

A summary of

Shaping the future of Public Health: Promoting Health in the NHS - Project Report

Background and target audiences

The project was commissioned and funded by the Heads of Public Health Department at DoH and Welsh Assembly Government. It was undertaken by Jenny Griffiths and Pat Dark, supported by a steering group. The report was published in July 2005. It is available on the DoH publications website or from Jenny Griffiths on GriffHobbs@aol.com.

The report is concerned with those who recognise themselves as the specialised health promotion workforce within the NHS, usually within Primary Care Trusts, often joint with local government, and of relevance to health promoters outside the NHS.

Purpose

- To contribute to public health by defining the roles, functions and development needs of specialised health promotion staff.
- Health promotion workforce development/retention is crucial to delivering Choosing Health and Health Challenge Wales.

About the specialised health promotion workforce

There are an estimated 2000 (whole time equivalent) specialised health promotion staff. The majority are practitioners or senior practitioners with a smaller group of specialists.

Specialised health promotion staff:

- Build capacity for implementation of public health interventions.
- Help people to make informed choices through information, resources, training and support of the wider public health workforce.
- Empower and mobilise communities, including settings-based health promotion.
- Develop health programmes and services in particular to reduce inequalities, usually through partnerships

Specialised health promotion is integral to public health and lies within health improvement

The specialised health promotion workforce has been eroded due to organisational change, lack of organised advocacy and development, and the migration of staff to retirement or other career progression. The workforce needs:

- Recognition and advocacy.
- Systematic skills and competency development.

Recommendations

Recognition and advocacy

- DPH/consultants and specialists in public health to be champions of specialised health promotion staff.
- DoH/WAG and leading public health bodies to provide leadership/advocacy of the health promotion workforce.

Improving capacity and funding

- PCTs/NPHS should build specialised health promotion teams, with funding that reflects the sustainability of work in addition to enabling career progression.

Career progression

- A clear career progression pathway (that proposed is: assistant practitioner, practitioner, senior practitioner and specialist) with competencies and education and training facilitating progression.

Skills and competency development

- Funded and managed systems are needed for education, training and development of health promotion practitioners. A formal system of CPD (continuing professional development) should be introduced.
- Health promotion should have an academic base equal to other disciplines e.g. public health, epidemiology, sociology or psychology.

Supervision, accreditation and regulation

- Specialised health promotion staff should have supervisors and mentors for professional development.
- Curriculum development, assessment and accreditation against set standards need to continue to be developed.

Framework for action

The report details specific considerations for the DoH, Welsh Assembly/NPHSW/WCH, regional public health groups in England, SHAs, PCTs, and FPH. Please refer to pages 6-7 of project report.