Training of Public Health Specialty Registrars

A revised guide for local councils 2016

Local Government Association

FACULTY OF PUBLIC HEALTH

ASSOCIATION OF DIRECTORS OF PUBLIC HEALTH

Public Health England

Contents

Introduction

Three years on from the transition of public health teams to local councils, it is timely to take stock of how the transition has affected specialty training in public health, how opportunities for councils to support excellent quality training have been seized, what mutual benefits this has brought to both Public Health Specialty Registrars (PH StRs) and their host organisations.

The health and social care landscape in England is undergoing transformative change, and public health specialty training is evolving to ensure our future specialist workforce is equipped to protect and improve the public's health in the new system. A new curriculum for PH StRs was developed by the Faculty of Public Health (FPH) in 2015 to reflect these changes. Councils, as the most common host organisations of PH StRs, now play a key role in delivering a high-calibre specialist public health workforce for the future.

This guide is a revision of the *Guide to the Role and Training of Public Health Specialty Registrars for Local Councils* published by the Local Government Association (LGA) in November 2013. It provides updated information about how the Public Health Specialty Training Programme is organised, what the responsibilities of councils are in hosting PH StRs, and how councils can make best use of the expertise PH StRs bring, including a broad selection of case studies of work delivered by PH StRs in councils across England to be found in Appendix A. It is not intended to be a comprehensive compendium of all requirements of specialty training, which can be found in the *A Reference Guide for Postgraduate Specialty Training in the UK*, commonly referred to as the 'Gold Guide'.

Fifty[1] Educational Supervisors and PH StRs responded to a survey in 2015 about their experiences and impressions of public health specialty training within council settings in England since the transition in 2013. Their responses have informed this revised guide.

Public Specialty Health Training in Local Authorities – three years on

Councils and their partners are rightly focused on local priorities and wellbeing in communities but this does mean it is more difficult to identify general trends than in NHS settings. However, PH StRs in local authorities do seem to have more opportunity to influence the wider determinants of health, but conversely they have less exposure to healthcare public health than when they were in primary care trusts.

The transition was valued by some respondents to the survey for offering direct experience of change management for PH StRs. A side effect of such change for some has been an increase in uncertainty. In

[1] Respondent characteristics: 25 ESs of which 19 in Unitary Authorities and six in Two Tier Authorities; 25 StRs, of which 21 in Unitary Authorities and four in Two Tier Authorities

some areas less attention may have been given to PH StR training during the transition phase, this in the context of cuts to training and development for council staff as a result of austerity pressures.

There has necessarily been a process of adaptation to council culture, and in some councils during this adaptation phase, there has been reluctance to give StRs exposure to politically sensitive experiences. This is important because research conducted by the LGA on behalf of the national standing group[2] on public health teams indicated that most councils regard the development of political skills as a priority. Feedback from PH StRs indicates that they welcome opportunities to develop political skills and value council placements as a setting in which to accomplish this.

In terms of training capacity, many respondents to the survey (n=19) felt this has been protected through the transition, with a significant number reporting that capacity has been reduced (n=16), and a single respondent reporting an increase in training capacity.

What Public Health Specialty Registrars can bring

A valuable feature of the public health training programme is the multidisciplinary background of the StRs. Approximately half of PH StRs are medical doctors and the StRs from backgrounds other than medicine come from a wide range of disciplines and typically have several years' experience in a public-health-related field. As such, PH StRs bring additional highly-skilled capacity to the councils in which they work. PH StRs are often in a position to do pieces of work for the council that would not otherwise have happened due to lack of resource. StRs are valued for their enthusiasm, intelligence and the wealth of experience which most of them bring to the role as senior members of the team.

StRs are often able to bring fresh insights, and links to local networks and the wider system. Furthermore, StRs have helped create a learning environment and have contributed to the development of other council staff.

It is worth noting that the terminology sometimes used to describe PH StRs can been confusing or misleading for council staff. Referring to StRs as 'trainees' can give the impression that they are more junior than is the case, and the title 'registrar' in the context of StRs is akin to hospital registrars as opposed to the usual role of registrar within council settings.

StRs have experience in a broad range of skills, gained through prior work and specialty training (which is a mix of academic and 'on-the-job' training). These are also tested through examination, and include:

- communication skills comprising corporate report-writing, presenting, media handling and liaising with a variety of partners and audiences
- leadership and management skills including chairing meetings and budget and team management
- conflict management and negotiation skills
- balancing an evidence-based and technical approach with the need for pragmatic decision-making (working with limited information and short timescales)

[2] The national standing group includes Public Health England, the Association of Directors of Public Health, the LGA, FPH and trade unions

- System-level working:
    - Links to NHS and academic institutions
    - Role in supporting transformational change, integration of health & social care, and devolution agendas
    - StR work across council departments (wider determinants of health)

As with other medical specialties, the field of specialist public health has its distinct set of knowledge, skills and expertise which StRs must develop and demonstrate through the course of their training. The scope of this expertise is reflected in the training curriculum, and is summarized in box 1 below.

Box 1: PH StR specialist expertise, skills and knowledge

- evidence-based practice, including critical appraisal of evidence
- data collection and analysis skills (quantitative and qualitative)
- statistical analysis
- health economics
- epidemiology
- health needs assessment and health impact assessment
- health improvement and health promotion
- academic rigour and research skills
- health protection experience (including emergency planning and clinical issues such as communicable disease prevention and control)
- healthcare quality

Of course, the specialist public health workforce is part of a much larger public health workforce, including practitioners in environmental health, public health nursing, allied health professionals, welfare and housing to name but a few.

Transition of public health to councils has brought new training opportunities for StRs. By far the most cited opportunity in our survey was for StRs to work with other teams in the council on the wider determinants of health (eg. spatial planning, safeguarding, economic regeneration, adult services, transport, emergency planning, environmental health, housing, civil protection, social care, homelessness, licencing, education) as illustrated by the model in figure 1.

Other new training opportunities for StRs placed in councils include influencing political agendas and shaping non-healthcare policy, greater scope to reduce health inequalities,

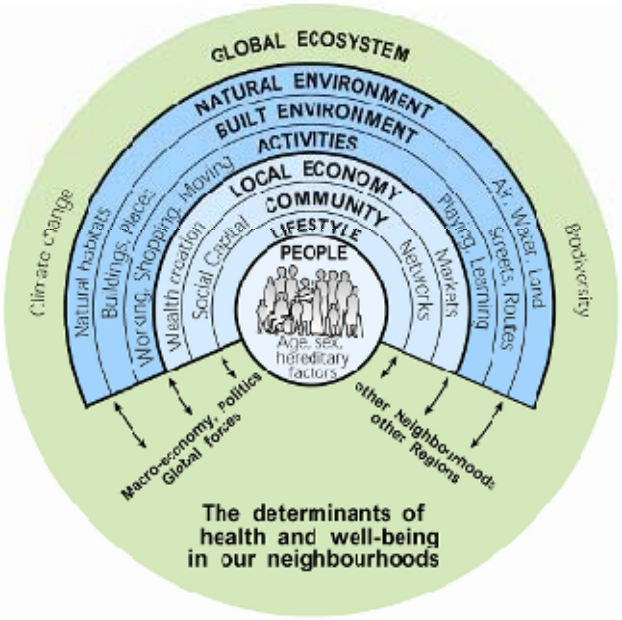

Figure 1 Barton, H. and Grant, M. (2006) A health map for the local human habitat. The *Journal for the Royal Society for the Promotion of Health*, 126 (6). pp. 252-253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead, 1991.

and, with changes in commissioning responsibilities, more involvement in the full cycle of commissioning public health services.

In the survey we asked people to describe the sort of work PH StRs have been engaged in for councils since transition. The types of work are ranked in order of level of StR involvement in figure 2 below. There appear to be ample opportunities for StRs to contribute to Health Needs Assessment, health improvement work and data collection/analysis. In contrast, the broad areas of public health practice where opportunities are more limited with councils include academic research, health economics, health protection and healthcare public health.

1	**Health needs assessment**
2	**Health improvement**
3	**Data collection and analysis**
4	**Critical appraisal of evidence**
5	**Evaluation**
6	**Health impact assessment**
7	**Management & leadership**
8	**Epidemiology**
9	**Health care quality**
10	**Health protection**
11	**Health economics**
12	**Academic research**

Figure 2 Types of council work ranked in order of level of StR involvement

How the training programme works

Specialist medical training has some unique elements which are described in the 'Gold Guide'.

Application to the national specialty training programme is open to anyone with suitable qualifications:

- either a medical degree with relevant postgraduate experience in the last five years or
- a 2:1 in a first degree/higher degree, with 60 months' work experience of which at least two years' experience is in public-health-related work.

There is a highly competitive annual national selection process run by the East Midlands Local Education and Training Board. An average of 500-600 eligible applicants apply each year for 70-80 places.

All StRs are required to enroll with FPH within three months of appointment in order to be able to sit the membership examinations (Part A and Part B) and qualify for a certificate of completion of training (CCT).

Training programmes are run by Health Education England (HEE). HEE has 13 Postgraduate Deans who are responsible for the specialty training programmes and Schools of Public Health responsible for running the Public Health Specialty Training Programme for their area.

Training placements are managed by the School of Public Health and can be anywhere in the public health system, eg. Public Health England (PHE), councils, academia, the NHS. Training placements must be accredited by the General Medical Council (GMC). Employment contracts for StRs are held by NHS organisations. All PH StRs are expected to spend a large proportion of their training in substantive placements in council settings, typically spending one or two years in each council placement.

Those who have not yet completed a Masters programme will do so during their first or second year of training, depending on their training region and previous experience. All PH StRs will spend a period of time on attachment with a local PHE Health Protection team in order to develop the required health protection skills and knowledge. StRs will spend 48 months rotating through specialty training posts in different public health settings. StRs will take days away from their day-to-day service work to attend training, and pursue their academic development throughout their training.

At each location, StRs develop through work-based experiential learning, and are guided by designated and accredited Educational Supervisors who are practising public health experts and leaders. Educational Supervisors follow requirements set out in the FPH guidance *Criteria and Standards for Educational Supervisors* and must demonstrate competence against a number of criteria set out therein.

A StR is also allocated an academic supervisor who works with the StR to assess their academic learning needs and develop strategies to address these needs. The academic tutor is trained in public health, usually based within a local university, who remains with the StR throughout their time on the training programme.

On satisfactory completion of training, StRs gain a certificate of completion of training (CCT) and are recommended for inclusion on the GMC Specialist Register (medical doctors) or the UK Public Health Register (UKPHR) (professionals from other disciplines). This qualifies StRs to apply for positions such as Consultant in Public Health/Consultant in Public Health Medicine, Consultant in Communicable Disease Control/ Consultant in Health Protection, or Director of Public Health.

Curriculum

Specialty training in public health normally lasts five years and covers key competency areas relating to the three domains of public health practice: health protection, health improvement and healthcare public health (which include needs assessment, service quality and evaluation). Training in public health is flexible and within this framework StRs are encouraged to shape their experience around their own interests.

In 2013 FPH began a process of curriculum review culminating in the GMC and UKPHR approving a new training curriculum in 2015. This process was prompted in part by the new role of local government in

England, presenting a major cultural shift and an opportunity to strengthen and align public health training accordingly.

StRs due to complete their training after 31 August 2017 had to switch to the new curriculum by August 2016. Those finishing before August 2017 stayed on the 2010 curriculum.

Box 2: Core competences in public health practice

The curriculum addresses development of the following broad competencies in the 10 key areas

of public health practice:

• Use of public health intelligence to survey and assess a population's health and wellbeing.

• Assessing the evidence for effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations.

• Policy and strategy development and implementation.

• Strategic leadership and collaborative working for health.

• Health promotion, determinants of health and health communication.

• Health protection.

• Healthcare public health.

• Academic public health.

• Professional personal and ethical development.

• Integration and application of competences for consultant practice.

Providing high quality training in councils

The quality of training provided in councils is assessed by HEE during regular training-quality visits. Our survey identified evidence of excellent public health training being delivered in councils across England. In addition, a number of barriers to achieving high quality training that some councils may be facing were highlighted. Loss or weakening of links to the NHS was felt by many survey respondents to have impeded provision of high quality public health training for StRs placed in councils. However, councils are taking different approaches to ensuring that StRs gain exposure to adequate healthcare public health opportunities, for example through joint placements with clinical commissioning groups (CCGs), and contributing to councils' core offer to their CCGs.

Reduced numbers of public health consultants, and reduced capacity to support training amongst those consultants who remain, were also identified as threats to training quality.

Other barriers to high quality training included financial pressures, lack of understanding of public health in other parts of the council, and data-sharing difficulties.

Inevitably, StRs may be used as added capacity in public health teams, in which case it is very important to give due attention to their training needs.

Box 3: Outline of responsibilities of councils

Councils need to ensure that they can meet certain requirements set by HEE and the GMC as the statutory regulator for medical training:

- **The StR will need to have a named, accredited Educational Supervisor (ES), usually a Consultant in Public Health**
- **The ES is expected to undertake this role as part of their work and own personal development, and sufficient time must be allowed in their job plan to perform this role**
- **An adequate work space, access to a computer, telephone, intranet as necessary**
- **A suitable range of in-service development opportunities allowing the StR to gain required knowledge and expertise across the three domains of public health (health improvement, health protection, healthcare public health)**
- **The ES or activity trainer must assess and confirm the StR's achievement of learning outcomes via their eportfolio**
- **The ES must conduct an annual appraisal with the StR and prepare a report for Annual Review of Competence Progression (ARCP)**

Annual review

The process for assessing StRs is known as the annual review of competence progression (ARCP). It is carried out by a panel which reviews the StR's portfolio of evidence and confirms satisfactory progress in accordance with curriculum learning-outcome requirements and milestones set by FPH. The ARCP process is laid down in the Gold Guide. As part of the ARCP process the StR will have appraisal discussions with their educational supervisor and training programme director in the School of Public Health.

The ARCP process is the mechanism by which StRs from a medical background meet the requirements of medical revalidation and maintain their licence to practise.

References and further reading

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Public health specialty entry requirements https://www.healthcareers.nhs.uk/explore-roles/public-health/public-health-consultants-and-specialists/entry-requirements-public

UK Public Health Register http://www.publichealthregister.org.uk/

Public Health England https://www.gov.uk/government/organisations/public-health-england/about

NHS Five Year Forward View https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/

Appendix A: Case studies

This section contains 12 case studies outlining pieces of work StRs have contributed within local authority settings in England since the transition of public health teams.

Title: Evaluation of selective licensing of rented accommodation programme

Organisation: Blackpool Council

Areas of Blackpool have notable population transience, with poor quality rental housing, such as former guesthouses converted into houses of multiple occupancy, contributing to the issue. The selective licensing programme aimed to improve the rental housing standards and, having been piloted, was initiated in a ward with marked deprivation and health inequalities. In conjunction with selective licencing visits, an additional team worked with residents to assess the need for additional support in accessing services.

What they did

The registrar developed an evaluation for the health and wellbeing impact of the programme, appraising pilot data and working with stakeholders to produce a practical, meaningful evaluation.

In addition, the registrar contributed to the planning stages of the programme, which included asset-mapping in the ward and door-to-door surveys of residents.

Who the main stakeholders were

Ward residents

Neighbourhood organisations such as the community centre

Frontline staff organising and delivering the home visits

Local authority department representatives including housing and children's services

Elected members

Police, ambulance and fire department representatives

Third sector organisations working in the ward

Any particular challenges experienced

Developing an evaluation required appraisal of the original pilot, as well as negotiation and consideration of different viewpoints, in order that the evaluation was acceptable to the different parties involved and robust enough to determine the effectiveness of the programme.

Initiation of the programme required an understanding of the ward, its assets and character, as well as

appreciating how it differed from the original pilot area.

What impact the work had/how the local authority benefited

The work highlighted the potential to improve health through wider determinants, such as housing. It drew on skills that are integral to public health practice, such as programme development, the production of a robust, fair service evaluation, and relationship-building while translating evaluation methods into practice.

Main areas of competency this work contributed towards

Health improvement

Service evaluation

Additional skills such as asset mapping and programme initiation

Interdepartmental collaboration

Communication skills including public engagement

Title: Evidence briefings on harmful traditional practices

Organisation: Brighton & Hove City Council

What they did

The public health team received a request from the Strategic Commissioner (Domestic, Sexual Violence & Abuse and Violence Against Women & Girls) for evidence regarding the prevalence of harmful traditional practices (HTPs) locally, and actions that the local authority could take. The Public Health Specialty Registrar on placement in the department developed a template and method for a brief evidence review that could be conducted in a limited time frame (four months), whilst providing robust evidence-based recommendations for practice.

Evidence reviews were carried out for female genital mutilation (FGM), forced marriage (FM) and 'honour' based violence (HBV). The following methodology was used for the reviews, which were conducted by the Registrar with support from the Educational Supervisor and the Public Health Intelligence Team.

- Epidemiology: estimates of the communities and number of individuals who may be affected by HTPs in Brighton & Hove based on available local, national and international data
- A systematic search of National Institute for Health and Care Excellence (NICE) Evidence Search for literature relating to HTPs, including national guidance, evaluation reports, peer-reviewed journal articles and professional guidelines
- Summary of the evidence and recommendations (including implications for local practice) across three thematic areas: Prevention and Early Intervention, Provision of Immediate and Ongoing Support, and Protection and Prosecution.

The work was then presented by the Registrar at the Violence Against Women & Girls Programme Board, which includes senior representatives from key local statutory organisations such as the local authority, police, probation service, NHS England and the CCG, as well as voluntary-sector specialist services.

Who the main stakeholders were

Public health team
Strategic Commissioner
Programme Board

Any particular challenges experienced

A major challenge was developing a template for the work that could be completed within four months, and met the needs of the stakeholders. Traditionally a response to this request would involve completing a full needs assessment or literature review; however this document needed to rapidly consider available evidence and translate this into practical recommendations that could be considered locally.

What impact the work had/how the local authority benefited

The local authority have highlighted three ways the work has benefited them:

1. The evidence reviews gave estimated numbers (particularly for FGM) which could inform a proportionate response to the issue, and prompted a further audit of FGM cases referred to the local authority from midwives.
2. The three thematic areas outlined in the reviews provided a strategic framing for the issue, as well as an outline for what to do and how to target the right groups.
3. The format provided a new way of working between the public health team and community safety team, and highlighted how to approach an issue using public health methodology.

The reviews also informed and/or influenced the following work programmes:

- Domestic and Sexual Violence Commissioning, including how to ensure that the new specialist service engaged with Black, Minority and Ethnic (BME) communities
- The development of a Pan-Sussex Harmful Practices Action Plan
- Re-commissioning of the BME Community Engagement Project with inclusion of peer-led awareness raising and support as recommended in the evidence reviews
- HTPs were included within a training needs audit for professionals in Brighton & Hove
- A review of the Local Safeguarding Children's Board child protection guidance in relation to FGM.

The work was also highlighted in a national report as an example of good practice with regard to FGM work within local authorities.

Main areas of competency this work contributed towards

Assessing the evidence of effectiveness

Title: Audit of deaths from suicide

Organisation: Leicestershire County Council

What they did

Carried out an audit of deaths from suicide and undetermined injury in Leicestershire and Rutland between January 2013 and December 2014 on behalf of the Leicester City, Leicestershire & Rutland Suicide Audit and Prevention Forum.

The Leicester City, Leicestershire & Rutland, the Suicide Audit and Prevention Forum is a multi-agency forum that supports the implementation of the suicide prevention action plan. The forum has a wide membership including representatives from public health, the police and local service providers. Part of its work involves reviewing deaths from suicide with a view to learning lessons and targeting future work. This is carried out both in real time at quarterly meetings and as an annual suicide audit.

Who the main stakeholders were

The Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (comprising a wide range of partners across NHS, police, local authority and voluntary sector)

Any particular challenges experienced

Missing data on coroner's office pro formas.

Information on an individual's mental or physical health was not available and it was not possible to gather this information.

The Office of National Statistics uses three yearly average annual data to analyse trends in suicides. It would be useful if similar could be done with local coroner's data in order to improve any potential data comparisons.

Boundary issues: coroner's office, CCG and local authority boundaries all differ, making relevance to each individual organisation difficult.

What impact the work had/how the local authority benefited

This local suicide audit will be incorporated into a wider update for the local Health and Wellbeing Boards in due course. The audit also came up with a number of recommendations that are being taken on by the group. These related to data collection and availability, timeliness of audits, improved knowledge and support from primary care, better public awareness, adequate support for the bereaved, and communication of actions taken as a result of the audit.

Main areas of competency this work contributed towards

Assessing the evidence of effectiveness, Strategic leadership and collaborative working for health, health improvement, health protection, health and social service quality, public health intelligence, academic public health.

Title: Assessment of health need relating to air quality for the Joint Strategic Needs Assessments (JSNA)

Organisation: Nottinghamshire County Council & Nottingham City Council

What they did

Clearly articulate the evidence of the health impact of poor air quality and the opportunity to improve the health of the population.

Who the main stakeholders were

Over many years, leadership on this agenda has been provided by environmental health colleagues across the districts and by Nottingham City in particular. In addition to the public and communities most impacted by poor air quality, other stakeholders to this agenda include the Health and Wellbeing Boards (HWBs) and the range of organisations represented by their members, councillors and officers (across unitary, upper and lower tier councils) with responsibilities for planning transport and economic development.

Any particular challenges experienced

The work was undertaken during a period of change in the nature of the joint working between the two councils which added to the political complexity, and in the context of a perceived waning of awareness of and commitment to this agenda amongst some parties. The availability of environmental health colleagues to contribute to this work was limited by constraints and pressures facing them in their respective organisations. Without the contribution of the StR, the councils would not have had the capacity to resource this work. Judgement and discretion was required to inform and negotiate the extent to which any subsequent work should be led by public health.

What impact the work had/how the local authority benefited

Public health's integration in the council provided an opportunity to exercise public health leadership on this agenda with council stakeholders across the local unitary, upper and lower tier authorities. This in turn has secured attention and commitment from both local HWBs. Joint working with environmental health colleagues has helped to establish trust and an appreciation of mutual interests which will underpin further collaboration. The chief value of the JSNA product is that it provides a sound basis for the refreshment of the Nottinghamshire Air Quality Strategy and added impetus for its recommendations.

Main areas of competency this work contributed towards

The full range of competencies relating to health-needs assessment, delivering presentations to boards, incorporating feedback etc. Working across these stakeholders provides a rich context for developing and exercising influencing skills and meta-competencies.

Title: Dementia Joint Strategic Needs Assessment

Organisation: Swindon Borough Council

What they did

The 2012 Joint Strategic Needs Assessment (JSNA) for Swindon highlighted a number of different topics that required further investigation. One of these was dementia, and the StR was tasked with producing a dementia needs assessment for Swindon. The aim of the Dementia JSNA was to inform the planning and development of dementia health and social care provision across Swindon, by understanding the population, epidemiology, current services and future need.

Specific objectives were:

- To understand current incidence and prevalence of dementia in Swindon

- To describe the population at risk of dementia in Swindon based on current knowledge

- To understand future population projections for Swindon and what this may mean in terms of the needs of local people and demand for services

- To understand current services for people with dementia in Swindon, assess whether they meet current demand and highlight any gaps or overprovision now and in the future

- To summarise current evidence around prevention

- To understand the economic cost of services now, and projected into the future

- To inform the priorities and future strategy of the Health and Wellbeing Board

The StR included a chapter on risk factors, and a section on economic analysis which developed it further than other similar needs assessments. As well as data analysis, the work included interviews with stakeholders and attending conferences and local activity sessions such as Singing for the Brain and a carers group. As well as an executive summary, the StR also wrote a bulletin which captured the key points from the needs assessment more succinctly in more accessible language.

Who the main stakeholders were

The work was overseen by the JSNA Steering Group which includes Swindon Borough Council, NHS Swindon Clinical Commissioning Group and Healthwatch.

Stakeholders included:

- Swindon Borough Council (Public Health, Information and Intelligence, Housing, Social Care, Localities)
- NHS Swindon Clinical Commissioning Group
- Great Western Hospital
- Alzheimer's Society
- Swindon Carers Association
- Avon & Wiltshire Mental Health Partnership

- GPs
- SEQOL

Any particular challenges experienced

Producing the needs assessment took longer than planned and producing the full document, executive summary and then bulleting tested writing for different audiences. The needs assessment also provided an opportunity to improve knowledge of social care data.

What impact the work had/how the local authority benefited

Public health has lead on dementia across the local authority for a number of years following the development of the JSNA. This work led onto a multi-agency strategy and action plan, the setting up of a dementia steering group and has given impetus and focus to driving forward the dementia agenda in Swindon.

Main areas of competency this work contributed towards

Surveillance and assessment
Assessing the evidence of effectiveness
Policy and strategy development and implementation
Strategic leadership and collaborative working for health
Public health intelligence

Title: Health Impact Assessment of HS2

Organisation: Derbyshire County Council

What they did

The StR set up a framework for a Health Impact Assessment (HIA) on this high profile proposal. This was the first HIA undertaken following transfer of public health to the council. The StR developed the approach, led the process and produced the final report, under the direct supervision and leadership of a senior public health manager.

Who the main stakeholders were

Communities affected, cabinet leads, planners in the county and districts

Any particular challenges experienced

The main challenges related to the concerns of the cabinet lead for planning about the consultation phase being a potential vehicle for protesters. This was managed by briefing the Executive Director and the cabinet lead to allay their concerns, plus amending the approach appropriately to avoid the consultation focus groups becoming protest meetings.

What impact the work had/how the local authority benefited

The work was well received in the council at leader and senior team level. The results were included in the formal response of the council to the HS2 proposals. It was acknowledged as a model of good practice by IMPACT at Liverpool University. The findings were presented to the Health & Environment national select committee at Westminster.

This paved the way for agreeing to mainstream HIA within major decisions of the council – three further HIAs have been completed or are underway. HIA is being included in Equity Impact Assessments now as a means of getting the approach in common use.

Main areas of competency this work contributed towards

HIA, community engagement, strategic influencing, using public health intelligence

Title: Oral health needs assessment

Organisation: Newcastle City Council

What they did

Aim: Review oral health care service delivery and identify areas where oral health improvement programmes are most needed.

Reviewed present guidance and legislation and assessed the local authority against these criteria. Searched relevant research papers.

Acted as a conduit between key stakeholders to create a virtual learning environment rather than bringing together a face-to-face group. Towards the end of the process a review with key stakeholders needs to occur to test the recommendations and ensure implementation.

Has revisited all survey data (quantitative) and understood well the qualitative requirements – following leads suggested as well as suggesting his own.

Produced an excellent presentation/information for Health Scrutiny covering information about tooth decay, access to dentistry, evidence summarised from health surveys (at national and local authority level), general anaesthetic versus extractions information and explanation for variations, information regarding a local project to improve tooth brushing, a summary of our present oral health city offer and recommendations for the future.

Sought feedback from stakeholder work to ensure any processes could be improved.

Who the main stakeholders were

Engaged one-to-one and through group discussions with a wide range of suitable and appropriate stakeholders across health, education and social care – including a user and carer forum.

Commissioners, councillors and providers.

Any particular challenges experienced

The StR had no previous knowledge of the city nor working in a local authority, and as such has needed to engage with numerous players to understand the context in which he is undertaking this task. The approaches adopted have allowed him to integrate and contextualise the task at the same time as undertaking it.

This was also novel in terms of a dental public health trainee being placed in a local authority so there was little past experience to draw on from the wider dental public health community. The trainee has since been able to advise others in a similar position of the key differences between an oral health needs assessment for a local authority and one produced for the NHS and other organisations with greater knowledge of dental services.

What impact the work had/how the local authority benefited
This is part of an on-going iterative process of change rather than a stand-alone product. Has worked with those populating and leading on the JSNA to ensure that survey data influences the updating of the local information at specific points in time as such helping improve our local system. This work is on-going and the next stage will be for the StR, through his extended academic learning, to focus on under-fives – increase work with health visitors and other professionals working with young children and their parents.
Main areas of competency this work contributed towards
Oral health surveillance Assessing the evidence on oral health and dental interventions, programmes and services Policy and strategy development and implementation Strategic leadership and collaborative working for health Dental public health intelligence

Title: Establishing an unintended injuries strategy

Organisation: Knowsley Metropolitan Borough Council

What they did

The StR established, developed and implemented the accidents prevention strategy for the council, drawing in multi-agency skills and resources to create an evidence-based, collaborative approach to tackling this important public health matter. This provided her with supervised consultant-level responsibilities.

By completing a comprehensive health needs assessment on unintended injuries in children and young people and older people, she was able to provide the appropriate-level epidemiology and evidence to inform local work. This involved both detailed data analysis and also strategic working with various colleagues in the council and CCG on accessing the data, definitions and recording details.

The StR wrote a strategy that provides a life-course approach but on implementation she focused on the most vulnerable groups: children and young people and older people. This afforded her the opportunity to develop a real-life understanding of the need to assess and prioritise groups according to need and available resources.

Fully engaging with a broad range of partners through two stakeholder workshops at the start meant she was able to develop a local community stakeholder network and an action plan, thus creating the opportunity to manage and chair a multi-agency group. Stakeholders included community health providers, the fire service, the voluntary sector, environmental health and housing partners.

The StR obtained £8,000 from national funding grants, integrated activities into the existing service with budgets and negotiated the use of generic funding (eg. communications) for this work.

- Working in partnership to secure a national competitive source of funding from the Department of Communities and Local Government Locality programme to develop a local education programme for parents and carers of children under five years.
- Integrating additional elements of the home safety to the existing Healthy Homes Programme, for example where domestic products and medicines are stored.
- Expanding the existing accredited minute-messages training for children and young people and supporting the developing messages for older people in relation to accidents.

This work and its progress was reported verbally and in writing to various councillors and groups in the council, providing the StR with the strategic accountability for the portfolio that she had led on developing.

Who the main stakeholders were

Knowsley Council, fire and rescue services, Knowsley Fire Safety Network (charity), CCG

Children and young people

Safeguarding Board, education, midwives, universal child health programme - health visitors, children centres, trading standards, Dogs Trust (dog safety), Healthy Homes

Older people

Falls services, care and repair, older people's social care services, trading standards, Healthy Homes, lifestyle services, social care

Any particular challenges experienced

Access to Knowsley's local data on hospital admissions was not routinely available and this presented various challenges and delays to the StR's work. She also highlighted the future needs for this data to the public health commissioning team to ensure greater ease of access in 2016, presenting her with the opportunity to embed the requirements of the portfolio in existing commissioning processes.

Given the current financial climate, there was no sustainable option for a specific budget for this portfolio so the strategy and all its work strands had to be resourced through existing budgets or other available funds. She tackled this in an expected and methodical manor, prioritising, developing profitable relationships rapidly and seeking alternative funds when possible.

The StR was able to seek support as and when needed, but routinely had face-to-face meetings with her supervising consultant to discuss matters as necessary. This provided her with the space to explore her work solutions and the confidence that she would be supported in delivering them.

What impact the work had/how the local authority benefited

Structured, collaborative approach to accident prevention.

Internal departments are now aware and taking forward the unintentional injuries agenda themselves.

There is a professional network to support operational colleagues to deliver and address local needs across health, social care and the voluntary sector.

Main areas of competency this work contributed towards

Policy and strategy development and implementation

Strategic leadership and collaborative working for health

Health improvement

Health and social service quality

Title: Review of parenting service and parenting strategy development

Organisation: Walsall Council Public Health

What they did

I reviewed all commissioned and non-commissioned parenting support/programmes in Walsall and subsequently prepared and disseminated a report to relevant associate directors and directors within the council (leading to a clear picture of 'where we are now').

I led the development of a new parenting strategy after gaining buy-in from key stakeholders at director-level. The following activities formed a core part of this development:

a. I led a strategy development group with representatives from public health, children's services and the parenting team.

b. I was the principle organiser of a parenting strategy workshop with around 40 stakeholders attending the event. I presented at this workshop and facilitated round-table discussions. This provided the basis of 'where do we want to be'.

c. I led the development of the draft parenting strategy, which others from the development group wrote sections for too. This provided the road map of 'how can we get there'.

d. I worked with corporate at the council to get the draft strategy out for public consultation through official channels.

This work was successfully submitted as a poster to PHE conference (2014) which raised the profile of parenting and also the profile of Walsall Council.

Who the main stakeholders were

Director of Public Health
Public health consultant with responsibility for children and young people
Public health commissioner for children and young people
Director and Associate Directors of Children's Services
Portfolio holder for public health
Commissioners of children's services
Walsall Parenting Team
Police
Schools/head teachers
Parents in Walsall

Any particular challenges experienced

Competing interests (budget cuts were an issue when seeking investment in parenting)
Difficulties in commissioner/provider split (as parenting is an in-house team)

What impact the work had/how the local authority benefited

The council benefited from a thorough review of parenting programme activity in Walsall which led to the development of a new strategy that will drive parenting for the next five years.

Cross-departmental working improved particularly between public health and children's services.

The workshop event gave the council an opportunity to engage with colleagues, partner organisations and the public.

The portfolio holder for public health was interested in this programme of work and attended the workshop event.

Main areas of competency this work contributed towards

Ethical management of self

Strategic leadership and collaborative working for health

Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services

Policy and strategy development and implementation

Title: CLeaR tobacco control assessment

Organisation: Lancashire County Council and PHE North West

What they did

Facilitate completion of the CLeaR local tobacco control assessment in partnership with Lancashire County Council (LCC). The CLeaR assessment involves local authorities scoring themselves against a range of questions that look at local priorities, services, leadership and results.

Who the main stakeholders were

PHE North West
LCC tobacco leads
Tobacco Free Futures
Commissioning leads within CCGs

Any particular challenges experienced

The work involved getting each CCG initially to fill in a template either by phone or email. Getting responses back delayed the progression of the work. However, some of the work was desk based so this aspect could continue during any delays.

What impact the work had/how the local authority benefited

Results were fed back to LCC. Any areas for improvement were identified and recommendations were made and communicated to all partners including recommendations for additions to CCG contracts. The assessment also informed an update of their tobacco strategy. This process can be done for any local authority and can be repeated for LCC in the future. This was a good partnership between the local authority and PHE.

Main areas of competency this work contributed towards

Information sources

Health impact of policy

Options for decision makers

Communicate recommendations

Evaluate a health improvement intervention

Link with professional networks

Title: Devolution in relation to health and social care

Organisation: London Borough of Redbridge

What they did

The trainee was a member of the steering group where eight London boroughs were brought together to draft a detailed devolution bid that was clear about delivering on the local and sub-regional proposals for reforms in health and social care. The bid incorporated information from key NHS partners and defined the scope and benefits of the local devolution offer. It was clear about the role of local authorities in maximising both the existing and devolved powers to strengthen local public accountability, which included making key decisions about existing and future service delivery options.

Who the main stakeholders were

Council leaders and elected members
Directors of public health and their teams
Directors of adult social care
CCG chief operating officers
Senior communication leads

Any particular challenges experienced

Tight timescales to fit in with deadlines for bid submission.

Devolution proved to be a distraction from current strategies, diverting attention and resources from current projects.

CCGs have been involved in devolution at pan-London rather than sub-regional level.

Lack of clarity on the role of local authorities in NHS decision-making.

What impact the work had/how the local authority benefited

The steering group brought all the relevant stakeholders together at an event to share information.

Some local authorities are working together by pooling budgets and developing new ways of working that focus on prevention, reducing inequalities and providing the environment and infrastructure required for a healthier future for the residents of the boroughs.

Main areas of competency this work contributed towards

Use of public health intelligence to survey and assess a population's health and wellbeing

Strategic leadership and collaborative working for health

Healthcare public health

Title: Leading the hepatitis C agenda

Organisation: St Helens Metropolitan Borough Council

What they did

The StR engaged with relevant stakeholders to review arrangements for the testing, detection, referral and treatment of hepatitis C.

She formed and chaired a stakeholder group to develop and implement an action plan to address hepatitis C, and developed an integrated care pathway with these stakeholders.

The StR secured additional funding for the introduction of dry blood spot testing within substance misuse services and for a hepatitis-C champion to work with clients to manage expectations of referral and treatment and to raise awareness and prevent further hepatitis C infection.

An outreach clinic delivered by liver nurse specialists was developed in the substance misuse clinics.

Who the main stakeholders were

Local authority public health colleagues
Local authority commissioners of sexual health and substance misuse services
CCG commissioners of secondary care
Clinicians and managers from the substance misuse services
Local people with hepatitis C
Sexual health services
PHE

Any particular challenges experienced

There were logistical challenges involved with the establishment of the community-based clinic with high did-not-attend rates initially. This was resolved by operational discussions between the two providers (liver services and substance-misuse services) about appointment-booking processes and by more in-depth engagement of service users prior to referral to develop a shared understanding of the referral and treatment processes, options and timescales.

There were challenges around engaging clients who were hep-C positive in raising awareness as they preferred not to disclose their status, so much of the engagement work has been done on a one-to-one basis.

What impact the work had/how the local authority benefited

The uptake of testing for hepatitis C has increased in clients accessing substance-misuse services.

A referral pathway is in place and is working well and the partnership arrangements are robust.

Patients are now accessing diagnosis and considering treatment options. Some patients have entered and

completed treatment although others are awaiting the availability of newer treatment options.

Main areas of competency this work contributed towards

Commissioning-service review

Pathway development

Procuring funding

Health protection