Workforce planning for public health

This year, the NHS Workforce Review Team (WRT) identified the public health workforce among the top 10 priorities for England’s Strategic Health Authorities (SHAs).

WRT is a national body working on behalf of the NHS in England. A team of dedicated workforce planners, supported by clinical advisors, WRT provides objective modelling, analysis and evidence-based recommendations to enable strategic workforce decision-making within the SHAs and the Department of Health (DH).

Although it is a quirk of history that WRT is led by Judy Curson, an experienced public health physician, the similarities between the competences needed for public health and workforce planning illustrate the versatility of the public health workforce, and typify the difficulties of retaining staff in mainstream public health practice.

Each year WRT collects workforce data and intelligence, and identifies the potential impact of new technologies and clinical developments on over 150 healthcare workforce specialties and professions.

Why is the public health workforce a priority?

Workforce planning is anticipating “potential future imbalances between the supply and demand for different skills, in time for action to be taken”. WRT has identified several key demand and supply factors affecting PH. The subject of two recent White Papers, a major review of health inequalities and a core focus of the Next Stage Review

In this issue...

How can we build ‘health sustainable communities’

PHORCaSTing the future – it’s bright for public health careers!
and where we need them. Knowledge needed, when we need them approach to ensure we have the skills and which enable and illustrate a structured contributors have described practices because of its rich diversity is harder to located in a single organisation and we draw on locally is not conveniently must take this on board. The workforce 'Our Future', highlighted the need to improving the approach to workforce planning and developing the workforce. Primary care trusts (PCTs) value the PH contribution to both commissioning and health improvement. Joint appointments between PCTs and local authorities are influencing new thinking about roles. Opportunities for PH specialists to work outside traditional PH roles mean the total demand is greater than that measured by any readily available tools.

The number of PH specialists going through formal training has remained fairly static over the last 10 years, although the number of specialists registered with the UK Public Health register has increased the numbers of people recognised as working at consultant level. Fifty percent of the PH specialist workforce is now estimated to be aged 50 or over; 2006 data from the FPH suggests an average retirement age for this group of 58. Unless retirement age increases substantially, modelling indicates that, if numbers in training remain constant, there will be a decrease in the total specialist workforce.

What can we do?
In the short term efforts need to centre around:
◆ Retaining the existing workforce especially those nearing retirement age
◆ Encouraging PH specialists to return to practice
◆ Modifying and enhancing skill-mix in PH teams
◆ Supporting defined specialists prepare for registration on the UKPHR by retrospective portfolio.

Longer term gains can be achieved by:
◆ Creation of additional specialist training posts
◆ Dual accreditation
◆ Training made more accessible and flexible for specialists and practitioners
◆ All healthcare staff having increased PH awareness and population perspective.

Retention of staff and encouraging return to PH practice will continue to be important. It is customary to blame serial reorganisations for the loss of experienced staff, but there are other contributory factors, including the marketability of PH specialists.

National work indicates four themes of key importance to NHS staff. These apply equally to PH staff:
◆ Resources to deliver high quality care
◆ Support needed to do a good job
◆ A worthwhile job with the chance to develop
◆ Opportunities to improve ways of working.

Some regions are developing talent management systems to nurture and retain their scarce PH workforce resources and to encourage return to practice of those currently deployed in other fields. Optimising skill-mix to deliver PH services will always be a challenge. Teams of individuals with a range of backgrounds and expertise can support the PH agenda. Developments within ESR and the UK Public Health Register should enable the PH workforce to be more meaningfully defined.

A High Quality Workforce proposes dual accreditation in PH for other specialists (eg cardiologists) to gain expertise in prevention and health promotion. This route could draw individuals into PH for at least a part of their careers or enable them to contribute to the skill-mix of PH teams. (see article 'Primary care and public health-improving health together').

Conclusion
The demand for the PH specialist workforce and practitioners with the relevant knowledge and skills looks set to outstrip supply. Expansion of training alone is not sufficient to meet demand and creative use of skill-mix in teams and support and personal development for individuals will continue to be crucial.

Dr Judy Curson FFPH
Andrew Beddow MA
Nicola Spillane BDS
Workforce Review Team

This edition focuses on planning, organising and developing the workforce for public health. Lord Darzi, in ‘Our NHS, Our Future’, highlighted the need to improve the approach to workforce planning across the NHS. Public health must take this on board. The workforce we draw on locally is not conveniently located in a single organisation and because of its rich diversity is harder to count, monitor, plan and develop. Contributors have described practices which enable and illustrate a structured approach to ensure we have the skills and knowledge needed, when we need them and where we need them.

The front page article outlines the basic principles of workforce planning and potential tools to help us plan the public health workforce. Information about the workforce benchmarking tool can be found on p13, and the identification of public health staff in electronic staff records can be found on p20.

Within the UK there are four different systems in place to organise and access the specialist public health workforce. Articles on pages 6, 7 and 8, outline how the workforce is organised in Wales and Northern Ireland. It may be useful in the future to compare and contrast the strengths and challenges of different systems in place across Europe. Whatever the organisational system, different sectors of the workforce have to collaborate to maximise scarce skills. The overlap between health promotion and social marketing is explored on p13.

We know that specialists and practitioners in the NHS alone cannot tackle existing and future public health challenges and much work has been done to secure the support of others. Examples of how other sectors are successfully being engaged are described: GPs and urban planners on p5, the third sector in London on p6 and health trainers on p14. As well as developing knowledge in other sectors, public health as a specialty is good at strengthening its own knowledge base and adapting to changing demands. For an excellent example of this read how climate change is being embedded in public health knowledge on p14.

Ros Dunkley
Director of Public Health Development
Public Health Resource Unit

Sandra Cairney
Head of Planning and Health Improvement
NHS Greater Glasgow and Clyde
Barack Obama’s historic election victory has given the world new hope. Hope in change, hope in renewal, hope in opportunity, hope in leadership.

But what makes a great leader? The sixth US president, John Quincy Adams, put it this way: “If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” Certainly, on that reckoning, Obama has already moved mountains, even before taking office. Despite the huge problems facing the world, there’s a real sense of renewed vitality in the air. And where there’s hope, there’s life.

But to bring us all down to earth for a moment, how does leadership translate into the world of public health? In an increasingly hard-nosed health system, focused on quality and delivery, how can we recognise and nurture potential leaders in our specialty? Where are the Obamas for public health? We know they are out there. But how can we bring more of them on?

This is an absolutely crucial question; especially with other professional groups competing increasingly for responsibility in areas of work that have hitherto been the sole preserve of public health professionals.

Now is the time to really get to grips with the whole issue of quality in public health, something almost entirely ignored by Darzi, but key to effectiveness in the post-Darzi world many of us inhabit. Indeed, wherever we find ourselves, whichever part of the UK or beyond, whether in the NHS, local government, health protection, academia, third sector or commercial sector, we need not only to assure quality but also to help create a system for identifying talent and bringing on our potential leaders.

It goes without saying that the process must start early, by ensuring excellence in the delivery of undergraduate and postgraduate education. We must also maintain rigorous standards for selecting entrants to PH specialty training and accreditation of placements. The same goes for those coming through portfolio routes. On top of this there should be a conscious effort to ensure trainees are given positions of responsibility, particularly in the latter part of their training. Standards must remain high throughout the process so that PHPs come off the production line highly skilled, competent and truly fit for purpose.

The training curriculum needs to be fleeter of foot and flexible enough to respond to the changing demands facing public health professionals. Whether they’re heading for service PH, academia or elsewhere, the core skills and competencies need to be combined with a more modular pick-and-mix approach, so we can raise the bar and produce more highly skilled individuals in their chosen field. Employers also need to be more sophisticated about selecting the best people for the job.

A big challenge is the changing nature of the NHS, which is now much more outcome- and quality-focused, and rather more inward-looking. The pressure is now on to ‘deliver’. There is a clear need for a leadership and talent-management programme that is specifically tailored to the needs of the public health function in the new NHS, is firmly embedded in the system and is fully supported by the professional and management hierarchy. We need a much more pro-active system for spotting future stars and giving them real opportunities to shine – something that regional directors of public health (RDsPH) could take on board more formally than hitherto.

There are many leadership training programmes which can play a part in this, including various regional schemes and the current national public health leadership programme. But it’s all a bit patchy and we need a more coherent approach to matching the right participant to the right programme with clear standards around selection and recognition.

This should be based on robust appraisal and assessment, and must include ongoing elements of talent nurturing including mentoring schemes, learning sets and ‘stretch assignments’ – real opportunities to demonstrate leadership. In effect, we (and this includes employers as well as RDsPH) must create ‘pipelines’ to fast-track our rising stars so they can move more rapidly upwards.

FPH is working closely with the UK Departments of Health and the RDsPH to help bring about this vision as soon as possible, tying it in with current programmes such as the NHS’s ‘Top 250’, and making sure it is properly embedded and well-resourced.

These are truly exciting times. Public health challenges are right at the top of the agenda. Our specialty is a great specialty to be part of. We already have an abundance of talent to act as role models for attracting plenty more. The urgent task now is ensure our future Obamas have every opportunity to realise their full potential.

Alan Maryon-Davis

To comment on this editorial email Alan at comments@fph.org.uk

Shaping the Future 2009: The conference for the health promotion workforce

Why Health Promotion Matters

Tuesday 3rd February 2009 10:00 – 17:00
London South Bank University
To register for your FREE place at this essential event, go to www.specialisedhealthpromotion.org.uk

- National leaders will articulate their vision for health promotion and its workforce
- Give voice to your views and concerns and network with colleagues from all over the UK
- Plenary sessions and workshops on key areas of health promotion theory and practice
Firstly, a huge thank you to the membership for supporting the Board’s proposal to pursue Royal College status. The ballot produced a healthy return that gave a clear mandate to the Board that this is something the membership wishes to us to pursue. Work has already begun in preparation for the lengthy and bureaucratic process that is necessary. A full project plan is currently being developed and the Board and membership will receive regular updates on progress through ph.com and the website. We hope that Royal College status may be achieved within the next two years.

Those of you who check the website regularly will have seen that we have recently posted the FPH Business Plan for 2009. For the first time this has been linked to the strategic objectives of the organisation to help ensure that we meet the Board’s priorities in 2009. With a balanced budget, the workload to be achieved in the coming year is ambitious and will require support and input from many of you.

The membership survey undertaken earlier this year has informed the planning process and many of the issues that were highlighted through the survey have been incorporated into next year’s plan.

Working within our charitable objectives the priorities for 2009 include:

- Revalidation
- Practitioner development
- Improved services to members
- Improved FPH profile
- International development
- Carbon reduction

These are major areas of work for us to take forward and we will be seeking continued support from the four UK Departments of Health to enable us to deliver this agenda.

To contribute to FPH’s own carbon reduction policy, we will not be sending out Christmas cards – our seasonal greetings this year will be electronic. With the money saved from both the purchase and postage of the cards, the FPH will purchase trees to be planted in each of the four countries of the UK.

On behalf of all the staff at FPH I would like to take this opportunity to wish you Seasonal Greetings and a happy and healthy 2009.

Leadership in public health

In our September issue we congratulated Sir George Godber on reaching his 100th year. FPH fellow Alex Gatherer reflects on his encounters with Sir George.

You have to be well retired to have a personal memory of Sir George Godber’s leadership in public health. My experience came at an important time in my career, my first months after being able to drop ‘deputy’ from my title and when doubts about the specialty I had chosen were being raised nationally.

I was appointed away back in the 1960s as Medical Officer of Health (MOH) to the County Borough (CB) of Reading, Berks. One of the first bits of advice I received from the other MOSh in the region was, ‘whatever you do, do not miss George Godber’s tour de force.’

Once a year, the CB MOSh assembled for a weekend meeting and, however good the programme was, the highlight of the weekend came on the Sunday morning. This was a strictly members-only session, under firm confidentiality rules. It consisted of a masterly review of current and future issues and challenges in public health, both home and abroad, a monologue from George Godber. For 2-3 hours, with no notes but a list in his hand, he talked quietly but with complete authority, on public health, both home and abroad. As far as I could tell, he used no notes but did have his list in hand. He talked on public health, on personal health, on public health in developing countries, on public health at home and in the region. He talked about health promotion, health education, health awareness, realising the huge importance of carefully handling inter-personal relationships between staff in teams.

In addition, Helen found added value in having a genuine role at this management level. “As well as practical experience of operational management, I gained considerable political awareness, realising the huge importance of carefully handling inter-personal relationships between staff in teams and with other agencies.”

Helen reflected that six months was an ideal duration for such a placement, since there was a considerable ‘breaking in’ period. The role was made easier being surrounded by highly competent staff. “I have been fortunate to have had this opportunity, and also to have had an extremely supportive team of managers around me, without which the role would not have been possible.”

Because Helen also had other roles within the PCTs, this opportunity also provided experience of balancing management roles with other work, a reality when working at consultant level. “This role is an extremely useful way of gaining management competencies and preparing for future work at consultant level – I would highly recommend this to any trainees who are at later stages in training”.

Innovative approach to gaining management competencies for senior public health trainees

A public health trainee in the North East of England has recently had the opportunity to experience invaluable hands-on management experience at County Durham Primary Care Trust (PCT) and Darlington PCT.

Dr Helen Park spent six months part-time providing back-fill for a Band 8b Public Health Manager. During this time Helen had responsibilities for 75 Public Health staff in six teams. Her day-to-day operational management experience included handling staff issues, appraisals, recruitment, inductions, disciplinary and team dynamics.

In addition, Helen found added value in having a genuine role at this management level. “As well as practical experience of operational management, I gained considerable political awareness, realising the huge importance of carefully handling inter-personal relationships between staff in teams and with other agencies.”

Helen reflected that six months was an ideal duration for such a placement, since there was a considerable ‘breaking in’ period. The role was made easier being surrounded by highly competent staff. “I have been fortunate to have had this opportunity, and also to have had an extremely supportive team of managers around me, without which the role would not have been possible.”

Because Helen also had other roles within the PCTs, this opportunity also provided experience of balancing management roles with other work, a reality when working at consultant level. “This role is an extremely useful way of gaining management competencies and preparing for future work at consultant level – I would highly recommend this to any trainees who are at later stages in training.”
Planning for a wider public health force

Obesity, climate change and health inequalities, are just some of the tough public health problems where the built environment of our villages, towns and cities is being put in the dock, as a contributing, if not causal factor.

If we follow this argument; it is in the gift of planners, architects and urban designers to create interventions for better health, not only the usual public community.

This speaks to the wisdom of the concept of a ‘wider public health workforce’ and the relevance of including the built environment professions as valued actors and partners. But who are these built environment professions and in what ways can they be engaged?

The WHO Collaborating Centre for Healthy Cities and Urban Policy is located in the UK’s largest planning department, in the University of the West of England, Bristol. A third of all UK planners are trained in our department, and our staff are increasingly contributing public health perspectives to the undergraduate and postgraduate planning courses.

The early history of the planning profession is, of course, intertwined with that of public health. However, the complexity of the modern practitioner’s world means that the impacts on public health come now from a clutch of what can loosely be called ‘built environment’ professionals. These include planners, architects and urban designers and also transport planners, regeneration specialists, resource managers and chartered landscape architects, not forgetting the emerging ‘spatial planning’ specialists.

In addition to taught courses, since 2007, we have worked closely with the South West Teaching Public Health Network to reach out to built environment professionals and to bring public health practitioners together with planners.

Through our work, and the work of others in this field, a shared ambit of knowledge is developing. The Royal Town Planning Institute has an active sustainable health communities taskforce and is due to publish a General Practice Note to its members called ‘Delivering Healthy Communities’.

Progress is being made where PCTs and local authority planning departments work together though jointly appointed Directors of Public Health. At the heart of the joint work programme is consideration of the location and spatial layout of planned new settlements and housing growth areas. Through a mixture of techniques, settlements design can be informed to assist population health.

The key issue is the degree to which healthy lifestyles can be facilitated. For example: by having the jobs, homes, schools and facilities and greenspace in the right locations, and the right street networks for active travel; by ensuring that topography and shelterbelts are used to reduce wind chill of (well-insulated) homes and use is made of local renewable sources; by ensuring that the public realm is well populated and accessible across a wide range of incomes, ages and abilities.

The task for PCTs and their Directors of Public Health is to keep these in the forefront of the planner’s minds as the spatial frameworks for new settlements and regeneration areas are designed.

Marcus Grant, Deputy Director WHO Collaborating Centre for Healthy Cities and Urban Policy University of the West of England, Bristol

Primary care and public health – improving health together

Quintessential to good general practice is an understanding of the public health issues underpinning our healthcare. Over the years there have been calls for closer working between general practitioners and public health specialists and yet, with a few notable exceptions, this rarely occurs.

At its extreme, primary care remains within the GP surgery walls dealing in isolation on one-to-one clinical issues, divorced from the population needs of the local community. However, improving public health through primary care seems now firmly on the agenda.

Lord Darzi has emphasised the need for excellent prevention services and particularly the opportunities for primary and community clinicians to improve health. World Class Commissioning (WCC) expects every Primary Care Trust to work with Practice Based Commissioners to improve health and tackle inequalities.

If we are to meet the challenges of Darzi and WCC, we need a workforce that can deliver effective clinical interventions, for example brief interventions for alcohol and understanding their contribution to improving the population’s health such as less burden of liver cirrhosis. This requires building public health capacity both within public health and throughout the wider workforce at a time when there are, in some places, shortages of specialist public health capacity in PCTs.

There are plenty of examples around the UK where primary care practitioners have been working with public health departments. Dr Matt Kearney recently described his work as a GP public health practitioner in Knowsley PCT in the Health Services Journal. His work focuses on three areas; advancing quality, promoting prevention and supporting the GP commissioning function.

In advancing quality, for example, he has used his dual role and credibility to promote evidence-based systematic management of long-term conditions, and developed a Locally Enhanced Service to increase case finding for hypertension, diabetes, COPD and cardiovascular risk.

What has been missing nationally (and internationally) has been a formally recognised role for working at the primary care public health interface with accredited training. The Royal College of General Practitioners has developed 16 frameworks for Practitioners with a special clinical interest (PwSI) which applies to GPs and pharmacists. The Public Health Resource Unit worked with GPs and public health consultants to include a public health element. We have now drafted a framework for a Practitioner with a special interest in public health (working with key organisations and senior colleagues from general practice, nursing, public health and pharmacy) and hope that this will be agreed between the FPH, Royal College of General Practitioners, Royal Pharmaceutical Society of Great Britain and Department of Health.

PwSI are not a replacement for, or an automatic route to, becoming a consultant in public health. We believe the PwSI will give a structured framework to work between primary care and public health which will lead to mutual benefits for both and ultimately improvements in health.

Dr Clare Gerada, Vice Chair, RCGP
Dr Sally Bradley, Director of Public Health, NHS Manchester
London teaching public health network: helping to build public health capacity in the third sector

The nine regional Teaching Public Health Networks (TPHNs) in England were established by the Department of Health in 2006. Their purpose is to bring benefit to the health of the population through needs-led capacity building.

Each has developed areas of special focus, depending upon agreed regional priorities, including: healthy universities; children’s health; the built environment; and medical education. In London (LTPHN), the priority area is building capacity in the third sector.

LTPHN is a network of people and organisations committed to improving London’s capacity to address the major public health challenges it faces, notably health inequalities. The network comprises higher and further education providers, local and London government, Sector Skills Councils, NHS, Health Protection Agency and third sector (community and voluntary) organisations. Collaborative working is essential if we are to build capacity to tackle, for example, obesity and heart disease or environment and mental wellbeing, with an overarching aim of tackling the city’s inequalities in health.

Our efforts at engagement with the third sector have been met with astounding enthusiasm within the sector, accompanied by cynicism as to why it has taken decades to recognise the development needs of a sector that is key to the delivery of health and healthcare. We have sought to identify development needs within the sector and to improve access to appropriate learning resources.

The third sector organisations range in size from small local service providers to global charities. In London, 60,000 third sector organisations (of which a quarter are health focused), employ 6.4% of London’s working population. Links with umbrella organisations, including Voluntary Sector Council, Healthy Living Alliance, NGO Forum, and Lifelong Learning Networks have permitted effective cascades to several further networks. Working collaboratively with Skills for Health we have developed a proposal for a Skills Passport for Health & Wellbeing. This would enable workers in all sectors whose work contributes to population health to achieve recognition and transferability for public health competencies gained in the workplace as well as through formal courses.

The Public Health Skills & Career Framework has proved a valuable tool for identifying appropriate competencies. Needs assessment has informed us that not only public health knowledge is needed, but also IT, management and commissioning skills are needed to deal effectively with the new tendering environment.

At a directly practical level, our collaboration with the third sector is helping to build grass roots capacity to tackle child obesity.

On 12 December, our 2008 Stakeholder Conference will consider why learning and practising together is relevant to today’s public health agenda. You can find more information on the events pages of www.ltphn.org.uk.

We shall hear from speakers who have made a real difference through inter-professional learning and practice in their own areas. We will also explore the value of building capacity across professions and across sectors, in every context from formal educational environment to learning in the workplace.

Dr Fiona Sim, Coordinator, London Teaching Public Health Network

Public health workforce development in Wales

Since 2003, Wales has had an integrated public health function, delivered through the National Public Health Service, which supports all organisations to deliver their public health responsibilities.

The provision of services by a dedicated organisation requires a structure which can provide specialist expertise and skills from across all domains of public health, both nationally and locally. This poses challenges for the management of the resource and for the workforce itself which has to be able to respond to often rapidly changing priorities from a large number of stakeholders.

While most staff are located either in local public health teams, or in networked specialist teams, many contribute to work at both local and national levels.

This matrix method of working, though challenging, provides many development opportunities and builds capacity within the system. The structure of the organisation also offers career pathways for staff. This has been enhanced by the development of the Public Health Register and will be further strengthened by practitioner registration in the future.

The workforce planning needs have been relatively easy to assess, and both local and national resource teams have been strengthened as a result. The development of a programme-based approach to many issues eg. tobacco control, has also allowed the maximum utilisation of scarce specialist expertise. A particular example of support for workforce development has been the establishment of a ‘professional lead for health promotion’ role and four ‘regional champion’ roles. While the initial focus for these roles was the specialist health promotion workforce, the approach has enabled the provision of support across the wider workforce.

NPHS specific developments are noted below:

◆ the establishment of the Development, Audit, Training and Education Group (DATE) which oversees a systematic approach to training and professional development opportunities
◆ a standardised approach to appraisal and methods to gather evidence and demonstrate knowledge and competence (linking to the NHS Knowledge and Skills Framework)
◆ an outline of a Public Health Foundation Course, spanning all areas of the UK Public Health Skills and Career Framework, for further development and implementation.

Support for public health workforce development is provided by the Wales Centre for Health which has included coordinating top-up training for Public Health Register applicants, providing fellowships and bursaries, and supporting work on the Public Health Skills and Career Framework.

The excellent working relationship between the NPHS and the Wales Centre for Health will be strengthened by the formation of a single independent public health body next year. This will also include the national screening programmes, Welsh Cancer Intelligence and Surveillance Unit and the Congenital Anomalies Register and Information Service. This will further enhance opportunities for development of the public health workforce in Wales. The profile of public health in Wales has never been higher and there are many challenges ahead, but our integrated approach to public health delivery is wearing well!

Dr Cerilan Rogers
National Director, National Public Health Service for Wales
Supporting commissioning in Wales

Devolution is providing exciting challenges and opportunities for the public health system in Wales.

Since 2003 we have had 22 Local Health Boards (LHBs) in Wales, each responsible for providing primary care services, and for commissioning all other healthcare for the 2.8 million population of Wales from NHS Trusts. There are currently eight Trusts for acute, community and mental health, plus a Trust providing inter-alia specialist cancer services. The complexity of the relationship between LHBs and Trusts resulted in LHBs being required during 2007 to pool expertise to create three regional commissioning units.

The National Public Health Service for Wales (NPHS) was created in 2003. The public health resources of the five Health Authorities were brought together with the PHLS in Wales, establishing a critical mass of 800 staff. The NPHS is hosted by a Welsh NHS Trust and, through the delivery of an expert public health service, assists other organisations in fulfilling their statutory responsibilities.

The NPHS provides a consultant Local Public Health Director, supported by a small team, to each of the 22 Local Health Boards in Wales. Their work is complemented by networked specialist teams operating across Wales, covering the full range of healthcare, and the public health intelligence function.

The ability to engage with the three regional commissioning units, rather than 22 LHBs, has enabled the NPHS to provide a focussed, efficient and effective service. Workplans are negotiated and agreed nationally and locally, to take account of NHS priorities and NPHS capacity.

Workforce development is responsive to emerging priorities. This can be either by flexibility in allocation of staff roles and responsibilities, supported by individual professional development, or by differential new investment when resources permit.

But more change is on the way!

Since June 2007 we have had a new coalition government in Wales with a manifesto commitment to abolish the LHBs and instead planning and delivery services will be co-ordinated by a National Board, which will set standards and performance-manage the seven unified boards in their local planning and delivery of services.

What does this mean for public health?

Despite the organisational changes we anticipate that the nature of the public health contribution will remain the same. There will, however, be challenges in providing appropriate levels of specialist input from the public health service to the National Board and the seven unified boards. The principles upon which we base our response to those challenges will remain the same: alignment of capacity with priorities through the work planning process, both nationally and locally, and workforce development in response to emerging priorities.

Dr Paul Tromans, Director of Health and Social Care Quality/Regional Director of Public Health South East Wales

The Wales Centre for Health supporting public health workforce development

The Wales Centre for Health (WCfH) is a statutory body established under the Health (Wales) Act 2003 and has a broad remit for working with a range of organisations, both statutory and voluntary, to help improve health in Wales. A specific focus involves developing and delivering training and support for public health practitioners and specialists.

Much work has been undertaken to support practitioners in developing their knowledge, skills and career paths, linked to the Public Health Skills & Career Framework and the NHS Knowledge and Skills Framework.

Examples include:

◆ Determining the provision of training and education for public health practitioners in Wales
◆ Developing a Public Health Exchange of Information
◆ Developing e-directory.

Facilitating joint NHS and local authority lead officer training and practitioner master-classes and workshops.

The WCfH Public Health Workforce Development Programme provides support for senior public health practitioners wishing to work towards becoming an accredited specialist in public health and practitioners developing specialist knowledge in one key area of public health.

Claire Barley
Head of Training and Education
The Wales Centre for Health

Practising evidence-based public health workshop

The Welsh Assembly Government is committed to developing evidence-based public health policy and practice. We need a workforce who can access and analyse information about effective practices in healthcare and public health services.

Consequently, in partnership with the Support Unit for Research Evidence, Cardiff University, Clinical Research Collaboration in Wales (CRC Cymru) and the National Public Health Service, an intensive two day workshop was hosted. Over 20 practitioners from health organisations across Wales attended, led by an expert team from the Cochrane Public Health Review Group, based in Australia.

The Cochrane Collaboration was founded in 1993 and named after the British epidemiologist, Archie Cochrane. The Collaboration is an international not-for-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide.

Following the workshop the participants have been encouraged to evaluate the evidence within their practice area, and with their new confidence in critical analysis, to work with their colleagues to improve standards of public health developments across Wales. Further training will be made available to develop this initiative.

Chief Medical Officer for Wales, Dr Tony Jewell, visited the workshop to give his full support to the training programme. He said “I have been involved in evidence-based public health from the very beginning and am pleased to see how much interest this workshop has generated. Links between Wales and the Cochrane Collaboration are thriving, which is fitting as Archie Cochrane, the first to propose basing policy and practice on critically appraised evidence, was based in South Wales for much of his career.”

It is anticipated that the workshop will provide the basis for a first step into research for many participants, including participation in Cochrane systematic reviews.
Redesigning the public health workforce in Northern Ireland

The public health workforce in Northern Ireland is due to undergo its most radical organisational transformation in 30 years, when a new Northern Ireland-wide Public Health Agency is created in April of next year. The new Agency will integrate the three domains of public health within a single organisation and incorporate public health professionals who currently work in a variety of settings across Northern Ireland.

Northern Ireland continues to face a variety of major public health challenges. Life expectancy is lower than in many other parts of the UK and the life expectancy gap between poorer and more affluent parts of the population is not closing. In common with the rest of the UK, important public health issues include alcohol misuse, obesity and suicide. New challenges are the sustainable development of next year. The new Agency will integrate the three domains of public health challenges.

There is a real sense of optimism that the new arrangements will change the culture of professional development for public health personnel across Northern Ireland. A unified and integrated organisation, encompassing much of the current mainstream workforce, will enable a more consistent approach to be taken on. This will include issues such as workforce planning, assessment of training needs and individual career development. This is likely to have a beneficial knock-on effect throughout the wider public health workforce, including those working in partnership with the new agency.

The proposed new organisation (Regional Agency for Public Health and Social Well-being) will provide an important opportunity to fulfil the ambition of developing a highly trained, innovative and motivated public health workforce in Northern Ireland. A workforce that is well equipped to deal with the current and future public health challenges.

Martin Bradley, Chief Nursing Officer at the Department of Health, Social Services and Public Safety (DHSSPS), in Northern Ireland, has been leading a multi-professional team tasked with formulating transitional arrangements for public health training and professional development, as well as making proposals for how the new organisation should take forward these issues in the future. Over the past few months they have been getting to grips with the detail and complexities of the specialist training programme as well as the range of UK-wide initiatives such as the Public Health Skills and Career Framework and the UK Public Health Register.

Dr Naresh Chada, Senior Medical Officer, Department of Health, Social Services and Public Safety, Northern Ireland.

Leading for health

Evidence, policy and practice

Scarborough,
16-18 June 2009

The Faculty of Public Health's 2009 annual conference will focus on how we as public health professionals translate our knowledge, skills and expertise into leading-edge public health practice, and how we can shape the specialty to deliver health and wellbeing in the 21st Century.

Our aim is to create a conference programme that addresses the full range of public health activity. We are also keen to learn from other sectors and professional groups who have an integral role to play in improving and protecting our health and in delivering effective health services.

You can now submit your abstracts. For further information on the themes of interest and to submit your proposal check out the abstracts section of the website.

For further information, please visit
www.publichealthconferences.org.uk

The Faculty of Public Health Annual Conference for public health professionals
Public health workforce development in NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde, the largest health board in Scotland, moved to whole system working in April 2006, devolving the core health improvement workforce across ten Community Health Partnerships. In order to provide area-wide support for this devolved workforce, a Public Health Resource Unit (Scotland) was established. The unit comprises four key functions, learning and development, research and evaluation, information management and knowledge exchange. A fifth function is to provide support for public health networks.

In the first year the PHRU (Scotland) website and extranet were launched. The unit established a comprehensive and extensive practitioner database and made freely available a number of electronic tools.

A review of the public health workforce including a workforce census, revealed a disparate workforce with numerous job titles, qualifications and perceptions of what the roles entitled. The census has offered an invaluable baseline for workforce development and planning. Job descriptions were reviewed and standardised to form a generic suite aligned with the national public health competency framework.

To further understand the development needs of the practitioner workforce, qualitative research was commissioned. The findings informed our local learning and development framework, which was developed with partners from national agencies and higher education. A key component of the framework has been establishing a mentoring scheme to encourage and support practitioners.

A devolved public health network model is now in place. The unit supports a lively public health seminar programme showcasing health improvement practice from across the health system. We issue a regular newsletter, are extending our range of electronic public health resources and offer signposting to all the key public health events in Scotland and across the UK. www.phru.net

Norma Greenwood, Head of the Public Health Resource Unit

Developing the Scottish health improvement workforce

NHS Health Scotland is the national agency for health improvement for Scotland and provides leadership and support for delivery of key national priorities. The team has a remit to work with partners to develop the workforce required to deliver evidence based interventions through:

◆ commissioning and developing innovative training programmes which meet identified needs and support policy drivers
◆ recruitment and intensive training of local health improvement trainers who then cascade training to the practitioner and wider workforce
◆ network support to sustain these trainers
◆ tracking and monitoring training delivery
◆ ensuring a continuous quality improvement process.

The target audience are primarily within the NHS Boards, but the workforce is also drawn from community planning partners in local government and the third sector.

Our strategic learning and development programmes primarily support meeting the health improvement targets within the NHS Scotland Health, Efficiency, Access and Treatment (HEAT) targets.

In all of our work, reducing health inequalities is a strong driver for planning and delivery.

One challenge is to identify which elements of the workforce are best placed to deliver training at local level. Reorganisations of health improvement teams within Boards, has meant those who we traditionally relied upon to take on the role of local trainers may no longer have that remit. Within these changes there are of course opportunities. We are now working with people who would not traditionally see themselves as health improvement trainers but who have a remit to support HEAT work and are enthusiastically rising to that challenge.

Another challenge for our Board partners is that much of this work is being devolved to local level. Reorganisations of health improvement teams within Boards, has meant those who we traditionally relied upon to take on the role of local trainers may no longer have that remit. Within these changes there are of course opportunities. We are now working with people who would not traditionally see themselves as health improvement trainers but who have a remit to support HEAT work and are enthusiastically rising to that challenge.

Another challenge for our Board partners is that much of this work is being devolved to local level. Reorganisations of health improvement teams within Boards, has meant those who we traditionally relied upon to take on the role of local trainers may no longer have that remit. Within these changes there are of course opportunities. We are now working with people who would not traditionally see themselves as health improvement trainers but who have a remit to support HEAT work and are enthusiastically rising to that challenge.

We work closely with NHS Education for Scotland (NES) who are partners in the National Public Health Workforce Development Group which also includes Health Protection Scotland, Voluntary Health Scotland and CHEX – an agency that supports community development. It is currently expanding to include representatives from all NHS Boards.

Visit www.healthscotland.com/learning for more information.

Wilma Reid, Head of Learning & Workforce Development, NHS Health Scotland

Did you know?

FPH members are members of the European Public Health Association? – an independent and scientific voice for public health in Europe?

FPH pays a per capita fee to ensure all FPH members are also members of EUPHA.

EUPHA has a wide range of topic-based sections which you are entitled to join. They network, run workshops, share best practice and provide opportunities for collaboration between individuals across countries and institutions.

EUPHA’s new strategy redefines its role as assisting members in reaching their objectives and to bring added value to the efforts of members, countries, national and international organisations and individual public health experts.

As EUPHA evolves from a research network to one based on the four pillars of research, policy, practice and training and education, its activities should become more relevant to FPH members.

In November 2008, EUPHA held its annual conference in Lisbon. The theme was ‘health – innovation and health in Europe’. The 2009 conference, on ‘human ecology and health – innovation and health in Europe’, is to be held in Cracow from 25-28 November. As a EUPHA member, you are entitled to a discounted registration fee.

As a EUPHA member you are also entitled to receive free electronic access to the European Journal of Public Health. For details on how to access the journal, please contact Caroline Wren at FPH (carolinewren@fph.org.uk).

EUPHA is actively seeking greater engagement with members and there is plenty of scope to influence the development of EUPHA to ensure it meets your needs.

For further information please visit www.eupha.org

Visit www.eupha.org

Norma Greenwood, Head of the Public Health Resource Unit
Development of regulation for public health practitioners

The development during 2006/07 of the Public Health Skills and Career Framework (PHSCF) was the result of a collaborative and coordinated approach to the whole workforce, which is now continuing into implementation. One key strand of that implementation is the provision of a regulatory framework for practitioners, sitting alongside the specialist regulatory framework, providing a flexible and integrated system to protect the public and around which development of the workforce can be measured.

The United Kingdom Public Health Register (UKPHR) has used the PHSCF as the source document for developing standards for regulation for both practitioners and advanced practitioners. During April to June 2008 these standards, which comprise statements of knowledge and skills, were extensively tested with practitioners drawn from settings across the four UK countries. As a result of the testing it was concluded that the more generic approach would better support the protection of the public, the primary focus of regulation.

As with the specialist arm of the register, it is envisaged that in the future several routes to practitioner registration will exist including the retrospective assessment of competence and through accredited prospective training. Early discussions have taken place with a small number of regulators who currently regulate practitioners with a public health role, as to the appropriateness and feasibility of dual registration. The regulatory standards developed from the PHSCF will form the basis against which practitioners will be assessed for registration through all of these routes.

The UKPHR is committed to opening its register to public health practitioners in 2009. It is envisaged that many individuals will initially seek retrospective assessment for registration. A full consultation was launched in November 2008 setting out detailed proposals for how the retrospective route to registration might work for public health practitioners given the need to develop a system that is both sustainable and cost-effective to implement. This consultation will also include further testing of the draft standards and provide feedback on the code of practice currently used by the Register.

Consultation events are being planned and will be announced through the UKPHR website. You can take part in the consultation online via the website (www.publichealthregister.org.uk). We would be pleased to hear your views.

Dr Lilian Somervaille, Vice Chair UKPHR

With the backing of the four UK Government Health Departments a number of projects have commenced to use the Public Health Skills and Career Framework to inform developments related to practitioners at levels 5 to 7 (practitioner to advanced practitioner).

In parallel with the UK Public Health Register (UKPHR) work programme and with the support of a range of strategic partners the Faculty of Public Health has formed the Practitioner Development Working Group. This group is leading work to develop an assessment and CPD framework for practitioners seeking registration with the UKPHR.

The first phase of this work has started with independent consultants scoping the education, training and assessment, currently available for practitioners mapping their findings against the key areas in the skills framework to identify any gaps.

The second phase of work will commence in early 2009 with an assessment framework developed for consideration.

The Faculty of Public Health has developed a Practitioner Development webpage accessed through the FPH website.

For further information and details of current and upcoming events, visit the website. www.fph.org.uk/prof_standards/practitioner_development/

Di Roffe
FPH Director of Practitioner Development

Faculty of Public Health, NHS Connecting For Health and NHS Information Centre joint workshop

The future of public health information and intelligence: needs and applications
12 February 2009, Central Hall Westminster, London

The purpose of this joint event will be:

◆ For NHS CFH and NHS IC to inform the public health community on the current drivers and issues for systems and services for clinical, health and social care information, and the current and longer term priorities for their ongoing development and broader applications.

◆ For the public health community to inform NHS CFH and NHS IC of the public health requirements for information (health and social care) for the public health function.

◆ To engage the public health community for pro-actively informing and influencing strategic developments at NHS CFH and NHS IC, through the Faculty of Public Health and its key stakeholders.

Who should attend from the public health community?

◆ Public health practitioners – in primary care trusts (PCTs), acute, community and mental health Trusts, and academia.

◆ Directors of Public Health – PCT and Regional

◆ Public Health Information Analysts, Information Specialists and Health Intelligence Leads

◆ Commissioning Leads and Managers

◆ Public Health Observatories

◆ Health Protection Agency

◆ Registries and Screening Programmes

For further information visit www.connectingforhealth.nhs.uk/events/2191
Experiences with using the public health skills and career framework

Employers, commissioners, public health educators and members of the public health workforce in diverse organisations, are now using the Public Health Skill and Career Framework (PHSCF) to help inform different aspects of their public health workforce planning and development.

The Public Health Resource Unit (PHRU) is capturing examples of applications of the framework and lessons learned.

Examples include:

- The West Midlands SHA has funded six PHSCF pilot projects within individual PCTs in the region. The main features have been:
  a) Each choosing one public health priority to address (e.g. smoking in pregnancy, childhood obesity, adolescent sexual health etc).
  b) Identifying key individuals who have a contribution to make (both within the NHS and outside).
  c) Analysing the competences outlined in individual job descriptions against the PHSCF competences.
  d) Through workshops, validating the job description analysis, confirming PHSCF competence levels achieved and required for the particular job and identifying further training needs.
- The South East Teaching Public Health Network (SETPHN) has identified childhood obesity as a regional priority. Recognising that the determinants of childhood obesity, and relevant interventions lie outside the control of the NHS. The SETPHN has focused on the school workforce, their role in promoting and protecting health and the public health competences needed to engage more fully in the public health aspects of their roles. The SETPHN has mapped existing Training and Development Agency (TDA) generated competences for school support staff against the PHSCF competences in order to analyse where there is concordance and where there may be gaps. The SETPHN is now using this analysis in discussions with the TDA and schools about how to improve the public health skills within school support staff more generally.
- The Overview and Scrutiny Office in Durham County Council is using the PHSCF as the basis for an orientation and training programme for their Health Scrutiny Committee officers. Four half-day workshops early in 2009 will cover: understanding health inequalities and using health information, health improvement, health protection, health policy and leadership, with a view to delivering this training early in 2009. The purpose is to build the public health competences of local council members so that they are able to appreciate more fully how local authority decisions can impact on the health of their constituents.

For further information and more examples please see:
www.phru.nhs.uk/Pages/PHD/public_health_career_framework.htm

Cindy Carlson
Public Health Resource Unit Associate

Exploring the future

How can we build ‘healthy sustainable communities’ if we have no experience of them? Wrestling with this question led to a delegation of chief planners and directors of public health from the South West having an extended study visit to Freiburg this Autumn.

This urban field trip was instigated by the South West Regional Public Health Group and led by the WHO Collaborating Centre for Health Cities and Urban Policy. The purpose was to learn from the realities of progress towards healthy communities and sustainable settlements both in the main town and in the new neighbourhoods of Freiburg, bringing back lessons for the UK.

The group of 18 included chief planners and several Directors of Public Health. The learning on the trip was supported by presentations, tours and discussions with local urban designers, public health and public transport planners underpinned by a daily reflective discussion.

A photo report which captures some of the experiences and learning is available from the news section of the website for the WHO Collaborating Centre.

www.built-environment.uwe.ac.uk/research/who

Marcus Grant
Deputy Director
WHO Collaborating Centre for Healthy Cities and Urban Policy
University of the West of England, Bristol
Shaping the future of health promotion: supporting the health promotion workforce in the UK

The Shaping the Future Collaboration is led by the Royal Society for Public Health (RSPH), in partnership with FPH, the UK Public Health Register (UKPHR) and the Institute of Health Promotion and Education. It exists to raise the profile of health promotion as an important discipline within public health, and to support the core specialised workforce of practitioners and specialists. It also aims to ensure that the UK is well-regarded amongst the international health promotion community, including links with the International Union of Health Promotion and Education.

Major current issues include:

◆ Not for the first time, the critical mass of health promotion is affected by NHS restructuring. In some Primary Care Trusts, the specialised workforce is being split into commissioning and provider functions in different organisations. In others, it is being retained within public health or within ‘developmental commissioning’, including community engagement and programme development.

◆ If the massive public health challenges are to be tackled effectively, health promotion must be firmly embedded in national and local policies and strategies with its focus on empowerment, advocacy and engagement of individuals and communities, social capital and strongly participatory approach to system change.

◆ More substantial national development support for the workforce is needed.

The current work of FPH and the UKPHR on practitioner standards and registration is very important for health promotion.

Other Shaping the Future projects include:

◆ Ethical health promotion practice, with SHEPS in Wales;

◆ The importance of health promotion theory;

◆ Health promotion and social marketing for health, with the National Social Marketing Centre.

The RSPH has recently given the first Health Promotion and Community Well-Being Awards to NHS North East Essex, NHS North Lancashire, NHS Plymouth, NHS Rotherham, and the Sefton Partnership (PCT, local authority and Council for Voluntary Service). The awards provide public acknowledgement of organisations with strong health promotion strategies.

The third annual UK Shaping the Future health promotion conference takes place on 3 February 2009 in London: see www.specialisedhealthpromotion.org.uk

Jenny Griffith, Director, Shaping the Future of Health Promotion Collaboration

Developing the capacity and capability of the public health workforce in Sefton

The diversity of the public health workforce makes workforce planning and development challenging because of the need to engage both at a multi-agency and community level.

This cannot be done in isolation by PCTs; but needs to be integrated into the workforce planning and workforce development systems being used within the local authority and the community, Voluntary and Faith Sector.

NHS Sefton is working towards developing a systematic organisational development approach to achieve long-term sustainability.

◆ Development of a strategic work plan

The McKinsey 7-S framework developed by Tom Peters and Robert Waterman in the early 1980s was used to develop a strategic plan for public health workforce development. This organisational development tool for strategic planning focuses on seven key areas: – shared values, strategy, structure, systems, style, staff and skills. Each part of the framework is interrelated, either directly or indirectly. This organisational approach facilitates infrastructure development and sustainability, helping to focus energy and resources in a more targeted way.

◆ Influencing existing workforce planning and development systems. Working with workforce leads in the PCT and partner organisations has been key to maximising impact.

◆ Development of a partnership model to facilitate development at a multi-agency and community level.

◆ Workforce development planning at Public Health Directorate/team level. Pilot work with the North West SHA has developed a model based on Bosman & Brooks work (2001), which focuses on skills profiling to deliver public health objectives, gap analysis and development planning. The Public Health Career & Skills Framework (KSF) was used to enhance KSF outline development.

The model involves:

Steps 1 & 2: Focus on the health of Sefton’s population, the key public health priorities and the development of services to improve health.

Step 3: The development of the knowledge and skills profile was based on identifying the activities required for each element of the future service (3-5 years); describing the required knowledge and skills needed for each activity; describing the level of skill required i.e. basic, intermediate or specialist and then mapping these to the appropriate KSF levels.

Step 4: In describing the future workforce the spread of basic, intermediate and specialist skills needed in the team was analysed and then the more detailed analysis mapping the skills, competencies and knowledge to the NHS KSF was undertaken.

Step 5: The gap analysis and development planning was undertaken by comparing the ‘Future Workforce Profile’ with the existing team competencies. The existing team competencies were identified by reviewing individual KSF outlines and team discussion. The team development plan was then developed using the gap analysis information. The Team Development Plan is then used by the line manager for Personal Development Planning. New KSF outlines were developed using the ‘Future Workforce profile’.

Dr Janet Atherton, Director of Public Health, NHS Sefton

Una Gordon, Head of Public Health Workforce Development, NHS Sefton
Public health benchmarking tool 2008
A guide for users

In order to fulfil its objective, any form of planning requires a combination of accurate, clear information and a suitably empowered overview perspective of the task in hand. It is for precisely this reason that work carried out by the NHS Workforce Review Team (WRT) may prove particularly interesting to those charged with delivering healthcare workforce planning. Especially at a time when healthcare workforce planners are facing a number of additional issues that compound an already complex task.

The public health workforce collection, a Department of Health (DH) sponsored data collection project carried out by the NHS Information Centre (IC) in spring 2008, captured information on the public health workforce employed by the NHS in England. WRT converted the raw data from this collection into an accessible and useful format, intended to help inform the workforce redesign of local public health services.

The benchmarking tool allows those working in public health to view a graphical representation of their workforce, and compare their organisation’s workforce configuration with any other NHS organisation in the country. This facilitates sharing of best practice, as organisations are able to identify other organisations with a similar population in terms of size and deprivation, and then compare how different workforce configurations can be used to tackle public health issues.

The benchmarking tool is based on workforce ‘Christmas trees’. Christmas trees provide a visual representation of the workforce, showing the distribution of staff in a given area across Agenda for Change bands. The length of each bar (or branch on the tree) represents the number of staff in each band in full-time equivalents (FTE).

The tool allows comparison of Christmas trees for any two organisations by FTE and area of work. It also allows comparison between any chosen organisation and the average for all organisations of that type by geographical region.

The tool comprises two parts – the first allows comparison of the regional public health workforce by SHA, and the second part facilitates a more detailed comparison of the trust level public health workforce. The tools have slightly different levels of functionality due to the level of detail available in the data, and the second part of the tool is available on request for those who sign up to a data sharing agreement by emailing WRT’s data modeller Rob Rowell at robert.rowell@wrt.nhs.org.

WRT’s public health benchmarking tool and user guide can be found at: www.wrt.nhs.uk/phtool

Rob Rowell, Data Modeller
Workforce Review Team

Health promotion and social marketing: stronger together, weaker apart

Increasingly health promotion and social marketing practitioners are recognising the value of working together to address the challenges of improving health and reducing inequalities. Whilst in the past they have tended to develop separately, the benefits of sharing learning are becoming increasingly evident. Some energy however is still being lost by some in unnecessary competition, too often based on misunderstanding and simplistic caricaturing. This is preventing the harnessing of both approaches and needs to be addressed if we are to really work together to have a positive impact on the lives of the people we are seeking to serve.

There is much in common in the practitioner backgrounds from which health promotion and social marketing are drawn, although we are only at the early stages of considering how to connect standards and competency frameworks. Currently, health promotion competencies sit within the Public Health Career Framework, while for social marketing the first set of occupational standards (and competencies) have just been developed with the Marketing and Sales Standard Setting Body. Work is now underway to look at where frameworks can be linked together to help improve the consistency and effectiveness of practice between disciplines.

The Royal Society for Public Health (RSPH) and National Social Marketing Centre (NSMC) have produced a debate paper Stronger Together, Weaker Apart, to support dialogue between the disciplines. It argues the benefits of a more collaborative, integrative working practice. It recognises the differences but also acknowledges significant areas of commonality, for instance a shared concern with the role of human behaviour in social change, and jointly-held knowledge, methods and processes. We believe recognition of this commonality within integrated work programmes, building on the strengths of both disciplines, would improve the effective use of resources and the impact of interventions.

The joint report is currently out for consultation, and can be accessed at www.nsms.org.uk/images/CoreFiles/spec-health-discussion.pdf or www.specialisedhealthpromotion.org.uk. We value comments both on our general arguments, and on what we should do next. Please send views to GriffHobbs@aol.com by the end of December 2008.

Clive Blair-Stevens, Director, Strategy and Operations, National Social Marketing Centre
Jenny Griffiths, Director, Shaping the Future of Health Promotion Collaboration

CPD reminder – all FPH members

CPD returns for 2008 (or applications for exemption) must be submitted to FPH between 31 December 2008 and 31 March 2009.

www.fph.org.uk/prof_standards/cpd/
The Climate Connection – a public health partnership for action

Over the last century, our communities have suffered from the lack of a loud and clear public health voice. Development has been driven by economic and bureaucratic considerations unrestrained by a holistic view of the impacts on environment, society and health. The climate crisis now forces a change. The UK Government has committed to an 80% cut in greenhouse gas emissions by 2050. Eighty percent! How will we get around, or heat our homes? What are we going to eat? Paradoxically, climate change presents a huge opportunity to drive health improvements and reduce inequalities – if public health can take a lead.

The Climate Connection is a new partnership for public health action on climate change. Pump-primed with six-months’ funding from the Department of Health, the project is managed by UKPHA, with input from the Health Protection Agency, Chartered Institute of Environmental Health, FPH and the NHS Sustainable Development Unit. It follows more than two years of collaborative work, coordinated and nurtured by UKPHA.

The initiative is active on three fronts: leadership and culture, central resources and regional workforce engagement. Figurehead for the Climate Connection, Sir Muir Gray, has named climate change “the defining challenge of the 21st Century”, and called for a transformation in the practice of public health. At the launch event on 2 December, CMO Sir Liam Donaldson will challenge public health leaders and educators to map out plans for reducing emissions, preparing for climate impacts, and creating sustainable communities.

The partnership’s website www.theclimateconnection.org.uk will be launched in December 2008. It will host a growing library of learning resources, including an online guide to ‘medical management’ of the disabling carbon dependence syndrome. The site will allow participants to connect easily to one another, discuss intersections of climate and health, build a case library of actions, and share information and events.

First contacts with the training and workforce leads in the pilot regions quickly flagged up the need to work centrally with FPH on developing the curriculum. True enough, but in fact climate change is relevant to almost all skills and curriculum areas already. What is needed is not to introduce a new subject area, but to ensure that the ‘climate connections’ are brought out in existing programmes. Exciting opportunities have already been identified to weave a climate theme into public health specialist and practitioner training, and link to existing work on obesity, health inequalities and emergency planning. The UKPHA regions task-force is providing a forum for sharing and developing ideas, and planning regional roll-out of pilot schemes.

The Climate Connection and its resources are tiny in comparison with the scale of the climate crisis and the actions needed. But the public health workforce is large, diverse and skilled. Activated and empowered, it has a critical role in the response to the defining challenge of the 21st Century.

Dr. Frances Mortimer
Project Manager, The Climate Connection

---

NHS health trainer educational preparation

The training and education of Health Trainers (HTs) has developed considerably since programme implementation began in Spearhead areas, England in 2005. Initially the early adopter sites, developed training programmes based on sample job descriptions and draft competences developed by Skills for Health and the HT handbook, Improving Health: Changing Behaviour. A variety of approaches to training emerged, varying in length, delivery models and accreditation. Much of this variation was justified by the need to accommodate recruitment of HTs from disadvantaged communities, some of whom had little if any formal education.

During 2006 a national qualification for HTs was developed to provide consistent standards across this expanding national workforce. The level of training and competence for the role was assessed at level 3 in the qualifications framework, (equivalent to A level standard), level 3 in the Public Health Skills and Career Framework (PHSCF), and Band 3 in Agenda for Change NHS pay banding. For some newly recruited health trainers this was ‘too high’ a starting point and a pathway for the role needed to be put in place.

As well as benefiting from a stepped approach to learning, it was anticipated that development of an educational framework for HTs would enable people from disadvantaged areas or groups to be supported into work. At this point, the programme recognised the opportunity to develop the HT workforce in a way to support the broader health inequalities agenda by providing:

- a route into employment;
- a route into skills acquisition or ‘return to learning’;
- an entry point into public health careers;
- increased capacity for health improvement at local levels.

The HT educational framework is being increasingly used to achieve these ends.

National Awards
Two awarding bodies (ABs) have established national health trainer awards.

City and Guilds are the AB for the National HT Certificate, which is a level 3 qualification

Royal Society for Public Health are the AB for a level 2 award called Understanding Health Improvement. Developed originally with employers and workplace health in mind, the award has proved useful as a stepping stone towards the full HT role and has been used for workplace HTs, volunteers and those aspiring to careers in public health.

Developing the Health Trainer Workforce
The Health Inequalities report, Progress and Next Steps, describes HTs working with a network of Health Champions (HCs). The HT framework positions HCs as trained at level 2 and integrated within HTs working with a network of Health Champions (HCs). The HT framework positions HCs as trained at level 2 and integrated within the broader HT service framework by induction, local support etc. The role is focused on signposting and encouraging uptake of existing services

In practice the educational framework is used flexibly, ensuring that the national approach to HT preparation supports local delivery and necessary diversity.

Further work to support the development of this new important part of the health improvement workforce includes: building the health literacy programme – Skilled for Health – into the developments; developing e-learning solutions on the evidence base that supports competent practice; and supporting PCTs and their partners to support the development of health trainers now and in the future.

Maureen Murfin, Lindsay Mitchell and Thelma Harvey on behalf of the National HT Programme at DH.
East of England are working on the development of a career framework for public health and health improvement.

Current development activity is focused on enabling access to work from local communities through an Apprenticeship in Health Improvement. Work is being undertaken to scope, need, high impact areas, infrastructure support, and access routes. Discussions are in place with Skills for Health, Train to Gain, Job Centre Plus and DH. This role will not only provide access to work and help reduce inequalities in local communities, but will also provide a platform for career entry and progression opportunity, and provide us with a workforce to help support our Staying Healthy commitments.

The Faculty of Public Health (FPH) works closely with the WRT to inform the Workforce Summary, as well as the Assessment of Workforce Priorities, and we are pleased to see that our comments and concerns have been included. As the standard setting body in public health, FPH is extremely encouraged that the WRT agrees that there is evidenced room for growth in the public health workforce. In addition to creating additional specialist training posts, the WRT has accepted FPH’s assertion that the retention of existing senior staff also needs to be a priority in strategic workforce planning.

FPH looks forward to continuing to work with the WRT to produce clear models of the public health workforce and enable effective planning.

The full workforce summary can be found on the WRT’s website at www.wrt.nhs.uk/

---

**WRT workforce summary – public health consultants and specialists**

The NHS Workforce Review Team (WRT) has published its Workforce Summary – Public Health Consultants and Specialists – August 2008. This summary applies to the NHS public health workforce in England only.

The management development, something difficult that some of the region currently faces, and will provide progression to the national electronic portfolio work recently developed.

Work is being undertaken to pilot talent management and leadership work to build capacity and capability in PCT public health. We anticipate learning from this in order to develop a Talent and Leadership plan for public health.

Recent support has also been given to piloting some research and practice to develop the wider workforce in Health Improvement - with a focus on smoking cessation.

Other workforce developments include capacity building in Health intelligence, this work will be led by ERPHO, and will include bespoke board level development as well as PCT capability development.

---

**Workforce development in the South East Coast area**

At the end of 2007, a three-year Public Health Workforce Development Strategy was developed for Kent, Surrey & Sussex.

The main aim of the strategy is to establish a framework which brings together all elements and sets priorities for public health workforce development across all relevant organisations in the South East Coast (SEC) area. The vision is that:

- An extensive multi-professional workforce of practitioners and specialists is integrated with the wider workforce in the community.
- The workforce has the knowledge and skills they need to enable them, in partnership, to improve health and reduce inequalities across the South East Coast area.
- The workforce is meeting public health challenges by working in new and different ways.
- All organisations that impact on the health of the population are committed to funding the development of the public health workforce.

Based on this strategy, the Public Health Leadership Group (comprising the PCT Directors of Public Health, a Chief Executive from a PCT, representatives from the Health Protection Unit, the South East Public Health Observatory (SEPHO), the Regional Public Health Group, Brighton & Sussex Medical School and the SHA) sees the main priorities to develop the workforce as being:

1. Attracting high quality specialists and young doctors into public health practice in the South East.
2. Improved generic training for public health specialists eg. leadership and management development, something PCTs are best placed to take forward.
3. Building capacity in analytical skills; this is seen as a shortage area.
4. Building other specialist capacity; practitioner development programmes; support, where appropriate, to the voluntary register and enhancing Director of Public Health Leadership.
5. Transfer of basic public health skills to non-specialists to build a cadre who will ‘think and lead for health’.

To this end, the SHA has bid for Non-Medical Education Training monies to support the SEC public health workforce as a whole. This is in addition to the funds that individual PCTs have to develop their local public health workforce.

A couple of examples of this are:

- a series of half day workshops to support the professional development of the lower grade public health intelligence analyst workforce across the patch as there have been problems with recruiting adequately trained analysts recently;
- a public health Champions programme was successfully run in one area of the patch, which we are now proposing to roll out across the whole of South East Coast.

Diana Grice
Faculty of Public Health Board Member for the South East
This issue of ph.com includes a letter from me and procedures for submission of Continuing Professional Development (CPD) returns for 2008. I very much hope that colleagues will submit on time and that CPD commitment from members will continue to rise in 2009.

Compulsory CPD for FPH members as we move forward to revalidation

All members should be involved in CPD. It is now a compulsory element of membership of FPH and a vital element of your work as a public health professional. This demonstration of your learning and reflection upon it will also be a key component of revalidation. While the details are still being worked upon by stakeholders including FPH through the Academy of Medical Royal Colleges, the DH and GMC, it is crystal clear that CPD, a Personal Development Plan (PDP) and appraisal will be compulsory in maintaining both your certification and, ultimately, licence to practice. If you wish to be revalidated in your specialty when the scheme is launched, under current plans you will need to be part of the FPH’s CPD scheme, although CPD is unlikely to be backdated.

However, we are breaking you in gently! Again, for this year, although the majority of members will be in the FPH’s scheme, we are recognising a selection of comparable organisations’ schemes. A full list can be found in the insert. Additionally, there will also be members in certain circumstances who are eligible for exemption from participating in FPH’s CPD scheme if they apply and are able to demonstrate that they are:

◆ Not practising public health;
◆ They can provide documentary evidence that they are participating in another CPD scheme which has been recognised as acceptable to FPH;
◆ Having exceptional circumstances (such as maternity leave, long term illness or being away from public health practice on sabbatical leave for more than nine months in a year).

In order to ensure our CPD is robust though, there are sanctions. If none of these apply and no CPD return or application for exemption is received, then members will be regarded as not in good standing and eventually removed from membership by the FPH Board. Thirty four members were removed by the Board at their November meeting this year.

We are here to help

The CPD co-ordinators are committed to helping you get the most out of CPD. We have co-ordinators in each of the regions and countries of the UK. They have huge experience in CPD and make sure the changes that we make to policy and implementation are based on members’ view and are practical for participants. While CPD needs to be meaningful and robust, it shouldn’t be onerous. Get to know yours, for contact details please refer to the website www.fph.org.uk/about_faculty/faculty_advisors/

The Website
www.fph.org.uk/prof_standards/cpd/

Our most recent policies on CPD and audit are now available on the website for you to read.

Additionally, the CPD section also provides an online diary for recording CPD activities. While not all members can, or will want to use it, the forms help you to focus on the source for information that will help you to reflect upon whether the activity was helpful and what other development you might undertake as a result. The reflective notes are really the most important part of CPD and we have published good examples with the aim of helping you write your own. Best practice examples from this year’s audit are now available (www.fph.org.uk/prof_standards/downloads/cpd/CPD_reflective_notes.pdf).

I hope we’ll see even more on-time returns this year demonstrating the wide-range of CPD activity undertaken by our members as the specialty moves forward towards revalidation.

Anne Mackie, FPH CPD Director

Faculty advisers – our role in FPH

December sees the start of the local processes for the election of FPH Advisers, Deputy FPH advisers and CPD co-ordinators around the country. FPH advisers have an essential role to play in standards in public health and we would like to encourage members to stand in your regions/countries to represent your specialty and champion and lead for FPH locally.

There are 17 faculty advisers, covering each English strategic health authority, Scotland, Wales, Northern Ireland, Health Protection Agency, Defence Medical Services, Department of Health, and international areas. Most FPH advisers also have one or two deputies as well as CPD coordinators working alongside FPH advisers. A full list of FPH advisers and their deputies can be found on the FPH website at www.fph.org.uk/about_faculty/faculty_advisors/

FPH advisers are experienced consultant members of FPH, and they can be from medical or other backgrounds. Our role is to promote and maintain high standards of professional competence and practice of public health in specialist public health practice. While we are elected by you we are accountable to the FPH Board.

The areas of responsibility covered by the role include public health practice, trainee recruitment, training and education, supporting senior public health appointments and FPH elections.

Our role in senior public health appointments is to advise on and approve job descriptions for consultant posts in local organisations. We ensure that the job descriptions meet the roles and competencies set out in the templates for the relevant posts agreed by FPH (e.g. consultant in public health, director of public health, health protection consultant), and we advise local organisations on appointment procedures.

In training and education, we advise those interested in pursuing a career in public health, we work with the local training programme director to support appointments of new trainees, and we sit on the annual assessment panels (still a mix of RITAs and ARCPs). FPH advisers are members of local education and training committees supporting the local deanery, and also provide advice on wider public health workforce issues. We also support the local CPD coordinator in providing a range of learning events appropriate to local need.

We are an important route of communication between the membership and the FPH in the area of professional affairs and workforce issues. We work closely with other local FPH posts such as the local board member, the CPD coordinators and deputy FPH advisers to coordinate the work of FPH locally, and liaise with employers, directors of public health, the deanery, and local education commissioning organisations.

All in all, the role of FPH adviser is an important, wide ranging and interesting one. We are there to support the membership. Please get involved and, if you can’t this time round, please do make use of us!

Dr Alison Hill, FPH adviser for South Central
NICE and public health – and opportunities for those in training

After a process of competitive tendering, the National Institute for Health and Clinical Excellence (NICE) has recently appointed two Public Health Collaborating Centres (PHCC). These are charged with producing the evidence reviews to support NICE’s Centre for Public Health Excellence (CPHE) in its development of guidance on the promotion of good health and the prevention of ill health. CPHE’s guidance is for those working in the NHS, local authorities and the wider public, private and voluntary sectors.

Two types on guidance are produced by NICE on public health:

◆ Public health intervention guidance makes recommendations on clear activities (interventions) to promote a healthy lifestyle or reduce the risk of developing a disease or condition.

◆ Public health programme guidance deals with broader activities for promoting good health and preventing ill health. This guidance may focus on a topic (such as smoking), particular population (such as young people) or a particular setting (such as the workplace).

The two NICE Public Health Collaborating Centres (PHCCs) are:

◆ School of Health and Related Research (ScHARR), University of Sheffield;

◆ A joint team from the Universities of Birmingham and Exeter.

We began this work in May 2008 and, together with NICE, we are tackling some of the most important and difficult methodological, scientific and practical questions in public health. This work requires a combination of broadly based public health expertise and methodological strengths in information science, evidence synthesis, health economics and modelling.

Putting public health squarely within the remit of NICE helps to emphasise the importance of public health and ensure that it takes its proper place in the prioritisation process alongside interventions within clinical medicine. Work to date has shown that most public health interventions are very cost-effective compared with many new clinical developments.

If you are interested in this exciting new area of public health work and would like to join one or other of the University-based PHCCs for a 6-12 month secondment at the end of your public health training then please contact:

◆ ScHARR, Sheffield University – Dr. Liddy Goyder (e.goyder@sheffield.ac.uk)

◆ Birmingham University – Dr. Chris Hyde (c.j.hyde@bham.ac.uk)

◆ Exeter University – Dr. Ken Stein (ken.stein@pms.ac.uk)

Further information about the role of the NICE in Public Health is available on: www.nice.org.uk

What’s new on the website...

Complaints & Feedback

FPH is committed to providing a good quality service to its fellows, members, trainees, examination candidates and all others in receipt of a service from FPH.

We recognise, however, that sometimes mistakes are made or things go wrong and, people may consider they have grounds for complaint.

To make this process as painless as possible, we have added a complaints procedure and feedback form section to our website.

This can be found at: www.fph.org.uk/about_faculty/feedback/

Practitioner development

A well trained and regulated workforce is vital to the improvement of UK public health and the reduction of health inequalities. The FPH is focusing on the development of education, training and assessment mechanisms for public health practitioners, both retrospective and prospective.

FPH also aims to raise awareness of the importance of professional membership, to ensure public safety and the maintenance of standards, while supporting practitioners to find an appropriate professional home.

For more information visit the practitioner development section at: www.fph.org.uk/prof_standards/practitioner_development/

Email bulletin

As you may have noticed, the monthly email bulletin has been redeveloped to include more information on the core functions of FPH.

New sections include: FPH in the News, Consultations and what’s new on the Website.

If you have a story for the bulletin, please email it to news@fph.org.uk
Sustaining a healthy future: taking action on climate change

FPH has secured funds from the Department of Health to update the guide to tackling climate change.

The revised guide will be produced in association with the NHS Sustainable Development Unit and the NHS Confederation. It will be aimed primarily at prioritising action within the NHS. Jonathon Porritt, chair of the Sustainable Development Commission, has written the foreword for the guide.

It is planned that the guide will support the NHS Sustainable Development Unit’s new carbon reduction strategy and should be launched in the New Year (2009). The current edition of the guide can be downloaded from:
www.fph.org.uk/resources/sustainable_development/

Traffic-light food labelling

FPH has produced, in association with the National Heart Forum and Heart of Mersey, a position statement highlighting the issues around nutritional labelling. The statement was picked up by the Independent on Sunday which ran a feature on it, quoting the FPH President.

We have had a good number of supportive letters, including one from Alan Johnson, Secretary of State for Health. The Food Standards Agency are keen to meet with FPH to explore possible ways of joint working on this issue and Sandra Gidley MP, member of the Health Select Committee has also arranged to meet with the FPH President.

The food labelling statement is available from:
www.fph.org.uk/resources/food_health/

Protecting children from secondhand smoke

FPH successfully collaborated with ASH and the Department of Health to produce information posters and supporting leaflets, on raising awareness amongst parents and carers of the dangers to children from secondhand smoke.

Copies of the poster were circulated to all UK GP Practice Managers, DPHs, local education authorities, tobacco control leads, RDPHs and relevant royal colleges/organisations. We have had a huge amount of interest from PCTs and health services about the poster with numerous requests for more copies.

This work followed on from the publication of our position statement on the need to protect children from secondhand smoke. Copies of the poster, leaflet and position statement can be downloaded from: www.fph.org.uk/resources/tobacco/

Healthy Weight, Healthy Lives

The new obesity toolkit, produced in association with the National Heart Forum, the Department of Health, the Department for Children, Schools and Families and Foresight, Government Office for Science, has now been launched.

It is available to download in full from:
www.fph.org.uk/resources/food_health/

FPH in the news

FPH have appeared in or contributed to the following publications over the past three months.

Campaigners urge Johnson to legislate against obesity
Health Services Journal

NHS rationing: the time of their lives
Health Services Journal

Can the credit crunch make you ill?
BBC Online

Shops get fruit + veg help
BBC Online

Life expectancy
BBC Online

Life expectancy gender gap closes
BBC online

Behind the labels: Easy-to-use traffic light system needed,
say experts
Independent on Sunday

Letter from FPH President is a slice of jargon
British Medical Journal

FPH Events

Justin McCracken, CEO of the Health Protection Agency will be giving FPH’s 2008 Annual Public Health Lecture at the Wellcome Collection in London.

His talk is entitled: Health Protection in the 21st Century: From Evidence to Action

Places can be reserved via the FPH conference website:
www.publichealthconferences.org.uk/lecture/

Annual conference – 16-18 June 2009, Scarborough
Leading for public health – evidence, policy and practice

The call for abstracts has been announced with a closing date of 15 December 2008 for submissions.

Main themes for the conference include improving healthcare quality, tools for commissioning, health protection, the Olympics – the public health legacy and violence and alcohol. We currently have a list of nine potential plenary sessions.

Further information on the conference will be circulated via the e-bulletin and on the conference website:
www.publichealthconferences.org.uk/
Welcome to new FPH members

We would like to congratulate and welcome the following new members who were admitted to the Faculty between 21 August and 18 November 2008.

**New diplomate members**
Sonya AHMED
Colin CAMPBELL
Sian DAVIES
Yuk FU
Katharine HARTLEY
Sarah LAWSON
Joanne MORLING
V RAO
Yeung WONG

Trudi GRANT
Mark GREENGROSS
Susan GREIG
Susan HAHNE
Pamela HALL
Anna HANSELL
Dominic HARRISON
Martin HARWOOD
Frances HASTE
Andrew HAYWARD
Peter HORBY
Anna JONES
Margaret JONES
Derek KINGSTON
Sanjay KINRA
Deepi KUMAR
Jane LAYZELL
Nada LEMIC-STOJCEVIC
Hermione LOVEL
Viola MACKAY
Agnes MAROSSY
Katrina MCCORMICK
Christopher MCGUIGAN
Marilyn MCNEILL
Diane MCNULTY
Margaret MELTZER
Jessica MOOKHERJEE
Janet MURRAY
Robert NEWTON
Steven OLIVER
Patricia OWEN
Theodore PAPADAKIS
Carol PARKES
Rebecca POLLARD
Anna RAILEIGH
Elizabeth REANNEY
Rita ROBERTSON
Jo ROBINS
Jane ROSSINI
Amal RUSHDY
Lance SAKER
Jacqueline SANDHAM
Michael SANDYS
Anne SCULAR
Sunil SHAH
John SIMPSON
Sarah SMITH
Torbjorn SUNKVIST
Marion TAYLOR
Dorothy TENNANT
Georgios TSAKOS
Linda TURNER
Maureen WHITTAKER
Sonia WILLIAMS

**New trainee members**
Jane BEENSTOCK
Craig BLUNDRED
Deborah CHASE
John DUNBAR

Magna AIDOO
Fiona ANDREWS
Simon BOWEN
Colin COX
Pip FARMAN
Sue FORSTER
Anna FREWEN
Janet Mary HOWARD
Angela Ruth HUTCHINSON
Elizabeth LEE
Jacqueline MOLLER LARSEN
Jill MUIRIS
Teressa Ann ROCHE
Jackie SOWERBUTTS
Martine STANDISH
Susan WEBB
Julia WELDON

**New members**
Joanna CARTWRIGHT
Catherine FENTON
Anand FERNANDES
Delphine GRYNSZPAN
Eva HROBONOVA
Sophia MACKI
Tina MOX

**New fellows**
Audrey ARNOLD
Francis ATHERTON
Max BACHMANN
Ravikumar BALAKRISHNAN
Julie BISHOP
Louise BREVINS
Shirley BRIERLEY
Robin CARLISLE
Melanie CATLEUGH
Nicola CLEAVE
Nicola CONNOR
Sara COBEN DE ROMERO
Janet COTTLE
Greg DILLWAY
Thomas DYER
Peter EDWARDS
Matthias EGGER
Marietta EVANS
Helen FALCON
Brid FARRELL
Jill FARRINGTON
Susan FROSELL
Carole FURLONG
Skelagh GARNETT

**UK Public Health Register**
The following have been admitted to the UK Public Health Register through portfolio assessment or training.

**Through Generalist Specialist portfolio assessment**
Magna AIDOO
Fiona ANDREWS
Simon BOWEN
Colin COX
Pip FARMAN
Sue FORSTER
Anna FREWEN
Janet Mary HOWARD
Angela Ruth HUTCHINSON
Elizabeth LEE
Jacqueline MOLLER LARSEN
Jill MUIRIS
Teressa Ann ROCHE
Jackie SOWERBUTTS
Martine STANDISH
Susan WEBB
Julia WELDON

**Through the standard FPH Generalist Specialist training route**
Damian BASHER
Ivan BROWNE
Stuart CLARKE
Samuel CROWE
Lynn Margaret DONKIN
Sara GIBBS
Mary MCQIBBEN
Sheila PAUL
Barbara Elisabeth WATT

**Deceased Members**
The following members have sadly passed away:

James GOULD
Mary MACKINTOSH
Harry MALLOWS
Kenneth SEAL

We wish all our members a joyous and peaceful holiday season.
**Electronic Staff Records – a helpful support to public health workforce planning?**

Lord Darzi’s report *Our NHS, Our Future* suggested that workforce planning in the health service “needs an overhaul”. But how can we start to do this in public health if we cannot accurately capture the workforce? Electronic Staff Records (ESR) may prove one route for staff working within the health service in England and Wales and its potential needs exploring.

The Faculty of Public Health undertakes an annual census of its members but this only captures those working at specialist level. For the last two years also, the Department of Health has funded the Information Centre to carry out a one-off census of public health specialists and practitioners working within the health service. This is unlikely to reoccur, however, as all NHS staff are now captured on the new Electronic Staff Record system which unites HR and payroll information.

The challenge now is to enable ESR to deliver information at levels required for planning.

**PHORCaSTing the future – it’s bright for public health careers!**

A public health online resource to support career, skills and training (PHORCaST) is being developed. From autumn 2009 this will provide a one-stop-shop on career opportunities, UK-wide, for those entering public health, those moving within public health, universities, employers, commissioners of education, HR leads and workforce planners.

Development has been funded by the four UK countries (Department of Health, England and the devolved administrations for Scotland, Wales and Northern Ireland). The team developing the resource comprise a partnership between the East Midlands Deanery (which will host the website), Teaching Public Health Networks, Skills for Health and the Public Health Resource Unit.

At a time of widening health inequalities and pressing public health issues, attracting the best talent into the public health workforce is essential. This comprehensive online service will fill a much needed gap by providing information about careers in public health, as well as aiding recruitment and retention.

The website will include information on 80 public health roles and careers, spanning a range of levels, disciplines and settings across the four UK countries. Users of the website will be able to search on qualifications, training needed and provided, public health competences and role descriptors. They will be able to read first-hand accounts of the career progression of individuals in each of the 80 roles. There will also be a guide on how to get started on a public health career and signposts to a range of websites with further information on specific public health careers, regulation, pay scales and job descriptions.

If you would like further information, to join the user group or take part in piloting (from next spring), please contact jenny.wright@phru.nhs.uk.

Dr Naresh Chada, Senior Medical Officer, Department of Health, Social Services and Public Safety, Northern Ireland

Jenny Wright, Director of Public Health Resource Unit