

A Capacity Review – Public Health Specialists in 2021



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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.

We would like to thank Dr Anna Sasiak, Specialist in Professional Development, Office for Health Improvement and Disparities and her regional workforce development manager colleagues for their essential guidance in the production of this census, communications and report. HEE acknowledges the hard work of all the staff from HEE's Workforce Planning and Intelligence Directorate and HEE's Long Term Conditions and Prevention Programme Team and HEE's Data Services Team who have been involved in designing the workforce census, collecting and cleaning data, analysing the findings and producing the reports.

Paru Patel, Deputy Head of Workforce Planning

Background

This report outlines the findings from the fourth comprehensive national census to capture the size and composition of the public health specialist workforce in 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**).

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.

This report gathers data from 2021, the first collection following the Covid-19 pandemic emerging during March 2020. The data was collected directly from Local Authorities in England and other sources. 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.

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 / UKHSA and in the NHS are recorded in the Electronic Staff Record (ESR), 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.

To confirm numbers worked in the former PHE, OHID/UKHSA and in 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 as of October 2021.

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	15 Sept 2021	https://data.gmc-uk.org/gmcdata/home/#/
GDC Data	15 Sept 2021	https://www.gdc-uk.org/about-us/what-we-do/the-registers/registration-reports
UKPHR Data	03 Dec 2021	https://ukphr.org/view-the-register/

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).

Data Quality Note

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.

Numbers of staff working in the former PHE and in the NHS are recorded in the Electronic Staff Record.

To confirm numbers working in the former PHE and in NHS organisations, our numbers are based on those recorded in the ESR as having a registration with the GMC, the GDC or the UKPHR in public health as of October 2021. This provides numbers of public health registrants employed by either the former PHE or in the NHS.

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 and 2019 census collections and results report delivery.

We have presented the findings to key stakeholders and key profession experts to capture their feedback and comments:

Heads of School Public Health, Health Education England, HOSPH
The Association of Directors of Public Health, ADPH
Public Health Standing Group on local public health teams in England

Executive Summary

This report details the results of the fourth 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**).

The census builds on previous collections undertaken in 2015, 2017 and 2019, allowing a comprehensive timeseries analysis to be performed on a wide range of metrics. The 2021 national census took place as of 01 October 2021 and have achieved the highest response rate of 92%.

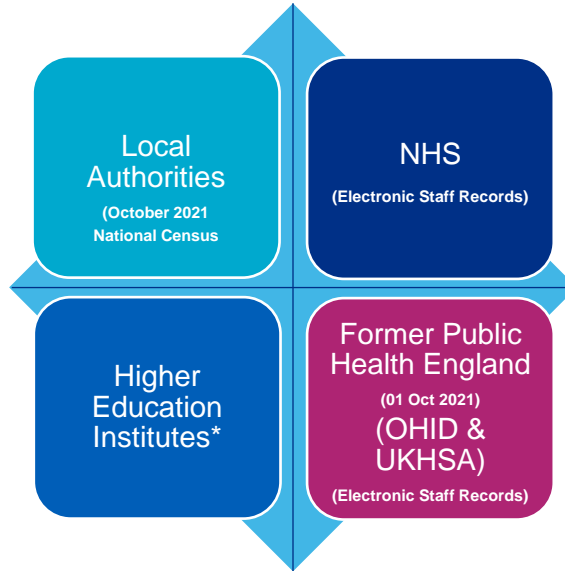
In 2017 the response rate was 78% and in 2019 the response rate was 89% therefore having a response rate of 92% means more clarification of the dataset and better quality analysis on the workforce within local authorities.

In previous collections data has not been collected from the volunteering or private sector and therefore to follow the same data set we have not included them in 2021 but acknowledge that this does not look at public health in its entirety.

We recognise that in this census we have not taken into account the population health needs as we have tailored the 2021 census based on previous data sets.

Executive Summary

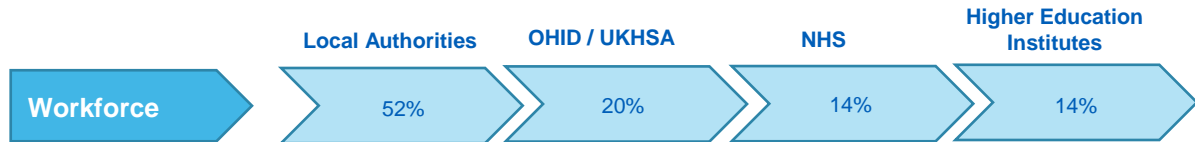
Workforce data was collected from across four different sectors:



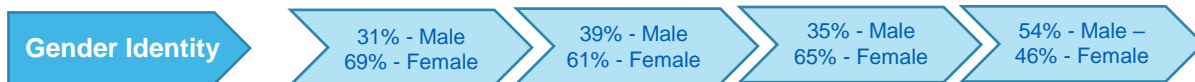
*Data from the **Higher Education Institutes** has been taken from the Medical Schools Council Clinical Academic Survey, 2020 and Dental Schools Council Clinical Academic Staff Survey, 2018.

Executive Summary

Director of Public Health and Public Health Specialist



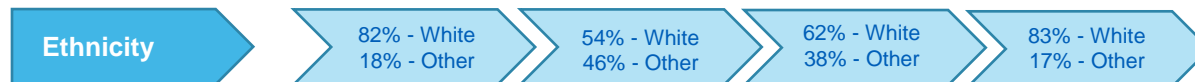
Those in Local Authorities make up the largest proportion of the Public Health Specialist workforce.



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



The age of staff differs slightly between all sectors but the median is 50 to 54.



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

Executive Summary

Director of Public Health and Public Health Specialist

Local Authorities

OHID / UKHSA

NHS

Higher Education Institutes

Registration

75% UKPHR
22% - GMC

14% UKPHR
83% - GMC

11% UKPHR
74% - GMC

Not
Recorded

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 OHID/UKHSA, the majority of staff hold GMC registration. This is a finding consistent with previous reports.

Contract Type

86% - Permanent
13% Fixed Term

89% - Permanent
11% Fixed Term

84% - Permanent
16% Fixed Term

Not
Recorded

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

Vacancy Rate

4%

Not
Recorded

Not
Recorded

Not
Recorded

There is 4% vacancy rate within local authorities which includes Public Health Specialists and Directors of PH

Projected Demand change from 2019 to 2021

5%

Not
Recorded

Not
Recorded

Not
Recorded

In 2019, future demand for Public Health Workforce within Local Authorities was set to rise by 3%. This has now risen to 8% between 2021 and 2024.

Changing Landscape and National Architecture

The public health (and NHS) reforms implemented in 2013 took directors of public health (DPH), their teams and most public health funding out of the NHS and into local government. The rationale for the 2013 reforms was to place public health teams where they could best influence the wider determinants of health and thereby drive better health outcomes.

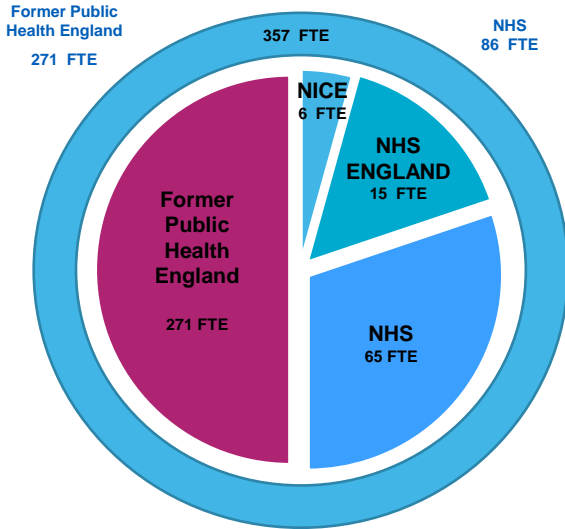
More recently at a national level, further legislation and wider policy decisions have led to the formation of three separate bodies in terms of key public health service delivery. The Department of Health and Social Care has set out where former core Public Health England functions have been distributed across these bodies:

1. The **UK Health Security Agency (UKHSA)** – has the responsibility for health protection functions
2. The **Office for Health Improvement and Disparities (OHID)** - has responsibility for health improvement, as well as wider determinants of health and inequalities
3. **NHS England and NHS Improvement (NHSE/I)** – has responsibility for public health delivered by health care services (including vaccination, immunisation and screening, and dental public health).

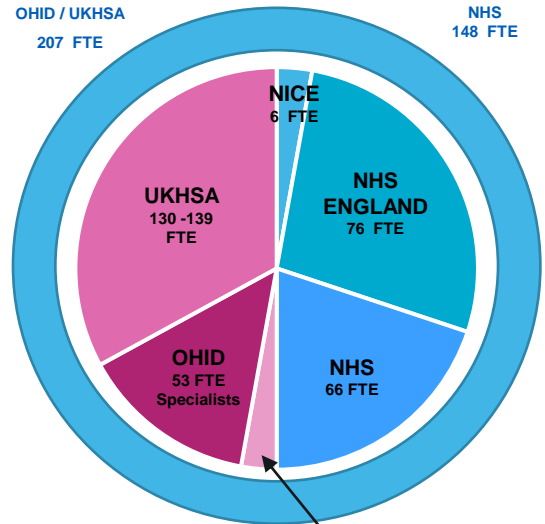
NHS Test and Trace functions have become part of UKHSA, and NHS Test and Trace will continue to be visible as part of the response to the COVID-19 pandemic.

Tracking the NHS Workforce

ESR Extract – September 2021



ESR Extract – October 2021



NHS = Community, Mental Health and Hospital Trusts / CSU's / CCG's / NHS Digital / HEE / NHS Resolution
 NICE = The National Institute for Health and Care Excellence's
 OHID = Office for Health Improvement and Disparities
 UKHSA = UK Health Security Agency

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

Tracking the NHS Workforce

This table on the previous slide shows the total Public Health Specialists in the NHS is 65 in September 2021 and 66 FTE in October 2021 comprising of Community, Mental Health and Hospital Trusts, CSU's, CCG's, NHS Digital, HEE and NHS Resolution. A more detailed summary of this is shown in slide 63.

It is important to note that a net 61 FTE transferred to NHS England/Improvement in October 2021 following PHE's dissolution, with the majority working in the two main functions of dental public health and healthcare public health.

There are less than 5 FTE Public Health Specialists employed at the Greater London Authority (GLA).

We will continue to monitor the NHS workforce to track the transfers between organisations.

Due to the reforms to the public health system, we expect small numbers of the workforce to have left, either due to early retirement or other personal reasons (for example, choosing not to move to a new organisation).

Public Health Workforce and the Integrated Care System



In September 2019, from ESR we estimated that 89 FTE Public Health Specialists were in post within the NHS excluding NHS England and Improvement and NICE, in 2021 this figure decreased to 66 FTE again excluding NHS England and Improvement and NICE. For this collection, we have not considered which integrated care systems (ICS) they belong to, as ICSs are still at the formation stage and due to become statutory bodies from July 2022.



The pandemic has highlighted the vital role of local public health teams and of DPH. They worked alongside NHS colleagues as local areas mobilised to control infection, reassure and support communities, and to maximise vaccination uptake. As a result of this and as part of moving towards ICSs, many regions are also experiencing a change in the depth and range of collaboration across the system.



We expect to see a more formal role for ICSs in prevention and public health as ICS policy develops. We will consider this carefully alongside the changes to the national public health architecture, to ensure that workforce planning for this workforce continues to be clear and well aligned.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Local Authority Workforce Collection

Section 1: Data Response

Key Findings

Public Health Specialist Workforce in Local Authorities – Key Findings



24% increase
453 FTE in 2019 to 563 FTE in 2021

Working in Local Authorities



69% of the workforce is **Female**

Gender Identity



42% of the workforce is **aged between 45 - 54**

Age



82% of the workforce is **White** compared to 51.5% of the medical workforce in the NHS in England

Ethnicity



75% of the workforce is registered with **UKPHR**

Registration



86% of the workforce holds a **Permanent Contract**

Contract Type



27% of the workforce work **Across All PH Functions**

Function



4% of **vacancy rate** across the workforce

Vacant Post



9% expected increase in demand for PH Specialist by 2024 is predicted.













2.5% expected increase in demand for Directors of PH by 2024 is predicted.

Demand

These numbers excludes NHS, OHID and UKSHA













Key Findings

Director of Public Health – Local Authorities

	2017	2019	2021
Gender Identity	58% Female	 53% Female	 58% Female
Age	Aged between 55-59	 Aged between 55-59	 Aged between 50-54
Ethnicity	Not recorded	Not recorded	85% White
Registration	60% UKPHR 40% GMC	 69% UKPHR 27% GMC	 81% UKPHR / 18% GMC
Contract	83% Permanent	 85% Permanent	 95% Permanent
Time spent within PH Function	Not recorded	56% Across all Functions	 53% Across all Functions
Vacancy Rate	4% Vacancy Rate	 5.9% Vacancy Rate	 Under 1% Vacancy Rate
Demand	Not recorded	(-) 4.5%	 2.5%

Key Findings

Public Health Specialist – Local Authorities

	2017	2019	2021
Gender Identity	70% Female	 74% Female	 73% Female
Age	Aged between 45-49	 Aged between 40-44 and 50-54	 Aged between 45-54
Ethnicity	Not recorded	Not recorded	81% White
Registration	70% UKPHR 30% GMC	 73% UKPHR 23% GMC	 72% UKPHR / 23% GMC
Contract	87% Permanent	 85% Permanent	 83% Permanent
Time spent within PH Function	Not recorded	31% Across all functions	 19% Across all functions
Vacancy Rate	4% Vacancy Rate	 6.8% Vacancy Rate	 4.8% Vacancy Rate
Demand	Not recorded	5%	 9%

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Collection Response Rate

Collection Response

Information taken from:

<https://www.gov.uk/government/publications/directors-of-public-health-in-england--2/directors-of-public-health-in-england>

https://www.adph.org.uk/wp-content/uploads/2022/01/Current-UK-and-ROI-DsPH_December2021-1.pdf

153 local authorities, this includes instances where local authorities have entered into shared arrangement, detailed below:

Shared Local Authorities (submitting one collection):

Rutland UA / Leicestershire

Bedford UA / Central Bedfordshire UA / Milton Keynes UA

City of Westminster / Kensington and Chelsea

London Borough of Richmond upon Thames / London Borough of Wandsworth

Middlesbrough UA / Redcar and Cleveland UA

Cornwall UA / Isle of Scilly UA

Dorset UA / Bournemouth, Christchurch and Poole UA

In future collections we will strive to encourage all Local Authorities to provide a response. We will continue to work closely with key stakeholder groups such the HEE Heads of School of Public Health to help us build on the positive response rate from this collection.

PHE Region	Total LAs	LAs represented in responses	Response Rate	Responding Local Authorities (LAs)	Non-Responding LAs
East Midlands	10	10	100%	Derby UA, Derbyshire, Leicester UA, Leicestershire, Lincolnshire, Northamptonshire North UA, Northamptonshire West UA, Nottingham UA, Nottinghamshire, Rutland UA	
East of England	12	10	83%	Bedford UA, Cambridgeshire, Central Bedfordshire UA, Luton UA, Milton Keynes UA, Norfolk, Peterborough UA, Southend on Sea UA, Suffolk (covers Waveney), Thurrock UA	Essex, Hertfordshire
London	33	30	91%	Barking and Dagenham, Bexley, Brent, Bromley, Camden, Croydon, Ealing, Greenwich, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Kingston upon Thames, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth, Westminster	City of London and Hackney (joint appointment), Barnet, Enfield
North East	12	12	100%	County Durham UA, Darlington UA, Gateshead Council, Hartlepool UA, Middlesbrough UA, Newcastle upon Tyne, North Tyneside, Northumberland UA, Redcar and Cleveland UA, South Tyneside, Stockton on Tees UA, Sunderland	
North West	23	22	96%	Blackburn with Darwen UA, Blackpool UA, Bolton, Bury, Cheshire East UA, Cheshire West and Chester UA, Cumbria, Halton UA, Lancashire, Liverpool, Manchester, Oldham, Rochdale, Salford, Sefton, St Helens, Stockport, Tameside, Trafford, Warrington UA, Wigan, Wirral	Knowsley
South East	18	17	94%	East Berkshire Hub (Bracknell Forest UA, Windsor and Maidenhead UA, Slough UA) Berkshire West (West Berkshire UA, Reading UA, Wokingham UA), Brighton and Hove City Council UA, Buckinghamshire County Council UA, East Sussex, Hampshire, Isle of Wight UA, Kent, Medway UA, Oxfordshire, Portsmouth UA, Southampton UA, Surrey,	West Sussex
South West	16	15	94%	Bath and North East Somerset (Bathnes) UA, Bournemouth, Christchurch and Poole UA, Cornwall UA, Devon County Council, Dorset UA, Gloucestershire, Isle of Scilly UA, North Somerset UA, Plymouth UA, Poole UA, Somerset, South Gloucestershire UA, Swindon UA, Torbay UA, Wiltshire UA	City of Bristol UA
West Midlands	14	9	64%	Birmingham, Coventry, Shropshire UA, Solihull, Stoke on Trent UA, Walsall, Warwickshire, Wolverhampton, Worcestershire	Telford and Wrekin UA, Herefordshire UA, Staffordshire, Dudley, Sandwell
Yorkshire and the Humber	15	15	100%	Barnsley, Bradford, Calderdale, Doncaster, East Riding of Yorkshire UA, Hull City Council, Kirklees, Leeds, North East Lincolnshire UA, North Lincolnshire UA, North Yorkshire, Rotherham, Sheffield, Wakefield, York UA	
Total	153	140	92%		

Public Health Workforce

Public Health Specialist Workforce

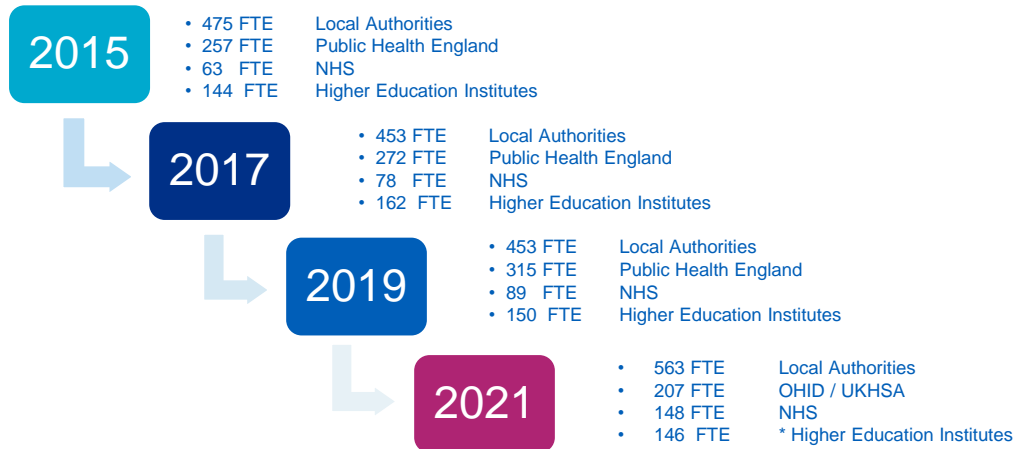
(Directors of Public Health and Public Health Consultants)

Establishment and Population Data

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)



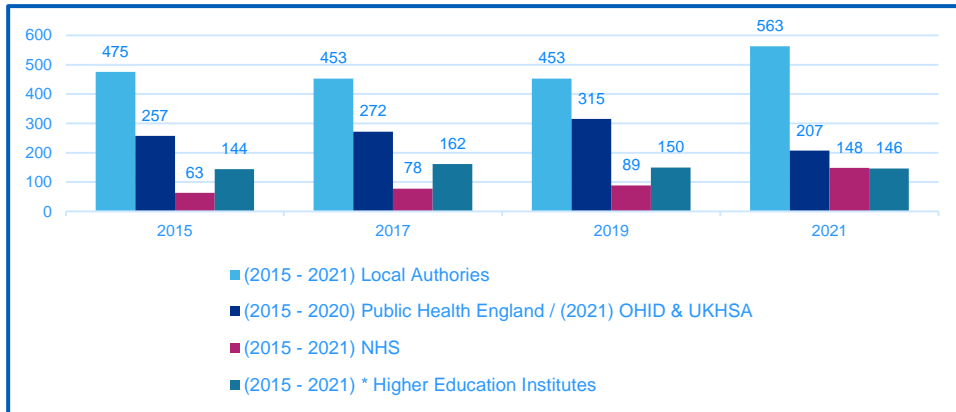
The total Public Health Specialists workforce within local authorities has been calculated based on the responses given in the collection and an estimate for non-responding local authorities to get an overall figure for comparison.

* 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 2018.

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 four 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 2018.

Public Health Workforce

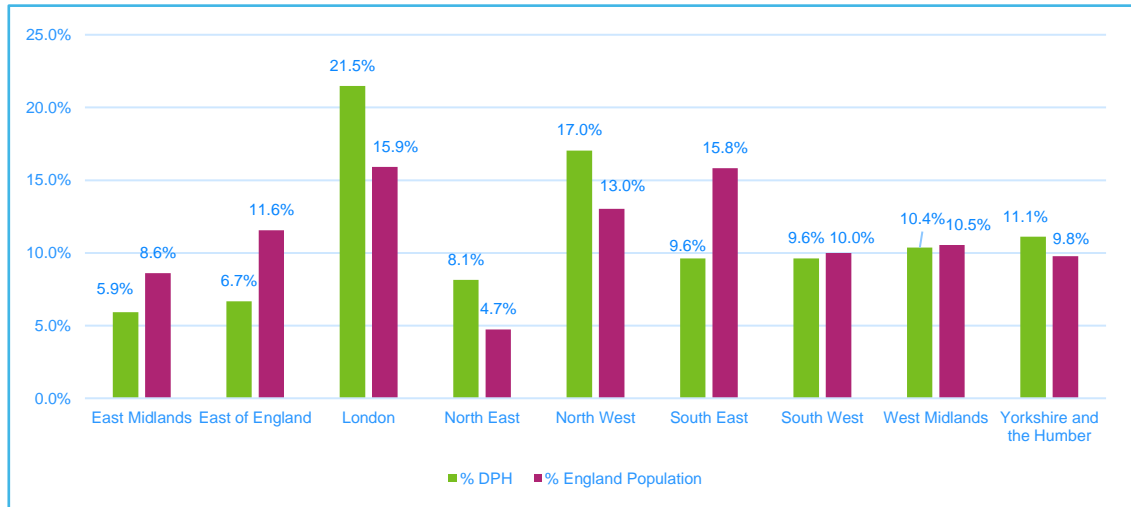
Director of Public Health – Local Authorities

	Director of Public Health (FTE)	England Population	Director of Public Health (per Million)
East Midlands	8	4,865,583	1.64
East of England	9	6,539,364	1.38
London	29	9,002,488	3.22
North East	11	2,680,763	4.10
North West	23	7,367,456	3.12
South East	13	8,947,062	1.45
South West	13	5,659,143	2.30
West Midlands	14	5,961,929	2.35
Yorkshire and the Humber	15	5,526,350	2.71
Total	135	56,550,138	2.39

* The total Director of Public Health 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, excluding vacancies.

Public Health Workforce

Director of Public Health vs % England Population



For Director of Public Health roles London, North regions and Yorkshire and the Humber are well served, West Midlands and South West are average, East Midlands, East of England and South East are under resourced.

Public Health Workforce

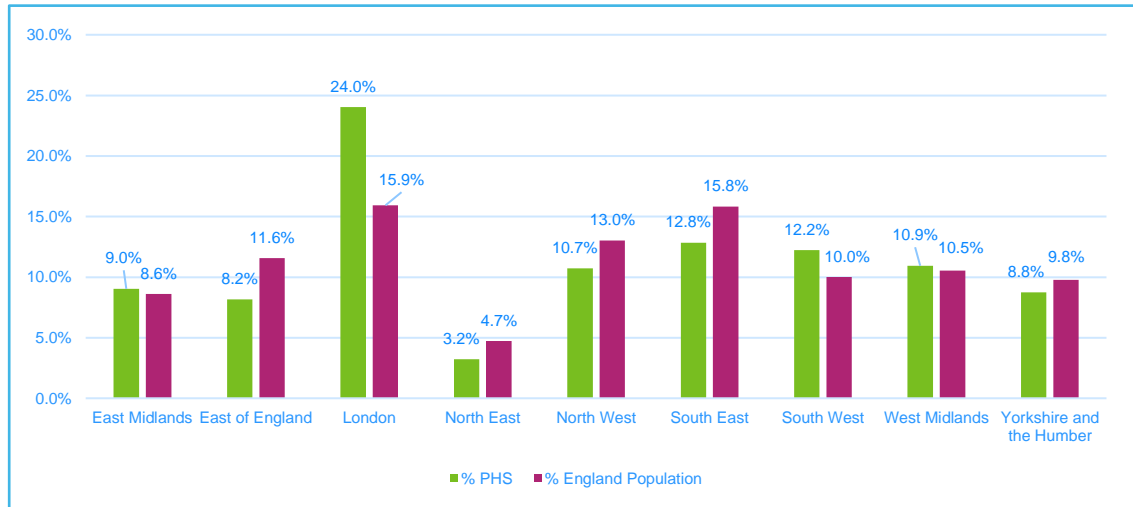
Public Health Specialist – Local Authorities

	Public Health Specialist (FTE)	England Population	Public Health Specialist (per Million)
East Midlands	39	4,865,583	7.93
East of England	35	6,539,364	5.33
London	103	9,002,488	11.41
North East	14	2,680,763	5.15
North West	46	7,367,456	6.22
South East	55	8,947,062	6.13
South West	52	5,659,143	9.24
West Midlands	47	5,961,929	7.84
Yorkshire and the Humber	37	5,526,350	6.77
Total	428	56,550,138	7.55

* The total Public Health Specialists 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, excluding vacancies.

Public Health Workforce

Public Health Specialist vs % England Population



For Public Health Specialists roles London and the South West are well served, East and West Midlands are average, East of England, North East and North West, South East and Yorkshire and the Humber are under resourced.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Gender Identity

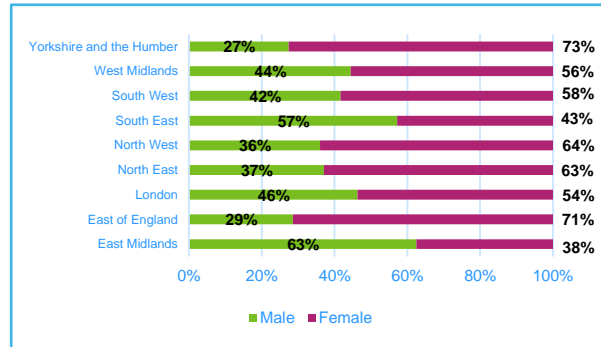
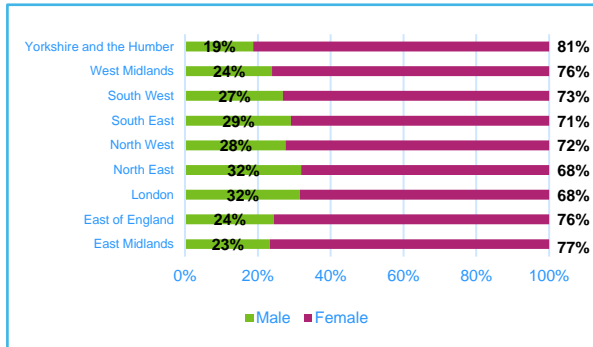
Local Authority Workforce Collection Response

Public Health Workforce

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

Total Male Public Health Specialist	Total Female Public Health Specialist
27%	73%

Total Male Director of Public Health	Total Female Director of Public Health
42%	58%



Females are showing a higher percentage in both Public Health Specialists and Director of Public Health positions which has not changed since 2019.

A difference of 46% of females in Public Health Specialists compared to a more proportionate percentage between males and females with only 16% difference of females within Directors of Public Health posts.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Age

Local Authority Workforce Collection Response

Public Health Workforce

Age Profile - Local Authorities



The results in the local authority collection data broadly follows a bell curve, slightly skewed towards older age groups. The median age bracket for PHS is 45 to 49; for DPH it is 50-54. These results broadly reflect career progression, with one becoming a PHS in their 30s, and a DPH in their late forties/early fifties. The results differ from the workforce across the NHS and Public Health England/UKHSA, where the median was 50 to 54 and the mode 55 to 60.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

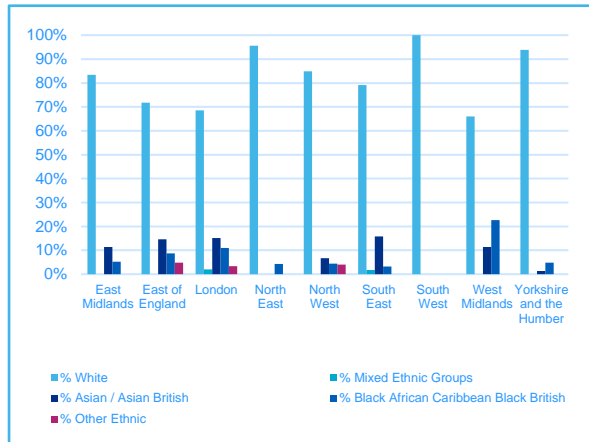
Ethnicity

Local Authority Workforce Collection Response

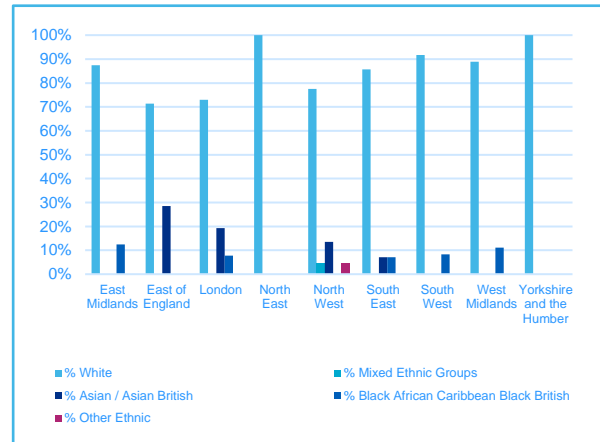
Public Health Workforce

Ethnicity - Local Authorities

Public Health Specialist



Director Public Health



The highest percentage of staff within Public Health Specialist positions are 'White' followed by 'Asian / Asian British, the same within Director of Public Health posts. With under 10% in both positions filled by people within Black 'African Caribbean Black British', 'Other' and Mixed Ethnic Groups.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

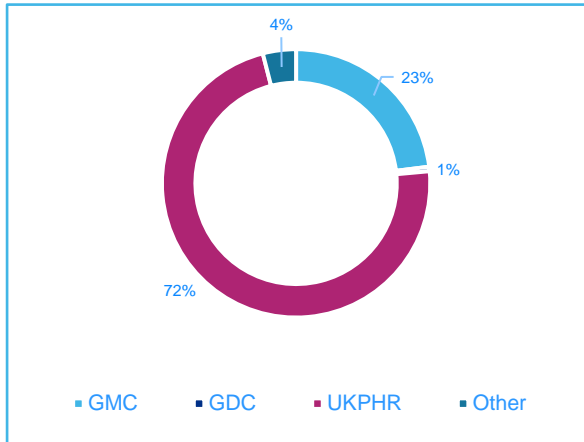
Registration

Local Authority Workforce Collection Response

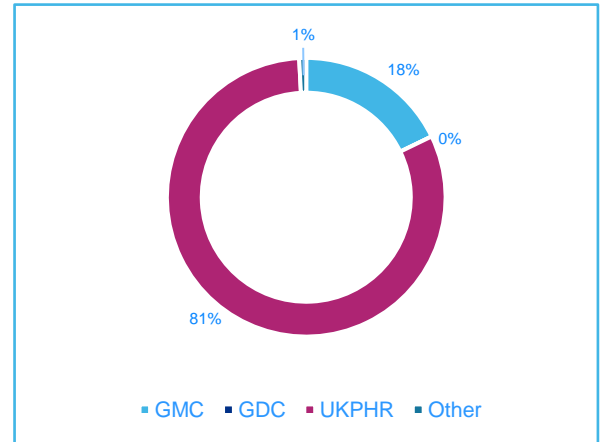
Public Health Workforce

Registration - Local Authorities

Public Health Specialist



Director Public Health



PHS and DPH 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 and 2019.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Contract Type

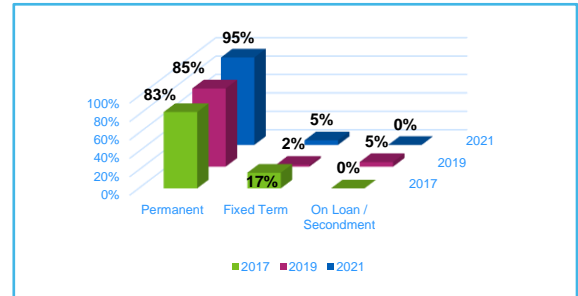
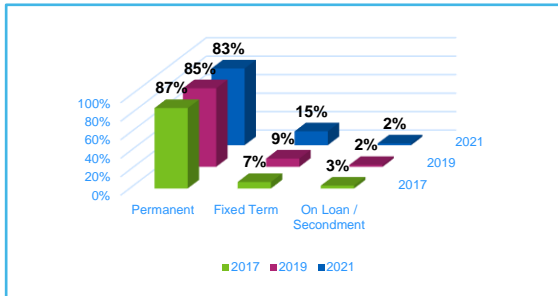
Local Authority Workforce Collection Response

Public Health Workforce

Public Health Specialist

Contract Type - Local Authorities

Director Public Health



	Public Health Specialist			Director of Public Health		
	2017	2019	2021	2017	2019	2021
Permanent	87%	85%	83%	83%	85%	95%
Fixed Term	7%	9%	15%	17%	2%	5%
On Loan / Secondment	3%	2%	2%	0%	5%	0%

Within Public Health Specialist 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 Directors of Public Health positions.

Public Health Workforce

Public Health Specialist Workforce

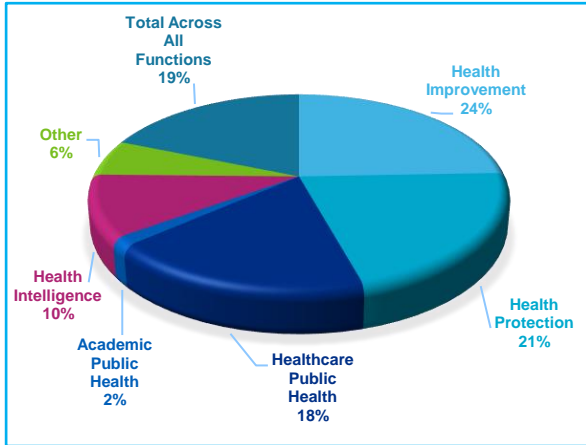
(Directors of Public Health and Public Health Consultants)

Public Health Functions

Local Authority Workforce Collection Response

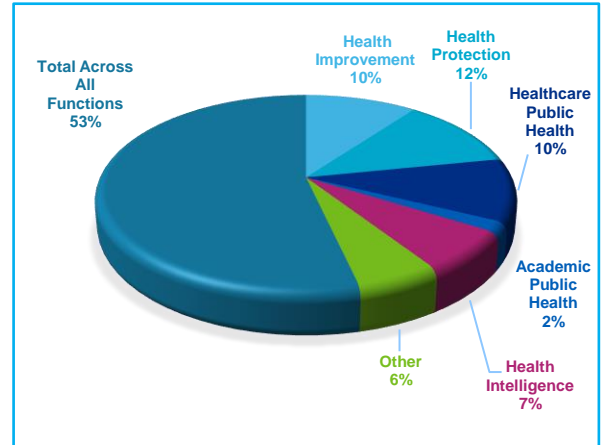
Public Health Workforce

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 where this is very different within the Public Health Specialist posts and the spread is more proportionate between each function, which is slightly different to previous years where a higher proportion was taken up by a 'total across all functions'.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

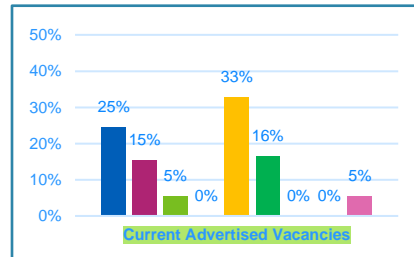
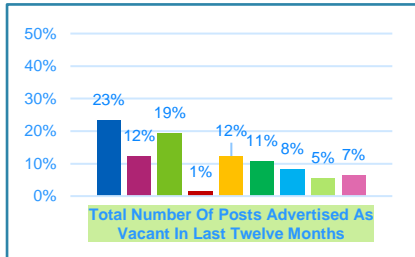
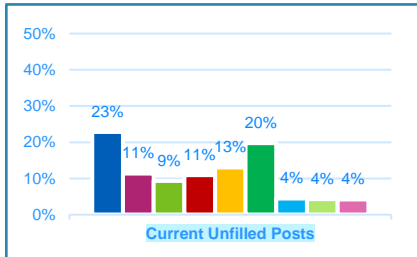
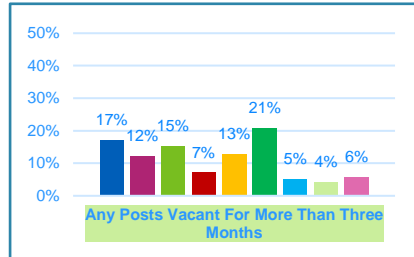
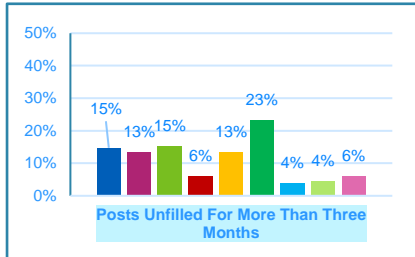
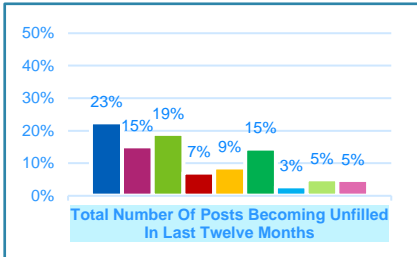
Unfilled & Vacant Posts

Local Authority Workforce Collection Response

Public Health Workforce

Public Health Specialist – Local Authorities

Current Unfilled Post	19% Unfilled Rate	Current Advertised Vacancies	5% Vacancy Rate
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EM	EoE	LDN	NE	NW	SE	SE	WM	Y&H
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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 %	East Midlands	East Midlands	South East
Lowest %	South West, West Midlands and Yorkshire and the Humber	South West	South West, West Midlands
Common Trend: South West has the lowest 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 %	Nort West	East Midlands	South East
Lowest %	North East, South West and West Midlands	North East	West Midlands
Common Trend: North East have the lowest number of posts currently and in the last 12 months			

Public Health Workforce

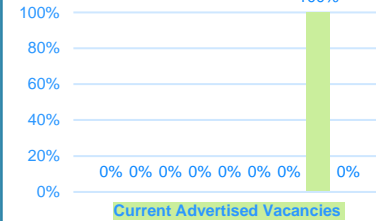
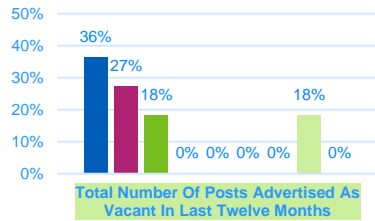
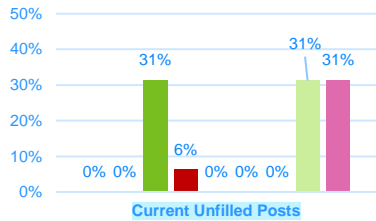
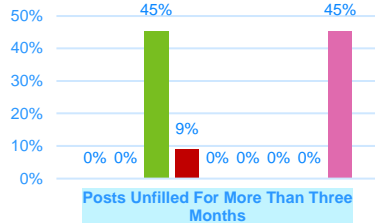
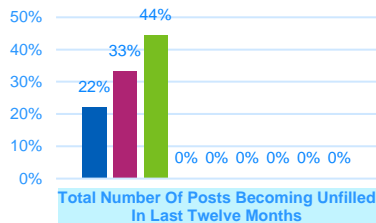
Directors of Public Health – Local Authorities

Current Unfilled Post

2.6% Unfilled Rate

Current Advertised Vacancies

1% Vacancy Rate



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	London	London and Yorkshire and the Humber
Lowest %	East Midlands, East of England, North West, South East and South West	North East, North West, South East, South West, West Midlands and Yorkshire and the Humber	East Midlands, East of England, North East, North West, South East and South West, West Midlands
Common Trend: Overall North West, South East & South West has the lowest unfilled posts and London having the highest.			

	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 %	West Midlands	East Midlands	London and Yorkshire and the Humber
Lowest %	Remaining 8 regions with 0%	North East, North West, South East, South West and Yorkshire and the Humber	Remaining 7 regions with 0%
Common Trend: East of England, North East, North West, South East and South West are the lowest overall.			

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

Demand Forecast

Obtained from the
Local Authority Workforce Collection

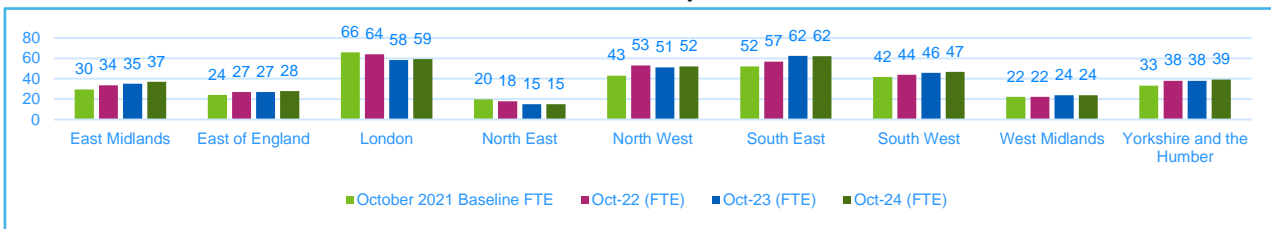
The demand forecast was provided by the local authority by giving the numbers of the anticipated required posts FTE for each public health role, up to the end of the October 2024, where known. Where possible, this was done on the basis of service need (i.e. how many posts are/would be needed to maintain current requirements and priorities based on the population served).

Public Health Workforce

Public Health Demand

	Oct-21 Baseline (FTE)	Oct-22 (FTE)	Oct-23 (FTE)	Oct-24 (FTE)
Public Health Specialist	331.93	356.42	356.22	363.02

Public Health Specialist



Public Health Specialist

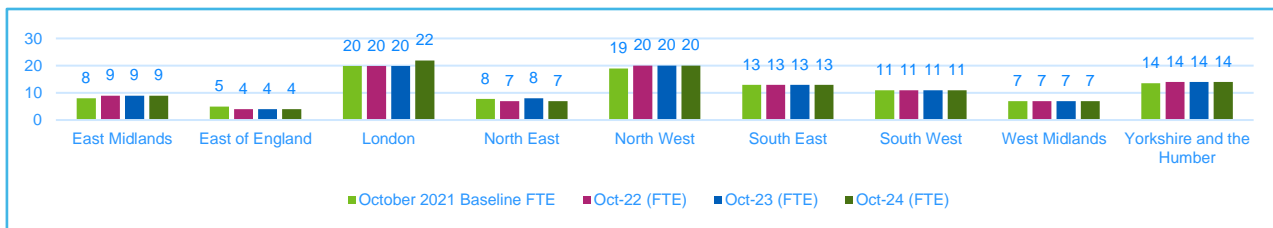
Expected future demand for Public Health Specialist between October 2021 and October 2024 is +9%. This compares to 5% in the same collection in 2019. Local authorities anticipate a 7% increase between October 2021 and October 2022, but a small loss between October 2022 and October 2023 and a 2% increase between October 2023 and October 2024.

Public Health Workforce

Public Health Demand

	Oct-21 Baseline (FTE)	Oct-22 (FTE)	Oct-23 (FTE)	Oct-24 (FTE)
Director of Public Health	104.29	104.89	105.89	106.89

Director of Public Health



Director of Public Health

In 2019, numbers of Directors of Public Health were expected to drop by 5% to 2022. In 2021, the prognosis is more optimistic and has changed from forecast decline in numbers to forecast growth, with an expected 2.5% increase in October 24 from the FTE given in October 2021 baseline. Local authorities have estimated a 0.5% increase between October 2021 and October 2022, and a 1% increase in both Oct-23 and Oct-24.

Public Health Workforce

Public Health Specialist Workforce

(Directors of Public Health and Public Health Consultants)

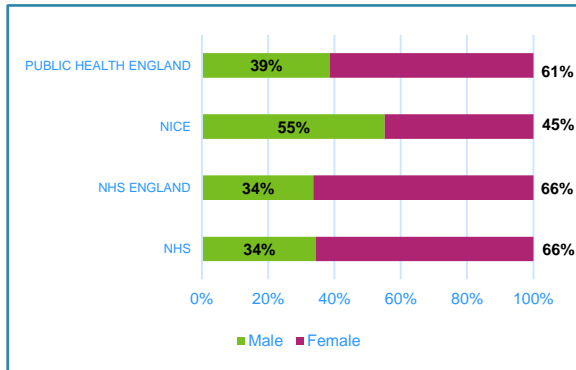
Section 2: Workforce data from other sectors and organisations

NHS, NICE, NHS England, Public Health
England

Public Health Workforce

Gender Identity Profile - NHS, NICE, NHS England, PH England

	Total Female (%)	Total Male (%)
NHS	66%	34%
NICE	45%	55%
NHS England	66%	34%
Public Health England	61%	39%
Total	63%	37%

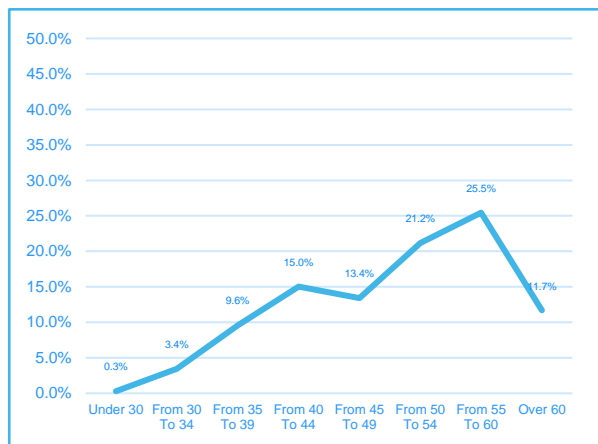


As with the local authority data female represent the highest percentage of the workforce with over 60% overall with one exception.

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

Public Health Workforce

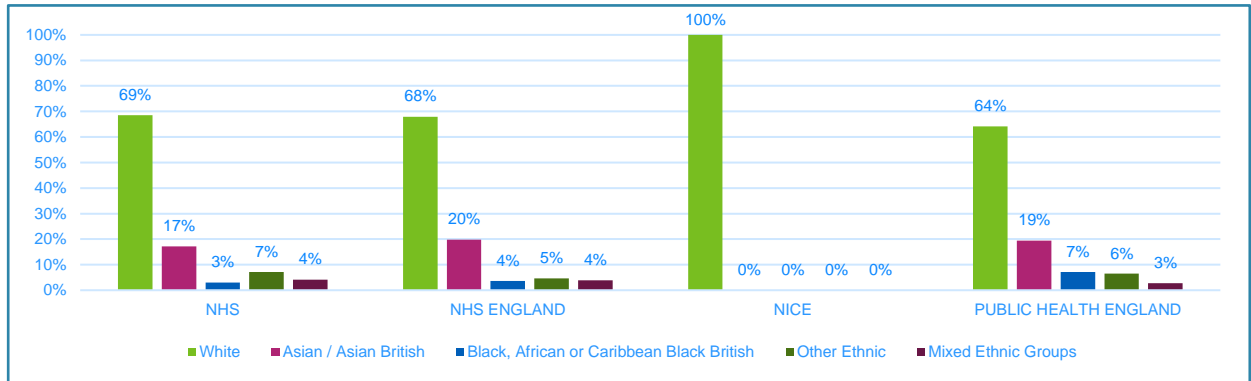
Age Profile - NHS, NICE, NHS England, PH England



The results differ from the workforce across the NHS and Public Health England/UKHSA, where the median was 50 to 54 and the mode 55 to 60.

Public Health Workforce

Ethnicity Profile - NHS, NICE, NHS England, PH England



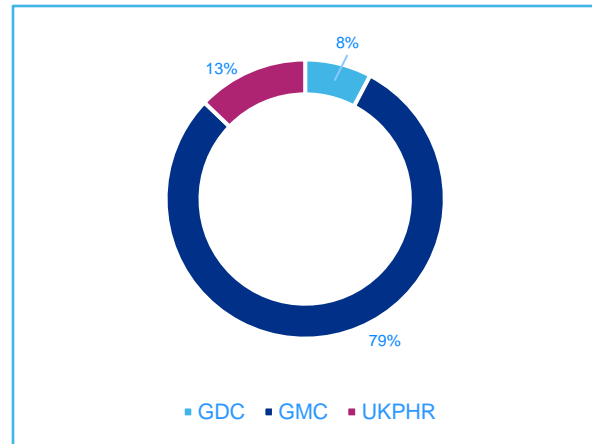
There is a common theme between local authorities, NHS and staff within OHID / UKHSA that over 60% of the workforce stating their ethnicity as 'White', with the next highest percentage represented as 'Asian / Asian British'. The distribution of all the other ethnic groups are evenly broken down.

Public Health Workforce

Registration - NHS, NICE, NHS England, PH England

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

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



GMC – General Medical Council / **GDC** – General Dental Council / **UKPHR** - UK Public Health Register

Public Health Workforce

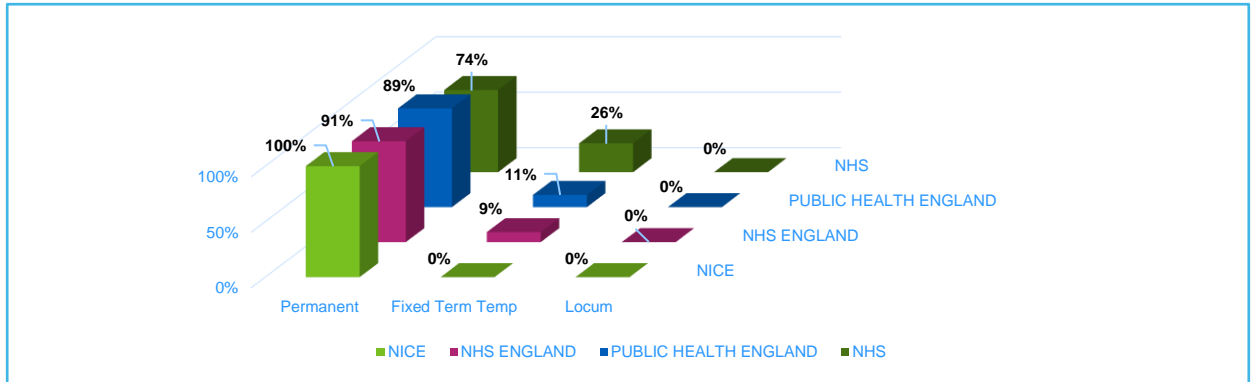
Public Health Registrations

Registration	March - 2017	Sept - 2019	Sept - 2021	Change (%)
General Medical Council Public Health or Epidemiology	1,057	1,012	1219	+20%
General Dental Council Dental Public Health	104	101	98	-3%
UK Public Health Register Generalist Specialist	510	552	602	+9%
UK Public Health Register Defined Specialist	91	115	142	+23%
UK Public Health Register Dual Specialist	3	3	4	+33%
Total	1,765	1,783	2,065	+16%

There has been an upwards trend in medical registration in the last two years, with a consistent number with UKPHR registrations 34% in 2017, 38% in 2019 and 36% in 2021. There is a faster growth in UKPHR registrant than GMC/GDC, although evidence suggests some recovery in medical and dental registrants.

Public Health Workforce

Contract Type - NHS, NICE, NHS England, PH England



'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

(Directors of Public Health and Public Health Consultants)

Section 3: Workforce data from other sectors and organisations

Higher Education Institutions

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 2018 and has not been updated but it is believed that an update will be published in Spring 2022. The Medical Schools Council Clinical Academic Survey has released 2020 figures so have been included.

Public Health Specialist Workforce 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.

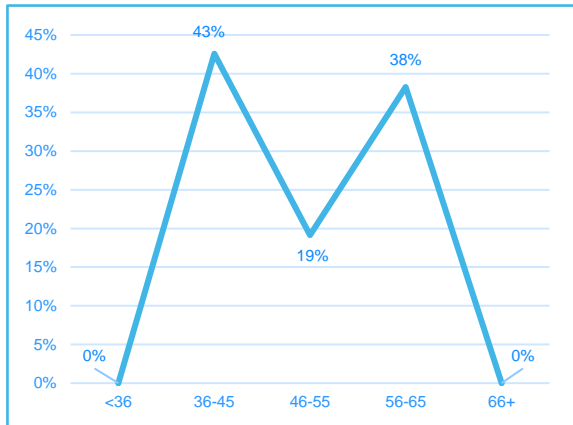
The dental schools council report as of 2018 was **20.9 FTE** working in the area of Dental Public Health.

This suggests that the public health workforce within Higher Education Institutes is circa **146.10 FTE**.

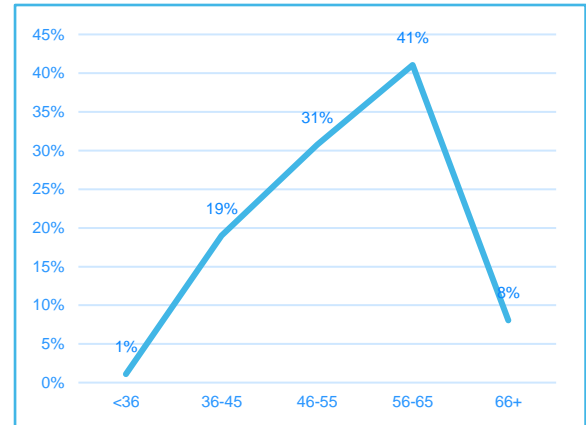
Higher Education Institutions

Age

Dental Clinical Academic Staffing
2018 Figures



Medical Clinical Academic Staffing
2020 Figures

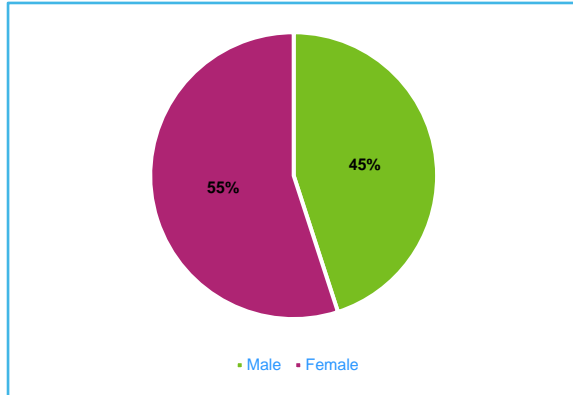


Appointment to a clinical academic dental role takes longer than the typical dental clinical training, this means it is likely that the clinical academic dental workforce will be slightly older than the general dental workforce.

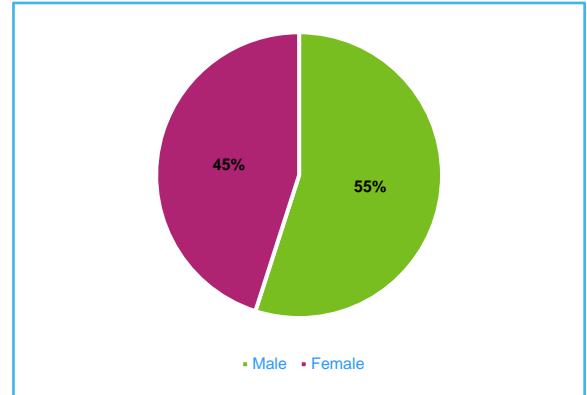
Higher Education Institutions

Gender Identity

Dental Clinical Academic Staffing 2018 Figures

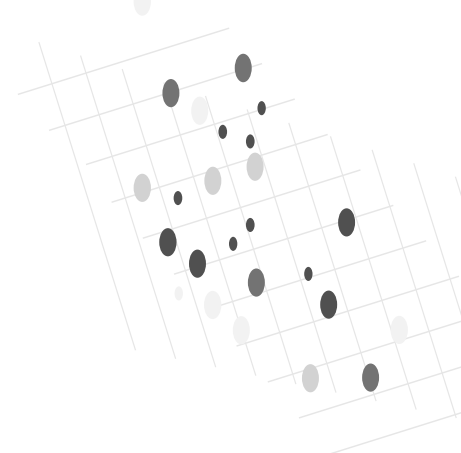


Medical Clinical Academic Staffing 2020 Figures



There has been a proportionate increase of women in medical clinical academia, however, the proportion of women decreases with academic seniority and more men (59%) than women (41%) are reported in medical clinical academic roles overall. This differs in dental clinical academia the representation against academic grade, the data highlight the gradual decline in male clinical academics at more senior levels.

Appendix



Public Health Workforce

Public Health Specialist Workforce

(Reported Directors of Public Health and Public Health Consultants)

	Public Health Specialist (FTE)	Director of Public Health
East Midlands	38.60	8.00
East of England	20.51	7.00
London	91.00	25.9
North East	13.80	10.8
North West	44.90	22.2
South East	49.56	13.99
South West	48.00	12.00
West Midlands	31.76	9.00
Yorkshire and the Humber	37.4	14.6
Total	375.53	123.49

Public Health Workforce

Public Health Specialist Workforce

(ESR Extract)

Public Health England	207
NHS England	76
NICE	6
NHS	15
CCG (NHS)	16
NHS Foundation Trusts (NHS)	35
Total	355

In slide 13 the NHS figure comprises of Community, Mental Health and Hospital Trusts CSU's, HEE, NHS Digital and NHS Resolution, 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. ICSs are still at the formation stage and due to become statutory bodies from July 2022 and therefore this is not reflected in the above figures.