Shaping the Future

Workforce

Staying Healthy Care Area Workforce Report

Draft: Consultation Event December 7th 2009
Future Staying Healthy workforce planning needs to respond to Staying Healthy programme initiatives and support delivery of the prevention elements of other clinical pathways.

Therefore this is an interim workforce strategy that outlines the current Staying Healthy workforce context and is subject to further development as the clinical care area programmes are finalised.

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.

The public health workforce has been separated into three categories. For the purposes of this report, the first two categories comprise the dedicated public health workforce and the third category the wider workforce:

- **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.
- **Wider workforce** professionals who spend some of their time in public health related work (e.g. GPs, hospital clinical staff, teachers, pharmacists, dentists, housing officers, prison staff).

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 similar group of issues acting against the population’s overall health and driving workforce requirements in public health.

2.1 Social determinants of health

The main issues acting against the population’s overall health and driving workforce requirements in public health are:

- Alcohol and substance misuse a major cause of violence, morbidity and mortality
- Tobacco (smoking) – the largest cause of premature death in England

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• Adult and childhood obesity levels – these are rising, 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.
• Oral health – there are gross inequalities in oral health, particularly in economically deprived areas of NHSSC.
• 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 reconfigurations must be carefully targeted at the relevant population or problem.

Details about these health challenges are given in the 2008 RDSPH Annual Report.  

2.2 Health inequalities

To close the life expectancy gaps within the NHSSC region, key interventions are to reduce smoking, reduce obesity and improve housing quality. Inter-agency partnership working between the NHS and local authorities, with joint appointments are essential in ensuring that services jointly understand and target the relevant population or problem.

2.3 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 NHSSC in Improving Access to Psychological Therapies aims to get over 1,700 people off sick pay and benefits by March 2011. Occupational health, HR staff, primary care and public health staff can help ensure the working age population is healthy enough to work.

2.4 Quality, Innovation, Productivity and Prevention (QIPP)

Each clinical programme is required to address the challenge of Quality, Innovation, Productivity and Prevention (QIPP). Prevention of illness and responsibility for healthy lifestyles need to be key components of patient pathways when designed and commissioned by Primary Care Trusts. As such, a key enabler will be the development of World Class Commissioning Competencies among Public Health specialists and practitioners as Public Health advice and expertise are essential when defining commissioning specifications, setting outcome standards and supporting implementation.

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5 South East England Health Strategy, February 2008
6 ONS, 2007
7 IAPT Implementation Plan (South Central SHA, February 2008)
8 DH (2009) Implementing the Next Stage Review Visions: the quality and productivity change

Online: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_104239
3. Workforce Supply

Recent Workforce Review Team supply modelling (2008) indicates that public health continues to be a shortage speciality at both specialist and practitioner level with recruitment and retention problems.

3.1 Specialists

There is good correlation in NHSSC between senior staffing levels and population need (as measured by weighted capitation).\(^9\) 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.\(^10\)

Within NHSSC there are 1.7 whole time equivalent dental public health specialists.

3.2 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\(^11\) 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\(^12\) 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.

3.3 Wider workforce

Health improvement initiatives and public health messages must 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.

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\(^9\) WRT (2009) Staying healthy, care area report  
\(^10\) WRT (2009) Staying healthy, care area report  
\(^11\) DH (2009) Healthy lives, brighter futures: The strategy for children and young people’s health Online:  
\(^12\) DH (2008) The Child Health Promotion Programme. Online:  
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083645
4. Workforce Priorities

Figure 3 below identifies the links between the Shaping the Future Workforce Strategy and the priorities below.

4.1 Workforce Planning

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. Accurate data and information on effective interventions, likely service efficiencies and on the dedicated public health workforce will enable effective workforce planning for Staying Healthy. In order to identify which staffing groups should be increased and where in NHSSC they are most needed, there must first be greater clarity about which services and public health interventions work and under what conditions and staffing configurations they are delivered.

Public health workforce planning needs to reflect the outcomes of joint strategic needs assessment in each area and enable the right number and kind of trainee posts, educational, training and development opportunities are commissioned.

4.2 Specialists

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 but there also needs to be a focus on the development of the whole public health workforce.

WRT analysis suggests significant room for growth in the specialist dental public health due to the inequality in dental health of children across the region and paucity of dental public health advice.

The specialist public health workforce need to develop commissioning competencies and commissioning managers need to understand the contribution that public health professionals can bring to driving quality and health improvement.

4.3 Practitioners

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. This will result in improved efficiencies and enable exciting new vehicles for health improvement, asset stewardship and management.

Primary Care Trusts 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.

4.4 Wider workforce

Development of the public health workforce needs to extend 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 be seeking 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.

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 NHSSC 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 both inside and outside the NHS.

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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>Workforce Planning Specialists Practitioners Wider Workforce</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>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>Workforce Planning</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>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>Workforce Planning Specialists Practitioners Wider Workforce</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>Specialists Practitioners</td>
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Figure 3: Workforce Strategy Themes and alignment with Staying Healthy care area workforce strategy

5. Next steps

The Deaneries and Schools of Public Health need to consider a move toward closer integration of training and education for sub-consultant grades. Practitioner training and education needs to be brought alongside specialist training. Training programmes will be designed to support development of WCC competencies and focus increasingly on cluster and regional priorities.

The NHS South Central Staying Healthy programme will be seeking 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 will need to include a focus on beliefs, confidence and skills to deliver effective health improvement advice within the everyday work setting.

NHSSC 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 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.

The number of dental public health specialists needs to increase. The workforce could be expanded through the establishment of new posts and creating more training places. A business case is being considered to increase the numbers of consultants in dental public health by 3 wte. In addition, an extra training post is required to strengthen the dental public health workforce. The wider dental public health
workforce needs to be developed in the areas of oral health, clinical quality and patient safety.

Public health training programmes will be broadened to equip specialists and practitioners with a broader set of commissioning competencies.