



## Election of FPH President and three General Board Members

### Ballot information and candidate statements

#### Nominations

We are very pleased to announce that two nominations have been received for the post of FPH President and six nominations for the three General Board Member (GBM) vacancies. The candidates, in alphabetical order, are:

#### For President:

1. Sushma Acquilla FFPH
2. Maggie Rae FFPH

#### For General Board Members:

1. Sue Atkinson FFPH
2. Rachel Flowers FFPH
3. Paul Johnstone FFPH
4. Jane Leaman FFPH
5. John Newton FFPH
6. Chris Packham FFPH

The election statements for all candidates are attached below.

#### Ballot

A ballot is to be held of all FPH voting members, ie Fellows, Honorary Fellows, Members, Honorary Members, Diplomate Members and Specialty Registrar Members.

Voting will open on Monday 12 November 2018 and close on Monday 17 December 2018 at 5pm.

The ballot is to be run by Electoral Reform Services (ERS), with voting papers despatched on 12 November. They will be sent by email to all members for whom we have a valid email address and by post to the remainder. The ERS email will be sent from [onlinevoting@electoralreform.co.uk](mailto:onlinevoting@electoralreform.co.uk) - please add this address to your contacts so the email is delivered to your inbox rather than spam.

Voting will be online for all members who receive the ballot papers electronically. Members who receive the papers by post will have the additional option to vote by telephone in case they do not have internet access.

If you do not receive your ballot papers either by email or post by Monday 19 November, please contact Caroline Wren ([carolinewren@fph.org.uk](mailto:carolinewren@fph.org.uk) / 020 3696 1464). She will be able to confirm your mailing address and arrange for a duplicate set to be sent if appropriate.

#### Further information

In accordance with FPH Standing Orders, the Registrar is responsible for the Faculty's elections. As Maggie Rae, our current Registrar, is standing for election as President, Ellis Friedman, our

Treasurer, has kindly agreed to oversee the presidential election on her behalf. Maggie remains responsible for the GBM election.

If you have any questions in relation to the election of President, please contact either Ellis at [treasurer@fph.org.uk](mailto:treasurer@fph.org.uk) or Caroline Wren at [carolinewren@fph.org.uk](mailto:carolinewren@fph.org.uk), telephone 020 3696 1464.

If you have any questions in relation to the GBM election, please contact either Maggie at [registrar@fph.org.uk](mailto:registrar@fph.org.uk) or Caroline, as above.

1 November 2018

# **ELECTION OF FPH PRESIDENT**

Candidate information and statements  
in alphabetical order

## **Sushma Acquilla FFPH**

**Vice Chair, FPH Global Health Committee (since 2016)**  
**Senior Lecturer, Imperial College London**  
**Chair, FPH India & Related Countries Special Interest Group (SIG)**  
**Visiting Professor, RD Gardi Medical College, Ujjain, India**

Extensive experience of working with the Faculty since 1984, in promotion of the Faculty relating to education, training, standards and international links.

My aim as the President would be to increase the visibility and recognition for the UK FPH. The time is right when the UK public health competency-based education, training, standards are recognised as an exemplar for the rest of the world. I have a successful track record in promoting the Faculty starting from Malta, India and recently in Kuwait. Having developed extensive network and reputation in having networks in UK, Europe and internationally, I would aim to increase Faculty's networks in UK with other Royal Colleges, Department of Health, Public Health England and Local Authorities, through working with senior influencers and decision makers. FPH will achieve even more for Fellows, members and trainees.

I have been fortunate to be able to demonstrate my leadership and project management, financial governance and other skills in getting first externally funded SIG project for the FPH that became exemplar to the other SIGs, generating income, giving opportunity and experience of international working to the consultants and trainees in UK and abroad. We managed to create an MPH curriculum working with the Ministry of Health, India that got passed for implementation in all 34 states. This required successful negotiation and effective communication at all levels from the primary care to the health ministry. This has been the model to work in other countries too.

I have been known for my lifelong learning and believe in practicing what I preach. I would be open and inclusive by responding to the needs of current membership by having an open door and listening to the current members so that they feel valued to be part of the FPH and new members wish to link with.

## **Maggie Rae FFPH**

**Head of School and Public Health Transformation, Health Education England, South West Region**  
**Consultant in Healthcare Public Health, Public Health England, South West Centre**  
**Visiting Professor, University of the West of England**  
**Registrar, Faculty of Public Health**

More than ever we need a strong voice for the UK public health workforce. The Faculty has an essential role to play with other public health organisations in providing this support. The case for prevention has been made, however in spite of this cuts to spending on public health continue to

be a real threat. The Faculty is already working with other key partners and stakeholders to raise these issues. I have been fortunate to work with the current President, Board members, Committees, SIGs and Faculty staff and recognise the need for the Faculty to play a key role in all population and public health matters including health inequalities and sustainability. Faculty members are the key to the Faculty's success and this is important across the UK and other countries. We need to ensure our own budget is spent effectively and that the cost of membership and exam fees are contained.

Collaboration is the key to the Faculty's success, including the partnership with the highly talented Faculty staff. We must lead and work in partnership with others to promote coherent evidence based and consistent messages about public health, and champion high standards in education and training, providing a supportive and responsive organisation for all our members, particularly specialist registrars.

I would bring a wide experience of working in different settings to this role. My personal research interests in health inequalities, sustainability and the impacts of wider determinants on health would build on the Faculty's mission.

I am also passionate about education and training and see this as a key aspect of the Faculty's responsibilities.

Our current President and Faculty team both staff and trustees have worked tirelessly to deliver the Faculty's strategy. It would be a privilege to continue to serve the UK Faculty in the role of President.

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## **ELECTION OF THREE GENERAL BOARD MEMBERS**

Candidate information and statements  
in alphabetical order

### **Sue Atkinson FFPH**

**Chair, PHAST (Public Health Action Support Team – Not-for-profit social enterprise CIC)**

**Non-Executive Director, Dorset County Hospital NHS Foundation Trust**

**Co-Chair, Climate and Health Council**

**Visiting Professor, University College London, Department of Epidemiology and Public Health**

I'm passionate about improving population health and advocating for those worse affected by things like austerity, and I recognise that PH professionals are having a hard time in difficult circumstances across the UK.

I have been a general Board member for the past 3 years and have spoken out to reflect what is happening to the public's health and to PH professionals locally, regionally and nationally. I have given time and energy to specific issues such as the workforce strategy and am currently leading work to improve the lot of members of the FFPH and to encourage member engagement.

Maybe we need to rethink how the great need for transformational system change to deal with the big population health issues - inequalities, mental health, obesity, the aging population, chronic diseases, climate change, wider determinants, infection, prevention - is best delivered now and for the future. My extensive experience in PH, having been hands on at local, regional and national levels, in academia and internationally and my experience in management, in national 'politics', as a Non-Executive Director and as a leader of PHAST (a not-for-profit social enterprise CIC) are all useful assets to inform such a debate.

I see key roles for the FPH to improve the population's health by

- developing the PH professionals of the future, with robust and appropriate standards and skills across the board
- advocacy

How best can we do these in the current climate and for the future? That, and how to support its members to do the same, is the challenge for the FPH for the next few years. We should not 'go it alone' but work in partnership with other PH bodies to be a united PH movement to reverse the dreadful changes to population health that are happening now.

## **Rachel Flowers FFPH**

### **Director of Public Health, Croydon Council**

On our watch inequalities are growing, there is an increasing pressure on the public £ and disadvantage, wherever you work, is increasing. Poverty continues to steal childhood and the opportunity of choice throughout a whole lifetime, leaving ill-health and premature death in its wake. The uncertain future that Brexit presents provides distraction and legitimisation for hate.

**This is wrong!** We know it's wrong.

The Faculty of Public Health has a strong track record for raising key issues that impact on health and wellbeing. It also has an important role around competency based practice, providing reassurance that public health professionals are the "go to" people. I would be privileged if you would vote for me to become a general board member so that I can play a more active role within an organisation that advocates so passionately for the health of the public, in all its guises.

Over the last three decades I have worked at community, regional, country and UK level, in local government, the NHS and the Senior Civil Service. I am in my third year as Director of Public Health in Croydon, I was also a DPH for five years pre and post transition in local government. I have a track record of working with a range of public health organisations, including being a founding member of a local HIV charity and a range of elected non-paid roles including several terms as the Vice-President of the UK Public Health Association, and two terms as vice chair of the Chartered Institute of Environmental Health (CIEH) policy board- I was actively involved in the smoke-free legislation for England working closely with FPH- and a member of the NICE Local Government Reference group. Currently I am one of the London Council representatives for the Association of Directors of Public Health.

# **Paul Johnstone FFPH**

## **Regional Director, Public Health England (North of England)**

I am a public health leader with a strong track record and believe I can make a significant contribution as a Faculty board member at this important juncture for the specialty and public health. The next few years will see unprecedented challenges to the funding and status of local and national public health systems yet brings opportunities in prevention with the NHS and locally through place shaping work. In grasping these opportunities as a board member, I can bring the following experiences and skills:

1. Board experience; as DPH for Teesside (1999- 2002), as SHA medical director (Durham / Tees) and for DH/CMO and NHS as RDPH, shaping three major reorganisations (2002-2013) and as Regional Director for the North of England including membership of PHE's management committee (2013-).
2. Realising the value of local public health; as PHE's national lead on 'place-based' policy, adviser to PHE's CEO, board, DHSC and MHCLG on local government funding, devolution, elected mayors, the statutory role of the DPH and PHE's role.
3. Delivering in complex political environments; as WHO senior adviser to the Government of Sierra Leone during Ebola (2014) and delivered PHE's and DFID's public health reconstruction programme (Resilience Zero, £7m, 2015-17).
4. Innovation; I pioneered ground-breaking work to reduce inequalities through Due North and Well North, community asset approaches working with DsPH (and personally mentoring) and using my academic links.
5. Extensive networking; in the UK across Government, academe, internationally eg US CDC, World Bank, Pakistan.
6. Experience of the Faculty in setting up / co-chairing the International Committee.

It is for these reasons that I believe I can contribute to the Faculty and successfully see us through what will be an incredibly challenging next few years.

# **Jane Leaman FFPH**

## **Consultant in Public Health and Justice Team, Public Health England**

As John Middleton has put it 'The Government has made public commitments to prevention that we need to make happen'; and I believe that the FPH will play a major part in delivering those commitments. As a Public Health Specialist with over 20 years' senior experience within PHE, DH, the NHS and Local Government, I would very much welcome the opportunity to share my experience and knowledge and to learn about and promote current innovative practice across the UK.

Put simply: I have a breadth of experience, which puts me in an informed position to provide some of the analysis and leadership required as a faculty board member, whilst staying grounded by my understanding of the realities of local practice.

As a strong advocate for multi-disciplinary public health, having started in health promotion specialist practice, and following 10 years 'on the job training' I was appointed as one of the first non-medical DPH - I will continue to strive for equivalence of opportunity and value. I also recognise the contribution of people who have community public health roles; and without their wider reach into those communities, we couldn't deliver - working in partnerships is the cornerstone of my practice.

Always an advocate for addressing health inequalities - the reason I started working in public health - I would continue to make this a priority as a board member. My current role is as a Public Health Consultant in the Health and Justice Team at PHE in which I work on the challenging health and social care needs of people in the justice system, builds on my previous experience in the Health Inequalities National Support Team, DH.

I would be honoured to be able to use my breadth of experience to support the current and future of public health practice.

## **John Newton FFPH**

### **Director of Health Improvement, Public Health England**

We in public health are used to change and recognise the opportunities it brings. Even for us however recent times have been unsettling with really significant realignment and relocation of public health capacity and capability. Five years on from implementation of the 2012 Act it is time for consolidation and co-operation across public health to ensure that our skills and experience shape the future as they have shaped the past.

The Faculty plays a vital role in supporting us in our work through professional leadership, setting standards and its multiple roles in education. Our voice is louder and more effective when we speak together and when our message is rooted in the best science and the experience of real world policy and delivery. The Faculty has an important convening role in bringing us together across the UK with partners to articulate these messages.

I have been a Regional DPH, Director of R&D in NHS Trusts and Chief Executive of a charity (UK Biobank). Now a senior Director at Public Health England (PHE) I would strengthen links between the Faculty and PHE. I am also a passionate advocate of academic and service public health partnerships and would seek to bring those communities closer together for mutual benefit. The future of public health relies on the quality and fit of its workforce in relation to the tasks required and that has to be a priority for all of us in the next five years.

The current challenges of persistent health inequalities, stalling life expectancy and rising burden of multi-morbidity in all parts of the UK require a whole system response. The Faculty is well placed to develop a collective vision for a data and evidence driven approach to public health that has credibility and impact across all sectors.

## **Chris Packham FFPH**

### **Associate Medical Director, Nottinghamshire Healthcare NHS Foundation Trust**

In 2016, you elected me to represent you – I promised to focus on the role, value and importance of Specialist Public Health in the NHS. I believe I have made real progress there. As part of my role as chair of the Health Services Committee, we have successfully gained endorsement of the NHS Prevention Board and the Academy of Royal Colleges, and worked closely with Public Health England, to champion the prevention role of NHS organisations (especially Provider Trusts) but also the core role Public Health Specialists should play in supporting that work. We have been successful in developing the idea that NHS provider trusts are good places to learn some of the skills required of public health specialists and such trusts value public health even more as a result.

I firmly believe that Members and Fellows of our Faculty have a unique and critical role in making the NHS work to improve the health of the public and contribute to quality patient care. Whilst not as fundamental as some of the work on wider determinants, health and care interventions can make a huge marginal difference to health and health inequalities, and public health specialists are core in that aim.

We have made progress but there is more to do before we have prevention *and* public health embedded back in the NHS. As an Associate Medical Director in an NHS Trust, practising GP, and joint (with our DPH) prevention lead for our local Integrated Care System, I feel I have the current experience to help the Faculty and its Board embrace current NHS culture and thinking on the ground and support the crucial (as I see it) role of Public Health Specialists in that work including their contribution to Population Health Management.