

# SCOTTISH FORUM FOR PUBLIC HEALTH

Monday 1<sup>st</sup> of July 2002

**Present:** John Boswell, Colwyn Jones, Ruth Campbell, Emilia Crichton, Bernard Forteath, Phil Mackie, George Morris, Ruth Robertson, Susie Stewart, Della Thomas, Scott Bryson

**Apologies:** Marion Bain, Iain Crombie, Peter Gumbrell, Phil Hanlon, Elizabeth Russell, John Wrench, David Breen, Jim McEwen, Julia Egan and Laurence Gruer.

## *SUMMARY OF DISCUSSION*

	Action Points	Comments
<p><b>I. NOTE OF PREVIOUS MEETING</b></p> <p>The summary of the discussion of the meeting held on 15th May 2002 was approved subject to one amendment. Della Thomas of COSLA asked that the description of the role of the Health Improvement Posts discussed in Item 4 be amended to read:</p> <p>“ Della reported that Health improvement Posts are being recruited by Local Authorities. These posts will be responsible for contributing to the development of the Joint Health Improvement Plan as part of the Community Planning process. This initiative demonstrates the importance being attached to local authority cross-departmental working and the acknowledgement of the key part that many local authorities play in health improvement. The job descriptions of these post holders may vary between local authorities. However they will all play a key role in public health and their views may be represented on the Forum in due course”.</p> <p>This amendment was agreed.</p>		
<p><b>2. MATTERS ARISING:</b></p> <p><b>(I) TRAINING FOR NON-MEDICAL PUBLIC HEALTH SPECIALISTS</b></p> <p>Emilia Crichton reported that the discussion paper from the Public Health Institute of Scotland (PHIS) on Scottish Masters in the Principles and Practice of Public Health had been withdrawn from the publishers.</p> <p><b>II) MEMBERSHIP OF STEERING GROUP</b></p> <p>The membership from HEBS/PHIS has still to be ascertained.</p>		

Julia Egan from Tayside Health Board has been approached on behalf of the Forum to represent the Public Health Nurses Group. Ms Egan will advise the Forum in due course if she feels in a position to accept this invitation

### **III) FUTURE DIRECTIONS**

#### **1. Multi Professional/Disciplinary Public Health**

The Forum were advised that the subgroup consisting of John Boswell, Emilia Crighton and Phil Mackie who were tasked with clarifying the different roles and functions of the various public health players had met and would report to the group later in the meeting.

#### **2. Evidence base for public health**

George Morris suggested that due to a very full agenda his presentation on this subject should be postponed until the next meeting.

#### **3. Circulation of documents**

Ruth Robertson circulated draft templates, which would be used by the Forum to circulate discussion documents. These were discussed by the group and suggestions included that the two types of document be colour coded to distinguish the request for circulation document and response to a paper document. In addition it was suggested that a section be included to identify the sensitivity of a document i.e. restricted circulation or otherwise.

Della Thomas raised the issue of replying to such documents. There was concern as to whether people were replying as individuals or as representatives of their organisations. There may be situations where people were not in a position to reply on behalf of their organisation without being given the proper authority to do so and organisations may vary in the way in which they reply to such documents. George Morris concluded by saying there was no definitive answer to this as every situation may vary and that in practice a balance would be struck as the system developed.

#### **3.OFFICIAL FACULTY VISIT TO WEST OF SCOTLAND.**

George Morris explained that the aim of the visit was to allow the Public Health Specialist Visitor Rowenna Clayton to consider the position of non medical public health staff in the West of Scotland, and in particular to discuss with colleagues

the scope for the development of:

- a specialist trainee scheme alongside Specialist Registrar training: and
- existing senior non-medical public health staff to become Public Health Specialists in line with the voluntary Public Health Specialist Register to be established.

George Morris explained that Rowenna Clayton is the Depute Director of Public Health at Wolverhampton City and is also Vice Chair of the Honorary Members Committee. Rowenna's visit took place on the 18<sup>th</sup> and 19<sup>th</sup> of June and she visited various people during her visit and included a visit to SCIEH.

George explained that he was invited to one of these meetings, which was held on the 19<sup>th</sup> of June 2002 and at this meeting the role and development of Public Health Specialist posts (non medical) was discussed.

A summary of this meeting is attached in Appendix 1.

During the presentation the following points were discussed:

Della Thomas agreed to bring examples of the "role boundary templates" for the Health Improvement Practitioner posts to the next meeting of the Forum.

John Boswell advised the group that he is involved in a Learning Network, which PHIS has set up. He agreed to describe this later in the meeting.

#### **4. UPDATE FROM THE UK MULTIDISCIPLINARY FORUM MEETING**

Phil Mackie provided the Forum with an update. Summary provided in Appendix 2.

Phil Mackie advised the group that the issue surrounding staff being generalist "specialists" or "specialists" "with particular interests depends on the history of public health training i.e. whether it is broad or focused.

The Forum was also advised to be aware of the situation in Wales where money is being placed into training fellowships. 6 Senior health officers/health policy professionals have been recruited for the fellowships, which are vocational training and prepare them for portfolio assessment. Thus people can join the Register if they have evidence of competencies.

In Scotland the situation is that the UK Forum has written to the Chief Medical Officer for comments.

Emilia Crighton added that there is a unification of training for medical practitioners in Scotland.

Della Thomas advised the group that COSLA is trying to get

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<p>funding for the training requirements of the Local Authority postholders. These posts are distinct from the Practitioner posts, which had been previously discussed, and Della was unsure if the LA posts would fit into the Practitioner framework and competencies.</p> <p>Scott Bryson advised the group that there is at the present time no formal link with the Royal Pharmaceutical Society and this needs to be addressed.</p> <p><b>5. Roles and Functions in Public Health</b></p> <p>The Subgroup consisting of Emilia Crighton, John Boswell and Phil Mackie had met to clarify the different roles and functions of the various public health players. Phil Mackie described a diagram that the group had produced in an attempt to show the relationships between the Local Authorities, Health Boards, voluntary and independent sectors involved in Public Health. The diagram, which is in its initial stages showed the complexity of these relationships. John Boswell suggested that by using the SNOW Computer based programme more information could be obtained. The diagram is clearly in its infancy and more work will follow.</p> <p>Della Thomas suggested that the paper “Local Authority contribution to the Health Improvement Agenda “ might be of some use to the group. This will be put onto the website in the near future and is structured around the ministerial portfolio. Phil Mackie stressed the importance of shared knowledge and multiagency working.</p> <p>George Morris emphasised the need to recognise all the different players in public health and the important role that they all play. He also thanked the group for their work.</p> <p><b>7. PHARMACY FOR HEALTH: A REVIEW OF THE CONTRIBUTION OF PHARMACY TO IMPROVING PUBLIC HEALTH IN SCOTLAND.</b></p> <p>Scott Bryson advised the group of the importance of extending the pharmaceutical profession into the multidisciplinary public health agenda. He saw a challenge ahead for pharmacists to write down and take stock of where the profession is and hopefully lead onto Specialist role for some of the staff. There is at the moment a discussion document, which is being circulated to various agencies. The Executive Summary will be made available to the group. The full document can be obtained via Scott if desired. This work will fit into the work already being carried out by the previously discussed Sub group looking at the roles of Public Health professions.</p> <p><b>8. LEARNING NETWORK AT PHIS</b></p> <p>John Boswell advised the group of the Learning Network, which he has been involved in. The network is being operated by PHIS and</p>	<p>JB, PM, EC</p> <p>SB</p>	
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allows invited senior staff to discuss how they achieved the required public health 10 competencies. The aim is to try and provide a generic pathway for staff to reach these competencies by providing a “toolkit” which may be used by staff across the public health workforce. Each member of the group is required to look at the competencies and liaise with 3 different colleagues to collate their experiences. It is hoped that the Network will thereby assist PHIS. John further explained that the network revolves around the process of learning and the articulation of it. It is hoped that it will provide a framework for learning and sharing experiences. John also drew the Forums attention to the ‘Skills for Health Network’ which were recruiting at the moment.

### **9. AOCB**

George Morris asked if there would be any objections for the Forum to meet in different venues to ensure that the travelling was shared between all members of the Forum.

John Boswell is to provide a copy of the Review of Health Promotion which has been carried out and identifies key issues in this profession

### **10. Date of next meeting**

Monday 26<sup>th</sup> August 2002 at 2pm at Lecture Room 3, Department of Public Health, University of Glasgow, 1, Lily bank Gardens, Glasgow G12 8RZ

## Faculty of Public Health Medicine

### Official Faculty Visit to West of Scotland

Meeting held on 19/6/02

Purpose of meeting: To discuss the Role and Development of Public Health Specialists Posts- (Non Medical)

Attending:

Rowenna Clayton	Wolverhampton City Depute DPH Vice Chair Hon Members Committee
Jill Murie	PHIS
Marjorie Gaughan	Ayrshire and Arran
Lynda Hamilton	Public Health Specialist
Dr Michael Killoran	Clinical Psychologist Project Manager-Starting Well- Health Demonstration Project
Dr Laurence Gruer	PHIS
Dr Robin Knill -Jones	
Professor George Morris	SCIEH
Sue Hickie	PHIS

#### SUMMARY OF DISCUSSION

Jill Murie reported that there is little happening in relation to training schemes for these posts but there is a great deal of interest in them. Development is required at all levels but in 2001 the priority had been at the Practitioner level due to the numbers involved. England was taking the lead in the “Specialist” area and it was felt that it was unlikely to be a significant divergence between what is happening in England and what will happen in Scotland.

Laurence Gruer advised the group that the NHS Education Board had been established and it brings together several organisations to ensure continuing professional development for everyone in the NHS. Laurence is charged with leading on Public Health. He also advised the group that HEBS and PHIS are to join together as one organization. PHIS are to be responsible for taking forward the training needs analysis, which is being worked on at the present time.

Sue Hickie described the three classifications of public health workers:

1. “Specialist” (Leadership role)

2. “Practitioners” (committed to processing Public Health actively on Health Improvement. Primary Care, Local Authorities, EHO’s, pharmacists and Dentists.
3. “Others”

At practitioner level in the LHCCs the role was well defined and competencies were taken from the Health work UK work, which informed job descriptions. The training needs for this group have already been identified and are beginning to be addressed. The Practitioner posts have been filled from a variety of disciplines including Nursing, Health promotion and Dietetics.

At the present time there are 84 LHCC Public Health Practitioners in Scotland approximately one per LHCC (eg. 6 in Ayrshire). There is 1 Public Health Development post in local authority (also defined as a practitioner) and a person responsible for the training aspects of these posts has just been appointed at COSLA.

The Local Authority Practitioners are to be jointly funded by Local Authorities and Health Boards. The development of these posts was done formally through COSLA and the Scottish Executive and each of the 32 Local Authorities will have one. The function of these practitioners is to raise awareness of Public Health across the Local Authority but will extend beyond this (they will not however do everything to do with health in the local authority). Local Authorities are at different stages with regard to the development of these posts and at the current time there are about 20 of these practitioners in post. COSLA has developed a Role Boundary Template to help the LA practitioners develop their objectives.

Rowenna Clayton updated the group on the situation in England regarding the Specialist posts.

There are three broad categories:

1. *Trainees*

There are training schemes in 5 regions (South West, North West, West Midland and Oxford). The training scheme in Trent has collapsed. West Midlands now have a training scheme with funding through Part 1 and 2 with funding from various sources. Don Nutbeam (DOH) and Fiona Sim are to take forward the whole workforce development issue in England.

2. *Those already in Public Health Leadership (Portfolio Group)*

These are very senior and experienced personnel but who are not formally equivalent of CPHM level. These are deemed as ‘Specialists’ but there possible training needs require to be addressed.

3. *Mid-Range*

The training for Public Health Practitioners such as Health Visitors, Health Promotion officers who aspire to the Specialist Posts also requires to be addressed. The focus for the training will be based on the 10 key competencies.

*Specialist Register*

Rowenna Clayton advised the group that the register is being debated nationally. The register will be held separately from the Faculty but the Faculty may be involved in the assessment process for entry onto the register. Rowenna stated that urgent work needs done on the assessment process, as a number of non-medical people have become Directors of Public Health in Primary Care Trusts already. This is in part due to the proliferation of such Trusts although there is a possibility that numbers may reduce as Trusts combine. There is a recognition that a different process is required for personnel with experience and who wish to be entered onto the register ie they will have to demonstrate Part 1 equivalent etc.

Laurence Gruer added that there are parallels in the problem of putting 'Career Grade Medics' in hospitals onto a Specialist Register despite, often significant, experience.

Rowenna Clayton advised the group that an agreement in West Midlands was that there should be something approaching parity for Medical and Non Medical Directors of Public Health Posts, of 60-65k. Rowenna also confirmed that the Honorary Member route to Faculty Membership has closed.

Jill Murie described the Pilot Learning Network (1year) for those with experience who would not necessarily wish to go down the Part 1 and Part2 route.

Laurence Gruer added that there is a concern that non-medical Specialists may reduce the attractiveness of Public Health Medicine for doctors, and that in turn may reduce the quality of people taken in to the profession. Training for Specialists must be able to cope with diversity but indications from England and Scotland are that there will be small numbers of people who would aspire to Specialist role from Practitioner role. Rowenna Clayton pointed out that an individual could be on the Specialist Register without being in a Specialist post.

## ***PUBLIC HEALTH OBSERVATORIES IN ENGLAND***

A general discussion took place regarding these bodies in terms of their role, work remit and future direction.

### *General discussion*

Marjorie Gaughan asked if personnel in Scotland could have access to the Register in the absence of a formal training scheme. It would be difficult to demonstrate the requisite knowledge and skills but no reason in principle why this could not happen. The portfolio route will be based on the 10 key competencies and the register is likely to exist on a voluntary basis by the end of 2002.

Sue Hickie asked if there had been any debate around a Register for Practitioner level. Rowenna Clayton answered that this had not happened yet but a Tripartite Committee is working on the Voluntary Register for Public Health Specialists (Faculty, Multi-disciplinary Forum and RIPHH). The subgroup includes Fiona Sim, Paul Schofield, Ian Harvey, Lilian Somerville and Phil Mackie.

The role of the Forum in communicating with the constituency is crucial. Laurence Gruer is overseeing work at the present time looking at Masters level education and Pauline Craig is working on the Practitioner level educational work.

Laurence Gruer commented that the Scottish Forum for Public Health needs to recommend what is needed for the training programme as it is the one body which brings together the various professions involved.

## MULTIDISCIPLINARY PUBLIC HEALTH IN ENGLAND AND WALES – UPDATE

### 1. Accreditation and Regulation

The Department of Health (England) takes the lead on regulation as it is not a devolved function. The UK voluntary register for specialists – being developed under the auspices of the Tripartite Group – is likely to be announced this Autumn. Work on the mechanism for assessment of competencies is being carried out at Oxford University. There is a need for this to become regulated by statute perhaps through the UK Health Professions Council. Professionals on this register will be considered to be at specialist level of consultants and do not require to be members of the Faculty.

### 2. Training Programmes

Three English programmes in state of flux these are West Midlands, Thames and Bristol. The recruitment criteria is the same as the minimum criteria for medical staff. In Wales the new Public Health Service for Wales will consolidate the local system including the training aspects. A top-up training programme is in development.

### 3. Standard Setting

Work on this is ongoing via the Faculty. One area where the 10 areas of specialist competence is being developed into formal standards is in relation to communicable disease competencies. This will be developed over time.