



Health Select Committee Inquiry to Workforce Planning. Submission of Evidence by the Faculty of Public Health

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

We are pleased to be asked to submit evidence to the Health Select Committee's Inquiry into Workforce Planning. We will focus our response on the public health workforce, as this is the area that is currently of grave concern. The Faculty has undertaken workforce surveys for a number of years and a copy of the most recent survey is attached to this submission. Key findings from the recent survey are highlighted below:

- The 2005 survey of the specialist public health workforce identified 1107 individuals working at consultant level in public health in their primary post, 224 (17%) less than in 2003. About 20% of this fall is in service public health posts.
- The problem is particularly acute in England, with only 36% of Primary Care Trusts in England believing that they have sufficient capacity and capability to deliver public health effectively. This is compared to Northern Ireland, Scotland and Wales where 70%, 60%, 56% respectively of those surveyed agreed their team was adequate to deliver the public health agenda.
- Academic public health has shown a decline of 53.3% reduction in numbers. This fall is consistent with data from the Council of Heads of Medical Schools (CHMS).
- The restructuring of Primary Care Trusts and Strategic Health Authorities following Commissioning a Patient-Led NHS (CPLNHS) could result in 100-150 more senior positions being lost.
- There is a 40% reduction in planned recruitment for public health training for 2006, compared with 2005. Sources within the Deaneries reveal that 4 of the 13 regions plan to cancel their public health training completely for this year.

Figures collected by the NHS Health and Social Care Information Centre on public health consultants and dentists show variable numbers for earlier years with a decline in 2004 to 2005. Information from the Council of Heads of Medical Schools also demonstrates in the number of clinical public health academics in medical schools over the same period.

This picture is of particular concern given the NHS restructuring subsequent to CPLNHS in UK, which threatens to lead to loss of senior public health consultants in the NHS given the reduction in the number of strategic health authorities and primary care trusts. Despite the assurances given to the Select Committee that there would be no loss of public health posts, there is serious concern that the human resources approach is not set up in such a way to deliver this. In addition, recruitment is currently under threat to specialist public health training programmes as postgraduate deaneries also deal with anticipated cuts to their budgets next year.

Given the strong support for public health demonstrated by the Government in the Wanless Report and Choosing Health, it is extremely worrying that the current re-organisation actually threatens the public health workforce still further.

How should effects of the following be taken into account?

Recent policy announcements including CPLNHS

Technological change

An aging population

The increasing use of private providers

The potential adverse effect on the public health workforce, both consultants and their teams, of CPLNHS has already been highlighted. Explicit assurances are needed that current levels of the public health workforce will be protected. The 2005 FPH survey found that only 36% of PCTs would describe their public health team as of adequate capacity- the creation of larger PCTs with the pooling of resources has the potential to improve this position but only if the total levels of staffing are protected.

As highlighted in the Wanless Report, the impact of technological change, and an aging population, together with a number of behavioural and life style factors mean that investment in public health services must be made if the health services are not to be overwhelmed.

The increasing use of private providers threatens to fragment care, and the multiplicity of providers may affect both access and quality. More vulnerable populations may find it difficult to negotiate more complex systems. Thus the public health role of considering at a population level, access, equity and quality of care across care pathways will become ever more important.

How will the ability to meet demands be affected by?

Financial constraints

EWTD

Increasing international competition for staff

Early retirement

As already alluded to, the financial constraints on SHAs and PCTS in the restructuring are likely to jeopardise an already thinly stretched public health function unless specific action is taken to protect these resources. Loss of senior experienced individuals to early retirement or redundancy is a real likelihood.

Early retirement generally for public health professionals is a real issue, and very much higher than in the clinical specialities. This must be taken into account when workforce planning is undertaken to avoid the overestimation of future workforce numbers. A further issue is that many public health professionals are highly experienced and many have also completed GP training prior to public health. We are already seeing a number leaving public health to return to general practice. The establishment of the Health Protection Agency has also created a further large and important employer of public health professionals that provides a significant alternative to the NHS.

At the same time, pressure on training budgets within postgraduate deaneries may lead to public health training budgets and recruitment being cut for 2006/7. As public health training budgets are not embedded in acute service delivery in trusts in the same way that junior hospital doctors are they can prove more vulnerable to cuts.

To what extent can and should the demand be met, for both clinical and managerial staff by:

Changing the roles and improving the skills of existing staff

Better retention

The recruitment of new staff in England

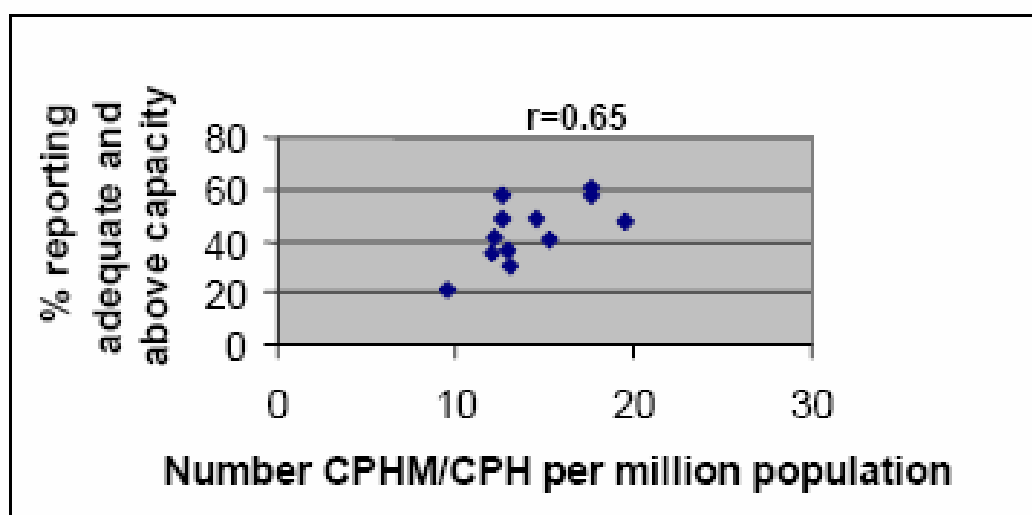
International recruitment

The Faculty of Public health has pioneered the development of multidisciplinary public health. Senior public health posts are open to those from a variety of backgrounds, not just medicine, and the UK Voluntary Register has established a specialist register for those

working in public health from backgrounds other than medicine. However, it is clear that there remains a need for individuals in public health from both clinical (including specifically medicine) and other backgrounds if a comprehensive service is to be delivered across the three domains of public health: health protection, health improvement and service improvement.

It is essential that Directors of Public Health are well supported by appropriately resourced teams, which include other consultants, health promotion specialists, information and intelligence analysts and adequate administrative support. The Faculty workforce survey found a strong correlation between the number of consultants per million population and the self reported capacity of the team. This suggests that there has not been a compensatory shift from senior to more junior posts, and that quite simply where there are not enough consultants there are not enough junior posts either. Whilst it is essential to ensure a wide skill mix within teams this does not negate the need for senior posts to provide leadership and direction.

Figure 1. Self reported capacity and numbers of those working in UK at consultant level in service public health and related areas in their primary posts per million population



How should planning be undertaken?

To what extent should it be centralised or decentralised?

How is flexibility to be ensured?

What examples of good practice can be found in England and elsewhere?

The planning of the public health workforce is essential, and it needs to take into account a number of factors:

- The diversity of key employers for a comprehensive public health service; the NHS, the Health Protection Agency, central and local government – the FPH target of 2.5 service consultants per 100,000 population takes the variety of service locations into account.
- The additional need for public health academics in universities
- Actual data on attrition and early retirement
- The numbers of senior public health consultants and dentists and Directors of Public Health AND
- The size of the wider public health workforce

The work undertaken by the National Workforce Review Team has in general been of high quality, timely and useful for planning, and we would support its continuation. It is particularly important for areas such as public health where there is a need for long-term vision and planning to ensure that there is a robust workforce in place. Given the flexibility and adaptability of the public health workforce (in contrast to some of the clinical specialities) we are concerned that "under-production" is a very much more serious issue than "overproduction" of public health specialists.

FPH has worked with the WRT to try to ensure that an appropriate target is set, and importantly that realistic assumptions about retention and early retirement are included in the model. In contrast to other clinical specialities it must be recognised that public health professionals work in areas other than the NHS in order to deliver a comprehensive public health system, and this must be recognised in the planning.

There is also a need to ensure that the NHS staff census captures not only the senior public health staff working at consultant and director of public health level, but also the wider public health workforce of health promotion, public health intelligence analysts and so forth who form an integral part of the delivery system.

It is essential that robust links are made between the WRT and the newly established Health and Social Care Information Centre. The HSCIC may need to consider what approach it should take to identifying the consultant public health workforce within the Health Protection Agency.

Overall we support the national approach to planning but would wish to see it refined further.