The Association of Directors of Public Health
Public Health Workforce

ADPH Recommendations

Public health specialists: Increase the number of public health specialists in training.

Sufficient health protection professionals are needed to ensure expertise in every local authority (LA) as well as regionally and nationally.

Workforce intelligence should be improved to support workforce planning and mobility.

Barriers to workforce mobility should be removed, enabling continuity of service to be recognised across sectors and alignment of terms and conditions.

Workforce wellbeing should be considered, as should the effect of the Covid-19 pandemic on the workforce.

Secondments should be part of public health workforce development.

Hardwired links between NHS public health workforce and DsPH should be established.

Introduction

The public health specialist workforce is critical, not only providing key leaders such as DsPH but also the technical skills and knowledge in all domains of public health. Without sustainable investment in the public health workforce, there will continue to be vulnerabilities to future pandemics and other health threats, an inability to reduce inequalities effectively, and to prevent the burden of chronic ill health overwhelming the NHS.

ADPH is a member of all the key public health workforce groups in England and works closely with national partners to inform workforce planning within the new public health system. The purpose of this briefing is to set out our key recommendations for the public health workforce.

ADPH Position

Public health specialists in training

Prior to the Covid-19 pandemic, the public health system was constrained by the lack of trained specialists. There was an increase in posts to support the pandemic response but these were largely filled temporarily by returning retirees and self-employed workers. Post-pandemic, vacancy rates continue to increase and there is likely to be a further increase in specialists leaving public health not only due to temporary staff leaving following a reduced focus on Covid-19 but also because of demography and system reform.

To strengthen the pipeline and meet the increasing demand for public health specialists, there must be an increase in the annual intake of the Public Health Specialty training programme. Furthermore, there

should also be a consideration for how to strengthen the leadership pipeline (eg by developing system leadership skills at all levels).

Health protection expertise in LAs

Public health in local government is at the heart of local work to tackle health issues. It provides leadership, expertise, partnership-working, and access to local resources that are fundamental to strong place-based coordination of health protection. It is critical therefore to ensure there is sufficient diversity of expertise, across the workforce, in every LA. This, however, should be separate from the role of the Consultant in Communicable Disease Control (CCDC). This expertise should be provided by public health professionals within the LA team who focus on health protection issues (alongside their wider public health responsibilities), work closely with the UK Health Security Agency (UKHSA) Local Health Protection Teams, and are involved in all discussions locally around health protection.

Public health analysts

Experienced and appropriately trained public health analysts with a grounding in epidemiology and wider public health are vital to ensure the availability of wider local intelligence to inform decision making. There is currently a lack of public health analysts that were previously funded by the public health grant. The public health grant has been cut by 26% on a real-terms per person basis since 2015/16, and this has had a serious effect on public health teams' analytical capacity. A specific set of skills, which differs from other analytic functions (eg business analytics, performance analytics) is needed to perform this role. DsPH welcome increased access to data to help improve the health of the local population, however in order to properly take advantage of increased data, DsPH need specialist public health analysts to interpret it and provide specific locally focussed intelligence to support public health teams.

Workforce data

The complexity of multiple employers and roles has made workforce planning difficult, and Covid-19 emphasised the need to resolve this issue to ensure the resilience and flexibility of the public health system. A viable national dataset on the public health workforce (including occupational definitions) must be developed and implemented to enable proper workforce planning.

An effective data-driven system should be able to:

- Predict future capacity and capability requirements, identify and address gaps, and anticipate and avert bottlenecks.
- Optimise existing resource to ensure the right staff are in the right place at the right time.
- Anticipate future need so that the right staff can be recruited and trained.
- Establish alternative pathways to public health.
- Know the capacity and capability of the whole system in order to be able to rapidly deploy people in exceptional circumstances such as a pandemic.

Workforce leadership

Since the demise of Public Health England (PHE), the lack of funding and capacity for public health workforce development has meant that the public health workforce continues to reduce. Although there is whole system discussion and input, little has been done to improve the situation. The whole public health system must work together to create a sustainable, resilient, fit for purpose workforce. This requires

national leadership with clear aims to ensure the workforce is fit for the future.

Workforce Mobility

Enabling and supporting public health professionals to take up posts in different sectors is critical to growing and maintaining a cadre of appropriately qualified and experienced people.

The core issues that need to be addressed include:

- the lack of a statutory basis for protecting continuity of service across sectors, particularly in respect of redundancy
- differences in pay scales and grade requirements between sectors
- differences in organisational culture between sectors

Overcoming existing legacy issues around mobility requires both a system wide culture that movement between roles and sectors is positive and expected and the removal of bureaucratic barriers to changing employer. The most important of these is the recognition of continuity of service. The convergence of all terms and conditions, while important, is a much longer-term endeavour.

There is also a need for short term movement for learning and development. This includes DsPH ensuring that Public Health Specialty trainees are given opportunities for training placements in all parts of the public health system, including in the new Integrated Care System (ICS) structures and national organisations.

Workforce wellbeing

As a result of workload, chronic stress, isolation, and a lack of time to recover from the Covid-19 pandemic at a structural level, there has been an increase in stress-related leave. It is important to ensure that public health teams are supported nationally and the mechanisms are in place to support the mental health and wellbeing of the public health workforce. Building personal and professional resilience would support the retention of existing public health staff.

Secondments

Secondments (ie national and regional to local; local to national and regional) should be encouraged and supported to mobilise expertise across the system and should be part of workforce development. There should be straightforward and regular opportunities for secondments built into organisational structures.

Hardwired links between NHS public health workforce and DsPH

DsPH as local leaders for public health must have strong links with public health people employed locally and regionally by the NHS and as part of the DPH team. This will help to strengthen the response to health inequalities and prevention, enhance relationships for emergencies, and avoid duplication.

In some areas, DsPH have consultants who work in their local NHS Trusts. This is a strong model and further joint appointments at the consultant level would be a positive step. In all cases public health professionals working within the NHS must have professional accountability to their local DsPH.

Conclusion

The system needs to foster the development of a strong and sustainable workforce, in terms of both capacity and skills, as well as ensuring workforce retention. Investment is urgently needed to enable DsPH

to employ a team with a diverse skillset and address the cuts which have stripped LA capacity. Support infrastructures must be developed to retain the workforce and ensure they are adequately equipped for future pandemics and other threats to public health. DsPH must take responsibility for the training opportunities to ensure Public Health Specialty trainees are given opportunities for training placements in all parts of the public health system, including in the new ICS structures. Many of the issues related to resourcing the workforce are a result of cuts to, or lack of, funding. Innovation can address some of the issues that the public health workforce currently face, however continued cuts will place further pressure on a dwindling workforce.

The DPH role

The core purpose of the DPH is as an independent advocate for the health of the population and system leadership for its improvement and protection. As such it is a high-level statutory role bridging local authorities, the NHS and other appropriate sectors and agencies with responsibilities for health and wellbeing for a defined population. They have a critical role in leading work on prevention, shifting the focus of systems to prevention where real health and wellbeing gains can be made, and in turn, reducing demand on the NHS.

DsPH and their teams have a deep knowledge of their local population and their health and wellbeing needs. They can provide a whole life and whole population perspective to ensure the needs of the population are considered alongside those of individuals. DsPH also provide vital technical skills such as health intelligence, developing an evidence base, epidemiology, and health economics.

This document has been developed with input from the ADPH Board and Council, ADPH Workforce PAG and further reflects the results of our most recent ADPH Member Survey. The purpose of this document is to discuss the issues currently experienced by Directors of Public Health (DsPH) and their teams and their key recommendations for the public health workforce. This document has been developed primarily for use by ADPH and our members. Sharing with key external stakeholders is permitted.

Original statement: September 2023

Next review: September 2026