

**Report**

# **Employer Standards impact assessment**

**31 March 2019**

**Evaluation of the Standards for Employers of local  
public health teams in England**

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# 1. Executive summary

## 1.1. Project context

The Standards for employers of public health teams in England set out expectations of good employers who want to enable all their public health staff to work effectively. The Standards were published in 2018 after a wide consultation across the public health system in England and are owned and maintained by the Local Government Association (LGA). This project aimed to evaluate their impact, one year on.

## 1.2. Methodology

The overall objective of the evaluation was to review the uptake and impact of the Standards for employers of the local public health teams in England. In addition to this, the research needed to help understand perceived benefits of, and barriers to, using the Standards.

The research used mixed methodology comprising qualitative telephone depth interviews and a quantitative online survey. Specifically, the research included:

- Twenty five telephone interviews with directors of public health from across England (25 minutes long).
- Four additional telephone interviews with a mix of directors of public health and other public health staff to gather more detail for case studies of how the Standards have been used (30 minutes long).
- Eleven telephone interviews with stakeholders (30 minutes long).
- An online survey with directors of public health (34 directors of public health completed the survey).<sup>1</sup>

## 1.3. Key findings

Awareness of the Employer Standards was generally high among the directors of public health consulted for this research. Across the qualitative and quantitative sample, over two-thirds of directors of public health reported they knew about the Standards and just under one-third were not aware of this resource prior to this research. In addition, all stakeholders interviewed for this research were familiar with the Standards and some were involved in their development.

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<sup>1</sup> Out of 35 who completed the survey, 29 completed it fully and 5 completed it partially. The 5 partial completes included answers to questions on awareness and usage of the Standards but not all other answers.

A smaller proportion of directors of public health used the Employer Standards framework to help inform their work; indeed, most interviewed in this research had not used it so far. Specifically, 24 per cent of respondents reported they had used the Standards and 76 per cent had not used this resource. Similarly, most stakeholders were not aware of examples of using the Standards in public health teams they were familiar with.

The Standards were mainly used for various aspects of workforce development work and more rarely to help consider and improve partnerships and accountability. Specifically, the Standards were used to help with the following areas of work:

- ensuring adequate support and standards for continuous professional development (CPD), education and training
- wider workforce development projects
- HR materials and processes
- professional registration of public health staff
- partnerships and accountability
- auditing public health teams.

Within this, there was some variation in the extent to which the Standards were used systematically as a framework or more fluidly as a guide and a reference document to check for best practice as and when needed.

While two thirds of respondents had not used the Standards, most generally felt that their public health teams broadly met the expectations set out in the Standards. This was particularly the case in terms of CPD, education and training, and registration standards, which most felt were more in their control so they could ensure the standards were met to a greater extent. Conversely, some conceded that other areas, and particularly workforce planning, depended on the broader local authority priorities and strategies and the extent to which they were able to influence this varied.

Respondents felt the Standards reflected best practice that they were familiar with from other sources. This view was consistent across directors for public health and stakeholders. The vast majority also thought the Standards were comprehensive and covered all the relevant areas.

Most directors of public health could also see the benefits of using the Employer Standards as a framework to help support their work, even if some had questions over the capacity of their team to carry out an audit. This overall positive view was fairly widespread both among those who have and have not used the Standards so far. Within this, respondents also noted particular ways in which the Standards were or could be beneficial in their work. The Standards were perceived as beneficial as:

- a structured framework that pulls together best practice in one place and allows both to check for any gaps in what public health teams currently do and approach any improvement plans in a systematic way
- a resource to help communicate and uphold public health standards in the context of the post-2013 transition of public health teams from the NHS to local authorities
- a tool for reflection and action that provides a bridge between identifying skills and development needs of their public health workforce and developing action plans to address those needs
- a benchmark to measure baseline against and also compare different public health teams and local authorities, for example, within peer review processes and regional networks
- a help with recruitment and retention of public health staff through offering ways to demonstrate how employers support their public health staff.

Respondents also highlighted particular challenges to implementing the Standards, ranging from those arising from the wider context to those specific to the framework of Employer Standards. The following challenges were consistently highlighted as key reasons why it may be difficult to implement the Standards:

- budget, time and resource constraints
- variable support for, public health and public health teams within different local authorities
- the complex nature of the public health workforce which is often dispersed across different teams and organisations
- the changing healthcare landscape and potential future developments that could have impact on public health workforce, for example, future funding.

Respondents identified the following challenges specific to using the Employer Standards framework:

- low awareness and lack of promotion of the Standards
- certain aspects of the content within the Standards that could potentially be made more specific and some issues where additional guidance would be useful
- concerns around whether separate standards for public health staff are the most effective way to promote them (as opposed to embedding them within existing workforce standards of individual employers)
- questions over the value the Standards add to the already available frameworks and resources and how they relate to them.

Based on the findings above, the research also identified some key considerations for the future development and usage of the Standards, as follows:

- promoting the Standards more extensively and periodically, as well as embedding them in HR processes
- providing additional guidance as an annex to the Audit Checklist
- reviewing how expectations within the Standards are phrased and whether there are any instances where they could be made more specific
- making more of a case for why and how using the Employer Standards would add value to what public health teams already do in areas covered by the Standards

- looking at how best to ensure the Standards dovetail with local standards developed by individual employers
- exploring whether there was appetite to use the Standards as part of peer-review or regional processes and networks
- considering how the Standards can be applied to the dispersed public health workforce outside of public health teams.

## 2. Introduction

The Standards for employers of public health teams in England set out expectations of good employers who want to enable all their public health staff to work effectively. The Standards cover five key areas:

- partnerships and accountability
- effective workforce planning
- continuous professional development
- professional registration
- education and training.

The Standards were published in 2018 after a wide consultation across the public health system in England and are owned and maintained by the Local Government Association (LGA). This project aimed to evaluate their impact, one year on.

### 2.1. Research objectives

**The overall research objective is to review the uptake and impact of the Standards for employers of the local public health teams in England.**

**More specifically, the research needed to explore:**

- How widely the standards are being used across local authorities in England.
- The benefits of implementing the standards for employers and employees.
- The particular issues with implementing individual standards and the barriers causing this.
- How useful the accompanying audit tool is.

### 2.2. Methodology and sample

The research used mixed methodology comprising qualitative telephone interviews and an online quantitative survey with Directors of Public Health, as well as interviews with stakeholders. Specifically, the research involved:

- Twenty five telephone interviews with directors of public health from across England (25 minutes long).
- Four additional telephone interviews with a mix of directors of public health and other public health staff to gather more detail for case studies of how the Standards have been used (30 minutes long).
- Eleven telephone interviews with stakeholders (30 minutes long).
- Online survey with directors of public health (35 directors of public health completed the survey).

The stakeholder sample included a mix of respondents from regional Public Health England centres and representatives of organisations that were either involved in the development of the Standards or the Standards were relevant to their work. The director of public health sample included a good regional spread, a mix of urban, suburban and rural areas, as well as a range in terms of the council type and size. The table below gives more detail on a range of councils and regions included across the qualitative and quantitative samples of directors of public health:

<b>Directors of public health sample: Total No = 59</b>		
<b>Region</b>	South-East	6
	Yorkshire & Humber	6
	East of England	3
	London	14
	North-East	4
	West Midlands	6
	East Midlands	4
	North West	8
	South West	4
<b>Type of Council</b>	Unitary	15
	County Council	12
	Metropolitan	17
	London borough	15

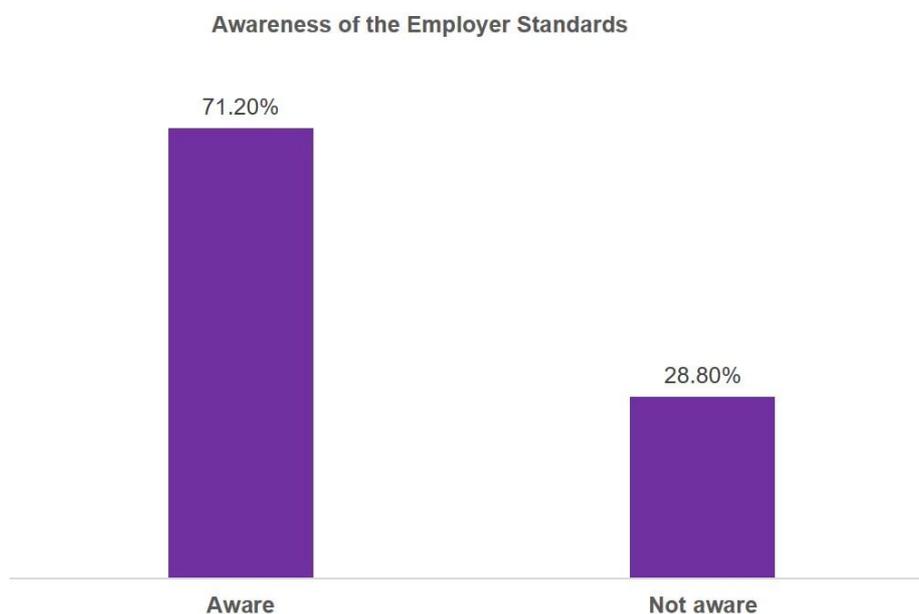
Qualitative research preceded quantitative and helped inform the online questionnaire. In particular, emerging findings from the qualitative interviews were used to develop the questions about perceived benefits and challenges for the online survey. While this was the broad approach, two main questions around awareness of the Standards and their usage were asked across the qualitative and quantitative research consistently. For this reason, where quantitative findings on awareness and usage were reported, the sample base for those questions was 59 as it included both qualitative and quantitative respondents. Conversely, where quantitative findings around perceived benefits and challenges were reported, the base for that was smaller as it included the quantitative sample only. However, qualitative findings on these topics were consistent with the quantitative findings.

All research materials, including discussion guide and the questionnaire for the online survey are provided in the Appendix.

### 3. Awareness and usage of the Employer Standards

#### 3.1. Awareness of the Employer Standards

Awareness of the Employer Standards was generally high among the directors of public health consulted for this research. Across the qualitative and quantitative sample, over two thirds of directors of public health reported they knew about the Standards prior to this research, whereas just under one third were not aware of this resource. Specifically, 71 per cent were aware and 29 per cent were not aware of the Standards, as shown in the chart below:



Base: 59

In addition, all stakeholders interviewed for this research were familiar with the Standards and some have also been involved in their development.

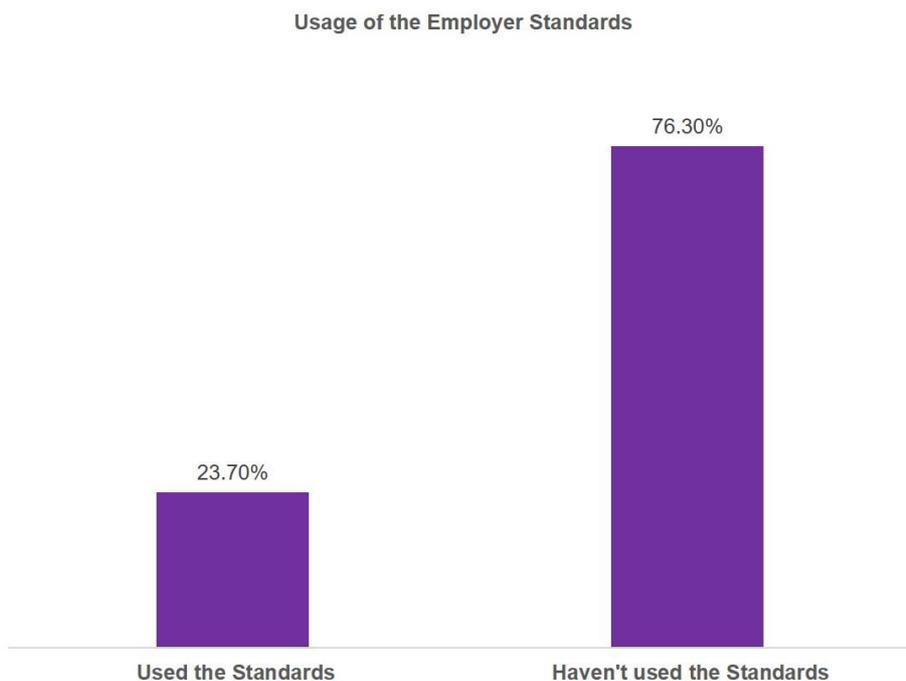
Qualitative research with directors of public health further found that most respondents who were aware of the Standards felt they were broadly familiar with them, whilst not necessarily knowing all the detail. Only a few respondents reported detailed knowledge of the Standards (where they had used them) or a very basic understanding. Typically, respondents knew what the purpose of the Standards was and who was involved in developing the document. They also had a general idea of at least some of the areas covered by the Standards, but often felt less familiar with the detailed expectations within each of the Standards. Most respondents who knew about the Standards were also aware of the Audit Checklist, but a smaller proportion did not know about this tool.

Respondents who knew about the Standards found out about them in a range of ways. Most recalled the Standards being published in 2018 and learnt about them through various public health communication networks that were used for the launch. A smaller number reported that they were introduced to the Standards through workshops organised by the regional public health centres. Other routes through tended to be less structured. For example, a respondent who went on to use the Standards came across them initially while searching on Google for resources to help with their workforce development project.

Respondents who were unaware of the Standards sometimes came into their director of public health posts after the launch and therefore missed the initial communications. However, whether respondents knew or did not know about the Standards, most were not aware of any promotional activity around them after the launch. Even where respondents knew about the Standards, they often felt that the lack of promotion meant the Standards were not 'top of mind' for them, making them less likely to consider and use them. Across the sample, respondents stressed the need for more promotion of the Employer Standards. More detail on respondents' preferred channels and ways to promote the Standards is provided in Section 6.

### 3.2. Usage of the Employer Standards

A smaller proportion of directors of public health used the Employer Standards framework to help inform their work; indeed, most interviewed in this research had not used it so far. Specifically, 24 per cent of respondents reported they had used the Standards and 76 per cent had not used this resource, as shown in the chart below:



Base: 59

This discussion below is mainly focused on the experiences of those teams that have used the Employer Standards. However, respondents who had not used the Standards often felt their teams had other frameworks and processes in place to ensure they broadly met the expectations of good employers outlined in this resource. For this reason, this section also briefly considers experiences and views of the teams who had not used the Standards but felt they had other systems in place to meet these expectations.

Stakeholders were generally not aware of examples of using the Standards in public health teams they were familiar with. For example, most respondents from the regional Public Health England centres were not aware of local authorities within their region using the Standards. Respondents, however, also pointed out that the Standards were perhaps used but this was not brought to their attention through their networks with public health teams. The exceptions were a couple of stakeholders who recalled hearing that a particular local authority had used the Standards but were not aware of any further detail. The discussion about the experiences of using the Standards below is, therefore, based on directors of public health sample only.

### **Experiences of using the Employer Standards framework**

Overall, 14 out of 59 respondents had used the Standards to help inform their work. Within this, respondents from eight different public health teams were interviewed to understand in more detail how they have used the Standards and what their experiences were like. Research found that the Standards were used in different ways and with different purposes in mind, including:

- as an overall framework to assess the extent to which the Standards were met in individual local authorities and identify any priority areas for improvement
- as a guide to help with a range of specific work areas covered by the Standards, eg CPD programmes or workforce planning
- as a reference document outlining best practice to check on an ad-hoc basis as and when relevant
- as a tool to help communicate and uphold the Standards within the public health team and the broader local authority organisation.

There were further variations in how structured or fluid and ad hoc the process of using the Standards was in different teams:

- Where the Standards were used as part of broader public health workforce re-structure or development projects, the approach tended to be more structured as the Standards were used to support this wider undertaking in a systematic way.
- Where the Standards were not embedded as part of wider workforce projects, they were used in stages and their implementation was more of an ongoing process. Often, directors

of public health would review the Standards initially to quickly assess the extent to which their team met the outlined expectations and whether there were any gaps that should be urgently addressed. For example, some checked whether their registration, appraisal and CPD opportunities were in line with the Standards. Following on from this initial brief assessment, directors of Public Health tended to use the Standards on an ad hoc basis, where relevant issues arose, for example, if they wanted to improve their CPD provision.

In terms of the **areas of work they helped inform**, the Standards were mainly used for various aspects of workforce development work and more rarely to help consider and improve partnerships and accountability. Specifically, respondents cited the following examples of how they used the Standards within their work.

### Continuous professional development (CPD), education and training

Over half of the teams which used the Standards did so with regards to CPD, education and training for public health staff. Respondents used the Standards to frame and communicate requirements in terms of CPD for public health staff both internally within the team and externally within the local authority. Taking the CPD standard as a benchmark of where they ought to be, directors of public health or consultants carried out informal audits to assess whether all public health staff within their team or in other directorates too had appropriate opportunities to maintain their CPD. Where gaps were identified, they aimed to put improvement plans in place, for example, ensure consultants had external professional appraisals where that was not already in place or support public health leads to register as practitioners through portfolio.

The work to ensure adequate CPD opportunities was often limited to staff within the public health teams, as supporting staff beyond their team sometimes exceeded already stretched capacity of public health teams. However, occasionally efforts to support staff in terms of CPD also applied more broadly across the local authority. For example, a couple of public health teams also looked into opportunities to support staff in other relevant departments, such as environmental health or nurses in the Children's Directorate, to become public health practitioners if interested. A couple of other teams also reported drawing on the Standards in their work with trainees and apprentices to see if there was anything more they should be doing to support their education and training.

“We looked at them when organising our education and training. We also used the Standards for a lot of placements to ensure people had a good experience of public health. We also liaised with relevant people in other departments, such as environmental health and nurses to see if they were interested to work towards a public health practitioner route. The Standards were also used in internal appraisals and with trainees to see if they should be doing more in terms of education and training.” [DPH, North West]

“We looked at the standard for CPD to see where people are in terms of CPD. Other than consultants, we have nurses that deal with health protection issues and their CPD was appropriate. We also have school nursing teams and we are in the process of ensuring that they are in line with CPD... We are engaged with the practitioner program regionally to ensure that a couple of other staff went through to be registered as practitioners.” [DPH, East Midlands]

“We went through it [checking if adequate CPD was provided] in terms of the whole lot – delivery services right through the knowledge specialists and consultants and director level. And we used the PH Knowledge and Skills Framework as well.” [DPH, East Midlands]

### **Wider workforce development work**

In some instances, the Standards were used to help improve CPD, education and training provision, and career progression opportunities as part of wider workforce development. For example, one local authority supported a public health workforce development project that involved surveys of public health staff, a full audit using the Audit Checklist accompanying the Standards and an action plan based on the evidence gathered through the surveys and the audit process. The Standards were used to frame, reflect on, and assess baseline data and improvement action plans, along with other linked resources such as the Public Health Knowledge and Skills Framework.

Using the Standards reinforced some of the ideas the team already had and gave them confidence to pursue them. It also helped to identify any gaps and develop an evidence-based action plan. One of the outcomes of this project was to provide more support for public health leads to work towards becoming public health practitioners registered through portfolio. Another outcome was an assessment of the skills and knowledge possessed by the team and individual staff members, as well as an understanding of what other skills and knowledge the team needed and the areas for development of individual staff members.

“Initially, when we first found the Standards, they gave us some ideas in what we wanted to look at when supporting staff. The five standards gave me ideas and some of it just confirmed ideas I already had around registration and CPD. Looking at the Standards also gave me an idea for a survey of our public health workforce, eg asking them ‘Do you get enough time for CPD?’ We ran the survey and we also did some more detailed work on public health career development and skills, trying to assess where our team was in terms of skills and development. We used the Public Health Skills and Knowledge Framework for that, but ultimately all of this will be framed in terms of the Standards.

The workforce development will result in an action plan. We are hoping that all this will help us not only develop staff but also help with retention as there's quite a lot of staff turnover. To devise an action plan, we'll use the Standards to identify gaps in skills and development. Some of this may also have to feed into future workforce planning.

In terms of development, none of the public health leads were on a practitioner route through portfolio, so we want to support them to do that. Current public health lead roles are a mix – people responsible for strategy and commissioning across sexual health, health checks, school nursing etc. We want to support them to develop as public health practitioners and some are interested in this.” [PH Consultant, London]

In a couple of other cases, workforce development work was part of wider and sometimes regional efforts to promote particular opportunities for CPD and career progression, such as public health practitioner route through portfolio. The Standards were again used to provide the rationale and framework for these activities and communicate their importance.

## **HR materials and processes**

Four out of 14 teams that used the Standards reported embedding them in various recruitment and HR processes. Specifically, the Standards were referenced in job descriptions and staff inductions to clarify expectations in terms of registration and CPD internally, but also underline these requirements within the local authority when recruiting public health staff. A director of public health who used the Standards in this way explained this was applied to the roles such as public health principles, registrars, consultants and practitioners.

The Standards were further embedded as part of other HR processes, such as performance objectives-setting for public health staff and appraisals. In one council, they were also referenced within the inductions for all new staff in the council as part of the drive to become a health promoting council.

“We included it in the job descriptions; and made sure it was at the beginning of the job descriptions for the public health team. Otherwise there was a sense that anyone can do public health. [...] This year, we are including the Standards on the slides for public health, so it will go in front of all new staff and we are now trying to embed it across the council so, when new staff start, they pass through the induction. We expect everyone to work to that standard, because they all have these responsibilities. We will have a health promoting council. [...] The

Standards are part of objective-setting for staff in terms of their performance...and we've got reflective practice sessions. Public health teams meet for training once a month and where people are struggling with one area, we then refer back to the Standards." [DPH, London]

**Public health team re-structure process and wider workforce planning** Directors of public health used the Standards to frame and guide the re-structure of public health teams to ensure staff had the appropriate levels of skills and knowledge to work effectively.. Specifically, the Standards were referenced in the statement outlining the plans for the re-structure and used to explain and communicate the rationale for why the team needed to change in that way.

Elsewhere, a few directors of public health were keen to embed the Standards in wider processes of workforce planning within their local authority. They recognised that workforce planning was an area that was not within their control solely, but hoped that the Standards could help to provide a benchmark to work towards, a rationale for why this was needed, and a structured framework to guide the workforce planning process for public health staff. Using the Standards in this context was in its early stages, as respondents reported they have started initial conversations with their HR departments and senior management teams about how the Standards could be used to support this.

"We are working on a new workforce strategy in the local authority at the moment. The Standards are being used alongside this to lead in. It's informing this work." [DPH, London]

### **Registration of public health staff**

Along with CPD, registration was often another area where directors of public health felt the requirements were already well-known and largely met within the public health sector. They stressed registration was mandatory for certain public health roles and more generally communicated through other channels such as the Faculty of Public Health guidance.

However, the Standards were still sometimes used as a checklist to confirm that all public health staff – sometimes within the public health team only, at other times across the local authority – were registered with the appropriate bodies. Once again, the Standards provided a benchmark to assess against. Going through this process gave teams reassurance and evidence that they were meeting the requirements in terms of registration.

“We used the Standards intermittently. When something comes up, we check the Standards. For example, with professional registration, we checked the Standards as part of making sure that everyone was registered with relevant bodies.” [DPH, North West]

“So far, I had the conversations with the relevant people within our senior management team and the council. I then looked at the standard for professional registration to ensure the people that should be registered are registered and where they are in terms of CPD.” [DPH, East Midlands]

### **Partnerships and accountability**

The Standards were not commonly used to consider and improve partnerships and accountability, as they were often perceived as primarily linked to workforce development and planning. However, one team did use them in this area as guidance to help analyse their existing partnership networks and clarify how they should ideally work. Specifically, the team clarified the roles and remits of different parties involved in their partnerships, for example, who takes lead and in what respect. The team also tried to optimise the ways of working together for different partnerships, for example, improve the frequency and communication channels where needed.

“We also looked at them with regards to partnership and accountability to help be clear who takes the lead externally and internally, about the roles and the remit.” [DPH, North West]

### **Auditing public health teams**

Directors of public health who used the Standards often went through them initially to quickly assess if there was anything they were not doing that they were meant to be doing. In this way, they carried out a brief and informal audit of their practice and team, however, without going through a more structured and rigorous process of evidence gathering to give more confidence, there were no gaps that needed addressing. Most have not used the Audit Checklist to go through this process more comprehensively. The main reason cited for this was lack of time, as they questioned how time consuming this would be. Nevertheless, some were interested in doing a formal audit using the checklist and considered how this work could be supported.

Only one team in the sample used the Audit Checklist in a more comprehensive way, rather than as a quick checklist to assess any gaps. Where the full audit was carried out, this was as part of the previously mentioned workforce development project. As part of this, the team carried out workforce surveys around CPD, skills and knowledge, and career development

needs, which provided the data for the audit. The team that carried out the Audit found it a useful process to help them adopt an evidence-based approach to workforce development and provide guidance to help identify gaps and decide what improvement actions were needed.

“As part of the wider workforce development work, we got one of the public health leads to use the Audit Checklist. The lead tried to populate the checklist using survey results. They then sent questions to different workforce groups asking whether they had an understanding of working across the organisation. We also gave them statements and asked if they thought they were doing those things. They then had a meeting to collate all this feedback and did RAG [red, amber, green] ratings. Already at this stage we started slipping into actions. It was a really helpful process. The survey made it easier. Without it, it could have been more difficult. It helped us gain a clear understanding of where the gaps were, which was evidence-based as they spoke to the workforce. Now we have the structure of different things we need to address. The next part will be the action plan, milestones and how we’re going to achieve that. The Standards have helped here as a framework. [PH Consultant, London]

## **Experiences of the teams that have not used the Standards**

More than two thirds of directors of public health in this sample had not used the Employer Standards to guide, frame and assess their work with regards to CPD, education and training, registration, workforce planning and partnerships and accountability. However, most of these respondents felt that their public health teams broadly met the expectations set out in the Standards. This was particularly the case in terms of CPD, education and training, and registration standards, which most felt were more fully in their control so they could ensure the standards were met to greater extent. Conversely, some conceded that other areas, and particularly workforce planning, depended on the broader local authority priorities and strategies and the extent to which they were able to influence this varied.

“I think it’s extremely useful. I’m familiar with a lot of the content within it like the core competencies of public health. I have been very involved in faculty affairs for years and years. Having not seen the document, I remember introducing a lot of these [standards].” [DPH, North East]

“It was already part of what we do. People are accepting that they need to do it [education and training].” [DPH, East of England]

In explaining how they already met the Standards, respondents cited various instances and examples:

- Some listed how they ensured adequate CPD and educational provision, for example, through partnerships with public health academies or various regional networks focusing on CPD provision and career development of public health staff.
- Most thought their public health staff were registered with appropriate bodies and felt they were very familiar with requirements in this respect.
- Others also highlighted their involvement in the regional sector-led improvement work, which they felt enabled a peer-review process through which public health standards were shared and fostered.
- Many also felt they were familiar with much of the content of the Employer Standards from other sources, specifically the Faculty of Public Health and documents such as the Public Health Skills and Knowledge Framework.

“From an educational training point of view we would deliver all of those things in the Standards. Professional registration – we make sure that we all maintain our professional registration, GMC registration and re-validation and appraisal and faculty CPD or for some medics UKPR registration is the same thing.” [DPH, South East]

“We are an accredited education training place, so we have trainees, GP trainees, hospital doctors as well, CPD. We support people to go through portfolio registration.” [DPH, London]

Additionally, a few respondents also reported on situations where they felt particular standards were not fully met, for example, the accountability or how public health staff were supported in terms of education and training. The respondents explained they needed to put various improvement actions in place where support for, and coordinated oversight of, public health staff dispersed across the local authority was lacking. Specifically, in one local authority the director of public health started by identifying all public health staff working for the council who were funded by the public health grant. They found that 100 staff were funded across the council and went on to put in place Statements of Agreement with other departments to ensure accountability for how the grant was spent and public health outcomes achieved. They further introduced training and reflective sessions for all public health staff across the council and joint appraisals for key public health staff from different departments.

Respondents who had not used the Standards but felt they met them anyway split in to two groups in terms of how they felt about using them. Most saw the value in doing this and were interested to see whether the Standards could help support their work. A smaller number felt they already had frameworks, mechanisms and networks in place that supported them to meet the Standards so were not sure what using this framework would add. Respondents’ perceptions of the Standards and the benefits and challenges they associate them with are detailed in the following sections.

## 4. Perceived benefits of the Employer Standards

Overall, all respondents consulted for this research felt the Standards reflected best practice they were familiar with from other sources and this view was consistent across directors of public health and stakeholders. For example, many respondents reported they knew about the requirements covered by the Standards through the Faculty of Public Health, the Public Health Skills and Knowledge Framework, or from their previous experience of managing training and registration of public health staff. Respondents also thought the Standards were a reasonable set of expectations of good employers which they agreed with. All recognized the huge importance of adequately skilled and competent workforce for achieving public health outcomes, as well as the need to support public health staff to grow in their roles in the context of recruitment, retention and skills shortage challenges.

“It sets out a clear set of standards that all employers should adopt and follow. It gives you quality assurance around delivery of public health outcomes.” [DPH, East Midlands]

“The benefit is having a more competent workforce with transferable public health skills; people growing in their roles and what they can deliver to the organisation. Also, we become a more attractive employer and it also increases our capacity in what we can do as a team.” [PH Consultant, London]

The vast majority also thought the Standards were comprehensive and covered all the relevant areas. Some noted there was a degree of overlap between certain standards, such as CPD and education and training, but recognized that all of the Standards were interlinked. Particular areas such as workforce planning and development were seen as particularly critical for public health teams because of the need to find their place in the local authority context since the transition in 2013 and to ensure adequate staffing and skills amidst the cuts to local authorities' budgets.

“For me it includes all of the key competencies of public health in there. It has to be quite high level, but it's up to individual teams how they interpret that high level information. You need to be like that. It gives them something to aspire to.” [DPH, London]

“The Standards are very logical. They do address the issues of standard of good practice for public health in local authorities. They are pretty thorough.” [DPH, West Midlands]

Most directors of public health could also see the benefits of using the Employer Standards as a framework to help support their work, even if some had questions over the capacity of their team to carry out an audit. This overall positive view was fairly widespread both among those who have and have not used the Standards so far. Within this, respondents also noted more specific benefits of using the Standards in their work, which are discussed below. Respondents' views in this respect were fairly consistent across the qualitative and quantitative sample, as the most widely highlighted benefits were the same across the two. The views of directors of public health on the benefits of the Standards were echoed by most stakeholders, who highlighted similar benefits.

The chart below shows the range of benefits of using the Standards identified by respondents. These benefits were more or less recognised by directors of public health who were consulted for this research.



Base: 29

Qualitative data provided more detail on respondents' perceptions of each of these benefits of using the Standards, which are discussed below.

### **A structured framework that pulls best practice together in one place**

Many directors and stakeholders of public health appreciated that the Standards pulled good practice into one place and provided a framework helping them to adopt a structured approach to workforce planning and development. This structure allowed them both to check for any gaps in what they currently do and to approach any improvement plans in a systematic way. It also gave them confidence and reassurance that they were meeting appropriate standards where no gaps were identified, as well as ability to evidence this.

“I had a meeting yesterday with a university about student placements for public health work. If we use the framework, we can do that in a more systematic way.” [DPH, East of England]

“They are really useful as providing framework for looking at how public health staff are supported in terms of development in local authorities. There are lots of capacity gaps in terms of public health staff and skills.” [PH Consultant, London]

“The Audit Checklist gives a structured way to assess ourselves after five years and put in an improvement plan.” [DPH, East Midlands]

### **A resource to help communicate and uphold public health standards**

Many directors of public health felt the Employer Standards were also beneficial as a resource to help communicate public health workforce standards in the context of the 2013 transition of public health teams from the NHS to local authorities. Respondents stressed that in this context public health teams needed to communicate their value and specific professional requirements and standards to the broader local authority organisation and HR teams that were not always familiar with this workforce. Directors of public health interviewed for this research often felt the Employer Standards allowed them – or would allow them if they had not used them so far – to communicate the needs of the public health workforce both within their teams and the local authority senior management and HR teams.

“It gives you a clear professional identity, a benchmark. It gives you something to refer to so it’s helpful for having conversations with senior leadership in the local authority.” [DPH, East Midlands]

“It gives staff clarity for what they need to do, and shows how important registration and CPD are.” [DPH, North West]

“They set the standards and they allow me to have the conversation with my chief executive to say this is what the LGA expects, this is from the ADPH, and this is what we need to make sure we work towards.” [DPH, East Midlands]

“The Standards and checklist give a high level framework to prompt discussion and further details would follow that, with the team and then local authority.”  
[DPH, London]

Additionally, many directors of public health and some stakeholders also felt it was helpful that the Standards were owned and maintained by the Local Government Association (LGA), which they thought added weight to the Standards in the local authority context.

“The purpose of the Standards is to give some structure, particularly after the transition to local authority, to give an understanding of what public health is to local authorities so they can fulfil their statutory duties.” [DPH, Yorkshire and Humber]

“[The Standards] provide support for the requirements the public health teams and workforce have. So it’s not them saying we’re special, it is an absolute requirement for our practitioners.” [DPH, North West]

A few directors of public health also stressed the Standards provided more clarity not just to employers, but also to public health staff, specifically with regards to their roles and support they could expect. For example, a director of public health who used the Standards as part of HR documents and processes felt they helped clarify expectations of staff and the importance of adequate registration and CPD. Another respondent who used the Standards also stressed they gave their public health team more of a sense of a professional identity at the time of the transition to local authorities. Additionally, public health leads who carried out the Audit as part of the previously mentioned workforce development project thought the Standards gave them clarity on what they can reasonably expect from their employer, helping them potentially protect their time for CPD and ask for support.

### **A tool for reflection and action**

Although only one public health team in this sample carried out the full Audit, many directors of public health appreciated that the Standards provided a checklist to reflect on what they currently do, and to help them identify any gaps and plan improvement actions. The team that carried out the full Audit in particular felt the Standards and the Audit Checklist provided a bridge between identifying skills and development needs of their public health workforce and developing an action plan to address those needs.

“It gives a baseline, but also provides a good outline of what we expect...in terms of ensuring that we recruit registered practitioners and gain the recognition

personally and also for the sake of the organisation to have a workforce that understands the public health practice very well.” [DPH, East of England]

“I want to use the Audit as a sharper tool to move the teams into the next stage. I have ideas of the team as a learning organisation and how we develop our own staff and the wider council’s staff to gain public health skills and knowledge. I expect this work will be very usefully guided by the Standards.” [DPH, South East]

“It would help find the gaps. I feel we do much of it anyway but it’s always useful to do an audit.” [DPH, South West]

### **A benchmark to measure baseline and compare local authorities**

Some directors of public health in this sample also perceived the Standards as a helpful benchmark either to assess what they currently do or to compare how the Standards were met across different local authorities. A few respondents who had not used the Standards so far could see their value if used within peer review processes and networks to share experience, learning and best practice, as well as to assess where they are in this respect when compared to their peers and other local authorities. Others hoped that if applied in this way, the Standards could lead to more consistency across different local authorities, which would be beneficial for public health teams and workforce.

“You’re able to benchmark with other local authorities in other settings, to see how the workforce looks in different shapes. If you’re able to draw a comparison with posts doing similar roles, the standards would be helpful there to look at the types of responsibilities under each role.” [DPH, London]

“The benefit for staff is that it gives consistency in terms of CPD and training expectations from being employed by local authorities. It also helps to make themselves more marketable when moving jobs.” [PH Consultant, London]

“It focused thinking in terms of the Standards we should be meeting and it’s an opportunity to think of peer evaluation. It also sets a benchmark that can be used across local authorities.” [DPH, South West]

## Help with recruitment and retention of public health staff

A few directors of public health also pointed out that the Standards could be referenced in the recruitment context to communicate what employers do to support their public health staff and attract potential applicants. Similarly, meeting the Standards in terms of the support provided to the workforce was also seen as potentially helpful with the retention of staff.

“From an employers’ perspective, we are able to say we have the framework [...] and it becomes embedded within the organisation, [shows] that we’re investing in people. It also helps across good things like apprenticeships, HR career development etc.” [DPH, East Midlands]

## 5. Perceived barriers to implementing the Employer Standards

Barriers to implementing the Employer Standards were addressed in two different ways. Firstly, many directors of public health and stakeholders highlighted some of the broader challenges in meeting the Standards in the context of the transition of public health teams from the NHS to local authorities and local government budget cuts. Secondly, respondents also considered the specific reasons for not using the Employer Standards and potential difficulties in applying this framework.

Respondents consistently highlighted certain factors as key challenges to implementing the Standards in general and using the Employer Standards within their work in particular. The chart below shows the range of challenges identified by directors of public health, as well as how widely particular factors were seen as obstacles to implementing the Standards.



Base: 29

Each of these challenges identified by respondents is discussed in more detail below.

## 5.1. Broader challenges

Directors of public health in this sample generally felt that certain areas of the Standards were more in their control than others. Specifically, many felt they could ensure appropriate registration, CPD and education and training was provided to a greater extent than they could influence the overall workforce planning within their local authority.

“It varies for each standard – what’s in my control is very strong and what’s beyond my control is not so strong. CPD is in my control and development of workforce and growing my own staff. Recruitment is incredibly hard.” [DPH, Yorkshire and Humber]

“CPD, training and education is within control of our public health team but we do need this acknowledged by the organisation. Workforce planning is an organisational thing, how many people they have at different levels. Partnerships and accountability...I don’t think they pinned this one down.” [PH Consultant, London]

However, across different Standards, directors of public health also felt that lack of funding and resource and time pressures presented challenges for implementing the Standards. Many noted finding the funding and time for training or budget to employ additional staff required was challenging. Some smaller teams or those in remote areas reported additional challenges that compounded other barriers to implementing the Standards. For example, a small public health team in a deprived area struggled to attract public health candidates for vacant posts but were attempting to 'grow their own' staff to fill those posts. Additionally, smaller teams felt that workload pressures on existing staff posed barriers to taking on further work with regards to the Standards, eg carrying out an audit. Stakeholders, for their part, also highlighted budgetary and resource constraints as key factors potentially limiting employers' and public health teams' ability to meet all of the Standards.

"The big challenge for all of us is, for CPD, and effectively having the time to do that. The reality is, because of the grant cuts and reduction of staffing numbers and having to deliver the same work with fewer people – our ability to create quality time to do CPD is limited." [DPH, South East]

"We can't give everyone courses. Education opportunities on the job need to be recognised. More and more are getting involved with peer-to-peer training and support and challenges." [DPH, East Midlands]

"I'm lucky I have a big team with a training capacity and the resources to deliver training and CPD." [DPH, South East]

"People might be a bit hindered if not sure what to do with the results of an audit. In our case, this wasn't a problem because we already had a mandate to do the work on public health workforce development, but if you don't have that then there may be questions around time and resource. Many teams are very stretched." [PH Consultant, London]

Some directors of public health and stakeholders also pointed out further challenges associated with the transition of public health to local authorities. Respondents felt that after the 2013 transition of public health teams it had been necessary to communicate and demonstrate their value and the needs of their workforce externally to their local authority but also to uphold the professional identity internally, within the team. There was a feeling that local authorities had varied in how interested and supportive they were in this regard.

A few directors of public health and stakeholders also highlighted the difficulties arising out of the complex nature of public health workforce. In particular, respondents stressed the need to consider how the Standards applied to public health staff who worked across different directorates and organisations, in the context of integrated care and at those organisations that employed public health staff but did not have directors of public health. For example, one director of public health reported that they identified 100 members of staff funded from the public health grant but without clear oversight or accountability for how the grant was spent or outcomes achieved in all of these cases. They put in place service level agreements with the directorates and teams employing those members of staff, so there was an oversight of how the public health grant was spent and what the outcomes were. Additionally, they established joint appraisals for some key public health staff not employed by the public health team. This example underscores the importance of ensuring the Standards applied across the workforce in the situation where joint oversight of public health spending, staff and outcomes may not be in place.

## 5.2. Barriers specific to the Employer Standards framework

Low awareness and lack of promotion were perceived as key barriers to using the Employer Standards framework across the director of public health and stakeholder samples. Almost a third of directors of public health were not aware of the framework at all and those who knew about the Standards were not aware of any promotional activity after the initial launch. Many felt a major reason for not using the Standards was because they were not 'top of mind' as public health teams were not reminded of them. Across the board, raising awareness and promoting the Standards periodically was seen as necessary and important.

A small number of respondents also pointed out particular aspects of the content within the Standards they felt could be improved. For example, certain areas and expectations were felt to be vague and less specific than others. In particular, some directors of public health felt the partnership and accountability standard might need to be reviewed. Similar comments were made with regards to the Audit Checklist, as some respondents cited examples of particular expectations which in their view left too much scope for different interpretations.

In addition, the public health leads, who carried out the audit of how they met the Standards as part of their workforce development project, stressed the need for the Standards and the Audit Checklist to be accompanied by additional guidance. For example, they felt a handbook would be useful, with examples of items that count towards 'green', 'amber' or 'red' ratings, examples of appropriate support evidence and improvement plans.

Furthermore, some directors of public health and stakeholders raised a question whether it may be more effective to integrate the Standards as part of existing local workforce standards of individual employers. A few therefore explored the idea of embedding the Employer

Standards within the wider HR standards for the whole local government workforce, which could then be accompanied by a separate annex that sets out the standards that are specific to the public health workforce. These respondents often thought it would be easy to embed the Employer Standards within the wider standards as many of the expectations covered by them were generic and could apply to any workforce.

“The Standards are excellent, probably written for people in public health rather than people in local authorities. It’s easy for public health staff to understand all the requirements. They cover all public health workforce needs, but it would help if they were written for a wider audience. It would help to make the five areas covered relevant to the council. For example, if they were framed in the context of what other training and CPD councils might be responsible for so public health are not seen as a special case.” [DPH, North West]

A few directors of public health and a couple of stakeholders also wanted to see a statement and evidence of why and how using this particular framework would add value to what they already did to meet the expectations set out in the Standards. Specifically, they wanted the Standards to also articulate and highlight benefits of using the framework and also explain how they link to other relevant public health frameworks and activity, for example, the Public Health Skills and Knowledge Framework. This was particularly important in the context of time and resource pressures that could pose challenges to using this framework, for example, to complete the Audit Checklist.

## 6. Future considerations

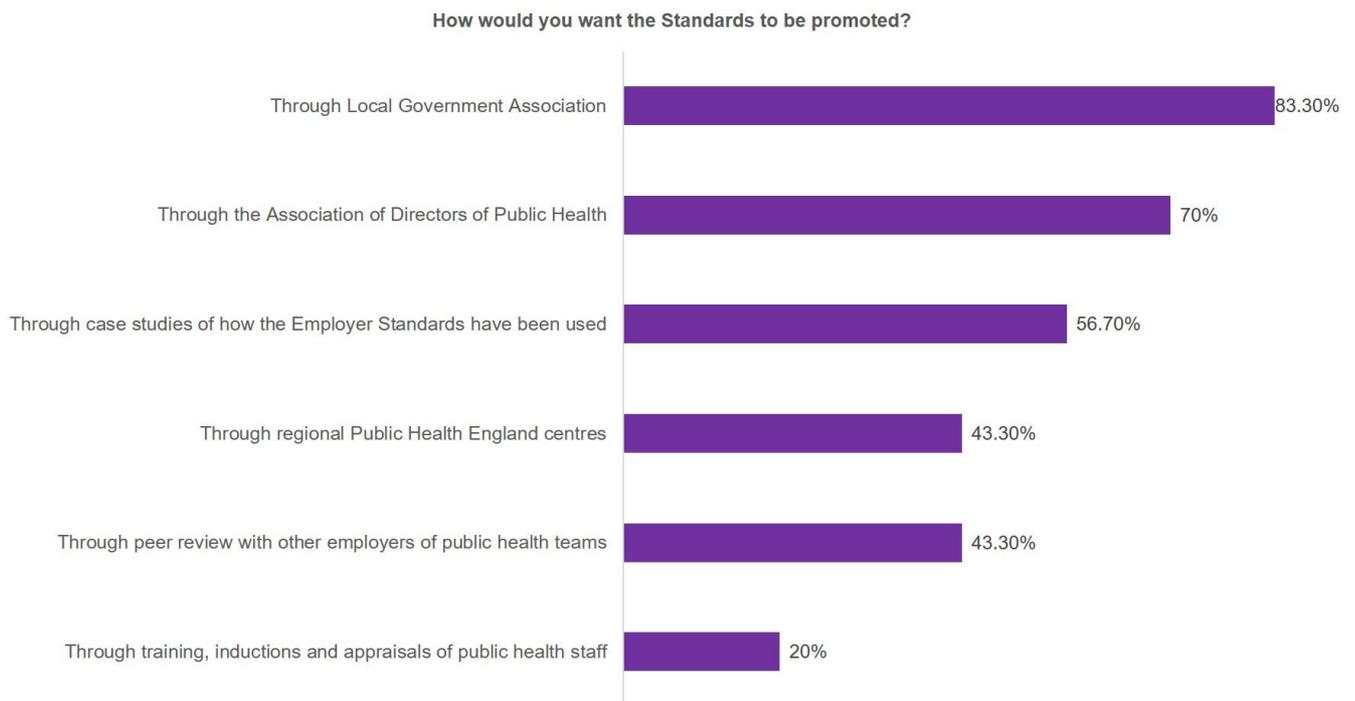
The research also identified some key considerations for future reviews, development and usage of the Standards. These broadly concern the promotion of the Standards, content within them, and different aspects of implementing them. Each of these broad areas for consideration are discussed below.

### **Promotion of the Standards**

As highlighted earlier, low awareness and promotion of the Standards were felt to be one of the key reasons for not using them. Along with budget constraints, low awareness was the most widely cited barrier for implementing the Standards as 69 per cent of directors of public health recognised this as a reason for not using them. Respondents stressed the need for more promotion which would take place periodically but also be embedded in HR processes. For example, there were suggestions to make the Standards a part of an induction for all new directors of public health. Another suggestion put forward by a stakeholder was for the Faculty

of Public Health to highlight the Standards Audit as an example of an audit directors of public health could carry out for their appraisal.

Quantitative data also gave indication which organisations were widely seen as best-placed to promote the Standards. As shown below, most directors of public health wanted to see the Standards promoted through the LGA and the Association of Directors of Public Health, followed by Public Health England regional centres. There was also considerable interest in promoting the Standards through case studies and as part of peer review process.



Base: 30

“The Standards need to be constantly reissued. People like me drop in and out as interim directors of Public Health. It can’t just be one wave. Once a year someone should remind people what the Standards are, especially if they have been changed.” [DPH, North East]

“I haven’t had any barriers as such, but I think you have to sell public health to others internally. My mantra is public health doesn’t happen from behind the desk. It needs visibility across organisations eg discussions and events, local forums for members and the senior team meet residents in the locality. I always encourage people to come along to those.” [DPH, London]

“There could be something in the professional appraisal to say how they have been used, about making people aware.” [DPH, South East]

“It needs to be disseminated through the ADPH to raise awareness and show a case study of someone that has done it and what was good about the audit, and how they found it useful.” [DPH, London]

## **Content**

A smaller number of respondents highlighted particular areas of the content within the Standards that could potentially be improved. Key suggestions in this respect included:

- Providing additional guidance as an annex to the Audit Checklist, for example, a handbook with examples of items that count towards ‘green’, ‘amber’ or ‘red’ ratings, examples of appropriate support evidence and improvement plans.
- Reviewing how expectations within the Standards are phrased and whether there are any instances where they could be made more specific. However, any such revisions would need to be balanced out against an equally important need for the Standards to be a suitably high-level document and allow flexibility of interpretation to fit around situations of different public health teams. This latter need was also recognised and explicitly mentioned by some respondents.
- Making more of a case for why and how using the Employer Standards would add value to what public health teams already do in areas covered by the Standards. Respondents wanted to see the benefits of using the Standards highlighted and explained in two ways. Firstly, some thought more general benefits in terms of meeting these Standards needed to be prominently highlighted within the document, for example, as part of the ‘Standards at a glance’ page. Secondly, other respondents also wanted to understand the relationship between the Standards and already existing public health frameworks and key documents. Specifically, they wanted to understand what the Standards would add to the resources already available to them.

## **Implementation**

Thinking about particular challenges in implementing the Standards, the following considerations were highlighted as important for future usage of the Standards:

- Looking at how best to ensure the Standards dovetail with local standards developed by individual employers.
- Exploring whether there was appetite to use the Standards as part of peer-review or regional sector-led improvement processes and networks. In this context the Standards could be used for benchmarking, to improve consistency across different teams, and to assess where different teams are in terms of meeting the Standards through comparisons and peer-review.

- Considering how the Standards can be applied to the dispersed public health workforce outside of public health teams: both in other directorates within local authority and also in the voluntary sector, in the context of integrated care and by other employers of public health staff.

## 7. Appendix

### A. Stakeholder discussion guide

#### **PHE EMPLOYER STANDARDS EVALUATION Draft Discussion Guide – Stakeholders – c. 30 minutes**

**The overall research objective is to review the uptake and impact of the Standards for Employers of the local public health teams in England. More specifically, the research will explore:**

- How widely are the standards being used across LAs in England?
- What have been the benefits of implementing the standards for employers and employees?
- Have there been/are there particular issues with implementing individual standards - if yes what are the barriers?
- Is the accompanying audit tool being used/useful?
- Are there case studies LAs would wish to share?

#### **1. Introduction and background information (3-5 minutes)**

- Introduce self and Research Works Limited, an independent market research agency
- The research is being conducted on behalf of Public Health England. The key objective is to review the uptake and impact of the Standards for Employers of the local public health teams in England.
- Explain confidentiality (DPA and MRS code of conduct)
- Ask permission to record the interview
  
- Ask respondent to introduce themselves and their organisation – their role, what responsibilities it involves, how long they have worked in that role
- Ask respondent to explain briefly if and how they have been involved in creating, promoting and/or implementing the Standards
  - If they have been involved in any of the above, understand what their role was

#### **2. Awareness, perception and uptake of the Standards (c. 10 minutes)**

***Moderator to explain, as appropriate:***

*As you may know, the Standards for Employers of Public Health Teams in England were developed in 2017 and published in 2018. They were created after a wide consultation across the public health system in England and are owned and maintained by the Local Government Association. The Standards set out expectations of good employers who want to enable all their public health staff to work effectively. This project aims to evaluate their impact, one year on.*

- [As appropriate<sup>2</sup>] To what extent are you familiar with the Employer Standards?
  - *Probe: very familiar, know what they are but no in-depth knowledge, very little, wasn't aware of them prior to this research*
  - *If any awareness: What do you know/what have you heard about the Standards?*  
*If no awareness, ask respondent to refer to Standards for Employers of Public Health Staff and Stimulus B – Audit Checklist to help with the following discussion*
- And briefly, what are your views on the Employer Standards? *Probe:*
  - Areas they cover? Is anything important missing?
  - Expectations they set out of good employers of public health teams?
  - How useful it is to have these Standards?
  - What do you see as their benefits for the:
    - Public health system as a whole
    - Employers of public health teams
    - Employees working in public health roles
  - Do you have any concerns about the Standards? If so, what are they?
  - What could stop employers from implementing them? What could help overcome that?
- What have you observed, if anything, about how the Standards have been promoted across and within the local authorities you're familiar with?
  - *Probe: who promoted them and how, what was the response to that*
- From what you have observed, how aware of the Standards are employers of public health teams you know?
- Have you heard any feedback from employers of public health staff about the standards?
  - **If yes**, what did you hear? *Probe: any positive/negative comments?*
  - How interested did employers seem to use and implement the Standards? Why yes/not?
  - Can you give us examples of any employers and their response to the Standards?
  - **If no**, do you have any sense why it is you haven't heard any feedback about the Standards?
  - Who would you expect to be more/less interested in using and implementing them? Why?

### **3. Implementation and impact of the Standards (c. 15 minutes)**

- Are you aware of any local authorities where employers of public health teams have used or implemented the Standards?

#### ***If yes, probe:***

- Which local authorities do you know that have used and/or implemented the Standards?
- What have you heard, if anything, about what they did to implement the Standards?
  - How they went about implementing the Standards?
  - If they focused on particular areas of the Standards or implemented them fully?

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<sup>2</sup> Stakeholders from the Standing group will have been involved in developing the Standards so this question is less relevant to them as they're likely to have a more in-depth knowledge. Stakeholders from PH centres may vary in their awareness so useful to probe on this.

- If implemented just particular areas, which ones? Why those? *If helpful, Moderator to ask respondent to refer to Stimulus A – Standards Overview and Stimulus B – Standards Detail to help consider particular areas of Standards that may have been implemented*
- What have you heard, if anything, about employers' experiences of implementing the Standards?  
*Probe:*
  - What worked well/less well when implementing the Standards?
- Were any particular groups of public health staff or PH roles targeted when implementing the Standards? *Moderator to refer to Appendix 1: Overview of public health workforce for different public health roles if helpful to check which staff were involved*
- What have you observed about the benefits of implementing the Standards?
  - Benefits to employers? Benefits to employees? Any other benefits?
- From what you know, were there any issues or barriers to implementing the Standards?
  - What were they? What problems did they cause to implementing the Standards?
  - How could they be overcome?
- Do you know if the Audit Checklist that was produced to help organisations audit themselves against the Standards has been used to help with implementing the Standards?
  - If yes, which employers have used it?
  - Did you hear any feedback on how helpful the Audit Checklist was to employers? Why helpful/not helpful?
  - How could it be improved?
- Thinking about the employers who have used the Standards, have you heard any suggestions about how they could be improved?
- In your view, what could encourage employers of public health teams to use and implement the Standards? Why that?

*Moderator to explain that as part of this project we will also aim to produce 6 case studies of how the Standards have been used and implemented by employers of public health teams. We will aim to include examples from different parts of England, also rural and urban areas. To help with identifying examples for case studies, we're interested if they have any suggestions:*

- Thinking about the examples of employers you know who have used the Standards, are there any who you'd suggest as interesting case studies?
  - Why do you think they would make an interesting case study?<sup>3</sup>

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<sup>3</sup> If respondent wants to know more about what case studies would involve, explain we would do further interviews with public health staff from those teams to understand their experience of, and views about, implementing the Standards. We would then write a brief case study about that team which would be published on the Local Government Association website. If they want to see what LGA website case studies look like, explain we can send them a link to examples and a case study template if they're interested.

**Moderator to explain:** *If we decide to include that as a case study we may have relevant contacts already for that team as we're interviewing Directors of Public Health for this project. However, if we don't have relevant contacts:*

- Would you be happy to assist us in getting in touch with the relevant staff from that public health team?

*If respondent is happy to help, explain this would involve liaising with their contacts within that team to ask if they would be happy for the respondent to share the team members' contact details with us and for us to contact the team about taking part in the case study part of research.*

**If don't know if any LAs that have used/implemented the Standards, probe:**

- (As appropriate) Thinking about the local authorities you're familiar with:
  - Have you heard of any reasons for not using/implementing the Standards?
  - Is it possible that some have used the Standards but this has gone unnoticed?
  - Are there any areas of the Standards that would be particularly beneficial to implement by employers of public health teams in those LAs? *If helpful, Moderator to ask respondent to refer to Stimulus A – Standards Overview and Stimulus B – Standards Detail to help consider particular areas of Standards that may be relevant to these local authorities*
  - Are there any specific barriers that PH employers in these LAs would have to implementing the Standards? How could these be overcome?
  - In your view, what could encourage employers of public health teams to use and implement the Standards? Why that?
  - Looking at the Audit Checklist document we sent you, what are your thoughts on that document? *Moderator to understand if useful/relevant to them and how/why*
  - Do you think there may be someone else in your team who could know about whether local authorities you're familiar with have implemented the Standards? *If so, moderator to probe if respondent can inquire and let us know if they find someone else could tell us about this*

#### **4. Next steps and summing up (2-3 minutes)**

*Explain that the Standards include a commitment to review and update and this study will provide evidence to help with this. Thinking about the future of the Employer Standards, we would like to know if they have any final comments or suggestions for:*

- How the Standards could be improved?
- How employers of public health teams could be encouraged to use and implement the Standards?
- Finally, if we had a question about something you said when we're doing analysis, can we re-contact you about that? *Moderator to note if they said Yes or No and inform field managers so they can add it to the recruitment sheet*

**Thank respondent and close**

## B. Director of Public Health discussion guide

### PHE EMPLOYER STANDARDS EVALUATION Draft Questionnaire – Directors of Public Health – c. 25 minutes

**The overall research objective is to review the uptake and impact of the Standards for Employers of the local public health teams in England. More specifically, the research will explore:**

- How widely are the standards being used across LAs in England?
- What have been the benefits of implementing the standards for employers and employees?
- Have there been/are there particular issues with implementing individual standards - if yes what are the barriers?
- Is the accompanying audit tool being used/useful?
- Are there case studies LAs would wish to share?

#### **SECTION 1: Introduction and background information (3-5 minutes)**

##### **Moderator introduction:**

- Introduce self and Research Works Limited, an independent market research agency.
- The research is being conducted on behalf of Public Health England. The key objective is to review the uptake and impact of the Standards for Employers of the local public health teams in England.
- Explain confidentiality (DPA and MRS code of conduct).
- Ask permission to record the interview.
- Explain that the interview will last around 25 minutes and be **a mix of closed questions** where we'll ask them to select an answer that applies to them **and open questions** where we'll invite them to tell us about their views or experiences.

##### **Respondent introduction:**

###### **Q1. Ask respondent to introduce themselves:**

- Q1.1. What is the organisation they work for?
- Q1.2. What is their role?
- Q1.3. What responsibilities does that role involve?
- Q1.4. How long have they worked in that role?

#### **SECTION 2: Awareness, perception and uptake of the Standards (c. 10 minutes)**

##### **Moderator to explain:**

*As you may know, the Standards for Employers of Public Health Teams in England were developed during 2017 and published in 2018. They were created after a wide consultation across the public health system in England and are owned and maintained by the LGA. The Standards set out expectations of good employers who want to enable all their public health staff to work effectively. This project aims to evaluate their impact, one year on.*

**Q2. Were you aware of the Employer Standards prior to this research?** *Please select one of the following options*

- a) Yes – CONTINUE
- b) No – GO TO QUESTION 5

**[For all those who were aware of the Standards \(code a\) at question 2.1\)](#)**

**Q3. How familiar were you with the Employer Standards prior to this research?** *Please select one of the following options*

- a) Very familiar – I had a detailed knowledge of the Employer Standards.
- b) Moderately familiar – I had a good understanding of the Employer Standards but didn't know them in detail.
- d) Basic knowledge – I heard about the Employer Standards but didn't know much about them.

**CONTINUE**

**Q4. Moderator to explain: Below are some facts you might know about the Employer Standards.**

**Thinking about how much you know about each of these facts, please rate each of the following facts on a scale of 1 to 5, where 1 is No knowledge and 5 is Excellent knowledge**

**Moderator to read out one fact at a time**

- a) What the purpose of the Employer Standards was?
- b) Who was involved in creating the Employer Standards?
- c) What five areas were covered by the Employer Standards?
- d) What specific expectations were set out of good employers for each of the five Standards?
- e) That the Standards were accompanied by an Audit Checklist employers can use to audit themselves against the Standards.
- f) Other – please specify:

**CONTINUE**

**[All](#)**

**Moderator to explain we would now like to hear their views on the Standards and ask respondents to refer to Stimulus A – Standards for Employers of Public Health Staff and Stimulus B – Audit Checklist to help with this discussion.**

**Q5. And briefly, what are your views on the Employer Standards?** *Explore qualitatively as open-ended questions:*

- Expectations they set out of good employers of public health teams?

- How useful it is to have these Standards?
- What do you see as their benefits for the:
  - Public health system as a whole
  - Employers of public health teams
  - Employees working in public health roles
- Do you have any concerns about the Standards? If so, what are they?
- Areas they cover? Is anything important missing?
- What could stop employers from implementing them? What could help overcome that?
- What have you observed, if anything, about how the Standards have been promoted across and within your local authority?
  - *Probe: who promoted them and how, what was the response to that*

**Section 3: Implementation and impact of the Standards (c. 10 minutes)**

**Q6. Have you implemented The Employer Standards in any way within your public health team?** *Please select one of the following answers*

- a) Yes – CONTINUE
- b) No – GO TO QUESTION 19

**For all those who implemented the Standards (code a) at question 3.1)**

**Q7. What specifically did you do to implement the Standards?** *Explore qualitatively and ask respondent to talk us through what this involved*

- What activities were involved to implement the Standards?
- Which roles within your public health workforce were targeted as part of implementing the Standards?
- Were there Standards or aspects of certain Standards that were not implemented or partly implemented?

**CONTINUE**

**Q8. What worked well or less well when implementing the Standards? *Explore qualitatively***

**CONTINUE**

**Q9. How easy or difficult was it to implement the Standards? *Please select one of the following answers***

- a) Very Easy
- b) Quite easy
- c) Neither
- d) Quite difficult
- e) Very difficult

**CONTINUE**

**[For all those who found it difficult, please ask](#)**

**Q10. Can you please tell me why you found the implementation of the Standards difficult? *Please explore qualitatively***

**Q11. How beneficial was it to your public health team to implement the Standards?**

*Please select one of the following answers*

- a) Very Beneficial
- b) Slightly beneficial
- c) Not beneficial at all

**CONTINUE**

**Q12. Can you please tell me the reasons for your answer to the previous question?**

*Please explore qualitatively to understand the main benefits or why it wasn't beneficial in their view*

**Q13. Have you encountered any issues when implementing the Standards? Please explore qualitatively to understand what issues arose and why**

**Q14. What do you see as main barriers to implementing the Standards? Please explore qualitatively to understand what barriers they face, why and how could these be overcome**

**Q15. Have you used the Audit Checklist accompanying the Standards to audit your organisation against the Standards? Please select one of the following answers**

- a) Yes
- b) No
- c) Other (please specify)

**CONTINUE**

**Q16. How useful was the Audit Checklist when planning how to implement the Standards? Please explore qualitatively to understand what was useful/less useful and why**

**Moderator to explain that as part of this project we will also aim to produce case studies of how the Standards have been used and implemented by employers of public health teams. We will aim to include examples from different parts of England, also rural and urban areas, so we'll need to have a good mix of case studies in this respect. To produce the case studies, we would also interview other public health staff within selected local authorities to understand their experiences and views.**

**Q17. Would you be happy for us to re-contact you about taking part in further research with the view of including your experience as a case study? Please select one of the following answers**

- a) Yes
- b) No

**Moderator to explain further: The case studies would be written up with the view of publishing them on the Local Government Association website.**

**Q18. Would you be happy for the case study to be published on the Local Government Association website? Please select one of the following answers**

- a) Yes
- b) No

**If a respondent wants to know more what case studies on the LGA website would look like, explain we can send them a link to the LGA website where they can see examples and the case study template.**

**GO TO Q23**

**For all those who haven't implemented the Standards**

**Q19. What are the reasons why you haven't implemented the Standards?** *Please explore qualitatively*

**CONTINUE**

**Q20. How likely are you to implement the Standards in the future?** *Please explore qualitatively to understand their motivations to implement the Standards, reasons why they may be likely or unlikely to implement them and what exactly they would do to implement them*

**CONTINUE**

**Q21. What would be the benefits of implementing the Standards for your public health team?** *Please explore qualitatively to main benefits and who would benefit how from the implementation*

**CONTINUE**

**Q22. What could stop you from implementing the Standards?** *Please explore qualitatively to understand barriers and how they could be overcome*

**CONTINUE**

**Q23. If we have a question about something you said when we're doing our analysis, can we re-contact you about this?** *Please select one of the following answers*

- a) Yes
- b) No

**CONTINUE**

**Section 4: Closing questions**

**ALL**

**Q24. Do you have any suggestions for how the Standards could be improved?** *Please explore qualitatively*

**CONTINUE**

**Q25. How could employers of public health teams be encouraged to implement the Standards?** *Please explore qualitatively and also probe about how the Standards could be promoted with this audience*

**Thank respondent and close**

**C. Director of Public Health online questionnaire**

**STANDARDS FOR EMPLOYERS OF PUBLIC HEALTH TEAMS IN ENGLAND – DRAFT  
ONLINE SURVEY QUESTIONNAIRE FOR DSPH**

**Note:** Directors of Public Health would be emailed an invitation to take part in an online survey with a link to the survey and the Standards Overview and the Audit Checklist as attachments.

*Thank you for taking part in this evaluation of **The Standards for employers of public health teams in England**. The Standards were published in 2018 and are owned and maintained by the Local Government Association. This evaluation aims to review their uptake and impact one year on. Your answers will greatly help with this and the survey should take 5 to 10 minutes.*

**1. Have you heard about the Standards for Employers of public health teams prior to this research?** *Please choose one of the following answers*

- a. Yes – **CONTINUE**
- b. No – **GO TO Q5**

**Please review the Employer Standards documents before completing the remainder of the questionnaire**

**2. Have you used these Employer Standards within your organisation in any way?** *Please choose one of the following answers*

- a) Yes, we have used the Standards– **CONTINUE**
- b) No, but we have plans to use the Standards – **GO TO Q5**
- c) No, but we have considered them as part of discussions about wider public health plans – **GO TO Q5**
- d) No and we have no current plans to use the Standards – **GO TO Q5**
- e) Other (please specify)

.....  
.....- **GO TO Q5**

**3. You said you've used the Standards for employers of public health teams within your organisation. Have you used them to help with any of the following?** *Please choose all that apply*

- a) Recruitment of public health staff
- b) Public health staff appraisal
- c) Public health workforce planning
- d) Professional development of public health staff
- e) Building partnerships with other organisations active in public health
- f) Ensuring accountability for public health outcomes
- g) Auditing what you do against the Employer Standards (using the Audit Checklist)
- h) Making a case for public health team development within your organisation

i) Other (please specify)

.....  
.....

**4. How useful do you think the Standards have been in your public health workforce work?**

*Please select one option*

- a) *Very useful*
- b) *Useful*
- c) *Not very useful*
- d) *Not at all useful*

**4.1 Why do you say that?**

**GO TO QUESTION 6**

**FOR THOSE CODING B) AT Q1 AND THOSE CODING B), C) AND D) AT Q2**

**5. Has your local authority applied/worked with similar standards or frameworks in any of the five areas covered by these Standards? *Please select all that apply***

- a) Partnerships and accountability
- b) Effective workforce planning
- c) Continuing professional development
- d) Professional registration
- e) Education and training

*If you'd like to share any more information on examples of what your organisation has done in the areas above please use the space below*

**CONTINUE**

**FOR ALL**

**Please refer to the Employer Standards documents to answer the remaining questions**

**6. Which of these do you see as the benefits of the Employer Standards, if any? Please select all that apply**

- a) It pulls the best practice in one place
- b) It provides a framework to assess what we do and put improvement plans in place
- c) It helps with benchmarking and comparisons across different local authorities
- d) It helps us make a case for well-supported public health workforce within our local authority
- e) It could help with the recruitment and retention of public health staff
- f) It makes it easier for employers to understand public health workforce
- g) It gives greater clarity around job roles to employees
- h) None of these
- i) Other (please specify) .....
- .....

**7. Which of these do you see as the challenges for implementing the Standards, if any? Please select all that apply**

- a) Lack of funding
- b) Lack of time (e.g. for training)
- c) Public health workforce being dispersed across different teams and organisations
- d) Perception of public health within local authorities
- e) Changing health landscape and needs in terms of public health workforce
- f) Low awareness of the Standards
- g) None of these
- h) Other (please specify) .....
- i) .....

**8. How would you want the Standards to be promoted? Please select all that apply**

- a) Through Local Government Association
- b) Through the Association of Directors of Public Health
- c) Through regional Public Health England centres
- d) Through case studies of how the Employer Standards have been used
- e) Through training, inductions and appraisals of public health staff

f) Through peer review with other employers of public health teams

g) Other (please specify) .....  
.....

**9. If there is anything else you'd like to say about the Standards for employers of public health teams in England, please use the space below:**



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