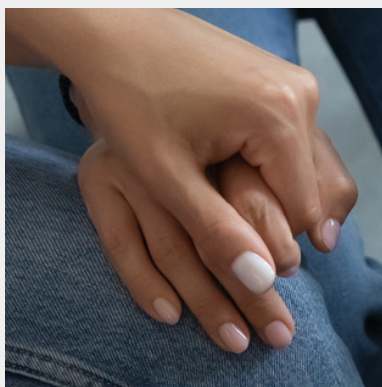


Director of Public Health Annual Report 2023/24

Working together

How the wider public health workforce
improve health outcomes and reduce
inequalities for the population of
Nottingham





Foreword

Public Health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society.

Faculty of Public Health

I take very seriously my statutory duties to be an independent leader to improve and protect the health of the population of Nottingham and to reduce health inequalities. They run through all the plans that I make, inform every decision and shape my advice and guidance.

I am also very clear that these duties are more than the responsibility of one person or even one organisation. I am very lucky to have the support of a highly skilled, compassionate and determined public health team and they are doing amazing work. Every day I feel so proud of the work they are doing and the efforts they make to ensure that the voice and experience of our population is central to how we plan, commission and deliver public health interventions.

This report focuses on the huge workforce across Nottingham who work tirelessly to improve health and wellbeing outcomes. It considers the biggest challenges facing our population and how these individuals, teams and organisations are finding innovative and inclusive solutions and what more we can do. As I reflect on the last year and look ahead to 2024/25, it is great to have a chance to say thank you to the clinicians, professionals, volunteers and champions. I hope you enjoy reading about their work.

Lucy Hubber

Director of Public Health



Readers Note:

All information in this report is drawn from the Nottingham City Joint Strategic Needs Assessment, unless otherwise stated.

<https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/>

Introduction

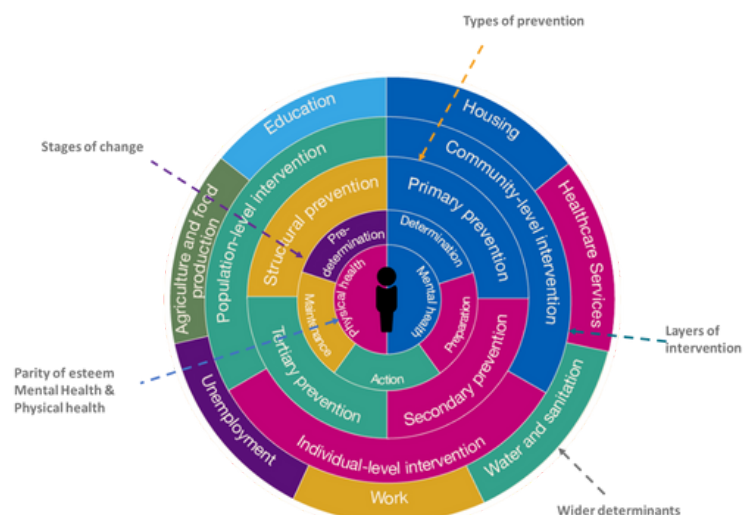
The statutory duty for public health moved from the NHS to local authorities in 2013 and, as outlined in the Director of Public Annual Report 2022/23, has provided opportunities for working differently with both communities and other organisations.

However, improving health outcomes for individuals and communities is more than the responsibility of healthcare or public health teams. The Joint Health and Wellbeing Strategy 2022-2025 (model below) outlines how we need to work across communities and organisations to have an impact on the wider determinants of health.

So this prompts the question - 'who's job is public health?'. This report shows that in addition to the great work being undertaken by the dedicated and professional public health team at Nottingham City Council and the brilliant teams within the NHS, there are so many more people who are making real change with our communities. Nationally, there are an estimated 20.2million people covering 185 different occupations who could be included in a definition of the wider public health workforce.

This report considers some of the work being undertaken to improve population health and wellbeing in Nottingham and focuses on some of the fantastic people and teams who work so professionally and compassionately. It also looks at some of the challenges and what more we can do to make small and big changes for the people of Nottingham.

References:
RSPH, (2022) Rethinking the Public Health Workforce
<https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/rethinking-the-public-health-workforce.html>



Health Improvement

Why is this an important public health area?

Science shows that life is a story for which the beginning sets the tone. That makes the early years of childhood a time of great opportunity, but also a great risk. Children's brains are built, moment by moment, as they interact with their environments and caregivers. In the first few years of life, more than one million neural connections are formed each second – a pace never repeated again. The quality of a child's early experiences makes a critical difference as their brains develop, providing either strong or weak foundations for learning, health, and behaviour throughout life - [UNICEF](#)

Giving children the best possible start in life is crucial for their future health and wellbeing. The emotional health and physical wellbeing, social skills, cognitive and linguistic capacities that develop in the first 1,001 days form the foundations for an individual's success in school and in later life.

Small differences in pregnancy or the experience of early years based on place, race, religion or other factors can have a significant impact on the health inequalities we observe over the life course. Investing in the health of children and young people has life-long impacts on health and wellbeing but also ensures significant benefits to society as a whole.

Children aged 0-17 years

66,000



Living in
deprivation

34.2%



Health Improvement

What does the public health workforce look like in this area?

“It takes a village to raise a child” – a proverb that continues to simply capture how children and young people’s health in Nottingham City is the result of an entire community that help children experience life and grow in a safe and healthy environment.

In Nottingham this community starts with families but brings together the work of midwives, health visitors and other health professionals; family nurses; public health (school) nurses; family mentors; parent champions; child minders, day-care providers, and other early years settings; libraries; family support services and social care; schools, academies, and colleges; and private, voluntary, and independent providers of all the other activities families with young children participate in.

Nottingham CityCare’s Children’s Public Health 0-19 Nursing Service offer support to all children, young people and their families who live in, or who go to school in, Nottingham City. They adopt a ‘think families’ approach to ensure staff support children and their families. Multi-disciplinary teams work with key partners from across the system to deliver the Universal Healthy Child Programme. Targeted support or specialist services are provided when required to ensure our children and young people benefit from the right support, at the right time, by the right person.

Our workforce are highly skilled and passionate about improving the lives of children and young people. Many live within the city or have children and therefore bring lived experience into their roles. Listening to the needs of children and families is a key part of our work. Small Steps Big Changes have shown how co-production can change how you approach service delivery through the involvement of family mentors and parent champions.

Health Improvement

Thoughts from colleagues

Health Visitor

I studied midwifery at university, starting in 2016 at the age of 18. I knew from the beginning of my training that I had an interest in public health and health promotion. After approximately a year in this role I took on a role as a community public health nurse. It was in this role that my passion for children's health really developed, and I began to see the wider context of social deprivation and its impact on health. Today I am studying part-time for a master's in public health, alongside working full-time as a health visitor. I can't wait to continue learning and improving my practice further, and I look forward to seeing where my career path will take me. One thing I know for certain is that it will involve improving the health of children, young people and families as much as I possibly can.



CYP practitioner

My role is a Children's and Young Peoples Practitioner and includes completing development reviews (9-12mth, 2yr and School Ready), programmes of care and well-baby clinics amongst many more things.

My main passion is supporting parents/carers especially around additional needs (mainly ADHD and Autism). There is not the support and services that there used to be for families. Also, very long waiting lists once referred to services such as speech & language therapy and Community Paediatrician. It can be frustration for parents (and us) but hopefully we offer support and reassurance.

Health Improvement

Thoughts from colleagues

‘Parent Champion

SSBC for me is about trying to make the community’s voice heard from the ground. We are involved in all sorts of things; we are on the SSBC Board, we are involved in tenders, panels for interviews, webinars, breast feeding groups, Executive Implementation Group (EIG), Parent Obsession Group and we also plan events within our local communities and wards. What I’m most proud of about being involved in with SSBC is the difference in coproduction. People have listened to what we have to say as parents and have trusted our opinion and taken on board some serious things that we’ve said. We have really made a difference. It’s amazing to see the growth we’ve all been involved in and how all Parent Champions have been able to go off and do their own things. I am truly grateful for that.



Public Health (School) Nurse

My current role is in school nursing and my passion for school nursing followed after my son was diagnosed as autistic. There was little support out there at the time and I wanted to be able to support young people and their families to get the right support. I have also always had a passion for sexual health and supporting young people around teenage pregnancy. With school health every day is different which makes my job enjoyable and rewarding.

Health Improvement

What are the challenges for the workforce across Children and Young People's health services?

Recruitment and staff shortages amongst health visitors is a challenge in Nottingham as seen regionally and nationally. Over the past eight years, there has been a 40 per cent decline in the health visiting workforce. Data published by NHS England shows a fall from 11,192 full-time equivalent health visitors in October 2015, to 6,688 in April last year.

The government's NHS Long Term Workforce Plan pledges to boost the health visitor and school nurses training intake. This includes looking at career progression and opening up opportunities in health visiting for those working in job roles that contribute to health visiting provision.

Locally, one of our key challenges is the end of Small Steps Big Changes who have not only helped innovate new workforce roles (i.e. family mentors) but support existing services (i.e. Family Nurse Partnership). Furthermore, the role SSBC has played in connecting parents and carers with the health system is a challenge and difficult to replicate or replace.

↓ 40%
Reduction in
number of
health visitors





Health Improvement



What are the opportunities to improve in this area?

Our Public Health 0-19y workforce has contact with every child in Nottingham City via mandated functions such as the Healthy Child Programme and the National Child Measurement Programme (NCMP). It is well positioned at the centre of the local health and care system for children and young people connecting different parts of our system. The service engages with maternity services, general practice, schools and Thriving Nottingham, the city's new health and wellbeing service. It has a unique opportunity to amplify the voice of our residents and open up a wealth of new and creative possibilities to support the health of children and their families. This could include a renewed focus on pre-conception health and wellbeing.

In Nottingham and Nottinghamshire, the Integrated Care System strategy recognises the importance of children's health and makes it a key priority. As a system we understand that prevention is better than cure, but we must also recognise that prevention in childhood has the greatest potential impact. Building on ICS priorities with an effective framework to prevent ill-health in childhood can benefit the health of our next generation but also reduce pressure on the NHS. When we do all that we can to invest in protecting and improving the health of our children, we see these efforts benefit our society as a whole.

Inclusion Health

Why is this an important public health area?

Inclusion Health focusses on the population groups that experience high levels of social exclusion such as people with drug and alcohol dependence, people in contact with the criminal justice system, and vulnerable migrants and refugees. These groups typically experience multiple risk factors including discrimination, violence, poverty, complex trauma, and marginalisation, often along with a negative experience of health and care services. The most excluded groups have extremely poor health status: the average age of death for people experiencing homelessness and rough sleeping is 43 years for women and 45 years for men. Nottingham has a priority focus on people experiencing severe and multiple disadvantage, working innovatively across services to provide less fragmented and more person-centred care and support.

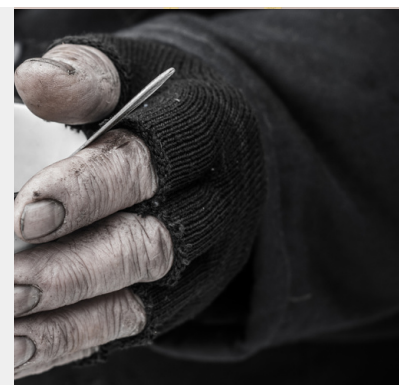
People who are from inclusion health groups often experience stigma where they are seen in a negative or prejudiced manner by others. There can also be stigma around issues such as gambling, financial hardship, and poor mental health, that make them hard to talk about and prevent people from seeking help. Inclusion health approaches can help in tackling stigma across the wider population and in improving health and wellbeing.

Reference:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales>

Average age of death for people
experiencing homelessness

45  43



Households
experiencing
deprivation

58.4%



Inclusion Health

What does the public health workforce look like in this area?

‘The workforce across these health and care services are typically characterised by values such as compassion and social justice along with their technical skills.

The range of roles is vast. There are many posts for medical and clinical specialists from Consultant Psychiatrists in substance use treatment to many types of nurses, pharmacists, psychologists and allied health professionals. These are complemented by a raft of roles from other professional backgrounds including social workers, housing officers, independent domestic violence advisors, licensing officers and debt advisors. And there is an important role for public health managers, commissioners, analysts and business support.

One of the notable aspects of this workforce is the proportion of people who have lived experience of the challenges and issues that they are working to overcome. The role of ‘peer support workers’ in mental health services is well recognised and described. Peer support is potentially useful at any stage of a treatment and recovery journey. It can help people to reduce harm, engage in support and start treatment and sustain recovery. Peers can offer the people they support a strong sense of personal connection, encouragement, and hope. The lived experience of a peer volunteer or worker helps to overcome the power difference that often exists in the relationship between a clinician and the person they are supporting.

An evaluation of peer support within the local co-existing substance use and mental health pathway found that the roles were valued by patients and the teams they are working with. Patient and staff experiences were very positive. Peer support workers, with their lived experience, are offering patients something different that is not already provided by other professionals.

References:

Stack E, Hildebran C, Leichtling G, Waddell EN, Leahy JM, Martin E and Korthuis PT. [Peer recovery support services across the continuum: In community, hospital, corrections, and treatment and recovery agency settings: A narrative review](#). Journal of Addiction Medicine 2022: volume 16, issue 1, pages 93 to 100.

[Collins D, Alla J, Nicolaidis C, Gregg J, Gullickson DJ, Patten A and Englander H. [“If It Wasn’t for Him, I Wouldn’t Have Talked to Them”: Qualitative Study of Addiction Peer Mentorship in the Hospital](#). Journal of General Internal Medicine 2019: pages 1 to 8.

Inclusion Health

Thoughts from colleagues

Substance Use Worker

I am a Senior Substance Misuse Practitioner in a Drug and Alcohol Treatment Team supporting Rough Sleepers in Nottingham. After my own experience with addiction, I wanted to help others, firstly volunteering with Double Impact then becoming full-time at Framework.

Compassion, care and hope are particularly important to me. Many people feel alone and embarrassed in their addiction, stuck in a dark place not knowing where to start. I like showing people that there is support available, helping them take steps towards a better life. The best part of my job is knowing that I have done something big or small to make somebody's life that bit easier, even just listening or offering a smile.

Having lived experience allows me to understand the person's experience and feelings, building good therapeutic relationships. My story may offer hope, showing that recovery and happiness is possible. Doing this work supports my ongoing recovery whilst helping others.

I would recommend this line of work to anyone who would like to make a difference and save lives.



Peer Support Worker

I am finding my role as a Peer Support worker very rewarding. There is so much variety in every aspect of the job. No two people I visit are the same and the associated work involved when I am not face to face with people is really interesting. I get to learn about all the facilities available across the city and then share this with the people I support. Being a peer is very different from the clinical experience many people have had. The need for clinical support is undeniable, peer support provides a balance which can help with engagement by empowering a person to have some control of the support they receive.

Inclusion Health

What are the challenges for the workforce across inclusion health services?

There are ongoing concerns about the sufficiency of staffing for mental health services and their perceived value compared with physical health. A review by the public accounts committee in July 2023 noted pressing staffing shortages and vacancies as well as a lack of definition for parity of esteem in mental health. The NHS workforce plan highlights the need for an increased mental health workforce and growth rates have been included in the Mental Health Investment Standard.

There is increasing focus on specialist or care ‘navigator’ roles to meet the needs of people from inclusion health groups. The Changing Futures programme in Nottingham which supports people who experience severe and multiple disadvantage funds specialist navigators to provide tailored support to service users. The increase in these roles points to the difficulties in navigating many health and care and support services, which can be highly complex, particularly for people with multiple health conditions and who experience other challenges such as literacy and organisational skills. This complex web of services, inclusion and exclusion criteria, and different providers, is not only a challenge for service users but for other professionals. We need to better communicate the services and the help that are available, and to commission services that are accessible and well-aligned with other provision.

17,000
National vacancies
for Mental Health
practitioners



References:

<https://committees.parliament.uk/committee/127/public-accounts-committee/news/196555/concerning-pressures-on-nhs-mental-health-staff-causing-vicious-cycle-of-staff-shortages/>
<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>



Inclusion Health

What are the opportunities to improve in this area?

The Inclusion Health workforce will be continued to be strengthened in scale and insight and quality as we build the peer support and lived experience initiatives workforce across all of our services and recruit a workforce that reflects the population it serves. We also need to increase the visibility of career pathways, especially in settings outside of the NHS such as for drug and alcohol recovery workers. There is also a useful section on training in the NHS Inclusion Health framework.

We should also work to train and equip front line practitioners in all of areas of health and care to have conversations about the 'difficult' topics like mental health and wellbeing, alcohol and other drug use, financial hardship, and gambling. Reducing the fear of having these conversations and offering non judgemental information and help are all part of tackling the stigma on these issues, and a step towards overcoming the social exclusion that has such a detrimental impact on people's health.

Refence:

<https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

Healthy Communities



Why is this an important public health area?

Public Health theory points to the layer of social and community influences on our health and wellbeing, both for good and bad. Nottingham has a rich diversity of people and communities, who have different stories and backgrounds, informed by their different cultures, experiences and opportunities.

Access to healthcare, education, work, good food and safe housing all impact on people's health and wellbeing outcomes. Nottingham has a lower life expectancy and healthy life expectancy than other similar cities. To find meaningful and impactful solution to these variances, it is critical to understand the reasons, barriers and enablers. Involving and engaging people with lived and living experience will ensure that we are creating an environment where people are supported to make healthier choices.

The COVID pandemic showed the importance of knowing, understanding and working with our communities if we want to reduce the stark health inequalities that exist. Nottingham City's Public Health team has taken a new focus on how it works with and for our communities. We have looked to empower communities and embed new ways of working into our public health practice.

Healthy life expectancy in
Nottingham

57.4   57.1



11th

Most deprived
district in the
country



Healthy Communities

What does the public health workforce look like in this area?

‘The Healthy Communities team includes experienced community development staff and public health practitioners who support the Health and Wellbeing Community Champions programme. This brings ‘trusted community voices’ into conversations about health and inequalities and has supported small projects that build community capacity for health and support our understanding of community perspectives.

This volunteer programme has included individuals and groups, reflecting the diversity of Nottingham, and is an example of good practice in our system. Volunteers are trained and supported to develop their role, with a menu of opportunities, from sharing information, supporting community events to developing community initiatives or contributing to partnership discussions. Volunteers have also stepped forward to be trained to support community-based research in partnership with academic partners.

NHS partners are looking to how they work most effectively at community level too and are developing Integrated Neighbourhood Teams which can bring services and community groups closer at local level.

Nottingham has many people who work to support their communities and neighbourhoods through formal charities, groups, faith organisations or informal social support networks. This social infrastructure plays an essential part in living a healthy and connected life.

Healthy Communities

Case Study

I have been a volunteer for the health and wellbeing community champion since last year. This opportunity has given me the chance to expand my knowledge about the services available within Nottingham city boundary area and neighbouring county areas.

I have enjoyed doing the online training courses and it helped me boost my own confidence and cope with my own mental wellbeing. I believe the training and events offer a fountain of knowledge and has helped me to maintaining a positive and realistic outlook, that has personally helped me and the people I support through my role as a peer support worker for the NHS.

This programme has opened opportunities that I can distribute with my colleagues and has given me something to do and learn. I have struggled with depression and anxiety over the years, and I believe being a part of the volunteer programme has been a blessing to keeping me on track and focused. Meeting people who have experienced trauma worse than your own, makes me feel grateful that I have been a part of this group and help other people.

The staff have been supportive and explain what's involved from the start and throughout, which I appreciate as it's been a useful tool that helps me to organise my time and diary, which at times I have found challenging due to my ADHD. The above barriers have prevented me from joining clubs and activities and I hope I've persuaded others on the benefits of being a Community champion volunteer



**Reflections
from a
Community
Champion**

Healthy Communities

What are the challenges for the workforce across Healthy Communities?

The success of this area of work is significantly reliant on the goodwill, capacity and capability of the fantastic champions and volunteers who help to reach and gather the voice and energy of local communities and are instrumental to supporting action at local level..

There are huge pressures on individuals and voluntary organisations due the resource challenges across the public sector. This means that we need to be clear on how these activities support local groups and organisations, rather than being an additional task.



What are the opportunities within Healthy Communities?

Developing strong and mutual relationships with our communities on how health and wellbeing can be improved provides a huge opportunity to influence strategic changes across the city and support the wider social and community infrastructure that is essential for health

Health Protection

Why is this an important public health area?

Protecting the health of the population is a statutory duty of the Director of Public Health. The tremendous work of local authorities and the NHS through the COVID-19 pandemic has increased the wider understanding of the roles, opportunities and challenges of a local response to a health protection challenge.

At the core of protecting the health of the population is controlling or mitigating the harm from communicable diseases. This includes proactive work on reducing harm from vaccine-preventable infections, like measles or whooping cough; working with vulnerable communities who are at higher risk from infectious diseases like tuberculosis; making sure that food and water are safe; and helping people live healthy lives through ensuring access to high quality sexual and reproductive health.

Health protection also considers how we reduce the risk of harm from non-infectious sources. This might include thinking about how the environment impacts of health, including planning for extremes of weather or improving air quality. It also links to increasing uptake of screening services. Public Health has an important role as part of the response to preparing for and responding to emergencies, working with other voluntary and statutory organisations.

MMR doses at 5
years old

1 dose	2 doses
89.2%	75.1%



Nearly

2x

TB incidence
rate



Health Protection

What does the public health workforce look like in this area?

The breadth of the health protection work programme means that protecting our communities' health involves far more people than the small team working directly to the Director of Public Health.

It includes a wide range of professionals with different expertise and ranges from ensuring the safety and quality of food, water, air and the general environment to ensuring systems for vaccination and screening are in place, and managing outbreaks.

Addressing a health protection issue is rarely the responsibility of a single organisation, needing the specialist skills, expertise or services of a number of different organisations. Nottingham City Council has a health protection team that works closely with the wider health protection system. We are fortunate to be able to seek guidance and support from expert colleagues including environmental health officers, health protections specialists at UKHSA and infection prevention and control teams within the NHS and care settings in response to emerging issues.

We also work closely in a proactive way with a number of other teams, such as vaccination leads within the NHS and primary care, Integrated Sexual Health Services, community providers of outreach services and those coordinating and providing screening and immunisations. This means we are able to use all our resources to keep people safe.

Health Protection

Thoughts from colleagues

Vaccination lead nurse

I am so excited to become the lead for the Nottingham City Outreach & Catch-up Immunisation & Vaccination service. The service aims to increase the current levels of protection from preventable childhood infections among children and young people in Nottingham City. This will be achieved by delivering a population wide, evidence-based immunisation programme.

Immunisation and vaccinations are central public health interventions that continue to evolve as more diseases become amenable to cost-effective immunisation programmes. In Nottingham, we will be delivering a targeted evidence-based immunisation programme, focussed on reducing health inequalities. Nottingham City has significantly lower than average childhood immunisation rates across routine childhood and adolescent vaccinations as compared to the East Midlands and national rates.



As a registered nurse, I've been able to gain lots of experience over my career, so that I can understand how to help people decide to get their children vaccinated. I've been working in the East Midlands for a number of years and got to work with a range of teams and settings. During the COVID-19 pandemic, I supported the mass vaccination programme to deliver vaccinations across Nottinghamshire, as part of the 'Health Inequalities' agenda. As part of this, I have delivered targeted outreach health promotion events working with a wide range of diverse and disadvantaged groups contributing to increasing uptake of vaccinations

Health Protection

What are the challenges for the workforce across Healthy Communities?

The health protection system is complex and involves many partner organisations. Health protection regularly requires us to respond quickly to fast developing challenge, needing us to work collectively, often in a highly complex situation.

In Nottingham, we have low vaccination and screening uptake rates, that can increase population risk and population change which means we have to think about changing population needs. This means that effective health protection needs good intelligence, matched with strong working relationships and community engagement



What are the opportunities within Healthy Communities?

We learned during the pandemic how important it is to work with, and understand our communities' perspectives on matters that are important to them. We need to make sure that the health protection systems communicate well with communities and build on the good practice of the Community Champions programme

Research, Knowledge and Intelligence

Why is this an important public health area?

Public Health is responsible for monitoring, protecting and improving the population health in Nottingham. This includes ensuring that any recommendations are based on robust analysis of both national and local evidence and intelligence. So, to make evidence-informed decisions and to comply with the best value duty, local authorities need robust evidence and information.

Joint Strategic Needs Assessment (JSNA) is one of the key evidence resources on the health and wellbeing needs of people in Nottingham. The JSNA brings together quantitative information on the local population health and wellbeing needs, summary of the best available evidence on what works to address the needs, and qualitative insights from local communities, to help identify opportunities for improvement of services and inform decisions and commissioning plans.

It is also important to monitor and evaluate the impact of any actions, changes to services and innovations, particularly where the evidence on what works is less clear or does not exist. By identifying gaps in evidence, we can also help define questions that can be answered using research. Local research can generate new knowledge that can benefit not only people in Nottingham but other local authorities in the region and nationally.

**Nottingham
Insight**

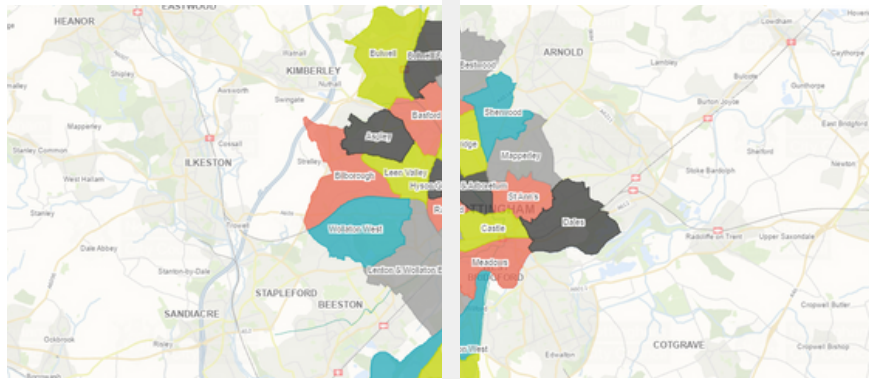
<https://www.nottinghaminsight.org.uk/>



Over

70

JSNA Chapters
published



Research, Knowledge and Intelligence

What does the public health workforce look like in this area?

Nottingham City Public Health has a Knowledge and Intelligence team which is overseen by a Consultant in Public Health supported by a range of public health data specialists and knowledge and intelligence practitioners.

Basic analytical skills are not sufficient for public health intelligence to be delivered effectively. In addition the team require skills in epidemiology and statistics, modelling, evidence synthesis and research and evaluation using both qualitative and quantitative methodologies. Skills in identifying the health intelligence needs of decision makers, presentation, and dissemination of public health intelligence, and advising and supporting internal and external colleagues with regards to data collation, analysis and use, and evidence-informed practice are equally important.

We are facilitating closer working across the system with colleagues who have complimentary skillsets and access to data, including through honorary contract arrangements with the Nottingham and Nottinghamshire System Analytical Intelligence Unit (SAIU) at the Integrated Care Board (ICB) and universities. We also work closely with other public health teams.

In addition, we are supported by colleagues working regionally and nationally. For example, the Midlands Local Knowledge and Intelligence Service (LKIS) that are part of the Office for Health Improvement and Disparities (OHID) are involved in producing public health intelligence tools and resources, and organise regular learning and networking opportunities. The UK Health Security Agency (UKHSA) Field Service leads on surveillance of communicable diseases and Knowledge and Library Service specialists provide support to local authority public health teams with literature searches..

Research, Knowledge and Intelligence

Case Study

I provide analytical support to other colleagues in the Public Health Team, and I also work with colleagues in other parts of the Council as well as the wider system including the Nottingham City Place-Based Partnership and the Nottingham and Nottinghamshire System Analytical Intelligence Unit (SAIU). This includes supporting work on the Joint Strategic Needs Assessment (JSNA) and the Outcomes Framework for the Joint Health & Wellbeing Strategy.

In my professional journey, before joining Public Health, I've had the opportunity to assume diverse roles, including working as an events and training coordinator and library customer service manager Nottingham City Council. I have also worked as a science teacher in a secondary school and have a PhD in Environmental Sciences and experience in teaching and supervision of research students at the University of Nottingham. My doctoral research involved studying population iodine and selenium status through a combination of questionnaire surveys and analysis of human biomarkers. I have published my academic work in reputable peer-reviewed journals and presented at national and international conferences including the highly commended oral presentation at the International Conference of the World Iodine Association in Italy.

My multidisciplinary background and previous roles have equipped me with many useful transferable skills for working in Public Health. I have been working in Public Health now for over a year during which I've had an opportunity to attend public health training at the University of Nottingham, and other Continuing Professional Development opportunities organised by the Nottingham City Council Public Health Department. I have also been developing my analytical skills further by working alongside my public health analyst colleagues, undertaking data analyst apprenticeship and taking advantage of training opportunities offered by LKIS. I have an unwavering commitment to public health, and I enjoy my work making public health intelligence accessible to colleagues and stakeholders in the wider system contributing to the understanding of the population health needs, improving health outcomes and reducing inequalities.



Saeed Ahmad
Public health
analyst
Nottingham City
Council

Research, Knowledge and Intelligence

What are the challenges for the workforce across these services?

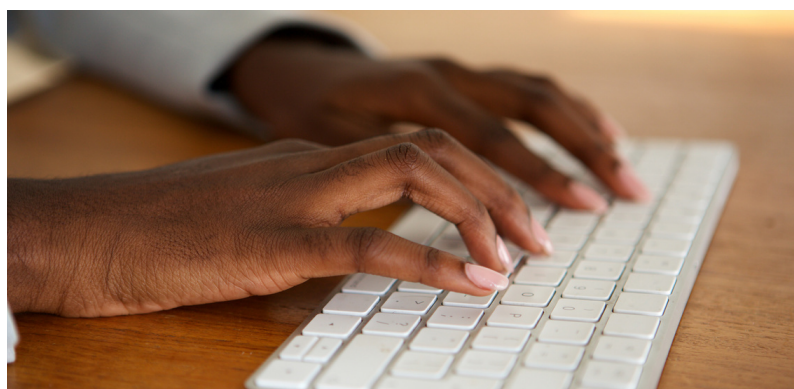
Demand for public health intelligence specialists with strong public health knowledge and technical skills, ability to identify health intelligence needs, assess evidence, interpret and present data to different stakeholders and undertake research and evaluations is high.

Working in research, knowledge and intelligence requires high levels of numeracy and literacy. Relevant knowledge can be acquired through e.g. undergraduate and post-graduate training, including Master in Public Health and related courses, with skills and experience further developed working alongside more experienced colleagues. This means that often public health data analysts have to be developed and supported, rather than being able to directly employ experienced staff.

There is no professional accreditation specifically for public health intelligence analysts and this can mean that people choose other routes with clearer career progression. Competition for analysts can also mean that skilled and experienced staff are recruited away from the public sector.

22%

East Midlands has the highest data skills gap in the UK



Reference:

<https://www.gov.uk/government/publications/quantifying-the-uk-data-skills-gap/quantifying-the-uk-data-skills-gap-full-report#specific-data-skills-needed-the-skills-gap>



Research, Knowledge and Intelligence

What are the opportunities to improve in this area?

In Nottingham City Council Public Health Knowledge and Intelligence team, colleagues come from a variety of backgrounds, including having worked as analysts in the NHS, police, as well as after undertaking doctoral degrees in related disciplines, including behavioural and environmental sciences. Colleagues new to Public Health have the opportunity to complete Fundamentals in Public Health module at the University of Nottingham, with further public health intelligence training opportunities developed by LKIS, as well as opportunities to develop technical skills e.g. through data analyst apprenticeships and training provided by the Midlands Decision Support Network.

While there is no professional accreditation specifically for public health intelligence analysts, the UK Public Health Register (UKPHR) encourages public health workforce, including public health intelligence analysts to work towards achieving registration at a public health practitioner or specialist level. There are also new opportunities e.g. to develop as academic practitioners with the support from the National Institute Health and Care Research (NIHR) Local Authority Fellowships including protected time for research training and developing research to address complex public health challenges.

Conclusion

Good health is the foundation for happy, resilient and connected individuals and communities. Our health is impacted by so many factors, including where we are born and live, what we eat and drink, whether we are able to attend school or work that that all of us working and living in the city have a role to play.

Sometimes, the answers to improving health and wellbeing need the intervention to be led by statutory bodies. The recent legislation on creating a smoke-free generation is an example of something that needed a national response to make a big change.

However, often in public health we see the difference that lots of little changes makes. If everyone moves a bit more or eats a bit healthier, it adds up to make a huge difference to overall population health. These small changes can't come from big national decisions; they have to come from within communities and from individuals being supported and enabled.

Therefore, if we really want to make a difference to health outcomes for Nottingham, we need to make everyone part of the public health workforce, so that it becomes everyone's job to think about how we can make those small changes. We need to talk about these small changes when we're talking to people about their housing tenancy, or how their studies are going or when we're cutting their hair and not just when they come to a health clinic. Most importantly, we need to listen, understand and work with our communities about what would make the change for them.

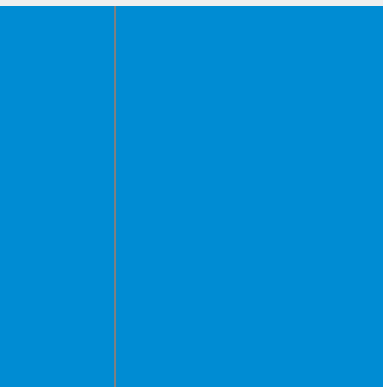
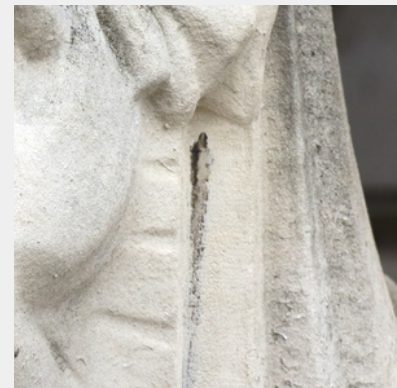
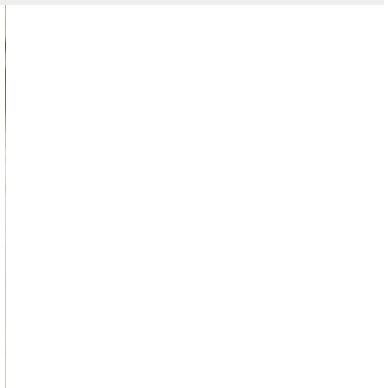
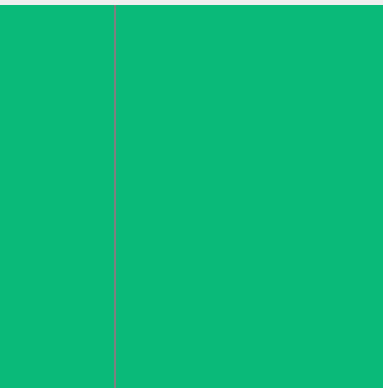


Recommendations

1. Further develop and strengthen our work with communities to create capacity and resilience in improving health
2. Continue to build a broad professional public health-trained wider workforce, through providing learning and development opportunities and encouraging integration
3. Broaden the wider workforce to include other occupations who have trusted relationships with people and provide training, information and support.
4. Work with the partners of the Integrated Care System and Health and Wellbeing Board to agree a shared vision and framework that ensures healthy conversations and brief interventions happen across our city led by skilled people that residents trust.







Thank You

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