of State for Policing and the Fire Service and the Minister of State for Care expressed their joint endorsement of this work. Between 2015 and 2017 the National Joint Council of Local Authority Fire and Rescue Services (NJC) ran a UK-wide trial of FRS providing emergency medical response (EMR) of which a cost benefit analysis was commissioned. Rollout of EMR on a national level has since stalled although continues in some areas. In 2017 PHE ran a pilot of FRS working with health organisations in 3 regions to alleviate winter-related illnesses among vulnerable people focusing on falls prevention, social isolation, cold homes and signposting to flu immunisation.

The Policing Vision 2025 commits to a model of community-led policing aligned, and where appropriate integrated, with local public services such as mental health services. It demonstrates a move towards multi-agency teams taking a community-based approach to preventative services. The policing, health and social care consensus paper recognises shared priorities between partners and the mutual benefits of prevention and early intervention. PHE’s review of policing and health collaboration in England and Wales identifies areas of collaborative work. A working group has been established to determine what a ‘public health approach to policing’ looks like. More than 80% of calls to the police are not about crime (College of Policing 2015) which indicates that much of what the police are dealing with is complex social need or

vulnerability. The police therefore have a huge opportunity to influence wellbeing but with stretched resources it is important that this does not become an extra burden. Instead this is about harnessing the shared Peelian and public health principles of prevention and protecting the public to understand root causes and improve outcomes for individuals.

The February 2017 consensus statement recognises the opportunity ambulance services have to improve public health outcomes by identifying common risk factors and symptoms of poor health and wellbeing, offering advice, and signposting to local services. The College of Paramedics has updated its curriculum guidance in line with AHP guidance to include public health issues and reference to the MECC approach.

Every instance of collaboration between health and emergency service partners is driven by a recognition of shared priorities and the mutual benefit of working together to facilitate prevention and early intervention. Working together to pool budgets, commission jointly, share resources, and enable local delivery based on local needs improves outcomes for the public and eases the pressure on services working in isolation.

Equally as important as the role our emergency services have in improving public health outcomes, is the health and wellbeing support offered to emergency service personnel. The mental health charity Mind has a Blue Light Wellbeing Programme which provides mental health support to emergency services personnel, and a national police wellbeing service is in development to support police officers, staff and their families.

## Voluntary, community and social enterprise (VCSE) organisations

PHE's review has found that a common factor among the members of the wider public health workforce who have direct contact with the public is that they are employed in, and embedded within, their local community. As well as people employed in the sectors already mentioned in this report there is a further and more diverse range of people in community-facing roles who can have a positive impact on health and wellbeing, such as exercise and fitness instructors, housing officers, and people that work in leisure centres, job centres, libraries, cafes and restaurants. There are also those people in community-facing roles who risk having a negative impact on health and wellbeing but can take measures to mitigate that risk, such as landlords and debt collectors.

PHE's review has indicated that the majority of wider public health workforce initiatives are conceived of and led at a local level. We have received reports of a huge range of local activities such as food businesses offering healthier options, church volunteers repairing hearing aids, gyms providing specific support to people with dementia, and libraries offering collections of books to help individuals manage their health and

wellbeing. Local authorities, service providers, businesses and communities are best placed to drive a social movement for better health within that local area as they understand its particular needs. At system level, we can initiate discussion, facilitate the sharing of information and best practice, and provide tools and resources to support the development of the wider public health workforce, but the momentum is bottom up. During the review many people have articulated the need for the system to take direction from local authorities and their respective communities to understand what support will enable them to maximise the positive impact they can have on the public's health.

It is clear that the VCSE sector is a strong driver of, and contributor to, the social movement for better health. PHE's review has found that the VCSE sector has strong ties with local communities, and particular groups within communities, and therefore entering into dialogue with the VCSE sector is important to ensure that we understand the requirements of the wider public health workforce. The VCSE Health and Wellbeing Alliance (HWA) is an alliance of 21 VCSE organisations that partner with PHE, NHS England and DHSC to bring the VCSE sector's expertise into national health policy. PHE's review recommends working together with the VCSE sector to establish shared priorities and actions.

## Education

The National Healthy Schools Programme sought to engage schools, headteachers and teachers in the development of health in all policies including education policy. While the national programme has closed there are ongoing local healthy schools programmes in many regions.

DHSC and DfE have published a joint green paper recognising that schools and teachers are often on the frontline to recognise and support a young person's mental health issues and that they should have access to suitable training. It outlines measures to improve mental health and wellbeing provision in schools such as the inclusion of a designated mental health lead in schools, reflecting mental health and wellbeing provision in school policies, and improved access to local services.

Relationships and Sex Education (RSE) and Health Education (HE) will become compulsory in schools from September 2020, for which DfE has published draft guidance. It is expected that RSE and HE will be delivered through a broader PSHE framework. A joint report from the PSHE Education Strategic Partners Group highlights that these changes are not an extra burden for teachers and schools but provide a clearer direction for an existing subject and are an opportunity to simultaneously boost academic attainment and positively impact the health and wellbeing of pupils. The PSHE Association offers a range of planning toolkits and resources for schools. Continued joint working between health and education partners will be required to

embed health and wellbeing training in initial teacher education (ITE) and PSHE in curricula. HEE Wessex and the University of Southampton have collaborated to provide such ITE to trainee teachers, and developed and host an annual ITE Health Day.

VCSE organisations have led on raising awareness of mental health and wellbeing in higher education. Universities UK leads the campaign StepChange which calls for higher education institutions to adopt a whole university approach to mental health and wellbeing. Student Minds is leading on the development of a University Mental Health Charter to promote student and staff mental health and wellbeing in universities supported by funding from the University Partnership Programme Foundation. The Student Minds resources hub hosts research on topics such as informal peer support, and the role of student accommodation providers and staff, and academics. This work has been driven by students seeking to improve the provision of mental health and wellbeing support in universities, and staff working in universities who would like to offer support but require guidance to do so.

## Employment

PHE has published guidance outlining the evidence-based links between good work and good health. It describes the positive impact of good work on an individual's health and wellbeing, and the negative impact of unemployment. It recognises the challenge facing individuals with long-term conditions and disabilities who want to work. The guidance also outlines the benefit of a healthy and supported workforce to an employer, the economy and society. It offers advice and signposts to practical toolkits designed to help local authorities looking to improve employment in their local area, and employers supporting their employees' health and wellbeing.

The Royal College of Occupational Therapists and PHE are working together to increase the number of Health and Work Champions which includes training health and care professionals in this capacity. PHE and HEE are developing an e-learning programme covering the most common causes of work-related illnesses.

DWP and DHSC have established the Joint Work and Health Unit to improve health and employment outcomes for disabled people and people with long-term health conditions. The unit published a report identifying what can be done in welfare, employment and health settings to support these groups into, and to sustain, employment. Plans include the development of new roles such as community partners, disability employment advisers and small employer advisers to work with Jobcentre Plus, employers and external organisations to improve access into the workplace, and the development of apprenticeships for people with learning disabilities. More employment advisers are being placed into Improving Access to Psychological Therapies (IAPT) services to support more people with mental health conditions to access employment support. The Disability Confident Scheme aims to help employers

maximise the opportunities provided by employing disabled people. The Access to Work programme provides practical and financial support for people with a disability or long-term physical or mental health condition.

The Civil Service and the NHS, both large employers, are seeking to demonstrate good practice to employers. All the main government departments are now Disability Confident Leaders (the highest level of the scheme) and Mental Health and Wellbeing Confident Leaders training is being provided to senior civil servants and line managers. NHS Employers hosts resources designed to help NHS employers support the health and wellbeing of their staff.

## Criminal justice

NHS England's strategic direction for health services in the justice system recognises the link between contact with the criminal justice system and mental or physical health problems. It identifies shared priorities between the health and justice sectors, and a link between health-related interventions and a reduction in offending and re-offending rates. It sets out a number of actions to improve the offer of health and care services to the criminal justice system in the period to 2020 such as the rollout of liaison and diversion services UK-wide and improvements to the continuity of care individuals receive as they move in and out of the criminal justice system. The Health and Justice Clinical Reference Group has been established to support ongoing collaborative work.

## Housing

The Chartered Institute of Housing hosted 2 national health and housing summits to explore how health, housing and social care can work together. The Chartered Institute for Environmental Health hosts an annual health and housing conference. A Memorandum of Understanding between public and voluntary sector partners recognises the priorities that are shared across these sectors. A report published by the King's Fund highlights the health impact of living in poor housing and identifies the opportunities for collaborative work between health and housing within STPs and ICSs.

PHE's review has found that the diverse nature of the housing sector, comprising social and private housing providers and regulators, means that ensuring consistency across the sector is a challenge. Healthcare, social care and housing providers can be aligned through measures such as an awareness of services available locally, co-location of care and accommodation in supported housing, and the use of toolkits to support the transition from hospital to home.

In 2017/19 HWA projects related to homelessness, including the development of an inclusion health audit tool and a toolkit for registered nurses to identify and support homeless families and young people. HWA has developed the Care committed to me

resource which aims to improve the provision of end of life care to certain protected characteristic groups including the homeless population. MHCLG have developed a strategy to reduce homelessness and rough sleeping, it will be the responsibility of the health sector to support this work where possible.

## Planning

NHS England and MHCLG have launched the Healthy New Towns programme in recognition that where someone lives, and factors such as the prevalence of fast food restaurants or access to green space, impacts their health and wellbeing. The programme brings together housing organisations, local government, health and care organisations, and local communities to consider how health and wellbeing can be planned into new housing developments. Ten places that were planning new large-scale housing developments were selected as 'demonstrator sites' for a pilot. The principles of healthy places are outlined in Putting Health into Place.

The RSPH's campaign Health on the High Street seeks to demonstrate that where people live has an impact on their health. It identifies businesses and services that have a positive impact on the local community's health, and those that have a negative impact. The campaign can support town planners and licensers to consider the influence of licensing decisions on the local community's health, and how they can improve public health outcomes by encouraging certain types of activity and businesses in the local area. Transport for London have developed the Healthy Streets approach which identifies 10 indicators of healthy streets, and provides tools to support planners and designers to create a healthy street environment and examples of low-cost projects which can have a positive impact on public spaces.

# Conclusion and next steps

PHE's review has found that over recent years significant progress has been achieved to harness the potential that the wider public health workforce has to improve outcomes for individuals, families and communities. Where the most progress has been made it has been driven by strong leadership and innovative boundary spanning across different organisations and sectors. The creation of shared consensus statements and the establishment of joint working groups has demonstrated the commitment of various sectors to working together.

The review has shown that where tools and resources have been developed to support the wider public health workforce they have been most readily applied to the activities of healthcare professionals and the emergency services. The factors contributing to this uptake have been strong internal leadership within professions, recognition of shared priorities across sectors where there will be mutual benefit from collaborative work, and among regulated professions embedding public health focus into pre-registration curricula and professional standards. Continued and increased dialogue with these professions will allow the people and organisations already working in this area to improve our offer of support. Engaging with other sectors of the wider public health workforce, in particular non-regulated workforces and VCSE organisations, will be fundamental to understanding their priorities and needs and allow us to adapt our support accordingly.

We intend to use this review as a springboard to propel this work further. Our next step will be to identify or establish groups to conduct 'deep dives' into particular sectors of the wider public health workforce. During the review PHE received clear feedback to engage with the sectors that make up this workforce to better understand their priorities and needs, and to ensure that all future actions are driven by the wider public health workforce itself. We will use the resulting sector-led recommendations to inform a workforce implementation plan which outlines what the system will do to support the wider public health workforce and local initiatives.

We expect that this report will raise the profile of the wider public health workforce, in particular in discussions about the NHS Long Term Plan and personalised care, the forthcoming green papers on prevention and social care, Integrated Care Systems, and local developments.