

Healthy Lives, Healthy People: Towards a workforce strategy for the public health system – consultation Response

Draft Response from the Cheshire & Merseyside Public Health Workforce Consultation Event held at Halliwell Jones Stadium, Warrington 12th July 2012

Question 1: Do you agree that a public health workforce strategy should be reviewed regularly? If so, should this be every three or every five years?

- Yes – every 3 years
- Should be reviewed at an appropriate depth for the time
- Should be clear actions and recommendations
- Of course will be linked to Government direction and political landscape
- Maximum size 53 pages
- Should create tone, values, vision, principles
- Should support development of clear career pathways
- Some delegates didn't recognise their roles within the strategy
- Need to assess risk attached to changes
- More definition on "what workforces are we looking at"

Question 2: Are these four groups a useful way of describing the public health workforces?

- Clearer definitions needed
- Not sure if these groups will be meaningful to local authority workforce
- More clarity required to define and support the "practitioner" workforce - they form a wide range and number of staff
- The diagram is useful
- The table highlights a big gap between consultant level and specialist practitioner level in terms of recognition (not a skills gap)
- The example job functions are unhelpful as they are traditional job titles
- LA PH Practitioners and leadership discounted in the current strategy
- Please consider a further category between first two in the table - "the hardest journey" is 6/8 specialist PH practitioners are at bands 6/7 (NHS pay scales)
- There are very senior people who are not PH consultants who are at the highest level e.g. in LA

Question 3: Do you agree the methods of enumeration of the public health consultant and practitioner workforces should be scoped and piloted at a national level? Or do you think that workforce planning can take place effectively at a more local level eg LETBs working with local partners?

- National framework needed with high quality local data collection system that feeds into a national data system.
- In order to do effective workforce planning clearly agreed workforce definitions need to be adopted universally.
- What we do locally we are not very good at: modelling needs to be improved
- (LA and NHS) Managers can engage when a clear model is available
- W/F planning locally is a nonsense where organisational restructuring is offered
- Try to do functions mapping as has worked for transition workforce planning
- Move to LA's: redress we have some robust workforce models/guidelines
- Are key workforces at risk? e.g. health visitors'/ wider PH Workforce/ e.g. falling birth rate affecting social workers (politics).
- NB PH consultants are not the only senior PH experts/leaders
- NB Need local flexibility in skill mix and size of the workforce but with board guidance based on functions

Question 4: Would these values, combined with the features of public health in Box 2 (p18), serve to bind together dispersed public health workforces? How helpful or unhelpful is it to have a single vision and set of values for the public health workforces?

- Good to have a common purpose and vision – current example in Box 2 (pg18) has too much public health jargon!
- A plain English version of a shared vision would be really helpful (look back at Ottawa charter)
- Needs to acknowledge that public health is delivered at all levels.
- Vision needs “testing” is it meaningful?

Question 5: What further actions would enhance recruitment and retention of truly representative public health workforces?

- Clearly defined career pathways – a defined published career framework for public health
- Transferable skills that are clearly defined- clearly defined competencies / skills & knowledge
- Public Health Career and Skills Framework should be clearly used within final workforce strategy to define roles / competences
- Recognised & valued career development within organisations
- Job security
- Bands 5 – 8d classed as public health practitioners
- Career pathways – consider looking at physiotherapy, nursing career pathways to learn from those career pathways

- Training schemes put in place / Accredited prior learning schemes
- Public Health apprenticeships – as per the healthcare scientist workforce – work with Skills for Health as they lead on apprenticeship development.
- There are lessons that could be learned from recent work to modernise healthcare scientist workforce.
- Community development
- Embedding public health skills in educational training of workforces
- Needs sufficient investment to make a difference
- Need to ensure effective leadership to implement future public health strategy

Question 6: Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?

- The public health workforce will be fragmented across the system, this brings both challenges and opportunities
- Influencing Public Health England and Health Education England to develop the national system on public health training
- Influencing Local Education and Training Boards (LETBs) to ensure commitment to developing skills and training in the new public health workforce system.
- Potential disinvestment in training
- Reducing budgets can create a real commitment to do things differently and work in partnership
- Diminishing budgets and reduced capacity to deliver services to local communities

Question 7: How can local people be encouraged to develop their skills for public health in the new system?

- Needs to be aligned to JSNA –and asset based
- Training provision needs to be linked to local public health priority areas to make an impact ie think about importance of local knowledge
- Need to support development of elected members, school leaders, and different leaders across communities.
- Need to offer a suite of training programmes to build public health skills and knowledge
- Making training / workforce development more engaging – use case studies? Encourage broader participation
- Secure high quality consistent and appropriate training/ education opportunities
- Need to ensure interventions are evidence based and people are trained
- Raise awareness that public health teams are there to advise on appropriate interventions

- Be specific about what it is we want people to do and then how to skill them up to do it
- Clarity about language about community engagement
- Wider workforce role in sign-posting

Question 8: How can the public health element of GP training and continued professional development be enhanced?

- Incorporate PH into under graduate medical training
- Medical/social model – breakdown – funding limited
- Strengthen career opportunities for medics in public health
- Consider developing a GP with a special interest in public health roles
- GP PH champions
- Some GPs do a 3 month placement already
- NW GP training Fellowships – dissertation and placement
- Internships for GP nearing end of training
- Bringing together GP and PH training
- Opportunity with new GP Commissioning role
- Need GPs to look at alternatives to writing scripts – look at role and skills needed
- GPs need training on PH awareness to ensure consistency in messages across professional groups e.g. midwives and health visitors – e.g. breastfeeding messages

Question 9: Would it be helpful to describe the potential career pathways open to public health practitioner workforces?

- Yes Case studies would help and determine success at different levels (e.g. ex offender or analyst)
- Raise PH as an opportunity for academics
- Yes, in broader areas e.g. data, handling skills/geography etc
- Could provide new graduate opportunities
- This is not just identifying pathways/skills as professional?
- Graduate level/community level – Young people doing health & social care diploma

Question 10: What benefits would new ways of cross-disciplinary training bring to public health workforces?

- Consistency in transition across population
- Consistency of training
- Benefits that a flexible workforce bring and shared vision for public health
- A local example of value of cross disciplinary training would be for Hep c risk reduction in prisons
- Different ways of prioritising health and wellbeing e.g. school meals

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| <p>uptake, playground safety.</p> <ul style="list-style-type: none"> • Development of health & wellbeing targets • Need to make sure that PH workforce development needs are part of the LETB work programme. |
| <p>Question 11: How can LETBs (Local Education Training Boards) best support flexible careers to build extended capacity in public health?</p> |
| <ol style="list-style-type: none"> 1. The education and training needs of the new public health system need to be recognised by LETBs and network leads groups(NLG's) 2. Key stakeholders in the new system must work with LETBs so that public health education and training is appropriately resourced and the skills set is maintained and developed. 3. Greater clarification is needed about Registration for the public health workforce – both specialists and practitioners. Some regions have already invested in Practitioner Registration programmes working through UKPHR. 4. Questions need to be resolved about how clinical staff can maintain registration whilst working in an LA commissioned role. |
| <p>Question 12: Is the healthcare Education Outcomes Framework appropriate for public health education and training? If not, how could it be adapted?</p> |
| <ul style="list-style-type: none"> • Other LA “outcome” framework - will need to be used • Should consider linking to public health outcomes framework (education linked to public health priorities) • Occupational standards for social workers – may have some relevance • Need to consider using existing public health competence frameworks developed by Association of Schools of Public Health in the European region (ASPHER) see links below: <p>http://2011.aspher.org/pg/file/read/597/european-core-competences-for-public-health-professionals-eccphe http://2011.aspher.org/pg/file/read/598/european-core-competences-for-mph-education-eccmpe http://2011.aspher.org/pg/file/read/599/aspher-ephccp-philosophy-process-and-vision</p> |
| <p>Question 13: How can flexible careers for public health specialist’s best be achieved?</p> |
| <ul style="list-style-type: none"> • Provide opportunities to progress a career through different pathways not always the “training” programme • Reduce restrictions by which faculty governs process for recruitment |

- Could you be a senior person in PH without PH background / Training?
- PH person could be employed by a variety of organisations who all have different methods of recruitment / different terms and conditions

Question 14: What actions would support the development of strong leadership for public health?

- Need to have simple strong vision that people can sign up to
- Joint training and qualifications on leadership across sectors
- Key role for elected members
- Not reinventing the wheel – use research and programmes that are out there
- Transferable training – across organisations
- National leadership competency framework
- Doesn't need to be specifically PH can adopt to different contexts
- Recognise leadership at all levels – not just at the top
- Competency framework needs to follow on from vision and career framework – link to NHS career Framework
- Need to consider who the followers are- define who we are influencing and leading
- Need to have common language/understand of skills competency. Leadership roles to get recognition to enable people to do role
- Better marketing of outcomes and achievements

Question 15: What actions can be taken, and by whom, to attract high-quality graduates into academic public health?

- Greater marketing of academic public health
- Pathways – flexible career pathways with joint roles- academic & public health service
- PH needs to have effective ways to influence academic PH – the existing mechanisms through consultant appraisal are not always clear or effective
- Learn lessons from other areas of recruitment e.g. social work; health visitors – look at what worked in terms of recruitment and retention
- Institutional boundaries need to be reduced between universities
- Modernising scientific careers model – lessons to be learned

Question 16: Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?

- Imperative to strengthen career pathways
- We need to have good intelligence available that is well used
- Need to ensure that we retain skills that are in the system

- Need to link into other intelligence resources in LA and NHS but not to lose key individuals
- Need to ensure access to data from LA, NHS, CCG's – issues around challenging competition, commercial sensitivity – organisations may not be willing to share information
- Need to pilot models

Question 17: Do you have any evidence or information that would help analyse the impact of these proposals?

NHS Sefton – future jobs fund – 3 x 6 month placements – working in public health

NHS Halton & St Helens – similar experiences with modern apprentices

Liverpool Community Health – Dental PH tooth brushing sessions with children's centres – training of children's centre staff to deliver

ChaMPs (Cheshire & Merseyside Public Health Network)

Train the trainer programme (89) in leisure services, fire and rescue and police in C&M in identification and brief advice for alcohol – evaluation in progress

CPD education programme for public health across the North West through the NW public health networks

ChaMPS CPD programme to over 1000 delegates in 2011 /12 - average cost of £15 per head

Halton & St Helens

Example

We know that laser treatment of diabetic eye disease has an “Number needed to Treat” very effective value of 2: for every two people treated, one has their sight saved. In Halton and St Helens, public health leadership and direction to a Diabetic Eye Screening Programme serving over 30,000 people led to the programme meeting quality standards, improving uptake and reducing overall cost per screen from £45 to £35 over an 18 month period.

East Cheshire & Halton & St Helens

Public health rotation programme for medical staff - F2's are offered a 4 month rotation into public health as part of postgraduate learning.

Additional comments / views expressed at C&M workforce consultation event held on 12th June 2012

- Public Health Career and Skills Framework already maps out public

health functions / levels but appears to have been omitted in strategy document

- Public Health Career & skills framework should be used via KSF and staff terms and conditions
- PH workforce strategy is needed for the future so table 1 must include LA roles.
- Where to PH manager/planners fit in, should they be registered, all have MScs'
- Whatever comes out needs to build on what's gone before. Need some concrete actions
- What are the skills that are needed, how do you develop those skills who will provide it
- Need clear expectations about how to get skills and how they will be used
- What's the optimum way of delivering public health in local authorities whilst maintaining links with NHS
- LA's need much better understanding of the range of public health functions

The above consultation response derived from a workshop event held in C&M on 12th June 2012 as part of a series of consultation events across the North West.

48 delegates attended from a wide variety of backgrounds including NHS public health organisations, local authorities, clinical backgrounds, and the voluntary sector. Job roles from delegates attending the event included screening leads, information analysts, divisional environmental health officers, nurse managers, local government officer, senior lecturer in public health, epidemiology & surveillance analyst, principal dental health promotion officer. There was significant representation from the public health workforce at all levels. The wide ranging level of engagement at the event ensured a diverse and valuable response that reflects C&M views and opinions regarding the value they placed on a workforce strategy for public health in the future.

<http://healthandcare.dh.gov.uk/consult-workforce>