

RSPH

ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Rethinking the Public Health Workforce #widerworkforce



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Foreword

Millions of people, of all ages, come into contact on a daily basis with the public health workforce. Numbering some 40,000 people, this workforce is creaking under the strain of a rapidly expanding population and rising levels of chronic disease. Now in order to support the radical upgrade in public health, it is the time for us to look for others beyond this core workforce who are able to encourage people to lead healthier lives and support behaviour change.

To make this a reality will require action on many levels and the combined efforts of people from a wide variety of professions and backgrounds. The reorganisation of the public health workforce in England and its collocation within local government, provides a unique opportunity to encourage many of those who don't have a traditional public health role to play a greater part in improving the public's health.

This "wider public health workforce" includes anyone who is not a public health specialist or practitioner but has the opportunity or ability to improve the public's health. This report goes some way to identifying the wider workforce and identifying how it can play a greater role. The professionals who make up this wider workforce are many and varied ranging from unpaid volunteers, social care providers, police and fire services, housing and education, sports and leisure, local communities, as well as a wide breadth of healthcare professionals who are not part of the core public health workforce, such as Allied Health Professionals and Community Pharmacy. The Centre for Workforce Intelligence estimates that this wider workforce encompasses approximately 20 million people (ONS labour workforce survey 2014). Tapping into this diverse range of human contact could provide significant opportunities to promote health messages and initiate or embed behaviour change through healthy conversations and signposting to other services. The wider workforce is undoubtedly an unsung and instrumental part of the new public health landscape.

A sea change is required. Investing in the wider workforce is imperative if we truly want to see a radical transformation and upgrade in prevention. To make health and wellbeing everyone's business, we must ensure that many diverse sectors fully understand how they can or are already contributing to the health and wellbeing economy and ensure they are competent in doing so. Our vision is to develop a flexible workforce that is committed to promoting and protecting the health of the population, building on the great foundation already laid by the current active wider workforce.



Shirley Cramer Chief Executive
Royal Society for Public Health

"Everyone should have the opportunity to optimise their health and wellbeing."

Royal Society for Public Health

"Until recently the wider workforce has been largely ignored and RSPH and PHE have an important role in defining, supporting and developing this group... there needs to be support for piloting/scoping research and collecting and disseminating best practice. This workforce needs to be recognised, encouraged and celebrated and progression pathways developed."

1. Executive summary

The NHS Five Year Forward View highlights with great clarity the need for a 'radical upgrade in prevention and public health'. Making the radical upgrade a reality will be difficult without considering who might be involved in prevention and how this will be delivered in the future.

The joint work carried out by the Centre for Workforce Intelligence (CfWI) and the Royal Society for Public Health (RSPH), supported by Department of Health (DoH), Health Education England (HEE) and Public Health England (PHE) 'Understanding the Wider Public Health Workforce' goes some way to articulating a way forward in how individuals and professions across a range of areas could support this radical upgrade through a widening of their work roles or volunteer activity to help improve and protect the public's health.

To tackle the major public health issues and make prevention a priority, we must look beyond interventions delivered by the current 40,000 strong core public health workforce (CfWI 2014) and seek to engage with the public via wider occupation groups. The agreed definition for the wider workforce is, '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 2015).

Recognising the potential for this expanded workforce, the CfWI, PHE and RSPH have undertaken work to define and quantify the wider workforce, gain a greater understanding of the work currently taking place around prevention and identify areas for further development.

We have identified that approximately 20 million people in England have the potential to be part of the wider workforce, this covers 57 occupation groups which include a broad range of the public, private and voluntary sectors as well as 5 million people providing unpaid care and support to family or friends due to disability, illness or poor mental health problems.

These groups have been divided into three categories, 'active', 'interested' and 'unengaged' to recognise their level of development and readiness to support the public's health. Through a number of stakeholder workshops and an analysis of 30 wider workforce cases studies, commonalities were identified across the wider workforce in terms of a) drivers for change b) ingredients for success c) challenges faced and d) development needs.

The key drivers for change include strong leadership, the potential for the wider workforce to support other services and the opportunity to take a whole-system approach in a local authority setting. With the devolution of responsibility to regions and localities this is an important opportunity to do things differently.

Many wider workforce professions highlighted partnership working as a key ingredient for success as well as working in and with communities. It was recognised that developing community assets and community capacity to tackle major public health issues will be crucial to sustainability over the long term.

The cases studies showed us that there were many similarities in the challenges faced for the wider workforce in incorporating, improving and protecting the public's health into their work. These include the need for a cultural shift for many groups, the need to speak the 'same language' and the difficulties faced with regard to sustainability in the face of future budget cuts.

The report highlights the 'early adopters' in the wider workforce. These are the occupations who are already engaged with the public's health, are enthusiastic to do more and should be acknowledged for their part in prevention. Examples include Fire & Rescue Services, Health Trainers, Allied Health Professions (12 distinct professions who make up 6% of the NHS workforce), Community Pharmacy, and Housing Associations. These occupations equate to over three quarters of a million people.

While these are not the only groups making a significant contribution to health and wellbeing, these diverse groups are a good place to start in strengthening capacity, capability and carrying out functional mapping.

1. Executive summary

Policy recommendations

The findings from ‘Understanding the Wider Public Health Workforce’ and discussions with various professional and occupation groups show there is a positive ambition to develop the wider public health workforce. The following steps will need to be taken to make the ambition a reality:

- Redefine and communicate who can be involved in supporting the public’s health. At system level, Public Health England is currently reviewing the Public Health Skills and Knowledge Framework. This presents an opportunity to include wider workforce occupations in delivering public health.
- Joint working between Local Government Association, Public Health England, Department of Health, Health Education England, public health organisations and employers to drive forward wider workforce planning and capacity building for health and wellbeing.
- Provide education and training to the wider workforce ensuring that they are equipped with the requisite skills, competencies and confidence to deliver public health across a variety of settings.
- Ensure engagement at system level about the important role of the wider workforce in the new models of integrated health and wellbeing.
- Increase public awareness about the role of the wider workforce in public health by developing a brand identity to gain acceptance, acknowledgement and celebration of their work and also increase the prominence of the wider workforce in local communities.
- Agree the services that can be commissioned and delivered by the early adopters of the wider workforce. These could include behaviour change programmes, point of care testing and social prescribing.
- Begin the dialogue with other interested occupations that have the capacity and appetite to be part of the wider public health workforce including postal workers, librarians and leisure staff.
- Support ongoing evaluation and innovation of practice across the wider workforce in collaboration with the What Works for Wellbeing Centre and local academia.



2. Introduction

The UK is characterised by stark health inequalities. In 2010, the Marmot Review published disturbing findings that those in the most deprived communities can expect to live on average 7 years less than those from the least deprived groups. This is not only a damning indictment on social justice in the UK, but also places a huge and unsustainable burden on the welfare and healthcare system. These costs were estimated at an incredible £31-33 billion in productivity losses and lost taxes, £20-32 billion in welfare costs and a further £5.5 billion in costs to the NHS. Five years on, research indicates that this gap has widened further, with an estimated 8.2 year gap between the areas with the highest and lowest life expectancy.

Improving the public's health is going to be critical in reducing these costs and the importance of this is rightly recognised in the NHS Five Year Forward View. A key part of how we will achieve this is to embed healthy lifestyles throughout communities, making public health 'everybody's business'. At RSPH, our focus is on developing the skills and knowledge of the 'wider public health workforce'.

RSPH and PHE have acknowledged the importance of engaging this workforce for supporting a "radical upgrade in prevention" by enabling a far greater number of people to gain access to vital health support and advice, including those from 'hard to-reach' groups.

In order to better understand the contribution of the wider workforce to public health, RSPH and PHE have undertaken a joint project to identify the scale and scope of the wider workforce so that we can realise their potential to improve and protect the public's health, across a settings and life course context.

In parallel, the CfWI has been commissioned by PHE, HEE and the DoH to undertake a review of the wider workforce in England and to define and quantify the wider workforce against the occupational coding extracted from the Office for National Statistics (ONS) Labour Force data and occupation groups that comprise the wider workforce.

This report seeks to highlight the key findings from this work and serves as a call to action for partners to help shape the future of the wider workforce and take up the challenge to commit to a long-term sustainable approach to building capacity, capability and maximisation of this diverse workforce.



3. Methodology

In order to better understand the extent to which the wider workforce is engaged in public health, RSPH, CfWI and PHE have undertaken joint stakeholder engagement with the support of professional bodies, policy leaders, local authorities and members representing the wider workforce. A pragmatic approach to our methodology was taken to obtain the views of stakeholders and analysis of quantitative data. There were three aspects to the intelligence gathering and engagement process that are described in more detail below.

1. CfWI analysis of ONS Labour Force Survey data
2. Wider workforce engagement workshops
3. National call for evidence

1. Centre for Workforce Intelligence

The work undertaken with CfWI includes quantification of the wider workforce using occupational coding extracted from the ONS Labour Force Survey data. The full methodology of the data extraction is cited within the CfWI report 'Understanding the Wider Public Health Workforce'.

A summary of the occupation analysis has been presented in the next section of this report.

2. Wider workforce engagement workshops

Two engagement workshops were held in February 2015. Their purpose was to seek consensus on which elements of the workforce were already engaged with the public health agenda and to test whether to:

- Increase investment in areas where occupation groups are already involved in public health, or
- Increase support for those groups where there is interest or potential to get involved but perhaps no structure or leadership to encourage it.

The workshops were attended by a broad range of public health stakeholders, including representatives of local authorities, the Association of Directors of Public Health, national housing associations, professional bodies, fire and rescue services, sector skills councils, Allied Health Professionals and PHE policy leads.

3. National call for evidence

A national call for evidence was developed and distributed to a representative sample of wider workforce occupations between February and March 2015. This was disseminated online, across a wide community of professions in England. The purpose of the call for evidence was threefold:

- To showcase the effect, success and contribution of public health projects delivered by the wider workforce and the positive impact they have on the public health and wellbeing system.
- To disseminate wider public health practice and seek opportunities for growth and development of local models and approaches across a national footprint that illustrate effective capacity building of the wider workforce.
- To embrace the learning of how such an assets-based approach can benefit and add value to the wider public health system and inform the development of a wider workforce competency framework.

3. Methodology

A pragmatic, rather than a scientific, approach was taken in disseminating the request for case studies via local authorities, employment and housing providers, fire and rescue services, local partnerships, community pharmacies, education providers and Allied Health Professionals.

This dissemination resulted in over 30 case study responses from the wider workforce, each including information on how projects operate, information about the relationships that have been built, engagement with people and organisations, the critical success factors and drivers for change and demonstrating overall impact made. The thematic review has been included in the next section of this report highlighting key themes extrapolated from the information and data provided by the wider workforce professions.

People in UK Public Health Group

The People in UK Public Health Group is an advisory group providing independent, expert advice to the health departments in the devolved regions on an overarching strategy for the public health workforce with the goal of improving the public's health. It has a primary focus on shaping the vision and future priorities for a multi-disciplinary public health workforce fit for the 21st Century, in recognition that improving the health of the public involves a broad range of people in a variety of professions, communities and settings. The People in UK Public Health Group provides governance to the wider workforce project and objectives are set and pursued in the context of strategic oversight and future direction.

4. Who is the wider workforce?

The wider workforce is defined 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.”

The estimated headcount for the wider workforce is 20.2 million people (this includes those who provide unpaid care and support). There are 57 occupation groups that reflect the wider workforce. Within these groups there are 185 working occupations.

The wider workforce has been categorised by level of engagement in public health: Active, Interested and Unengaged. The categorisation of occupations was determined by the workshop participants’ experience, knowledge and informed views. The findings are presented below.

Table 1 No. of occupation groups and occupations identified by level of engagement

	No. Occupation groups	No. Occupations	Indicative headcount (000's)
Active	19	76	6,061
Interested	24	80	5,728
Unengaged	14	29	3,002

Active wider workforce

The Active wider workforce is defined as those occupation groups who:

- Make an explicit contribution to public health on a daily basis
- Work collaboratively in promoting public health outcomes
- Have a direct or indirect impact on wellbeing
- Already deliver or have the opportunity to engage in healthy conversations
- Address the wider determinants of health, including mental wellbeing
- Extend reach and remit to vulnerable populations

Examples of some of the occupations and their indicative headcount include:

Teaching and educational professionals	1.29 million
Caring services	1.08 million
Childcare and related	696,000
Health professionals (including Allied Health Professionals)	443,000
Protective service occupations (fire service, police, ambulance)	292,000
Welfare and housing professionals	243,000
Sports and fitness occupations	133,000



4. Who is the wider workforce?

Interested wider workforce

The Interested wider workforce is defined as those occupation groups who have:

- limited/partial opportunities in delivering public health messages at present
- the influence and opportunity to proactively promote health and wellbeing on a larger scale, if given the support and training to do so
- the potential to work in a collaborative way with other services and organisations to deliver the public health agenda

Examples of some of the occupations and their indicative headcount include:

Public services and other associate professionals (e.g. postal service)	452,000
Hairdressers and related services	222,000
Architects, town planners and surveyors	127,000
Leisure and travel services	122,000
Chief Executives and senior officials	63,000
Librarians and related occupations	30,000
Kitchen, bar and waiting staff	803,000
Cleaning occupations	639,000

Unengaged wider workforce

The Unengaged wider workforce is defined as those occupation groups who:

- Are not engaged in the public health system either without realising it or due to demands on current service delivery
- Have the potential to influence health and wellbeing but are not currently doing so

Examples of some of the occupations and their indicative headcount include:

Sales assistants and retail cashiers	1.17 million
Customer service occupations	288,000
Vehicle trades	157,000
Conservation and environmental professionals	38,000

The workshop outcomes were captured by infographic facilitation illustrated in Figure 1



New Possibilities 2015

5. Emerging themes

An analysis of evidence, including wider workforce case studies has revealed several common themes, which can be grouped into four main categories: drivers for change, ingredients for success, challenges faced and looking forward.

Drivers for change

Local leadership

The prominent factor that appears to have facilitated the wider workforce's engagement with public health is that of local strategic leadership, often stemming from individual practitioners recognising their potential to contribute to health and wellbeing. The reasons why progress is accelerating are attributed to a number of differences in pursuing public health across a number of settings: ability to pursue a whole-system approach through the local authority's wider remit for civil leadership and promoting partnerships, swift decision making by transformational leaders across wider professions e.g. fire and rescue services and more freedom to pursue local objectives with a predominantly local, rather than national, performance regime.

Providing vital support to existing services

Much of the discussion around the wider workforce has centred on its potential to ease the workload of primary healthcare services and this is clearly reflected in the case studies with many demonstrating their success in training health champions to deliver healthy conversations, increase referrals to other services and support positive behaviour change. An example of this is the 'I Will If You Will' campaign delivered by Bury Council, which focused on increasing physical activity levels of women and girls in Bury; the number of females taking part in regular physical activity increased by 2,500 within 1 year.

Several of the case studies illustrate how the wider workforce is tackling the wider determinants of health. The Aurora youth development programme, developed by the West Midlands Fire Service (WMFS) found that all the students who completed the full course ceased offending by the end of the programme. In addition, the fire and falls prevention initiative delivered by the Greater Manchester Fire and Rescue Service (GMFRS) resulted in a large increase in individuals being referred to the falls service. Of the 602 fire safety checks delivered by the GMFRS, 37% were identified as at risk of falls, which is in line with the national average of 35% of over 65s being at risk of falls. The community risk intervention teams, an initiative jointly delivered by GMFRS, North West Ambulance Service (NWAS), Greater Manchester Police (GMP) and Greater Manchester local authorities, have also started responding to calls relating to falls in the home, cardiac arrests and mental capacity on behalf of NWAS and GMP.



5. Emerging themes

Ingredients for success

Partnership working

A clear theme emerging from these case studies is a growing recognition of the importance of partnership working between different professions and departments. Many of the case studies demonstrate that this can be a more effective way of meeting both individual and shared goals. A clear example of this is the partnership between GMFRS and Pennine Care NHS Foundation Trust (PCFT).

Recognising that those at greatest fire risk are those who are likely to be already known to the provider of mental health and community services, a formal partnership agreement was signed in 2013. The partnership believes this has led to 'safer working practices, increased knowledge of each other's role and areas of work, development of referral pathways and service users in receipt of joint person centred home safety interventions'.

Many case studies also highlight that partnership working can be a catalyst for the development of further initiatives and information sharing. Partnership working as part of the Better Medway Champions initiative delivered by Medway Council Public Health has, according to the council, led to relationships being 'formed and strengthened with partners (internal departments and external agencies), which has facilitated joint working and further capacity building of the wider workforce'.

Addressing training needs

For the wider workforce to realise its potential in positively impacting public health, it is essential that individuals are provided with effective training, ensuring they have the necessary skills and knowledge to support the public to lead healthier lives. Many of the case studies stressed the importance of training in understanding public health, understanding health improvement, Making Every Contact Count (MECC), community-assets building and subject specific training in areas such as mental health. Many also found it essential to provide training in behaviour change techniques, such as motivational interviewing, health coaching and communication skills. To a lesser extent, the case studies also demonstrate a need for training in the day-to-day concerns of delivering programmes and projects, such as equality and diversity, safeguarding and the recruitment of participants.

To increase buy-in from staff, the case studies indicate that the training must meet two main requirements. It must be linked back to an employee's role and the particular issues faced within the local area. This latter point would include training on local services and referral pathways, which is of critical importance when engaging in healthy conversations and signposting. Wigan Council found that 'community-asset mapping and training customised to the needs of individuals and groups helps make public health messages real to both individuals and organisations'.



5. Emerging themes

Training must also be flexible and accessible in a range of delivery formats such as e-learning, locally delivered training and inclusion in professional conferences and stakeholder learning events. Ipswich Borough Council, who are working with key employment and housing service providers to engage with the most vulnerable groups, found that the training needed to 'offer a range of different training solutions to ensure relevance to diverse organisational sizes, structures and systems'. Additionally, many of the case studies stressed the importance of ensuring that training fits around the busy work schedules of staff. The 'Eat...Drink...Move...!' programme, delivered by the Heart of England NHS Foundation Trust, found that on-the-job training was essential for hospital staff that could not leave their wards. This was also an issue faced by the Thames Valley Local Pharmaceutical Network, which found that releasing staff for training as part of their health education in local pharmacies work was a particular challenge. The wider workforce is hugely diverse and it is clear from the case studies that a one-size-fits-all model of training is not appropriate or effective.

Community-asset based approach

Many of the case studies are exemplars of the wider workforce taking an assets-based approach by working with local communities, empowering them through the recruitment of local individuals and developing community assets, such as local groups and volunteer initiatives.

Much of the engagement with stakeholders has challenged traditional approaches to tackling poverty, where need is defined by external organisations and experts determining targets and proposed solutions. The criticism was that this approach created a culture of dependency in deprived communities, with people lacking confidence to take charge of their communities' future, instead becoming reliant on external agencies for solutions. Asset Based Community Development (ABCD) is an alternative, community-based approach, which uses resources of local people, their knowledge of their own communities and existing community resources, to encourage and support change. A fundamental shift towards preventative and community assets-based working is required at a system level with partners including local authorities in order for the wider workforce to be able to deliver to its fullest potential. Identifying and linking with change agents, and other trusted badges of professional credibility who have an enthusiasm for promoting health and wellbeing, is a good way of building system-wide sustainability.

What are the challenges ahead?

Cultural shift

The development of the wider public health workforce requires non-public health professions to adapt their ways of working and incorporate a new focus on public health. Many of the case studies demonstrate that, rather than increasing workload, this can actually be a natural extension of their work and over the long-term make it less demanding. However, a strong theme emerging from the case studies is that this does require a significant change in working culture. Kemble Housing, for example, found that their staff were initially uneasy about having healthy conversations and were concerned that they may be seen to be 'judging people' and telling them what to do.

5. Emerging themes

To overcome this challenge, the case studies demonstrate that involving staff in the development of wider workforce initiatives is essential. This encourages a feeling of ownership and also aids understanding of the projects. The GMFRS found that it was important to 'ensure that a uniformed member of staff is seen to support the initiative and preferably be present during the initial briefing sessions'. The case studies also demonstrate that it is vital to ensure that there is strong strategic leadership. The Community Risk Intervention Team initiative delivered by the GMFRS, NWAS, GMP and Greater Manchester local authorities found that 'full stakeholder buy in at a strategic level was essential to delivering the concept and change across all organisations'.

Language

A primary concern identified across the entire engagement process was the need for the wider workforce commitment to speak the same language. For many wider workforce professions, there is a lack of understanding and familiarity with the term 'public health'. This is a considerable barrier to further engagement and development as many professions will lack an awareness of how their role relates to public health and the potential impact of their work. Positioning the contribution of the wider workforce as promoting 'wellbeing' instead of 'public health' has been suggested as a more widely understood alternative.

Sustainability

Across many of the case studies there were general anxieties about finance for the future, as councils and other public sector budgets continue to reduce. This is particularly pertinent following the recent announcement of £200 million of funding cuts to Local Authority Public Health budgets. A further issue of sustainability and one directed to policy leads and commissioners was that of commissioning for social value and prevention, as opposed to the traditional medical model. It was indicated that commissioners need to better understand the role and the impact of wider workforce approaches in delivering positive extrinsic outcomes based on social and community-based approaches. One way this might be addressed is to incorporate public health objectives into the policy, leadership and service specifications of the active and interested occupations. Policy initiatives and concerted campaigns to advance specific policies around wider workforce were also recommended.

Moving beyond healthy conversations

It is evident from the case studies that the concept of MECC has been embedded within many key organisations as a behaviour change approach, including some fire services, social housing teams and local authorities. However, delivery of health improvement initiatives across the wider workforce extends beyond MECC and many organisations are embracing a broader application that reflects the wider determinants of health including tackling social isolation, improving support networks and providing access to a wider range of support services.

It has been suggested that this broader use of MECC should be encouraged and considered a 'MECC plus' programme. Wigan Council have adapted MECC for a 'Making health everyone's business' programme within its public health system. Similarly, in Warwickshire, the aim is for every frontline member of staff to be trained over five years so healthier lifestyles can be promoted by all whatever their role.

5. Emerging themes

Building the evidence base

Despite the early adopters of the wider workforce, including Allied Health Professionals, fire services, community pharmacists, health trainers and the housing sector, demonstrating the value of their wider reach and engagement, evaluation is currently limited. Many larger providers are starting to measure the impact of their wellbeing activities (e.g. in the housing sector) and whilst there are some synergies with health outcomes, the tools and the language used do not always read across to public health outcomes and domains.

To encourage further development of the wider workforce, being able to demonstrate the positive impact of a project through robust evaluation is vital, both for gaining further funding and resources and also encouraging greater take up by staff who can more clearly demonstrate the impact of their work. To strengthen the evidence base, the wider workforce requires support in knowing how to evidence success. It is important for an evaluation to consider the longer term impact of a programme and whether behaviour change and improvements in health and wellbeing have been maintained. An evaluation toolkit for the wider workforce could be developed to support this aspect.

Raising the profile of the wider workforce

Whilst the case studies come from a wide range of professions, they all have similar needs in terms of supporting the further development of the wider workforce. There is a clear need for support in raising the profile of the work being undertaken and this could be achieved, for example, through the dissemination of publications via the networks of PHE, RSPH, and CfWI as well as respective professional bodies and trade associations. It could also involve ensuring advocates for the wider workforce speak at key national events and conferences, and there are mechanisms in place to share best practice. Several case studies also highlight the need for support in understanding evaluation practices and frameworks to help make the case for change and put together funding applications.



6. Examples of good practice from the wider workforce

“The agendas of preventing ill health and preventing fires are closely linked. Fires and ill health occur in the most deprived areas; to people at the bottom of the socio-economic gradient; to those that live in poor quality housing and those whose circumstances have led them to take up unhealthy lifestyles”

This section of the report highlights a handful of case studies that we hope brings working with the wider workforce to life and does justice to the variety of programmes flourishing across different communities at a local level. The context and details vary, but there’s much to learn from each example about how people have found common ground and overcome challenges to build impactful models of joint working; and about the powerful role that wider workforce teams can play in integrated services.

Fire and rescue services

The emergency services have been hugely proactive in introducing a new public health focus to their work and demonstrating the potential to tackle the wider determinants of health, offer brief health advice and relieve the workload of other services. The GMFRS have introduced a wide range of programmes; one example is the Fire and Falls Prevention Service. Through more integrated working, fire crews and falls teams have been able to identify those at risk of falls and/or fire and refer them to the appropriate services. This work has yielded impressive results with increased referral rates: between September 2014 and January 2015, GMFRS delivered 602 home safety checks, 37% of which were identified of at risk of falls and 52% of these had their details passed to the falls prevention service.

The West Midlands Fire Service has also had success with their Aurora youth development programme, a 10 to 12 month programme aimed at those aged between 12 to 17 years, who are already young offenders, at risk of becoming a young offender or not in education, employment or training. Of those who completed the course, 4 attended full time sixth form, 4 attended mainstream school and all students ceased offending by the end of the programme.

Additionally, Royal Berkshire Fire and Rescue Service have introduced a Making Every Contact Count pilot, with fire fighters trained to deliver the ‘3 As’ – Ask, Advise, Assist. So far, there has been an increase in the knowledge of fire fighters and an increase in their confidence to deliver these interventions.



6. Examples of good practice from the wider workforce

Allied Health Professionals

'I Will If You Will' - Driven by concerning data showing low activity levels of many women and girls in Bury, the 'I Will If You Will' (IWYW) programme was introduced by Bury Council with the aim of overcoming the many physical and emotional barriers to exercise experienced by women and girls. Using a community asset-based approach, this programme sought to address basic requirements for undertaking exercise, such as time and money, and also building motivation, creating a supportive community and celebrating and rewarding the achievements of participants. As of September 2014, 68% of the Borough were aware of IWYW through the work of 78 health champions, which critically, increased physical activity levels of participants. As of July 2014, the number of females taking part in regular physical activity increased by 2500. Overall, 9002 people engaged with the project over a 2 year timeframe. The physiotherapists at Pennine Acute Trust have now partnered with this programme and following the development of their brief intervention skills, now regularly refer people in to this service and the local groups it has established.

Stoke Speaks Out - Local research identified that Stoke had a high number of students entering school with delayed speech and language, which in turn impacted their educational attainment, self-esteem and life chances. These findings led to the development of the Stoke Speaks Out programme, a multi-agency preventive approach bringing a range of expertise together to develop a shared training framework for all practitioners dealing with children, to develop key public health messages, support parents as champions within their communities and develop a sense that this issue is 'everybody's business'. Whilst evaluation is ongoing, there has already been impressive results: by 2010, the incidence of speech, language and communication needs on entry to school had reduced by 39%. Since the reduction in funding, this has slightly increased, but the numbers are still 20% improved on 2002.

Housing

Foundation Independent Living Trust (FILT) Warm Homes Service - Over 4 months in winter 2012/2013, the FILT Warm Homes Service and HIAs reached 3,728 homes containing 6,469 people across 160 local authority areas. Each home received a one-to-one visit during which all the key aspects of winter warmth and fuel poverty were covered. Many of the people visited had conditions such as arthritis, diabetes, COPD, heart disease, dementia, depression and asthma. Visits identified levels and types of need, referral options and cases where hardship grants could be used to fund warm homes work. This service was successful in reaching out to the most vulnerable groups and not only ensuring warmer homes, but also enhancing health and wellbeing, improving safety and increasing energy efficiency. Of those receiving support, 83% of people were aged over 60, 61% had mobility issues and at least one-third had deteriorating health as a result of cold in their home. Furthermore, 12% had faulty heating, 34% had draughty doors or windows and 19% wanted advice on possible benefits. Overall, there were 1,184 referrals for further advice, support or repair work and for every £1 spent, the service levered in £2.10 in other funding.

Ipswich Borough Council, in partnership with Suffolk County Council - Ipswich Borough Council and Suffolk County Council have been working in partnership with key employment and housing service providers to develop and deliver a training support package for frontline advisors, providing them with the skills and knowledge to deliver brief advice and signposting. The driving force behind this work is a recognition of the critical importance of health in securing and retaining employment and suitable housing. At the same time, a recognition that employment and housing officers are ideally placed to reach those most in need, but currently many have little engagement with health/mental health services. This work has generated huge enthusiasm and commitment within the organisations involved. So far, this has led to more integrated working, across a growing number of organisations. There has also been a 40% increase in referrals into other health and wellbeing services.

6. Examples of good practice from the wider workforce

Pharmacy



Health Education in Local Pharmacies - Recognising the considerable potential of pharmacy staff to encourage healthier lifestyles throughout the population, the Thames Valley Local Pharmacy Committee Network introduced the 'Making Every Pharmacy Contact Count' initiative, providing staff with the skills to deliver brief advice and signposting. As part of this project, a wide range of training was offered to pharmacy staff, including training to develop pharmacy leaders, the training of health champions, dementia awareness training and the training of staff to identify unpaid carers. This training was widely attended, with 304 pharmacists attending the leadership training/consultation skills or medicines optimisation training, 238 team members attending the health champion training, 253 attending dementia awareness training and 194 attending carer support training. Many of them are already delivering a wide range of health improvement programmes including prevention of cardiovascular disease, drug and alcohol abuse and tackling mental wellbeing through effective advocacy and signposting.

"Community Pharmacy offers an ideal location to reach out to the public and provide greater accessibility to health support and advice."

Local Authority

Wigan Council - Following the transition of public health to the local authority in 2013, Wigan Council seized the opportunity to introduce a whole-system approach in line with the Marmot vision. This approach has entailed, for example, the integration of the public health team throughout the council rather than as a standalone team and also, the basing of two senior public health analysts in the Joint Intelligence Unit. Wigan has an impressive array of initiatives to improve the health and wellbeing of the local population, including a network of over 1655 health champions, the introduction of Making Every Contact Count in several key organisations such as Bridgewater Community Healthcare Trust and Children's centres and a growing network of Healthy Living Pharmacies. 58 pharmacies have been successfully accredited so far. Staff are trained to understand the principles of health improvement and to provide appropriate information on local support and services, such as isolation, falls, and conditions such as dementia. Additionally, Wigan became the first council in England to offer first responder training to all elected members; currently 22 have successfully completed their training and two have already put their new skills into practice.

"following a first aid skills course learned in the Heart of Wigan campaign, Councillor Chris Ready (Portfolio Holder, Communities and Housing) helped save the life of a man who collapsed on the street and lost consciousness."

There is positive ambition to further develop and grow the wider public health workforce. Meeting the complex future challenges to public health will require the engagement of a wider public health workforce comprising individuals making contributions in their everyday work, often without realising the full health impact they could have.

7. How do we move forward?

If these collective efforts are to achieve their full potential, several things must happen. Firstly, those with the appropriate skills and expertise should not be confronted with a “glass ceiling” because of the particular education or career pathway they took. Moreover, those who deliver public health interventions in their everyday work, yet do not aspire to become public health specialists should be supported with appropriate training and movement across the public health footprint. Finally, the public should be made aware of the contributions to public health being made by many people who are unaware that they are fulfilling these roles.

Delivery will require new educational partnerships and flexible approaches to training that can take account of the diverse needs of a workforce embracing people from all walks of life, from chief executives to school cooks. While these needs cannot be met by a “one size fits all” approach, it is also important to adhere to clear education and occupational standards. There is a need to establish evidence for the contribution to population health of developing the role of the wider public health workforce. Such evidence, whether across the breadth of public health action, or, more realistically, in selected exemplar areas of public health action, would permit a shift from theory to an evidence-based identification of the contribution by the wider public health workforce to sustainable health improvement. Engaging with the wider public health workforce will provide the necessary infrastructure to help change the social, economic and environmental factors which lead to poor health. It will help address social exclusion, inequalities in health and provide support to local authorities in improving health and wellbeing.

There is a call to action to all system leaders and wider partners to systematically address the following policy recommendations.

1. Redefine who can be involved in supporting the public's health

It would be a short sighted decision by Government to cut funding available to support public health, and we believe Local Authorities must avoid as much as possible cuts to already diminished public health funds. That said we recognise that there is a financial imperative for Government and Local Authorities to work as effectively as possible. In order to protect the public health workforce of the future we need to ensure that a range of parties including PHE, DoH, HEE (and their equivalents in the devolved regions), professional bodies and Local Authorities have the right skills mix available in order to provide communities with the necessary resources to support the public's health. The National Public Health Skills and Knowledge Framework is under review and there may be a move away from more specialist roles. The planned review of the public health workforce strategy, and the workforce reviews that PHE, DoH and HEE will carry out as part of this, provide a timely opportunity to develop and secure a workforce that is able to meet current and future public health challenges. We believe this may be an appropriate juncture to ensure this captures more non-traditional public health roles and the skills and knowledge required to include responsibilities which may hitherto have sat with public health specialists.



7. How do we move forward?

There is a need for HEE, PHE and Further and Higher Education institutions to incorporate core prevention and public health knowledge and skills in pre- and post-education and registration across the health and social care system as and where appropriate. It is also crucial to ensure that University Technology Colleges and Schools are included as important settings when embedding prevention and public health knowledge across education providers. These settings would directly relate to engaging children and young people in adopting healthy lifestyles as well providing a pathway for entering into a public health career. This development would support the delivery of a radical upgrade in prevention and public health called for in the NHS Five Year Forward View.

- It is vital that we provide access to education and training on health-related conversations and wellbeing subjects.
- We must support the wider workforce by incorporating public health objectives into the policy and leadership of wider public health occupations - this should facilitate recognition of the contribution made by the wider workforce, especially if it is able to link to public health commissioning objectives.

2. Increase public awareness and acceptance of the wider public health workforce

It is clear that there is a public appetite for the wider public health workforce to support individuals in a range of health improvement activities. Research from national housing membership body SITRA/PHE indicates that 84.1% of residents living in social housing would confidently speak to their housing officer about their own health and wellbeing issues; and given that over half of residents were affected by one or more public health issue, this opportunity to support the public must be capitalised on. Research commissioned by RSPH also found that the public have high levels of trust in many of the early adopters within the wider workforce to provide lifestyle health and support – almost 9 in 10 would trust the lifestyle health advice given by pharmacists and Allied Health Professionals, and over half of the public would trust this advice from firemen. Increasing public awareness and acceptance could include:

- Developing a brand identity or emblem which would signal to the public that they can talk to the wider workforce about lifestyle health problems and where to go for support.
- Greater placement of the wider workforce in prominent community locations such as high street venues, universities, supermarkets and community centres.

3. Agree which services could be commissioned

Early adopters within the wider public health workforce are already in many cases having healthy conversations with the public. While such brief interventions and signposting are important, there may be scope to begin exploring a range of services which early adopters may be commissioned to undertake. The wider workforce would need to be provided with the requisite training and development, but given their significant engagement, the high levels of public trust and the appetite within the professions to undertake this, it is worth exploring further. Services which could be commissioned from the early adopters within the wider public health workforce could include:

7. How do we move forward?

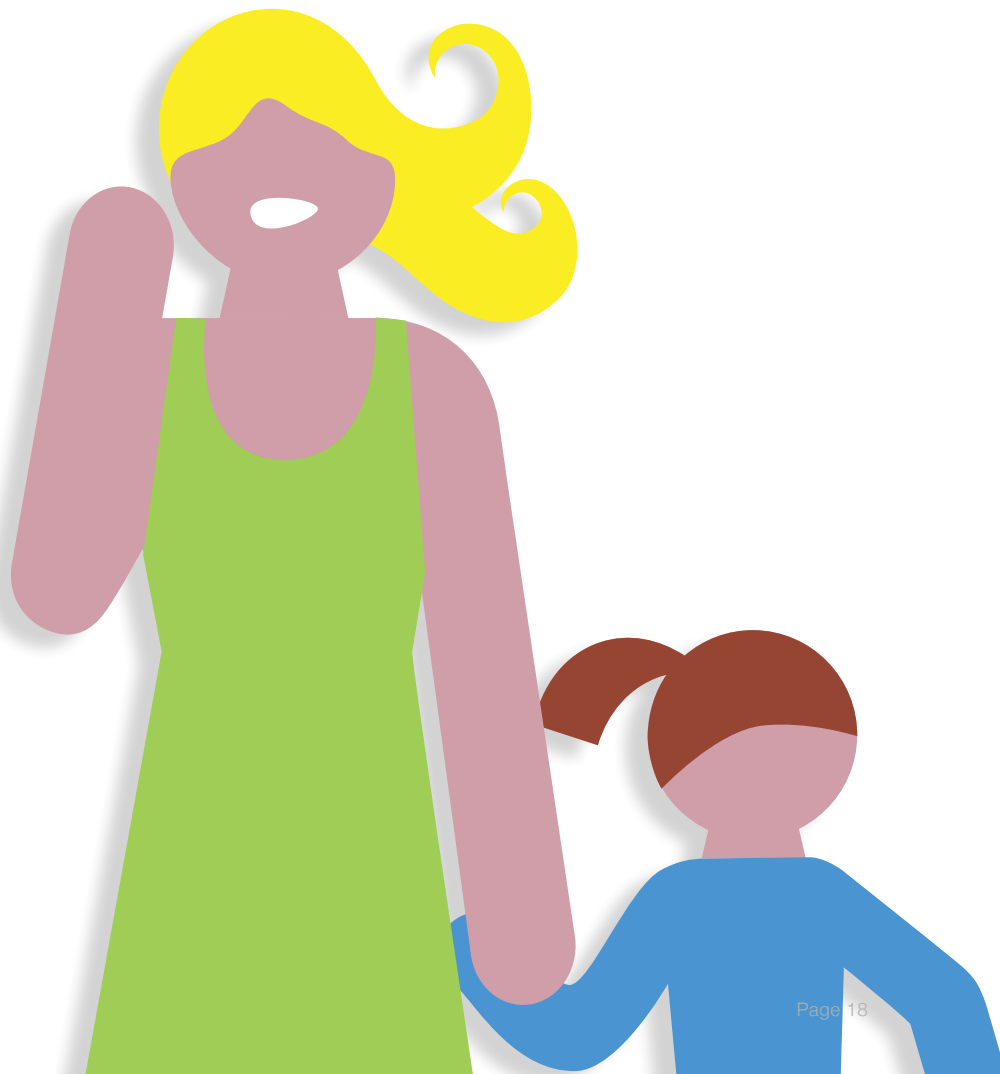
- Social prescribing – many lifestyle health problems which the public present to GPs may be treated through referral to a range of support services, including walking groups, low level physical activity, green gyms, social groups. It may be possible for the wider workforce to screen for lifestyle health conditions, such as low level anxiety, inactivity or social isolation and for the public to be socially prescribed through the wider workforce.
- Point of care testing - including body fat measurements, finger prick testing, blood pressure, BMI.

Not all of these services may be appropriate for early adopters. Enabling the wider workforce to undertake such services may also warrant providing them with access to patient data, for example summary care records, firstly ensuring the public would be willing to provide their consent.

4. Begin dialogue with other interested occupations

In parallel with efforts to roll out support to the early adopters within within the wider public health workforce, we should also begin discussions with other occupational groups who have the capacity, capability and appetite to be part of the next tranche of occupations who can support public health efforts. We believe this should include: postal workers, librarians, architects, and leisure staff.

In addition to occupations which are associated with Local Authorities, we should also begin to explore the appetite of people who work in the private sector and who engage with the public and capitalise on their willingness to champion their customers' health.. Professionals including hairdressers, retail employees and customer service advisers who have a trusted relationship with their customers could use their interactions to promote healthy choices and other key public health messages.



7. How do we move forward?

5. Research and evidence gathering

In order to evaluate the efficacy of the wider public health workforce, work will need to be undertaken to develop an evidence base for what is most effective and this will require undertaking ongoing evaluation and a platform to share best practice. The potential of the wider workforce to influence wellbeing is immense and the opportunities to learn from experience, success and challenges may encourage good practice – this could be in the form of an online tool or portal. It will be important to work with organisations such as the What Works for Wellbeing Centre. The centre was established to support commissioners and decision-makers at every level of Government, from head teachers to local police chiefs, to better understand what works for wellbeing in relation to work, learning and community asset-based approaches. This Centre will help Government, councils, health and wellbeing boards, charities and businesses make decisions on what really matters for the wellbeing of the public.



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