



# Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Workforce Strategy & Standards Document 2018-2021

March 2018

## Foreword from President

We define public health as ‘the science and art of promoting health and well-being, preventing disease and prolonging life through the organized efforts of society’. We recognize the need to secure health through all our public policies. We recognize the need to achieve equity and fairness, improving the health of the poorest, fastest, to reduce inequalities in health and quality of life. We recognise the need to protect the health of our environment and to live within the capacity of the planet’s resources. We cannot have healthy people in a sick environment. And we must act now to secure the best possible health for future generations.

Public health is ‘everybody’s business’ but it also requires a professional workforce, which is the catalyst, the glue, and the conscience, that enables our society to value health, and protect and improve the health of all our citizens. Our public health workforce measures the health problems we face. We analyse the best scientific evidence to find the most effective responses. We act to implement programmes, treatments and policies to deliver better health. We use our arts and management skills to lead and build partnerships and coalitions with others whose role is public protection and health improvement. We operate in an ethical framework through which we must constantly reappraise and assess our values, and the outcomes of our work.

This workforce strategy has been designed, consulted on, and built up with a wide range of partners involved in public health in the UK nations. It has four essential strategic thrusts: to champion the unique value of public health specialists and work with employers, commissioners, decision-makers and other stakeholders to ensure the specialist role is understood, recognized, valued and deployed to best effect to meet the needs of the population, of the employer and of an efficient health system; to ensure that a flexible public health specialist workforce is trained, developed and strengthened to meet employer and the public’s health needs in the future; to ensure clear and appropriate data are available on the current workforce and to ensure that effective longer term workforce planning is undertaken; and to work in partnership with the public health community to support the development of an effective public health practitioner workforce and enable the wider workforce to deliver improvements to the public’s health.

### Scotland

Comparisons of life expectancy show that Scotland has ranked consistently lower than other UK countries in the past two decades despite an overall improving trend. Within Scotland, variations in life expectancy are particularly pronounced between areas of high and low socio-economic deprivation. The Scottish government has acknowledged the challenges of this poor health status, and embarked on a programme of public health reform, which will see significant changes for the public health workforce in Scotland. FPH is committed to working with Scottish Government, the NHS, with Scottish local authorities and the third sector partners on the reform process, so that the public health workforce can be supported to contribute to significant health improvement, health protection and more effective healthcare for people in Scotland. This will require support and development of the specialist workforce and public health practitioners across all domains

of public health practice, as well as support for cohesive working and collaboration across any organisational boundaries, inevitable in broad based public health practice.

## **Wales**

Wales has a population of just over three million people, mostly living in the south of the country and along the north coast with a largely rural centre. Wales is known for its rugged coastline, mountainous national parks, distinctive Welsh language and Celtic culture. In Wales we are living longer, fewer people are dying from infections and chronic diseases and health services have improved. However, we still face significant challenges in how we reduce the poverty and health inequalities that exist in some parts of Wales.

The seven local health boards in Wales are responsible for assessing the health needs of their population as a whole and planning and securing the delivery of primary, community and secondary care services alongside specialist services for their areas. These services include dental, optical, pharmacy and mental health services. Wales also has 22 local authorities. These are local governing bodies with locally elected politicians and are responsible for local government services including social care. Health board boundaries align with local authority boundaries with most Health Board having several local authorities within its administrative boundary. Local authorities are statutorily required to work with the NHS and non statutory partners using a variety of joint arrangements such as local strategic partnerships. In Wales, the majority of the public health workforce is employed by one of the three national NHS Trusts, Public Health Wales. Health is a devolved matter and Public Health Wales is the national public health agency for Wales, established in 2009 as an independent NHS body with a clear and specific public health remit to provide professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. There are seven local teams of specialists and practitioners that support Health Boards in their statutory duties to protect and improve population health.

FPH is committed to working with Welsh Government, the NHS and other partners so that the public health workforce of specialists and practitioners can be supported to contribute to population health protection and improvement in Wales. This will require support and development of the specialist workforce and public health practitioners across all domains of public health practice.

## **Northern Ireland**

The Northern Ireland population has risen from just above 1.2 million at the beginning of the 20<sup>th</sup> century to 1.87 million today, over a third of whom live in rural areas. Like most Western European countries, falling fertility rates and continued increase in life expectancy have led to a shift in population profile, with increasing proportions of elderly people. The population aged 65 or older is projected to increase by almost 75% from 2014 to 2039, when one in four people will be 65 years or older, whilst the number of people aged 85 and over is projected to increase by almost 160% per cent. Northern Ireland also had unique challenges in dealing with the effects of years of conflict during the Troubles. It is estimated that the mental health difficulties of about 15% of the population are directly related to the Troubles and that over 40% of children growing up in Northern Ireland are living with a parent who had a high or moderate level of experience during the conflict.

Most public health specialists in Northern Ireland are employed by the Public Health Agency (PHA). Some also work in: the Health and Social Care Board (HSCB); Queen's University Belfast (QUB); the Regulation and Quality Improvement Authority (RQIA); the Northern Ireland Cancer Registry (NICR); and the Department of Health (DoH). FPH is committed to working with the devolved government and our members on matters relating specifically to the health of the public, and the public health function, in Northern Ireland.

## **Summary**

While the four administrations of the UK face many of the same health and economic challenges there are differences and each has developed its own systems and ways of working to meet those challenges. It is important that we all share and learn from best practice to ensure that the whole of UK is equally served and protected by the public health workforce.

The costs of health care are rising unmanageably, in health systems all over the world. It is more than ever necessary to know that we are preventing any ill health we can, keeping people well for longer and ensuring our health services investment is as effective as possible to help us creating a society which is as healthy, self-reliant and independent as it can be. Prevention is better than cure- especially when there is no cure. Our workforce strategy is designed to grow and train the experts and practitioners we need to protect and improve the public's health, now and in the future. I commend it to you.

**John Middleton**

FPH President

## Acknowledgements

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## Contents

<b>Foreword</b> .....	2
<b>Acknowledgements</b> .....	5
<b>Section 1 – Introduction</b> .....	7
Equality & Diversity.....	7
<b>Section 2 – This FPH Workforce Strategy</b> .....	8
<b>Section 3 – Vision</b> .....	9
<b>Section 4 – Strategic Objectives</b> .....	10
Objective 1.....	11
Objective 2.....	12
Objective 3.....	13
Objective 4.....	14
<b>Section 5 – Standards</b> .....	15
<b>Appendix 1 – FPH Workforce Survey (2017) in England</b> .....	16
<b>References</b> .....	19

## Section 1. Introduction

Public health, the health care system and population health are undergoing radical transformation at present. A key question is: what sort of public health system is required to most effectively protect and improve health and wellbeing?

There is real potential for public health to make a major step forward similar to that of the 19<sup>th</sup> century in sanitation and housing. **People could live healthy lives for longer, be less dependent on acute health and care services, and have a better quality of life, while reducing the public services budget in the long term.**

The main focus of the Faculty of Public Health (FPH) is to set standards for the specialist public health workforce in order to improve and protect the health and wellbeing of the population. Public health measures are known to improve health and wellbeing and prevention is recognised as key to delivering the aspirations of the NHS. Life expectancy of the population is rising, chronic and lifestyle diseases are increasing, international disease continue to threaten the public (e.g. Ebola) and the health and social care sectors are under severe strain.

FPH, as the professional body for public health, needs to ensure that the workforce is able to address these issues, and to advocate and support policy changes that improve the wider determinants of health. It is important to note that public health is a medical specialty in its own right, but with a non-medical route of entry. Public health specialists are health professionals treating a population and freedom to give independent advice to that population is essential.

FPH recognises that there have been a number of recent reports and other literature that examine the current context for population health and public health workforce impacts. These are listed in the References and Bibliography section. FPH does not intend to duplicate the work already done by its partners but to build on it, support and complement it with its own recent analyses and observations. In particular to take into consideration *Fit for the Future – Public Health People* and seek to shape and implement its recommendations which are relevant to FPH.

This strategy has been in development since January 2017. Initial ideas and feedback were sought from the FPH membership through eBulletins, followed by a stakeholder workshop in March 2017 and extensive consultation through various FPH committees, including the Workforce Standing Committee and FPH Board in May 2017. It was then refined, bearing in mind what is feasible for FPH to undertake and deliver, and sent out for further consultation to the wider membership and stakeholders during the summer. After considering all the comments and feedback received, the strategy was finalised and submitted to the Board for approval in November 2017.

The strategy will be adapted over time and further iterations will ensure the integration of academic and service capacity building.

### Equality & Diversity

The Faculty of Public Health's (FPH) mission is to promote and protect the health and wellbeing of everyone in society, and the vision is 'Better health for all'. A key component of this mission is to accord and promote equal respect for the lives of all citizens, particularly those whose characteristics or circumstances give rise to specific health challenges including mental and

physical health. This is important in the context of recent, historical and international experience that values and practices can discriminate against or infringe the dignity of specific groups, often in line with prevailing social and cultural attitudes or power imbalances.

Public Health action is underpinned by codes of professional practice and ethical principles, particularly justice, which are designed to uphold human rights and human dignity.

For FPH's full Equality & Diversity Statement see: [http://www.fph.org.uk/equality\\_and\\_diversity](http://www.fph.org.uk/equality_and_diversity)

## Section 2. This FPH workforce strategy

In developing this strategy, we have considered some critical questions:

- What is our future vision and ambitions for the professional workforce?
- What sort of public health systems are required to most effectively protect and improve health and wellbeing in a decade's time?
- What skills are going to be required to meet the future public health challenges?
- What is 'the public' likely to want and need from public health in the future?
- What do the key commissioners and employers of public health want the specialty in the future? And are they right?
- How do we capitalise on future opportunities and mitigate the current challenges and risks to a thriving core public health workforce?

This strategy is UK-wide and:

- Builds on extensive investigation by a small group of FPH members into the current issues as regards public health workforce
- Takes into account new data from a recent survey undertaken by Health Education England (HEE) and Public Health England (PHE)<sup>1</sup>, as well as information collected from annual reviews of Advisory Appointments Committees (AACs) and revalidation data from PHE
- Takes into consideration *Fit for the Future* and seeks to shape and implement its recommendations
- Supports the implementation of the *Standards for Employers of Public Health Teams* currently in production (refer to Section 5 of this document)
- Recognises concerns expressed by members through Local Board Members, Faculty Advisors and FPH staff and Officers

As part of this strategy FPH proposes that:

- The different public health systems currently in place across the UK offer an opportunity to examine what factors impact on improved public health capacity and improved population health and wellbeing
- The Director of Public Health needs to be a statutory function across both Local Government and the NHS in order to deliver the improvements in population outcomes with limited and diminishing public sector resources

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<sup>1</sup> Link to survey can be found in the References section.



- Strengthening local and regional public health systems is critical to capitalising on the many opportunities to improve public health outcomes
- Public health specialists offer a unique contribution, particularly as systems leaders and need to refocus their skills here to influence system change and reduce focus on delivery
- Flexibility and mobility between diverse employers needs to be made easier and mechanisms for transfers and joint appointments need to be found in order to maximise the use of specialist expertise and offer attractive careers
- Continuing the public health ring-fenced budget until 2019 is welcomed but ways to consolidate public health funding more robustly for the longer term would be beneficial

There is a justified growing concern about the capacity and employment of public health specialists in all four countries. However, this concern is most marked in England; although there is considerable variation with evidence that some areas have increased capacity<sup>2</sup>.

Specialists need appropriate knowledge and skills in order to meet the forthcoming challenges of the 21<sup>st</sup> century, but also to take advantage of the opportunities that these changes offer.

It is timely to develop a strategy on the specialist workforce with the scale of changes being implemented and to enable the public health workforce to address and utilise the forthcoming agenda for the benefit of population health and wellbeing.

### **Section 3. Vision**

FPH's vision for the public health workforce is:

- To ensure we have a UK multidisciplinary professional workforce that is fit for purpose in meeting the future public health opportunities and challenges and which champions the public's health in all sectors of society
- To support public health systems which improve health and wellbeing outcomes and reduce health inequalities through its workforce
- To further enhance system leadership provided by well-equipped public health specialists with an in depth knowledge of population health science, skills to maximise the potential opportunities to improve the health and wellbeing of our communities and develop solutions to complex public health problems, and the ability to make improvements happen through mobilising efforts in all parts of the system

Through the standards we set, we will ensure that a new cadre of public health specialists and practitioners are brilliantly equipped with insight to health and disease work in whole populations, to advise on policy, manage services and advocate for change. This will be done by:

- Overseeing of the quality of training
- Setting the standards within the public health curriculum
- Delivering high quality examinations

We will represent, support and celebrate the public health profession:

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<sup>2</sup> As per the data in the Health Education England public health specialist capacity findings.

- As a valued professional membership organisation for public health consultants, directors of public health, public health practitioners and the wider public health workforce
- Through our annual scheme of Continuing Professional Development (CPD)
- Through our role in providing external assurance to senior public health appointments
- Through our statutory role as a designated body for revalidation, and our role in supporting all public health specialists through the professional standards we set
- As a successful advocating organisation on key issues of most importance to our membership
- By developing policy in focused areas that will have impact on the profession
- By facilitating a UK-wide network of public health professionals

A priority for FPH is to work with partners to define characteristics and standards of effective, safe and resilient public health systems. The range of systems across the UK offers an opportunity to examine whether different systems prove more appropriate in terms of impact on population health. This will include standards for the necessary professional workforce required to enable transformations in health and wellbeing of the population to take place (refer to Section 5 of this document).

#### **Section 4. Strategic objectives**

- 1** FPH will champion the unique value of public health specialists and work with employers, commissioners, decision-makers and other stakeholders to ensure the specialist role is understood, recognised, valued and deployed to best effect to meet the needs of the population, of the employer and of an efficient and effective public health system.
- 2** FPH will ensure that a flexible public health specialist workforce is trained, developed and strengthened to meet employer and the public's health needs in the future
- 3** FPH will work with partners to ensure clear and appropriate data is available on the current workforce and to ensure that effective longer term workforce planning is undertaken
- 4** FPH will work in partnership with the public health community to support the development of an effective public health practitioner workforce and enable the wider workforce to deliver improvements to the public's health

**Objective 1: FPH will champion the unique value of public health specialists and work with employers, commissioners, decision-makers and other stakeholders to ensure the specialist role is understood, recognised, valued and deployed to best effect to meet the needs of the population, of the employer and of an efficient and effective public health system**

	Sub-objectives	FPH Lead or Support	Action	Commencing
1.1	Work with the NHS, GMC, BMA and UKPHR to explore public health being a statutory function across both Local Government and the NHS	Lead	FPH Executive, FPH Policy & FPH Workforce Committees	September 2017
1.2	Ensure the required standards for senior public health appointments, recognise the needs of different employers, by ensuring the unique value of public health specialists is understood and recognised, including Directors of Public Health and Consultants of Public Health	Lead	Faculty Advisers Committee	2017 - 2020 (annual review)
1.3	Continue to communicate equivalency of standards and advocate for parity of terms of employment through the established appointments process	Lead	Faculty Advisers Committee	2017 - 2020
1.4	Support the NHS to increase the number of public health specialists in in NHS settings including Accountable Care Systems	Lead (using existing NHS Leads)	Workforce Committee	2017 - 2020 (Initial report September 2018)
1.5	Develop academic public health enabling collaborative relationships between public health academic departments and local public health teams	Lead	Academic & Research Committees	September 2017 – 2020 (Update report July 2018)
1.6	Implement a professional appraisal scheme for public health specialists from backgrounds other than medicine	Lead	Workforce Committee	2018
1.7	Demonstrate an ethical approach by working with partners across the UK to adopt and implement standards for effective, safe and resilient public health systems at local, regional and national levels based on best practice in the four countries (refer to Section 5)	Support (LGA & ADPH)	Workforce Committee	2017
1.8	Work with NHS Employers, the NHS Staff Council, the LGA, DH and relevant union bodies to develop a plan for addressing continuity of service <i>*This could entail direct mechanisms of recognition across different organisations ('passport') or alternative schemes for a 'single' employer mechanism.</i>	Support	Workforce Committee (through Standing Group on Public Health Teams)	September 2017 - 2020

**Objective 2: FPH will ensure that a flexible public health specialist workforce is trained, developed and strengthened to meet employer and the public's health needs in the future**

	Sub-objectives	FPH Lead or Support	Action	Commencing
2.1	Ensure that public health specialists, through the specialty training programme and continuing professional development (CPD) scheme, have the skills required for the future, including systems leadership, personal effectiveness and impact, addressing ethical issues, ability to speak independently in political contexts, public health expertise and initiative and commitment to public health principles and values in line with the 2015 curriculum and for 21 <sup>st</sup> century challenges	Lead	Education Committee	2017 - 2020 ( with annual report)
2.2	Explore the potential of credentialing schemes as a means of supporting sub-specialties as appropriate, building on core competences (potential new objective in 2018 depending on outcome)	Lead	Education Committee	2017
2.3	Review the public health curriculum to ensure specialists have the skills required for the future	Lead	Education Committee	2019
2.4	Explore the feasibility of developing a consistent approach to supporting public health specialists in the first 5 years after their initial appointment with suitable mentoring from senior / experienced colleagues, and peer to peer support	Lead	Specialty Registrars Committee	Report in September 2018
2.6	Ensure, within training programmes, that all three Domains of public health (health improvement, health protection and healthcare public health) and academic public health are appropriately covered and that there are adequate opportunities across all of them, for experience and placements (including within the NHS) for all registrars at each stage of training	Support (TPDs & Heads of School)	Education Committee	2017 - 2020 Regular reports on implementation

**Objective 3: FPH will work with partners to ensure clear and appropriate data is available on the current workforce and to ensure that effective longer term workforce planning is undertaken**

	Sub-objectives	FPH Lead or Support	Action	When
3.1	Develop early warning systems to identify risks to the public through weakening of public health systems and lack of public health specialist skills	Lead	Faculty Advisers Committee and Local & Country Board Members	September 2018
3.2	Monitor and review the effectiveness of the specialist appointment processes to ensure the required standards are being met	Lead	Faculty Advisers Committee	September 2018
3.3	Work with HEE and PHE, the Standing Group on Local Public Health Teams and UKPHR (and equivalent bodies in all UK countries) to ensure that clear and appropriate data is available on the current public health (specialist) workforce	Support	Faculty Advisers Committee (through Standing Group on Local Public Health Teams)	2017 - 2020 (Regular report to FA Committee)
3.4	Work with education partners to ensure public health specialist training numbers align with workforce strategic targets (national, regional and local), which take into account future needs, the employment market and the potential that could be achieved with more capacity	Support (HEE & PHE)	Faculty Advisers Committee, HEE & PHE	2017 - 2020 Regular reports

**Objective 4: FPH will work in partnership with the public health community to support the development of an effective public health practitioner workforce and enable the wider workforce to deliver improvements to the public's health**

	Sub-objectives	FPH Lead or Support	Action	When
4.1	Develop an effective public health practitioner and wider public health workforce and community by increasing the FPH membership in line with FPH strategic objectives	Lead	Workforce Committee (Membership Committee), HEE, PHE, UKPHR	2017 - 2020
4.2	Work with employers and partners to develop model practitioner job descriptions and service specifications	Lead	Faculty Advisers Committee	May 2018
4.3	Develop public health training through eLearning to support the wider UK and international public health workforce and to ensure others involved in making public health decisions, such as clinical leaders, have the required knowledge and skills	Lead	Education Committee	2017 - 2020
4.4	Work with partners to further enhance public health career pathways for professionals such as school nurses, health visitors, PHE staff in scientific roles and Environmental Health Officers, including through supporting the implementation of the Public Health Skills & Knowledge Framework	Support	Workforce Committee	2017 - 2020

## Section 5. Standards

The Local Government Association, with partners including FPH through the National Group for Public Health Teams, is currently leading on the development of *Standards for Employers of Public Health Teams*<sup>3</sup> document.

These standards are envisioned as a guide to good practice for all organisations that employ public health professionals. They are intended to be applicable to staff working in public health at all levels and in all employment settings. The aspiration of the document is that a good employer should support their employees to develop and maintain their skills and knowledge in order to provide an effective and efficient service to the public. These expectations are in line with regulatory and improvement frameworks for public services and used by service and professional regulators.

Though written for employers in England, FPH expect these standards to have direct relevance and applicability across the UK.

### The Standards for employers at a glance

1. **Partnerships and accountability** : Employers should establish effective partnerships, within and between organisations to support the delivery of Public Health and enhance education and continuing professional development. Employers should have in place a clear accountability framework informed by knowledge of good professional practice (at all levels) and the experience and expertise of service users (populations, communities and individuals), and practitioners.
2. **Effective workforce planning**: Employers should use effective workforce planning systems to make sure that a workforce, with the right level of skills and experience, in the right place, at the right time is available to deliver public health outcomes.
3. **Continuing Professional Development**: Employers should provide opportunities for effective continuing professional development, as well as access to up to date research and relevant knowledge.
4. **Professional registration**: Employers should ensure Public Health specialists and practitioners, nurses and other professional staff can maintain their professional registration and undergo professional revalidation if appropriate.
5. **Education and training**: Employers should support the creation and maintenance of a qualified workforce, ensuring that Public Health teams have regular and appropriate opportunities for professional education, training and development.

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<sup>3</sup> Link to *The Standards for employers of public health teams* can be found in the References section .

## Appendix 1 - FPH Workforce Survey (2017) in England

### HEADLINE FINDINGS

#### ***About the composition of the workforce***

- 67% (44/66) respondents indicated that their public health (PH) team has remained as a single entity since moving to the local authority
- Comparisons between reported workforce size in 2013 and in 2017 indicate a reduction in numbers of consultant posts and workforce numbers as a whole
- 82% reported at least one lost or frozen consultant post
- 65% (22/34) respondents indicated their PH department lost one or more consultant post since 2013; 21% (7/34) reported that one or more consultant posts were frozen

#### ***The role and accountability of the DPH***

- 86% (55/64) respondents reported their PH department to have a substantive Director of Public Health (DPH)
- However 18% (12/65) respondents reported that the DPH role is shared between more than one LA
- There is variation in the managerial reporting structure for DPHs. 41% (27/66) respondents reported their DPH was accountable to the CEO, 27% (18/67) reported their DPH was accountable to the Head of Adult Social Care; the remaining reporting to 'other' designations including Directors of thematic areas such as Communities, Adults, and Health and Wellbeing 38% (25/65) respondents said the DPH leads another Local Authority (LA) department as well as public health; this was most commonly environmental health, trading standards and licensing. Other departments mentioned include leisure services, adult social care, communities, housing and emergency planning

#### ***About funding***

- 88% (46/52) respondents said there has been a reduction in their public health grant spent on the services transferred in 2013; some (n=11) reported reductions of over 20%
- 89% (47/53) respondents said that since 2013, funding had been reallocated or re-badged to other LA services
- 72% (36/50) respondents reported that their 2017/2018 budget is not sufficient for all that they are being asked to deliver

#### ***About working in the local authority***

- 94% (48/51) respondents reported their LA to have welcomed the return of public health
- 78% (39/50) respondents said that they have been able to influence across policy and/or practice in other LA departments
- Since the 2013 transfer, the majority of respondents (84% : 41/49) said that they have gained the skills of working with elected members and/or working within political systems



### ***Main achievements since working in local authorities***

The survey asked respondents to describe what they felt were the main achievements that could not have been achieved prior to the return of the NHS public health function to local authority. 43/69 respondents provided answers to this. Thematic analysis identified the most common themes as:

- Greater influence on wider determinants of health, including areas of planning, housing, transport and air quality as well as adult and children's services
- Improved service delivery and commissioning
- Greater integration and influence across council services

### ***Making the case for funding***

Respondents (45/69) provided their thoughts on how to make the case more convincingly for stable or increased funding for public health services. Thematic analysis identified the most common views being around:

- Making the case for public health for both local authorities and NHS e.g. providing stakeholder-relevant return on investment information
- The importance of sufficient funding overall for local authorities
- The importance of maintaining the ring fence of the public health grant
- Greater national emphasis on prevention

### ***Future impact on Public Health delivery***

47/69 respondents provided their views on impacts on public health delivery in the future as follows:

- The most common positive theme was greater / improved influence across the local authority
- The most commonly challenge cited related to reduced and or threatened funding followed by staffing capacity and capability and reduced influence across the NHS.

## **STRENGTHS AND LIMITATIONS**

- The survey was broad and enabled a range of questions on workforce, leadership, organisational structure, governance and financial sufficiency with comparisons where appropriate between the time of transfer to LAs (2013) and the current time (2017)
- The survey encouraged respondents to share their views; opinions were sought to take the mood of optimism-pessimism in LA leadership
- The survey was designed by experienced PH consultants within the workforce development group. Questions were piloted with a range of potential responders (e.g. DPH/Consultant in PH), questions changed appropriately and implemented through survey monkey.

Results included both responses to closed questions with limited choice and some free text answers.

There are a number of limitations including:

- Survey length – declining response rate per questions
- Question design e.g. double questions, leading nature of some questions, closed questions with choice at times (i) restricted to one answer and (ii) with no option to disagree with a

statement (i.e. we cannot be sure if there was no response, whether someone disagreed or chose not to respond)

- Despite testing in pilot, in some questions there may be unclear interpretations e.g. 'public health workforce', DPH vs speciality vs consultant

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*Christine McBrien and Dr Helena Posnett, Speciality Registrars in Public Health - with thanks to Adeola Agbebiyi, who performed the initial analysis.*

*9th November 2017*

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### Partners:

**ADPH:** <http://www.adph.org.uk/>

**BMA:** <https://www.bma.org.uk/>

**GMC:** <https://www.gmc-uk.org/>

**HEE:** <https://hee.nhs.uk/>

**PHE:** <https://www.gov.uk/government/organisations/public-health-england>

**Royal Pharmaceutical Society:** <https://www.rpharms.com/>

**Royal Society of Public Health:** <https://www.rsph.org.uk/>

**Unite:** <http://www.unitetheunion.org/>

**UKPHR:** <https://www.ukphr.org/>