



COUNCIL OF  
DEANS OF HEALTH

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The voice of the deans and heads of  
UK university faculties for nursing,  
midwifery and the health professions.

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***HEALTHY LIVES, HEALTHY PEOPLE: CONSULTATION ON THE  
FUNDING AND COMMISSIONING ROUTES FOR PUBLIC HEALTH –  
RESPONSE FROM THE COUNCIL OF DEANS OF HEALTH***

The Council of Deans of Health is the representative voice of UK university health faculties providing education and research for healthcare professionals. The Council plays an influential leadership role in improving health outcomes through its integral work in developing an expert health professional workforce and utilises its collective expertise to inform innovative educational practice and translational research. The Council aims to lead and inform health, higher education and research policies that impact on the development of an expert healthcare professional workforce and improve health outcomes across the UK and internationally.

We have answered those questions that are relevant to us: on the development of the public healthcare workforce and, specifically, health visiting training, which our members currently deliver.

**Q1 Consultation question: Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?**

Please see the answer to the question below.

**Question 3. How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?**

When considering wider NHS commissioning underpinned by the necessary public health advice mentioned above, it is important to see this within the context of wider workforce commissioning. It will not only be necessary for Public Health England and health and wellbeing boards to advise the NHS Commissioning Body and commissioning consortia, but also to have strong public health advice and narrative within the commissioning of education and training. Providers of education and training programmes for healthcare professionals will need to prepare and resource such programmes in response to changing public-health workforce needs and therefore it will be crucial that Public Health England and Health Education England (HEE) work closely together.

Representation should occur in the other direction, too. Key local commissioners for health and social care, including GP consortia and DsPH, adult social care and children's services, will all sit on health and wellbeing boards. The Council of Deans of Health believes that there should also be a representation from the higher-education sector to ensure effective partnership working and planning of effective public-health training, particularly for health visitor programmes. Additionally, many allied health professionals work in public health, so the institutions that are responsible for training them need to be engaged in public-health planning. There should also be representation from local provider skills networks, which will be responsible in the future for the local commissioning of education and training for the workforce. We would recommend that there should be representation of each body within their respective executive function. Providing that the health and wellbeing boards have such representation, we would agree that they are a useful location in which to combine public-health budgets.

Generally, It is crucial that the future systems for the education and training of health professionals are fully aligned with the emerging public-health system. The various components of the public-health system are going to be

responsible for a wide variety of extensive and important services and the new system will have a significant impact on healthcare in England. It is vital, therefore, that the new education and training system is equipped and prepared to meet the public-health challenge.

**Question 6. Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?**

Yes. It is also important to require that where Public Health England or local authorities provide services, the public health budget should contribute to the funding of the education and training of the workforce who operate such services. Health and well being boards should be accountable for how they are improving the local health economy and public-health outcomes.

It will be particularly important to clarify how the education and training of health visitors will be commissioned. At present it is unclear if Public Health England, the NHS Commissioning Board, HEE or local provider skills networks will have this role. To ensure value for money and to focus spending on the specific training of health visitors, duplication of process should be avoided and wherever possible the commissioning of the education and training of health visitors should sit within the new structures for the wider commissioning of education and training.

The funding for post-registration career pathways of non-medical professions that are aligned to public health will be crucial. Funding for such programmes is currently provided by SHAs and it is unclear how the new funding arrangements will take this forward. Funding for the essential post-registration career pathways of these professionals must not be lost and if they are carrying out public-health functions then public health bodies should be involved in that funding.

**Question 9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?**

Local authorities must be accountable for their role in workforce commissioning. It should be an essential condition on local authorities that they give proper consideration to the development of the healthcare workforce: the services required by local authorities to meet their public-health objectives must be backed up by the correct workforce. It is vital that the changes in the skills mix of the workforce that are made necessary by local-authority public-health plans be reflected in the commissioning of education and training. The green paper 'Liberating the NHS: Developing the Healthcare workforce' makes clear that education and training will be commissioned by local skills networks. Local authorities must be properly connected with these networks and should have a duty to co-operate with providers and also build new partnership with higher education institutions. Furthermore, local authorities should share responsibility for ensuring that there are sufficient practice placements available for healthcare students.

**Q12 Consultation question: Who should be represented in the group developing the formula?**

The HEI community must be fully involved and its diversity represented. Healthcare faculties and schools within universities contain academics with a wealth of experience across all disciplines relating to health. Multi-professional advice from the academic sector would offer an expert perspective on measuring and assessing the outcomes and benefits of public-health initiatives.

Should you have any further questions about this consultation response please contact Matthew Hamilton ([Matthew.hamilton@cod-health.ac.uk](mailto:Matthew.hamilton@cod-health.ac.uk)) on 0207 419 5521.