UKPHR

Public Health Register

Protecting the public – improving practice

professional standards authority

accredited register

UKPHR's ANNUAL REPORT 2015-16

Our contribution to a radical upgrade in prevention and public health

Foreword

Professor Bryan Stoten BA Hons; M Soc.Sc; D Univ Hon; FRSPH; CIHM

This year UKPHR has witnessed a turn of events with the Department of Health ceasing to continue with the transfer of our specialist register to the Health and Care Professions Council. With uncertainty no longer looming, we looked forward to the future and pressed on with timely and key developments.

The implementation of a revalidation scheme for all registrants is seen as a very significant development in UKPHR's regulatory role. It will represent a major step forward in equivalence between public health specialists from all disciplines, put UKPHR on a par with those statutory regulators of health professionals at the forefront of operating revalidation and give registrants, employers, commissioners, public health partners and members of the public further assurance that UKPHR's registrants are professionally competent and committed to maintaining and enhancing their competence during their careers.

The first review of practitioner registration since the system was devised in 2010 is underway with the formation of a new task and finish group that will examine options and recommend plans to UKPHR's Education & Training Committee for aligning standards, practices and processes with the several developments in relation to public health practitioners that have emerged since the current arrangements were settled.

A comprehensive review of all the routes to registration available to public health specialists has led to work beginning on the development of revised standards for a future new route to registration for public health specialists.

This year the Board bids farewell to Directors that have served during the testing and transformative times at UKPHR; Professor Richard Parish, Amanda Fletcher, Fiona Harris and Professor Selena Gray and welcomes new appointments in; Professor Louise Wallace, Duncan Vernon, Karen Saunders, Dr Ruth Goldstein, Professor Susan Powell and Bob Hudson.

July 2016

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Chair's Report

Professor Bryan Stoten BA Hons; M Soc.Sc; D Univ Hon; FRSPH; CIHM

Writing in the immediate aftermath of the Referendum on the UK's membership of the European Union it is difficult to unravel the hyperbole from the real challenges for our Public Health agenda.

It goes without saying that disease transmission knows no geographic boundaries. Migration, though often described as a vector for disease, rarely poses a major burden for health care systems when experienced by the young and healthy.

The open borders of the European Union have certainly facilitated the UK's access to trained clinical staff from other European countries but the contribution of both New and Old Commonwealth citizens is there too in the NHS. Filipino nursing staff with no obvious prior claim on UK entry are widely regarded with respect and admiration.

Given that the latter two non-EU categories of staff have nonetheless found a place in the NHS it seems unlikely that leaving the EU governance system will change much here for EU migrants either. (We should not, of course, ignore the ethical challenge of taking trained clinicians from less well-endowed nations and health care systems to fill gaps in our own NHS staffing levels).

Nonetheless disengagement from the EU will make significant demands on the NHS and the public health workforce in the NHS and local authorities in particular in order to maintain and initiate partnership working with our colleagues throughout the EU - and globally. And there are plenty of such partners, with many of which we are already engaged.

UKPHR has agreed a registration scheme for health promotion practitioners with the International Union of Health Promotion and Education (IUHPE) with which Dr Viv Speller, one of our Board Directors, has long been associated. The European Public Health Alliance and the European Public Health Association are familiar to our colleagues and registrants and it is inconceivable that these relationships will other than thrive.

Duncan Selbie, in the immediate aftermath of the referendum result, issued similar assurances not least because the public health challenges of infectious disease, diabetes and obesity, war and internecine conflicts, food and fuel insecurity, climate change, job insecurity and youth unemployment, substance abuse and ageing have all entered the vocabulary of Public Health and know no national boundaries today.

This will be my last Annual Report for UKPHR. In the last four years this organisation has changed utterly. Our move to Birmingham seems to have had no drawbacks but only benefits. We have established the Register as a charity and look to raise research funding for our continuing interest in workforce planning and the professional development needs of Public Health.

We were pleased to secure the renewal of our Professional Standards Authority accreditation and I can attest to the rigour of the annual renewal process which definitely

helps us to keep our own standards high. We are active in the Accredited Registers' Collaborative for which UKPHR provides the Secretariat.

Pav Sull, Zaira Ejaz and David Kidney together provide the support system for both Anne McMillan, our forensically focused Registrar, and Cerilan Rogers who oversees a disciplined and dedicated group of Assessors and Moderators. It seems incredible that only a year ago the Department of Health was proposing to dispense with all this capacity. Yet now, in the light of the "Forward View" of the Chief Executive of NHS England, a competent Public Health workforce has never seemed so urgently required.

The controversy surrounding the future regulation of public health specialists is, however, in the past. The endorsement given by Minister Gummer in December 2015 was both welcome and a great encouragement. I know now that I am leaving UKPHR at a time of growth, financially secure with a strong Register of Specialists, a growing Register of Practitioners and Specialty Registrars and a new Register for Health Promotion registrants.

The future is wonderfully challenging and I think that's how the Registrants I've met over the past half-decade like it!

In Pav, Zaira and David I have found excellence, commitment and genuine vision. We have created a strong base for what must become increasingly the basis for the improving Health and Wellbeing of the UK. I shall miss it all greatly.

Finally I must thank our friends – among them Shirley Cramer, the inspiring leader of the Royal Society for Public Health, Anne Godfrey, the newly appointed Head of the Chartered Institute of Environmental Health and Paul Lincoln, the ever inventive Chief Executive of the UK Health Forum. I welcome John Middleton, taking over leadership as President of the Faculty of Public Health. They have worked, and I know will continue to work, alongside the Register.

Together we can achieve so much more than separately.

R-L – *David, Zaira & Pav*

Registrar’s Report for 2015-16

Professor Anne McMillan PhD, FDSRCPS, FDSRCS

This has been my first full year in post as Registrar. It has been an exciting time full of opportunities and optimism for the future now that the threat to UKPHR's very existence has finally been laid to rest.

The process of registration and the maintenance of the Register have been subject to continuous quality improvement and assurance throughout the year. We now have our first Specialty Registrar registrants since the recent introduction of this category which offers registration to trainees who are ineligible for registration with the GMC or GDC.

The Registration Panel continues to undertake its portfolio of activities with its customary care and diligence. In 2015-16 the Registration Panel was chaired by Sue Lloyd, with Vicki Taylor as co-chair. Additionally this year, Kathy Elliott was recruited as a second co-chair. Cerilan Rogers continued to offer robust quality assurance as lead moderator. These people along with the many individuals who have served as assessors have provided sterling service in processing the growing number of applications for specialist registration. Fortunately now that the UKPHR will remain the regulatory home of specialist registrants, the anticipated dramatic increase in specialist applications has not transpired and the issue of transitional arrangements no longer needed to be addressed. The Registration Panel has been encouraged by the increasing number of recommendations for practitioner registration. The increase in five-yearly re-registration of specialist registrants has also been notable. In addition, applications for the Specialty Registrar category have been received.

The local practitioner scheme continues to flourish with a new scheme, East Midlands, added during the year offering a greater opportunity for Public Health practitioners to register with UKPHR. The growth in practitioner registration would be impossible without the energy and commitment of the teams of highly-skilled people responsible for the smooth and effective running of the local schemes. These people have provided invaluable service to the UKPHR. The development and nurturing of the local support necessary to establish practitioner schemes is still very challenging. Nonetheless, such support clearly yields significant benefit in terms of practitioner registration and enhanced professional standing.

The activities and recommendations of the Registration Panel and Local Practitioner schemes are overseen by the Registration Approvals Committee (RAC), which I chair. Very supportive comments were made recently by two lay members of the RAC:*" Ged Fisher expressed his appreciation of the robust and rigorous assessment process and to those involved. Lisa Shendge reiterated these sentiments and added that the transparency and attention to detail during the assessment of specialist portfolios is commendable."*

The 2015-2016 registration statistics for UKPHR are as follows:

	31st March 2015	31st March 2016
Total No of Registrants	**776**	**870**
Of which		
Specialists	**625**	**662**
Specialty Registrar	**0**	**2**
Practitioners	**151**	**206**

Fig 1*. The table above illustrates the total number of registrants on 31st March 2015 and 31st March 2016 and a breakdown of the total number of Specialists and Practitioners on those dates. Practitioner numbers by scheme on the register as at 31st March 2016 are also shown.*

Fig 2*. The table below displays the total number of new registrants between the dates 1st April 2015 – 31st March 2016 alongside a breakdown of the total number of newly registered Specialists and Practitioners.*

By Scheme ***both schemes involved in 9 registrations**	
Kent, Surrey & Sussex	***53***
Thames Valley	***18****
Public Health Wales	***19***
Wessex	***43****
West Midlands	***40***
South West	***15***
Scottish Boards	***21***
N Central & E London	***2***
North East	***4***

Total No of new registrants in 2015-2016	**94**
Of which	
Specialists	**37**
Specialty Registrar	**2**
Practitioners	**55**

The Register's Code of Conduct was introduced in 2013-14 in tandem with the revision of the annual declaration and refinement of the re-registration process. The continuing professional development scheme (CPD) continues to underpin initial and continuing UKPHR registration. In 2015-16 we conducted an audit of Practitioner CPD compliance. As a consequence of the audit, the CPD Guidance for Practitioners was revised in February 2016.

During 2015-16, the UKPHR has established two task and finish groups to undertake major works in relation to 1). The review of routes to registration for public health specialists, and 2). The introduction of revalidation for all registrants.

The routes to registration for public health specialists task and finish group, chaired by Selena Gray, has been working since September 2015. A new framework for specialist registration was proposed by the group and considered, in turn, by the Education & Training Committee and the Board. It is intended that the proposed new framework will be published for consultation in due course. Prior to that, the Board proposed to engage a contractor to advise on the changes to standards, guidance and processes that would be required to support the proposed new framework. Tendering for the work is underway.

The revalidation task and finish group, which I chair, has also been active since September 2015. Five-yearly revalidation has become a key feature of professional regulation that is fit for purpose. The General Medical Council has introduced a compulsory scheme and more recently the Nursing & Midwifery Council has rolled out a revalidation scheme for all registrants. The task and finish group developed a proposed scheme for revalidation of specialists and practitioners which has been considered by the Board. Presently, the proposal for revalidation has been published for consultation.

The UKPHR and the Faculty of Public Health spearheaded the revision of Good Public Health Practice (GPHP) with the second edition published in 2016. The updating of GPHP was timely as this document sets out agreed standards of practice for public health specialists and practitioners and is an important resource during the present re-registration of specialists and it will, along with the Code of Conduct, underpin revalidation of specialists and practitioners when the new procedure is introduced in the future (anticipated 2017).

The UKPHR's Accredited Voluntary Status was recently renewed and is a testament to the Register's key role in the maintenance of standards and the regulation of multidisciplinary public health. In 2015-16, the UKPHR reviewed and subsequently revised elements of its complaints process and sanctions policy.

In 2015-2016 no matters were referred to the Register's Professional Conduct Panel.

I would wish to express my sincere thanks to all those who have given their time so generously to support UKPHR registration and related processes. I would also wish to extend my thanks to the staff of the UKPHR for their consummate professionalism and administrative support throughout the year.

Moderators' Report for 2015-16

This report on the moderation of assessment, an important element of the UKPHR's quality assurance process, covers the period April 2015 to end of March 2016. During this period, the moderation team consisted of Cerilan Rogers (lead moderator, specialist and practitioner registration), Ros Dunkley and Alyson Learmonth (practitioner registration). The recruitment process for an additional specialist moderator was undertaken; Judith Hooper was appointed and will take up the role in July 2016.

UKPHR registration indicates that specialists and practitioners are able to practice autonomously, so that the public and employers can have confidence in the public health workforce. The current UKPHR assessment processes, both specialist and practitioner, seek to ensure that anyone with the requisite knowledge and skills can demonstrate their competence at the appropriate level and achieve registration.

The role of the moderators is to ensure fairness and consistency throughout the assessment process. They also ensure that the assessment processes are robust and proportionate. Only the Registration Panel and Verification Panels (for practitioner registration) can overturn assessment decisions; the moderation role is advisory to these. However, the moderators have the right to be heard; their views must be considered by the panels.

The lead moderator attended, either in person or by telephone, all UKPHR Registration Panel meetings during this period; other members of the moderation team also attended occasional meetings. Their views were sought and carefully considered at and between meetings. Overall, there were no major concerns with the quality of assessments undertaken for specialist and practitioner registration.

Evaluation of the support provided by moderators, particularly for practitioner registration, was undertaken routinely; the support appeared to be well received and valued. The moderators regularly discuss issues and share moderation reports amongst themselves to ensure consistency within the team.

The moderation team contributed to the general work of the UKPHR, such as the Routes to Registration Working Group and the Board Strategy Day, and commented on issues concerning registration when appropriate.

Moderation of assessment for specialist registration

Methods of moderation include review of specific portfolio referrals from the Registration Panel, provision of advice and support to individual assessors on request and random concurrent sampling of the assessment of portfolios.

5 specialist portfolios were moderated (all defined specialists) during this period, all at the request of the Registration Panel. The lead moderator scrutinised the reasons given by assessors for the acceptance of all higher level claims and for clarifications and resubmissions, as part of the Registration Panel process. The assessment process was found overall to be rigorous, fair and consistent.

Queries from assessors, not requiring portfolio moderation, about interpretation of the guidance were also answered, as were queries from UKPHR officers.

Support for assessment for specialist registration

The lead moderator provided training for specialist assessors, which resulted in 10 individuals successfully completing specialist assessor training, a valuable addition to our current pool of assessors.

Despite the hard work of assessors, waiting times for assessment remained longer than desired. The Register's contact with assessors has improved and staff monitored the throughput of portfolios closely.

Attendance at an assessor development session (and at least one Registration Panel meeting) every 18 months is a requirement for remaining a specialist assessor with the UKPHR. No development sessions were provided during this period, as two had been held in the previous year. Good assessment practice was discussed at all panels.

Practitioner assessment and registration schemes

Local scheme coordinators are pivotal in the quality assurance of practitioner registration; the moderation team provided telephone and email support to them on request throughout the year. Moderators participated, when available, in the regular national teleconferences of scheme coordinators, and attended the National Practitioner Conference hosted by the East of England.

Other support to schemes during the year included:

- Practitioner introductory days (6)
- Assessor training (7)
- Verifier training (3)
- Assessor/verifier updates (5)
- Verification panels (24)
- Moderation of assessments (19)

There are 10 schemes, of varying size and length of time in operation, across the UK; five of these saw their first practitioners achieving registration during this period. The scheme in Scotland has expanded, as has the scheme in South West England. The lead moderator attended a meeting of Directors of Public Health in Scotland to discuss the expansion of the scheme in Scotland and moderators are often involved in discussions about the infrastructure support needed by schemes.

There has been concern about the numbers of practitioners achieving registration. Given that almost half of the schemes have only just completed their first cohorts of practitioners, the gradual increase in numbers is not unexpected. There have also been difficulties in continuity of scheme coordination in some schemes, which may have contributed to slower completion. However, the experience of the more established schemes shows that the process is sustainable.

The workload of the moderation team continues to be manageable and has not resulted in delays in the provision of support to the schemes. The expertise now residing in the schemes themselves has helped to achieve this. Further recruitment to the moderation team would be pursued if needed.

Acknowledgements

The moderation team would like to thank all UKPHR assessors and verifiers, the Chair and Vice-Chairs of the Registration Panel, the Chair of the Board, the Registrar, all practitioner registration local scheme coordinators and the UKPHR Executive Director and staff for their support of our work. It is our pleasure and privilege to work with colleagues across the UK in the promotion of multi-disciplinary public health.

Practitioner registration in 2015-16

Pavenpreet Kaur Sull, Registration Services Manager

I am pleased to report that following last year's Annual Report, practitioner registration has continued to maintain growth and progress across the UK. Not only have we welcomed the new East Midlands local scheme led by Maxine Lazzari but the West of England scheme has been renamed and expanded to form the new South West scheme. The scheme now covers South Gloucestershire, Bristol, Bath and North East Somerset (BANES), Cornwall, Devon, Plymouth, Torbay, Somerset, North Somerset and Wiltshire. The Scottish public health review sparked growing interest in practitioner registration in Scotland and as a result the previous West of Scotland scheme has evolved into the new Scottish Boards scheme comprising 4 more NHS Boards; Dumfries & Galloway, Borders, Grampian and Lothian. The scheme now covers eight of the fourteen geographically based local NHS Boards.

The two hundred registrants' barrier was broken this year with the first practitioners registered from the East of England scheme and the North Central and East London pilot scheme. It is hoped that the latter pilot scheme will become capital-wide before the end of 2016.

The close-knit community of scheme coordinators continued to meet quarterly and in April 2016 the first coordinators' away day was held in Birmingham. Schemes continue to act on opportunities to improve and innovate and on evaluations of local processes and practices. In this year evaluations of the Thames Valley scheme and the Kent, Surrey and Sussex fast-track route to registration have been published on our website.

The sixth annual practitioner conference, held at Stansted on 26th November 2015, focused on the value of registration. A large, enthusiastic practitioner audience identified the value that there is in registration for the core practitioner public health workforce, wider workforce, employers, commissioners and providers of public health services and the public. UKPHR and the schemes' coordinators continue to distil the messages from the event and circulate them as widely as possible.

Annual Practitioner Conference 2015, Stansted

In October 2015, the Registrar conducted the first audit of practitioners' CPD records in order to be satisfied of practitioners' compliance. Subsequently, the new 2nd edition of CPD guidance for practitioners was published by the Registrar.

As already mentioned earlier in this Annual Report, UKPHR is working towards implementing a revalidation scheme for all registrants in 2017. In the meantime, the first registered practitioner - from Public Health Wales - has successfully applied for 5-year re-registration and received the first such renewal certificate of registration.

For the first time since UKPHR set the standards, practices and processes for public health practitioner registration back in 2010, a new practitioner registration task and finish group has been formed with the remit of reviewing practitioner registration.

Its brief is to examine options, to plan and to make recommendations for aligning practitioner registration with developments that have taken place since the practitioner registration standards were designed. These developments include:

- A major review of the Public Health Skills & Knowledge Framework;
- Health Education England's "deep dive" study of practitioner registration;
- Lessons learned from the first 5 years' operation of practitioner registration; and
- Growing interest among Universities and other training providers in mapping their curricula against UKPHR's standards for registration.

I would like to thank all coordinators and their support networks for their support and co-operation in all aspects of our work to ensure a robust and devolved practitioner registration process. I congratulate them too on the continuing effectiveness of their local schemes' operations.

***Table 1** – Total number of registered public health practitioners by scheme*

** both schemes involved in 9 registrations*

Scheme	Current
East of England	**10**
Kent, Surrey & Sussex	**60**
North Central and East London Pilot	**14**
Thames Valley	**18***
Public Health Wales	**23**
Wessex	**49***
North East	**4**
West Midlands	**42**
South West	**16**
Scottish Boards	**21**
East Midlands	**0**
TOTALS	**248**

Table 2 – *Registration scheme coverage and their corresponding coordinators*

Scheme	Geographical area covered	Contact
East of England	Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, Suffolk and Milton Keynes	Alix Sheppard alix@healthtalks.org.uk
Kent, Surrey & Sussex	Kent, Surrey & Sussex	Emma Lacey emma.lacey@kent.gov.uk
North Central and East London Pilot	Barnet, Enfield, Haringey, Camden, Islington, Hackney, City, Tower Hamlets, Waltham Forest, Redbridge, Newham, Barking & Dagenham and Havering	Louise Holden Louise.Holden@phe.gov.uk
Thames Valley	Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes	Branwen Thomas Branwen.Thomas@phe.gov.uk Lesley Maitland lesley.maitland@ouh.nhs.uk
Public Health Wales	Wales. Open for informal support from practitioners in NI	Kelly McFadyen Kelly.McFadyen@wales.nhs.uk
Wessex	Hampshire, Isle of Wight & Dorset	Em Rahman Em.Rahman@wessex.hee.nhs.uk
North East	Redcar and Cleveland, Stockton-On-Tees, Middlesbrough, Hartlepool, Darlington, Durham, Sunderland, Newcastle, Gateshead, South Tyneside, North Tyneside and Northumberland Local Authorities	Jonathan Ling Jonathan.ling@sunderland.ac.uk
West Midlands	Hereford & Worcester, Birmingham & Solihull, Black Country, Coventry & Warwickshire, Shropshire & Staffordshire	Sally James Sally.james@wm.hee.nhs.uk
South West	Devon, Plymouth, Torbay, Somerset, North Somerset, Wiltshire, BANES, Bristol, South Gloucestershire and Cornwall	Mark Jefferies mark.jefferies@bristol.gov.uk
Scottish Boards	Ayrshire & Arran, Greater Glasgow & Clyde, Highland, Lanarkshire, Borders, Dumfries & Galloway, Lothian and Grampian	Karen McGuigan (Lanarkshire) Karen.McGuigan@lanarkshire.scot.nhs.uk Clare Black (Ayrshire & Arran) Clare.Black@aapct.scot.nhs.uk Julie Truman (Greater Glasgow & Clyde) julie.truman@ggc.scot.nhs.uk Alison McGrory (Highland) alison.mcgrory@nhs.net Carol Stewart (Dumfries & Galloway) cstewart2@nhs.net Caroline Comerford (Grampian) Caroline.comerford@nhs.net Helen Smart (Lothian) Helen.Smart@nhslothian.scot.nhs.uk Aileen McCraw (Borders) aileen.mccraw@borders.scot.nhs.uk Allyson McCollam (Borders) allyson.mccollam@borders.scot.nhs.uk
East Midlands	Nottinghamshire, Derbyshire, Lincolnshire, Leicestershire and Northampton	Maxine Lazzari Maxine.Lazzari@phe.gov.uk

Book Launch, April 2016

Professor Patrick Saunders, UKPHR Board Director; Professor Antony Stewart, UKPHR Specialist Registrant and David Kidney, UKPHR Executive Director

West Midlands Public Health Excellence Conference, March 2016

Clare Williams and Claire Mitchell, UKPHR registered practitioners receiving certificates from David Kidney, UKPHR Executive Director

A radical upgrade in prevention and public health

David Kidney, Executive Director, UKPHR

Around the UK, good public health practice is making a positive difference for the better in people's health and wellbeing and reducing inequalities - the Leviathan has been awakened. Historically, Leviathan means sea monster or whale, as used in, for example, Herman Melville's novel Moby Dick and the Book of Job.

Philosopher Thomas Hobbes adopted Leviathan as the name of his book on human nature and state craft, written during the English Civil War. The frontispiece portrays a giant crowned figure emerging from the landscape, clutching a sword and a crosier, beneath a quote from the Book of Job which translates as *"There is no power on earth to be compared to him"*. Hobbes argued that leaving each of us to live independently of everyone else, acting only in his or her own self-interest, without regard for others produces what he called the *"state of war"*, a way of life that is certain to prove *"solitary, poor, nasty, brutish, and short."* The only escape is by entering into contracts with each other - mutually beneficial agreements to surrender our individual interests in order to achieve the advantages of security that only a social existence can provide.

2012, when the Westminster Parliament passed the Health & Social Care Act, was something of a high water mark for a passing fashion among some policy makers to promote personal responsibility above all else as their approach to public health. Happily, the star of that particular fad has since waned and a more balanced and realistic public policy stance now endures.

The new head of NHS England, Simon Stevens helped enormously to shift the focus of public health practice back to where it belongs. In his NHS Five Year Forward View he said:

"The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences….The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors."

And England has responded enthusiastically.

There are currently 2.6 million people with **Type 2 diabetes** in England with around 200,000 new diagnoses every year. Around 22,000 people with diabetes die early every year. Type 2 diabetes is a leading cause of preventable sight loss in people of working age and is a major

contributor to kidney failure, heart attack, and stroke. As well as the human cost, Type 2 diabetes treatment currently accounts for just under nine per cent of the annual NHS budget. This is around £8.8 billion a year. There are currently 5 million people in England at high risk of developing Type 2 diabetes. If current trends persist, one in three people will be obese by 2034 and one in ten will develop Type 2 diabetes.

The *Healthier You: NHS Diabetes Prevention Programme* is a joint commitment from NHS England, Public Health England and Diabetes UK. Those referred will get tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have been proven to reduce the risk of developing the disease.

In the Greater Manchester Devolution settlement ("DevoManc") the partners signed an agreement to create **a united, single leadership for public health across Greater Manchester**. The agreement outlines major programmes on the connection between health, work and the economy; ways to help people have more knowledge and control about their health; the importance of good early years care and keeping well and connected to friends as we get older. All the programmes of work are funded through current public health allocations and evidence on the link between health and the economy will be presented as part of a joint submission to HM Treasury's future Spending Reviews.

Councillor Izzi Seccombe, Chair of the Local Government Association's Community Wellbeing Portfolio, says:

"It is becoming very clear that the synergies that we have always known were there between public health and local government are now really beginning to pay off."

Coventry City Council has opted to become **a 'Marmot city'** with a city-wide focus on tackling health inequalities. It has provided a strong emphasis on social mobilisation, prevention and broadening out from the typical public health areas of health protection and NHS services. There is a council-wide commitment to commissioning for social value, which is already seeing results in health, and the public health team provides research and intelligence for the whole council.

It is not just in England that public health practice is emerging as the engine for change, a key driver for society-wide and population-wide improvements in health and wellbeing.

Northern Ireland's *Making Life Better* 2012–2023 is a ten year public health strategic framework. The framework provides direction for policies and actions to improve the health and wellbeing of people in Northern Ireland. It retains a focus on the broad range of social, economic and environmental factors which influence health and wellbeing and brings together actions at national, regional and local levels. *Making Life Better* seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision of Northern Ireland where all people are enabled and supported in achieving their full health and wellbeing potential and to reduce inequalities in health.

In Scotland, quite apart from legislative leadership in smokefree public places, health and social care integration, community partnerships and minimum unit pricing for alcohol, the report of **Scotland's review of public health** demonstrates an appetite to go much further. There are recommendations that can be expected to lead to:

- Rationalisation of organisational arrangements for public health in Scotland, including national coordination of health protection;
- A national public health strategy;

- Strengthening of the role of the Directors of Public Health, individually and collectively;
- A stronger public health voice in Scotland;
- Greater coordination of academic public health, applying evidence to policy and practice, and responding to technological developments;
- Planned development of the public health workforce and a structured approach to utilising the wider workforce.

In Wales, The Welsh Government's priorities for public health are set out in the policy documents *Our Healthy Future*, the national public health framework, and the *Fairer Health Outcomes For All* strategic action plan for reducing inequalities in health. However, persistent health inequalities led to the introduction of a **Public Health (Wales) Bill**, which regrettably was not enacted before the Welsh Assembly was dissolved ahead of the 2016 elections. The Bill aimed to accelerate the pace of improvement in the health and well-being of people in Wales, and for improvements to be shared more equally across the population.

The Bill contained provisions for further restrictions on tobacco and nicotine products and e-cigarettes, a licensing system for practitioners who carry out cosmetic and therapeutic procedures such as acupuncture, body piercing, electrolysis and tattooing (prohibiting the intimate piercing of a person who is under the age of 16 in Wales), support for community pharmacists and planning for improved provision of toilets available for use by the public.

No doubt the new Assembly will return to these issues shortly.

At UKPHR we regard it as essential that the core public health workforce in the UK is fit for the challenge of delivering improved health and wellbeing and reducing inequalities across and within communities (populations). The size of this core workforce is tiny in the scheme of things but its opportunity to transform lives is immense.

With the right skills, knowledge and leadership – and adequate investment in this workforce and its tools – the core public health workforce will be able to engage effectively with policy makers, a vastly wider workforce and the public. Imagine: the right evidence-informed policy decisions, a wider public health workforce of millions (England's estimate alone is 15 million workers and 5 million unpaid carers) and empowered communities and individuals – all brought about by application of "what works" by this dedicated, committed, tightly-knit band of public health practitioners and their leaders.

UKPHR exists to register this core public health workforce and assure its competence and fitness for this purpose. We stand ready, working with our stakeholders and public health partners, to build up this particular, benign Leviathan – a giant in its capacity to do good – to bring about the radical improvement in health and wellbeing and reduction in inequalities that our society needs and deserves.

Guest speakers at UKPHR Annual Meeting 2015

Professor Bryan Stoten, UKPHR Chair; Professor Linda Jones, UKPHR Vice-Chair and Dr Jane Kennedy, Head of Public Policy and Research, London Borough of Newham

Company registration number: 04776439
Charity registration number: 1162895

Scottish charity registration number: SC045877

Public Health Register

(A company limited by guarantee)

Annual Report and Financial Statements

for the Year Ended 31 March 2016

PUBLIC HEALTH REGISTER

CONTENTS

mca group
16D The Mclaren Building
46 The Priory Queensway
Birmingham
B4 7LR

PUBLIC HEALTH REGISTER
REFERENCE AND ADMINISTRATIVE DETAILS

Charity name	Public Health Register	
Charity registration number	1162895	
Scottish Charity number	SC045877	
Company registration number	04776439	
Registered office	18C The Mclaren Building 46 The Priory Queensway Birmingham B4 7LR	
Trustees	Bryan Stoten, Chair	
	Linda Jones, Vice Chair	
	Viv Speller	
	Patrick Saunders	
	Claire Cotter	
	Jeremy Hawker	
	Louise Wallace	(Appointed 24 September 2015)
	Andrew Corbett-Nolan	(Resigned 21 April 2015)
	Claire Barley	(Resigned 31 May 2015)
	Richard Parish	(Resigned 26 April 2016)
	Amanda Fletcher	(Resigned 26 April 2016)
	Selena Gray	(Resigned 19 July 2016)
	Fiona Harris	(Resigned 19 July 2016)
	Duncan Vernon	(Appointed 26 April 2016)
	Karen Saunders	(Appointed 26 April 2016)
	Ruth Goldstein	(Appointed 26 April 2016)
	Bob Hudson	(Appointed 19 July 2016)
	Susan Powell	(Appointed 19 July 2016)

PUBLIC HEALTH REGISTER

REFERENCE AND ADMINISTRATIVE DETAILS

Secretary	David Kidney
Accountant	mca group 16D The Mclaren Building 46 The Priory Queensway Birmingham B4 7LR

PUBLIC HEALTH REGISTER

TRUSTEES' REPORT

The trustees present their report and the unaudited accounts of the charity for the year ended 31 March 2016.

Registered Charity Numbers

England & Wales: 1162895
Scotland: SC045877

Trustees during the Year 01 April 2015 – 31 March 2016

Bryan Stoten (Chair)
Linda Jones (Vice Chair)
Claire Cotter
Amanda Fletcher
Selena Gray
Jeremy Hawker
Fiona Harris
Richard Parish
Patrick Saunders
Viv Speller
Louise Wallace - appointed 24 September 2015
Andrew Corbett-Nolan - resigned 21 April 2015
Claire Barley - resigned 31 May 2015

Structure, Management & Recruitment of Trustees

The Charity is a Company limited by Guarantee. It is registered at Companies House and its filing of accounts and returns is up to date.

The Charity is administered in accordance with the terms of its Memorandum and Articles of Association.

The Company and Charity are managed by the Board of Directors. All the Directors are also the Trustees. See above for their names.

The decisions of the Trustees are actioned by three paid staff.

The Board appoints a Registrar who has operational independence in all matters relating to registration. The Registrar is assisted by two Committees appointed by the Board: The Registration Panel and the Registration Approvals Committee.

The Board is assisted by three Committees it has appointed: Audit & Risk, Education & Training and Remuneration.

Recruitment of Trustees is by open advertisement and application, interview and appointment by the Board against a Job Description and Person Specification. This recruitment process has been operated successfully during the year.

Objectives

The Board works to an approved three-year Business Plan. In the current Business Plan there are three priorities:

1. A self-sustaining organisation
2. An effective regulator

3. An organisation reputed for integrity and influence across the UK and beyond.

The Board currently has 16 objectives, grouped under the three headings of the priorities. An example from each group is as follows:

Under 1, "Increase uptake of registration by practitioners across UK".

Under 2, "Implement a revalidation scheme".

Under 3, "Work with UK's Health Departments to achieve effective regulation of public health workforce".

The Business Plan is regularly reviewed and developed further so as to continue to project forward over a three-year horizon.

Public Benefit, Achievements, Performance & Reporting

The Charity's public benefit is the advancement of the health and wellbeing of all people in the United Kingdom.

During the year, and in pursuit of this public benefit, the Charity has:

- Increased the number of registrants
- Introduced a new category of registrant: Specialty Registrar
- Conducted first audit of practitioner registrants' compliance with the register's continuing professional development (CPD) requirement.

The Charity has continued to establish itself in its Birmingham office following the relocation from London. Costs have been reduced and kept under control and procedures have been improved. The functionality of the website has been further developed improving the public's access to the information contained in the register and improving the quality of registration services for registrants.

The Charity reports regularly on all aspects of its performance, and consults stakeholders, by means of a monthly e-bulletin to registrants, a quarterly newsletter to registrants and stakeholders and the holding of two Consultative Forums to which registrants and stakeholders are invited to attend.

Financial Review

The Charity holds no restricted funds.

The Charity returned to surplus this year following a substantial loss in the previous year mainly attributable to redundancy payments and the cost of legal services attributable to the relocation.

The Charity's income is all derived from registration fees and necessary training services provided to assessors and verifiers directly related to the portfolio assessment routes to registration.

It is pleasing to report that the Charity's finances are now on a much more sustainable footing going forward.

The Charity holds no funds as a custodian trustee.

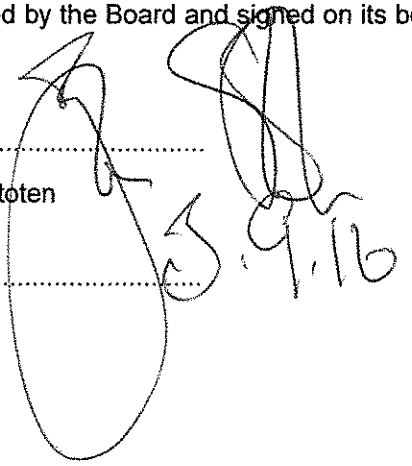
PUBLIC HEALTH REGISTER

TRUSTEES' REPORT

Small company provisions

This report has been prepared in accordance with the small companies regime under the Companies Act 2006.

Approved by the Board and signed on its behalf by:



.....

Bryan Stoten
Trustee

Date:.....

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF

PUBLIC HEALTH REGISTER

I report on the accounts of the company for the year ended 31 March 2016, which are set out on pages 7 to 13.

Respective responsibilities of trustees and examiner

The trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the ICAEW.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the General Directions given by the Charity Commission under section 145 (5) (b) of the 2011 Act; and
- state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records, comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

.....

mca group

Date: 12/9/16

16D The Mclaren Building
46 The Priory Queensway
Birmingham
B4 7LR

PUBLIC HEALTH REGISTER

STATEMENT OF FINANCIAL ACTIVITIES (INCLUDING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2016

	Note	Unrestricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Incoming resources				
Incoming resources from generated funds				
Voluntary income	2	271,000	271,000	226,088
Total incoming resources		271,000	271,000	226,088
Resources expended				
Costs of generating funds				
Costs of generating voluntary income	3	227,352	227,352	357,642
Total resources expended		227,352	227,352	357,642
Net movements in funds		43,648	43,648	(131,554)
Reconciliation of funds				
Total funds brought forward		78,784	78,784	210,338
Total funds carried forward		122,432	122,432	78,784

The notes on pages 9 to 13 form an integral part of these financial statements.

PUBLIC HEALTH REGISTER (REGISTRATION NUMBER: 04776439)

BALANCE SHEET AS AT 31 MARCH 2016

		2016		2015	
	Note	£	£	£	£
Fixed assets					
Tangible assets	8		3,367		4,913
Current assets					
Debtors	9	19,901		-	
Cash at bank and in hand		110,170		89,691	
		130,071		89,691	
Creditors: Amounts falling due within one year	10	(11,006)		(15,820)	
Net current assets			119,065		73,871
Net assets			122,432		78,784
The funds of the charity:					
Unrestricted funds					
Unrestricted income funds			122,432		78,784
Total charity funds			122,432		78,784

For the financial year ended 31 March 2016, the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the charity to obtain an audit of its accounts for the year in question in accordance with section 476.

The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and with the Financial Reporting Standard for Smaller Entities (effective January 2015).

Approved by the Board on 3/9/16 and signed on its behalf by:

.....

Bryan Stoten
Trustee

The notes on pages 9 to 13 form an integral part of these financial statements.

1 Accounting policies

Basis of preparation

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities (SORP 2005)', issued in March 2005, the Financial Reporting Standard for Smaller Entities (effective January 2015) and the Companies Act 2006.

Fund accounting policy

Unrestricted income funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the charity.

Further details of each fund are disclosed in note 14.

Resources expended

Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of generating funds are the costs associated with attracting voluntary income.

Depreciation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Fixtures and fittings	25% straight line basis

Operating leases

Rentals payable under operating leases are charged in the statement of financial activities on a straight line basis over the lease term.

Pensions

The charity operates a defined contribution pension scheme. Contributions are charged in the statement of financial activities as they become payable in accordance with the rules of the scheme.

..... *continued*

2 Voluntary income

	Unrestricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Donations and legacies			
Registration Fees	210,123	210,123	182,126
Local practitioner registration schemes	16,716	16,716	15,757
Training income	43,560	43,560	27,127
Interest on cash deposits	601	601	1,078
	271,000	271,000	226,088

3 Total resources expended

	Donations and legacies £	Total £
Direct costs		
Cost of goods sold	49,169	49,169
Employment costs	102,359	102,359
Establishment costs	27,847	27,847
Office expenses	17,423	17,423
Printing, posting and stationery	7,618	7,618
Sundry and other costs	4,260	4,260
Cleaning	1,716	1,716
Management fee	10,959	10,959
Accountancy fees	3,000	3,000
Legal and professional costs	48	48
Bank charges	1,407	1,407
Depreciation of tangible fixed assets	1,546	1,546
	227,352	227,352

4 Trustees' remuneration and expenses

No trustees received any remuneration during the year.

..... *continued*

5 Net income/(expenditure)

Net income/(expenditure) is stated after charging:

	2016	2015
	£	£
Depreciation of tangible fixed assets	1,546	1,272

6 Employees' remuneration

The aggregate payroll costs of these persons were as follows:

	2016	2015
	£	£
Wages and salaries	89,667	137,168
Social security	7,053	8,712
Other pension costs	5,002	-
	101,722	145,880

7 Taxation

The company is a registered charity and is, therefore, exempt from taxation.

..... *continued*

8 Tangible fixed assets

	Fixtures, fittings and equipment £
Cost	
As at 1 April 2015 and 31 March 2016	6,185
Depreciation	
As at 1 April 2015	1,272
Charge for the year	1,546
As at 31 March 2016	2,818
Net book value	
As at 31 March 2016	3,367
As at 31 March 2015	4,913

9 Debtors

	2016 £	2015 £
Trade debtors	19,901	-

10 Creditors: Amounts falling due within one year

	2016 £	2015 £
Trade creditors	-	10,067
Taxation and social security	2,703	2,753
Accruals and deferred income	8,303	3,000
	11,006	15,820

11 Members' liability

The charity is a private company limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding £1 towards the assets of the charity in the event of liquidation.

..... *continued*

12 Pension scheme

Defined contribution pension scheme

The charity operates a defined contribution pension scheme. The pension cost charge for the period represents contributions payable by the charity to the scheme and amounted to £5,002 (2015 - £nil).

There were no outstanding or prepaid contributions at either the beginning or end of the financial year.

13 Related parties

Controlling entity

The charity is controlled by the trustees who are all directors of the company.

14 Analysis of funds

	At 1 April 2015	Incoming resources	Resources expended	At 31 March 2016
	£	£	£	£
General Funds				
Unrestricted income fund	78,784	271,000	(227,352)	122,432

15 Net assets by fund

	Unrestricted Funds	Total Funds 2016	Total Funds 2015
	£	£	£
Tangible assets	3,367	3,367	4,913
Current assets	130,071	130,071	89,691
Creditors: Amounts falling due within one year	(11,006)	(11,006)	(15,820)
Net assets	122,432	122,432	78,784

PUBLIC HEALTH REGISTER

STATEMENT OF FINANCIAL ACTIVITIES BY FUND YEAR ENDED 31 MARCH 2016

	Unrestricted income fund 2016	Unrestricted income fund 2015
	£	£
Incoming resources		
Incoming resources from generated funds		
Voluntary income	271,000	226,088
Total incoming resources	271,000	226,088
Resources expended		
Costs of generating funds		
Costs of generating voluntary income	227,352	357,642
Total resources expended	227,352	357,642
Net movements in funds	43,648	(131,554)
Reconciliation of funds		
Total funds brought forward	78,784	210,338
Total funds carried forward	122,432	78,784