



Public Health
England

October 2013

PHE News

The staff magazine for Public Health England

**Taking steps
to tackle
mental ill
health**

**News and
views from
across PHE**

A close-up portrait of Viv Bennett, a woman with long, straight blonde hair and bangs, smiling warmly. She is wearing a black turtleneck top and a small hoop earring. The background is a dark, solid color.

Viv Bennett

**Leading the way in
public health nursing**

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First word

Duncan Selbie
Chief Executive



It is increasingly widely known and accepted that mental ill health affects many people in life.

One in four of us will be affected in any one year and it is time we all started to talk about this, and to play our part in ensuring that stigma around mental illness is addressed.

I was therefore delighted to have the opportunity earlier this month to commit PHE to the new Public Health Responsibility Deal pledge on mental health at work (see <https://responsibilitydeal.dh.gov.uk/revisional-health-pledge>).

This is the first PHRD pledge we have signed up to, marking our commitment to becoming an exemplary employer in relation to the mental health and wellbeing in our own workforce.

This followed our commitment to the Time to Change movement which David Heymann signed on our behalf, adding PHE's voice to those of over 120 employers determined to tackle stigma and encourage conversations about mental health.

These pledges are important, but I know they must be followed through with real action both to promote wellbeing and to tackle the exclusion faced by people living with mental illness.

Some first steps are already being taken, including launching the Big White Wall for staff – a 24/7 online community of support and source of advice on a range of mental health issues (see www.bigwhitewall.com).

Good jobs matter for wellbeing and recovery from illness – and make a big difference to our healthy life expectancy – so I urge all staff to find out more about the pledges and keep an eye on the new Wellbeing pages on our intranet for more information and opportunities to get involved.

More on these developments can be found on p16 of this issue of *PHE News* in the new section on staff health and wellbeing.

As ever, the editorial team of *PHE News* genuinely welcomes your comments and feedback. Please send your views on this issue to news@phe.gov.uk.

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News

Are you speaking up?

PHE has now launched its first staff survey. Hopefully many of you will have already have submitted your views.

Andrew Cooper, deputy director of organisational development, said: "We want everybody in PHE to do the survey. We are interested in everybody's opinions- whether you have recently joined or you have transferred in and were working previously in one of the sender bodies into PHE.

"All views are valid and important so that we can help shape PHE into the organisation we all want it to be.

"The survey only takes about 15 minutes to complete. But I know how

time flies here – so if you haven't done it yet, how about scheduling it and putting an entry into your calendar and blocking out that time to do it?

"You choose when to do it – whether it is first thing or at lunchtime – you can decide and then you are more likely to do it. Remember it is totally confidential. Nobody will be able to tell how you have answered or what you have written."

The PHE People Survey went live on Tuesday 1 October and runs until 28 October, though any staff completing hard copies will have to return their forms in the business reply envelopes provided by 18 October.



The initial results will be available in mid-November, with directorate level results ready in December.

Staff action needed on appraisal and development process

Only 60% of the organisation has submitted a completed form to the appraisal.returns@phe.gov.uk inbox.

Appraisal is an essential element of staff development and in the opening to the guidance notes, Duncan Selbie notes that: "Appraisal is an important part of the process of supporting our staff and achieving our organisational aims.

"It is not a single annual event, it is a state of mind of continual development, seizing the opportunity to consistently live up to our collective attitudes and behaviours.

"Properly engaged with by staff at all levels it will mean we can build on our existing expertise and ensure that we are best placed, individually and organisationally, to achieve our aim of

improving the nation's health, addressing inequalities and improving the health of the poorest fastest.

"The process will develop over time. I commend it to you and expect you all to engage in a positive and meaningful way."

The mid-year appraisal meeting is upon us and all staff should be ensuring that they are aware of their progress against objectives. For those who have yet to hold any appraisal meetings this year, or complete and submit the form, then this should spur you into action.

Staff on PHE terms and conditions should also use the self-assessment tool on the Civil Service Learning (CSL) website, which is linked to the Civil Service competency framework, and this could be useful in

identifying any areas for development.

The CSL website is pan-government portal by which PHE staff can access learning and development, including specialist and generic learning and development.

There is a range of e-learning and classroom-based resources available, covering a wealth of Civil Service and leadership topics. It is also the route by which PHE commissions any specialist learning and development.

To date only 2,440 PHE staff (approx. 45%) have registered with the CSL website. Please registerw and start to meet your development needs. Details of how to register are on the Career and Development pages of the PHEnet intranet.

Awards victory for life-saving screening project

PHE's UK National Screening Committee and the NHS Newborn Blood Spot Screening Programme Team have won first prize in the "Efficiency in Clinical Support Services" category at the *Health Service Journal* Efficiency Awards.

The award was given for an IT project that helps to ensure that all newborns with problems are treated quickly.

Programme manager Christine Cavanagh said: "Winning the prestigious award was an absolute pleasure for the Newborn Blood Spot team, who have worked so hard with the NHS Sickle Cell and Thalassaemia Programme, and with colleagues at Northgate Public Services, to get the project off the ground and rolled out.

"The aim of the project is to ensure that all babies get the heel prick test at the earliest possible stage in their life, which will allow doctors to quickly identify those with problems and make sure that treatment can be started as soon as possible.

"We never had any doubt about the value of the 'Failsafe Project' and the potential it has to save and improve the lives of babies with problems, but to have this recognised at such a prestigious event is an enormous achievement.

"We hope that as a result of the award, and the widespread publicity about the system itself, that there will be an increase in uptake in trusts across the country.

"We thoroughly enjoyed the event and

were surprised to be called out as the winners. The competition from colleagues was fierce and I commend all of the fantastic work that is being done out there to improve our NHS, and the service that we offer to the public."

Meanwhile, PHE also won a "Highly Commended" award in the British Medical Association Book Awards 2013 for the publication *Communicable Disease Control and Health Protection Handbook 3rd edition*.



The project team collected the award at a ceremony in London's Park Lane

Visit to Colindale celebrates achievements of microbiologists

Richard Gleave, chief operating officer for PHE, recently visited the Colindale site to meet staff from the microbiology services' media department (pictured),

the members of which play a critical role in manufacturing microbiological growth media and managing waste from laboratories.

Staff at the site provide all media for laboratories at Colindale and also "export" products to specialist PHE laboratories throughout England.



In the past year they also supported work abroad, including providing media for isolation of vibrio cholera in Sierra Leone.

The success of the team in maintaining a high-quality service to laboratories despite some difficult challenges was celebrated by Richard and Christine McCartney with some cakes from the Colindale kitchens.

Meli Costas, microbiology services' head of media, said: "I had no idea that this visit was planned. It was a lovely surprise and much appreciated by all of my team."

First PHE annual conference a major success

PHE's first annual conference was held at Warwick University on 10-11 September.

The event brought together over 1,000 participants from local authorities, NHS, PHE and partner organisations who are working to protect and improve health and wellbeing and reduce inequalities.

The conference provided a unique opportunity for delegates to meet, exchange ideas and learn about the latest developments in public health research and practice.

The event was opened by Duncan Selbie, who said: "This is an opportunity to come together and spend two days getting to meet each other and reignite old friendships and relationships, and to create new ones."

He added: "We need to bring the



The conference venue

knowledge to bear, not in saying 'you must do', but 'here's what we know', and then have the humility to remember that there is a whole lot we don't know."

The conference featured five parallel tracks of sessions, allowing delegates to focus on the areas that interested them most. These were on improving the wider determinants of health; health improvement; health protection; healthcare public health and preventing premature mortality; and emergencies/global health.

The event included presentations by experts of international standing, plus an extensive exhibition of posters on a wide range of topics. This included attended viewings with authors available to talk to delegates with an interest in their work.

Conference delegate Lucy Smith, the national programme manager for wellbeing and mental health, said: "The thing that stood out for me was the fact that PHE now incorporates so many disciplines and that they all have something to offer one another.

"For example, I saw work around community development that was taking place in the extreme events/disaster field, which wasn't too dissimilar from the methods that would be used in health improvement work. I feel there are opportunities across directorates to explore new work programmes and areas of research."



Duncan Selbie gave the opening address



The extensive poster presentations



Exhibition stands shared awareness

Paul Fine delivers keynote lecture on the role of vaccines in public health

Paul Fine (pictured), Professor of Communicable Disease Epidemiology at the London School of Hygiene and Tropical Medicine, gave a lecture at the annual conference entitled "Science and society: vaccines and public health", looking at the early history of vaccination.

Paul explained how arguments among scientists about the safety and effectiveness of interventions such as "variolation", a crude form of immunisation widely used in the 18th

century to protect against smallpox, helped establish principles that underpin vaccination practices today.

Variolation was made illegal in the early 19th century, when the first public health acts were introduced in England.

Nevertheless, Fine explained, it was the precursor of the modern vaccines that in the 20th century were instrumental in controlling once-widespread infections such as polio and diphtheria.



Viv Bennett, PHE's director of nursing, is a busy woman. *PHE News* interrupts her hectic schedule for a quick interview

Viv Bennett is a woman on a mission. Her tweets from the PHE/Department of Health conference "Improving the Public's Health – the key role of nurses and midwives" and from PHE's annual conference are testament to her resolve to promote widely her ambition for nursing in public health, showcasing as she does, the breadth and depth of nursing and midwifery talent available and its potential to public health.

It is huge job but Viv is not fazed. Even though she technically only has one member of staff in PHE, she has professional responsibility for and support from the nurses throughout PHE.

"When I first joined PHE Duncan Selbie and I had lots of conversations about how this was going to work. It was never intended to be about line management but providing professional leadership, expertise and working with and through the many nurses in PHE to develop public health leaders for the wider nursing workforce.

"It is a big job and fortunately I have Joanne Bosanquet, deputy director of nursing in PHE, who works alongside me. My role spans the Department of Health and PHE, and although Jo's role is predominantly in PHE it reaches across both organisations thereby adding to the leadership of joint programmes of work."

The nursing times

It's this potential that we talk about today. Viv believes she is ideally placed to change the scope of nursing in PHE and throughout the public health system.

"I have the privilege of a unique role that bridges the Department of Health and PHE," she says. "We decided that this would be the best way to develop public health nursing and midwifery working through the existing and emerging nursing talent in PHE and as 'PHE nurses' together connecting with the wider nursing workforce and shaping how we develop and support our contribution to improving and protecting the public's health.

"At the Department of Health my responsibility is to advise ministers, develop policy and provide professional leadership to support national and local implementation. I have policy leads in both professional work and in children and young people's public health.

"In PHE I also provide professional leadership and I have corporate responsibilities as a member of the National Executive and as the leader for corporate programme 4, which is children and young people."

What the directorate lacks in size it makes up for in ambition. Viv and Jo intend to give nurses a voice and a career path, and to stretch the reach of the profession's considerable expertise through the public health system.

"We have really good people in PHE, about 300 nurses and a number of allied health professionals, who are eager to have wider opportunities and want to be a part of PHE strategic work.

"I started doing this job in September 2012 and the first thing I did was to try and contact and meet as many nurses in PHE that I could, asking nurses all about the changes they would want to see. Some senior nurses also came to see me. Jo will be doing a lot of out-and-about work to build on these discussions.

"Nurses told me that they are encouraged by having a director of nursing; they felt it was an important statement that PHE has a nurse as a national director and that this gives direct line of professional influence to the National Executive.

"When I speak to nurses they want to see increased recognition of the contribution nurses have always made and support

for their potential to do more. Nurses do have some concerns, both internally about equal opportunities for new roles and for development and in the public health system about recognition and regulation. We are working with directors and external partners to understand and respond to these concerns.

“PHE nurses have useful things to say about how we get better value about the way people work. People have ideas about how we could be innovative and use technology a bit more, for example in health protection response desks. Nurses also feel that on occasions their roles are quite narrow in definition and their knowledge and experience could add to wider work programmes and/or to thinking about how services can be delivered in different ways.

“Some talked about applying what they have learned from the acute response service coupled with their specialist knowledge to develop preventative measures and working with and through local services, for example schools health or care homes, to get these into practice.”

Viv and Jo are working with the professions developing a framework and practice model for nursing and midwifery. One part of this sets out how all nurses can impact on improving the public's health.

“
**Our nurses
 are eager to
 have wider
 and strategic
 opportunities**
 ”



Viv Bennett

The foundation of the model is the contribution of every nurse and midwife using the contact they have with their patients or client group to support health and wellbeing as well as dealing with the presenting problem – this is sometimes called “making every contact count”.

The middle level is the additional contribution of nurses and midwives who have specific prevention responsibilities as part of their role and responsibility for a community as well as individuals – this includes nurses such as practice nurses, sexual health and tuberculosis nurses – and the top of the triangle is nurses and midwives who specialise in public/population health like PHE's own nurses, health visitors and school nurses, who are experts and leaders as well as practitioners.

On cue, Jo walks in and adds: “Good, you're talking about the triangle. My primary role as deputy director is to provide professional leadership and expert knowledge within PHE. We already have a national nurses group that moved over from the Health Protection Agency.

“This voluntary membership developed over a number of years and did a great job but now we are going to extend this group which, through evolving networks, will ensure that expertise is available and accessed in every region. My main aim



Joanne Bosanquet

is to make sure we have skilled nurse leadership across the organisation and beyond.”

Together they are a tour de force and are excited about the future. One aim is to promote the service. *PHE News* will soon have a dedicated section for the nursing directorate and within minutes of this being affirmed they have devised a democratic plan for how the pages should be used.

It should start with a column from Viv and then one from Jo supported with articles describing new policies/worksteams and of course the all-important nursing framework and model.

The section will have illustrations of initiatives and examples of ideas and best

practice from nurses across PHE. They are eager that the sheer wealth and talent of PHE nurses should shine through and so they decide very quickly that the leader column will give voice to PHE's senior nurses and that their contributions will intersperse those of Viv and Jo.

For further information on the model and supporting literature, go to www.gov.uk/government/organisations/public-health-england/series/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models.

Health protection

News and views from the Health Protection directorate

Health protection headlines

In September, then public health minister Anna Soubry announced the government's new five-year antimicrobial resistance strategy, focusing on monitoring of bacteria, national and international action on treatment and on education. She said: "We could face serious problems in years to come. That's why this strong, cross-government strategy sets out real actions to stay one step ahead and fight antimicrobial resistance both nationally and internationally."

New PHE research among men who inject image and performance enhancing drugs, such as anabolic steroids, was reported in the media in September. Overall, of those men surveyed by PHE, one in 10 had been exposed to one or more of HIV, hepatitis B or hepatitis C, suggesting transmission of blood borne viruses is common in this group. Fortune Ncube, PHE lead on injecting drug use, said: "These findings suggest serious health implications for users of image and performance enhancing drugs, but also for their sexual partners and ultimately the wider community." The research was undertaken with Liverpool John Moores University.

The PHE announcement of a new shingles vaccination programme for people aged 70 and 79, to reduce the incidence and severity of shingles disease in older people, was reported widely by the media. An estimated 800,000 people in the UK will be eligible for the vaccine in the first year. Health minister Lord Howe said: "Shingles can be a nasty disease for older people and can lead to long term health problems for around 14,000 people each year. This new vaccine can prevent some of the most serious cases, giving people the chance to live without the discomfort and pain that shingles causes."

Hepatitis C look-back exercise

PHE supported the launch of a look-back patient notification exercise in Wales and England this month, after a healthcare worker who had worked in obstetrics and gynaecology was diagnosed with hepatitis C infection. In England, less than 400 women have so far been identified as having definitely or possibly had operations conducted by the affected healthcare worker. They will be contacted directly by letter inviting them to call a confidential helpline, to discuss blood testing.

Paul Cosford said: "We have worked hard to identify women in England who might have been at risk of contracting infection with hepatitis C from this healthcare worker and are contacting them to offer advice and a blood test for hepatitis C, should they wish to have one.' I want to emphasise that the risk of infection is very small."



Paul Cosford

Director for Health Protection and Medical Director

This month saw the inaugural PHE annual conference, bringing together public health experts from across the UK, and further afield, to debate latest data, technologies, strategies and "unknowns".

The health protection programme was packed with fascinating, challenging presentations and we were lucky enough to hear from world leaders on a diverse range of subjects.

My thanks to everyone from the directorate, and PHE-wide, for the hard work that went into making our first conference a resounding success.

This month, we also delivered the next step in our comprehensive national flu campaign. Letters signed by Sir Bruce Keogh, Professor David Salisbury, chief medical officer Sally Davies and I have been sent out to all NHS frontline staff and NHS managers, encouraging them to fulfil their professional duty of care, and to protect themselves, their patients, colleagues and family, by taking up their flu vaccination.

PHE has a unique opportunity not only to protect the public health of the UK population, but also to share our knowledge and expertise internationally. In this issue of *PHE News* I am delighted to be able to update you on our collaborative agreement with the National Institute for Communicable Disease in South Africa, focused on building skills in infectious disease epidemiology, and am pleased to highlight the fantastic story of PHE microbiologist Marie Anne Chattaway's time setting up a cholera laboratory in Sierra Leone (see p19).

Please do get in touch if you would like to contribute health protection articles, with questions on topics covered or to share suggestions for future issues. Your feedback is always welcome via news@phe.gov.uk.

Zoonotic infection report published

PHE has worked in partnership with DEFRA to publish the UK Zoonoses 2012 Report. The culmination of collaboration between 12 different organisations, the report brings together UK data on reported cases of zoonotic infection in humans and animals in 2012, and highlights incidents and issues of public health significance.

One of the key articles reviews the issue of antimicrobial resistance, reflecting the CMO's five-year strategy, as part of the "One-Health" agenda spanning people, animals and the environment.

The "EU Pet Travel Scheme: Keeping the UK free of rabies" article describes the UK harmonisation with the EU's rabies import controls for the non-commercial movement of pet dogs, cats and ferrets. This has resulted in a 63% increase in the number of pets entering the UK under this scheme during 2012 compared to 2011. For the first time, hepatitis E is included and the first case of Seoul hantavirus in the UK is reported.

Human and veterinary data for England and Wales, Scotland and Northern Ireland is reported separately in the appendices. The report concludes that, while transmission of infections between animals and people is inevitable, if new and emerging threats can be identified early, appropriate action can be taken to reduce their impact and spread. This requires close cross-government collaboration and support from both human and animal agencies.

The report can be found at www.gov.uk/government/publications/zoonoses-report-uk-2012.

Food illness outbreaks investigated

During September the PHE gastrointestinal team was busy with two foodborne illness outbreak investigations.

The first was an outbreak of salmonella linked to the consumption of cooked ham from small independent butchers' shops. The outbreak originated in Wales and experts from PHE, Public Health Wales, the Food Standards Agency and environmental health officers from several local authorities continue to trace the origins of the contaminated food.

The second investigation was a national VTEC O157 outbreak that was linked to watercress from Sainsburys. As a precautionary measure the retailer issued a product recall. Thirteen people in England were affected, four in Wales and one in Scotland. Those who were affected were mainly older women in their 70s and 80s and a number were hospitalised.

In brief

During 2012, over 2.4 million blood donations were tested throughout the UK, of which 241 tested positive for mandatory markers of infection. The NHS Blood and Transplant and PHE Epidemiology Unit published their annual review of 2012, *Safe Supplies: Completing the Picture*. For the first time, reports of infections in both organ donors and cornea donors were included. The full report and supplementary data tables are available at: www.hpa.org.uk.

The latest measles data, released in September, shows a total of 73 confirmed cases in July, the third successive monthly fall (from 116 and 194 cases in June and May), with 1,365 cases since the start of the year. Data on the nationwide MMR catch-up programme shows that almost 65,000 previously unvaccinated children nationally may have received a dose of MMR vaccine since last year, and around 2% more children in the 10 to 16 year age group have completed the two-dose course. Mary Ramsay, head of immunisation at PHE, said: "We are still making good progress towards the 95% uptake target."

The European Centre for Disease Prevention and Control got an opportunity to test its emergency procedures during Exercise Artemis, a day-long exercise designed and delivered by PHE, which simulated an Ebola scare in France and Belgium. "We really wanted to give an opportunity to run through plans and processes that don't get used in everyday situations," exercise manager Veronica Nelson said. "We provided them with a really tough scenario, and they spent the day following their plans, and evaluated how things went in the debrief session."

This summer, PHE's Emergency Response Department's GIS team visited the National Institute for Communicable Disease (NICD) in South Africa, to share knowledge and expertise with staff there. This visit forms part of a wider collaborative agreement in place between PHE and NICD looking to build skills in infectious disease epidemiology. PHE's Chikwe Ihekweazu, on secondment with NICD, said: "I cannot begin to tell you how grateful the entire epidemiology crowd in NICD is for the impact of your visit. You have helped in starting a small movement on the use of GIS for epidemiology. Thank you very much for not just the expertise you have shared but also the spirit in which it has been shared."

PHE and the National Travel Health Network and Centre (NaTHNaC) have put out a reminder to UK residents travelling to Israel, or the West Bank and Gaza in Palestine, to make sure they are up to date with their routine immunisations, including polio vaccination. This follows the identification of naturally occurring or "wild" poliovirus in sewage samples taken from sites across Israel. General information on polio is available from www.nathnac.org/travel/factsheets/polio1.htm.

Health and wellbeing

News and views from the Health and Wellbeing directorate

Stoptober is back

Following its huge success last year, when 160,000 people successfully completed the challenge, Stoptober – England’s mass 28-day stop smoking challenge – is back.

To mark the launch of Stoptober, ex-smoker and ultra marathon runner Rory Coleman has taken on the challenge of running 28 miles a day for 28 consecutive days. And as if running more than a marathon a day is not enough of a challenge, Rory has also been pushing a four-metre-high wheel through 16 towns and cities across England and Wales along the way.

Rory said: “This is one of the biggest challenges I have ever taken on, but it was important for me to do something to support Stoptober. Twenty years ago I was a chain-smoking alcoholic who could barely run to the corner shop, let alone a mile. To see the difference that stopping smoking has made to my life has been overwhelming and I want more people to take the first initial steps to quitting.”

The campaign provides people with a range of free support including a new stop smoking pack, a 28-day mobile phone app and text support with daily updates and quitting advice.

For the official launch, Rory was joined by soldiers from the Grenadier Guards, Coldstream Guards and 27 Transport Regiment, Royal Logistics Corps, as he pushed the disk through central London into Trafalgar Square. Also present were Kevin Fenton, chief medical officer Dame Sally Davies, and Emmerdale actress Kelsey-Beth Crossley, who is giving up smoking for Stoptober.



This year’s Stoptober campaign was launched in London



Kevin Fenton

Director of Health and Wellbeing

As we reach the six-month milestone, I continue to be immensely proud of all that we have accomplished so far and excited by the challenges that are ahead of us.

Recently we held our second directorate event in London, with more than 300 people attending to reflect on the progress we have made and opportunities we will face together over the next year. Attendees heard from a variety of speakers including Duncan Selbie, who took the opportunity to announce that we would be developing a national public health framework for the first time. We were also very fortunate to hear from a panel of experts – Stephen Pleasant, Joyce Redfearn, Janet Atherton and Martyn Regan – who gave us their views on public health from a local government perspective.

Here at PHE we are keen to practise what we preach so I was pleased to see many of you take up the five ways to wellbeing challenges, such as skipping, karate, yoga and guided walking.

I was really happy to see that many of you have taken up my challenge from our first directorate event to embrace social media. Twitter was alive with questions and comments using the hashtag #PHEStridingForward, adding a truly interactive feel to the day. The day certainly gave me plenty of food for thought and I hope it did for those of you who could attend.

As the saying goes, there’s no health without mental health and this October, we are keen to lead by example, pledging our commitment, not only to the Time to Change campaign, but also to the government’s public health responsibility deal on wellbeing and mental health resilience in the workplace.

Finally, I came across an article on the Huffington Post website called “The habits of supremely happy people”, which theorises that 60% of happiness is determined by our genetics and environment, and 40% is up to us. Happy people, it suggests, have certain inclinations that add to their pursuit of meaning – and motivate them along the way. I recommend everyone has a read.

PHE hosts conference on living longer and healthier lives

Improving the lives of people living with and recovering from mental illness is one of PHE's priority areas – and improving their physical health and life expectancy is key.

People with mental illness can die up to 20 years earlier than the general population and in 2013 this is not acceptable. More research is needed to understand why and how this has happened.

In September PHE hosted a conference for more than 90 delegates from a broad range of individuals and organisations interested in wellbeing and mental health. The Living Longer and Healthier Lives Conference focused on the premature mortality

and physical health and wellbeing of people living with mental health problems.

It is known that people with mental health problems can also have unhealthy lifestyles, including smoking, alcohol use, poor diet and lack of exercise. People with mental health problems also have more physical health problems and face the ongoing challenge of stigma and discrimination.

Positive things are happening, including the setting up of programmes to help people stop smoking, better physical health checks and community projects to help people get active, but there is still much work to do to address this inequality

Screen time and sedentary lifestyle taking its toll on child wellbeing

A recently published PHE briefing paper, entitled "How healthy behaviour supports children's wellbeing", identified a link between children's screen time and lower levels of wellbeing, suggesting that too much time in front of screens – including TV and computer games – combined with a sedentary lifestyle is taking its toll on our children's wellbeing and increasing their anxiety.

The briefing focuses on the impacts on children's wellbeing from screentime, physical activity and diet, and reveals that children who are more physically active are more likely to concentrate better in school, enjoy good relationships with classmates, and display lower levels of worry, anxiety and depression.

Publication of the briefing paper coincided with the launch of the Change4Life campaign, Smart Restart, which encourages

families to use the back-to-school period to adopt healthier behaviours. Smart Restart outlines five everyday changes for families to focus on for the six weeks to half term, including reducing screen time, eating healthier lunches and being more active.

Overall, nearly 154,000 families (with 308,000 children) signed up to make a healthy change in their routines. The campaign was supported by an app that was downloaded 102,000 times, and the campaign generated 290 pieces of news coverage across both print and broadcast media.

The briefing paper can be found at: <https://www.gov.uk/government/publications/how-healthy-behaviour-supports-childrens-wellbeing>.

Focus on: Children, Young People and Families services

Health outcomes for children and young people in England are variable across the country and in many instances compare unfavourably with similar countries. One of PHE's top five priorities is to support families to give children and young people the best start in life.

The work being carried out by the Children, Young People and Families team will help us to intervene early enough to start making a difference to the lives of our children, young people and families, particularly those who are most vulnerable.

Recent developments include:

- the CYP Corporate Programme Board, chaired by Viv Bennett, director of nursing in PHE and the Department of Health, is now set up and working on giving every child and young person the best start in life
- the team is also supporting the Department of Health with a series of events across England to promote the role of school

nurses and the School Health Service, a vitally important workforce and service helping pupils with a range of health care and public health messages

- the team will shortly be joined by Alison Hadley, an expert in teenage pregnancy
- the team continues to be concerned about the number of children who are obese – more than 9% aged 4-5 years, rising to 19% by age 10-11. To support local areas make a positive impact on these rates, the National Child Measurement Programme has launched its new IT system for local authorities, while the team will publish a series of evidence-based reviews and co-produce with the LGA an obesity peer review process to help local authorities develop effective strategies

The team is also looking forward to the publication of the chief medical officer's annual report, which it is committed to supporting over the coming year in terms of implementing recommendations that improve public health and wellbeing.

Knowledge

News and views from the directorate of the Chief Knowledge Officer

Inside Health Profiles

Following the release of Health Profiles 2013, Don Sinclair, consultant in public health medicine, South East KIT and Helen Shaw, senior programmes lead (knowledge and intelligence), reveal just what it takes to produce this flagship knowledge and intelligence product.

Health Profiles have been produced annually for the last seven years. They provide a snapshot of health in each local authority in England and are used by local government and health professionals to understand local health need. The profiles are regularly used in the annual reports of directors of public health and in joint strategic needs assessments.

So, how is it all done? There is a central team of five, made up of the project director (Don Sinclair), project manager, project administrator and two analysts. The central team is supported by a network of public health analysts located across PHE's eight knowledge and intelligence teams. The annual production cycle starts in September and release is usually in the June or July. However, this year the release was delayed until September as additional time was needed to include new population data from the 2011 Census and new mortality estimates.

Each stage in the process involves specialists from across PHE, partners and stakeholders. At the review and design stage we consult with our 300-strong user panel users to find out what is needed. We then consult with colleagues in all areas of public health and policy to select the indicators because of the breadth of topics covered. When the selection of indicators is confirmed, the analysts in PHE's knowledge and intelligence teams compile the data and quality assure each other's work. The data is then fed into the profile generation tool and undergoes further QA checks. The process to produce and quality assure indicators, generate and check the profiles takes about six months.

Health Profiles are official statistics, which means that there are specific requirements about how they can be handled before release. Only a small number of people can view them ahead of publication. This year the project team worked closely with PHE communications and online services colleagues.

Producing the profiles is a huge collaborative effort and we would like to thank everyone involved. We always appreciate feedback and would love to hear your views. Our sister product, Local Health (www.localhealth.org.uk), was developed following requests from local councillors to view the data at electoral ward level. To view the profiles, see www.healthprofiles.info.



John Newton

Chief Knowledge Officer

The Office for National Statistics (ONS) estimates about two-thirds of all premature deaths are avoidable – that is, they could potentially be avoided by public health action (preventable), better health care (amenable) or both – and that preventable deaths make up about half of all avoidable deaths. The opportunity is great for PHE and the new public health system to contribute to a reduction in the underlying causes and risks of poor health – smoking, excess alcohol consumption, physical inactivity and rising levels of obesity.

So, how are we going to do it? Working with our local government and NHS partners, we will play our full part in the “Call to Action” to reduce premature mortality. England remains “mid-table” in terms of European premature mortality rankings and we are determined to do better. Putting into action the things we know work and ensuring we do things at scale could save thousands of lives. Work is under way to allow us to better understand the full potential impact of public health interventions.

One important tool which will help us in this endeavour is the Global Burden of Disease study, which was published in March this year. Work is ongoing to produce this at sub-national levels. It reminds us that there are other conditions such as mental illness and musculoskeletal disease that contribute greatly to the overall burden of disability in the population, as well as the importance of high blood pressure as a major risk factor for cardiovascular disease. There is good evidence that increased levels of physical activity can improve all three.

How else do you think information could be used – by PHE, local government or others – to contribute to reducing preventable deaths? What sorts of data tools could we create to help us harness that information?

(This is an edited extract from John's first post on the new PHE blog, Public Health Matters. If you would like to comment, go to: <https://publichealthmatters.blog.gov.uk>)

Child intelligence network resources shortlisted for award

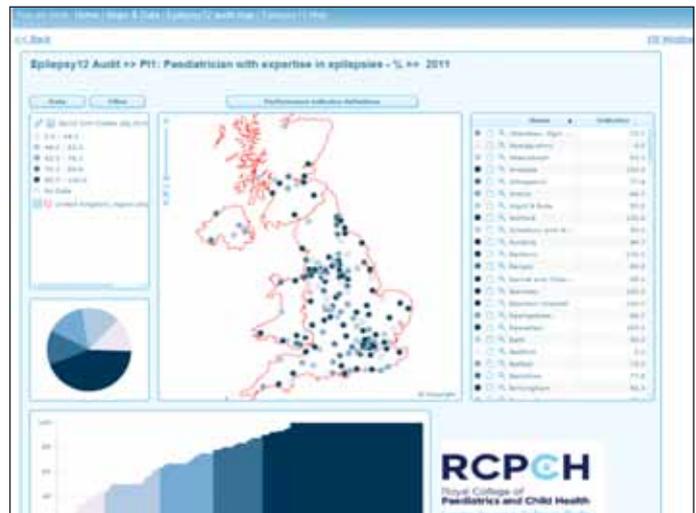
Resources developed by PHE's Child and Maternal Health Intelligence Network in collaboration with the Royal College of Paediatrics and Child Health (RCPCH) have been shortlisted in the 'Innovative dissemination' category of the National Clinical Audit and Patient Outcomes Programme Awards 2013.

The resources were developed to support interrogation of the results of the RCPCH's Epilepsy12 audit, which measures, and aims to improve, the quality of healthcare for childhood epilepsies against 12 performance indicators.

The resources enable health professionals, commissioners and the public see information on the audit at the click of a button. This includes information on how individual audit units are performing, how they compare against others (benchmarking) and how performance relates to the national average.

The winner will be announced at the 2013 Healthcare Quality Improvement Partnership (HQIP) conference in Nottingham on 14-15 October.

You can view the resources at www.rcpch.ac.uk/child-health/standards-care/clinical-audit-and-quality-improvement/epilepsy12-national-audit/results.



NDTMS seeks to improve the quality of data through training

As well as analysing and interpreting data to understand the health of the population, there are teams in the CKO directorate responsible for data collection and quality. This includes the National Drug Treatment Monitoring System (NDTMS), which is responsible for the collection of mandatory datasets to support the monitoring of drug and alcohol treatment in England.

Jill Smith, NDTMS regional team manager, said: "We now have more than three million records in NDTMS, representing more than one million people. There are more than 1,100 treatment services currently sending data to us through around 450 parent organisations. We also support the reporting of NDTMS data in over 130 prisons.

"We are constantly working to improve the reporting and quality of data and do this in a number of ways. One of the most important of these is to provide training and support to staff in treatment services who are at the frontline of data collection. Many of these are small organisations and many have volunteer staff working for them. Ensuring that they receive training on what information to collect, how to report it and how to ensure that it meets quality standards is vital. We rely heavily on their efforts and we work very much in partnership with them.

"This October we will be rolling out a new core dataset. Our network of eight NDTMS teams dispersed around the country will be going out to deliver that vital training to treatment service colleagues. It's a very busy time of year for us but the teams have worked hard together to produce a new set of national training materials which we are making available online for the first time (via www.ndtms.net)."

News in brief

New "commissioning for value" data packs to be launched

The Northern and Yorkshire KIT has teamed up with NHS England and NHS RightCare to launch new data packs for clinical commissioning groups (CCGs) in England. The packs are designed to support effective commissioning. Each CCG will receive one tailored to its local area. The packs will help CCGs use evidence to transform the way care is delivered, improve outcomes and increase value for their local population.

New health intelligence from the London KIT

Progress in breastfeeding in London 2013, a survey by the London KIT, found that 87% of mothers in London breastfed their newborn babies in 2011/12, compared with 74% of mothers in England. Breastfeeding rates across London ranged from 71% to 94%. Meanwhile, the London summary of mortality by socioeconomic classification by the Office for National Statistics showed a reduction in mortality rates in the capital for the routine class between 2001 to 2003 and 2008 to 2010.

Feedback sought for the Local Authority Child Health Profiles 2014

Earlier this year, Local Authority Child Health Profiles 2013 were published for each top tier local authority in England (www.chimat.org.uk/profiles). PHE is currently reviewing the content of last year's profiles and the team is keen to hear what priorities you would like to see them reflect next year. Please take a few minutes to complete the survey at: www.chimat.org.uk/profiles/consultation.

Regional news: London

News and views from the PHE London integrated centre and region

Independent commission to advise on London

An independent commission is to be set up to investigate the provision and resourcing of health and care services in the capital.

The London Health Commission (LHC) will be established by the Mayor of London to help support the work of the London Health Board (LHB), which was set up earlier this year by PHE, London councils, the Mayor and other key health partners to provide strategic leadership across the capital.

The new commission will inform the response of the LHB to the stark challenges facing the health service across the capital.

London faces particular challenges that make it different to the rest of the country. For example, the city's population is rising faster and is more ethnically diverse than any other region in England.

Health inequalities persist and parts of the capital have some of the highest child poverty rates in the country.

Infection rates for tuberculosis and HIV are also higher in London, as are rates for people with mental ill-health. Outcomes for cancer can also vary widely, depending on where you live or are treated, which is exacerbated by still too low early detection rates.

The LHC will feature an advisory board, yet to be elected, which will include representation from PHE and other health stakeholders such as the GLA, London boroughs, MPs, patient groups, voluntary sector organisations, NHS England and regulatory bodies. The commission will seek input and evidence from a wide range of stakeholders and report its findings to the Mayor in autumn 2014.

LHB member and regional director for PHE in London, Yvonne Doyle, said: "London is a modern city without modern health outcomes for all of its residents.

"The commission is a welcome development which will be an opportunity to get to the root of major public health problems across our city, like tuberculosis

and HIV, and see real health benefits for Londoners."

London Mayor and LHB chair, Boris Johnson, said: "It goes without saying that adequate funding and resources are needed to ensure all Londoners, wherever they live in the capital, have access to world class healthcare.

"With fundamental changes under way in a huge and complex sector it is critical that we gather hard evidence about services in London, to build a compelling case as we fight for resources and work to ensure they are used effectively."



Yvonne Doyle and Boris Johnson are key members of the London Health Board

London team provides guidance on open water swimming risks

Open water swimming in lakes and rivers is growing in popularity in the UK, but there have been outbreaks of gastrointestinal infections reported associated with this, the most recent in late 2012 on the River Thames in London.

As a result the South West London health protection team and colleagues have developed a leaflet advising participants involved in these events on practical measures that can be taken to reduce the risk of illness.

Open water swimming can increase the risk of gastrointestinal infections as well as respiratory, skin, ear and eye infections. This was highlighted when comic actor and writer, David Walliams, became poorly whilst swimming the River Thames for Sport Relief in 2011.

Most symptoms of these illnesses will generally be mild, caused by organisms such as norovirus, giardia and cryptosporidium. However, there is also a risk of more severe infections.

The leaflet is available online at www.hpa.org.uk/Publications/InfectiousDiseases/GastrointestinalOutbreaksAndIllnessReports/1307Swimhealthy.

Regional news

Each issue of *PHE News* will feature a round-up from one of the PHE's four regions: North of England, Midlands and East of England, London, and South of England.

Special focus: Alison Keating, head of drugs and alcohol team



Alison Keating, head of London's alcohol and drug team, describes a working day for the group:

There is no one typical day. We respond flexibly to the issues raised by local partnerships and the latest performance information. The team provides information, support and targeted, agreed programmes to support the delivery of local substance misuse systems that aim for the best outcomes for people across London.

Since the publication of the drug strategy in 2010, the wider focus has been on endeavours to address the social determinants of health including, for example, employment and because of this we have developed key partnerships with a wide range of local, London-wide and national partners across health, criminal justice and social care.

We also run a range of forums which share national guidance and best practice in London. These are well attended by a range of stakeholders including commissioners and service user representatives. Our providers forum is run in collaboration with the London Drug and Alcohol Network, which is a part of Drugscope, a national charity representing substance misuse providers.

There are a number of challenges in London and the team has a range of plans to address them. For example, nearly a quarter of those with hepatitis C live in London. The alcohol and drug team is working across teams in PHE London and external stakeholders with a focus on increasing awareness, screening

and referral to treatment for infected substance misusers.

London also has more crack use than most of the rest of the country. The team has undertaken data analysis to assess the impact on recovery rates, and will be providing targeted support to some partnerships in London and sharing the model and London best practice in our forums.

New psychoactive substances are also a challenge and best practice information has been shared with partnerships and presented in forums. During this year, a priority has been placed on supporting stakeholders who are new to addressing substance misuse as part of their agenda. Regular meetings have been held with partners, exploring data and evidence, sharing guidance and answering questions.

The flexibility of the team in responding to these requests is seen as key in ensuring that London not only maintains current outcome rates during transition but can take concerted action to improve them.

Knowledge and intelligence network aims to share information

One of the key roles of the eight knowledge and intelligence teams, part of the Chief Knowledge Officer's directorate in PHE, is to support the training and development of local public health information analysts and knowledge managers.

In London this is being delivered through the London public health knowledge and intelligence network (LKIN). It is part of the KIT's "local contribution" to supporting public health analysis and evidence in local authorities and the NHS.

Co-ordinated by the KIT with the support of an external advisory group, LKIN aims to provide public health knowledge and intelligence staff with:

- insights and updates on a range of public health themes from national and regional experts, with a particular focus on data sources, analytical methods and

the evidence base

- a forum for exchanging knowledge and experience on local public health priorities, both through formal presentations and informal networking
- support with training and development, focusing both on wider public health competencies and specific knowledge and intelligence skills

Two LKIN meetings have been held to date with great success. The first, in June, was an informal launch for the KIT and the wider PHE knowledge and intelligence service, with updates on transition issues such as data access and N3 connectivity.

The second, in September, focused on health protection roles and responsibilities, maximising the analytical contribution to the development of local joint strategic needs assessments and health and wellbeing strategies.

Both meetings have attracted audiences of over 80, and the agendas and presentations can be found at www.lho.org.uk/events/KnowledgeIntelligence.aspx.

Future LKIN events will place a greater emphasis on sharing local best practice and fostering collaborative working between local public health teams and PHE in the capital.

For further information on LKIN and the work of the London KIT, contact londonkit@phe.gov.uk.

Follow the London team

Get the latest news and updates from the London team by following them on Twitter @PHE_London

Our wellbeing

PHE pledges to help tackle mental health stigma

“No health without mental health” is one of the key health and wellbeing messages promoted by PHE.

With this in mind, we have pledged to sign up to Time to Change, the national campaign that aims to end mental health stigma and discrimination.

Launched in 2007, Time to Change is jointly run by national mental health charities Mind and Rethink Mental Illness, evaluated by the Institute of Psychiatry and funded by the Department of Health and Comic Relief.

With celebrity support from TV personalities like Stephen Fry, Davina McCall and Gok Wan, sports stars including Tony Adams and Marcus Trescothick, along with political advisor turned pundit Alastair Campbell, the campaign seeks to show how anyone can be affected by mental illness and nobody should be too afraid to ask for help.

Many public sector bodies including local authorities, the Ministry of Justice and NHS organisations have made pledges, along with private sector companies including Channel 4, BT and the Premier Football League.

Making a Time to Change pledge is a public statement of aspiration that an organisation wants to tackle mental health stigma and discrimination.

The PHE National Executive endorsed the pledge to be a Time to Change organisation during its meeting on 25 June, and PHE's involvement in the campaign was discussed during the Staff Health and Work Corporate Board on 16 August.

PHE made its formal pledge public on 10 October, in time to mark World Mental Health Day. In addition, Duncan Selbie went to the Department of Health offices



Chairman David Heymman (pictured front right) signed the pledge for PHE, along with Time to Change campaign director Sue Baker (front left)

at Skipton House to sign the new Public Health Responsibility Deal pledge on mental wellbeing and resilience in the workplace.

This will involve providing staff with the environment and tools to develop and maintain emotional resilience and mental wellbeing, while raising awareness and providing support for mental health in the workplace.

Duncan Selbie said: “PHE has made wellbeing and mental health a top priority. Having good mental health and a positive sense of wellbeing is hugely important to all of us and is central to living a healthy and longer life.

“By making this public commitment to the Responsibility Deal and also to the Time to Change campaign we are leading by example. We are showing that PHE is an organisation that is committed to promoting an environment and workplace that gives prominence to mental wellbeing and for challenging discrimination and stigma on mental illness.

“We care about our staff’s wellbeing and mental health and about being an exemplary employer for people who are experiencing mental health difficulties. We are committed to making this a reality.”

Tony Vickers-Byrne, corporate director of HR and lead for the corporate programme on health and work, added: “Mental health and wellbeing is just as important as physical health when it comes to the health of our staff and the resilience of our organisation.

“PHE is making a public commitment to do more to support staff living with mental ill health and get ahead of the curve in preventing mental ill health by investing in mental wellbeing and resilience across the organisation.”

These actions signal PHE's commitment to promote mental wellbeing and resilience to staff as well as making reasonable adjustments for staff affected by mental ill health. For more information on Time to Change, visit the campaign website at: www.time-to-change.org.uk.

Launch of the Big White Wall to help and support staff

On 10 October, World Mental Health Day, PHE announced the launch of the Big White Wall (BWW) initiative to all staff members.

BWW provides safe and anonymous online support 24 hours a day, seven days a week, with a supportive community, information and self-help resources, and trained counsellors online at all times.

The service will be free to all PHE staff members. Access is easy: simply go to the website www.bigwhitewall.com/join/phe and enter your email address (work or personal are both accepted and either is fine to use).

Any PHE employee struggling with issues or experiencing a tough time can find support on BWW. If you are having a hard time, or know someone who is, don't hesitate to join BWW or recommend it to a colleague.



In its previous contracts BBW has found that 95% of members felt better as a result of joining, and 73% shared something for the first time. Whatever you're going through, BWW is there to help.

Justin Varney, a consultant in PHE's Health and Wellbeing directorate, said: "We want PHE to become an exemplar of best practice for workplace health and wellbeing.

"As part of this work we will be piloting the Big White Wall as an online mental health

resource for staff, in addition to signing the Time to Change Commitment and the Public Health Responsibility Deal pledge. We will also be developing an action plan to reduce stigma attached to mental illness in the workplace.

"PHE has already established an internal forum to promote awareness of mental wellbeing resources through our Yammer system and we are also looking at how we can increase access to mental health first aid training and stress awareness training for staff."

Staff health and wellbeing news in brief

As well signing up for the Public Health Responsibility Deal and the Time to Change campaign, in November on White Ribbon Day PHE will also signing a pledge to address domestic violence. PHE is also joining the Corporate Alliance Against Domestic Violence to bring in some specialist support to ensure that we are an exemplar employer when it comes to supporting individuals affected by domestic violence.

PHE staff are able to access a wide range of physical activity and social clubs through HASSRA, and there is a range of health, wellbeing and welfare advice available through the PHE Employee Assistance Programme at www.ppconlineinfo.com (user: PHE, password: eap). PHE has negotiated access to the mental health first aid training provided by the Department of Health (see www.mhfaengland.org) to

help understand the appetite for this in PHE and the impact.

PHE has commissioned a staff health and wellbeing survey from PPC Worldwide, a employee assistance provider, which will be coming out in February 2014. This will provide a baseline assessment of the health and wellbeing of all staff in PHE and also aid understanding how PHE can best support staff. There is also a rapid review of occupational health services being undertaken plus several regional events being held to consult with staff, but if you would like to comment or feed into the review then please email charlotte.bray@phe.gov.uk.

Cycling is a hot topic for PHE, especially based on the questions coming through the Agony Aunt. PHE is a member of the Cycle to Work

scheme, so staff have access to VAT free bikes through the scheme at www.cyclescheme.co.uk. The PHE employer code is b1255. Alison Hill is the PHE "cycling and walking champion" and some standard terms of reference and guidelines for PHE staff cycling groups will be developed over the next couple of months, and information will be shared on what is available at different sites across the organisation. There is now a cyclist group on Yammer, so do join up if you want to find out more.

Finally, a PHE Workplace Wellbeing Champions Network will be launched in the autumn, and we are looking for staff members who want to step up to the challenge of making their workplace a healthier and happier place. If you are interesting in joining the first cohort of champions then please email samantha.driscoll@phe.gov.uk.

Engagement agents

Your PHE needs you – calling all would-be engagement agents

As recruitment publicity goes, the engagement agent stand at the PHE annual conference in Warwick might not have had the immediacy of the Lord Kitchener poster or the gentle approach used to attract tomorrow's teachers, but it was a lot of fun.

Bharat Sibal and Jan Simpson, both based at PHE West Midlands in Birmingham, gamely agreed to be models for a board that veered more towards "end of the pier" than public sector appointments.

Constructing the stand was not without its comic moments. Head of internal communications Ann Fleming said: "Taking a photo was the easy bit – getting the board to safely stand up

was a different matter, and this involved a long evening with B&Q woodcutters (it would not fit in the car), a 7.30am visit to Travis Perkins on the day of the conference, a very patient friend with a plan and a jigsaw, and some brilliant engagement agents who hammered and glued like demons.

"We got the stand in place with seconds to spare. Against the odds the board worked and we managed to recruit some new engagement agents.

"However, we could always do with more. If any *PHE News* readers are interested becoming an engagement agent then please email andrew.cooper@phe.gov.uk or ann.fleming@phe.gov.uk."



The original models were shortly to have their heads removed in public



Director of programmes Sally Warren and Duncan Selbie joined in the fun



Estella Magloire and Andrew Cooper set an early example to passing delegates



The board was a big success on the engagement agent stand at conference

Travellers' tales: Jane Quested



Jane Quested is a health protection nurse at the Anglia and Essex Centre. She says: "My drive to work takes about 40 minutes through beautiful Suffolk and Norfolk countryside. I note the changing of the seasons by the type of agricultural machinery I encounter on my travels: tractors and ploughs, hedge cutters, combine harvesters, sugar beet lorries – all of which seem to be just in front of me and travelling impossibly slowly, but I wouldn't change it for the world!"

Your travel tales

If you would like to contribute a travellers' tale for a future issue of *PHE News*, please email news@phe.gov.uk

People

Microbiologist sets up a cholera testing lab in Sierra Leone

Being given 24 hours to pack your bags to go and set up a cholera testing lab in Sierra Leone during the worst outbreak in 15 years probably sounds like a nightmare to most people. But this is what PHE microbiologist Marie Anne Chattaway did.

Having worked with enteric pathogens for five years, this outbreak gave her an opportunity to use her skills where they were needed the most.

Filling up her suitcase with lab consumables, clothes, pharmacy products and snack bars, she arrived at the reference laboratory. There were many challenges: no clean water provision; a lack of supplies; a shortage of trained staff; poor processing systems and

inadequate health and safety protocols. Through a collaboration with other health organisations a supply of necessary equipment was established and testing began.

The need to have good future surveillance is of paramount importance and Marie trained the staff in the need to collect and analyse samples.

Marie Anne said: "It wasn't until I saw this epidemic first hand that I realised just how much of an impact these infections have in developing countries.

"Although it was very hard work with little breaks in often difficult conditions it has been an amazing experience. The end



Marie Ann Chattaway (pictured far right) advises microbiology staff in Sierra Leone

result is that we managed to set up a fully working lab which was worth any hardship and I felt a real sense of achievement seeing how I can personally make a difference."

John Thirkettle celebrates four decades

ICT operations and account manager John Thirkettle completed 40 years of service on 3 September 2013.

He said: "So 40 years ago today I was taking my first faltering steps into the mysterious world of microbiology as a junior lab technician as they were then. Automation was limited to a dodgy centrifuge that used to walk along the bench and computerisation was a slide rule! We paid only lip-service to health and

safety, literally, by mouth pipetting with abandon. The LIMS was a paper register and woe betide if you didn't write clearly.

"Fast forward to 1986 and as the only person in the lab with any interest in 'computational devices' I was nominated to introduce a computer system. We paid just over £55,000 for a box the size of a large filing cabinet with 1Mb memory and a hard disk with the unimaginable capacity of 65Mb."

He added: "There's been frustration and apprehension but there's also been a lot of fun and laughter and that's what makes the job worth doing; and I can't think of a better bunch of people that I would wish to share my professional life with. So thanks to you all for helping 40 years pass so quickly, and here's to the next few years."



Now and then: John celebrates 40 years of service for the PHE and its precursors

Birmingham bakers



Victoria sandwich, lemon drizzle, banana loaf and Danish apple were just some of the cakes on offer in Birmingham as the PHE West Midlands staff put on their pinnies and swirled their wooden spoons to mix for Macmillan Cancer Support.

A record number of cakes were baked – and consumed – for the annual coffee morning event, which aims to raise much needed funds. The Birmingham-based staff (pictured) smashed through last year's figure of almost £144, raising a whopping £410.

People pages

The People pages of *PHE News* will always carry news about PHE staff.

Please contact news@phe.gov.uk if you would like to share news such as personal achievements, charity events, social events and retirements.

Last word

Outside in: Dr Charles Alessi

Senior adviser to PHE

Dr Charles Alessi started his career as a GP in 1977. He wanted to “help people in their lives” and primary care seemed the best way to do that. He is now senior adviser to PHE, chairman of the National Association of Primary Care and chairman of NHS Clinical Commissioners.

PHE News asked Charles what he viewed as the top priority in public health. “It is about the duty of individuals to look after themselves. It is really for all of us to start to understand our own responsibility around managing our own non-communicable diseases as we all develop them as we grow older,” he said.

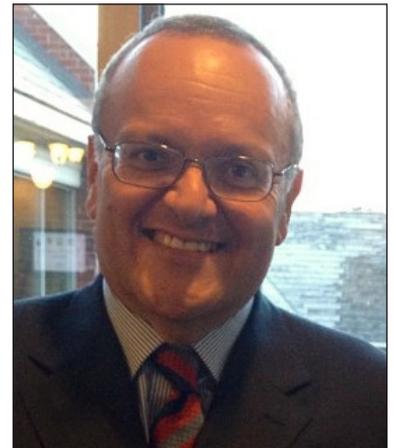
Was there a particular area he would single out – child health, for example? “No. I think it is bigger than that. It is around self-care. It is about our responsibility to look after ourselves.” So, by encouraging people to take responsibility for their health, and make informed choices about their lifestyle, individuals would benefit from a healthier existence and the population would benefit from changing behaviour. “Yes, it is our responsibility to look after ourselves, whether as staff of PHE, as people who work for the health service or as citizens of this country.”

Under the new public health system, Charles said there was great potential for PHE, local authorities and the clinical commissioning groups (who commission NHS hospital, community and mental health services) to work together to improve public health and reduce inequalities.

“I see the potential as enormous. I see the potential for local directors of public health to really influence CCGs in the way they work, in the way they commission, in their management and in their quality, in their thinking around the whole person, and I see CCGs helping to influence local directors of public health in getting them to understand what the potential for primary and other possible care is in terms of managing population health, which is really what we are all trying to do.

“PHE can help NHS commissioners by highlighting nationally the importance of some of the determinants of health and championing those. As part of that, the things which contribute particularly to ill health – obesity, smoking, alcohol, lack of exercise and also conditions that require medical management such as diabetes, blood pressure or high cholesterol – are things that can be highlighted to populations.

“The importance of managing these things, and the fact that we are talking about them, has a significant effect because people listen to that. If you look at the newspapers at the moment they are full of stories about how to avoid these conditions, how to avoid getting type 2 diabetes, for example. This will really help the commissioners because in essence the more people listen to the messages about managing their own health the more effect it is going to have in the long term.”



NHS commissioners could use contracts and financial incentives to shape the health services provided in an area. But had PHE got a role beyond disseminating best practice, advice and expertise? Charles was certain that PHE had influence that could be brought to bear. “If there is one thing that Mid Staffs, Morecambe Bay and all the disasters the NHS has been through over the years has taught us is that our responsibility, all of our responsibilities, are end to end. We all have a responsibility, even though it is not a direct responsibility, to try to get the best for the populations we serve in any way we can. Showing us the evidence is important but getting that evidence implemented is as important. Hence, PHE should continue to put pressure on CCGs on local authorities and on anybody else to do the right thing and that’s wholly appropriate.”

Looking ahead 10 years, Charles said: “We are going to be looking at a completely different landscape – where the individual has so much more control over their own health and their health and social care, where people understand that issues such as genomics are at least as important as all the other stuff we consider important now.

“We will be looking at a world where public health will be much more personalised and the whole maxim of population health will be something which is mainstream.”