Shaping the Future

Workforce

Interim Staying Healthy Care Area Workforce Report
Future Staying Healthy workforce planning needs to be oriented towards leading Staying Healthy programme initiatives and supporting delivery of the prevention elements of other clinical pathways. Therefore this is an interim workforce strategy to outline the current Staying Healthy workforce context and the interim strategy is subject to further development as the clinical care area programmes are finalised and the Associate Directors of Programmes specify the workforce implications for their programmes and the public health advice and support they need to deliver their respective prevention agenda as part of Quality, Innovation, Productivity and Prevention (QIPP).

1. Introduction

The Next Stage Review (NSR) Report *High Quality Care for All*\(^1\) recognises that effective and targeted public health services are essential to protect and improve the health of the population and to reduce health inequalities. It states the intention to strengthen both the numbers and skills of the public health workforce.

The successful delivery of Staying Healthy is seen as the foundation of delivering results in the other seven clinical pathways. Prevention of illness and responsibility for healthy lifestyles need to be key components of all patient pathways when designed and commissioned by PCTs.

1.1 Staying Healthy Programme:
The priority projects are as follows:

- **Health Check:** Drive NHS Health Check implementation to everyone aged 40-74 across the South Central region and support people to reduce or manage their health issues through tailored advice. The workforce needs to industrialise implementation of Health Checks across NHS South Central.

- **Raising Ambitions in Tobacco and Alcohol:** Increase the ambition of commissioners for addressing smoking and alcohol and work out population scaled smoking cessation programmes and alcohol brief interventions. The workforce needs to improve the scale and reach of NHS reduction programmes in tobacco and alcohol.

- **Prevention into Pathways:** Use every one of the millions of daily NHS contacts to drive prevention into the lives of patients, the public and the NHS – will include 60 second interventions, waiting patient interventions and prevention components in mainstream clinical pathways (e.g. stop smoking before the operation). The workforce needs to ensure that every contact between NHS healthcare staff and public is used to deliver prevention across all clinical pathways.

- **Life Course Prevention:** Make prevention a norm in NHS South Central increasing coverage of the nationally recommended screening, immunisation and NICE public guidance services across all ages. The workforce needs to promote and deliver high uptake of these effective services.

1.2 Levels of Workforce:
Three levels of public sector workforce will contribute to delivering the above Staying Healthy priority projects.

\(^1\) DH (2008) *High Quality Care For All*  Online:
• **Wider workforce** - professionals who spend some of their time in public health related workforce, for example GPs, hospital clinical staff, teachers, pharmacists, dentists, housing officers, prison staff.

• **Specialists** and consultants in public health providing leadership at a strategic/senior level, managing public health campaigns and strategies.

• **Practitioners** who spend all their time in public health, e.g. health improvement practitioners; public health intelligence analysts; smoking cessation, sexual and screening leads; health visitors; school and practice nurses; and specialist midwives.

### 2. Workforce Demand Drivers

As a major focus of the NSR and two White Papers, *Choosing Health*\(^2\) and *Our Health, Our Care, Our Say*\(^3\), public health has been a key priority for the government over the past decade. Public health policy in this period has consistently identified a set of social determinants of health and issues acting against the population’s overall health and driving workforce requirements in public health.

#### 2.1 NHS Health Check

The Department of Health published “Putting Prevention First” in April 2008 which set out plans for the NHS to introduce a systematic and integrated programme of vascular risk assessment and management for those aged between 40 and 74. Economic modelling has shown that vascular checks are likely to be very cost effective and result in significant health improvements. This new requirement will have significant implications for the NHS workforce.

#### 2.2 Raising Ambitions in Tobacco and Alcohol

Tobacco (smoking) is the largest cause of premature death in England. Alcohol is a major cause of violence, morbidity and mortality. The National Institute for Health and Clinical Evidence (NICE) has given endorsement for brief interventions and referral for smoking cessation in primary care and other settings. The wider workforce will need the knowledge and confidence to make suitable referrals and NHS staff will need the extra capacity to provide these services.

#### 2.3 Prevention into Pathways

The prevention services and interventions that the Department of Health and NICE already recognise to be both cost and health-effective will be implemented at enhanced levels through building prevention into clinical pathways. As an example, the rising number of older people will place increasing demands on the NHS as a result of falls injuries. Staff working in hospitals, the community and in residential or nursing homes will need the training and tools to help prevent falls in older people.

#### 2.4 Life Course Prevention

Some health conditions can be mitigated through effective screening, immunisation or prevention programmes. The ambition is to achieve high uptake for the recommended screening, immunisation and prevention services across the life stages in NHS South Central. The population can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or

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condition. NHS staff need the skills and confidence to encourage uptake of the recommended prevention programmes.

2.5 Other Social Determinants of Health
In addition to the above demand drivers there are several other key issues acting against the population's health. These are also driving the ambition to strengthen the skills and capacity to improve the health of the population of NHS South Central.

- Adult and childhood obesity – levels of obesity are rising and responsibility for reducing obesity levels is shared across government departments.
- Sexual health - there are increasing diagnoses of HIV and sexually transmitted infections and an increasing demand for abortions.
- Mental health – good mental health and well-being is required for individuals to be physically healthy. The incidence of depression and rates of dementia are rising year on year.
- Oral health – there are gross inequalities in oral health, particularly in economically deprived areas of NHS South Central.
- Health inequalities - occur when different socioeconomic groups in the population have different health outcomes; they cannot be addressed simply by increasing staff numbers or service quantity. Any interventions must be carefully targeted at the relevant population or problem.

2.6 Health inequalities
To close the life expectancy gaps within NHS South Central, key interventions need to focus on reducing smoking, reducing and improving housing quality. Inter-agency partnership working between the NHS and local authorities with joint appointments are essential in ensuring that service objectives are jointly shared and target the relevant population or problem.

2.7 Employment and health
The economic and social benefits of sustaining good health and well-being are well known. The South East has the third highest sickness absence rate in England. Approximately 5% of the working population in the South East are off work and claiming incapacity benefits. Recent investment across NHS South Central in Improving Access to Psychological Therapies aims to get over 1,700 people off sick pay and benefits by March 2011. The Boorman Report recommends the need for employees, with employer support, to recognise potential health risks and adopt healthy lifestyles. Occupational health, HR staff, primary care and public health staff are advised to help ensure the working age population keeps fit and healthy enough to work.

Details about the above demand drivers and other health challenges are given in the 2008 Regional Directors of Public Health Annual Report.

5 ONS, 2007
6 IAPT Implementation Plan (South Central SHA, February 2008)
3. Workforce Supply

Recent Workforce Review Team (WRT) supply modelling (2008) indicates that public health continues to be a shortage speciality at both specialist and practitioner level with recruitment and retention problems. The workforce model adopted for safeguarding children and vulnerable adults could help ensure that each level of workforce, including people taking responsibility for their own health, is trained and supported to help deliver the Staying Healthy Programme. All parties need to be clear about their respective roles and responsibilities.

3.1 Wider Workforce

Health improvement initiatives and public health messages can be delivered by staff beyond the main public health workforce: ultimately, all interactions between NHS staff, GPs and patients provide opportunities to deliver Staying Healthy. NHS South Central employs approximately 91,000 staff and so the prime focus will be on engaging, educating and informing NHS staff to help deliver the programme of work associated with Staying Healthy. The main staff groups involved are as follows:

i. **Nurses and midwives:** The increased emphasis on health promotion, screening uptake, advice about healthy lifestyles, disease prevention, sexual health and education will further drive the demands on practice nurses, school nurses, health visitors and midwives. All these staff groups are vital to delivery of the public health agenda for pregnant women and children in particular. They can encourage individual preventions such as smoking, alcohol, health checks, breast feeding, healthy eating and uptake of screening programmes.

The Child Health Strategy\(^9\) puts health visitors at the centre of delivering the Healthy Child Programme. Equipping health visitors, school nurses, practice nurses and midwives with the specific objectives, competence and confidence required to provide public health messages will provide immense long term benefit to the population of NHS South Central, support life course prevention and help reduce health inequalities.

ii. **Community pharmacists:** Pharmacists offer a readily accessible source of reliable health advice and information about self-care and healthy lifestyles. Demand across NHS South Central for pharmacists outstrips supply. The number of pre-registration trainee pharmacists placements needs to keep pace with the expansion of undergraduate places and their training needs to include a clear, coherent appreciation of the broader health determinants and evidence-based public health interventions.

iii. **Medical and hospital staff:** Every contact between NHS healthcare staff and the public could be used to deliver prevention across all clinical pathways. GPs play a central role in life course prevention due to their frontline contact with patients. Hospital settings also offer a key point of contact between healthcare staff and patients and provide opportunity for healthy lifestyle advice.\(^{10}\) Ultimately, all interactions between NHS staff and patients provide opportunities to deliver Staying Healthy. The aim will be increase the belief amongst NHS staff that this is a core part of their role and to give them the confidence and skills

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to deliver effective health improvement advice within the clinical setting or to signpost patients to the appropriate service for advice or intervention.

### 3.2 Public Health Specialists

There is good correlation in NHS South Central between senior staffing levels and population need (as measured by weighted capitation).\(^\text{11}\) However, at a national level, the number of public health consultants has remained static since 1997 and the number of specialists is likely to decline steadily if current training plans are maintained.\(^\text{12}\)

In the short term, the specialist workforce can be increased by an expansion in 'top up' training schemes for practitioners on the public health career pathway, to enable them to become specialists.

Within NHS South Central there are 1.7 wte dental public health specialists. Analysis by the national WRT indicates significant room for growth in the specialist dental public health workforce due to the inequality in dental health of children across the region and paucity of dental public health advice. Specialist advice is essential in ensuring commissioners prioritise oral health, support the development of local oral health strategies, improve access to dental services and promote good oral health, clinical quality improvement and patient safety initiatives.

### 3.3 Practitioners

The importance of having an effective public health workforce at levels below consultant is important in ensuring delivery of public health goals. There is a shortage of properly trained and developed practitioners. Posts are often difficult to fill and staff retention is an issue that needs to be resolved.

The Child Health Strategy\(^\text{13}\) puts health visitors at the centre of delivering the Healthy Child Programme. Equipping health visitors, school nurses, practice nurses and midwives with the specific objectives, competence and confidence required to provide public health messages will provide immense long term benefit to the population of NHSSC and help reduce health inequalities.

The Child Health Promotion Programme\(^\text{14}\) offers a definition of a children's workforce involved in promoting public health that should:

- be multi-skilled and work across general practice, maternity services and children's centre services
- have an agreed and defined role for the health visitor
- have a team with up to date knowledge and skills and
- have a family-orientated approach to services design, within community-based settings.

Health Trainers are employed on substantive contracts now by the NHS and they provide a significant, identifiable element of health promotion activity.

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\(^{11}\) Workforce Review Team (2009) *Staying healthy, care area report*

\(^{12}\) Workforce Review Team (2009) *Staying healthy, care area report*


4. Workforce Priorities

4.1 Workforce Planning
Improvements in population health and reduction in health inequalities will be supported through the collective efforts of multiple organisational and professional groups, within and beyond the NHS, working on joint strategic needs assessments and joint plans. Accurate data and information on evidence based preventative strategies, effective interventions, likely service efficiencies and on the dedicated public health workforce will enable effective workforce planning for Staying Healthy.

PCT public health development leads will need to work collaboratively across their respective clusters and with their commissioning teams to ensure that the right number and kind of trainee posts, educational, training and development opportunities are commissioned in order to realise the clear clinical and economic gains that are the basis for selecting the Staying Healthy priority projects. Joint workforce planning will also support the workforce implications of the other clinical priorities identified as part of the Collaborative Operating Model.

4.2 Wider Workforce Training and Development
Development of the public health workforce needs to extend within and beyond the NHS. Industrial scale change in public health is needed in order to achieve the behaviour change aspects of the Staying Healthy pathway. There needs to be growth of both specialist and practitioner elements within the wider workforce. Tackling the rising levels of obesity and alcohol abuse for example, are major areas of activity which will require skill development across public and third sector organisations. Local area agreements recognise the essential contribution of all sector engagement in these areas with health and local authorities contributing resources to these areas.

The NHS South Central Staying Healthy Programme will seek new ways to deliver health improvement training to the wider workforce. This needs to recognise the limited time availability of staff for such training and needs to make the most of opportunities such as lunch time seminars which are most likely to attract large numbers of the workforce. This training will need to include a focus on beliefs, confidence and skills to deliver effective health improvement advice within the everyday work setting. NHS staff in particular need to be informed and to understand the added value they can bring during the course of their daily activities by giving positive health promoting advice or signposting patients and colleagues to relevant NHS services.

The benefits of developing the wider workforce are well known. Not only does it increase capacity but also develops the next generation of practitioners as individuals develop their careers. The higher education sector and the South East Teaching Public Health Network (SETPHN) have an increasingly important provider role with the wider workforce. Development around the children’s agenda has been impressive and needs to be expanded. NHS Education South Central and the NHS South Central Public Health Strategic Advisory Board for Training, Education and Development will consider integrating the work of the SETPHN within their oversight function, into planning for public health workforce developments more generally.

The Public Health Skills and Career Framework supports a skills escalator approach to the whole workforce from levels 1 through to 9, and can be applied to staff groups both inside and outside the NHS.

4.3 Expansion in Public Health Specialist Capacity and Skills
In the short term, the specialist workforce can be increased by an expansion in ‘top up’ training schemes for practitioners on the public health career pathway.

In order to address the inequality in dental health of children across NHS South Central and paucity of dental public health advice, PCTs need consultant and specialist advice to ensure they prioritise and commission effective oral health. The number of dental public health specialists needs to increase to achieve this benefit. The dental specialist workforce could be expanded through the establishment of new posts and by creating more training places. The wider dental public health workforce also needs to be developed, especially in the areas of oral health improvement, clinical quality/patient safety and top-up training.

The specialist public health workforce need to develop world class commissioning competencies and commissioning managers need to understand the contribution that public health professionals can bring to driving quality and health improvement and in defining commissioning specifications, setting outcome standards and supporting implementation.

4.4 Partnership Working
Improvements in population health and reduction in health inequalities can only be achieved through the collective efforts of multiple organisations and professional groups, within and beyond the NHS. Effective partnerships, application of best practice, social marketing techniques, use of IT and texts can all help reduce the reliance on NHS resources.

Key influencers in partner organisations need to have a fundamental understanding of the determinants of health and how their work can influence these. All agencies need to recognise the value of using community-based, non-NHS settings for advising the public about disease prevention and promoting healthy lifestyles, e.g. clubs, leisure and community centres. Areas for more joint working include:

i The NHS and Local Authorities: The PCT Directors of Public Health, as joint NHS and local authority appointees are well placed to secure the benefits of inter-agency working. An increase in the number of shared posts and places on multi-sectoral leadership programmes for health improvement/public health needs to be exploited more proactively across the health and care system. Social care staff can positively influence individual and / or community health through the advice, information and support that they provide, either directly or through signposting to other sources. This will result in improved efficiencies and enable exciting new vehicles for health improvement, asset stewardship and management.

ii The NHS and wider Children’s Workforce: PCTs should be supported to develop the model for the Healthy Child Programme and appropriate health economy level workforce profiles. These will need to reflect new ways of working, enable health visiting teams to embrace their lead role in public health practice and safeguarding, and be supported by appropriate skill-mix and integration with the wider children’s workforce. Health economy level planning should be integrated with the Children’s Trusts workforce plans.

iii Deaneries and Schools of Public Health: The two Deaneries and Schools in NHSSC need to consider a move toward closer integration of training and education for public health specialists and practitioners. This will help develop the public health workforce, providing a single integrated delivery infrastructure, with quality assured processes. Practitioner training and education will benefit by being brought alongside specialist training. NHS South Central is well placed to
take a lead in developing this new and coherent approach for developing the public health workforce and in strengthening the links with academia.

5. Alignment with Workforce Strategy

The table below identifies the links between the themes and vision set out in the NHS South Central Shaping the Future Workforce Strategy 2010 to 2015 and the Staying Healthy workforce priorities.

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<tr>
<th>Strategic Theme</th>
<th>Vision</th>
<th>Alignment</th>
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<tbody>
<tr>
<td>1. Share the journey: engage patients, carers and staff</td>
<td>Patients, carers, staff and the general public all need to be engaged and play their part in ensuring the NHS continues to provide excellent health care within a sustainable framework.</td>
<td>4.1 Workforce Planning Wider Workforce Specialists 4.4 Partnership Working</td>
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<td>2. Plan and Prepare: Manage the Change</td>
<td>To respond to the challenge and scale of both the forecast increase in demand for health care services, and the reduction in spending on public services we must actively plan the workforce and prepare intelligently to manage the change.</td>
<td>4.1 Workforce Planning</td>
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<td>3. Integrate and align: design a joint future</td>
<td>To maximise the effectiveness of our workforce planning we need to integrate and align our actions, taking a system wide perspective on the future workforce requirements to deliver the emerging service models.</td>
<td>4.1 Workforce Planning 4.4 Partnership Working</td>
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<td>4. Tighten up business: drive up quality and value</td>
<td>To drive up quality and value, and reduce waste and variation in the way we deploy the workforce in NHS South Central, we need to implement excellent human resource management across all health sector employers.</td>
<td>4.1 Workforce Planning</td>
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<td>5. Step up flexibility: develop the workforce</td>
<td>To develop a more flexible workforce that can assimilate new skills rapidly and work in new and innovative ways, by targeting skills development and developing new employment models.</td>
<td>4.1 Workforce Planning 4.2 Wider Workforce Training and Development 4.3 Expansion in Public Health Specialist Capacity and Skills 4.4 Partnership Working – joint appointments</td>
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<td>6. Be accountable: focus leadership</td>
<td>To enable the service changes that need to be delivered we need a culture of accountability at all levels, and leadership that is focussed on delivering the best health care system in the world.</td>
<td>4.3 Expansion in Public Health Specialist Capacity and Skills</td>
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6. Next steps

6.1 Clinical Training
- The Deaneries and Schools of Public Health will move towards closer integration of training, education and supervision of public health specialists and practitioners.
- Training programmes will be designed to support development of world class commissioning competencies and focus increasingly on delivering Staying Healthy projects and other cluster and regional priorities.
- NHS Education South Central will commission education programmes that include coherent training about healthy lifestyles in their pre-registration and Learning Beyond Registration' programmes and provide information about evidence-based lifestyle interventions. This will give NHS clinical staff the confidence, information and capability to encourage patients, colleagues and themselves to stay healthy.

6.2 Training the Wider Workforce
The NHS South Central Staying Healthy Programme will seek new ways to deliver health improvement training to the wider workforce. Sessions will be designed to recognise the limited time availability of staff to attend training or to give advice to patients during often complex appointments. Training will include a focus on beliefs, confidence and skills to deliver effective health improvement advice within everyday work settings and provide information about services so staff can signpost patients or colleagues for appropriate advice or assessment.

NHS organisations in NHS South Central will be encouraged to:

i. Mandate that their staff attend sessions that:
   - inform them about the benefits of leading healthy lifestyles and to recognises potential health risks
   - actively signpost staff to local walks, gyms, etc
   - train staff in how to deliver brief appropriate healthy promoting advice in 60 seconds
   - inform them about where to signpost patients to for health promoting advice and interventions, e.g. stop smoking services.

ii. Ensure that all their staff include in personal development plans an objective through which they will be able to demonstrate, with evidence, that they are leading, or working towards, a healthy lifestyle and are actively encouraging others (patients, colleagues, family) to do the same.

iii. Monitor the outcomes of the above activities and anticipated improvements in productivity, sickness absence and other relevant HR targets.

NHS South Central and the South East Teaching Public Health Network will work with partner organisations to develop new assistant practitioner posts and apprenticeships.
as part of the workforce strategy to engage the wider workforce in improving health and well-being and in reducing health inequalities. Other sectors will be encouraged to employ health trainers and health promoting practitioners to work alongside the NHS in educating public sector staff and the general public.

6.3 Dental Public Health
A business case will be developed and considered that presents the case for expanding by three the number of consultants in dental public health through the establishment of new posts and the creation of an additional training place. The wider dental public health workforce also needs to be developed in the areas of oral health, clinical quality and patient safety.

6.4 Commissioning competencies
Public health training programmes will be broadened to equip specialists and practitioners with a broader set of commissioning competencies. Opportunities will also be explored for more joint training with relevant local authority colleagues to support partnership working.