

A Capacity Review – Public Health Specialists in 2022



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Acknowledgements

Health Education England (HEE) would like to thank Directors of Public Health, their teams and colleagues who submitted data to the census. Your input is invaluable in allowing HEE to provide evidence-based recommendations and ensure the pressures facing the public health specialist workforce are prioritised.

Thank you to the, OHID Regional Workforce Development Managers, Members of the HEE Task and Finish Group and Expert Advisory Group and HEE Regional PH Workforce Leads who worked with local Directors of Public Health and their teams to facilitate the data collection at local and regional levels.

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HEE acknowledges the hard work of all the staff from HEE's Workforce Planning and Intelligence Directorate, HEE's Long Term Conditions and Prevention Programme Team and HEE's Data Services Team in help designing the workforce census, collecting and cleaning data, analysing the findings and producing the reports.

Background

HEE first undertook the national census in 2015, this will be our fifth comprehensive national census to capture the size and composition of the public health specialist workforce in England.

HEE is responsible for commissioning training of public health specialists. We therefore have an operational need for accurate and timely data on the public health specialist workforce.

This workforce census exercise has become a fixed point in understanding workforce numbers and demographics, unfilled and vacant posts and demand forecasts. The data collected enables us to monitor trends for this workforce. This data informs commissioning on public health specialists and supports improvements in data collection methods for public professionals across the system.

We acknowledge that the public health specialist workforce is multi-sector and multi-agency, involving a wide range of providers, both statutory and non-statutory in nature.

The census has a specific remit to explore beyond the NHS, given the multi-agency nature of this workforce, this remit changed following the Health and Social Care Act 2012 where public health transferred out of the NHS to Local Authorities and PHE, 2013 PH workforce strategy and 2016 Fit for the Future. The census now includes data from Local Authorities, NHS, OHID, UKHSA and Academia (Higher Education Institutions) following the transfer of PHE to OHID and UKHSA.

We include questions on (age, gender, ethnicity) as they are relevant variables for workforce planning, either in interests of ensuring future sustainability (age, gender) or a representative workforce (gender, ethnicity).

Purpose / Key Headlines

HEE is responsible for commissioning training of public health specialists going through the formal training programme and provides the funding for public health practitioner schemes across England.

The purpose of the Public Health Capacity Review is to make sure we have accurate and timely data on the public health specialist workforce to inform our plans for training numbers. As the PH specialist workforce is employed across broader section of organisations beyond the NHS, we are reliant on undertaking this census to gather intelligence and monitor workforce trends.

Change in Public Health Specialist Workforce

The census results indicate that there are 1,227 FTE Public Health specialists in post across England as at 1st October 2022. Compared to the 2021 census, where the figure stood at 1,064 FTE, this indicates an increase of 15.3%.

Unfilled and Vacant Posts

At the time of the census 11% of posts were unfilled and the vacancy rate for public health specialists stood at 3%.

Key Conclusions

The census results indicate that whilst numbers of specialists have increased significantly in the last year, so too has demand and significant gaps across this workforce remain in the form of unfilled and vacant posts.

Extended Scope

Recent data collections and demand modelling have highlighted the need to build the future public health workforce by increasing public health specialist capacity. This census enables the public health system to understand how and where the system could invest in workforce, education and training that enable initiatives to build workforce capacity and skill mix across the PH workforce.

The Capacity Review Project team was asked to broaden the scope of census to begin to understand how other core public health roles are contributing to the delivery of public health services. Following dialogue with representatives from the system the decision was taken to include the following additional roles:

Public Health Principal	School Nurse	Health Visitor	Sexual Health Nurse
Senior Public Health Practitioner	Advanced Public Health Practitioner	Public Health Practitioners	Public Health Analyst
Level 6 Public Health Practitioner apprenticeship		Level 7 Health and Care Intelligence Specialist apprenticeship	

Of those local authorities who responded with specialist workforce data, only a percentage responded to additional roles collection in full - partially and not all. The quality and integrity of the data set collated on additional roles was felt to be too fragmented to publish meaningful analysis this time round.

We reached out to Local Authorities to better understand the challenges in providing workforce data for additional roles. Commonly cited challenges included not having access to workforce data for commissioned services; the time resource required to compile and input requested additional roles data and divergent role definitions in use across Local Authorities in comparison to NHS.

A discussion paper will be produced to share lessons learnt on extending the workforce scope through the 2022 census. This paper will be shared with organisations represented through this census to enable dialogue across the public health system about an approach that will secure robust collection of data for core public health roles beyond the public health specialist domain.

Executive Summary

This report details the results of the fifth national census of Public Health Specialists which incorporate Public Health Specialists and Directors of Public Health across England (**i.e. all staff on the specialist registers regardless of their job title, e.g. including 'Consultant' which is the commonly used job title within the NHS**). In this census we piloted data collection for other PH roles. The results and lessons learned from the pilot are shown in a separate document.

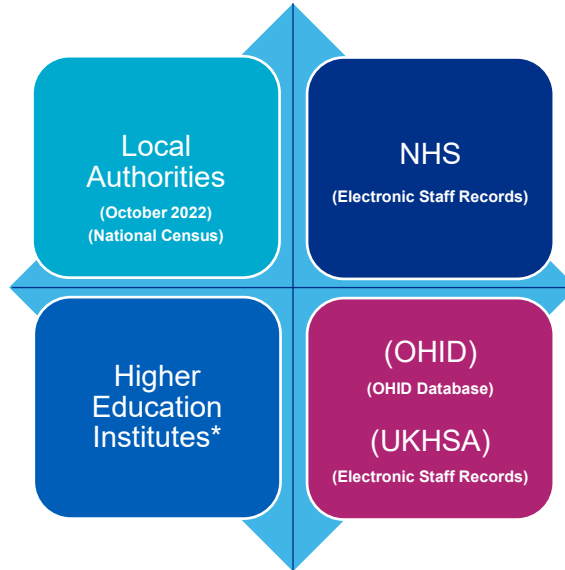
The census builds on previous collections undertaken in 2015, 2017, 2019 and 2021, allowing a comprehensive timeseries analysis to be performed on a wide range of metrics. The 2022 national census took place as of 01 October 2022 and achieved a response rate from the local authorities of 70%.

In 2017 the response rate from local authorities was 78%, in 2019 the response rate was 89%, in 2021 the response rate was 92%. We hypothesise that the response rate was lower due to including the additional roles (results are shown in a separate document) and the format of the questions as feedback showed that it was hard to anonymise the data.

In previous collections third and private sector workforce data has not been collected and therefore to follow the same data as in previous collections we have not collected data from these two sectors. We acknowledge that this does not look at public health in its entirety and will work with the public health system to understand how this could be collected in future collections.

Executive Summary

Workforce data was collected from across four different sectors:



*Data from the **Higher Education Institutes** has been taken from the Medical Schools Council Clinical Academic Survey, 2020 and Dental Schools Council Clinical Academic Staff Survey, 2021.

Executive Summary

Director of Public Health and Public Health Specialist



Those in Local Authorities make up the largest proportion of the Public Health Specialist workforce.



Females make up a majority of the workforce in four of the five sectors.



Each age group represents the Mode within each setting. The variance in age ranges between sectors is an expected norm as specialists build their experience/knowledge to work in executive and senior leadership roles.



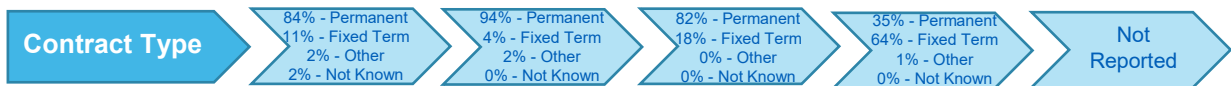
In all five sectors over half of the workforce have stated their ethnicity as 'White'.

Executive Summary

Director of Public Health and Public Health Specialist



Differences exist in terms of clinical background. A high proportion of the workforce in local authorities hold UKPHR registration followed by GMC. Within the NHS and UKHSA, the majority of staff hold GMC registration. This is a finding consistent with previous reports.



In three sectors the majority of the workforce holds permanent contracts.



There is 3% vacancy rate within local authorities which includes Public Health Specialists and Directors of PH.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Collection Response Rate from Local Authorities

Collection Response

Current list of Directors has been taken from:

https://www.adph.org.uk/wp-content/uploads/2023/01/Current-UK-and-ROI-January_2023.pdf
(Association of Directors of Public Health – Directors of Public Health (January 2023))

152 local authorities, this includes instances where local authorities have entered into shared arrangement, detailed below: **Shared Local Authorities (submitting one collection for 2022):**

East Midlands	Rutland UA / Leicestershire; Northamptonshire North UA, Northamptonshire West UA
East of England	Bedford UA / Central Bedfordshire UA / Milton Keynes UA; Cambridgeshire and Peterborough UA
London	City of Westminster / Kensington and Chelsea; London Borough of Richmond upon Thames / London Borough of Wandsworth
South East	Berkshire East & Slough UA & Windsor and Maidenhead & Bracknell Forest; Berkshire West & Reading UA & Wokingham UA; Hampshire and IOW
South West	Cornwall UA / Isle of Scilly UA; Dorset UA / Bournemouth, Christchurch and Poole (BCP) Council

The census responses have been collected from the following methods:

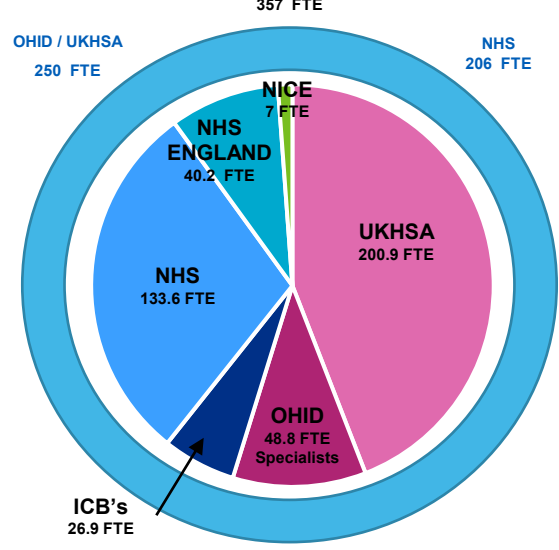
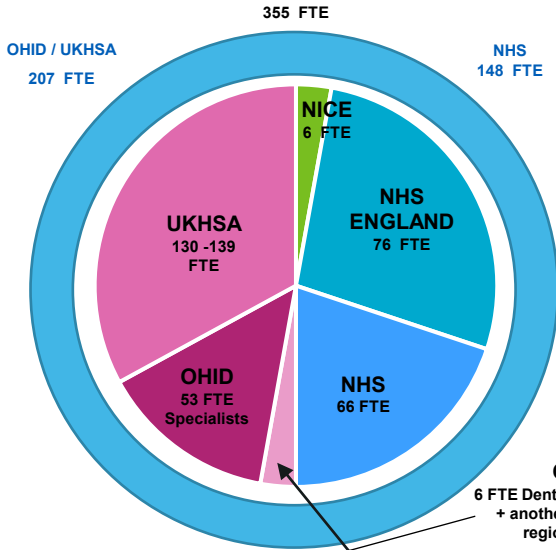
Census Portal	Excel Spreadsheet	2021 Data Collection	Non Responding in 2021 and 2022
40%	30%	25%	5%

Region	Total LAs	LAs represented in responses	Response Rate	Responding Local Authorities (LAs)	Non-Responding LAs in 2022 2021 Data Used
East Midlands	10	10	100%	Derby UA, Leicester UA, Leicestershire, Lincolnshire, Northamptonshire North UA, Northamptonshire West UA, Nottingham UA, Nottinghamshire, Rutland UA, Derbyshire	
East of England	12	9	75%	Essex, Norfolk, Suffolk (covers Waveney), Thurrock UA, Cambridgeshire and Peterborough UA, Bedford UA, Central Bedfordshire UA, Milton Keynes UA	Luton UA, Southend on Sea UA, Hertfordshire
London	33	16	48%	Westminster and Kensington and Chelsea, Brent, Ealing, City of London and Hackney, Hammersmith and Fulham, Haringey, Harrow, Redbridge, Richmond upon Thames, Wandsworth, Waltham Forest, Merton, Croydon, Barking and Dagenham	Tower Hamlets, Sutton, Southwark, Newham, Lewisham, Lambeth, Kingston upon Thames, Islington, Hounslow, Hillingdon, Havering, Greenwich, Camden, Bromley, Bexley, Barnet, Enfield
North East	12	6	50%	County Durham UA, Hartlepool UA, North Tyneside, Sunderland, Northumberland UA, Stockton on Tees UA	Middlesbrough UA, Redcar and Cleveland UA, Gateshead Council, Darlington UA, South Tyneside, Newcastle upon Tyne
North West	23	15	65%	Blackpool UA, Cheshire East UA, Cheshire West and Chester UA, Cumbria, Liverpool, Oldham, St Helens, Tameside, Halton UA, Manchester, Sefton, Trafford, Wirral, Bolton, Salford	Bury, Blackburn with Darwen UA, Wigan, Rochdale, Stockport, Lancashire, Warrington UA, Knowsley
South East	18	18	100%	Oxfordshire, Portsmouth UA, Southampton UA, West Sussex, Buckinghamshire County Council UA, Medway UA, Surrey, Berkshire East (Bracknell Forest UA, Windsor and Maidenhead UA, Slough UA), Brighton and Hove City Council UA, Hampshire and Isle of Wight, East Sussex, Berkshire West (West Berkshire UA, Reading UA, Wokingham UA), Kent	
South West	13	12	92%	Devon County Council, Dorset UA, Bournemouth, Christchurch and Poole (BCP) Council, Gloucestershire, Plymouth UA, Somerset, Torbay UA, Cornwall UA, Isle of Scilly UA, Wiltshire UA, South Gloucestershire UA, Bath and North East Somerset (Bathnes) UA, Swindon UA, North Somerset UA	City of Bristol UA
West Midlands	14	9	64%	Birmingham, Shropshire UA, Solihull, Staffordshire, Walsall, Worcestershire, Stoke on Trent UA, Herefordshire UA, Coventry	Wolverhampton, Warwickshire, Telford and Wrekin UA, Dudley, Sandwell,
Yorkshire and the Humber	15	9	60%	York UA, Doncaster, Hull City Council, Leeds, North Yorkshire, Rotherham, Barnsley, Calderdale, Sheffield	North Lincolnshire UA, North East Lincolnshire UA, Kirklees, Wakefield, East Riding of Yorkshire UA, Bradford
Total	150	104	70%		

Tracking the NHS Workforce

ESR Extract – 2021

Extract – 2022



OHID
6 FTE Dental PH specialists
+ another 1 or 2 in the
regional teams

NHS = HEE, NHS Digital, Springfield Day Service
NICE = The National Institute for Health and Care Excellence's
OHID = Office for Health Improvement and Disparities
UKHSA = UK Health Security Agency

As result of 2021 system reforms and therefore, new opportunities becoming available, the figures above indicate that the Specialist workforce is shifting between the various national leadership bodies.

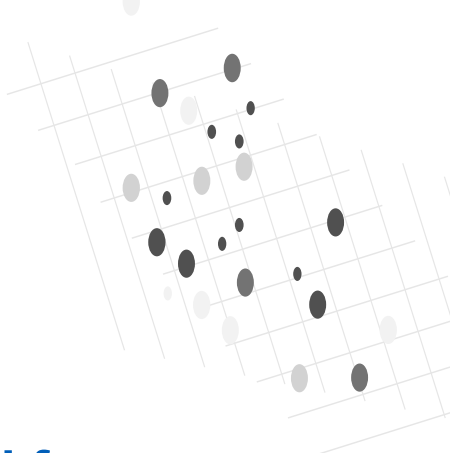
Tracking the NHS Workforce

The chart on the previous slide shows the total number of Public Health Specialists in the NHS stood at 66 FTE in October 2021. This included specialists employed by Community, Mental Health and Hospital Trusts, CSU's, CCG's, NHS Digital, HEE and NHS Resolution. The number of specialists employed by the NHS in 2022 has grown and now stands at 133.6 FTE comprising of HEE, NHS Digital, Springfield Day Service. A more detailed summary of this data set is shown in slide 60.

As of 01 July 2022 each ICS has an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. Local directors of public health (DPHs) provide professional public health leadership and advice across essential functions within an integrated care system (ICS) and have a statutory obligation to provide integrated care boards (ICBs) with a 'core offer' of public health advice as per the regulations made under the NHS Act 2006. The NHSE National Public Health team supports ICBs in providing a quality public health function across the ICS.

The formation of ICBs and these organisations beginning to recruit in Public Health professionals will be a factor as to why the data is showing a shift and steps being taken by ICS' to ensure PH specialist expertise is available to strategically inform action that improves health outcomes and reduces health inequalities.

We will monitor this closely to understand the impact on other parts of the system and how this will create and development opportunities to the public health workforce.



Public Health Workforce

Public Health Specialist Workforce

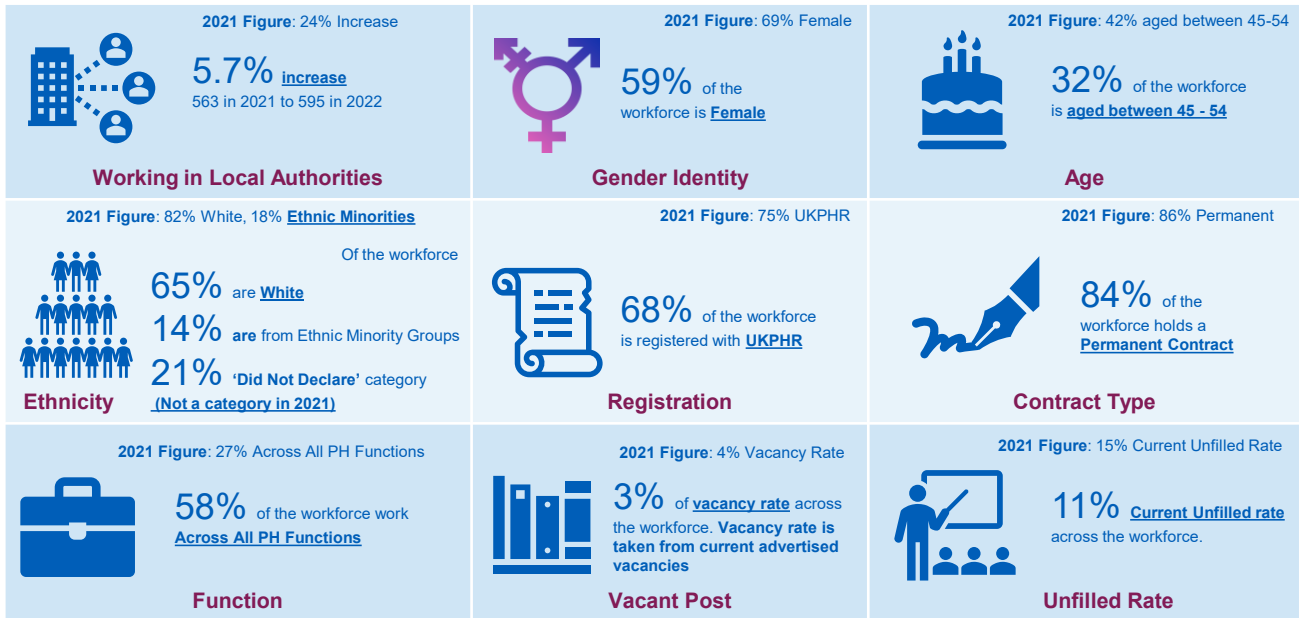
(Directors of Public Health and Public Health Specialists)

Local Authority Workforce Collection

Section 1: Data Response

Key Findings

Public Health Specialist Workforce in Local Authorities – Key Findings



These numbers excludes NHS, OHID and UKSHA

















Key Findings - Summary

Local Authority and other system colleagues were invited to engage in a post-census learning webinar to collate feedback on the running of the 2022 Census. The summary below presents immediate reflections and lessons learnt about this year's census and should be used to inform planning and design of future public health censuses.

- A high percentage 'Did Not Declare' for Gender, Age, Ethnicity, Registration, Contract and therefore this did distort the figures this year.
- Percentage that now work across 'All PH Functions' was much higher and maybe indicating this question was not interpreted correctly.
- We attempted to gather workforce demand data but on submission the methods being used were not consistent.
- More time needs to be spent to frame the questions differently in a more coherent way.
- Better lead time needed in planning and execution of the census.
- Understand that more work is needed on the mapping exercise.
- We need to revisit the purpose / rationale of doing the census annually.
- More work needs to be done on population data as factors that should be considered alongside these figures are levels of deprivation and need within each region and individual demographics, data we currently do not have.

















Key Findings

Director of Public Health – Local Authorities

	2017	2019	2021	2022
Gender Identity	58% Female	53% Female 	58% Female 	54% Female 
Age	Aged between 55-59	Aged between 55-59 	Aged between 50-54 	Aged between 50-54 
Ethnicity	Not recorded	Not recorded	85% White 15% EMG	70% White 16% EMG 14% Did Not Declare 
Registration	60% UKPHR 40% GMC	69% UKPHR 27% GMC 	81% UKPHR / 18% GMC 	78% UKPHR 16% GMC 5% Did Not Declare 
Contract	83% Permanent	85% Permanent 	95% Permanent 	94% Permanent 
Time spent within PH Function	Not recorded	56% Across all Functions	53% Across all Functions 	59% Across all Functions 
Vacancy & Unfilled Rate <small>Vacancy rate is taken from current advertised vacancies</small>	4% Vacancy Rate	5.9% Vacancy Rate	Under 1% Vacancy Rate 2.6% Unfilled Rate	Under 1% Vacancy Rate 4% Unfilled Rate
Demand	Not recorded	(-) 4.5%	2.5% 	Unable to Report

Key Findings

Public Health Specialist – Local Authorities

	2017	2019	2021	2022
Gender Identity	70% Female	74% Female 	73% Female 	60% Female 
Age	Aged between 45-49	Aged between 40-44 and 50-54 	Aged between 45-54 	Aged between 40-44 
Ethnicity	Not recorded	Not recorded	81% White 18% EMG 0% Did Not Declare	63% White 12% EMG 24% Did Not Declare 
Registration	70% UKPHR 30% GMC	73% UKPHR 23% GMC 	72% UKPHR 23% GMC 5% Other 0% Did Not Declare 	65% UKPHR 22% GMC 8% Other 5% Did Not Declare 
Contract	87% Permanent	85% Permanent 	83% Permanent 	81% Permanent 
Time spent within PH Function	Not recorded	31% Across all functions	19% Across all functions 	58% Across all functions 
Vacancy & Unfilled Rate <small>Vacancy rate is taken from current advertised vacancies</small>	4% Vacancy Rate	6.8% Vacancy Rate	4.8% Vacancy Rate 19% Unfilled Rate	3% Vacancy Rate 14% Unfilled Rate
Demand	Not recorded	5%	9% 	Unable to Report

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Establishment and Population Data

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

	Local Author ities	(OHID / UKHSA) (FTE)	NHS (FTE)	Higher Education Institutes * (FTE)	Total (FTE)
2015	475	257	63	144	939
2017	453	272	78	162	965
2019	453	315	89	150	1,007
2021	563	207**	148	146	1,064
2022	595	281	206	145	1,227

The total Public Health Specialists workforce within local authorities has been calculated based on the responses given in the collection and an estimate for non-responding local authorities to get an overall figure for comparison.

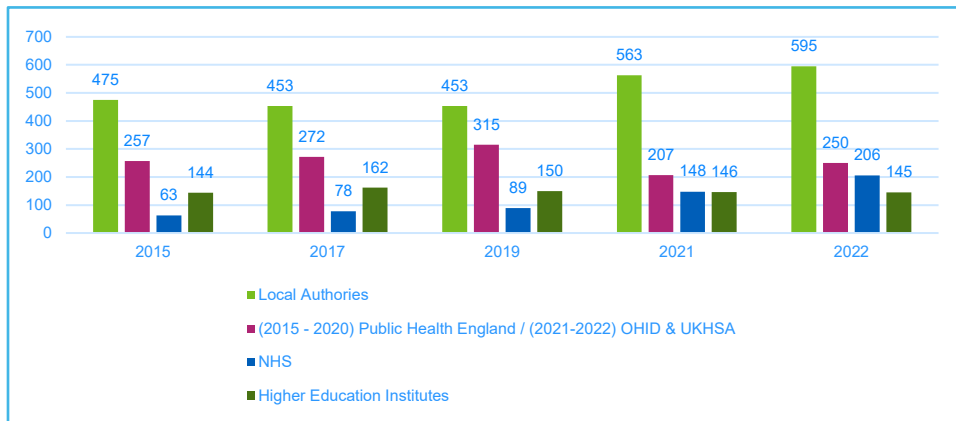
* The Higher Education Institutions figures refer to the latest data available in the Medical Schools Council Clinical Academic Survey 2020 and Dental Schools Council Clinical Academic Staff Survey 2021.

** OHID and UKHSA workforce data was extracted at a time when the system architecture at a national level was undergoing significant change.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)



The graph demonstrates the total headcount for the Public Health Specialist Workforce over the five years we have undertaken the census.

* The Higher Education Institutions figures refer to the latest data available in the Medical Schools Council Clinical Academic Survey 2020 and Dental Schools Council Clinical Academic Staff Survey 2021.

Public Health Workforce

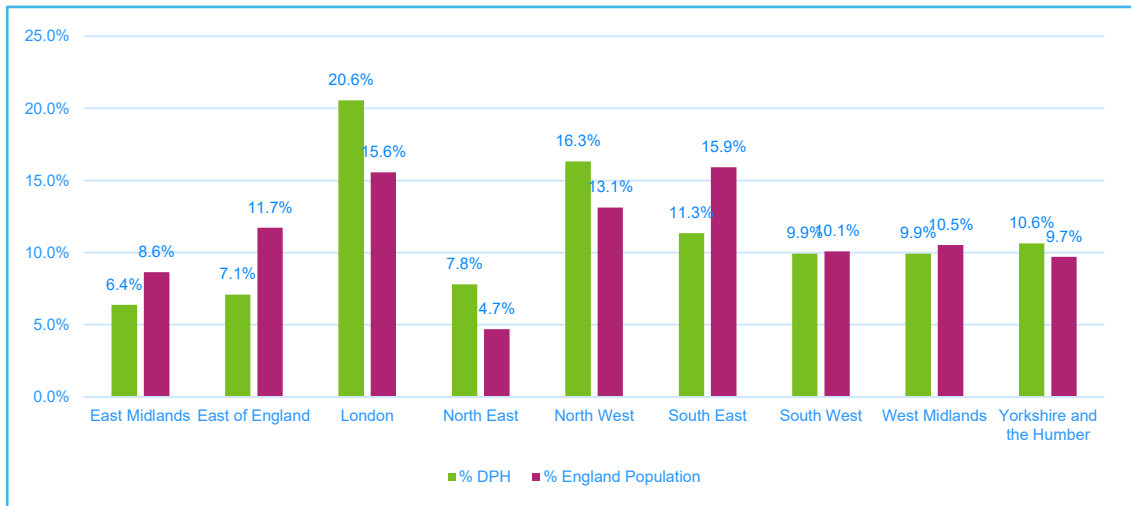
Director of Public Health – Local Authorities

	Director of Public Health (FTE)	England Population	Director of Public Health (per Million)
East Midlands	9	4,880,000	1.84
East of England	10	6,621,400	1.51
London	29	8,800,000	3.30
North East	11	2,647,100	4.16
North West	23	7,417,300	3.10
South East	16	8,991,100	1.78
South West	14	5,701,300	2.46
West Midlands	14	5,950,800	2.35
Yorkshire and the Humber	15	5,480,700	2.74
Total	141	56,489,700	2.50

* The total Director of Public Health has been calculated based on the responses given in the census and an estimate for non-responding local authorities to get an overall figure for comparison, excluding vacancies.

Public Health Workforce

Director of Public Health vs % England Population



Please note population size is not an estimate of need and whether a region is appropriately resourced or not. Factors that should be considered alongside these figures are levels of deprivation and need within each region and individual demographics.

Public Health Workforce

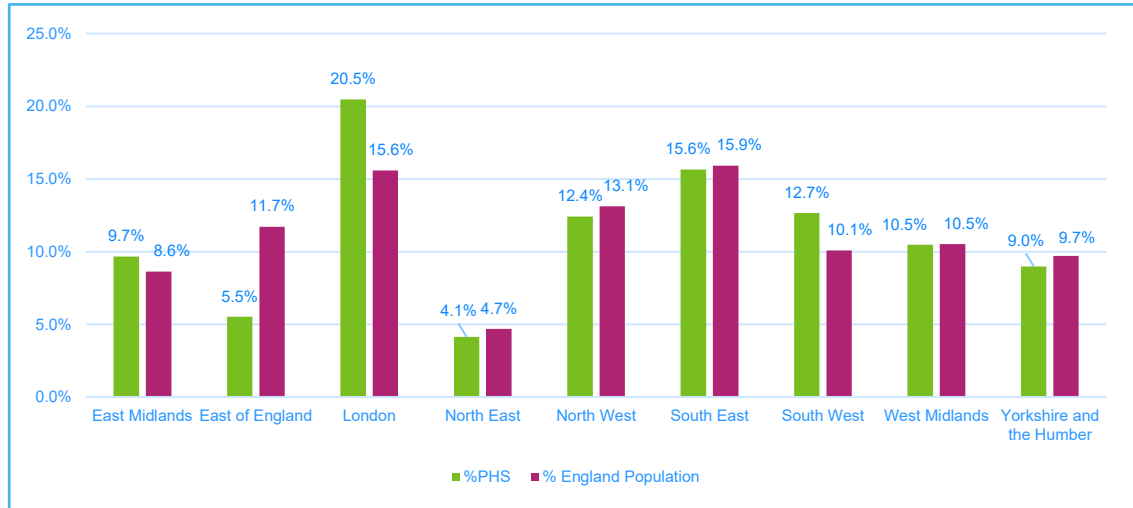
Public Health Specialist – Local Authorities

	Public Health Specialist (FTE)	England Population	Public Health Specialist (per Million)
East Midlands	42	4,880,000	8.61
East of England	29	6,621,400	4.43
London	97	8,800,000	11.01
North East	18	2,647,100	6.80
North West	55	7,417,300	7.44
South East	68	8,991,100	7.56
South West	60	5,701,300	10.52
West Midlands	46	5,950,800	7.65
Yorkshire and the Humber	39	5,480,700	7.12
Total	454	56,489,700	8.03

* The total Public Health Specialists excluding Directors of Public Health roles has been calculated based on the responses given in the census and an estimate for non-responding local authorities to get an overall figure for comparison, excluding vacancies.

Public Health Workforce

Public Health Specialist vs % England Population



Please note population size is not an estimate of need and whether a region is appropriately resourced or not. Factors that should be considered alongside these figures are levels of deprivation and need within each region and individual demographics.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Gender Identity

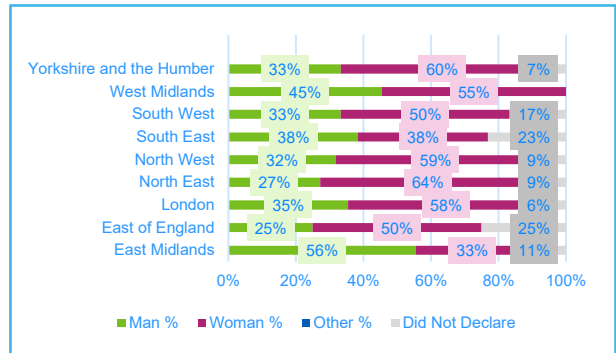
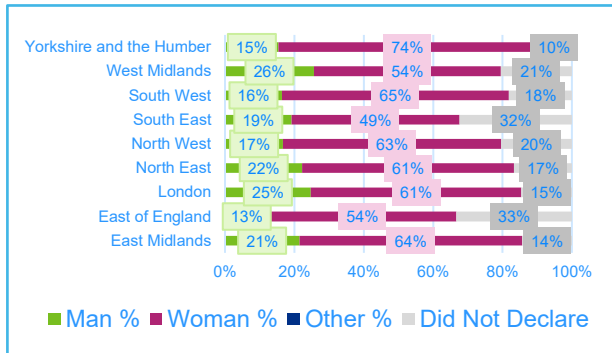
Local Authority Workforce Collection Response

Public Health Workforce

Public Health Specialist Gender Identity Profile - Local Authorities Director Public Health

PHS Male	PHS Female	PHS Other	PHS Did Not Declare
21%	61%	0%	17%

DPH Male	DPH Female	DPH Other	DPH Did Not Declare
36%	54%	0%	11%



Females are showing a higher percentage in both Public Health Specialists and Director of Public Health positions which has not changed since 2021.

17% of the responses given stated 'Did Not Declare' and therefore this did distort the figures this year.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Age

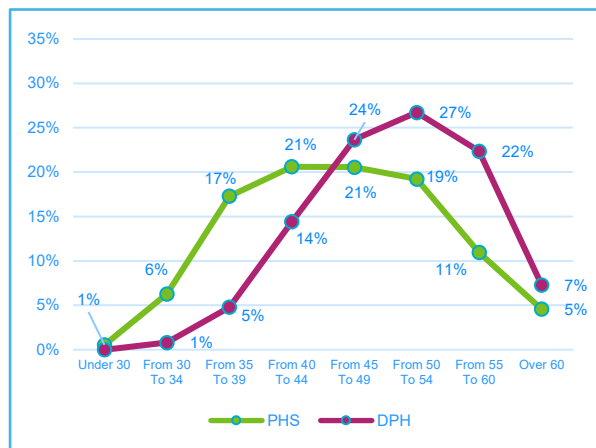
Local Authority Workforce Collection Response

Public Health Workforce

2021 Data

Age Profile - Local Authorities

2022 Data



In 2021 the results in the local authority collection data broadly followed a bell curve, slightly skewed towards older age groups. The 2022 data does differ slightly for Directors of Public Health as there is similar number of Directors aged between 40 – 49. In 2022 we did include a ‘Did Not Declare’ category which comprises of 39% of the complete total. The mode age bracket for PHS is 40-44; for DPH it is 50-54.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

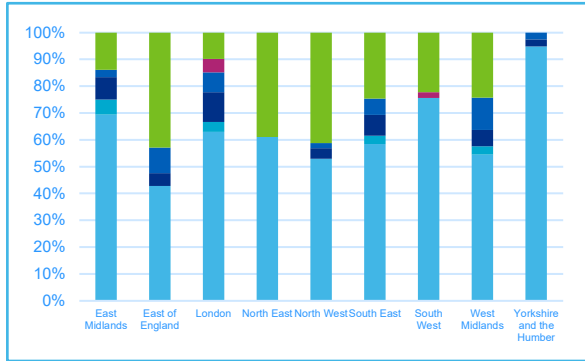
Ethnicity

Local Authority Workforce Collection Response

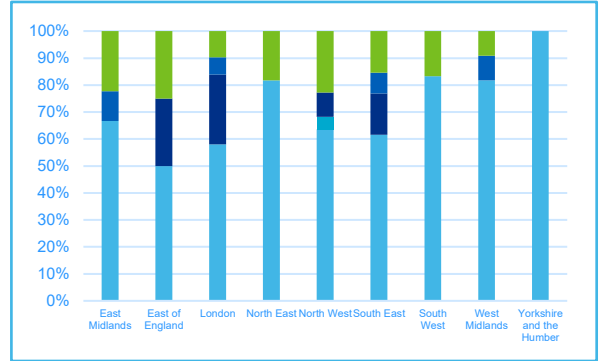
Public Health Workforce

Ethnicity - Local Authorities

Public Health Specialist



Director Public Health



	White	Mixed / Multiple Ethnic Group	Asian/Asian British	Black/ African/Caribbean Black British	Other Ethnic Group	Did Not Declare
2021	82%	1%	9%	7%	1%	0%
2022	63%	2%	5%	4%	1%	24%

The 'Not Known' category was not an option in 2021 and although the percentages for each category are similar to last year, 24% 'Did Not Declare in 2022.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

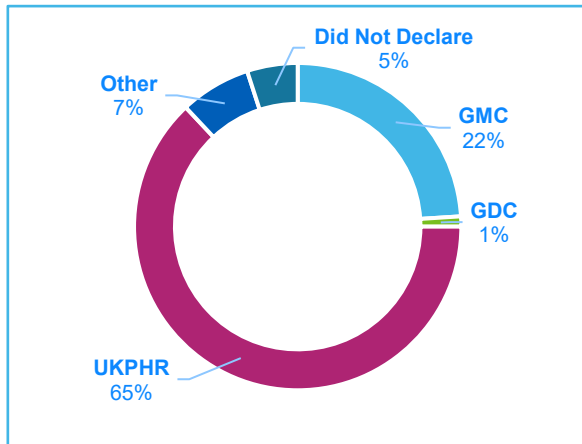
Registration

Local Authority Workforce Collection Response

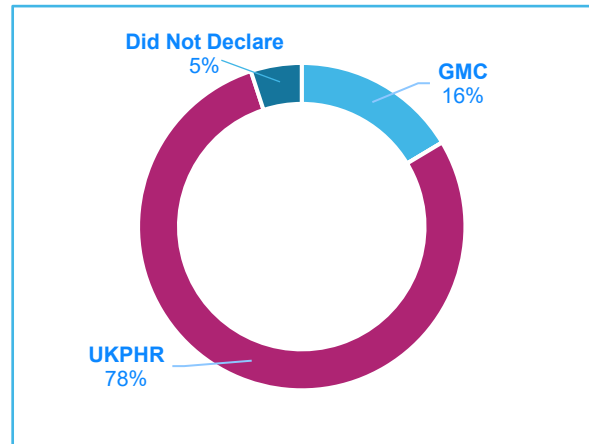
Public Health Workforce

Registration - Local Authorities

Public Health Specialists



Directors Public Health



PHS and DPHs employed within local authorities are registered with the UK Public Health Register (UKPHR) in the greatest proportions, followed by the General Medical Council (GMC). This seems to be the common theme within the analysis done in 2017, 2019 and 2021.

Public Health Workforce

Public Health Specialist Workforce

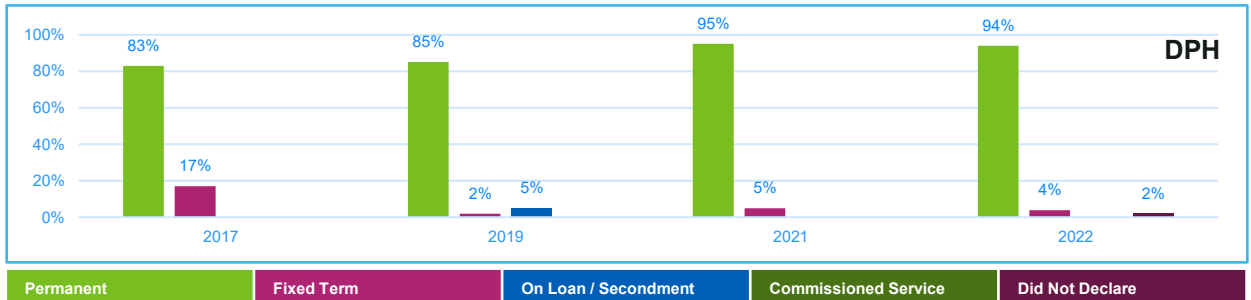
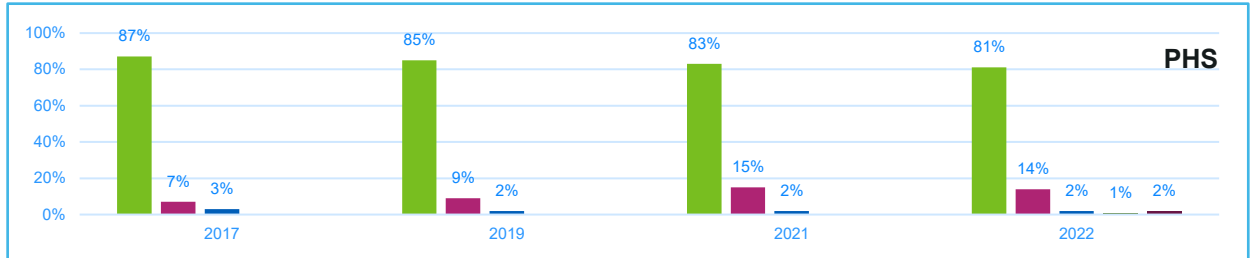
(Directors of Public Health and Public Health Specialists)

Contract Type

Local Authority Workforce Collection Response

Public Health Workforce

Contract Type - Local Authorities



Within PHS roles there are fewer permanent, more fixed term/secondment contracts. This differs slightly as there seems to be more stability and far less fixed term/temporary appointments within DPH positions.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Public Health Functions

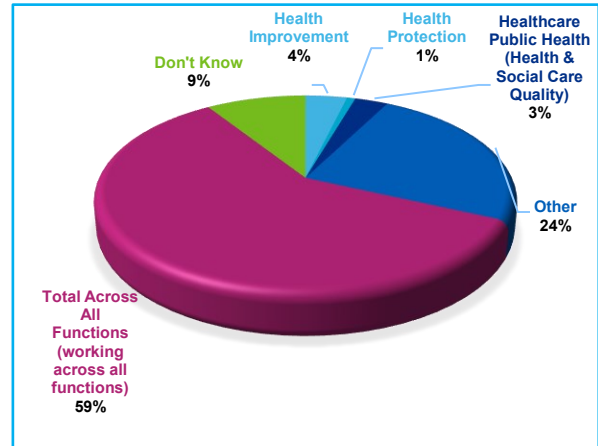
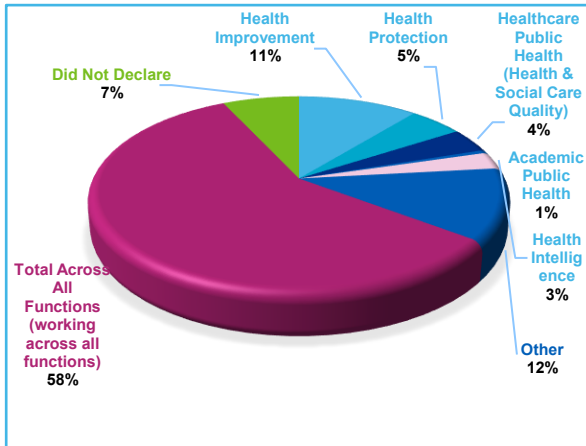
Local Authority Workforce Collection Response

Public Health Workforce

Public Health Specialist

PH Function - Local Authorities

Director Public Health



For the Directors of Public Health it would seem that over half of their time is spent across all functions with the other half spent fairly equally across all other functions, this is the same as 2021. Although it indicates no time is spent in either health intelligence or academic public health. The same question was asked in 2021 and 2022 (please select the most appropriate 'Public Health Function' they work in) but for Public Health Specialist posts in 2021 the spread was more proportionate between each function, but this year the proportion of time spend is now 58% taken up by a 'total across all functions'.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Unfilled & Vacant Posts

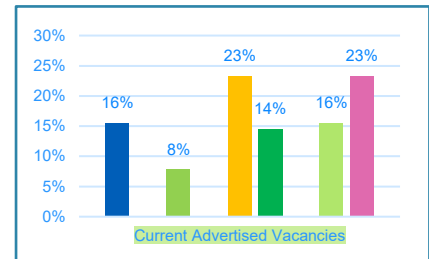
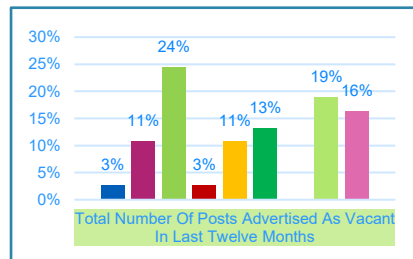
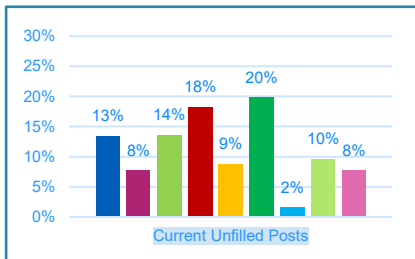
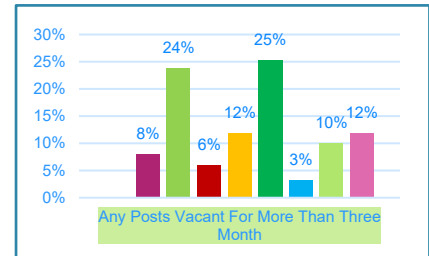
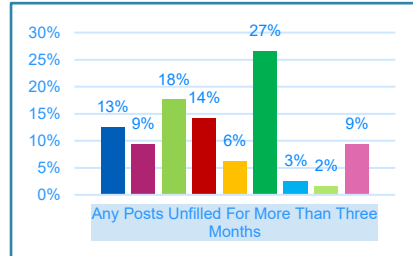
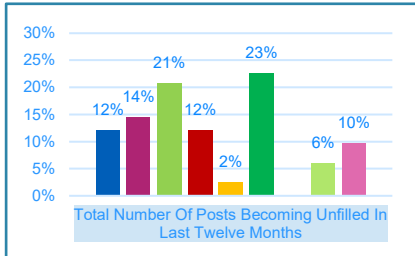
Local Authority Workforce Collection Response

Public Health Workforce

Public Health Specialist – Local Authorities

14% Unfilled Rate

3% Vacancy Rate



Public Health Workforce

Unfilled & Vacant Posts – Local Authorities

Public Health Specialist

	Current <u>Unfilled</u> Post	Posts Becoming <u>Unfilled</u> in Last 12 Months	Posts <u>Unfilled</u> For More Than 3 Months
Highest %	South East	South East	South East
Lowest %	South West	South West	West Midlands
Common Trend: South East has the highest unfilled posts overall			

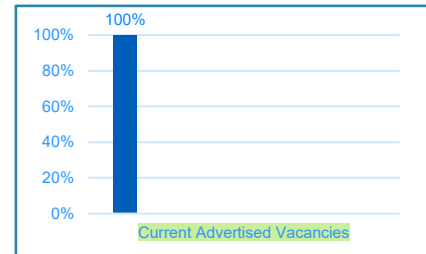
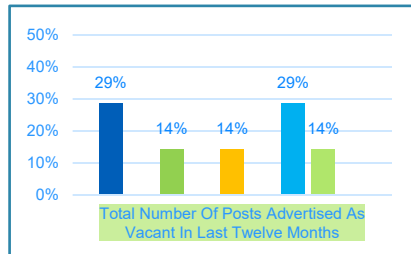
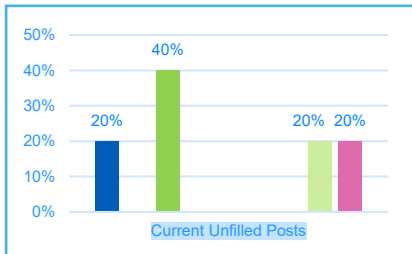
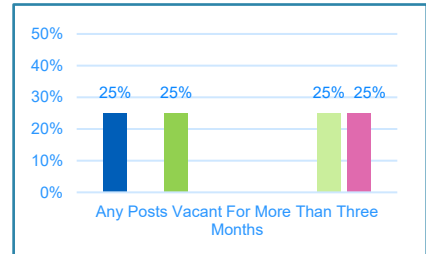
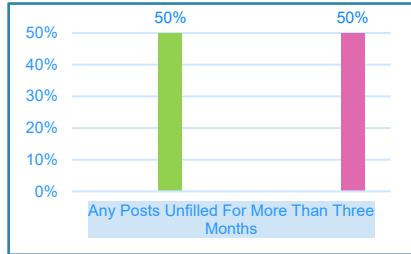
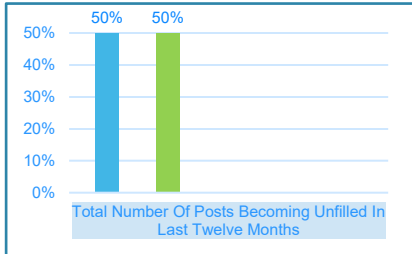
	Current <u>Advertised</u> Vacancies	Posts <u>Advertised</u> as Vacant in Last 12 Months	Posts <u>Vacant</u> For More Than 3 Months
Highest %	North West, Yorkshire and the Humber	London	South East
Lowest %	East of England, North East & South West	South West	East Midlands
Common Trend: No Common Trend			

Public Health Workforce

Directors of Public Health – Local Authorities

4% Unfilled Rate

1% Vacancy Rate



EM EoE LDN NE NW SE SW WM Y&H

Public Health Workforce

Unfilled & Vacant Posts – Local Authorities

Director of Public Health

	Current <u>Unfilled</u> Post	Posts <u>Becoming Unfilled</u> in Last 12 Months	Posts <u>Unfilled</u> For More Than 3 Months
Highest %	London, West Midlands and Yorkshire and the Humber	East Midlands and London	London and Yorkshire and the Humber
Lowest %	East of England, North East, North West, South East and South West	Remaining 7 regions with 0%	Remaining 7 regions with 0%

Common Trend: London has the highest unfilled posts overall

	Current <u>Advertised</u> Vacancies	Posts <u>Advertised</u> as Vacant in Last 12 Months	Posts <u>Vacant</u> For More Than 3 Months
Highest %	East Midlands	East Midlands and South West	East Midlands, London, West Midlands and Yorkshire and the Humber
Lowest %	Remaining 8 regions with 0%	East of England, North East, South East and Yorkshire and the Humber	East of England, North East, North West, South East and South West

Common Trend: East of England, North East, South East are the lowest overall.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Specialists)

Demand Forecast

Obtained from the
Local Authority Workforce Collection

The demand forecast was provided by the local authority by giving numbers of the anticipated required posts FTE for each public health role, up to the end of the October 2025, where known. Where possible, this was done on the basis of service need (i.e. how many posts are/would be needed to maintain current requirements and priorities based on the population served).

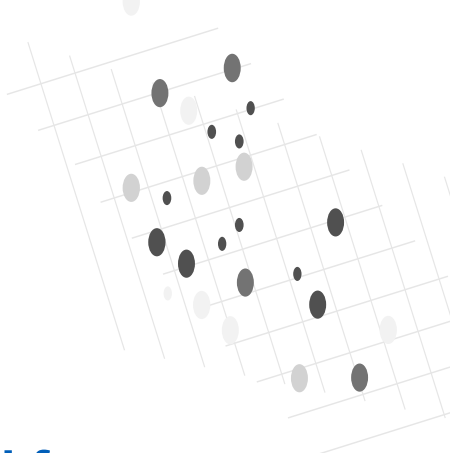
Public Health Workforce

Public Health Demand

Director of Public Health and Public Health Specialist

We attempted to gather workforce demand data but on submission the methods being used were not consistent. Feedback was given stating it was hard for local authorities to project demand and is not necessarily done the same in each region or how HEE forecast and generally local authority demand is dictated by budget.

Therefore a recommendation is to support Public Health to develop a consistent approach to workforce demand (i.e. led by population need rather than budget).



Public Health Workforce

Public Health Specialist Workforce

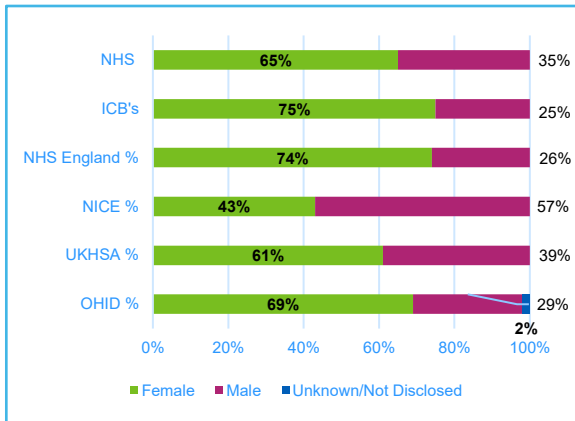
Section 2: Workforce data from other sectors and organisations

**NHS, NICE, NHS England, ICB's, OHID and
UKHSA**

Public Health Workforce

Gender Identity Profile - NHS, NICE, NHS England, ICB's OHID and UKHSA

	NHS	NHS England	NICE	ICB's	OHID	UKHSA
Female	65%	74%	43%	75%	69%	61%
Male	35%	26%	57%	25%	29%	39%
Unknown	0%	0%	0%	0%	2%	0%

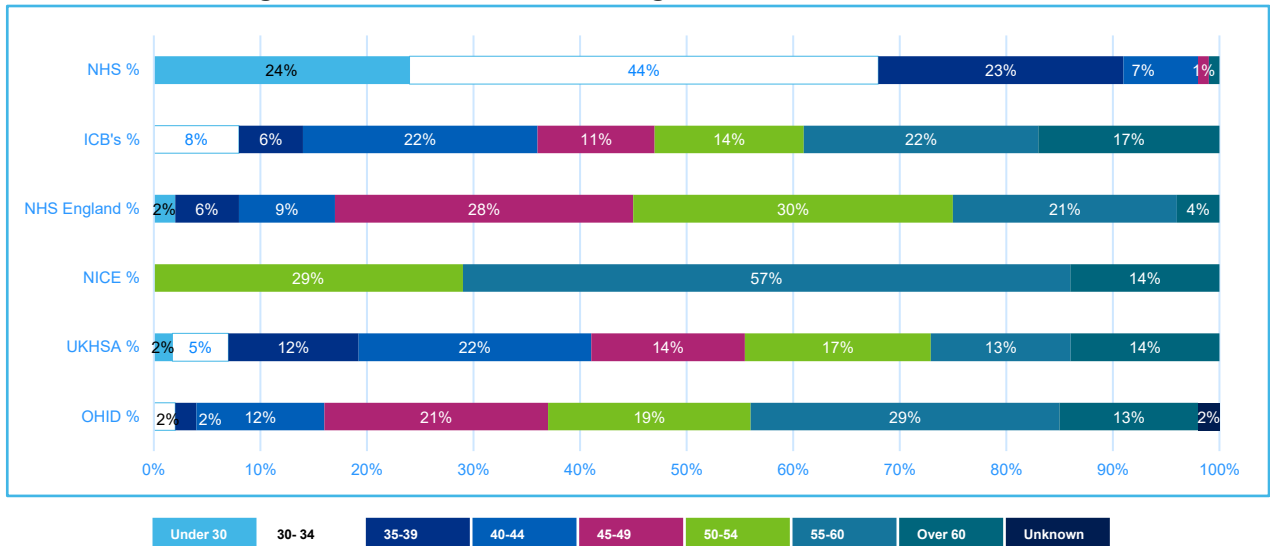


As with the local authority data females represent the highest percentage of the workforce with over 60% overall with one exception.

The gender identity balance of the general workforce across all organisations remains similar to that observed in 2017, 2019 and 2021.

Public Health Workforce

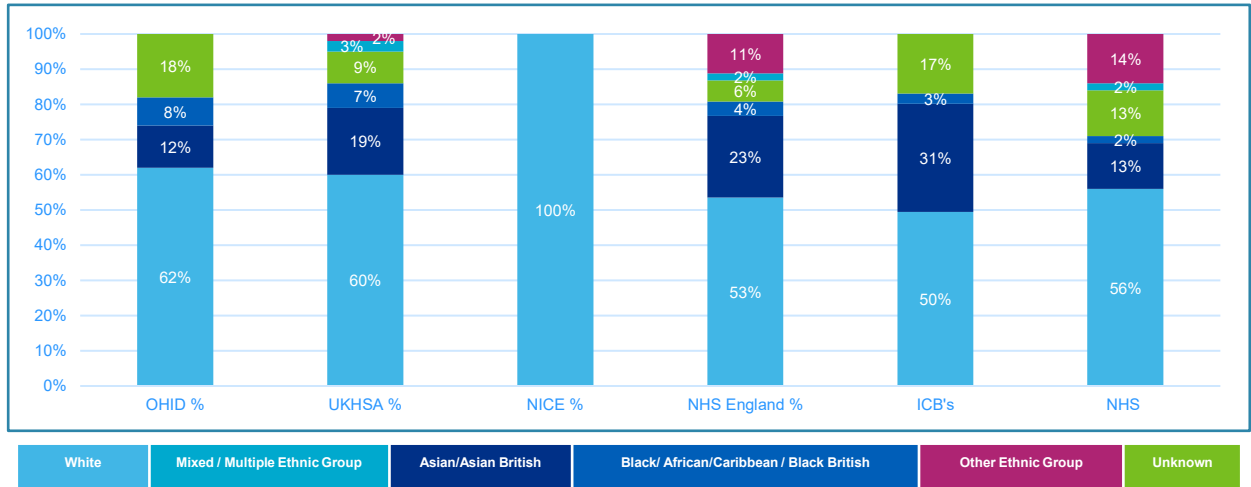
Age Profile - NHS, NICE, NHS England, ICB's OHID and UKHSA



The Mode of age groups within the NHS and OHID / UKHSA is 50 to 60.

Public Health Workforce

Ethnicity Profile - NHS, NICE, NHS England, ICB's OHID and UKHSA



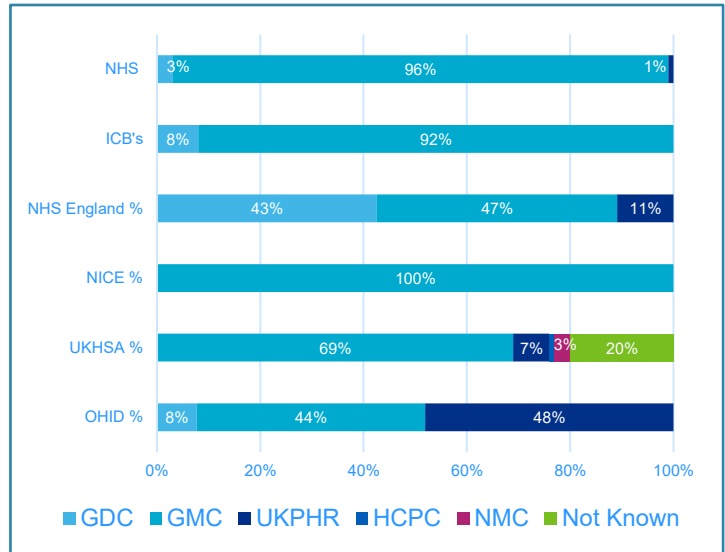
There is a common theme between local authorities, NHS and staff within OHID / UKHSA that over 50% of the workforce stating their ethnicity as 'White', with the next highest percentage represented as 'Asian / Asian British'. The distribution of all the other ethnic groups are evenly broken down. The 'Unknown' has a larger proportion than other ethnic groups.

Public Health Workforce

Registration - NHS, NICE, NHS England, ICB's OHID and UKHSA

The percentage differs within the workforce of NHS, OHID and UKHSA staff compared to local authorities, where GMC registrants represent the highest proportion.

The pattern of registration has followed the same trend since 2017 and 2021.



GMC – General Medical Council / **GDC** – General Dental Council / **UKPHR** - UK Public Health Register /
HCPC - Health and Care Prof Council / **NMC** - Nursing and Midwifery Council

Public Health Workforce

Public Health Registrations

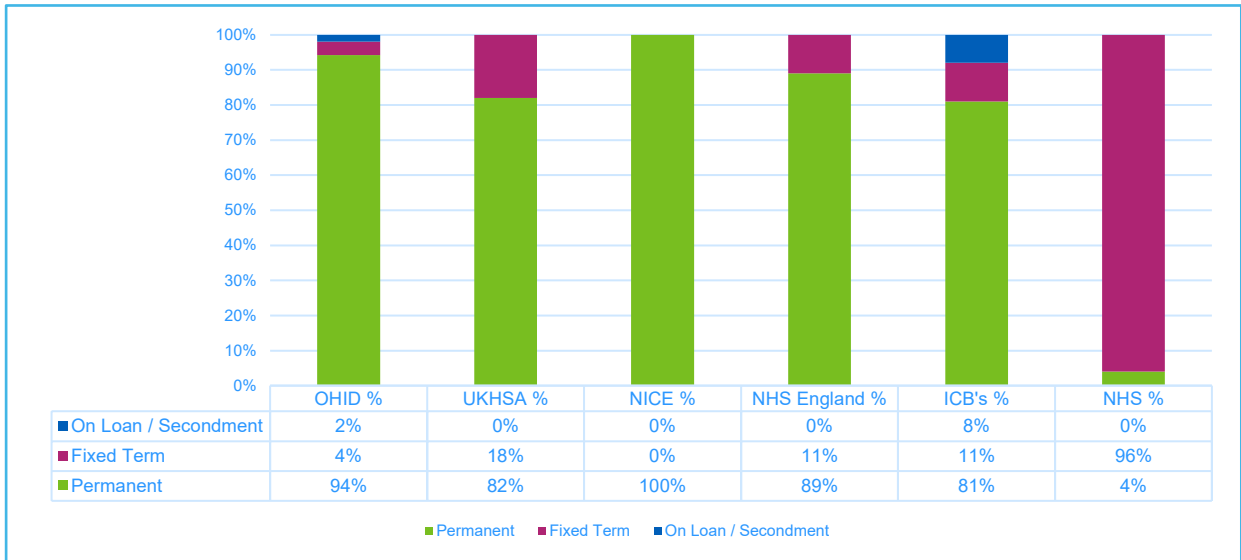
Registration	March - 2017	Sept - 2019	Sept - 2021	Sept - 2022	Change (%)
General Medical Council Public Health or Epidemiology	1,057	1,012	1219	1178	-3.4%
General Dental Council Dental Public Health	104	101	98	90	-8.2%
UK Public Health Register Generalist Specialist	510	552	602	610	+1.3%
UK Public Health Register Defined Specialist	91	115	142	148	+4.2%
UK Public Health Register Dual Specialist	3	3	4	4	
Total	1,765	1,783	2,065	2,030	-1.7%

There is an increase in people registering with UKPHR but a decline in people with a speciality group of public health with GMC and GDC registration.

(Description of Registration Type on the UKPHR register as of 12 January 2023)

Public Health Workforce

Contract Type - NHS, NICE, NHS England, ICB's OHID and UKHSA



'Permanent' contracts make up the greatest number of all with a smaller number on fixed term contracts similar to local authorities although there is a higher percentage of staff within the NHS with fixed term contracts.

Public Health Workforce

Public Health Specialist Workforce

(Public Health Specialists)

Section 3: Workforce data from other sectors and organisations

Higher Education Institutions

*Latest Data as at January 2023

Higher Education Institutions

The Higher Education Institutions data has taken from the Medical Schools Council Clinical Academic Survey and Dental Schools Council Clinical Academic Staff Survey. The Dental Schools Council Clinical Academic Staff Survey was published in 2021 an update from the last survey and The Medical Schools Council Clinical Academic Survey were released 2020 figures so have been included with no further updates.

Public Health Specialist Workforce in academia is considered to be those working as Professor, Senior Lecturer, Reader or Lecturer.

The medical schools council report as of 2020 was **125.2 FTE** working in the area of Public Health.

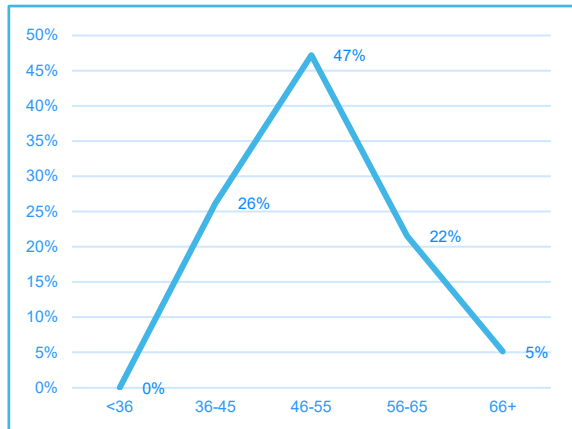
The dental schools council report as of 2021 was **19.5 FTE** working in the area of Dental Public Health.

This suggests that the public health workforce within Higher Education Institutes is circa **144.7 FTE**.

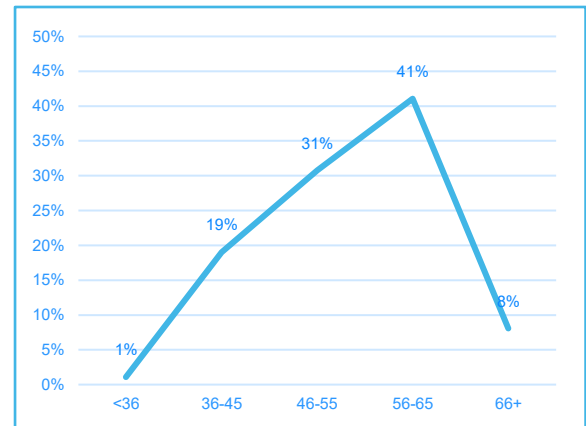
Higher Education Institutions

Age

Dental Clinical Academic Staffing
2021 Figures



Medical Clinical Academic Staffing
2020 Figures

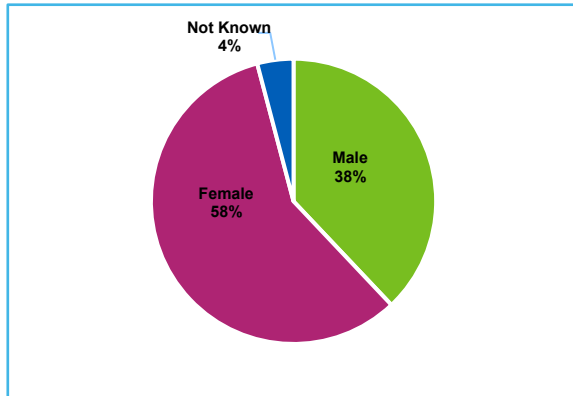


Appointment to a clinical academic dental role takes longer than the typical dental clinical training, this means it is likely that the clinical academic dental workforce will be slightly older than the general dental workforce.

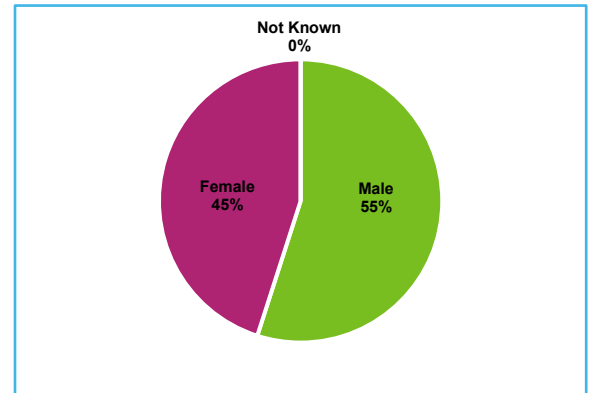
Higher Education Institutions

Gender Identity

Dental Clinical Academic Staffing 2021 Figures

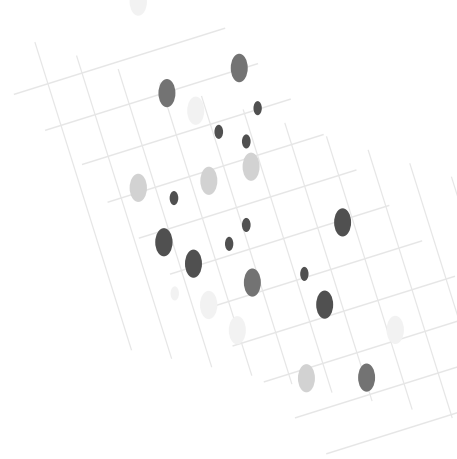


Medical Clinical Academic Staffing 2020 Figures



There has been a proportionate increase of medical clinical academic who identify as female. This proportion decreases with academic seniority and more of this workforce identify as male (55%) than as female (45%) overall. This differs in dental clinical academia where the data for highlights a gradual decrease in those dental clinical academics identifying as male at more senior levels.

Appendix



Public Health Workforce

Public Health Specialist Workforce

(Reported figures of Directors of Public Health and Public Health Specialists from 2022 Census EXCLUDING vacancies)

	Public Health Specialist (Headcount)	Director of Public Health (Headcount)
East Midlands	34.66	8.8
East of England	21.38	8
London	72.8	25.9
North East	17.4	11
North West	47.1	21
South East	55.31	13
South West	48.71	12
West Midlands	30.75	10.65
Yorkshire and the Humber	33.77	14.6
2022 Total	361.88	124.95
2021 Total	375.53	123.49

Public Health Workforce

Public Health Specialist Workforce

(ESR Extract – NHS and UKHSA; OHID – Internal Resource)

	FTE	Headcount
NHS England	40.2	47
NICE	5.3	7
NHS	133.6	149
ICB's (Integrated Care Board)	26.9	36
OHID	48.8	52
UKHSA	200.9	229
Total	455.8	520

In slide 15 the NHS figure comprises of HEE, NHS Digital, Springfield Day Service and has been included as it indicates that staff are Consultant, Special Salary Scale in Public Health Medicine, Specialty Registrar, trainee within Public Health area of work or profession. This has been broken down further to indicate and detail the number of positions in the different NHS Trusts where possible by using a list of unique IDs by staff group linking to registration number to identify the number of specialist registrants.

NHS data is drawn from ESR, we are taking steps to improve Occ Codes for PH workforce in ESR which includes those Specialists who registered with UKPHR and other regulatory bodies other than GMC.

Data Sources

In order to capture the complete public health specialist workforce in England, including those working within OHID/UKHSA and NHS, we have considered various data sources.

Numbers of staff working in OHID has been taken from their own internal staff records. UKHSA workforce data has been taken from the NHS Electronic Staff Records. Unlike the local authority data we have not broken this down at regional level as UKHSA is a Government Arms Length Bodies (ALBs) and OHID is part of DHSC (Department of Health and Social Care) and therefore we are unable to provide this level of detail and for this reason and for consistency we did the same for the NHS.

The information from ESR will be cross-referenced to that from the professional registers as HEE currently does not have access to the GMC, GDC and UK Public Health Register data; however, registration numbers are available in the public domain and have been used:

GMC Data	01 Feb 2023	https://data.gmc-uk.org/gmcdata/home/#/
GDC Data	15 Dec 2022	https://www.gdc-uk.org/about-us/what-we-do/the-registers/registration-reports
UKPHR Data	12 Jan 2023	https://ukphr.org/view-the-register/
Medical Schools Council Clinical Academic Survey	12 Jan 2023	https://www.medschools.ac.uk/clinical-academic-survey
Dental Schools Council Clinical Academic Staff Survey	12 Jan 2023	https://www.dentalschoolscouncil.ac.uk/clinical-academia/clinical-academic-staff-survey/section-3-demographics/

Registrations are in either: Public health medicine or epidemiology (GMC), Dental public health (GDC) Public health, as either a defined specialist, dual specialist or generalist specialist (UKPHR).

(Description of Registration Type on the UKPHR register as of 12 January 2023)

Data Quality Note

Numbers of staff working in the NHS are recorded in the Electronic Staff Record. The accuracy of data output from ESR is heavily dependent upon the accuracy of data input.

The recording of the Specialist Public Health Workforce within ESR is fairly nuanced and complex.

There may therefore be small data inconsistencies when reviewing data from the NHS workforce.

To confirm numbers worked in the NHS organisations, our numbers are based on those recorded in ESR as having a registration with the GMC, the GDC or the UKPHR in public health and have an occupation code of 930, 980, 230 and 280 as of 30 September 2022.

We undertook a survey of 152 local authorities, for which we received responses representing 104 local authorities, this suggests a margin of error of the order of 5.42 per cent. Assuming 486.83 FTE were reported as being employed within local authorities, this suggests nationally we have between 460 and 514 FTE employed in local authorities. This comes with the caveat that responses may not be random, and therefore that the margin of error may be higher.

A separate piece of work is currently being undertaken to change the guidance of the NHS Occupational Code Manual v19, as previous Public Health Capacity Reviews have highlighted the lack of accurate information around the public health workforce highlighting insufficient means of identifying Public Health Specialists (UKPHR registered – working at Consultant equivalent level).

Data Validation

To ensure data validation and accuracy, we have been working closely with Dr Anna Sasiak, Specialist in Professional Development, Office for Health Improvement and Disparities (OHID) and her regional workforce development manager colleagues, who provided expertise and knowledge of the public health landscape and valuable guidance on the accuracy of the census data. Anna Sasiak was also involved within the 2017, 2019 and 2021 census collections and results report delivery.

We have engaged with the Directors of Public Health to get initial feedback throughout and after the census was closed to ensure we have been able to capture their comments and evaluate the process, work involved and detail of questions asked. We provided alternative solutions to completing the questions to help increase the response rate and engagement.

We have worked in collaboration and will continue to work with key stakeholders and key profession experts to capture their feedback and comments:

Heads of School Public Health, Health Education England, HOSPH
OHID Regional Workforce Leads
Public Health Workforce Steering Group
Population Health and Prevention Assurance Board