



# The Association of Directors of Public Health

## Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027 - Consultation Response.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

The ADPH welcomes the opportunity to respond to this consultation. It is essential that there is a fit for purpose health and social care workforce for the system to be sustainable.

### 1. General comments on the strategy

- 1.1. As articulated in the NHS Five Year Forward View, the NHS has a clear role to play in prevention and a 'radical upgrade' in prevention is needed. It is disappointing to see limited reference and acknowledgement of the importance of public health and prevention in this workforce strategy and more widely in local government. There is also limited reference to the wider health and social care outside of the NHS.
- 1.2. It is disappointing that public health education has not been covered in sufficient detail. There should be more focus on health promotion and prevention in both the workforce and the population.
- 1.3. Prevention needs to be placed at the centre of practice within the NHS to ensure long-term financial sustainability. This was captured well in Derek Wanless's Fully Engaged Scenario where it was shown that without whole system intervention the cost of preventable Type 2 diabetes would be more than the budget of the NHS.<sup>1</sup> Financial investment and culture change are both required.
- 1.4. The NHS workforce can play a key role in prevention by supporting behaviour change in people who are well but at risk of ill health, as well as in people who have a health condition and are at risk of deterioration or developing other conditions. Staff should be able not only to signpost and refer individuals to the appropriate services, but to empower and support patients and carers with self-management and self-care e.g. through health coaching.
- 1.5. It is important that the health and care workforce is equipped with the knowledge, skills and confidence to support individuals to make healthier choices and to embed this approach into everyday working practice. One step towards achieving this is to ensure that all staff have a foundation in health coaching (e.g. Making Every Contact Count/All Our Health) to help facilitate conversations about risk factors and staying healthy.

- 1.6. ADPH would like to see public health and prevention embedded into Chapters 7 and 8, as part of the key issues and skills needed across all workforce groups within the strategy. The education and training that healthcare professionals receive both before they qualify and throughout their careers needs to embed and reinforce the importance of public health and prevention.
- 1.7. ADPH is concerned about the strategy's lack of ambition. For a strategy that is intended to run until 2027, there is limited ambition around role diversification and the skills that different healthcare professionals will require to meet the changing health needs of the population. More visionary future roles are required to address the health and social care needs of the future.
- 1.8. The section on 'Prevention and Public Health' makes limited reference to the key system roles of the core public health workforce, and the power and potential impact of the wider public health workforce on the overall system. While the strategy talks about integration, the role of local authorities and the public health system are written in a way that is not embedded and consistent throughout.
- 1.9. The strategy makes little reference to the nursing workforce outside of the NHS e.g. Health Visitors working in local authorities and Learning Disability Nurses working in voluntary organisations. More emphasis should be placed on the whole health and social care system rather than just the NHS.

## **2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?**

- 2.1. The strategy should focus more on the retention of staff and explore ways to improve and support employee health and wellbeing and career pathway progression. It is important that the Return to Work Programme addresses the reasons why people left in the first place e.g. poor work life balance, lack of career progression or employee support for workplace health.
- 2.2. More emphasis should be placed on ensuring swifter recruitment and filling of vacancies. Organisations running higher vacancy rates are likely to put more pressure onto experienced staff to address service shortfall. In times of high pressure, support for workforce development can become neglected as staff are required to cover front line services.
- 2.3. ADPH agrees that more should be done to support people to move across the system better. Flexibility and mobility between increasingly diverse employers needs to be made easier and mechanisms for transfers and for joint appointment need to be found in order to maximize the use of specialist expertise and offer attractive careers. More work placements and secondment opportunities would also be beneficial. It is important to address the transferability of terms and conditions that allow flexible movement around the system. Credentialing should be underpinned by transparent, robust and credible systems to assure equity and quality of training and practice.
- 2.4. A plan should be developed to address continuity of service. This could entail direct mechanisms of recognition across different organisations (e.g. passports) or alternative schemes for a 'single' employer mechanism, as is currently happening in Nottingham. Workforce intelligence also needs to

be adapted from working in silos to a system wide focus. Current workforce reports do not keep up with the movement of roles from the NHS into the wider system e.g. local authorities.

### **3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?**

- 3.1. More investment is needed in the community workforce to ensure they have the necessary skills to keep people healthy and away from acute treatment services. This may require extending the skills of existing practitioners or the establishment of new roles that can deal with a variety of common health issues, particularly within an ageing population that can be treated more cost effectively at home or within a community setting.
- 3.2. It is also important to recognise the impact of cuts to the Continuing Professional Development (CPD) budgets, which will reduce opportunities for staff to extend their skills and advance their careers. CPD should be improved and developed. There should be greater importance placed on reflective practice, work shadowing, mentorship and self-directed learning.
- 3.3. The opportunity to use learning technology should be recognised and should play a part in creating high quality simulation and experiential learning. Investment in education is required and this should be distributed fairly and equitably across the system.
- 3.4. There is currently too much variation in workforce education and training, and Health Education England (HEE) need to ensure that a consistent approach is taken to workforce development throughout the whole system.

### **4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?**

- 4.1. We need seamless career pathways for people, including public health professionals, to move around the system, both between organisations and locations in the UK. An inclusive approach to the contribution of people from diverse backgrounds and sectors is essential in delivering a whole system approach.

**Association of Directors of Public Health**

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<sup>1</sup> The Kings Fund. [Our Future Health Secured? A Review of NHS Funding and Performance](#). 2007