

UKPHR Newsletter Autumn 2015

UKPHR

Public Health Register

Protecting the public – improving practice

DoH's Section 60 announcement

We learned in September that the Department of Health will not be proceeding with the Section 60 Order for statutory regulation of public health specialists by HCPC at this point in time.

Ministers are currently reviewing how best to take forward the work of the Law Commissions of England and Wales, Scotland and Northern Ireland to reform the regulation of health and (in England) social-care professionals. Ministers have decided it may be more appropriate to look at the regulation of public health specialists from backgrounds other than medicine or dentistry once this work is complete. Whilst we are pleased that UKPHR is being entrusted with continuing to provide a regulatory framework for the public health workforce, we also appreciate there is still much for us to do.

UKPHR remains committed to maintaining equivalence between all public health specialists, without distinction of the professional disciplines they are from. For this reason we will now press on with our work to introduce a scheme of revalidation for all our registrants. We will also review the routes to registration for public health specialists.

These are both pieces of work which were interrupted by the activity centred on the Department's proposed Section 60 Order. We expect results next year from the two task & finish groups we have set up. We are committed to consulting extensively on the outcomes.

We also remain committed to extending practitioner registration so that it will be available to all practitioners wherever they may work in the UK. We will focus clearly on the achievement of embedding practitioner registration in the UK's public health system.

We believe, as we have said all along, that to support the delivery of the most effective public health practice possible there should be a single, holistic regulatory approach.

Now we intend to devote our undivided attention to providing that single approach and contributing to the system-wide efforts already in progress to make public health practice throughout the UK as effective as it is possible to be.

David Kidney
Executive Director,
UKPHR



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Professor Bryan Stoten

As we end October there is a sense of momentum behind the Public Health Agenda. For UKPHR, with the – in our view welcome – decision not for the present to remove Specialist Registration we can return all our attention to the “day job”. That is one of building up the Practitioner Register, engaging in the development of the new Public Health Skills and Knowledge Framework and planning for the audit process for CPD.

I need to thank all those – some who must diplomatically remain anonymous – who gave us their support and advocacy in bringing about this outcome.

In particular our accreditors at the Professional Standards Authority have advised and supported us in gaining compliance with their high standards and the RSPH which has proved consistently professional in complementing our Practitioner and Specialist Regulation with their all-embracing acceptance of the development needs of the wider Public Health Workforce.

RSPH’s current plans for delivering quality assurance for all those engaged in all aspects of Public Health is likely to prove a real watershed.

Notwithstanding the continuing Smoking Cessation programme highlighted during “Stoptober” it has been good also to see the issues of Obesity and Diabetes rising up the agenda too. The work done painstakingly by our colleagues at the UK Health Forum together with PHE’s stunningly impressive research work on Sugar have now seized the headlines.

While Duncan Selbie clearly may not have enjoyed his moments with the Health Select Committee in recent days he has much to be proud of in PHE’s stance both, controversially, regarding e-cigarettes and most recently in their sugar initiative. PHE is now really stepping up to the health improvement plate and Duncan deserves great acclaim for that.

Exercise is also emerging into the limelight. For those of us who accept the importance not merely of lifestyle change but of the ways our environment, too, shapes our wellbeing, the recent Sport England report on “Active Design” marks a key change of focus. PHE’s support for the “Ten Principles of Active Design” is very welcome.



Registrants may know of the Playing Fields Legacy Fund which is keen to engage with, in particular, our larger towns and cities. Their current focus is addressing the authorities of the North East. The reduction in play space of one third in the last twenty years has left whole cities as well as towns and villages with a lack of community playing fields. This organisation info@playingfieldslegacyfund.org.uk has grant money to distribute and sees itself as a vital part of the wider health and wellbeing process. Worth an email enquiry at least!

Now with the darkness closing in for winter (clocks go back this weekend as I write) and our acute sector colleagues bracing themselves for “winter pressures”, we can reflect on Simon Stevens’ championing of Public Health, seeing it as the most important way of managing demand for healthcare services “downstream”. Good Luck with that!

Professor Bryan Stoten
Chair, UKPHR

Statutory Vs Accredited Registers

As between statutory regulators (such as the General Medical Council) and accredited registers (such as UKPHR), I am often asked “What are the differences in terms of legal powers and duties?”

I have given some thought as to what indeed are the differences and how best to present them to interested audiences.

The table I have produced here is my current attempt to set out a comparison of the two types of regulation in what I trust is a comprehensive and comprehensible manner.

However, I accept that there is plenty of room for interpretation and opinion and my own version may well be capable of improvement.

I therefore invite readers to write to me with your views on this subject – please do tell me what you think of the lay-out, the content and the overall usefulness of this table.

Professor Anne McMillan
Registrar, UKPHR
a.mcmillan@ukphr.org

SUBJECT	STATUTORY REGULATOR	ACCREDITED REGISTER	COMMENT
Job title	Protected title	No protected title	In law, a criminal offence to make a false claim to a protected title.
Employment	In regulatory scope, only those on register may be employed.	Employer is not required <i>by law</i> to employ registrants, although codes of good practice may still require this.	In practice to date, employers have required public health specialists to be registered.
Education, training & qualifications	Regulator sets standards for entry onto register.	Register sets standards for entry onto register	
Fitness to practise	Rules and procedures for dealing with fitness to practise issues	Rules and procedures for dealing with fitness to practise issues	
Striking off the register	Power to strike off register for malpractice, unfitness etc.	Power to strike off register for malpractice, unfitness etc.	
Continuing Professional Development	Mandatory requirement for CPD	Mandatory standards for CPD	For PH specialists, UKPHR sets more demanding standard than HCPC.
Revalidation	GMC has statutory revalidation scheme. NMC has piloted non-statutory revalidation scheme. GDC and GPhC are working on variants.	UKPHR is preparing a non-statutory revalidation scheme for introduction in 2016.	HCPC has no power to introduce revalidation.
Flexibility	Statutory regulators need statutory amendment for changes.	Accredited registers have flexibility to make changes, subject to PSA's approval.	Statutory regulators are hoping for a Law Commissions Bill to be passed into law to give flexibility.
Stakeholder engagement	Depends on statutory scheme	PSA's standards require good quality stakeholder engagement.	UKPHR has an active Consultative Forum with wide membership.

The Annual Meeting included two excellent presentations which led to a lively and thoughtful debate.

UKPHR's Chair, Professor Bryan Stoten outlined the challenges and opportunities in England's public health approach post-Health & Social Care Act. Bryan gave a strong and stimulating lead in respect of both the strategic and the policy public health environment.

Dr Jane Kennedy from the London Borough of Newham gave a presentation on moving out of precarious housing and the link to public health. It covered the links between poor quality housing and aspects of mental and physical health, particularly from poor quality housing. Her presentation discussed the use of regulation to address the problems of precarious housing focused on the private rented sector (PRS).

The presentation focused on the risk of poor quality housing in the PRS and the shift from seeing the PRS as a step on the housing ladder to the only option for some families on the edges of society. The PRS now houses twice as many people as it did in 2001 - 4 million people. Particular challenges affecting the lower end of the PRS include low pay, poor quality accommodation and the increasing cost of renting which is pushing more households into housing-induced poverty and overcrowding.

Poor quality housing and insecure tenancy creates the conditions for poverty and ill health from damp, cold and overcrowded conditions. In the past year 39% of tenants at the bottom of the PRS nationally have cut back on heating and 33% on food to pay their rent. More than 1 in 10 families have suffered health problems in the year to October 2014 because of these poor conditions. Half of tenants have at one stage lived somewhere damp and cold and 60,000 families were threatened with eviction in the last year for complaining.

Newham Household Panel Survey showed that in the local PRS, Newham's low income families pay 42% of their net incomes on

rent. Around 44% of Newham's families are already in relative poverty meaning the cost of housing has a significant impact. Overcrowding in Newham is the highest in London at 25% and 42% for families with dependent children.

Responding to poor quality housing, ill-health and anti-social behaviours that impact on all local residents, Newham introduced regulation to license the PRS and improve four different conditions in January 2013:

- Tenancy management - managing ASB complaints, seeking references and having written tenancy agreements and protecting deposits;
- Financial management - deposits protected, Council tax in landlords name (HMOs), arrears repaid;
- Property management - working smoke alarms and gas/electrical safety certificates;
- Occupancy management - control the number of tenants in a property based on room sizes and the level of amenities and facilities.

Newham was the first local authority in the country to use power from the Housing Act 2004 to introduce borough-wide licensing. Newham uses its data warehouse to match 80 data systems together to identify the PRS properties and to help target combined council enforcement and police teams. Since its introduction, Newham has undertaken 611 prosecutions against 492 landlords where standards were poor and has reclaimed over £500,000 in council tax arrears.

This presentation demonstrated how councils can use innovation and regulation to improve housing-related public health.

Professor Patrick Saunders
Board Member, UKPHR

UKPHR Annual Meeting 2015

◀ (left to right) Professor Bryan Stoten, Professor Linda Jones and Dr Jane Kennedy

✔ Welcome from host and vice-chair of UKPHR, Professor Linda Jones



Featured Registrant – Cheryl George



My name is Cheryl George and I am a Senior Public Health Manager with the Nottinghamshire County Council Public Health team.

I have just obtained access onto the defined register for public health specialists through UKPHR.

I have been granted higher 'super competency' accreditation for the areas of:

- **Interpret and apply national policy or strategy at local, regional or national levels & influence or develop policy or strategy at national or regional levels.**
- **Lead or play a key role in a multi-agency group to influence the public's health.**
- **Acting as an advocate for the public's health and articulation of the needs of vulnerable groups.**

I have worked in the public health field since January 2000, leading on a range of subject areas across North and North East Lincolnshire, Lincolnshire the East Midlands Region as part of the national older people's programme and since 2008 in Nottinghamshire.

I am a passionate advocate for the discipline of public health and enjoy the wide range of areas that encompasses the remit of a public health specialist, to include; health improvement, health

protection and health care commissioning.

I became interested in core prevention through my working in communities as a trainer and counsellor.

I witnessed, for many people the families you are born into and the subsequent life choices that are made as a result of 'social norms', can then depict how you value your body, self-esteem, relationships, how you parent and how you manage your finances and subsequently your health.

Early in my career as part of the health promotion team in North Lincolnshire, I heard a key note speech from a Professor Alby, where he quoted '*if children were both planned and loved it would alleviate around 90% of societal problems*'. I never forgot this as it aligned to my own working experience as an abuse counsellor and community teacher. Since then I have worked hard with some amazing people to try to reduce societal inequalities and inequities in services.

With the understanding gained from this experience is the need to promote core underpinning public health prevention work that needs to be embedding in our local planning and prioritisation mechanisms. I also try to ensure that I share this understanding within our partnership work and at all times try to influence others based on the best available evidence and by the promotion of what works to impact on inequalities.

My current lead policy areas within our team are workplace health and long term neurological conditions.

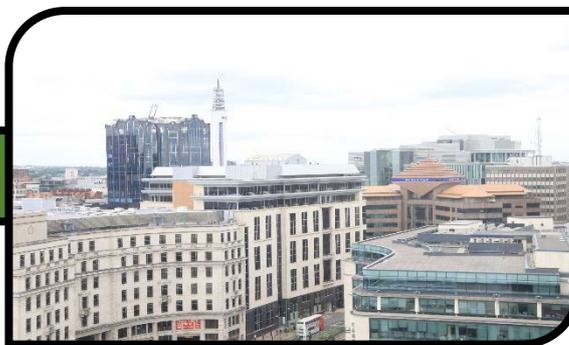
As we are now faced with a growing and aging population and a shrinking health and social care budget, I feel that it has never been more important to make health and well-being **everyone's business**. I am therefore developing and leading work to promote and facilitate people across our population to become health and wellbeing experts so that they can then adopt this themselves and share with others. I am currently leading the Wellbeing@Work Workplace Health Award Scheme (developed by myself and team), which in addition to a toolkit that works towards improvement in workplace culture, incorporates training champions from the workplace to become accredited health trainers, in line with the Royal Society of Public Health (RSPH) level 2. This is an excellent example of a community development model, whereby people with interest are recruited and trained, then provide accurate health and well-being information (in line with national guidance) to their workplace peers, families and friends. To date we have trained around 360 across Nottinghamshire to become accredited health trainers, they are also trained in mental health issues, how to give holistic brief advice, mindfulness etc.

I also work with a range of health professional through local CCG's and health providers towards improvement in patient pathways, facilitating services being commissioned in line with the evidence base and local need.

I feel that as public health has now split between local authority and PHE, it has never been more important to promote the discipline of public health to ensure that our core priorities are embedded in wider local planning.

If there is one thing I would like to achieve within my career it would be to ensure that a 'life-skills' unit was part of the core school curriculum (age appropriate) so that in addition to academic learning, children across the early years and school setting would learn how to value themselves, their bodies and others, how to manage relationships, their finances and especially how to be parents. I will endeavour to keep lobbying for this.

News from the office



CHARITABLE STATUS

UKPHR achieved registration as a charity onto the England and Wales Register of Charities with the Registered Charity Number 116289 on 29th July under the name Public Health Register and later onto the Scotland Register of Charities with the Registered Charity Number SC045877 on 5th August with the same name.

TAX RELIEF

In July we were pleased to announce that UKPHR is now a HMRC approved body for Income Tax Relief on annual renewal fees.

All renewal fees from 6th April 2015 can qualify for a claim for tax relief.

BLOG PAGE

We have launched a new blog page on our website. Visit www.ukphr.org/blog to read our recent posts. We are happy to host guest blogs there, too, so if you want to send into the office at register@ukphr.org, around 500 words of text on a topical subject you feel strongly about – feel free! We can add pictures and links to videos if you want.

REGISTRANTS LOG-IN AREA

All renewal invoices in the future will be sent via UKPHR's admin site. These will be sent to default email addresses supplied within each registrants log-in area, therefore it is essential that this information is kept up-to date. If you are a registrant who has not yet logged in, please contact us at register@ukphr.org so that we can reset your log-in credentials. The relaunched area also allows registrants to pay invoices online and customise their publically viewable profile page.

FUTURE EVENTS

- ***Consultative Forum, 5th Nov, Belfast***

The 5th meeting of the Forum is kindly being co-hosted by our partners in Ireland: The Department of Health, Social Services and Public Safety, Institute of Public Health in Ireland and Public Health Agency.

- ***UKPHR Annual Conference 2015: Building Value in Practitioner Registration, 26th Nov, Hilton London Stansted Airport***

Led by the East of England practitioner registration scheme

NEW MEMBER OF STAFF

In July this year we welcomed a new member of staff. Zaira Ejaz joins UKPHR as the new Administrator whilst Kuran Rai left UKPHR after completing his apprenticeship year with the organisation.