



UKPHR

Public Health Register

Protecting the public – improving practice

UKPHR's ANNUAL REPORT 2017-18

Powering forward:

Public health championing prevention in health and social care in the UK



Annual Report 2017-18: foreword

Andrew Jones, UKPHR Chair



Completing my first year as Chair of UKPHR and its Board I, am struck by how impactful our organisation is within the public health system – and how compact we are in terms of our available resources!

It is a privilege to be leading such a significant organisation, and I feel so honoured to be asking you please to read UKPHR's Annual Report for the past year, including my own Annual Report as Chair.

A long time ago, I became registrant number one on UKPHR's register of public health specialists - so it is all the more satisfying for me to be "coming home" as the register's leader.

For such a small organisation, we have taken on a range of big challenges, including the three projects expanded on in this Annual Report: revalidation for registrants, a new portfolio assessment route for specialist registrants and a first 5-years' review of practitioner registration.

The Board of UKPHR is very conscious that the day job of the organisation must still be carried out effectively even through such a period of great challenges. We took the decision to include in this year's Annual Report, for the first time, an Annual Report from the Board's Audit & Risk Committee with a view to giving stakeholders reassurance that we continue to be focused on the essentials of our reason for existing as a register.

As an organisation, we are rewarded for our work by tremendous support from the public health professionals who register with us, their employers and the broader public health system. I experienced this support first-hand when I met Public Health England's Chief Executive, Duncan Selbie earlier this year.

All of us recognise, I believe, that the purpose of registration is to provide the public with protection from harm from unregulated practice and provide the public and all stakeholders with assurance of the competence of those public health professionals who are registered.

I hope you find this Annual Report helpful and interesting. I shall expand on our achievements and challenges when I address our Annual Meeting on 27 September 2018. You are welcome to attend the Annual Meeting and we will publicise the proceedings widely afterwards.

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Annual Report 2017-18:

Chair's Report

Andrew Jones, UKPHR Chair



This has been my first year as Chair of UKPHR and its Board and I am tremendously honoured to hold this office in such a significant organisation and at such an exhilarating time. Fifteen years ago, I was very proud to become the first registrant on UKPHR's register of public health specialists. Professional registration remains a high personal priority for me and having supported the register in various roles, I was equally proud to be nominated and accepted as the register's leader. This is an important and historic period in the life of our professional register and I am committed to working with registrants, stakeholders and our public to continue to develop and implement our key priorities focussed on protecting the public.

Last year, we made a change to our governance rules. Going forward, our processes for the appointment of future Board members, will require us to ensure that the majority of the Board membership is comprised of lay members. Pending the first appointments following the introduction of the rule change, six (6) of our twelve (12) Board members are from a lay background.

We have again this year experienced a range of challenges, some fuelled by the wider fiscal challenges associated with austerity. For example, the ongoing impact of cuts to public health funding has put pressure on services and on our registrants. However, there have also been positive achievements and I am delighted that we have made progress in many areas of UKPHR's activities. I have been particularly pleased to see the register grow both in terms of number of registrants and in its reputation among public health stakeholders. I felt the latter very strongly when I met Public Health England's Chief Executive, Duncan Selbie and we discussed very constructively UKPHR's place in the wider public health system.

The Board and its committees has needed to undertake a range of work again this year. I am grateful to all Board members for their continued commitment and contribution. In particular, the Board held a very productive strategy day in January which has enabled us to continue to shape our priorities and direction for the next period.

As Chair, I am also very much involved in UKPHR's work to introduce revalidation for registrants. The General Medical Council and the Nursing & Midwifery Council have already introduced revalidation for their registrants and I firmly believe that going forward revalidation will be a crucial element of the regulation of all health and social care professionals. This represents a critical development for UKPHR and I remain personally committed to introducing revalidation for the public health workforce within a suitable time period.

Similarly, as Chair I have valued being very much involved in the introduction of the new equivalence portfolio assessment route for registration of public health specialists. This is a very complex project and I am deeply impressed by the commitment and skill shown by our paid staff and the volunteer members of our implementation group who are working so hard to bring in the new route on time and with the required level of coherence. During

discussions over the recent months, I have heard the discussions in relation to ensuring a consistent and equivalent approach to competencies. I remain confident that the rigorous process being undertaken, including involving key stakeholders at all stages, will ensure that this is appropriately realised.

A first full review of practitioner registration was already under way when I took up my post as Chair. I have been witness to the boundless energy and expertise of the members of the task & finish group, who have left no stone unturned in their quest to make practitioner registration as relevant, as procedurally smooth and as future-proof as possible. My personal thanks go to all who have and continue to participate in this work and similarly to all those who undertake, with such enthusiasm and commitment, roles in the co-ordination, assessment, verification and moderation of practitioner schemes across the UK. I was privileged to attend and present registration certificates at our Practitioner Conference in Birmingham last November. This left me in no doubt as to the importance of and very positive benefit of practitioner registration, both to registrants and our public health practice as a whole.

My day job is in the Public Health system in Wales and as such, it comes naturally to me to keep a watchful eye to ensure that UKPHR is true to its mission of providing a regulatory home for all the core public health workforce across our devolved nations in the UK. During the past year, as well as contact with colleagues in Wales, the Chief Executive and I have visited Northern Ireland for talks with a number of stakeholders. My Vice Chair, Viv Speller, chaired a day's meeting of our Consultative Forum in Glasgow. Our Chief Executive has attended meetings across England. I am confident that UKPHR is performing its UK-wide role appropriately and with due regard to the differences in public health practice in the four nations.

It has been pleasing to me to see the growing body of opinion and publications in which the importance of registration of the core public health workforce has been recognised. The Professional Standards Authority, which accredits UKPHR under a statutory scheme, has produced *Regulation rethought*, which argues for a more central role for accredited registers.¹

In the Department of Health's subsequent consultation on reform of regulation of healthcare professionals², the Department argued that:

This consultation considers what reforms are needed across the UK healthcare regulatory system in order to support workforce development while maximising public protection in a more efficient way.

UKPHR has responded to the consultation and put forward how we see this very much as a priority on our agenda already.

The Faculty of Public Health has worked through the past year to develop for publication its new workforce strategy for the UK's public health workforce. At the same time, the Standing Group on Local Public Health Teams has been working on the publication of *Employer*

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/regulation-rethought.pdf?sfvrsn=e9507120_0

² Promoting professionalism, reforming regulation
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655794/Regulatory_Reform_Consultation_Document.pdf

standards for public health teams in England. I was pleased to see ringing endorsements of registration for public health professionals in both publications.

UKPHR continues to be very active in the deliberations that lead to developments such as these, and there are two other work streams I wish to highlight in which UKPHR has been a significant contributor. The first is the *Consensus Statement on Placements in the Public Health System: Career Mobility in Action*. Whilst Public Health England has led on this project, the product has relevance across the UK.

The second is the development of a first *Public Health Practitioner Apprenticeship*. This demonstrates how the public health system needs to work with many partners across health and social care and across society at large.

Developments such as the ones I have highlighted here demonstrate a readiness and a willingness of UKPHR to fulfil our partnership mission in the best interest of improving the public's health and wellbeing and reducing inequalities.

I wish to end my summary with a sincere 'Diolch / Thank you' to the small group of UKPHR staff who support the activities and responsibilities of the register. I have experienced both as a registrant and as Chair, the dedication, care and commitment with which they undertake their duties.

I am confident that UKPHR will continue to mature both as an organisation and as a professional register and I look forward to continuing to work with you all as we continue to move forward.

Annual Report 2017-18:

Registrar's report

Professor Zafar Iqbal, UKPHR Registrar



The past year has seen a continued steady growth in registrant numbers. This continues a trend that has been consistently upwards for three years.

During the past three years, UKPHR has been working hard on three major projects: the introduction of revalidation, a new equivalence portfolio assessment route for public health specialists to replace RSS and defined specialist routes next year, and a first full review of practitioner registration. I am very impressed by UKPHR's small team of paid staff and their skill and determination in continuing to manage successfully our registration services while also dealing with these three major developments.

I am also grateful to all Board members for the unwavering support they have given me in providing the resources both for running the registration services and for developing UKPHR's revalidation scheme. I am convinced that over time the introduction of revalidation will be seen as an important turning point in UKPHR's history. Increasingly, revalidation is being accepted as a vital component in the regulation of health and social care professionals, including public health professionals. There are robust standards and checks in place for the entry of professionals into regulation, and today revalidation is seen as a key requirement, alongside demanding standards for Continuing Professional Development (CPD), for ensuring that registered professionals maintain and enhance their competence during their careers.

The Registration Panel continued to meet monthly in discharge of its duties in relation to recommending specialists, specialty registrars and practitioners for registration. I have first-hand experience of listening to the thorough debate that accompanies the discharge of these duties by Panel members. In 2017-18, meetings of the Registration Panel were chaired by Sue Lloyd, who is the Registration Panel's Chair, and by Vicki Taylor and Kathy Elliott, her two Vice-Chairs. I am grateful to all three of them for their diligence.

One of my roles is to chair the Registration Approvals Committee, which meets monthly to consider recommendations received from the Registration Panel and to admit applicants to the register. This year, I was pleased to commence a dialogue in the Committee about UKPHR's future arrangements for Quality Assurance as we embrace the changes that will flow from the three projects I have mentioned. I am grateful to my fellow members of the Committee for their unstinting hard work and their attention to detail.

I am indebted to Lead Moderator, Cerilan Rogers, and her team of Moderators for all the work they have carried out during the year in carrying out, maintaining and developing UKPHR's existing Quality Assurance arrangements. I know from my involvement that our Moderators provide great support across all registration categories and that assessors, practitioner registration scheme coordinators and verifiers all benefit from their support and advice.

The 2017-2018 registration statistics for UKPHR were as follows:

	31 st March 2017	31 st March 2018
Total No of Registrants	1070	1202
Of which		
Specialists	772	825
Specialty Registrar	3	8
Practitioners	295	369

Fig 1. The table above illustrates the total number of registrants registered to-date on 31st March 2017 and 31st March 2018 and a breakdown of total number of Specialists, Specialty Registrars and Practitioners registered up until those dates.

Fig 2. The table below displays the total number of new registrants between the dates 1st April 2017 – 31st March 2018 alongside a breakdown of total number of newly registered Specialists, Specialty Registrars and Practitioners.

Total No of new registrants in 2017-2018	132
Of which	
Specialists	53
Specialty Registrar	5
Practitioners	74

I was pleased that UKPHR and the Faculty of Public Health were able to respond jointly to Public Health England's Recommendation (in its 2016 Fit for the future report on the future of England's public health workforce) which asked our two organisations to examine whether there was a case for developing a fast-track or conversion course for some aspiring Directors of Public Health. After considerable research and consultation, we jointly concluded that there was not a demand nor a need for such a course but we did usefully point out the existing flexibilities that exist, and which are not well known. We also made recommendations more broadly about future developments of the public health workforce and the need for appropriate careers advice.

The register's accreditation was once again renewed by the Professional Standards Authority this year, which is a testament to UKPHR's commitment to, and practice of, "right touch" regulation and protection of the public. In 2017-18, UKPHR recruited new Moderators, introduced Conditions of Registration 2018 and produced a first Audit & Risk Annual Report.

In 2017-2018 no matters were referred to the register's Fitness to Practise Panel for consideration. During the year, we made clear that for registrants in employment whose registration is lapsed and not restored promptly, UKPHR will notify the employers of such lapses because this is an important matter of public protection.

I would wish to express my sincere thanks to all those who have given their time so generously to support me in my work as Registrar. I would also wish to extend my thanks to the staff of UKPHR for the many ways in which they support me and UKPHR's registration services with such professional care and attention.

Moderator's annual report

2017-18

This report on the moderation of assessment, an important element of the UKPHR's quality assurance process, covers the period April 2017 to end of March 2018. During this period, the moderation team consisted of Cerilan Rogers (lead moderator), Judith Hooper (specialist registration), Carole Wood (specialist and practitioner registration) and Ros Dunkley, Alyson Learmonth and Kate Lees (practitioner registration).

The lead moderator returned in January 2018 following a period of illness. Another moderator, Jan Yates, was recruited in March 2018 and will begin as a moderator for practitioner registration following induction; she will train as a moderator for specialist registration later in the year. Ros Dunkley retired as a moderator at the end of this period and will be greatly missed by all involved in practitioner registration.

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

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

Moderators attended, either in person or by telephone, all UKPHR Registration Panel meetings during this period. Their views were sought and considered at and between meetings. The moderators regularly discussed issues and shared moderation reports amongst themselves to ensure consistency within the team. Overall, there were no major concerns with the quality of assessments undertaken for specialist and practitioner registration.

The moderation team contributed to the general work of UKPHR, including various working groups: Routes to Registration (specialist), Fit For The Future and the Practitioner Registration Task and Finish Group and its three sub-groups. Both specialist moderators are involved with the implementation of the new route for Specialist Registration by Portfolio Assessment, with Judith Hooper chairing the Implementation Group. The Review of Practitioner Registration is ongoing, but it is expected that the practitioner moderators will be fully involved in the implementation of any recommendations accepted by the Board.

The workload of the moderation team continued to be manageable and did not result in delays in the provision of support to local practitioner registration schemes. The capacity and sustainability of the moderation team remained under constant scrutiny and the moderation team discussed these issues regularly and advised the Registrar and Chief Executive on the need for recruitment when necessary.

The challenge for the moderation team over the coming year will be to provide support for the old and new routes for specialist registration during the period of transition from one to the other. This will also be true for practitioner registration if and when the Board approve recommendations from the Practitioner Registration Task and Finish Group.

Moderation of assessment for specialist registration

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

Seven specialist portfolios were moderated during this period, mainly at the request of the Registration Panel. The specialist moderators scrutinised all assessment proforma for the reasons given by assessors for the acceptance of all 'higher level' claims and for clarifications and resubmissions, as part of the Registration Panel process. Good assessment practice was discussed at all panels. The assessment process was found overall to be rigorous, fair and consistent.

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

Support for assessment for specialist registration

The specialist moderators provided training for specialist assessors, which resulted in 5 individuals successfully completing specialist assessor training, a valuable addition to the current pool of assessors.

Despite the hard work of assessors, waiting times for assessment remained longer than desired, although there was improvement towards the end of the year. The Register's contact with assessors has improved and staff monitored the throughput of portfolios closely. Checklists for applicants, assessors and office staff, when reviewing portfolios, were produced.

Attendance at an assessor development session (and at least one Registration Panel meeting) every 18 months is a requirement for remaining a specialist assessor with the UKPHR. Two development sessions were provided during this period. A 'Tips for Assessors' document, drawing on issues raised at such sessions, was produced, as was 'Supporting Information for Defined Specialist Registration Applicants', to supplement UKPHR Guidance.

Practitioner assessment and registration schemes

Local scheme coordinators are pivotal in the quality assurance of practitioner registration; the moderation team provided telephone and email support to them on request throughout the year. Moderators participated, when available, in the regular national teleconferences of scheme coordinators. A moderator attended and contributed to the annual UKPHR Public Health Practitioner Conference.

Other support to schemes during the year included:

- Practitioner introductory days (7)
- Assessor training (11)
- Verifier training (5)
- Assessor/verifier updates (8)
- Verification panels (38)
- Moderation of assessments (21).

There were 12 schemes, of varying size and length of time in operation, across the UK during this period, including the local authority based Bradford pilot in Yorkshire and Humber. Following Health Education England's decision to support practitioner registration across all English regions, North West England and Yorkshire and Humber are developing new schemes, alongside the existing scheme in the North East of England. Discussions about ways the three schemes can share resources and support each other are under way. A new London scheme now covers the whole of London, following the previous pilot. The East Midlands scheme is due to be revived shortly. The scheme in Scotland has expanded to include applicants from across Scotland. Moderators assisted in the development of the schemes as required.

Acknowledgements

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

The lead moderator would like to thank everyone involved with specialist and practitioner registration, and particularly her fellow moderators, for their encouragement and support throughout her illness and on her return.

Practitioner registration 2017-18

Pavenpreet Kaur Sull, Registration Services Manager



I am pleased to report that practitioner registration continues to grow and progress across the UK. This year, the Scottish Board's scheme received support from across Scotland and the Pan-London scheme was formally established. There was a significant announcement by Health Education England of support for practitioner development which led to, after the close of the Financial Year under consideration, new schemes for North West England and Yorkshire & Humber and the revival of the East Midlands scheme. Our Chair and Chief Executive travelled to Northern Ireland to examine whether a practitioner registration scheme could be set up there.

UKPHR and all the schemes' coordinators meet regularly and minutes of the meetings are published. Schemes, and especially scheme coordinators, operate a devolved system of practitioner registration. UKPHR is very grateful to coordinators and all the volunteer assessors, mentors and verifiers that they recruit locally and who help make a success of practitioner registration. It is one of the great strengths of local schemes that they are able to draw on a variety of stakeholders to help manage, fund and operate practitioner development and practitioner registration in their localities.

As I explained last year, UKPHR established a task & finish group in 2016 to review practitioner registration. This has been the first UK-wide review of practitioner registration since we began operating practitioner registration in 2011. We felt that the time was right to learn the lessons of our first 5 years' operating practitioner registration. We and the task & finish group were greatly assisted by the late Allison Thorpe, who carried out research for us and produced a report which very strongly highlighted the areas needing attention. The review has also been timely because of other developments in practitioner development since 2011, most significant of which being Claire Cotter's work to revise the Public Health Skills & Knowledge Framework. We have felt that it would be very important, not just for practitioner registration but for the public health system as a whole, for the outcome of our review to embrace the direction of travel set by the revised Framework.

The task & finish group worked very hard during 2017-18. It delivered its final report, containing its numerous, clear-sighted recommendations, to UKPHR just after the end of the Financial Year under consideration but I can confirm that major work on implementation of the recommendations is now under way.

The eighth Annual Practitioners' Conference, held at Birmingham on 15th November 2017, focused on the value of practitioner registrants maintaining their competence after having secured registration. It was pleasing to welcome Professor John Middleton, President of the UK Faculty of Public Health, to give the keynote address in which he was passionate in his support of the practitioner workforce and the great value of their public health practice.





Key messages from participants (attendance reached 100 for the first time) included:

- There is a wide range of high-quality good practice that assessors and verifiers see in practitioners' portfolios;
- The ethical dimension of public health practice needs to be highlighted more consistently;
- Reflective practice provides a tool for practitioners themselves, and their managers, to help improve the quality of public health practice.

We carry out selective audits of practitioners' CPD records every year. We are guided by the intelligence we receive and our own experiences in deciding the volume of auditing that is required each year. From the results of past years' auditing, we are satisfied that practitioner registrants understand their obligations and are conscientiously maintaining their competence after achieving registration by participating appropriately in CPD activity and reflective writing.

We welcomed the Faculty of Public Health introduction of a new category of Faculty membership for public health practitioners. We support the concept of all members of the core public health workforce being appropriately regulated and having access to membership of and representation by an appropriate professional body.

Currently, we are in the process of introducing revalidation for registrants in place of our existing 5-yearly re-registration process. We will start first with specialist registrants but afterwards we will extend revalidation to practitioner registrants.

I would like to thank all practitioner registrants, practitioners working towards registration, assessors and verifiers, mentors and all coordinators and their support networks, including management bodies, for their support and co-operation in all aspects of our work to ensure a robust and devolved practitioner registration process.

Total number of registered public health practitioners by scheme at end of 17-18 year:

	31 March 2018	31 March 2017
East Midlands	6	1
East of England	18	12
Kent, Surrey & Sussex	78	69
London Pilot	14	14
Thames Valley	24*	21*
Public Health Wales	32	26
Wessex	69*	57*
North East	11	10
West Midlands	59	49
South West	28	23
Scottish Boards	37	22
TOTALS	364	295

** both schemes involved in 9 registrations*

Powering forward:

Public health championing prevention in health and social care
in the UK

David Kidney, Chief Executive



There is now a powerful coalition promoting prevention as a front-line approach to improving health and wellbeing and reducing inequalities for all UK citizens.

The public health community itself, core public health workforce included, is united in its determination to highlight and tackle the wider determinants of health. Applying best-available evidence and cost-effective interventions, we combine to deliver successes across the public health spectrum: health improvement, health protection, healthcare public health, surveillance and intelligence.

Some successes are increasingly spectacular. In the U.K., 15.1 per cent of people aged 18 and above smoked cigarettes in 2017. Back in 2011, the proportion was 20 per cent. Most of today's smokers want to quit - six in every 10 according to the Office of National Statistics. It feels realistic to envision a completely smoke-free future for our four nations.

Teenage pregnancies are down to a record low. The overall conception rate in England and Wales in 2016 was 60 per cent below the rate in 1998.

Not all is rosy in the public's health and wellbeing, however. Harm caused by alcohol and drugs remains stubbornly high, obesity, especially child obesity, is at crisis levels and a worrying increase in sexually transmitted infections has been detected.

Public health teams will rise to these challenges, but we need, and would welcome the support of others in order to be successful.

Help from politicians, in rhetoric, policy-development and funding. It was wrong, in England, to cut the ring-fenced public health funding for local authorities during one Financial Year and to continue those cuts into subsequent years.

Help from our very enthusiastic colleagues in the wider workforce. Millions of workers, most in paid work but a significant proportion of unpaid careers, contribute to and magnify the effort of our work. We need mainstreaming of systems like MECC (Making Every Contact Count) to ensure that a public health prevention approach is central to all this work.

Help from the NHS, a superb institution this year celebrating its 70th anniversary. As our citizens live longer lives, increasingly with longer-term conditions, it is evident that a healthcare system designed seventy years ago must adapt to meet modern and foreseeable future demands. In the world of public health, we know that one essential modernisation is to put prevention at the heart of all we do. And whilst we need the NHS to partner us in doing this, we also need the support of social care services, wider services (including housing, planning and transport) and the support of communities and individual citizens.

The core public health workforce is up for the debate about what prevention services should look like and who will lead. Public health specialists are regulated professionals trained in necessary competences for what needs to be a more population based approach. They possess key skills in analysis, evaluation of evidence and options, leadership and strategy, to name a few.

The key route through which we replenish and replace specialists is the Specialty Training Programme. A high calibre, multidisciplinary leadership cadre of the future is recruited and trained with great care to augment the work of today's specialists. These Specialty Registrars are eligible for registration by UKPHR during their training.

UKPHR also registers public health specialists by a portfolio assessment route, although this route is undergoing considerable change currently.

The vast proportion of the core public health workforce comprises a wide variety of public health practitioners, working in hugely diverse jobs and settings. Many are front-line delivery agents, some working with individuals, some working with communities. Practitioners have management responsibilities and commissioning roles. UKPHR registers public health practitioners and our message to their employers and to their service users is that registration provides an assurance of competence in the interest of public protection.

So we say that the core public health workforce is powering forward in meeting its objectives for improving health and wellbeing and reducing inequalities. We argue that this valuable workforce is capable of much more if it can be plugged into a joined-up prevention approach across health social care.

And this year, "powering forward" also describes our own situation as a public health organisation and as a regulator.

Revalidation for the General Medical Council's registrants has been introduced by statute, applied, evaluated and refined. Revalidation has also been introduced by the Nursing and Midwifery Council, although this scheme is non-statutory. What we intend at UKPHR is to introduce revalidation for all registrants, having learned lessons from these earlier schemes. We are convinced that revalidation represents a vital element of assuring the ongoing maintenance and enhancement of registrants. We expect that more and more regulators will follow suit. We have piloted our revalidation requirements and we are now getting ready to bring in revalidation and phase out its fore-runner, our five-yearly re-registration.

Over two years, we will bring in a new equivalence route for public health specialists by way of portfolio assessment and in doing so, we will phase out the two existing portfolio assessment routes for public health specialists: RSS (Recognition of Specialist Status) and defined specialist.

During 2018, a task and finish group completed the first review of UKPHR's practitioner registration. A lot has happened in the public health world since we introduced practitioner registration. This is our opportunity to learn the lessons of early-years' operation, align with the revised Public Health Skills and Knowledge Framework and plan for further developments, such as digital services and the first Public Health Apprenticeship. As our Board and wider stakeholders begin to consider the group's recommendations, UKPHR would wish to record its debt and gratitude to all the members of the task and finish group.



Audit and risk annual report 2017-2018

Audit and risk committee

Purpose

The purpose of the Audit and Risk Committee's Annual Report is to account to the Board for its work during the previous year, provide information and statistics for the Board's use and to highlight issues that it feels the Board will need to attend to during the forthcoming year.

The Board tasks the Committee with providing effective internal audit and to analyse business processes, procedures and activities. The aim is to highlight problems and recommend solutions.

The Committee's activities 2017-18

The Committee held the following meetings during the year:

20 January 2017

The Committee:

- Revised the **Business Plan** and **Risk Matrix** in line with decisions made by the Board following the Board's Strategy Day on 22/11/2016.
- Considered the arrangements for a new, additional **IUHPE-accredited register** of health promotion practitioners.

21 April 2017

The Committee:

- Studied **Professional Standards Authority's seven learning points** and made suggestions to the Board for how these should be addressed.
- Discussed how the Board might introduce **horizon scanning**.
- Recommended changes to the language of the Business Plan and the **Communications** Strategy to make the language of both consistent.
- Agreed to develop further UKPHR's **sustainable development** policy.
- Recommended to the Board development of a **separate risk register** for the new IUHPE-accredited register.
- Asked the Chief Executive for options for holding and investing **UKPHR's reserves**.
- Instigated development of a more detailed **scheme of delegation**.

02 August 2017

The Committee:

- Requested from the Chief Executive a draft paper for consideration on linking **financial decisions** to objectives and assessing competing priorities.
- Agreed arrangements for producing for the Board an **Annual Report** of its activities.
- Reviewed UKPHR's arrangements for introducing **revalidation**, including staffing levels, and made changes to the Risk Matrix to reflect specific risks.
- Considered a draft **Business Continuity Plan** and suggested amendments.
- Re-drafted UKPHR's **risk management statement**.

26 October 2017

The Committee:

- Discussed UKPHR's arrangements for **cyber security** and recommended further steps to be taken.
- Considered staffing matters including **succession planning** and continuing professional development.
- Asked for work to be undertaken towards achieving a **workplace wellbeing** charter.
- Amended the Risk Matrix in relation to **routes to registration for specialists** and increases in PSA's renewal fees.
- Directed the Chief Executive to provide **budget reports** which linked spending plans to Business Plan objectives.

Themes

Business planning

As is to be expected, a key focus for the Committee has been to ensure that UKPHR's:

- **Business Plan** accurately sets out the organisation's business objectives and that those objectives are appropriate; and
- **Risk Matrix** accurately sets out the organisation's key risks, rates them relatively, describes how they are managed and indicates what actions UKPHR should be taking to reduce those risks.

The Committee is confident that UKPHR's Business Plan 2017-19 is fit for purpose, the objectives there set out are sound and the actions there described for meeting the objectives are sensible and are being taken. The Committee is confident that UKPHR's Risk Matrix is fit for purpose, accurately states and rates the key risks facing the organisation and is up to date in describing how risks are managed and the actions being taken to reduce those risks.

During the year, a new IUHPE-accredited register for health promotion practitioners was opened. The Committee developed a risk register specifically for the new register. The Committee's rationale for developing a separate risk register (rather than amending and expanding UKPHR's Risk Matrix) is that individual projects ought to have their own risk registers while they are in development (when there are risks specifically associated with that development), with a view to incorporating ongoing risks into UKPHR's Risk Matrix if and when such projects are successfully integrated into the organisation's operations.

Policies and procedures

During the year, the Committee has reviewed existing policies and procedures and developed new ones.

Existing policies and procedures reviewed included:

- UKPHR's scheme of delegation was updated and expanded for publication;
- UKPHR's policy on lapsed registration and restoration to the register was further developed and republished;
- UKPHR's Business Continuity Plan;
- UKPHR's policy on sustainable development was strengthened.

New policies and procedures developed included:

- A policy to adopt language controls for applicants for registration;
- A separate risk register for the new IUHPE-accredited register, (in line with the Committee's decision to have separate risk registers for new projects);
- A policy for holding and investing reserves;
- Horizon scanning to be a standing agenda item for all future Board meetings.

Staffing

The Committee shares responsibility for staffing matters with the Remuneration Committee. During the year, the Committee considered the case for employing a fourth full-time member of staff and started to develop an organisational approach to succession planning.

Forward planning

During the year, the Committee developed the organisation's approach to horizon scanning with the result that the Board agreed to adopt a formal policy and procedure in relation to horizon scanning going forward. The Committee views this as a significant development which will in future years contribute to the greater robustness of UKPHR's planning and risk management and to the sustainability of the organisation.

In the next year, the Committee intends to improve the linkage between the Board's spending decisions and the organisation's business objectives, examine the sources and nature of UKPHR's income, and improve the reporting of financial information to Directors.

Specific points to draw to the Board’s attention

UKPHR is a small organisation carrying out activities that have huge social value, not least in protecting the public from avoidable harm in the practice of public health. UKPHR’s sole source of income is generated from its own activities, principally registration fees but some income is also derived from charging practitioner registration schemes for training of assessors and verifiers.

In 2017 additionally, a new phenomenon was receipt of management charges from two public bodies (Health Education England and Public Health England) for managing projects directly relevant to UKPHR’s objectives.

Spending is tightly managed – it needs to be – but expenditure on UKPHR’s priorities, such as introduction of revalidation and development of a new portfolio assessment route for specialists, is unavoidable. For an organisation of UKPHR’s size, developments like these are major undertakings and they carry commensurate levels of risk.

Even at the outset of these new undertakings by UKPHR, reserves were low. The Committee will keep a close eye on the situation regarding reserves during 2018 and urges the Board as a whole to give this issue their attention in 2018 also.

General comments

The Committee is authorised by the Board to investigate any activity within its terms of reference. Committee members thank the Board for its confidence in them and for its support for the Committee’s work.

The Committee is authorised to seek any information it requires from any employee and all employees are required to co-operate with any reasonable request for assistance. The Committee is grateful to the Chief Executive and his staff for their full co-operation and for their support for the Committee’s work.

The Committee is accountable to the Board. The minutes of each of its meetings are circulated to the Board.

Committee membership and attendance at meetings:

NAME	TERM END	20/01/2017	21/04/2017	02/08/2017	26/10/2017
David Evans	Sep 2020	N/A	N/A	N/A	Attended
Bob Hudson	Jul 2019	Attended	Attended	Attended	Attended
Zafar Iqbal	Mar 2020		Apologies	Attended	Apologies
Anne McMillan	Mar 2017	Apologies	N/A	N/A	N/A
Patrick Saunders	Sep 2017	Attended	Apologies	Attended	N/A
Duncan Vernon	Apr 2019	Attended	Attended	Attended	Attended

The Committee is supported by the Chief Executive and other paid staff as appropriate. The Committee may invite other persons to attend and speak at meetings but only members of the Committee may vote.

Public Health Register

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Public Health Register

Reference and Administrative Details

Trustees	Andrew Jones, Chair Viv Speller, Vice Chair Patrick Saunders (Resigned 28 September 2017) Claire Cotter (Resigned 28 September 2017) Louise Wallace Jenny Douglas Duncan Vernon Bob Hudson Karen Saunders Ruth Goldstein Ruth Freeman Susan Powell Helen King (appointed 28 September 2017) Mr David Evans (appointed 28 September 2017)
Secretary	David Kidney
Principal Office	18C The McLaren Building 46 Priory Queensway Birmingham West Midlands B4 7LR
Company Registration Number	04776439
Charity Registration Number	1162895
Independent Examiner	MCA Banbury Ltd Chartered Accountants Suite 16D The McLaren Building 46 The Priory Queensway Birmingham B4 7LR

Public Health Register

Trustees' Report

The trustees, who are directors for the purposes of company law, present the annual report together with the financial statements of the charitable company for the year ended 31 March 2018.

Registered Charity Numbers:

In England & Wales: 1162895

In Scotland: SC045877

A Company limited by Guarantee

Company Registration Number: 04776439

Trustees during the Year 01 April 2017 – 31 March 2018:

Patrick Saunders (Chair) resigned 28 September 2017

Claire Cotter (Vice Chair) resigned 28 September 2017

Jenny Douglas

David Evans (appointed 28 September 2017)

Helen King (appointed 28 September 2017)

Ruth Freeman

Ruth Goldstein

Bob Hudson

Andrew Jones (appointed as Chair 28 September 2017)

Susan Powell

Karen Saunders

Viv Speller (appointed as Vice Chair 28 September 2017)

Duncan Vernon

Louise Wallace

STRUCTURE, MANAGEMENT & RECRUITMENT OF TRUSTEES

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

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

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

Public Health Register

Trustees' Report

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

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

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

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

OBJECTIVES

The Board's vision for the Charity is:

We will protect the public and promote continuous improvement in public health practice by providing a regulatory home for the UK's public health workforce and assuring registrants' competence.

The Board's mission is:

To be a self-sustaining and effective regulator for the public health workforce.

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

1. A self-sustaining organisation
2. An effective regulator
3. An organisation reputed for integrity and influence across the UK and beyond.

The Board currently has 9 objectives, grouped under the three headings of the priorities. An example from each group is as follows:

Under 1, "Inform the Board's horizon scanning".

Under 2, "Influencing work on employers, especially to support practitioner registration".

Under 3, "Support for the public health system's development of an agile, flexible, multidisciplinary public health workforce".

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

PUBLIC BENEFIT, ACHIEVEMENTS, PERFORMANCE & REPORTING

The Charity's public benefit is the advancement of the health and wellbeing of all people in the United Kingdom. The primary purpose of maintaining the register is protection of the public from harm caused by the misconduct and/or incompetent performance of any public health registrant.

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

- Increased the total number of registrants;

Public Health Register

Trustees' Report

- Settled a scheme for revalidation of registrants every 5 years;
- Conducted a second audit of practitioner registrants' compliance with the register's continuing professional development (CPD) requirement.

The Charity's income from registration fees is reasonably predictable and is adequate for the Charity's needs. Costs are well controlled. Policies and procedures provide comprehensive coverage for the Charity's activities and they are regularly reviewed and updated. The register is published on the Charity's website and can be accessed freely by the public.

The Charity reports regularly on all aspects of its performance by means of a monthly e-bulletin to registrants, a quarterly newsletter to registrants and stakeholders and the holding of two Consultative Forums, which registrants and stakeholders are invited to attend. The Charity commits itself to consult registrants and stakeholders on all major changes and has carried out several formal consultations during the year.

FINANCIAL REVIEW

The Charity holds restricted funds.

The Charity achieved a modest surplus this year, which will be applied to augment the Charity's reserves so that they are sufficient to cover future funding requirements as the Charity's policy on reserves requires.

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

It is pleasing to report that the Charity's finances are sustainable going forward.

The Charity holds no funds as a custodian trustee.

The annual report was approved by the trustees of the charity on and signed on its behalf by:

.....
Andrew Jones
Trustee

Public Health Register

Statement of Trustees' Responsibilities

The trustees (who are also the directors of Public Health Register for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with the United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the trustees of the charity on and signed on its behalf by:

.....
Andrew Jones
Trustee

Public Health Register

Independent Examiner's Report to the trustees of Public Health Register

I report on the accounts of the charity for the year ended 31 March 2018 which are set out on pages 8 to 21 .

Respective responsibilities of trustees and examiner

The trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of ICAEW.

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

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

In addition it is also my responsibility to:

- To examine the accounts under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 ('the 2005 Act')
- To follow the requirements of Regulation 11 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

Basis of independent examiner's report

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

Public Health Register

Independent Examiner's Report to the trustees of Public Health Register

Independent examiner's statement

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

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

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

have not been met; or

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

.....
Martin Cox FCA
Chartered Accountants
ICAEW

Suite 16D
The McLaren Building
46 The Priory Queensway
Birmingham
B4 7LR

Date:.....

Public Health Register

Statement of Financial Activities for the Year Ended 31 March 2018 (Including Income and Expenditure Account and Statement of Total Recognised Gains and Losses)

	Note	Unrestricted funds £	Restricted funds £	Total 2018 £
Income and Endowments from:				
Donations and legacies	3	283,161	60,000	343,161
Investment income	4	209	-	209
Other income		<u>73,647</u>	<u>-</u>	<u>73,647</u>
Total Income		<u>357,017</u>	<u>60,000</u>	<u>417,017</u>
Expenditure on:				
Raising funds		(69,550)	-	(69,550)
Charitable activities	5	<u>(227,815)</u>	<u>(39,849)</u>	<u>(267,664)</u>
Total Expenditure		<u>(297,365)</u>	<u>(39,849)</u>	<u>(337,214)</u>
Net income		<u>59,652</u>	<u>20,151</u>	<u>79,803</u>
Net movement in funds		59,652	20,151	79,803
Reconciliation of funds				
Total funds brought forward		<u>129,029</u>	<u>-</u>	<u>129,029</u>
Total funds carried forward	15	<u><u>188,681</u></u>	<u><u>20,151</u></u>	<u><u>208,832</u></u>

Public Health Register

Statement of Financial Activities for the Year Ended 31 March 2018 (Including Income and Expenditure Account and Statement of Total Recognised Gains and Losses)

	Note	Unrestricted funds £	Total 2017 £
Income and Endowments from:			
Donations and legacies	3	209,314	209,314
Investment income	4	498	498
Other income		<u>75,566</u>	<u>75,566</u>
Total Income		<u>285,378</u>	<u>285,378</u>
Expenditure on:			
Raising funds		(60,056)	(60,056)
Charitable activities	5	<u>(218,725)</u>	<u>(218,725)</u>
Total Expenditure		<u>(278,781)</u>	<u>(278,781)</u>
Net income		<u>6,597</u>	<u>6,597</u>
Net movement in funds		6,597	6,597
Reconciliation of funds			
Total funds brought forward		<u>122,432</u>	<u>122,432</u>
Total funds carried forward	15	<u><u>129,029</u></u>	<u><u>129,029</u></u>

All of the charity's activities derive from continuing operations during the above two periods.

The funds breakdown for 2017 is shown in note 15.

Public Health Register
(Registration number: 04776439)
Balance Sheet as at 31 March 2018

	Note	2018 £	2017 £
Fixed assets			
Tangible assets	11	2,604	4,973
Current assets			
Debtors	12	39,630	2,314
Cash at bank and in hand		<u>205,225</u>	<u>124,741</u>
		244,855	127,055
Creditors: Amounts falling due within one year	13	<u>(38,627)</u>	<u>(2,999)</u>
Net current assets		<u>206,228</u>	<u>124,056</u>
Net assets		<u>208,832</u>	<u>129,029</u>
Funds of the charity:			
Restricted funds		20,151	-
Unrestricted income funds			
Unrestricted funds		<u>188,681</u>	<u>129,029</u>
Total funds	15	<u>208,832</u>	<u>129,029</u>

For the financial year ending 31 March 2018 the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the charity to obtain an audit of its accounts for the year in question in accordance with section 476; and
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements on pages 8 to 21 were approved by the trustees, and authorised for issue on and signed on their behalf by:

.....
 Andrew Jones
 Trustee

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

1 Charity status

The charity is a charity limited by guarantee and consequently does not have share capital. Each of the trustees is liable to contribute an amount not exceeding £10 towards the assets of the charity in the event of liquidation.

2 Accounting policies

Summary of significant accounting policies and key accounting estimates

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Basis of preparation

Public Health Register meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

Going concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern nor any significant areas of uncertainty that affect the carrying value of assets held by the charity.

Exemption from preparing a cash flow statement

The charity opted to early adopt Bulletin 1 published on 2 February 2016 and have therefore not included a cash flow statement in these financial statements.

Income and endowments

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of the income receivable can be measured reliably.

Donations and legacies

Donations are recognised when the charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance by the charity before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that these conditions will be fulfilled in the reporting period.

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

Investment income

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due.

Expenditure

All expenditure is recognised once there is a legal or constructive obligation to that expenditure, it is probable settlement is required and the amount can be measured reliably. All costs are allocated to the applicable expenditure heading that aggregate similar costs to that category. Where costs cannot be directly attributed to particular headings they have been allocated on a basis consistent with the use of resources, with central staff costs allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Other support costs are allocated based on the spread of staff costs.

Raising funds

These are costs incurred in attracting voluntary income, the management of investments and those incurred in trading activities that raise funds.

Governance costs

These include the costs attributable to the charity's compliance with constitutional and statutory requirements, including audit, strategic management and trustees's meetings and reimbursed expenses.

Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

Tangible fixed assets

Individual fixed assets costing £500 or more are initially recorded at cost, less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Depreciation and amortisation

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

Asset class	Depreciation method and rate
Fixtures and Fittings	25% Straight Line
Computer Equipment	25% Straight Line

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

Trade debtors

Trade debtors are amounts due from customers for merchandise sold or services performed in the ordinary course of business.

Trade debtors are recognised initially at the transaction price. They are subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for the impairment of trade debtors is established when there is objective evidence that the charity will not be able to collect all amounts due according to the original terms of the receivables.

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and call deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of change in value.

Trade creditors

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if the charity does not have an unconditional right, at the end of the reporting period, to defer settlement of the creditor for at least twelve months after the reporting date. If there is an unconditional right to defer settlement for at least twelve months after the reporting date, they are presented as non-current liabilities.

Trade creditors are recognised initially at the transaction price and subsequently measured at amortised cost using the effective interest method.

Borrowings

Interest-bearing borrowings are initially recorded at fair value, net of transaction costs. Interest-bearing borrowings are subsequently carried at amortised cost, with the difference between the proceeds, net of transaction costs, and the amount due on redemption being recognised as a charge to the Statement of Financial Activities over the period of the relevant borrowing.

Interest expense is recognised on the basis of the effective interest method and is included in interest payable and similar charges.

Borrowings are classified as current liabilities unless the charity has an unconditional right to defer settlement of the liability for at least twelve months after the reporting date.

Fund structure

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

Restricted income funds are those donated for use in a particular area or for specific purposes, the use of which is restricted to that area or purpose.

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

Pensions and other post retirement obligations

The charity operates a defined contribution pension scheme which is a pension plan under which fixed contributions are paid into a pension fund and the charity has no legal or constructive obligation to pay further contributions even if the fund does not hold sufficient assets to pay all employees the benefits relating to employee service in the current and prior periods.

Contributions to defined contribution plans are recognised in the Statement of Financial Activities when they are due. If contribution payments exceed the contribution due for service, the excess is recognised as a prepayment.

Financial instruments

Classification

Financial assets and financial liabilities are recognised when the charity becomes a party to the contractual provisions of the instrument.

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the charity after deducting all of its liabilities.

Recognition and measurement

All financial assets and liabilities are initially measured at transaction price (including transaction costs), except for those financial assets classified as at fair value through profit or loss, which are initially measured at fair value (which is normally the transaction price excluding transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a financing transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Financial assets and liabilities are only offset in the statement of financial position when, and only when there exists a legally enforceable right to set off the recognised amounts and the charity intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Financial assets are derecognised when and only when a) the contractual rights to the cash flows from the financial asset expire or are settled, b) the charity transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or c) the charity, despite having retained some, but not all, significant risks and rewards of ownership, has transferred control of the asset to another party.

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

Debt instruments

Debt instruments which meet the following conditions are subsequently measured at amortised cost using the effective interest method:

(a) The contractual return to the holder is (i) a fixed amount; (ii) a positive fixed rate or a positive variable rate; or (iii) a combination of a positive or a negative fixed rate and a positive variable rate.

(b) The contract may provide for repayments of the principal or the return to the holder (but not both) to be linked to a single relevant observable index of general price inflation of the currency in which the debt instrument is denominated, provided such links are not leveraged.

(c) The contract may provide for a determinable variation of the return to the holder during the life of the instrument, provided that (i) the new rate satisfies condition (a) and the variation is not contingent on future events other than (1) a change of a contractual variable rate; (2) to protect the holder against credit deterioration of the issuer; (3) changes in levies applied by a central bank or arising from changes in relevant taxation or law; or (ii) the new rate is a market rate of interest and satisfies condition (a).

(d) There is no contractual provision that could, by its terms, result in the holder losing the principal amount or any interest attributable to the current period or prior periods.

(e) Contractual provisions that permit the issuer to prepay a debt instrument or permit the holder to put it back to the issuer before maturity are not contingent on future events, other than to protect the holder against the credit deterioration of the issuer or a change in control of the issuer, or to protect the holder or issuer against changes in levies applied by a central bank or arising from changes in relevant taxation or law.

(f) Contractual provisions may permit the extension of the term of the debt instrument, provided that the return to the holder and any other contractual provisions applicable during the extended term satisfy the conditions of paragraphs (a) to (c).

Debt instruments that are classified as payable or receivable within one year on initial recognition and which meet the above conditions are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

With the exception of some hedging instruments, other debt instruments not meeting these conditions are measured at fair value through profit or loss.

Commitments to make and receive loans which meet the conditions mentioned above are measured at cost (which may be nil) less impairment.

Investments

Investments in non-convertible preference shares and non-puttable ordinary or preference shares (where shares are publicly traded or their fair value is reliably measurable) are measured at fair value through profit or loss. Where fair value cannot be measured reliably, investments are measured at cost less impairment.

Investments in subsidiaries and associates are measured at cost less impairment. For investments in subsidiaries acquired for consideration including the issue of shares qualifying for merger relief, cost is measured by reference to the nominal value of the shares issued plus fair value of other consideration. Any premium is ignored.

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

Derivative financial instruments

The charity uses derivative financial instruments to reduce exposure to foreign exchange risk and interest rate movements. The charity does not hold or issue derivative financial instruments for speculative purposes.

Derivatives are initially recognised at fair value at the date a derivative contract is entered into and are subsequently remeasured to their fair value at each reporting date. The resulting gain or loss is recognised in statement of financial activities immediately unless the derivative is designated and effective as a hedging instrument, in which event the timing of the recognition in statement of financial activities depends on the nature of the hedge relationship.

Fair value measurement

The best evidence of fair value is a quoted price for an identical asset in an active market. When quoted prices are unavailable, the price of a recent transaction for an identical asset provides evidence of fair value as long as there has not been a significant change in economic circumstances or a significant lapse of time since the transaction took place. If the market is not active and recent transactions of an identical asset on their own are not a good estimate of fair value, the fair value is estimated by using a valuation technique.

3 Income from donations and legacies

	Unrestricted funds	Restricted funds	Total 2018	Total 2017
	General		2018	2017
	£	£	£	£
Donations and legacies;				
Donations from companies, trusts and similar proceeds	-	60,000	60,000	-
Registration Fees	283,161	-	283,161	209,314
	<u>283,161</u>	<u>60,000</u>	<u>343,161</u>	<u>209,314</u>

4 Investment income

	Unrestricted funds	Total 2018	Total 2017
	General	2018	2017
	£	£	£
Interest receivable and similar income;			
Interest receivable on bank deposits	209	209	498
	<u>209</u>	<u>209</u>	<u>498</u>

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

5 Expenditure on charitable activities

		Unrestricted funds	Restricted funds	Total 2018	Total 2017
	Note	General £	£	£	£
Governance costs	6	227,815	39,849	267,664	218,725

6 Analysis of governance and support costs

Governance costs

		Unrestricted funds	Restricted funds	Total 2018	Total 2017
		General £	£	£	£
Staff costs					
Wages and salaries		107,295	-	107,295	102,000
Social security costs		8,320	-	8,320	7,718
Pension costs		9,709	-	9,709	7,437
Other staff costs		578	-	578	439
Independent examiner fees					
Examination of the financial statements		3,553	-	3,553	3,360
Legal fees		13,136	-	13,136	11,000
Depreciation, amortisation and other similar costs		2,369	-	2,369	1,683
Other governance costs		82,855	39,849	122,704	85,088
		227,815	39,849	267,664	218,725

7 Net incoming/outgoing resources

Net incoming resources for the year include:

	2018 £	2017 £
Depreciation of fixed assets	2,369	1,683

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

8 Staff costs

The aggregate payroll costs were as follows:

	2018 £	2017 £
Staff costs during the year were:		
Wages and salaries	107,295	102,000
Social security costs	8,320	7,718
Pension costs	9,709	7,437
Other staff costs	578	439
	<u>125,902</u>	<u>117,594</u>

No employee received emoluments of more than £60,000 during the year.

9 Independent examiner's remuneration

	2018 £	2017 £
Examination of the financial statements	<u>3,553</u>	<u>3,360</u>

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

10 Taxation

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

11 Tangible fixed assets

	Furniture and equipment £	Total £
Cost		
At 1 April 2017	9,475	9,475
At 31 March 2018	9,475	9,475
Depreciation		
At 1 April 2017	4,502	4,502
Charge for the year	2,369	2,369
At 31 March 2018	6,871	6,871
Net book value		
At 31 March 2018	2,604	2,604
At 31 March 2017	4,973	4,973

12 Debtors

	2018 £	2017 £
Trade debtors	39,630	2,314

13 Creditors: amounts falling due within one year

	2018 £	2017 £
Trade creditors	32,202	-
Other taxation and social security	3,425	-
Accruals	3,000	2,999
	38,627	2,999

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

14 Pension and other schemes

Defined contribution pension scheme

The charity operates a defined contribution pension scheme. The pension cost charge for the year represents contributions payable by the charity to the scheme and amounted to £9,709 (2017 - £7,437).

15 Funds

	Balance at 1 April 2017 £	Incoming resources £	Resources expended £	Balance at 31 March 2018 £
Unrestricted funds				
General	(129,029)	(357,017)	297,365	(188,681)
Restricted funds	<u>-</u>	<u>(60,000)</u>	<u>39,849</u>	<u>(20,151)</u>
Total funds	<u>(129,029)</u>	<u>(417,017)</u>	<u>337,214</u>	<u>(208,832)</u>
	Balance at 1 April 2016 £	Incoming resources £	Resources expended £	Balance at 31 March 2017 £
Unrestricted funds				
General	<u>(122,432)</u>	<u>(285,378)</u>	<u>278,781</u>	<u>(129,029)</u>

16 Analysis of net assets between funds

	Unrestricted funds General £	Restricted funds £	Total funds £
Tangible fixed assets	2,604	-	2,604
Current assets	192,502	52,353	244,855
Current liabilities	<u>(6,425)</u>	<u>(32,202)</u>	<u>(38,627)</u>
Total net assets	<u>188,681</u>	<u>20,151</u>	<u>208,832</u>

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

17 Analysis of net funds

	At 1 April 2017 £	Cash flow £	At 31 March 2018 £
Cash at bank and in hand	124,741	80,484	205,225
Net debt	<u>124,741</u>	<u>80,484</u>	<u>205,225</u>

Public Health Register

Notes to the Financial Statements for the Year Ended 31 March 2018

17 Analysis of net funds

	At 1 April 2017 £	Cash flow £	At 31 March 2018 £
Cash at bank and in hand	124,741	80,484	205,225
Net debt	<u>124,741</u>	<u>80,484</u>	<u>205,225</u>

Annual Report 2017-18

Forward' statue, Centenary Square, Birmingham

Raymond Mason

