Healthy Lives, Healthy People: Towards a workforce strategy for the public health system

IOSH response to the Department of Health's public health workforce strategy consultation

Submission

29.06.12

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Introduction

The Institution of Occupational Safety and Health (IOSH) is the Chartered body for health and safety professionals, a registered charity and an international NGO.

We are pleased to provide comment on the Department of Health's *Healthy Lives, Healthy People: Towards a workforce strategy for the public health system – consultation document*,[1] which we note is intended to apply to public health specialists employed in a range of settings, including local government, the NHS and Public Health England.

IOSH is an entirely apolitical organisation and so we make no comment on any political aspects that may be related to this government initiative. IOSH also provided comments on the same basis to the White Paper *Healthy Lives, Healthy People: Our strategy for public health in England - consultation*, in March 2011.[2, 3]

As well as helping to protect employees at work, occupational safety and health (OSH) professionals also help employers to prevent work-related harm to members of the public, for example by:

- preparing for national emergencies such as pandemics
- controlling Legionella that could affect local communities
- preventing contamination of public spaces by harmful substances and radiation
- ensuring safe conditions during and following construction projects
- ensuring adequate crowd control during major public events
- preventing air, rail, sea and road traffic accidents

In addition, OSH professionals work with colleagues and fellow professionals to help promote health and wellbeing messages via the workplace, taking a multidisciplinary approach to improving the health of the working age population and thereby, overall public health.

In the submission that follows, we summarise our comments, provide answers to the consultation questions and conclude with references and information about IOSH.

Summary

IOSH believes that an awareness of occupational safety and health (OSH) issues and an appreciation of the role of the various elements within the OSH profession is important for public health specialists, given that good OSH is a key contributor to public health. Such awareness is also an important building block for effective multidisciplinary working and for sharing evidence-based practice.

In terms of developing the skills and expertise of public health specialists, we would highlight the need for competence criteria covering suitable qualifications and training, relevant experience and skills and ongoing professional development; together with adherence to professional codes of conduct.

The consultation document refers to the concept of "making every contact count"[1] and if adopted, we would suggest that this could include asking pertinent questions about occupation (past and present), where this could be relevant to the issue concerned.

IOSH response to consultation questions

Q1 (Para 1.7): Do you agree that a public health workforce strategy should be reviewed regularly? If so, should this be every three years or every five years?

Yes, we agree that a public health workforce strategy should be reviewed regularly as part of a rolling programme and would suggest three years for the first review, to help identify any problems early on.

Q2 (Para 2.5): Are these four groups a useful way of describing the public health workforces?

Yes, these four groups help to describe how various consultant, practitioner and non-practitioner workers contribute to the public health agenda. We understand that Table 1 (p.14) only provides 'example job functions' and is not intended to be comprehensive. However; in our previous submission and again here, we have highlighted the important contribution of OSH professionals to occupation-related health and thereby, to public health. We therefore think the term 'OSH professionals' should be listed in the table, as this would embrace health and safety practitioners, ergonomists, occupational hygienists and occupational physicians, none of whom are currently included.

Q3 (Para 2.12): Do you agree that methods of enumeration of the public health consultant and practitioner workforces should be scoped and piloted at a national level? Or do you think that workforce planning can take place effectively at a more local level e.g. Local Education and Training Boards (LETBs) working with local partners?

Yes, we agree enumeration at a national level seems appropriate, as the delivery of public health services is a national requirement. However, as the intention is to deliver at a local level, break down of numbers by region will also be helpful to those planning resources.

Q4 (Para 3.7): Would these values, combined with the features of public health in Box 2, serve to bind together dispersed public health workforces?

Yes, in part. We believe shared values (such as beneficence, non-maleficence, autonomy and justice), combined with the features outlined for 'contemporary public health', can help bind together different groups who have public health responsibilities; but we think that more would also be required, such as strong leadership and a career-development structure.

Q5 (Para 3.14): What further actions would enhance recruitment and retention of truly representative public health workforces?

In addition to ensuring equal access to relevant training, education and job opportunities, representative workforces could be developed through the promotion of public health as a career option within local communities, perhaps via career services and schools / colleges and locally-run public awareness sessions. Also, competitive pay and conditions and a well-defined career structure should help attract and retain new entrants to public health work.

Q6 (Para 3.25): Are there workforce challenges and opportunities we have not identified? What support could be put in place to help meet these challenges?

Employers need to look after the health, safety and wellbeing of their employees and to take sensible steps to address the work-related risks they may face. In terms of assistance, examples include the 'Boorman Review' recommendations for improvements to staff support to improve the health and wellbeing of the NHS workforce, which can in turn lead to improved efficacy and service delivery.[4]

We also believe that there needs to be more effective communication and cooperation between all those who can affect individual health and wellbeing, such as between employers and GPs. IOSH is

currently funding an 8-month feasibility study examining how to improve employer to GP communication on rehabilitation and return to work issues.

Q7 (Para 4.7): How can local people be encouraged to develop their skills for public health in the new system?

Please see answer to Q5 above.

Q8 (Para 4.11): How can the public health element of GP training and continued professional development be enhanced?

We believe that occupational health is a key contributor to overall public health and that GP training and continuing professional development need to include adequate occupational health awareness. Given the impact of work on health and health on work, we have also advocated the inclusion of occupational health in the syllabus of all medical students and have recommended GP visits to local workplaces.[5, 6] It is important to develop GP expertise in this area given the scale of occupational illness (including cancer, musculoskeletal disorders, stress-related problems, respiratory disease, dermatitis, noise-induced hearing loss and hand-arm vibration syndrome) and that the Health and Safety Executive estimate around 12,000 lives are lost each year due to occupational illness.[7]

Q9 (Para 4.18): Would it be helpful to describe the potential career pathways open to public health practitioner workforces?

Yes, please see answer to Q5 above.

Q10 (Para 5.14): What benefits would multi-disciplinary training bring to the public health workforces?

We believe multidisciplinary working can be beneficial for health outcomes; for example, the case managed multidisciplinary approach taken in the 'Fit for Work Service' pilots.[8] Awareness training for the various disciplines involved on the contributions made by other occupations and how to interface effectively with them, would potentially enhance efficacy and outcomes.

Given that good OSH is a key contributor to public health, an awareness of occupational safety and health (OSH) issues and an appreciation of the role of the various elements within the OSH profession is important for public health specialists.

Q11 (Para 5.24): How can LETBs best support flexible careers to build extended capacity in public health?

Please see answer to Q5 above.

Q12 (Para 5.25): Is the healthcare Education Outcomes Framework appropriate for public health education and training? If not, how could it be adapted?

We think that the 'outcomes framework' needs to include the 'health and wellbeing' of the workforce, as well as 'safety'. Also, that the outcomes should aim to produce more evidence-based policy and practice. Additionally, reference could be made to the benefits of coaching and mentoring for new trainees.

Q13 (Para 5.31): How can flexible careers for public health specialists best be achieved?

As well as the points listed in the consultation document (paragraph 5.30) and our answers to Q5 and Q10 above, we would emphasise the need to ensure adequate competence (relevant knowledge, skills and experience) for flexible careers. This would require defined criteria covering appropriate qualifications, training, skills, experience and professional development, together with a code of professional conduct.

Q14 (Para 5.38): What actions would support the development of strong leadership for public health?

We believe that the provision of adequate training, performance management and role models for leadership will help to support the development of strong leadership for public health.

Q15 (Para 5.43): What actions can be taken, and by whom, to attract high-quality graduates into academic public health?

We note that current fellowships and lectureships are highly competitive and have attracted the highest calibre medical students. Also, that a database of academic departments is proposed, outlining what they can offer to specialist trainees in public health.

In addition, we suggest the Department of Health could commission research into how to attract more high quality graduates into academic public health; and also, how to optimise the interface between

the academic departments, policy-makers and frontline public health service delivery. As well as promoting evidence-based policy and practice and the dissemination of research findings, this could help attract suitable specialists from public health and allied professions able to undertake, contribute to and utilise the vital research needed.

Q16 (Para 5.50): Are these the right actions to develop and strengthen the public health information and intelligence function? Who should be responsible for delivering these actions?

We believe that the public health 'information and intelligence' function should be strengthened through specialist expertise and note the function provided by the National Institute for Health Research. As both national and regional data will be required, we suggest this will need to be gathered and analysed using funding from Public Health England. All organisations responsible for public health delivery, including local authorities, the NHS and Public Health England, will be involved.

Q17 (para 6.3): Do you have any evidence or information that would help analyse the impact of these proposals?

Not at the moment; however, going forwards, IOSH conducts biennial opinion surveys of our members and could consider the inclusion of a question about this topic.

References

1. Department of Health. *Healthy Lives, Healthy People: Towards a workforce strategy for the public health system – consultation document*. London: Department of Health, 2011. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133705.pdf

2. IOSH. Submission on *Healthy Lives, Healthy People: our strategy for public health in England*, 2011, consultation archive www.iosh.co.uk/condocs

3. Department of Health. *Healthy Lives, Healthy People: our strategy for public health in England – White Paper*. London: Department of Health, 2011. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

4. Boorman S. *NHS Health and Wellbeing – final report* (299039). London: Department of Health, 2009. www.nhshealthandwellbeing.org/FinalReport.html

5. IOSH. Submission on *GPs curriculum*. 2006, consultation archive www.iosh.co.uk/condocs

6. IOSH. Submission on *Tomorrows Doctors 2009 – a draft for consultation*. 2009, consultation archive www.iosh.co.uk/condocs

7. Health and Safety Executive statistics web page www.hse.gov.uk/statistics/causdis/index.htm [accessed 29 June 2012]

8. Department for Work and Pensions. Health, Work and Wellbeing web pages, *Fit for Work Services*. 2012. www.dwp.gov.uk/health-work-and-well-being/our-work/fit-for-work-services/

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with around 41,500 members in over 85 countries, including over 13,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

"A world of work which is safe, healthy and sustainable"

The Institution steers the profession, providing impartial, authoritative, free guidance. Regularly consulted by government and other bodies, IOSH is the founding member to UK, European and International professional body networks. IOSH has an active research and development fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 30 Branches in the UK and worldwide including the Caribbean, Hong Kong, Isle of Man, Middle East, the Republic of Ireland and Singapore, 17 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; hazardous industries; healthcare; international; offshore; public services; railways; retail and distribution; rural industries; and sports grounds and events. IOSH members work at both strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a professional training network of more than 1,600 organisations. We issue around 100,000 certificates per year.

For more about IOSH, our members and our work please visit our website at www.iosh.co.uk

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