



Election of FPH Vice President

Ballot information

Nominations

We are very pleased to announce that four nominations have been received for the post of FPH Vice President. The candidates, in alphabetical order, are:

- Andy Beckingham FFPH
- Julie Cavanagh FFPH
- John Newton FFPH
- Sally Pearson 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 11 March 2019 and close on Monday 15 April 2019 at 5pm.

The ballot is to be run by Electoral Reform Services (ERS), with voting papers despatched on 11 March. 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 - 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 should not have internet access.

If you do not receive your ballot papers either by email or post by Monday 18 March, please contact Caroline Wren (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

If you have any questions in relation to the election, please contact either Maggie Rae, FPH Registrar (registrar@fph.org.uk) or Caroline Wren (carolinewren@fph.org.uk, telephone 020 3696 1464).

27 February 2019



FACULTY OF
PUBLIC HEALTH

ELECTION OF FPH VICE PRESIDENT

Candidate information and statements in alphabetical order

Andy Beckingham FFPH

Independent Consultant in Public Health

I've been a Consultant for fifteen years and was a DPH, passionate about reducing health inequalities by action on the economic and social determinants of health. I've also always been outspoken in supporting our workforce. As VP I would commit to helping make the Faculty and our profession a leading voice on inequalities. I have a record of taking effective action and since 2010 I have worked largely in or with low- and medium income countries, where I developed effective policies, strategies, legislation, curriculum and innovations that various governments have used for health improvement. As an example, I co-designed a new profession with Dr Evita Fernandez that was a significant influence on the Indian Government's recent decision to adopt it to improve maternal health outcomes for their billion-plus population.

This decade is crucial in terms of whether governments and societies take action on climate, nationalism, gender inequality, and the communities' mental and physical health. We're faced with the prospect of widening gaps in the UK's 'health gap' and growing world burdens of non-communicable disease. UK Public Health has huge potential to advocate for national and global health action. So now is the time for our Faculty to seriously challenge governments to reduce health inequalities on a massive scale, and to show how.

In low-income countries, I've seen enormous populations with the most desperate health problems, resulting from how we choose to organise global society. But there I was also told how highly UK Public Health is respected and how our advice would be welcome. As a profession, we could step into a major role advocating and driving evidence-based action against escalating poverty, debt and non-communicable disease. As VP I'd support our Faculty and profession to have effective national and global impact. I'm seeking your vote to that end.

Julie Cavanagh FFPH

Consultant in Public Health Medicine, NHS Tayside Convenor of FPH in Scotland

The art and science of public health practice surely encompasses the broadest scope of any professional function. Since its foundation FPH has faced a challenging journey to fully realise the benefits of multidisciplinary membership, by supporting the highest possible standards of professional practice for all. Notwithstanding our diversity, FPH members remain united in our passion for improved public health, and to strive for strong quality assurance of our varied and complex services.

The ever-changing circumstances in which the public health function is delivered remain challenging for FPH. I am committed to working through FPH to bolster our resilience as a public health function working in the variously designed public sector services across the UK, in research and educational establishments, within the independent and private sectors, and beyond.

We are at our best in FPH when we share expertise and organisational skills to achieve real change in public health, through our paid work and professional interests. I strongly support further FPH development in this area - progress to date is evidenced on our website, but there is so much more we can do working together as FPH staff, members and officers. I believe huge opportunities can be realised through our shared expertise, commitment and passion for public health.

Our membership-based organisation has limited access to alternative sources of funding. Especially during the austerity policies of recent years, I have sympathised with members' concerns regarding subscription and fees – I support continued strict and ethical stewardship of our pooled investment in FPH to achieve our shared goals.

I am proud of my part in the FPH journey, from 1986 as a Trainee Member, through many FPH roles, and currently, as Convenor of FPH in Scotland. I would be greatly honoured to serve as Vice-President of FPH through the support of members.

John Newton FFPH

Director of Health Improvement, Public Health England

We are used to change and recognise the opportunities it brings. Even for us however recent times have been unsettling with significant realignment and relocation of public health capacity and capability in all parts of the UK. It is now 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 also has a crucial convening role in bringing the public health community together across the UK to articulate key public health 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 bring considerable experience of strategic leadership, management and communication to bear in this role and to support the newly elected President. I would seek to ensure that the Faculty continues to promote the vital contribution made by public health specialists locally and nationally across the UK. Having also worked as an academic I would like to help the Faculty build closer links between academic and service public health.

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 articulate a data and evidence driven approach to public health that has credibility and impact across all sectors.

Sally Pearson FFPH

Responsible Officer, NHS Resolution Chair, South West Clinical Senate, NHS England

Once again changes in the national landscape create a platform for the Faculty to play a key role in improving the health and wellbeing of local communities and national populations. Members of the Faculty will be exploiting the opportunities afforded by the commitment to place based networks of care, strengthened initiatives for prevention and health inequalities and improved outcomes, set out in the NHS Long Term Plan. The Faculty needs to be ready and able to advocate for successful approaches by raising their profile with key audiences and using them to influence the development of public health policy which is nurturing and supportive of our work as public health professionals.

I have long recognised the unique potential of the Faculty but until recently have had limited opportunity to commit the time to it that I believe it deserves. A recent change to a more portfolio career means that I have the skills, experience, networks and now time to make a real difference.

I have 25 years' experience of working in senior public health leadership roles in both a commissioning and provider environment. I now utilise my public health skills as the chair of the South West Clinical Senate and as the Responsible Officer for NHS Resolution, giving me access to networks at both a regional and national level.

As a past Local Board Member, Faculty Adviser and contributor to a number of the Faculty's Working Groups, I have a good understanding of how the Faculty works and the particular challenges of reconciling the expectations of the membership with the resources we have available. Strategically we will need to focus our efforts in those areas where we can have most impact and think of imaginative ways to harness and utilise the wealth of knowledge, skills and networks across our membership.