Wessex School of Public Health

Public Health Training, Education & Workforce Development Report

April 2013 to September 2015
The School of Public Health team is led by Dr Julie Parkes and supported by Em Rahman; Claire Cheminade; Dr Viv Speller; Debbie Durrant and Laurie Didlick. Em Rahman is also seconded two days per week to PHE South East as the PH Workforce Development Manager.

The School also have a Public Health Development Lead (one day per week) in each of the Local Authority public health teams who help to facilitate workforce education, training and career support. They are Dr Joanne Newton; Sally Denley; Joyce Wise; Carole Foley; Melissa Juniper and Lisa North. With this team we are able to devise and take forward an ambitious programme of work.

**Wessex School of Public Health**

We aim to:

- Provide strategic leadership on training, education, planning and development of the public health workforces across Wessex
- Provide quality education and development programmes to the public health workforces in Wessex
- Provide expert public health advice and support to workforce development.
- Build public health capacity and capability
- Be an example of good practice nationally.
Introduction

It is my great pleasure to introduce the annual report of the School of Public Health. The School has gone from strength to strength over the past three years and has made a substantial contribution to the development and support of the education and training of the public health workforce and the wider workforce across Wessex. There have been some outstanding achievements during this time.

The specialty training scheme continues to thrive and fully fill all vacancies. Wessex registrars perform very well with exam success and good progress through training, culminating in one of the registrars being awarded the FPH McEwan prize for the top mark in the year MFPH Part B (2013). The registrars have been involved in exciting innovative projects including a short YouTube animation of ’What is Public Health’ which has received over 47,000 views and is on the FPH website. The video was shown at a national public health film festival. The Public Health Community Fellowships (PHCF) scheme has been successfully piloted which builds on the Team Up initiative in the London Deanery and invites FY2 doctors to work with community organisations on a public health project mentored by Public Health Specialty Registrars. The aim is to introduce junior doctors to a broader view of the patients they encounter in hospital settings, the wider determinants of health, role of community organisations and a practical introduction to public health. This Fellowship scheme has been very well evaluated by junior doctors and community organisations.

We continue to run a very successful practitioner development scheme with 5 cohorts of practitioners (n=37) going through the scheme and now recruiting to cohort 6. An external evaluation of the scheme has enabled the scheme to be further developed to ensure robustness and effectiveness in its delivery. We should be justly proud of this scheme which is often cited as a model of excellent practice nationally. We are delighted to have contributed to the quality assurance of the public health workforce and to offer, nurture and support the career development of individuals. The support for public health workforce education, training and development in Local Authorities is hugely supported and facilitated by five excellent Public Health Development Leads in all of the Wessex Local Authority settings.

We have been particularly pleased to have appointed a Wider Workforce Lead to the School of Public Health team. Claire has spearheaded exciting innovations including a MECC pilot which has been externally evaluated and has led to the development of a MECC Toolkit. Claire will lead on the implementation of MECC for Wessex (which includes stakeholder engagement; implementation support and training delivery) to all relevant workforces including all levels of NHS, social care and community organisations. We have begun to thread public health knowledge and skills through the wider workforces in particular undergraduate curricula (including nursing and paramedic science courses) and the current workforce (includes Voluntary Community Services; The Prince’s Trust; Hampshire Fire and Rescue; NHS Health Check Programme). We have made great progress and there is more to do to take this important work forward in the next year in existing workstreams and in developing public health in other workforces.

We have worked very closely with Public Health England in Wessex with the secondment of our Head of Public Health Workforce Development Programmes to PHE as the Wessex Public Health Workforce Development Manager which has ensured a systematic and joined up approach in Wessex. We are privileged to have such excellent partnerships across all organisations in Wessex and to have the support of the senior management team in Health Education England - Wessex Team signalling a commitment to the values and principles of public health. This has allowed us to devise, develop and conduct an ambitious and innovative programme of work to continue to nurture and support public health for the benefit of our Wessex population.

Head of School of Public Health
Public Health Specialty Training

Public Health Specialist Workforce

Since the implementation of the Health & Social Care Act (2012) the Wessex public health specialist workforce are now located across several settings including Local Authority, Public Health England, and Academia. There are five Directors of Public Health in Wessex, and 36 Consultants in Public Health.

Specialist Workforce Wessex

Public Health Specialty Training

The Wessex public health specialty training scheme is a clinical specialty which is a 5 year run-through training programme with specialty registrars (StR) gaining a CCT (Certificate of Completion of Training) at the end of the training scheme. Most of specialty registrars seek appointments as a Consultant in Public Health at the end of training. This may be in a number of settings including Local Authority, Public Health England, CCG and Academia. Training follows the FPH curriculum which has recently been revised (2015).

Currently there are 28 specialty registrars on the programme including one NIHR Academic Clinical Fellow and Clinical Lecturer who are following an academic career pathway. There are usually approximately 2-3 vacancies each year. For the past 5 years recruitment to public health specialty training has been via a national process which contributes to standardisation of recruitment to training and to getting the very best of candidates appointed to the Wessex scheme. The Wessex programme runs an induction programme for the new specialty registrars, with a one day orientation at Health Education England. Specialty registrars Post Part B have been able to secure training locations with:

- Hampshire County Council
- Portsmouth City Council
- Southampton City Council
- Public Health Dorset
- Isle of Wight Council
- Public Health England Centre (Wessex ‘hub’)
- University of Southampton Primary Care and Population Science Unit
- University of Southampton MRC LEU
- University of Southampton NIHR Evaluation, Trials and Studies Coordinating Centre

The programme has also run master classes/ courses for both specialty registrars and educational supervisors including influencing skills, advanced presentation skills, reflective writing and communication skills, networking and good practice and to have workshops on the 2015 curriculum, becoming a consultant, and work based assessments. It is envisaged that this will be an annual event.

Recruitment

The infrastructure to offer interested candidates taster sessions in public health has been developed. These are throughout the Wessex region and based in the local public health teams in Local Authorities. The School also run a Public Health Careers evening just before the national recruitment process opens. This is run by the specialty registrars.

Specialty registrars also volunteered to help with the national call for public health screening at airports at the start of the recent Ebola crisis.

Each training scheme produces a public health newsletter (PH1) in rotation. The Wessex programme is particularly proud of the PH1 in sustainability produced by the Wessex specialty registrars (see appendix 1).

The specialty registrars also volunteered to help with the national call for public health screening at airports at the start of the recent Ebola crisis.

The programme has seen excellent pass rates of the FPH examinations – both Part A and B with one of the Wessex specialty registrars being awarded the McEwen award (highest mark in FPH Part B in the whole of the sittings in one year). Wessex specialty registrars also contribute to several national processes including:

- Vice Chair of Specialty Trainee Committee
- Chair of Health Protection Committee
- Member of BMA PH Committee
- Member of Pilot group for National Recruitment Executive.

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FY2

The School in collaboration with public health leaders have been working towards increasing the number of public health foundation posts in Wessex. We now have three posts in PHE (health protection), Portsmouth (GP/PH), and Winchester (microbiology/PH). We will continue to work with the Foundation School to take this forward.

- DfID Commonwealth Fund Sustainability Unit
- PHE/Primary Care and Population Sciences Unit
- MRC
- LEU
- Global Fellowships.
**Innovative Practice**

**PH Specialty ST3 Pilot Project**

From November 2015 the public health specialty training recruitment will also include the option for an ST3 level entry to the programme. The person specification has been approved and eligibility criteria include successfully passed the FPH Part A exam and registered as a PH Practitioner (or those with another background other than medicine) which would then allow individuals to apply to complete the final three years of the specialist programme. The Wessex School of Public Health is piloting a support programme for individuals who meet the specification and criteria to be supported to undertake the Part A exam. Successful candidates will still be required to apply through the normal national recruitment process to get onto the programme.

**Public Health Community Fellowship**

The Public Health Community Fellowship is a new programme piloted in 2014. It offers Foundation Year 2 (FY2) doctors an opportunity to work with community organisations on a defined public health project, in order to:

- Develop skills in leadership and project management outside the clinical setting
- Gain experience across the wider determinants of health
- Understand the wider context in which their patients live.

The Fellowship was inspired by the Team Up programme, an initiative conceived by London Deanery to partner doctors and dentists in training with community organisations to work on health improvement projects. In Wessex we built on this model to focus on a group of health professionals (junior doctors) who have few opportunities to develop public health leadership through building relationships with community organisations at an early stage of their careers. Objectives included providing FY2 doctors with public health knowledge and skills, enabling improvements in the health and wellbeing of service users and to raise the profile of voluntary sector. The Fellowship was led by a team of Specialty Training Registrars in public health. The Fellows committed a total of eight days to the Fellowship between September-December 2014. A total of 15 FY2 doctors participated and worked with four community organisations:

- Southampton A-Buzz Parent Forum developing and delivering workshops for parents to support them in encouraging healthy lifestyles for their children with disabilities/additional needs, with a particular focus on sexual health & healthy eating
- Age UK Southampton evaluating Fit for Life exercise classes for older people
- Southampton Sight conducting a health needs assessment to understand barriers that people from BME communities may have in accessing support
- Workers’ Educational Association Portsmouth, developing materials for an evaluation process for the Health-wise project.

Evaluation showed that this was very highly regarded by the Fellows, and by the community organisations. Key learning points reported by the Fellows were: a clearer understanding of public health; thinking about a patient’s journey in a wider sense; and that everyone has the opportunity to promote health. All four community organisations reported that their experience of taking part in the Fellowship was ‘very positive’ and all would recommend participation to other organisations. The PH registrars designed the Fellowship scheme from recruitment (designed flyer, ran an information evening, devised application form and selection process, identified and recruited community organisations), to implementing the scheme (designed and ran the induction day, mentored four groups of FY2 doctors in working with community organisation on a project), to supporting the FY2 doctors in writing reports and presenting their project, to planning the evaluation.

Due to their enthusiasm, boundless energy and commitment, this Fellowship scheme was a great success, providing junior doctors an opportunity to gain appreciation and use of public health tools and facilitating strong partnerships between early career clinicians and community organisations which are useful in enhancing patient care. The specialty registrars team were awarded a commendation at the 2015 Shine Awards to mark their excellent work in this fellowship. They were also part of a ‘demonstrating excellent training’ workshop at the annual Health Education England - Wessex conference. Building on this pilot the specialty registrars have successfully recruited 21 FY2 doctors in 2015 working with five community organisations. The programme has developed a robust evaluation plan to measure process and impact of the programme.
What is Public Health video?
The specialty registrars worked with a professional animation company to produce a three minute video on ‘what is Public Health’ aimed at a general audience. This has received over 47,000 hits on YouTube, and is signposted on the Faculty Public Health website.

https://youtu.be/oy1CAMObRzc

Bank of Projects
The School of Public Health is also running a pilot scheme for specialty registrars post Part B FPH to share projects across the training locations. This was devised to address the issue of the supply and demand of project work for specialty registrars which varies across training locations and may be dependent on the availability of specialty registrars, their stage of training and the capacity for educational supervision. To cope with this variability, a bank of projects is proposed. This bank of projects scheme would allow training locations, such as Local Authority public health teams or university academic departments, to submit projects which would benefit from specialty registrars input, and for specialty registrars to take on specific projects across training locations as appropriate. This pilot will be reviewed in January 2016. It has attracted interest for other schemes around the UK.

Myers Briggs Type Indicator (MBTI)
All Wessex specialty registrars have MBTI profiles conducted. It is planned for all educational supervisors to have their MBTI profiles done and for long attachments the School will organise a facilitated session between the supervisor and specialty registrars at the beginning of the attachment. This permits insights for both the specialty registrars and educational supervisor and helps with relationship building, improves quality of the supervision and also flags early if either is feeling undue stress/anxiety.

Public Health Workforce Development Programmes
The public health workforce development programmes focus on the training, education and development of the public health workforces from across Wessex. This includes practitioner development; public health development and public health wider workforce development.

Public Health Practitioner Registration Programme
The Public Health Practitioner (PHP) scheme is a professional development programme which allows individuals working in public health to become a registered Practitioner with the UK Public Health Register (UKPHR). Public Health Practitioner registration is at a minimum of Level 5 of the Public Health Knowledge and Skills Framework (PHKSF).

In order to become a registered practitioner, individuals are required to complete a retrospective portfolio, demonstrating their knowledge, understanding and application against a set of 12 standards (which are made up of 48 indicators). Practitioners are expected to complete this programme within an 18 month period.

The Wessex scheme has supported a total of 44 practitioners to become registered with the UKPHR since the register first opened in 2010. The below graph provides a breakdown of registered practitioners by area in Wessex. Of the numbers registered another seven are practitioners from Thames Valley who have been through the Wessex verification process. The remaining seven are Wessex registrants who are working in the PVI (Private, Voluntary and Independent) sector.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Registered Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampshire (includes Southern Health NHS Foundation Trust)</td>
<td>16</td>
</tr>
<tr>
<td>Isle of Wight</td>
<td>14</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>12</td>
</tr>
<tr>
<td>Southampton (includes Solent NHS Trust)</td>
<td>10</td>
</tr>
<tr>
<td>Dorset</td>
<td>8</td>
</tr>
<tr>
<td>PHE Wessex</td>
<td>6</td>
</tr>
<tr>
<td>(include NHS England)</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Total number of registered practitioners from programme start (from cohort 1)</td>
<td>36</td>
</tr>
</tbody>
</table>
In the period April 2013 to September 2014 there were a small number of practitioners that registered with the UKPHR. This low level of registration was associated with the implementation of the Health and Social Care Act (2012) in April 2013 where practitioners were unsure about their roles; or where practitioners had changed roles. A number of practitioners had extended their submission deadline in order to manage the transition of public health into Local Authorities.

The current number of practitioners that are on the programme scheduled to complete by June 2016 is detailed in the graph below. Which means by June 2016 the Wessex scheme is estimated to have 71 registered practitioners.

In June 2014 cohort 5 was recruited to the scheme which is shown in the graph below. The scheme has been working with Dorset and Portsmouth in raising the profile of the value of registration to employers and practitioners with the aspiration that Cohort 6 recruitment will include more practitioners from Portsmouth and Dorset.

Key Achievements

Public Health Practitioner Evaluation

An independent evaluation of the scheme was conducted by London South Bank University which has supported the development of a structured programme for practitioners in Wessex. The programme has been developed to minimise attrition levels with clear milestones in place. The below timeline provides an illustration of the programme.

The evaluation also informed the development of a quality assurance framework to support the delivery of an effective scheme, this framework has been adopted nationally as part of the Public Health Practitioner Scheme Set-up Guide as good practice.
Public Health Practitioner Recruitment

The Wessex scheme has strengthened its recruitment process by introducing practitioner interviews; this was introduced as an opportunity to ensure the right people were being recruited onto the programme. This has now allowed for greater value to be placed onto the scheme and for gaining a place onto it.

E-Portfolio

The Wessex scheme has introduced the use of e-portfolios which was developed by the Kent, Surrey and Sussex scheme. The e-portfolio will be implemented moving forward with the scheme moving to a paperless portfolio system.

Public Health Education Bursary

Wessex Public Health Academic Bursary April 2013 – Sept 2014

The School of Public Health is committed to supporting the development of Public Health Practitioners through a programme of learning opportunities of which this scheme forms a part. Public Health Practitioners work in roles that contribute to outcomes related to health protection, health improvement, academic public health, health and social care quality and/or health intelligence.

This very popular scheme is open to staff employed across the health and social care sector including local authorities, the NHS, voluntary and other sectors, within the boundaries Southampton, Hampshire, the Isle of Wight, Portsmouth, Dorset, Bournemouth and Poole.

The School of Public Health academic bursary has gone from strength to strength since its inception in 2008, with more funding available and we are able to capture more of the public health workforce in Wessex. The ethos of this funding programme has always been about equity and reaching out to practitioners in a public health role to enhance their existing skills and to develop new ones. It is clear that the public health workforce is on the increase. To ensure that we keep up with changes and developments we constantly revisit the bursary guidance and application form updating where necessary from feedback from the practitioners and the Public Health Workforce Development Leads based at each of the local authorities in Wessex.

The bursary is also aligned with the PHP scheme, once a practitioner has submitted their portfolio successfully to the UKPHR they are, if they want to, able to apply to the bursary to undertake an MSc in public health to assist them with career progression and an academic public health qualification.

In 2015 we are looking forward to using a newly developed bespoke database which will be an efficient tool for record keeping and reporting on existing and future practitioners and funding requests.

Advanced Public Health Practitioner Development

Public Health Wales have been leading the development of Advanced Public Health Practitioners which has included the development of advanced practitioner standards. The evaluation of the Wessex PHP Scheme found that a section of the public health workforce who apply to become registered practitioners are working at a higher level and apply to gain formal recognition as there is nothing to provide recognition for them at advanced levels. Therefore a formal scoping project was jointly commissioned with West Midlands and Kent, Surrey and Sussex schemes to formally scope the levels of interest in the development of a scheme to support advanced practitioner development within two specific groups - employers, who are ultimately responsible for the development and quality assurance of their workforce; Public Health Practitioners who are actively engaged in their own career development. The scoping project found that there was demand for the recognition of advanced practice; however the need to embed practitioner development in the first instance was highlighted as the first step.

Another project was then commissioned by the School of Public Health to explore levels and relevance of the proposed Advanced Practitioner Standards. The project interviewed between 2-3 Directors of Public Health in each region of the UK along with the FPH and UKPHR. The findings from the project has led to the proposed standards being updated ensuring they are appropriate to a UK context. The School of Public Health is proposing to be a part of the pilot for Advanced Practice Accreditation.
Public Health Development Leads Network

The Public Health Development Leads Network is made up of a 0.2 - 0.4 wte (whole time equivalent) of a Public Health Workforce Development Lead who are located in each of the Local Authority public health teams. In total there are five public health development leads for Wessex. The purpose of these roles is to support workforce development by building the capacity and capabilities of the local system. The Public Health Workforce Development Leads are an extended part of the School of Public Health team.

The primary aims of the Public Health Workforce Development Leads are:

- To work collaboratively with the School of Public Health and emerging networks to contribute to the implementation of the national strategy: Health Lives, Healthy People: Towards a workforce strategy for public health system and to contribute to local public health workforce development plans accordingly
- To work with the local Director of Public Health to engage and influence key partners in facilitating the development of the public health and wider workforce's capacity in delivering public health outcomes
- To lead and support the development of PHP across all sectors.

The Public Health Development Network meet bi-monthly to share local intelligence and information of public health workforce development and to develop collaboratively projects and programmes to support public health workforce development. The network is chaired by the Head of Public Health Workforce Development Programmes and includes the PH Wider Workforce Lead who is an active member of the network supporting the collective development of the Public Health Development Network. This network is a key aspect of the public health development work that takes place from the School of Public Health in Wessex.

The key achievements of this network have been:

- Contributing to the review of the Public Health Skills and Knowledge Framework to ensure relevance and appropriateness
- Develop public health awareness and capacity through the engagement of wider stakeholders such as housing, transport and the voluntary sector
- Commissioning of an independent evaluation of the Public Health Practitioner Development programme
- Development of the PHP scheme creating a clear structured programme for the Wessex public health community
- Completion of a health training and skills audit to inform a plan to ensure maintenance of core capabilities and capacity within health protection across the local geography in Dorset
- Continuing to support individuals to apply to the practitioner development programme, now in the sixth cohort of delivery
- Support bursary applications for individuals to undertake further education and development for their public health role
- Support local public health intelligence staff in Dorset to develop their skills within a systems modelling platform called Kumu
- Supporting the development of the PH Wider Workforce Lead role, providing local insight into the workforce needs, issues and opportunities to support public health development of the wider workforce
- Support the School of Public Health to develop arrangements to ensure public health colleagues continue to have the same level of services from NHS libraries as NHS colleagues
- Develop and oversee the delivery of Health Impact Assessment training for public health colleagues; local authority middle managers and elected members
- Engaging with learning and development colleagues to support the development of public health staff
- Develop leadership training and education for public health colleagues
- Provide on-going mentorship to public health colleagues around their own personal development.

The Public Health Development Leads are an integral part of the School of Public Health who have enabled and facilitated the school to deliver its aims and objectives to develop the public health and wider workforces in Wessex.

The Public Health Development Leads were also nominated for the ‘High Performing Education and Training Team of the Year’ Shine Award this year as recognition of the work they do in supporting public health workforce development, training and education.
Wessex Public Health Network

The Wessex Public Health Network (WPHN) was formed in 2012 to create networking and information sharing opportunities across the public health workforce in Wessex. During a time of organisational change and of diversification of the public health workforce the WPHN has contributed to knowledge and skill development and re-established a sense of the wider public health community in the area.

CPD Events

It has held approximately bimonthly CPD Events on a range of topics, and also maintains an information sharing website. Since April 2013 there have been 12 afternoon CPD Events. Meeting rooms are made available in Southern House in the mornings and there is a light networking lunch provided. “The opportunity to network over lunch is so valuable, as are the availability of meeting rooms which I used for the first time this month”.

The sessions have involved national expert speakers, local academics and public health consultants and practitioners, and lead to group discussions about improving local practice and further development needs, and have been very well received.

Speakers to date:

- Dr John Acres, Consultant in PH (retired)
- Dr Lou Atkins, Associate Teaching Fellow, UCL Centre for Behaviour Change, University College London
- Dr Michael Baker, Public Health Consultant in Health Improvement and Acting Centre Director Public Health England (Wessex Centre)
- Dr Jim O’Brien, Centre Director, Wessex Public Health England Centre
- Dr Tim Chadborn, PHE Behavioural Insights Team, Science and Strategic Information Division, Public Health England
- Debbie Chase, Consultant in Public Health, Southampton City Council
- Professor John Coggon, Professor of Law and the Philosophy of Public Health, University of Southampton
- Sam Crowe, Assistant Director of Public Health, Public Health Dorset
- Dr Girija Dabke, CCDc and Acting Deputy Director of Health Protection, Wessex PHE Centre
- Jennifer Davies, Senior Public Health Specialist, Southampton City Council
- Professor Mark Dooris, Director of Healthy Settings Unit, University of Central Lancashire
- Professor Rida Elkheir, Director of Public Health, Isle of Wight County Council
- Janet Hawkins, Interim Regulatory Services Manager (Neighbourhoods), Southampton City Council
- Dr Aravinda Meera Guntupalli, Lecturer in Gerontology, Centre for Research on Ageing, University of Southampton
- Professor Ruairidh Milne, Director of Wessex Institute, University of Southampton
- Dr Ruth Milton, Director of Public Health, Hampshire County Council
- Lee Loveless, Advanced Health Improvement Practitioner, Portsmouth City Council
- Dr Barrie Margetts, Professor of Public Health Nutrition, University of Southampton
- Angela Mawle, Coordinator, Health Housing & Fuel Poverty Forum
- Dr Nuala McGrath, Reader in Infectious Disease Epidemiology, University of Southampton
- Dr Julie Parkes, Senior Lecturer Public Health, University of Southampton, Theme Lead for Primary Care & Public Health
- Alison Ross, Public Health Policy & Strategy Unit, Department of Health
- Cathy Rule, Project Manager (Alcohol Quality Improvement Programme), Wessex Academic Health Science Network
- Dr Don Sinclair, Consultant in Public Health, South East Knowledge and Intelligence Team, Public Health England
- Barbara Skinner, Senior Development Manager, Public Health, Portsmouth City Council
- Professor Sarah Stewart-Brown, University of Warwick
- Liz Steel, Health & Wellbeing Lead, PHE South East
- Dr Adrian Viens, Lecturer in Law and Deputy Director of the Centre for Health Ethics and Law, University of Southampton
- Andrea Wright, Health Weight Lead, Portsmouth City Council
- Dr Brian Yuen, Medical Statistician, University of Southampton.
Topics covered

April 2013  Role of public health in Local Authorities
June 2013  Public health development – roles and relationships, and PH updates
Sept 2013  Global public health
Nov 2013  Public Mental Health – are we doing enough about it?
Feb 2014  Fuel Poverty – sharing intelligence across professional boundaries
April 2014  Behaviour Change Management
June 2014  Hot topics in health protection and academic public health
Sept 2014  The morality of setting the public health agenda
Nov 2014  Healthy Settings
Feb 2015  Research and Evidence into Practice
April 2015  Health Care Public Health

Future Wessex PH Network Development

Building on the success of the CPD events and interest shown in various topics, a complementary training programme will be developed in 2015 to allow for deeper consideration and skills development in key areas. This will also contribute to the range of CPD opportunities available for registered Public Health Practitioners. The regular programme of WPHN CPD Events will also continue.

The WPHN website has potential for use to further support networking by the creation and support of special interest groups if the network members would find this valuable, this will be explored in 2015.

Numbers of attendees have remained consistently above 30

Public Health Wider Workforce Development

Since the implementation of the Health and Social Care Act (2012) a number of policy documents have been published, providing evidence that improving the health and wellbeing of the population is increasingly viewed as everyone’s business.

- The NHS Five Year Forward View states the need to get serious about prevention
- The Health Education England Mandate highlights the importance of preventing illness with staff using every contact they have as an opportunity to help people stay in good health
- Public Health England ‘from evidence into action: opportunities to protect and improve the nation’s health’ recognises the need to mobilise support for broader action on improving the public’s health.

The Local Government Association has published case stories of Making Every Contact Count (MECC), suggesting every contact should be seen as an opportunity to support someone to make a healthy lifestyle choice and also a report on the role of the Fire Service in improving the public’s health.

The School of Public Health has a specific function to ensure that the wider workforce – that is “Any individual who is not a specialist or practitioner in public health, but has the opportunity or ability to positively impact health and wellbeing through their (paid or unpaid) work.” (RSPH Rethinking the Public Health Workforce 2015) - has the competencies to contribute, within their roles, to the broader public health agenda.

To address this there are a number of approaches supported by the School of Public Health. They fall broadly into the Making Every Contact Count and the Health Trainer programmes and a variety of public health wider workforce projects.

Making Every Contact Count (MECC)

Making Every Contact Count (or MECC as is it often referred to) is an initiative that has evolved over a number of years. It is about enabling workforces to maximise on the opportunity they have with the millions of contacts with people every day to make a difference to the health and wellbeing of the population. This is achieved through ensuring staff have the knowledge and skills to encourage and support people to change behaviours that may be damaging to their health.

The School of Public Health has developed and piloted a model of MECC to ensure organisations and staff are engaged to implement the programme. The Wessex approach incorporates Healthy Conversation Skills (HCS), developed by the MRC Lifecourse Epidemiology Unit, University of Southampton. A two half day training programme it equips people with four competencies:

- Use Open Discovery Questions to help someone explore an issue
- Reflect on your practice and conversations
- Spend more time listening than giving information or making suggestions
- Use Open Discovery Questions to support someone to make a SMARTER plan.
The MECC pilot project was delivered in three different settings: Acute Hospital Trust; Community NHS Trust and Local Authority. The evaluation of the pilot was conducted by the Academic Unit of Primary Care and Population Sciences, Faculty of Medicine, University of Southampton. The full evaluation report can be accessed at the below link.


The evaluation of the project showed that the MECC approach can be successfully delivered in a variety of different settings in both health and local authority services context. The particular approaches taken, both to introduce and to prepare staff for MECC and in the way that it was implemented, have shown its ability as an opportunistic intervention to be tailored to the very different circumstances in which staff find themselves in contact with the public.

The evaluation has been used to inform the development of the Wessex MECC Implementation Toolkit which is currently being developed.

Concurrently to the pilot there were other organisations that implemented MECC with the support of the School of PH. So far, wider implementation has taken place in the following organisations:

** Gosport Borough Council (GBC) – In January 2015 GBC were supported to implement MECC with Housing & Environmental Health and staff working with older people. A total of 24 people have been trained. A company called Sitra have been commissioned to independently evaluate the implementation of MECC based on the learning from the initial pilot and also to look at the impact on staff and service users. The report is due in December 2015.

** Sport Hants & Isle of Wight (SHIoW) - The Hampshire County Council County Sport Partnership implemented MECC with staff and volunteers. They attend a number of events where they have a physical activity focus. Approximately 20 SHIoW staff and volunteers were trained and equipped to have healthy conversations with members of the public they meet at the summer events. Plans are also being developed to further embed and cascade to others in the local sports network across the region.

There are a number of key achievements from Making Every Contact Count from April 1013 to March 2015.

- The early findings of the work were shared at conferences. Poster presentations at the 2014 USRG conference on the Wessex MECC approach and at 2014 PHE conference on the preliminary findings of the Wessex MECC project were shared
- The Royal Society for Public Health (RSPH) accredited the Healthy Conversation Skills (HCS) Training developed by the MRC to use with the Wessex MECC approach. The training manual was also updated and branded to support the programme.

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**Public Health Wider Workforce Projects**

In addition to MECC which allows organisations to review and amend their culture to enable their workforces to help people to change their behaviour and improve their health there are a number of other opportunities to support the wider workforce to gain the competencies, the knowledge and skills to make a difference in their roles. The following section of this report outlines other projects completed by the School of Public Health to enable public health to be addressed and also details the future plans for the work.

**NHS Health Checks** – The NHS Health Check programme is for everyone between the ages of 40 and 74 (without an existing diagnosed condition). They are invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. The School of Public Health has contributed to Public Health England (PHE) national work to the development of the competency framework and the workbooks to support the achievement of the standards. The School of Public Health has worked with the PHE regional office and the NHS Health Check commissioners and providers to review the training in Wessex specifically around the behaviour change component. This has included delivering a presentation at an NHS Health Check conference in March 2015 and supporting development of a specification for commissioners and providers of NHS Health Check training. The Wessex MECC approach has been incorporated into this guidance and there are plans to use Healthy Conversation Skills in the NHS Health Check training across Hampshire.

**Public Mental Health Development** - The School of Public Health provided funding to Dorset Public Health to deliver Mental Health First Aid Lite training. The training was delivered to a total of 276 local authority staff from Bournemouth Borough Council, Borough of Poole and Dorset County Council. The training was delivered by a Mental Health First Aid England trainer. The training was delivered over 14 sessions in various locations around the three authorities.

The aim was to improve understanding of issues surrounding mental health, increase staff members’ confidence and awareness, and to help individuals to work more effectively with people experiencing mental health problems. Training was delivered to teams from across a range of services and directorates as below:

- Children and Families 33%
- Housing and Welfare 19%
- Adult Social Care 15%
- Corporate Services 13%
- Youth and Community Services 11%
- HR and Employee Wellbeing 9%

One month after training an initial evaluation was carried out with the following results:

- 69% said it had improved their awareness of resources or services
- 95% said they now felt confident to respond to a mental health issue
- 79% said it had helped in their workplace
- 56% said it had helped in their personal lives.

Feedback from delegates and managers was excellent with many wanting further training in the future.
Public Health Wider Workforce Projects, continued

**Portsmouth Emergency Medicine** – the School of Public Health worked with two Public Health Registrars to develop a session for the Queen Alexandra Hospital Emergency Medicine team to meet the College of Emergency Medicine curriculum which included a workshop on MECC and Healthy Conversation Skills.

**Neonatal Preceptorship** – The School of Public Health worked with the Neonatal Preceptorship lead to review the current competencies and to ensure relevant public health competencies are included in the new programme. A public health session for the preceptors is planned for October 2015.

In addition to existing workforces there are many opportunities to support future workforces to be equipped with the knowledge and skills when they take roles working with the public.

**Bournemouth & Poole Health Champions Programme** - The School of Public Health provided funding to Public Health Dorset to support training of health champions in motivational interviewing in some of the most deprived neighbourhoods in the area.

The Wessex Academic Health Science Network (AHSN) aims to help transform health outcomes and the delivery of healthcare in England by bringing together local NHS, higher education institutes and industry to focus on improving the identification, adoption and spread of innovative health care. The School of Public Health was part of a Nutrition task to finish group, supporting the development of materials to raise awareness and for training to ensure relevant public health competencies are included.

**Wessex Voluntary and Community Sector (VCS) Project** – The School of Public Health commissioned a scoping project to explore where the VCS in Wessex access public health knowledge and skills as part of the health and wellbeing services they deliver. The final report was published in January 2015.

**Action on Community Education and Training Project** – AvOCET is a project to develop the non-medical workforce both clinical and non-clinical roles, for primary and community care. This is a joint project between Health Education Wessex and South Eastern Hampshire Clinical Commissioning Group (CCG). The School of Public Health contributed to the development of the competencies required for a generic support worker. There are plans to include public health knowledge and skills within the workforce training to be developed and delivered.

**The Prince's Trust** – The Prince’s Trust ‘Get Into’ programme offers short courses for young people aged 16-25 who are not in employment. The Get Into Health offers the opportunity to gain training and experience of working in health. As part of this programme in March 2015 the School of Public Health, working in partnership with Southampton General Hospital and Totton College and Hampshire Hospitals and Basingstoke College of Technology to deliver the RSPH accredited Healthy Conversation Skills course (2 x ½ days) and the RSPH Level 1 Health Awareness one-day course to two cohorts of young people. A total of 24 young people completed both the HCS and the RSPH level 1 Health Awareness.

Work to support different Higher Education Institutes has taken place. The core public health competencies for those completing undergraduate and pre-registration courses were identified and compiled in a matrix. This tool was then used to map the existing content in the curricula and to identify any areas where there were gaps and opportunities to enrich the programmes to ensure learners have the essential knowledge and skills for the workplace.

**University of Winchester** – The School of Public Health worked with the University of Winchester to map the Childhood, Youth and Community Studies BA (Hons) course for PH competencies. Healthy Conversation Skills training and Train the Trainer training was delivered in March 2015 to 13 members of lecturing staff from the Department of Inter Professional Studies. The aim is to cascade the approach to mapping course to other qualifications offered and for HCS to be rolled out to other staff and students (including student social workers/teachers).

**University of Portsmouth** – Historically those training as paramedics completed a foundation degree. The University of Portsmouth developed a new qualification, BSc (Hons) Paramedic Science. The School of Public Health worked with University of Portsmouth to map the new curriculum to identified public health competencies to ensure the course covers the essential knowledge and skills. This supported the internal and external validation with Health and Care Professions Council (HCPC) and College of Paramedics. Healthy Conversation Skills was identified as providing students with the skills and contributed to the communication element of the programme. Session one: An Introduction to Healthy Conversation Skills was successfully delivered over half a day to approximately 40 students in March 2015. HCS is also embedded in the curriculum via study days and a session on public health is planned to cover the gaps. Planned future activity is to conduct similar work with Radiography as revalidation of the courses is due. Meetings are planned to explore how public health can be embedded.

**Open University in the South** – The Open University and the School of Public Health are planning to jointly hosted a half-day Making Every Contact Count event in June 2015 to approximately 30 attendees from a variety of roles from acute settings to voluntary sector.

### Training delivered April 2013 – September 2015

<table>
<thead>
<tr>
<th>Setting</th>
<th>Organisation</th>
<th>Numbers trained</th>
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</thead>
<tbody>
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<td></td>
<td>Southern Health</td>
<td>65</td>
</tr>
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<td></td>
<td>Portsmouth City Council</td>
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<tr>
<td>Local authority</td>
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<td></td>
<td>University of Portsmouth</td>
<td>40</td>
</tr>
<tr>
<td>Queen Alexandra Hospital</td>
<td>Emergency Medicine Team</td>
<td>6</td>
</tr>
<tr>
<td>Prince’s Trust</td>
<td>Southampton General Hospital</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Hampshire Hospitals</td>
<td>15</td>
</tr>
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<td>Total</td>
<td></td>
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</tr>
</tbody>
</table>

**Health Trainers**

Health Trainers are a workforce of behaviour change practitioners, drawn from the communities in which they work they are peer supporters who enable those who want to make a lifestyle change to set goals to achieve their plans.

In Wessex there are Health Trainer services commissioned by Southampton, Portsmouth, Hampshire and Isle of Wight local authority public health teams. There are also a small team of Health Trainers commissioned by Wiltshire Council that cover the south, which is in the Wessex patch.
Programmes of Work & Key Achievements

Management of the HT Network – The School of Public Health maintains an informal network for the Health Trainer commissioners and providers in Wessex. The Public Health Wider Workforce Lead communicates with members on an ad hoc basis to provide regional and national updates and to support the continuing professional development of the Health Trainer workforce. Additionally the School of Public Health has commissioned a number of projects to support the Health Trainer programme.

National Health Trainer Development - The School of Public Health has contributed to national work to scope the future of Health Trainer workforces and the revision of existing or development of new qualifications.

Health Trainer Governance Framework - The RSPH was commissioned to develop a governance framework for Health Trainers. The aim was to ensure effective governance was in place to safeguard clients and health trainers alike. This framework was launched in September 2014 and is recognised nationally as good practice.

Refresh of the Value for Money tool - In 2010 the Department of Health commissioned a Value for Money Tool for Health Trainer services. To take account of the changes over the years the School of Public Health commissioned a refresh of the tool in 2014. The updates include: burden of disease estimates, cost impact of conditions addressed by Health Trainer Services, adjusting for England and inflation costs, social return on investment and sensitivity analysis varying the social time preference rate.

Health Trainer Conference – To support the Continuing Professional Development (CPD) of Health Trainer services an event was hosted in October 2014 at the Guildhall Winchester. There were 52 delegates at the event. The day provided an update on the services in Wessex a presentation on Making Every Contact Count and the Governance Framework. Et Al training delivered a refresher session on motivational interviewing. A booklet of Health Trainer Case Stories was developed and shared as a celebration of HT success and a resource to illustrate their good work. The day provided an opportunity to network. A report of the day was produced and indicates that it was very well received.

Health Trainer Benchmarking Project – In January 2015 the RSPH were commissioned to develop a tool to enable benchmarking of Health Trainer Services. The work is expected to be finished in 2016.

Youth Health Champion Projects – In January 2015 funding for Youth Health Champion (YHC) projects were made available. Two local authorities, Southampton Public Health and Dorset Public Health were both successful and have developed plans to implement YHCs in their areas.

Next Steps: Moving Forward

The School of Public Health has developed excellent partnerships across all organisations in Wessex and along with the support of senior management has enabled the development of a comprehensive programme of education, training and development of the public health and wider workforces.

The School of Public Health is keen to focus on the following areas as it moves forward in supporting the development of public health capacity and capabilities for Wessex by:

- Continuing to engage the commitment from system leaders to support the School of Public Health’s work
- Leading on the development of a public health workforce strategy for Wessex
- Supporting workforce planners to understand the public health workforce in Wessex in order to support longer term workforce planning
- Supporting the Public Health CPD provision for the existing workforce in Wessex
- Committing to the implementation of Making Every Contact Count in Wessex
- Committing to developing the public health capacity of the health economy across Wessex.

The next steps for this work will be to:

- Set-up a public health working group/task force to steer the work around workforce intelligence and workforce strategy development
- Continue to engage and build relationships with key stakeholders in the development of public health capacity
- Identify the public health learning needs of existing staff and those in training and support the development of these learning needs through CPD and formal training and education
- Continue to engage and embed MECC across Wessex as a workforce development programme
- Continue to provide public health input into Health Education England - Wessex Team's delivery plan ensuring prevention is considered
- Continue to work with and inform the development of public health workforce training, education and development regionally and nationally by being a beacon of good practice
- Continue to support the workforce in an ever changing environment.
I don’t know about you, but whenever I hear someone knowledgeable talk about climate change and sustainability, I feel motivated, I get excited. I religiously sort through my household waste to make sure my recycling goes into the right box. I’m definitely walking more than I used to, although OK I do still drive almost every day to work. I’m still doing my bit for sustainability right?

I’m biased I know, but I also get excited about Public Health. An amazing specialty that gives us so many opportunities to work with different sectors of society, to see positive population level changes to health. But although I find sustainability and Public Health exciting, I struggle to comprehend how to combine the two in a meaningful way.

To try to answer some of my questions, I was lucky enough to talk to Professor Sir Andy Haines, of the Department for Environmental Health Research and The Department for Population health at the London School of Hygiene and Tropical Medicine. Professor Haines, a renowned academic in the world of sustainability and health was kind enough to answer some of my questions about how Public Health professionals can integrate sustainability into their work. He definitely made me feel motivated, and I want to share with you some of the exciting ideas and opportunities he shared with me. As a sustainability beginner, the information within this article was the result of our meeting so you can rest assured that it is reliable. Just try to not feel excited...

Certainly climate change is one of the biggest current threats to our planet, with huge impacts on population health. This is driven heavily by greenhouse gas emissions and the way in which we choose to use energy sources. Some areas of the globe certainly...
"Certainly climate change is one of the biggest current threats to our planet, with huge impacts on population health."

Why is sustainability important to health? That’s a huge question, which unfortunately we didn’t have time to cover in depth. Strategies for reducing the impact of greenhouse gas emissions can have co-benefits for health. Health benefits as a result of more sustainable lifestyle changes can help to offset the costs of these both individually and at a population level.

Something I’d never really thought through was the direct impact of living a more sustainable lifestyle on health. Professor Haines reminded me of some of the direct implications of having more sustainable transport methods to population health.

Having more green spaces, which would support the sustainability agenda has some evidence of achieving improvements in mental health. Encouraging local enterprises such as allotments can encourage access to healthier diets and social enterprises. As a new era of Public Health develops within Local Authorities we have enormous opportunities to work with other sectors to develop strategies which will benefit the health of the populations we serve. In monetary terms this could lead to reduced need for health care resources for preventable lifestyle related conditions.

I asked Professor Haines, what the opportunities there were for change. He outlined the following:

- Supporting policies to reduce dependence on fossil fuels, combined with increasing efficiency of energy use
- The housing sector; encouraging retrofitting insulation as well as roof insulation with efficient ventilation systems to prevent adverse health effects. Ensuring new housing is built to high specifications to decrease emissions
- Urban Transport; encourage walking and cycling, the uptake of public transport and decrease air pollutants. This would also impact sedentary behaviour rates
- Food and agriculture; encourage the uptake of healthy low emission diets through appropriate policies. This should be combined with ensuring affordability and palatability

I asked Professor Haines what the biggest challenges were in creating a sustainable environment. His answer was excited, motivated, and convinced me all in one. He replied;

‘Behaviour change. It’s not easy. People don’t like change. It’s very difficult to persuade peoples’ lifestyles to change when other countries haven’t. But we need to move towards a more sustainable lifestyle. We’ve only got a small window of opportunity.’

OK I’m interested, I’m motivated, I still drove 5 down the road yesterday to pick up my fish & chips dinner. That’s not practising sustainability (forget about the cod). I’ve had to accept that my current lifestyle isn’t as low emission as it could be. However, we do have genuine opportunities to change. If we each change individually and enable others to do so too, the health impacts could be hugely positive. If we don’t, the result will be catastrophic.

Although I don’t have the vision yet for global strategies, it reassures me that experts like Professor Haines do. However, I’m motivated that I have a part to play, both personally, and in my public health role, for ensuring my population has the best possible opportunities for health and wellbeing which is supported by a sustainability agenda.

With thanks to Professor Sir Andy Haines for his time and contribution to this article.

James Mackenzie, from the SDU, introduced the new strategy, highlighting the need for new ways of working: a shift from volume to value, and from simple delivery of healthcare to a focus on health and wellbeing. Music to our public health ears! The vision of the new strategy is to reduce carbon emissions, minimise waste and pollution, make the best use of scarce resources, build resilience to a changing climate and nurture community strength and assets.

Three goals of the strategy are:

1. A healthier environment
2. Communities and Services are ready and resilient for changing times and climates
3. Every opportunity for change. If we each change individually and enable others to do so too, the health impacts could be hugely positive. If we don’t, the result will be catastrophic.

The strategy is comprised of five current modules:
- Carbon hotspots
- Sustainable clinical and care models
- Healthy, sustainable and resilient communities
- Commissioning and procurement
- Leadership, engagement and development

A final three will be published in early 2015:
- Innovation
- Metrics
- Social capital

One of the key aspects of the new policy is creating resilient services and communities, where the local authority’s joint strategic needs assessments (JSNA) is well-placed to establish local need and the health and wellbeing strategies are encouraged to have sustainability as an identifiable component.

This also fits neatly into the third goal of the strategy: to make every opportunity, in other words every contact, contribute to healthy lives, healthy communities and healthy environments. This reminds me of a quote from the Dorset Education for Sustainability Network: “We cannot just add sustainable development to our current list of things to do, but must learn to integrate the concepts into everything we do.”

Other presentations during the day included a global perspective on sustainable health and social care from the WHO, sustainability in the commissioning process, and innovative sustainable models of care.

One of the most impactful presentations for me, however, was on workforce engagement to create a culture of sustainability. This was delivered by Chris Large, from the Global Action Plan, a small charitable organisation, whose mission is to inspire, motivate and equip people with practical and creative solutions, taking everybody on a transformative journey to more sustainable living.

Chris, and his team, created a ward-based programme called ‘TLC’, in Barts Health NHS Trust, which was developed in a collaborative sense by listening to the needs of staff. TLC in this context stood for ‘Turn off’, ‘Lights out’ and ‘Close doors’. They discovered from talking to nursing staff, that although they did feel sorry for the polar bears and the melting ice caps, their patients were their priority concern, and as such selling ‘TLC’ as being good for patient care led to the greatest changes in their behaviour. Extended quiet-times for patients and allowing patients to re-cooperate in quiet darkened wards was one way of keeping lights switched off for longer, and was seen as being beneficial for patients. Another key aspect of the programme, apart from being given free pens (which nurses love) was to champion members of staff that actively embraced the components of the programme, rather than ‘nagging’ staff for not following the TLC ideals. What they found was TLC wards showed a 40% improvement in turning lights off and this equated to a £5000 energy saving during the course of the programme. Patients also reported less sleep disruptions and privacy intrusions.

What this local level programme shows is that by engaging with the workforce, listening to what they have to say, and responding with innovative approaches, change can happen. Perhaps it’s not too late to mitigate some of the effects of climate change, and perhaps we can use it to our combined advantage in collaborative working and gaining positive health benefits at the same time.

The ideals of the ‘Sustainable, Resilient, Healthy People and Places’ are well mentioned. It remains to be seen, however, whether business can be delivered, not as usual, but now, delivered well, and delivered again tomorrow all the way to infinity, or until we are all engulfed by rising seas. Whichever comes first.
Winter Storms
January to February 2014 – A Bournemouth perspective
Dr Caoimhe O’Sullivan, ST2 (Extracts from Bournemouth Flood Advisory Group April 2014 notes)

2014 brought with it a spell of extreme weather between late January and mid February with a succession of major storms. Significant rainfall resulted in severe flooding in parts of the country. Bournemouth Flood Advisory group describes how over a two week period there were three rainfall events of more than 25mm – more than the annual average number of large rainfall events.

The total rainfall for January was 238.8mm and “smashed the January rainfall record ... in style; the previous highest figure was 186.4mm set in 1906. Officially it was the wettest winter since our records began in 1897” (Bournemouth’s Meteorological Registrar).

On February 14th, there was a very intense low pressure system, resulting in gales, tidal surges and extra high sea levels. There was persistent heavy rain that did not ease over the night. The wind was at its worst after dark. Very high river levels made this largely coastal flooding event worse. A huge number of trees were blown down by the wind during the night. The Met Office was able to predict the event reasonably accurately. Warnings were issued from several days beforehand and a Severe Flood warning was issued for the Christchurch Harbour and Wick areas. Sand bags were delivered to the local library and delivered to residents who were unable to collect. Properties that were at risk were future.

Officially it was the wettest winter since our records began in 1897”

Sustainability and public health training:
The UK Public Health Registrar Sustainable Development Network

Some of you may not be aware that there is a national network of Public Health Registrars who have a particular interest in the impact of climate change on health and in promoting sustainability. The group meets by teleconference on an approximately quarterly basis and discusses ways in which sustainability can be incorporated into PH training and into specific pieces of work being undertaken by registrars.

Dr Robin Poole, ST2 & Dr Simon Fraser, ST5

Last year, the network produced a report on environmental sustainability and Public Health training. It looked at issues such as commuting, sustainable training events and examples of good practice from around the country. It is worth a read and available here: http://www.hpa.org.uk/sustainable_development

It is in a section of the Faculty’s website that also gives hints on living more sustainably and a focus on sustainability and the NHS.

The sustainability network is currently collecting further case reports on local implementation of public health interventions with a sustainability focus, from its registrar members – so please get in touch if this applies to work you are doing. These will then be collated and shared with a sustainability focus on sustainability and the NHS.

The key element of this is Chapter 11 in the Impacts, Adaptation and Vulnerability section: Human health: impacts, adaptation, and co-benefits.

For example:
• active transport benefits physical and mental health and reduces carbon emission.
• health gains (e.g. from increased physical activity) could mitigate the costs of implementing sustainable interventions.
• using sustainable energy sources reduces health-damaging pollutants.
• economic savings from interventions.
• Medact aims to mobilise the health community to support policy change and shift public attitudes. For more information on this campaign, please check out: http://www.medact.org/campaign/fossil-free-health/
• have you seen the Wessex Public Health Registrars campaign/fossil-free-health/

Have you seen the Wessex Public Health Registrars video ‘What Is Public Health’? Click here to go to the video
Dealing with disaster

Interview with Dr Jim O’Brien

Dr Gemma Ward, ST4

On the 8th November 2013, Typhoon Haiyan, considered to be one of the strongest storms on record, hit the Philippines, registering winds of up to 195mph. Over 6,000 people are known to have died across the Philippine region. Tacloban, on the island of Leyte, was one of the hardest hit areas, suffering widespread damage from the strong winds and surging waves.

The resulting displacement and homelessness of millions of people and catastrophic damage to the country’s infrastructure triggered an international response to the humanitarian crisis.

Dr Jim O’Brien, the Centre Director for the Wessex PHE Centre, is currently on secondment from PHE to the WHO and Philippine Department of Health in response to the typhoon. We asked him for his thoughts on his first-hand experience about your current role with WHO and the Philippine Department of Health?

I am here to lead a multinational team of epidemiologists, infectious disease consultants, GIS mappers, building engineers and logistic support and general humanitarian workers brought in by WHO in response to the Typhoon. We work very closely with the DOH and jointly coordinate the health response. This includes coordinating the work of all the national and international NGOs involved in the response. At 6 weeks after the typhoon there were over 150 international medical teams and 100 local teams from across the Philippines providing emergency services out of HoSpital tents, clinics in a can, off shore UK and US naval resources and temporary facilities in schools, sports grounds, or wherever is safe. This activity continued for many months and many international NGOs are still here e.g. Red Cross, Medicin Sans Frontiers, Save the Children and many others. Coordinating so many different organisations who all want to contribute is a real challenge.

Q. Can you tell us a bit about your current role with WHO and the Philippine Department of Health?

A. This was the largest Typhoon ever recorded and it simply destroyed almost everything across a 100 KM corridor across these islands.

Q. What is life like for people in the Philippines, 6 months on from the typhoon?

Difficult in the Typhoon corridor. This was the largest Typhoon ever recorded and it simply destroyed almost everything across a 100 KM corridor across these islands - millions of homes were destroyed. 6 months later we still have over 20,000 living in overcrowded tented villages or in Bunkhouses (some have over 2,000 people). The tents are on the ground and liable to flooding in heavy rains, the bunkhouse Water, Sanitation and Hygiene (WASH) facilities are according to standard UNHCR specifications but risks of spreading IDPs are huge including Dengue, cholera and measles.

Food is not scarce and the efforts to import emergency rice and other foods were impressive. But the world food programme is pulling out soon and the rice planting in November/December was interrupted so we may be heading for some difficult times for those living on the margins.

Q. What do you see as the main challenges to the public health system in the Philippines over the coming months and years?

Immediately - restoring health services especially maternal and child health systems, hospital functions and keeping on top of ID surveillance and response. We are planning a nationwide measles campaign soon as we are getting a few cases now - almost the entire EPI cold chain was lost in the Typhoon corridor so we are starting from scratch including providing parents with new child health records.

Q. What have been the main environmental impacts of the disaster and how are agencies responding to these in order to protect the region’s resources for the future?

The two main sources of income on Leyte Island were coconut farming and fishing. 44 million coconut trees were destroyed – about half the Islands crop and almost the entire fishing fleet in the affected area was destroyed.

Q. Can you tell us a bit about your current role with WHO and the Philippine Department of Health?

A. We are using solar fridges now to replace the damaged cold chain ones.

Q. How have you found the experience of working in this part of the world following a large-scale natural disaster such as this?

Quite daunting; I was familiar with developing country working and Public Health in resource poor environments but nothing can really prepare you for something on this scale. However lots of common sense, a sense of humour, some long hours and remembering the basic principles of good public health means you can tackle most things thrown at you – just like in the UK really!

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Making Every Contact Count (MECC) in Wessex:
Developing a sustainable approach to workforce development

Health Education England's mandate reports on the 'important public health role' that health and care workforces have in making every contact count. It mentions the need to focus on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health.

Claire McLeod, Public Health Wider Workforce Lead
Em Rahman, Head of Public Health Workforce Development

The Wessex pilot project is being evaluated to explore the process of implementation that various settings have taken, understanding that organisations and settings are different. The evaluation looks at what steps organisations have taken to support MECC and the impact this has had on its delivery along with the changes in practice and impact.

Table 1

<table>
<thead>
<tr>
<th>Setting</th>
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<tr>
<td>Acute Setting</td>
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The Wessex School of Public Health, part of Health Education Wessex, has been piloting an approach to implementing making every contact count, which is both evidence-informed and sustainable. The ambition for MECC is to radically extend the delivery of public health advice to the public through workforce development. The rationale behind this is that MECC is not just about the roll out of a training and education programme to workforces, but that it is much more than this. It is about creating a system-change and a cultural shift to enable organisations that have predominantly been involved in treating illness to take the opportunity to talk about prevention of illness with those very same groups of people. Not something that can be achieved overnight. Creating a cultural shift in this constant with just doing the 'day job'. The aim of MECC is for it not to be seen as an addition to the 'day job' but as a tool that will enable the workforce to better support their clients in achieving better health. How can this be mobilised? This can only happen with organisations reshaping how they perceive their role in promoting health; to recognise the contribution they could make to achieving positive health outcomes for their local populations, and understanding how they could achieve this.

The Wessex approach recognises that in order to deliver a sustainable workforce development initiative, which is essentially what MECC is about, then it needs to look at and support development at both the organisational and workforce levels together. It also needs to ensure that it does not become branded as a 'fad' and that it ensures it picks up and incorporates work and initiatives that have been achieved to date such as health promoting organisations; health promoting hospitals; staff health and wellbeing etc. The Wessex model focuses on: Supporting organisational development by engaging senior leaders, enabling them to recognise their organisational role in making every contact count and the contribution they can make to public health outcomes.

Identifying and training the workforce with key skills, knowledge and confidence to deliver brief advice and signposting.

The need for addressing these together is important for sustainability. Without senior (organisational level) buy-in and support the system-change that MECC aims to achieve is not possible. Senior leadership and support allows services and workforces to recognise that this is important for the organisation; it allows for specific barriers, that are classically experienced in workforce development to be addressed or removed, such as ensuring staff are supported to access dedicated training and education.

At the workforce level it is about not only providing them with the skills and knowledge, but also the confidence and efficacy to deliver MECC. This means that it is not just about telling someone to stop smoking, but actually understanding all of the wider factors that contribute to that individual smoking and then using simple behaviour change techniques to support them to begin to plan to make improvements to their health through lifestyle changes and access to appropriate services. In Wessex, the long term vision for MECC is that it is both sustained and embedded as part of services and workforces. The Wessex pilot project is testing this approach with three different settings (see table 1) supporting implementation at both an organisational and workforce level.

...the need for it to be sustained is important in creating this cultural shift to how health is delivered for the future.

Climate warming is no longer disputable, and, according to Intergovernmental Panel on Climate Change, more than half of the increase of the planet’s surface temperature is due to human activity. The agricultural sector is responsible for 13% of global carbon emissions, which is equal to the contribution of the transport sector.

Dr Inna Walker, ST2

Livestock farming is particularly damaging, not only due to methane production, but because of degrading pastures, intensive farming of animal feed, and freshwater use.

Benefits of reducing meat production go beyond the main benefit of climate change mitigation (hence the term ‘co-benefits’). These include improving local air quality, preserving biodiversity, tackling animal cruelty of intensive meat production, as well as health co-benefits resulting from reduced meat consumption. It is indeed the potential for health improvement that is most often cited as the main reason for personal choice of a predominantly plant-based diet, especially by older people.

People who consume no red meat are statistically more likely to have low iron levels. However, the relationship is not straightforward. Various studies revealed that a well-balanced low meat intake is more than sufficient for health needs of most people, including endurance athletes. Still, there are undoubtedly difficulties with research in this area. People who eat meat very occasionally may be classed as non-vegetarian, or, if a study relies on people self-determining their dietary categories, it is possible that some self-defined vegetarians occasionally eat meat. Nutrition-related research is also known for its struggle to collect valid data, recall bias being just one example. Furthermore, it can be difficult to distinguish a potential protective effect of plant food from the effect of reduced meat consumption, not to mention disentangling a whole mesh of potential confounders. Most importantly, there is still insufficient evidence base to determine the best Public Health interventions to encourage change in dietary behaviours, including increasing consumption of plant-based foods. The initial steps are likely to be about shifting consumer behaviour, rather than drastic changes.

In conclusion, low intake of red and processed meat, as well as intensively farmed meat in general, appears to be not only environmentally friendly, but protective against a number of serious health conditions. There are potential risks of unbalanced plant-based diets, but health co-benefits of reducing meat production, and hence consumption, are likely to outweigh health costs. As ever, more and better research is needed.

References are available on request.
A survey of the travel habits of Wessex registrars was conducted over the course of one week in May 2014 in order to assess the contribution of our work travel to CO₂ emissions. Nine registrars responded. Several travel methods associated with environmental CO₂ emissions (car, train, bus and tube) and some without negative environmental impact (walking and cycling) were reported.

Wessex registrars work an average of 4.1 days per week and 0.9 of these are working from home. All registrars had a carbon footprint of some sort and only one registrar made any journeys by the carbon-free method of cycling.

The weekly CO₂ emissions for each registrar were calculated on the basis of method of travel and distance travelled using estimates of emissions from transportdirect. Calculated emissions from car travel took account of fuel type, engine size and number of passengers.

From the calculated CO₂ emissions from the week surveyed, an annual estimate per capita was derived based on the present work patterns over a 48 week year. Work travel results in a total of 12.84 tonnes per capita annually. The UK average CO₂ emissions in 2013 was 7.12 tonnes per capita, therefore Wessex registrars are contributing the equivalent CO₂ emissions of 1.8 individuals per year with their work travel alone. This may not sound like good news but a similar survey of Wessex registrars in 2010 found annual CO₂ emissions of 15.4 tonnes for the same number of trainees so an optimist might say there has been a small improvement.

The survey also enquired about attitudes towards more sustainable methods of travel such as walking or cycling. 88% of registrars said that they did not consider these alternatives because the distance they needed to travel was too far. Suggestions for what changes they would like to see to encourage public transport use included discount tickets available from work (56%), increased frequency of buses (44%), better connections between home and the station (33%), more direct bus routes (22%), better connections between the station and work (11%), and more convenient bus times (11%).

How does the travel of Wessex trainees fit into the global picture of sustainability?

In 2012 global emissions reached a total of 34.5 billion tonnes and this rising trend in CO₂ emissions is mainly due to energy-related human activities. Although CO₂ emissions are still rising, the rate of increase globally has slowed considerably since 2012 which saw an increase of 1.1% compared to an average of 2.9% annually in the years since 2000. This small success has been due to intense efforts to achieve specified reductions in greenhouse gases (of which CO₂ is a major contributor) set out by the Kyoto Protocol.

The Committee on Climate Change suggest that the global CO₂ emissions will need to be reduced to 2 tonnes per capita to meet the 2050 targets. Given that Wessex trainees are currently responsible for 1.43 tonnes per capita incurred through only their work travel, it is clear that some major changes in our travel behaviour will be required over the coming years. When considering what we can do to help achieve these aims, the obvious answers are to either change our methods of travel, or to change our travel needs. For example, if all journeys made by car during the week of the survey were made by train instead, nearly an 80% reduction in CO₂ emissions would be seen. Alternatively, an extra day working at home for each registrar could theoretically reduce it by around a third. Therefore we need to make every effort to reduce the number of journeys made by car and car share where possible, and consider encouraging and facilitating working from home when appropriate. Like the current global trends in CO₂ emissions, our current work travel habits are not sustainable.

Are public health registrars contributing to sustainable travel?

1. www.transportdirect.info