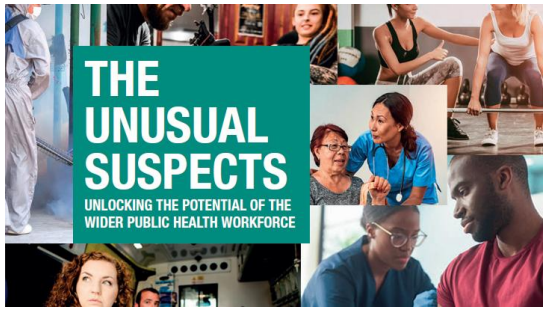
RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

Shifting from treatment to prevention and developing the workforce to do this

William Roberts

What do we do?

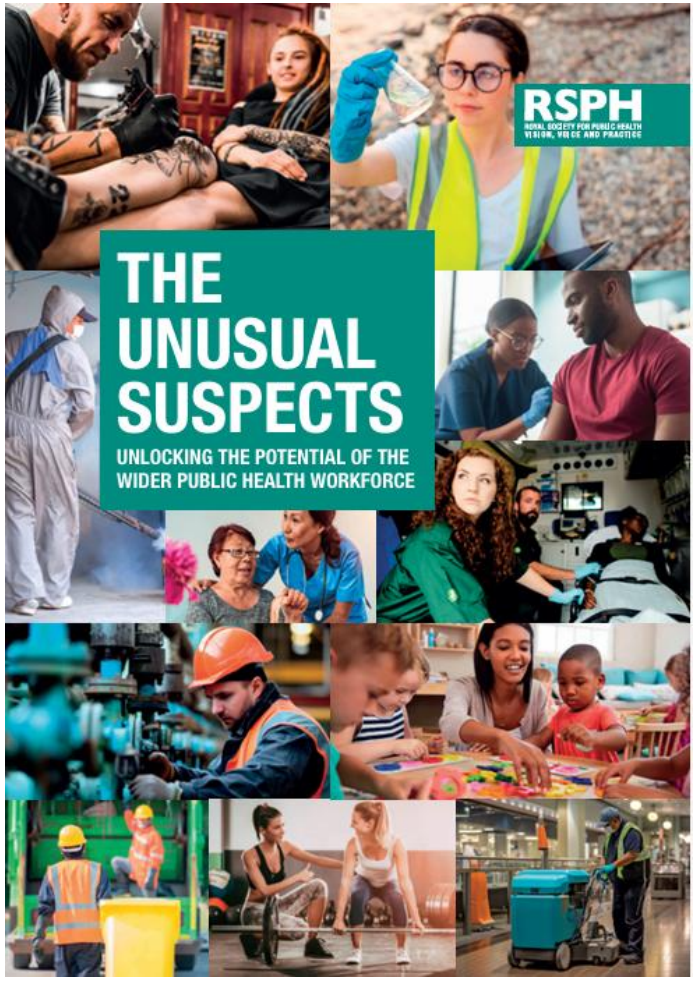
- Membership of RSPH. Members can access our public health journals, free or discounted educational resources and eLearning, and get recognition of their contribution to public health through post-nominals.
- Training and education in over 100 subjects, covering all aspects of public health, prevention and wellbeing – from mental health, to climate, to health protection.
- High-quality qualifications. Whether you're a centre or a learner, RSPH has the experience and expertise to deliver on your educational needs.
- Policy expertise to develop evidence, new ideas and programmes.
- Accreditation. We have been running accreditation services continuously since 1904, helping to improve standards in public health across the nation.



Our approach to the wider workforce

In 2024, we launched a landmark report: *The Unusual Suspects: Unlocking the Potential of the Wider Public Health Workforce*. Although focussed on the UK experience, these themes extend beyond country borders:

1. People want to do more in public health. However, there are few clear entry points into the public health system for people from non-traditional routes.
2. Crucially, there are almost no clear educational pathways for the continued professional development needed pursue a career in public health.
3. There needs to be recognition for the impact the wider workforce has on the health and wellbeing of the nation.



What does the 10-year plan suggest are the priorities?

Its quite hard to tell from the document.

- Some amazing things
- A collection of some other things
- Neighbourhood health
- A push on life sciences and technology to provide solutions

A reasonable reading would be:

- Deliver the Tobacco and Vapes bill
- Secondary prevention in long term conditions
- Local prevention priorities
- A desire to shift to a community model of care with others than just the NHS involved
- Community health workers
- Embrace business and their ability to improve health

What will support effective delivery on prevention?

Basing the services we provide within the communities that need them

- Listening to communities and making sure that the are accessible to them
- Offering great population levels services with targeted services for communities that need specific interventions.
- Really embedding the core 20 plus five approach for specific groups that do not currently access and use services they need.

Creating the conditions for people to be healthy

- Making healthy choices easy choices which means local government doing what it uniquely can.
- Enabling access to services by taking services to where people are, be that through faith groups, workplaces, schools or sports clubs.
- Making the VCSE a key partner in neighbourhoods and making the most of the assets in the community.

Creating the levers for the shift to happen

- Address the cost of delivery of VCSE services and maximising the services that don't cost, the unit costs and marginal benefits offer far greater returns if invested outside of hospitals.
- Harness the vast array of people who could improve our health and think wider than just clinical roles and the NHS.
- No one size fits all. Understanding that urban, rural and coastal communities will need different types of support and service. INT's will have common features but how they approach their work, and the composition of their members will be locally driven.

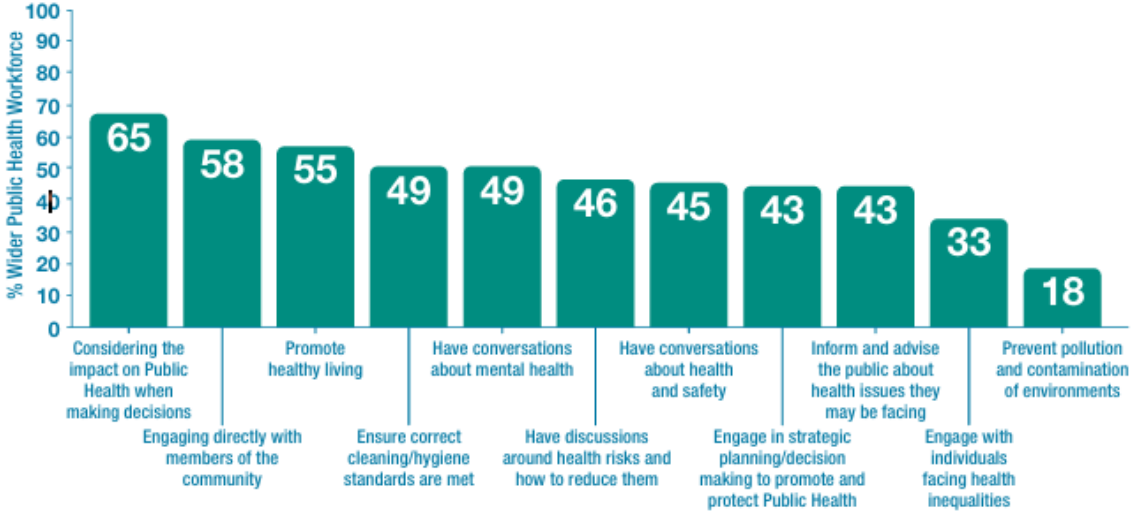
What do we have to do and what are the challenges we need to address?

- Shift to prevention- making simple prevention interventions available
- Address inequalities- ensuring those who need services most get them
- Creating the conditions for healthy environments- making health choices the easy choices
- Making services accessible- taking care to where people are
- Best person in right place- widening the skills available
- Coordinating care- ensuring that user experience is good

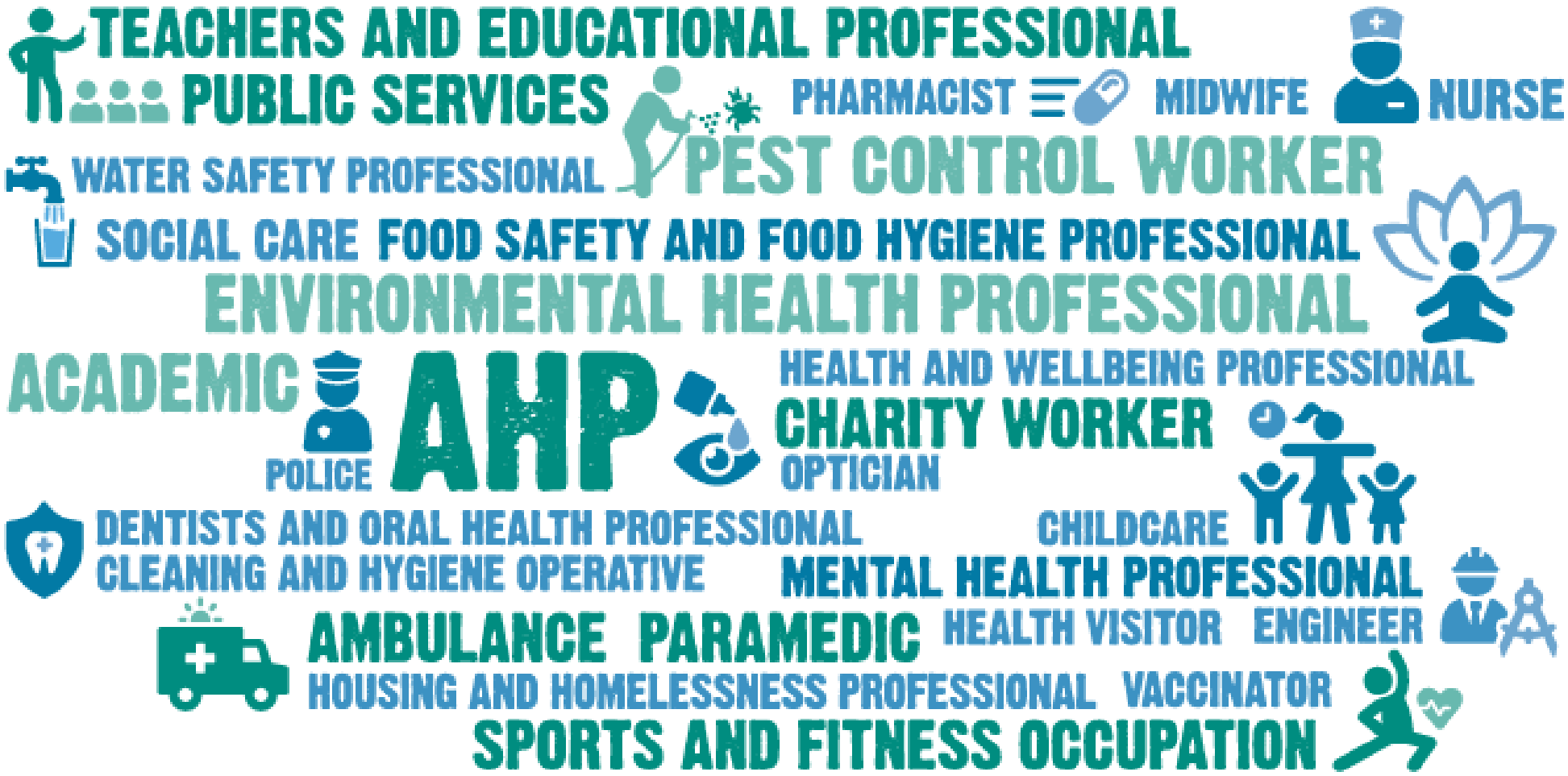
What sort of preventative activities could other organisations be doing?

- Identifying the populations with the worst health outcomes using the Core 20 plus 5 approach
- Improving vaccination uptake
- Promoting health checks and ensuring that there is pathway to treatment for those that are identified at risk
- Identifying and ensuring people take up screening
- Ensuring people have access to social prescribing services
- Linking people to local leisure and creative activities
- Supporting people to return to work
- Access to preventative support for issues such as smoking, alcohol, gambling, obesity
- Identifying low level mental health issues

FIGURE 4: WHAT MEMBERS OF THE WIDER PUBLIC HEALTH WORKFORCE SAID THEY DO AS PART OF THEIR ROLE AT LEAST TWICE A WEEK



Who could be involved from the Public Health community?



How?

- Local authorities are a critical partner for delivering primary and secondary prevention- the Director of Public Health is the key coordinator of this
- Inequalities remain critical so focussing on how you reach those you can't- this is what the VCSE sector does well- but its not free
- Focussing on areas and interventions that we know work
- Harnessing anchor organisations both the NHS and wider

What are we doing to support this?

Promoting evidence-based interventions- vaccination, NHS health checks, approved screening programmes, stop smoking

Providing training and qualifications to build capability and capacity to deliver preventative services in the NHS, VCS and private sector

Support organisations to understand public health and population health approaches

Building evidence around barriers to engagement, inequalities and success of preventative approaches

Implementing proven programmes that are adaptable- healthy living pharmacy, connect 5, MECC

Working with systems to address the wider determinants of health

Working on place-based regeneration to look at the role of neighbourhood health centres

What is the opportunity? An example- vaccination

Vaccination remains one of the most powerful tools to prevent ill health

- Highly effective at preventing disease
- Low cost of delivery with high return on investment
- Previously delivered to levels required and saw disease rates drop
- Huge variation nationally with exemplars of best practice

We know why uptake is variable in different settings

- Limited delivery points
- Limited trained staff
- Lack of trust amongst some communities
- Accessible vaccination sites
- Limited community engagement
- Limited local data

We know how uptake can be improved-

- Access in non healthcare settings
- Trusted information and people,
- Effective training for staff in a range of settings
- Using a wider set of roles than just healthcare staff
- Effective call and recall systems

We have:

- Skills to convene stakeholders as a neutral broker
- Research that can help identify at risk groups
- Ability match solutions to populations
- Training for staff
- Skills and tools to evaluate effectiveness
- Experience in implementing large scale roll out of programmes

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