



Office for Health
Improvement
& Disparities



UK Health
Security
Agency



East of England
Population Health Research Hub
EoE PHResH



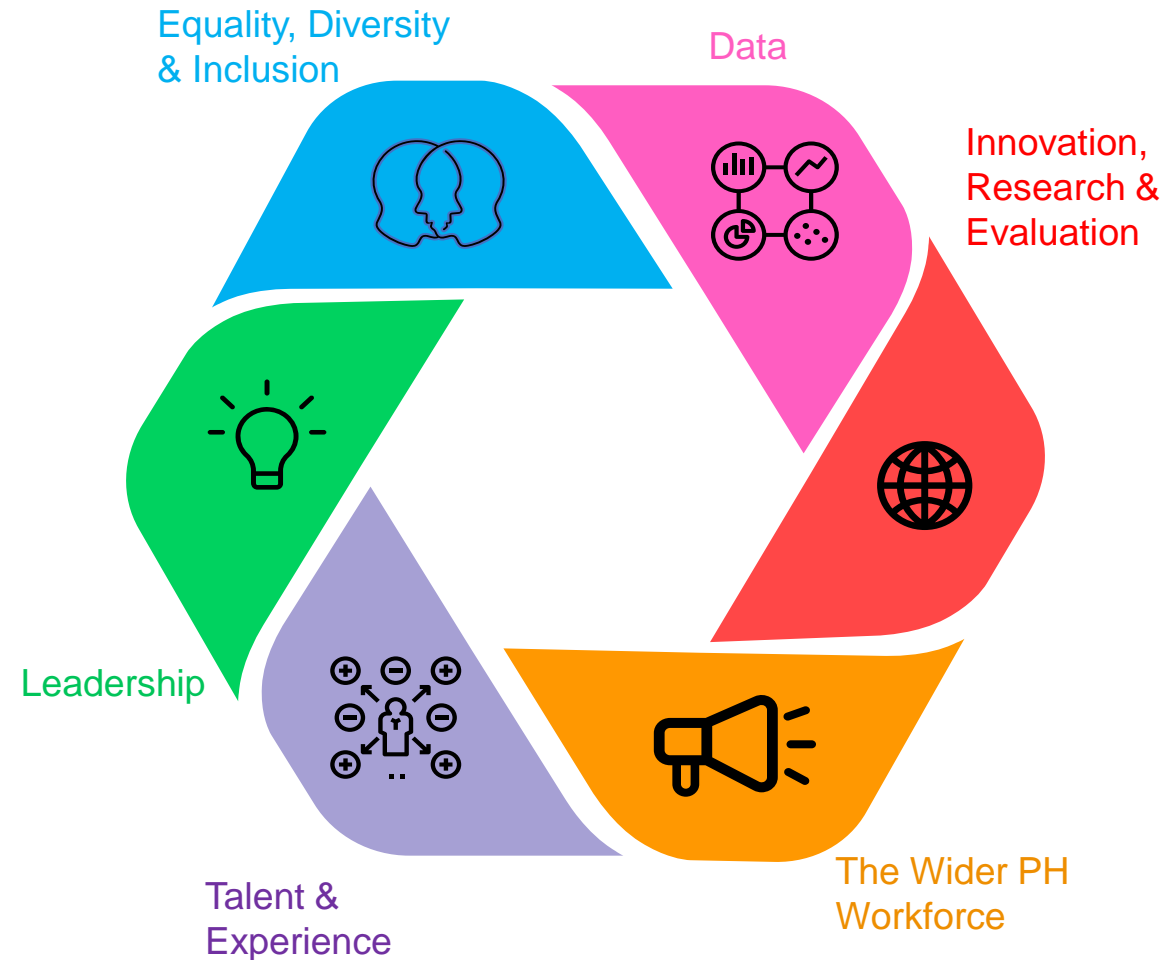
East of England Public Health Workforce Development Strategy

2023-2027



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Foreword

The public health workforce is broader and more diverse than ever, with a growing number of professions recognising the important contribution they can make to improving population health outcomes and reducing health inequalities.

The Covid-19 pandemic highlighted the stark inequalities that exist in health outcomes between the least deprived and most deprived communities, and identified the need to take urgent action at every level. In 2021 the establishment of the Office for Health Improvement and Disparities, coupled with the publication of the Levelling Up White Paper signalled a strong Government commitment to addressing inequalities, and to further strengthen the work of local public health teams in LAs in England. This commitment is also reflected across the NHS, through the Core20Plus5 model, a strong prevention focus in the NHS Long Term Plan, and more recently the inclusion of the role of tackling inequalities in access, experience and outcomes within the core commitments of Integrated Care Systems.

Recent changes to the public health system landscape mean that the core public health workforce is now spread across a number of organisations. This regional strategy for public health workforce development in the East of England demonstrates the commitment from system partners to work collaboratively to create a supportive working and learning environment which promotes continuous development, leadership, resilience, growth and system mobility. Its focus is to ensure that the system has adequate capacity of competent and capable public health workforce that can help improve the population's health outcomes and reduce inequalities within the region.

Professor Aliko Ahmed

Regional Director of Public Health – Office for Health Improvement and Disparities and NHS, East of England

Context

The public health workforce in England is at a critical phase following the Covid-19 response, changes to the public health system architecture and the potential impact of current system reforms. Development of capacity and capability of the public health workforce remains a national, regional and local priority.

Our co-produced public health workforce development strategy builds on work done to develop our 2019 aims, will build on existing system practice and will add value at a regional level by highlighting common priorities, maximising limited resources, promoting opportunity for collaboration and reducing duplication of effort.

Our strategy will support us to:

- define the public health workforce and the emerging public health system in the East of England
- develop a shared vision and aligned workforce priorities across organisational boundaries
- identify opportunities to build on good practice already in place
- identify, develop, deliver and evaluate workforce development activity which responds to regional need

This strategy is not intended to replace or replicate workforce plans in other parts of our regional public health system. Instead it will strengthen and unite existing work, to create a coherent regional approach which capitalises on successes and removes duplication. Responsibility for development and implementation oversight will sit with the East of England Office for Health Improvement and Disparities, whilst regional governance will be provided through the multi-agency East of England Public Health Network.

Development Process

MAPPING

East of England public health system partners share workforce priorities under 6 priority themes informed by OHID national workforce stocktake. 17 responses, including 4 regional networks.

REFINEMENT

Common priorities considered and refined during cross-system workshop attended by 16 partners.

October
2022

Dec/Jan
2023

10
March
2023

March/
April
2023

DELIVERY

REVIEW

Responses reviewed and common system priorities identified.

CONSENSUS

Priorities sense-checked with system partners and regional groups and networks; strategy priorities agreed.

Development, implementation and delivery of this strategy is governed by the East of England Public Health Network.

Vision

Public Health in the East of England is an exciting and innovative place to work, where individuals are supported to develop, achieve and excel.

Mission

East of England public health system partners will work collaboratively to create a supportive working and learning environment which promotes continuous development, leadership, resilience, growth and system mobility. We will maximise the talent and potential of our workforce to ensure they are effectively trained and deployed to meet the changing needs of our regional population.

Values

- Trust
- Commitment
- Accountability
- Integrity
- Respect
- Transparency
- Fairness
- Equity
- Innovation

The East of England

The East of England has a population of 6.3 million and the area is split into eleven counties. The median age of our regional population is estimated to be 41.2, slightly higher than the England and Wales average of 40.4, although in some of our districts it is estimated to be as high as 54. 2021 census data shows that our population grew by 8.3%, the highest increase in the country, between 2011 and 2021. Our population is expected to continue to grow, with over a quarter of residents aged over 65 by 2043.

Ours is a diverse region, where one person in every three lives in a predominantly rural community. We have some of the most affluent localities in the country and the most deprived. In many areas we have seen a widening of health inequalities between the most and least deprived areas, and variations in health behaviours.

[OHID \(2022\) Health profile for the East of England 2021](#)
[Population and household estimates, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)



What is Public Health?

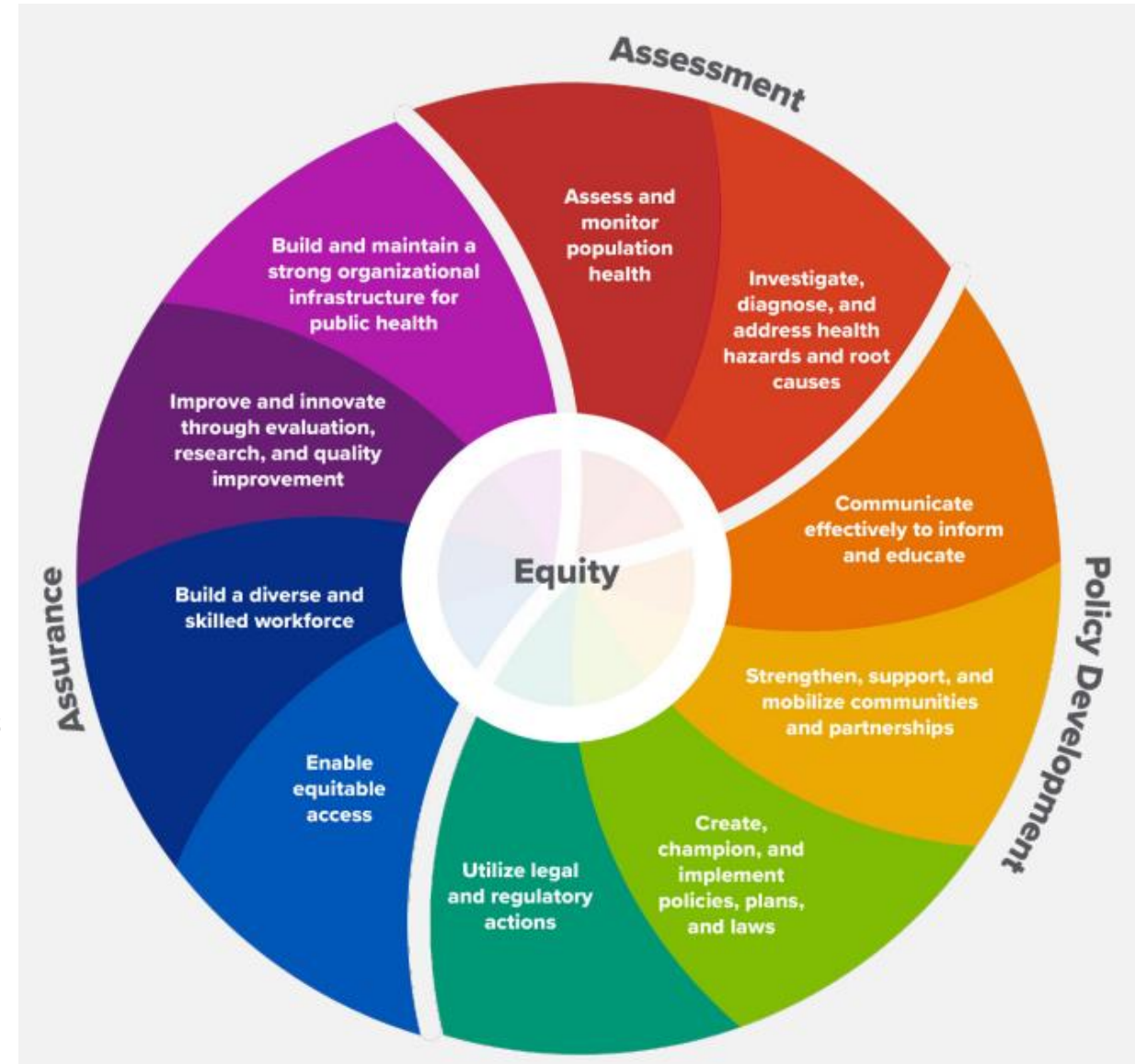
Public Health is the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the combined efforts of society.

There are three standard domains of public health:

1. Health Improvement (improving health and wellbeing through enabling and encouraging healthy lifestyle choices and reducing health inequalities)
2. Health Protection (preventing and mitigating the impact of environmental hazards arising from infectious disease and chemical and radiological threats)
3. Health Services (maximising the population benefits of healthcare and reducing healthcare inequalities).

The revised 10 Essential Public Health Services (EPHS) provide a framework for public health to protect and promote the health of all people in all communities.

Everyone should have a fair and just opportunity to achieve optimal health and well-being.

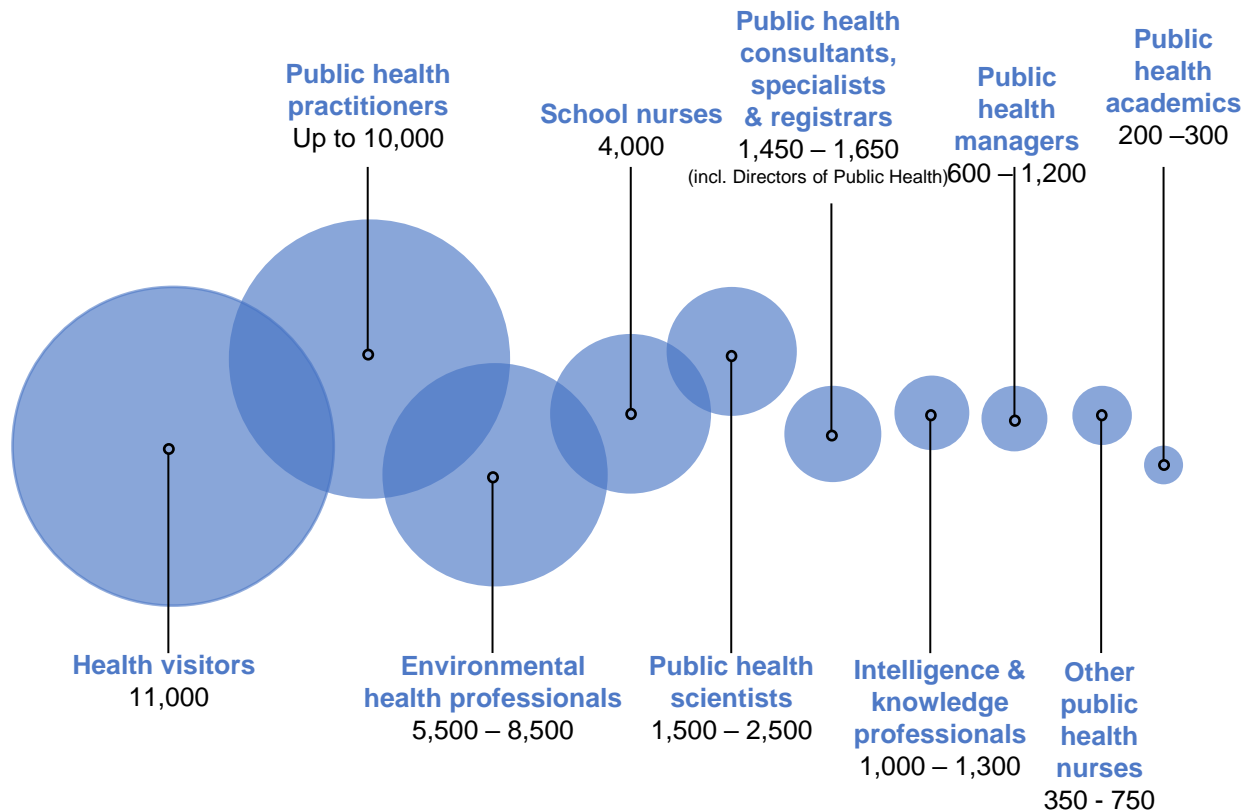


[Revised EPHS Framework \(2020\);](#)

[Public Health National Center for Innovations \(PHNCI\) and The de Beaumont Foundation](#)

[The Faculty for Public Health; Functions and standards of a Public Health System](#)

The Public Health Workforce



Centre for workforce intelligence (2014), *Mapping the core public health workforce*

Modern public health is a multi-disciplinary function demanding a range of skills and expertise. The **core public health workforce** encompasses all staff engaged in public health activities who identify public health as being the primary part of their role; it is estimated there are around 40,000 people working in core public health roles in England.

However, it is often said that public health is everyone's business, and the **wider public health workforce** make a significant contribution to public health. The wider workforce comprises all those who contribute to public health through actions in their role, including health professionals whose role fulfils a broader function. It is estimated that 15-20 million people in 185 occupations form the wider public health workforce in England.

[The wider public health workforce | Health Careers](#) [Accessed January 2023]
[Royal Society for Public Health \(2015\), *Rethinking the Public Health Workforce*](#)

The Core Public Health Workforce



- Regional Health Protection Team
- Field Epidemiology Service



- Healthcare Public Health
- Health Inequalities
- Population Health Management
- Public Health Nurses, School Nurses and Health Visitors
- *School of Public Health and NHS Workforce Training and Education (formerly HEE)*



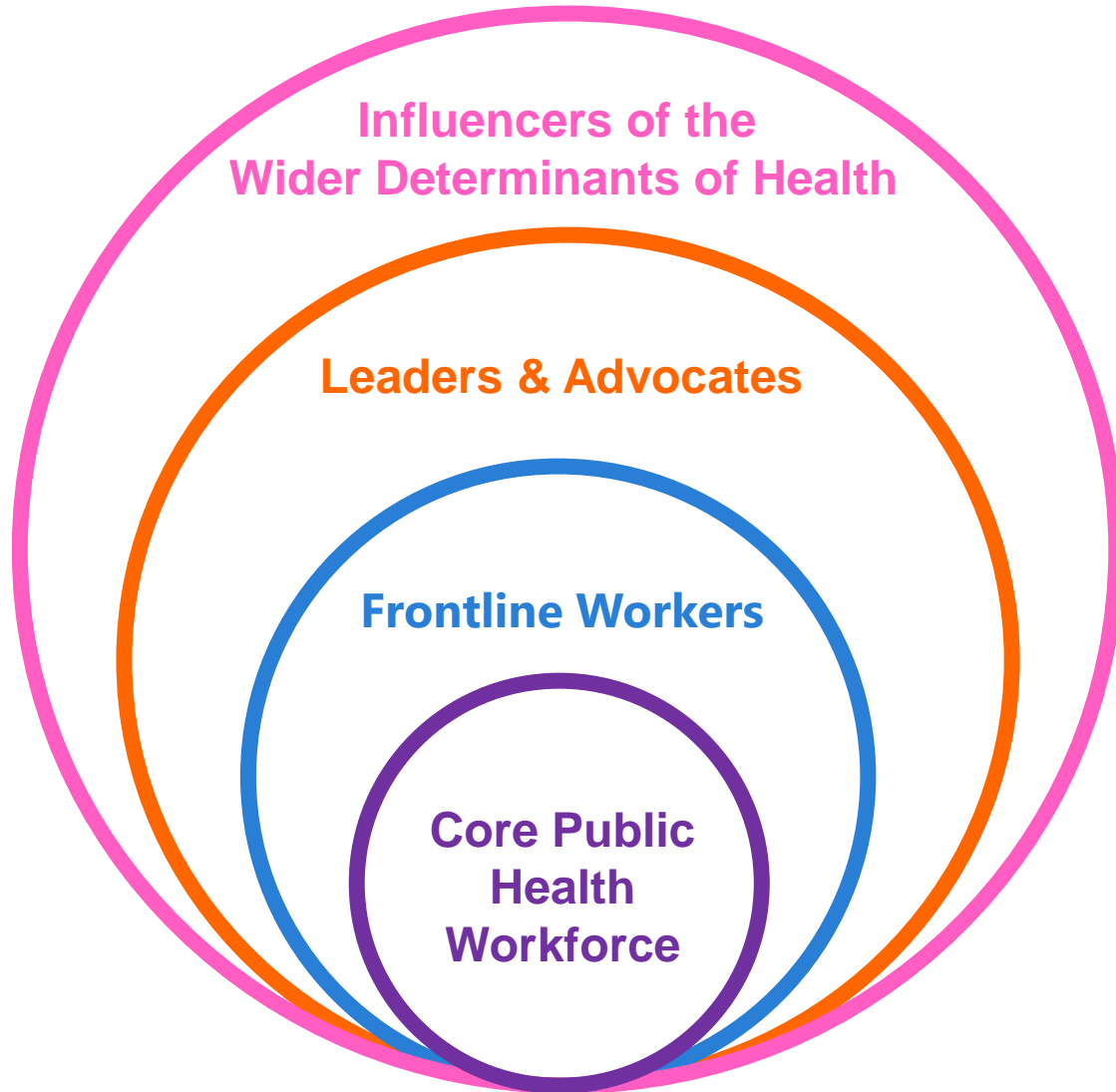
- Regional Health and Wellbeing Team
- Regional Local Knowledge and Intelligence Service



- Local Authority Public Health
- PH-commissioned services incl. sexual health, drugs and alcohol, and lifestyle services
- Local Authority Environmental Health



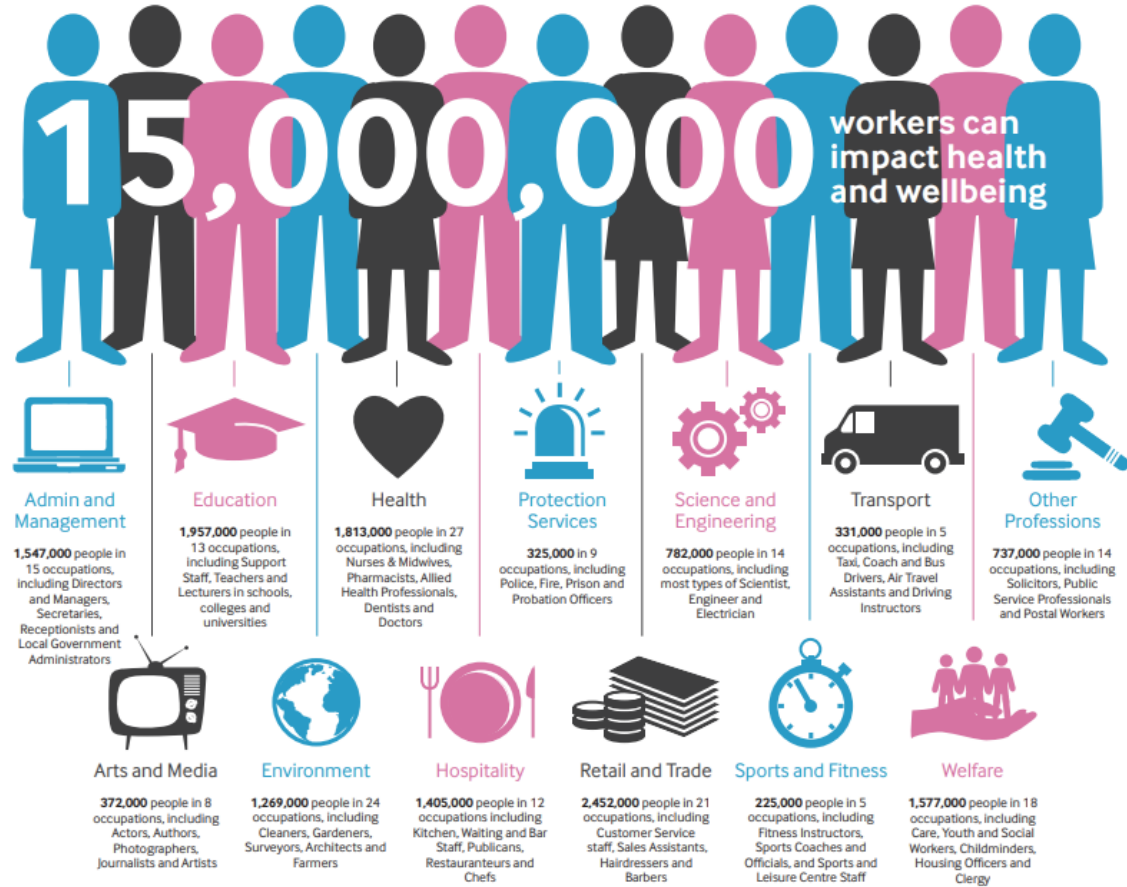
The Wider Public Health Workforce



Different layers of the wider public health workforce have different roles to play in improving population health and wellbeing and addressing inequalities.

- Frontline workers includes, but is not limited to, health and care professionals working in a clinical setting, emergency services, social workers, and teachers.
- Leaders and advocates also positively impact public health by ensuring health is reflected in all policies and prioritising and encouraging health and wellbeing and collaborative working to further the prevention agenda. Leaders and advocates include councillors, chief executives and faith leaders.
- Additionally, there are those working to improve the wider determinants of health (including town planners, and those working in housing, community safety, public transport and education) whose work contributes to creating healthy communities and promoting public health.

The Wider Public Health Workforce



We recognise that those employed in the wider workforce are ideally placed to promote public health through existing working relationships with our most vulnerable and underserved communities, and recognise all paid and unpaid roles which contribute to improving and protecting public health and addressing health inequalities.

The Centre for Workforce and Intelligence (CfWI) and the Royal Society for Public Health (RSPH) define the wider workforce as *“any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work”*.

[CfWI and RSPH \(2015\), *Understanding the wider public health workforce*](#)

Regional Workforce Priorities

As an East of England Public Health System, we commit to:

Build Capacity in the Regional Public Health System

- Promote public health career pathways
- Engage with stakeholders to identify and create additional workforce opportunities, and make the case for investment in the public health workforce
- Prioritise equality, diversity and inclusion (EDI) to create a PH workforce which is both representative of the communities it serves and better prepared to address health disparities
- Create the system conditions to enable workforce mobility and promote system resilience
- Collect and analyse regional data, intelligence and insight to support workforce planning

Cultivate System Capability

- Advocate for, and develop, a regional approach to public and population health learning and development
- Support professional development and workforce education, training and registration, including increase in regional use of public health apprenticeships
- Build workforce capacity for innovation, research and evaluation
- Support the cultivation of high-quality evaluation and evidence informed policy and practice
- Empower the wider public health workforce with public and population health knowledge to strengthen upstream prevention
- Explore development opportunities through public health curricula in relevant regional courses

Ensure effective delivery and accountability

- Implement effective governance and delivery structures and processes
- Measure and share progress through data, insight and evaluation

Key Deliverables

	Year 1	Year 2	Year 3	Year 4
1. Equality, Diversity and Inclusion				
1.1 Diversify regional public health entry opportunities, particularly from health and social care routes.				
1.2 Explore creative recruitment, including assessment of how and where we currently advertise vacancies, and identify opportunities to widen reach and align processes.				
1.3 Promote public health careers through schools, colleges and communities.				
1.4 Develop and agree key EDI principles and/or actions for the core regional public health workforce.				
2. Public Health Leadership				
2.1 Develop opportunities for placements, secondments, shadowing, attachments and projects across the regional public health system, including ICPs.				
2.2 Support and encourage practitioner and specialist registration (incl. continuing support for the UKPHR regional practitioner programme, StR and support for SRbPA).				
3. Talent and Experience Pipeline				
3.1 Increase use of public health apprenticeships (levels 3 – 7) and showcase regional case study examples of practice.				
3.2 Develop a regional approach to public health learning and development.				
4. Data				
4.1 Establish baseline, and ongoing analysis, of regional public health workforce numbers and skills, including core and wider workforce.				
4.2 Define an effective delivery model/framework for public health mapped against need, public health intelligence and insight to create a benchmark.				
5. Build Capacity for Innovation, Research and Evaluation				
5.1 Establish and strengthen partnerships with the East of England Population Health Research Hub (EoE PHResH), NIHR, regional universities and training providers to support the cultivation of high-quality evaluations and evidence informed policy and practice, and develop workforce research skills.				
5.2 Develop an understanding of differing workforce approaches to identify and address population health needs through ICSs				
6. The Wider Public Health Workforce				
6.1 Develop and embed an understanding of public health, health inequalities, MECC approaches and trauma-informed practice across all healthcare colleagues and frontline provider services.				
6.2 Create padlet (or similar) of core training for introduction to public health.				
6.3 Review public health curricula in medical, nursing, AHP and social work courses delivered regionally to explore opportunities for development.				

Delivering our Regional Priorities

- Strategy delivery will be the responsibility of all system partners
- Each system partner to identify a workforce strategy lead as a single point of contact to progress workstreams and enable effective communication across the system
- OHID will take a lead role in establishing mechanisms to support delivery. OHID will;
 - Establish and Chair a Regional Workforce Steering Group comprising representatives from across the system
 - Lead the development and oversight of a regional annual delivery plan, setting out the planned system-wide action to deliver the priorities of the strategy
 - Set up and lead a regional Workforce Community of Practice, inviting interested colleagues from across the public health workforce at all levels, including representation from the wider public health workforce
 - Establish and provide strategic oversight to time-limited Task & Finish groups for specific delivery workstreams, where appropriate, comprising key system partners
 - Establish and support clear arrangements for governance, risk reporting, and progress monitoring
 - Take a lead role in designing the strategy evaluation

Potential Workforce Impact

Core PH Workforce	Frontline Workers	Leaders & Advocates	Wider Determinants
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1. Equality, Diversity and Inclusion			
1.1 Diversify regional public health entry opportunities, particularly from health and social care routes.			
1.2 Explore creative recruitment, including assessment of how and where we currently advertise vacancies, and identify opportunities to widen reach and align processes.			
1.3 Promote public health careers through schools, colleges and communities.			
1.4 Develop and agree key EDI principles and/or actions for the core regional public health workforce.			
2. Public Health Leadership			
2.1 Develop opportunities for placements, secondments, shadowing, attachments and projects across the regional public health system, including ICSs.			
2.2. Support and encourage practitioner and specialist registration (incl. continuing support for the UKPHR regional practitioner programme, StR and support for SRbPA).			
3. Talent and Experience Pipeline			
3.1 Increase use of public health apprenticeships (levels 3 - 7) and showcase regional case study examples of practice.			
3.2 Develop a regional approach to public health learning and development.			
4. Data			
4.1 Establish baseline, and ongoing analysis, of regional public health workforce numbers and skills (including core, non-core and wider workforces).			
4.2 Define an effective delivery model/framework for public health mapped against need, public health intelligence and insight to create a benchmark.			
5. Build Capacity for Innovation, Research and Evaluation			
5.1 Establish and strengthen partnerships with the East of England Population Health Research Hub (EoE PHResH), NIHR, regional universities and training providers to support the cultivation of high-quality evaluations and evidence informed policy and practice, and develop workforce research skills.			
5.2 Develop an understanding of differing approaches to addressing population health needs through ICSs to inform development of an effective public health delivery model, and promote system mobility.			
6. The Wider Public Health Workforce			
6.1 Develop and embed an understanding of public health, health inequalities, MECC approaches and trauma-informed practice across all healthcare colleagues and frontline provider services.			
6.2 Create padlet (or similar) of core training for introduction to public health.			
6.3 Review public health curricula in medical, nursing, AHP and social work courses delivered regionally to explore opportunities for development.			

Enablers

Policy	Health and social care policy e.g. Levelling-up
	Fuller Report
	Major Conditions Strategy
	ICS policy
System	Endorsement of the strategy by all regional Public Health Network partners
	NHS Workforce, Training and Education Directorate
	Local and regional ICS priorities
	ICS focus on population health
	NHSE/ICS focus on inequalities through Core20Plus5
	Workforce demand (recruitment and sustainability) and analysis (HEE and local data collection)
	Creation of community of practice
Regional Co-development and Delivery	Identification of a regional workforce strategy lead in each part of the system (<i>with protected time</i>) will support implementation and provide capacity for delivery by ensuring information, requests and opportunities are communicated effectively at system level

Risks and Mitigation

Capacity in the regional system	Reduced capacity to deliver on strategy due to system reform and efficiencies programmes Mitigation: Ensure the workforce strategy is system-owned to promote joint responsibility for implementation and delivery
	Parts of the regional PH system do not engage or implement activity to support priorities Mitigation: Identification of a workforce strategy lead in each part of the regional system with responsibility to ensure effective communication and facilitate progress
	Workforce Strategy Steering Group engagement lessens due to competing work priorities Mitigation: Continue to meet regularly to examine progress against priorities and complete quarterly report for PH Network
Ongoing alignment of priorities	Priorities no longer align with national directives; There are new and emerging workforce pressures not identified in the strategy Mitigation: The Workforce Strategy Steering Group will review strategy priorities and deliverables annually to refine and ensure ongoing alignment with national directives, and emerging pressures and opportunities
Governance	Inadequate information supplied to Regional PH Network to enable sufficient monitoring and governance Mitigation: The Workforce Strategy Steering Group will submit a quarterly progress report to the Regional PH Network