



Public Health
England

December 2013

PHE News

The staff magazine for Public Health England

Staff survey 2013

How did PHE do?

PLUS
News and
views from
across PHE



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First word

Duncan Selbie
Chief Executive



Late last month we received the results of the first People Survey for the organisation since PHE was created in April.

Thank you to all those who took part in this, which was more than 3,000 people across PHE.

The results show some promising and encouraging statistics, such as the finding that 93% of all staff are interested in their work, and also in relation to staff wellbeing.

However, some of the statistics were more thought-provoking, including the fact that our “engagement index” – a measure of how positively we speak about PHE, how committed we are to it and how motivated we are to do our best for it – was 52%, though this is perhaps unsurprising given that we are a new organisation formed from 5,000 staff from 119 predecessor organisations across 115 sites.

More details about the results can be seen on p7 of this edition, and managers have been asked to discuss the results with staff and listen to their thoughts on how we can best respond.

As well as the usual blend of news and features showing the range of activities taking place across the organisation, this issue of *PHE News* features a new section to highlight the work of the Nursing directorate.

This section will promote the work and achievements of nursing staff within PHE, as well as showing the important steps the nursing and midwifery profession can make on public health issues.

Finally I would like to wish you all a healthy and happy Christmas and new year.

You have performed wonders over what has been an eventful 12 months, and I hope you get some well-deserved time to relax and rest over the holiday period. See you next year.

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On the cover: Nicky Hutt, Thanos Komianos, Jill Crook and Victoria Pudner of CRCE Chilton

News

Staff provide Christmas charity in London

PHE staff in London have organised a “shoebox appeal” in partnership with the charity Age UK to help local older people who require extra help at Christmas.

Shoe boxes were filled by staff at Colindale with generous donations of gifts such as food items, clothing, cosmetic

creams and stationery. These were then presented to some of the beneficiaries on Thursday 12 December at Age UK in Harrow during its Christmas dinner.

Colindale staff also raised £210 for Age UK by holding a raffle with donated plants, soft toys and recyclable handmade gift bags.



Senior clinical scientist Jo Southern handed out the shoebox gift donations

PHE contributes to King’s Fund resource to help improve public health

PHE has contributed to a major new resource on public health created by the King’s Fund. *Improving the public’s health* aims to highlight for local authorities areas where health can be improved, including giving children the best start in life, helping to ensure warmer and safer homes, and promoting active and safe travel.

The resource includes a foreword co-authored by Duncan Selbie. This states: “PHE, the Local Government Association, Association of Directors of Public Health, and the Institute of Health Equity are committed to developing and supporting the generation of practical, evidence-based resources that will help local authorities fulfil their new duties and maximise their impact on the health of their populations while reducing inequalities between them. We therefore welcome this new document.”

Duncan Selbie said: “I was pleased to contribute to this publication, which should help local authorities in their drive to improve the health of their populations.”

Support for giving up alcohol in January

Dry January, Alcohol Concern’s campaign to help people to give up alcohol for January, is running again next month.

NHS Employers is doing its own campaign for staff at 35 pilot sites across England, with support from PHE including evaluation to look at longer-term impacts on behaviour change.

Everyone who drinks alcohol should always aim to keep within the lower risk levels. Going dry in January gives you the chance to reassess drinking patterns, break any bad habits and “reset the dial” on alcohol consumption for a healthier future.

To find out more and take part, visit the www.dryjanuary.org.uk website.



Progress made on medical revalidation in first year

Medical revalidation officially began in December 2012. On 3 December 2013, revalidation's first birthday, the revalidation team held a series of workshops and "drop-in" sessions across PHE's offices.

PHE is a designated body for revalidation, with responsibility for 300 public health and microbiology doctors as well as many public health clinical academics and all doctors working in local authority settings across England.

The total number is now close to 700 and is still rising. Add to that a growing number of dental public health consultants and non-medical public health specialists, for whom revalidation lies somewhere in the future, and it is clear to see how important it was for the revalidation team to quickly establish a smooth and efficient process.

PHE's responsible officer for revalidation, Anthony Kessel, said: "I'm delighted to report that we have made a lot of progress in implementing medical revalidation through PHE. While the team has faced some significant challenges, we have tackled these and worked hard to establish ourselves and to develop helpful tools and systems. As a result the feedback we have received to date has been broadly positive.

"While it is the responsibility of each individual revalidating doctor to ensure that they complete their annual appraisal

in a timely manner, we strive to make the process as straightforward and helpful as possible, and I recommend making use of all the available resources."

Resources include briefings on key aspects of the appraisal, frequently asked questions, and guides to the various tasks you will be required to perform including using the online appraisal tool PReP.

These can be found on the Medical Revalidation page of the PHEnet intranet or on the "Revalidation in PHE" page on NHS Networks. Revalidation has been introduced to reassure patients, the public and colleagues that doctors are safe and fit to practise.

The team believes that professional appraisal, the cornerstone of revalidation, should be viewed by all doctors as an annual opportunity to review their practice and their career pathway.

Below Ifoema Onyia, consultant in public health at a Council in the North West, and Yvonne Young, public health consultant and training programme director, share their experiences of the revalidation process at PHE.

Ifoema Onyia, consultant in public health in a local authority

"I felt rather nervous about pulling together the required information in such a short timescale, having only recently returned to work as a locum public health consultant following a two-year career break."

"At first I felt very disheartened when I couldn't find much advice for doctors in non-clinical specialties. I was starting to view revalidation rather negatively, when the PHE revalidation team made contact with me.

"The team made it very clear what I needed to do. I was allocated an appraiser: a public health consultant from another local authority. My appraisal journey became much clearer.

"Overall I found the appraisal process to be a very rounded approach to my

personal development and worked well alongside my own perception of how I work and to help identify what I do well and where I can improve.

"I had a positive recommendation, so I was successfully revalidated."

Yvonne Young, PHE public health consultant and training programme director for public health

"I just wanted to thank you for all the organisational support and the training provided, which allowed me to collate and submit my revalidation-ready appraisal with confidence, though still with a little apprehension.

"I really enjoyed the process of reflecting on my work and learning – it offered me a great opportunity to stand back and review, hopefully with some objectivity, as did the appraisal discussion."

Imogen Stephens, PHE's deputy responsible officer for revalidation, added: "Since Ifoema had her appraisal and revalidation, regional workforce development teams have now started to manage appraisal allocation closer to home. We have procured a specialised software system, called PReP, to help with appraisal portfolio development and to keep all the information safe and secure."

For further enquiries, please contact revalidation@phe.gov.uk.



Anthony Kessel



Imogen Stephens

Profile: Gabrielle Owtram – health and wellbeing performance, partnerships and planning



Gabrielle Owtram

Gabrielle Owtram leads the partnerships function as part of the planning, partnerships and performance team in the Health and Wellbeing directorate.

Gabrielle helped *PHE News* understand what she and her colleagues are trying to achieve. For Gabrielle, who works in collaboration with experienced colleagues Emma Pawson and Stephanie Parker, the brief is “exciting and challenging to build key partnerships with a small number of stakeholders that can contribute to critical priorities”.

The first practical example is supporting Jamie Waterall on NHS Health Checks. The team is exploring how these can be piloted in pharmacies and supermarkets to expand their availability.

There is a need to get people’s attention in everyday places and encourage them to think about what most matters if you want a longer, healthier life. As Gabrielle says: “The intention is to ensure that getting a health check is made easier and joined up with the lifestyle advice and practical support an individual may then require in

order to make changes to their everyday health.”

A second example of the team’s work is running workshops to develop an in-depth understanding of the barriers faced by local authorities and industry when commissioning services, and identifying ways that PHE can support improved outcomes.

The team is also helping colleagues in policy and social marketing to support a campaign pilot on blood pressure, helping to determine how PHE should work with industry partners such as supermarkets and pharmacies.

So what is the team’s biggest challenge? Gabrielle says: “Working out where best to work for the biggest impact. There are many great opportunities and so much we can do.”

So what will a great 2014 look like for Gabrielle? She says: “We hope to expand our work in 2014 to identify other potential partners and establish strong and productive relationships within PHE that can actively contribute towards the new areas of work.

“We would like to work with PHE teams to ensure these relationships make the most of the opportunities out there.”



Online survey aims to help improve user experience for PHEnet intranet

The PHE intranet (PHEnet) has grown substantially from its launch in February 2013. Also, the migration of content from legacy intranets – mainly that of the Health Protection Agency, which will close shortly – is nearly complete.

The online services team is always looking at ways in which the intranet can be improved.

To help in this task, please take five

minutes to complete the survey at: www.surveymonkey.com/s/WPK83D.

The survey asks for your opinion about how you currently use the PHE intranet. It will provide important information about how the intranet can be improved to better meet your needs.

It is part of a global intranet study and will allow benchmarking of our intranet. The survey is open to staff until 31 December 2013.



Please contact Paula Powell of the intranet team via email to paula.powell@phe.gov.uk if you have any comments or questions.

Leaders work together to improve wellbeing

A radical new way to improve health and wellbeing and drive down inequalities in local communities as fast as possible is being developed in a project to create leaders who can lead across different systems, regardless of traditional boundaries.

The Systems Leadership – Local Vision project brings together local and national government; social care for adults and children; the NHS; PHE and leadership experts who want to revolutionise the way public services work by removing barriers between different organisations.

Achieving this needs a radical re-think of the way public services work, moving away from ‘so-called ‘silo’ working to operating across boundaries, removing barriers which currently exist. In effect, this means public services need to be rewired in the way they are delivered in order to bring about real change in tackling local problems when solutions are not in the gift of a single organisation.

Duncan Selbie said: “Strong, visible leadership which works without boundaries is core to making these changes: this project helps develop a new approach to leadership where leaders from several different organisations not only work together, they lead together.

“Leading across systems successfully is complex – there is no single approach. The Systems Leadership project allows for experimentation and learning together to find solutions which can be deployed across local communities.”

A number of projects around the country were selected by the Systems Leadership initiative to pilot this approach: Each identified one “wicked” issue that could not be resolved by one single organisation. Each project was offered support from the national programme team; a professional leadership development expert for an average one day per week and the opportunity to share their learning and

shape the next development phase. The pilot projects went so well that a further 17 have been selected around the country and are under way now. It is still early days for them but hopes are high.

Chair of the Project’s steering group is Martin Reeves, chief executive of Coventry City Council, one of the areas with a pilot project. He said: “Change happens when you work on real problems in real places with real people.

“Leadership emerges from the most unexpected places sometimes. We are senior leaders but this project has already taught us that people are putting their

hands up across organisations and starting to take distributed leadership to heart. Local places have histories, knowledge and people, and we need to respect and harness and lead it to greater outcomes in health and wellbeing.

“It can be difficult for professionals to let go of power. They feel a sense of duty to always provide answers and solutions, but we have a chance now to move away from hierarchy and move towards creating a new leadership of our places in the community sector. This will see, among other things, us leveraging the assets in our communities to help reduce health inequalities that have characterised our places for far too long.”

Local leadership pilot projects

The pilot projects are:

Coventry

Raising levels of physical activity in the city, with research showing impact of sedentary behaviour on poor health

Dorset, Poole and Bournemouth

Integrating care for the elderly

Kent

Integrated commissioning across CCGs and local authorities with a focus on outcomes

Leeds

Ambition to become a leading city for health innovation

London (Lambeth and Southwark)

Develop and explore the strategic commissioning role of adult social services in integrated care

London (Merton, Sutton and Kingston)

Integrating health and social care interventions to reduce emergency hospital admissions; reduce number and length of hospital stays and create an environment for remaining independent for longer

Nottingham

Improve care for vulnerable children via data sharing across all agencies in a multi-agency safeguarding hub

Plymouth

Reducing alcohol-related harm

Your views are vital

Duncan Selbie examines
the results of the first PHE
People Survey

Last month we received the results of PHE's first People Survey. This is the first chance PHE staff have had to tell us in a structured way how things are going since we set up for business nearly nine months ago.

There was a good response rate, with more than 3,000 people taking the time to complete the survey.

Many thanks to all of you for doing this. It is enormously important to understand where people are at if we are to succeed in making a reality of health protection, health improvement and the reduction in health inequalities.

The results are not a surprise. Nonetheless, they are a sobering read as they provide a clear picture of what has been achieved, and more importantly, what still needs to be done.

We are a new agency and a huge amount of time and effort has been spent in making the transition happen.

That has been at the expense, for some, of establishing a clarity of purpose for PHE which the survey showed was something for us to work on.

On the positive side of the ledger were some, to me, extraordinarily moving truths about the kind of people who make up PHE.

“It is important to understand where people are at”

You work here, you told us, because of the joy and challenge you find in your work, the strength and loyalty of your teams and your sense of purpose. These are simply the most important and fundamental building blocks for what we do.

This gives a wonderful cause for optimism that all is possible in creating an agency which will do something rather unusual.

Together, serving the public health system across England, we can and must support

and lead in equal measure a generational improvement in health. Health measured not in terms of sickness relieved, but longer healthier lives in all places for all people.

At Christmas time, that is an ambition which surely unites us in unleashing the talent, passion and energy you said you bring to the job. In the New Year, that is my responsibility to help you make real.

Thank you for completing the survey. It was time well spent.



PHE's Colindale campus has hosted many successes in microbiology and infectious disease. Gwyn Morris examines its history and heritage

the establishment of the Emergency Public Health Laboratory Service. This was managed by the Medical Research Council and consisted of a network of laboratories throughout the country.

The expected public health emergencies did not occur during the war but the advantages of a managed network working with medical officers of health responding to local outbreaks was established. It also provided the chief medical officer with the overview needed

All of these were key features of the CPHL. There was an Epidemiological Research 'Laboratory' and the key role of epidemiology had been recognised since the inception of the new service.

Epidemiology was set to become a more prominent feature of the PHLs in the 1970s. A review of the NHS was set in motion in the late 1960s. This led to an Act in Parliament in 1974 following years of consultation. It signalled a radical change in the management of the NHS, bringing in regional health authorities for example. It also led to the abolition of medical officers of health and the transfer of some of the functions to local authority environmental health directors.

A home in North London

Colindale has a long association with microbiology and infectious diseases. This can be seen in some local place names. The original site now contains housing – and there is an Agar House, Fleming Walk, Pasteur Close and Lister Court where the laboratories were situated.

The area's association started with the Vaccination Act 1898, which led to the discontinuance of arm-to-arm vaccination against smallpox. Instead all smallpox vaccines had to be made from lymph. Research, production and distribution were centralised into purpose-built accommodation in Colindale in 1907. The new institution was called the Government Lymph Establishment, and the first employee was a bacteriologist.

During the late 1930s, when war was imminent, there was a concern that there would be mass bombings of British cities. One fear arising from this was that epidemic disease would result from the disruption of water, food supplies and sewage disposal, which might be exacerbated by population movements either to avoid bombing or because of the destruction of homes. This led to

to respond to national challenges.

The Public Health Laboratory Service (PHLS) was formed in 1946 with the passing of the National Health Service Act. A central laboratory was founded on the site of the Government Lymph Establishment. Vaccine production moved to the Lister Institute, with the new PHLS being given responsibility for distribution. The first director was Graham Selby Wilson and he remained in post for 23 years. His interests were in tuberculosis and milk-borne disease, immunisation and the then new sciences of epidemiology and virology.

The Central Public Health Laboratory (CPHL) at Colindale consisted mostly of reference microbiology laboratories. Reference laboratories are recognised today as having a range of functions. They provide confirmation of diagnostic laboratory diagnosis, detect atypical organisms, collate and share data for surveillance and response, curate and make available reference strains, sera etc, provide scientific advice and inform policy. They also have important research and development functions and collaborate internationally and nationally with academic and government institutions.

Spence Galbraith had advocated for a national public health epidemiology service, including an article in *The Lancet* in 1968. He made a passionate case in the *British Medical Journal* in 1976 for resources to be allocated to prevention of disease as he felt that the changes made in 1974 led to more a focus on "cure". He made the case that the "Royal Commission should consider, therefore, bringing together statistics, social science, information and epidemiology into a nationally co-ordinated service". Two outbreaks that were not well managed at the time, including one cluster of smallpox increased the pressure for change.

The government announced the formation of the Communicable Disease Surveillance



Checking the sterility of a batch of pooled plasma, part of the work of the wartime Emergency Medical Service



The old Colindale building

Centre (CDSC) and Spence Galbraith became its first director in January 1977. CDSC was established at Colindale but in time also had a number of regional epidemiologists, as one of the reasons for being part of the PHLs was to foster collaboration between epidemiologists and microbiologists.

Sir Robert Williams had been appointed as the director of the PHLs Streptococcus and Staphylococcus Reference Laboratory in 1949. He became the director of the PHLs in 1973 after Sir James Howie retired. Sir Robert was the first director to be based at Colindale rather than at the Medical Research Council. He oversaw the planning for the then new Colindale building in the late 1970s. Work started just before his retirement in 1981. The new site opened a few hundred yards away from the old Lymph Establishment buildings in 1984.

CPHL included the national centre for smallpox diagnostics, an echo of the original functions brought together at Colindale over 70 years earlier. The World Health Organization declared smallpox to be eradicated in 1979. This partially led to a decision to add a high containment (category level 4) laboratory facility into the new development.

There was a period of consolidation on the new site over the next 15 years or so. The corporate services building was extended to accommodate the PHLs headquarters and in the early 1990s an extension of the main building was constructed. This was the PHLs AIDS Centre, now accommodating most of the epidemiological functions. This includes the statistics function established in

1991. The centre was involved in all of the infectious disease threats during these years including the emergence of HIV, hepatitis C, vCJD, hospital-acquired infections and the re-emergence of syphilis. The centre also played an important role in the development of European networks and the establishment of the European Centre for Disease Prevention and Control (ECDC).

There was a fundamental review of the PHLs in 1994. Most of this led to changes regionally, including winning the contract to provide regional epidemiological units. It also signalled a significant investment in developing molecular approaches to laboratory investigations at Colindale. This review also established an Environmental Surveillance Unit for food and waterborne infections.

Another feature was the recognition that there would be a mass of data available on infectious diseases and that there would be an increasing need for expert evaluation and authoritative interpretation of this data. There would be a development of mathematical modelling statistics and bioinformatics over the following years.

Over the past 20 years there have been more infectious disease incidents that have involved Colindale staff, including SARS in 2003, legionella in Barrow in Furness in 2003, influenza A H1N1 ("swine flu") in 2009 and *Clostridium difficile*. PHLs became part of the Health Protection Agency in 2003, with the site becoming the Centre for Infections in 2005.

CDSC merged with the epidemiological aspects of the HPA's Local and Regional Services in a further managerial change in 2010, with the microbiological functions becoming part of an HPA-wide Microbiology Services division. The HPA was abolished in April 2013 and Public Health England was created.

The buildings, offices and laboratories at Colindale have been adapted over the years to accommodate new approaches to science and increases in staffing. In 1984 around 400 staff worked in the new facilities. That number is now well over 1,000.



Colindale now

Significant recent capital developments have included a completely rebuilt category level 4 laboratory and a new suite of laboratories for genomics, including whole genome sequencing, and proteomics.

There are other well-established functions at Colindale. Some relate directly to infectious disease, such as providing external quality assurance specimens for clinical as well as for food and environmental proficiency testing.

There is also the Food, Environmental and Water laboratory, providing a frontline service to most of the South East of England, and the local health protection team covering central and north west London.

Colindale also hosts much of PHE's human resources team, along with other national teams for services such as information and communication technology, online services and publications.



Colindale hosted a visit by the then Princess Elizabeth in the late 1940s

Health protection

News and views from the Health Protection directorate

Health protection headlines

- 18 November marked European Antibiotics Awareness Day, which aimed to raise awareness of the risks associated with the inappropriate use of antibiotics, and how they should be used responsibly. Clodna McNulty, head of PHE's primary care unit, said: "It's a prevailing myth that anyone with green phlegm or snot needs a course of antibiotics to get better. The problems of antibiotic resistance are growing. Everyone can help by not using antibiotics for the treatment of uncomplicated infections."
- A new report published on 31 October entitled *Shooting Up – infections among people who inject drugs in the United Kingdom 2012* explained that patterns of injecting drug use are changing, with a tripling in the number of people injecting amphetamines or similar substances between 2002 and 2012. The infection risk for all drug users remains high. Presenting the findings at the Society for the Study of Addiction annual scientific symposium, Vivian Hope, a PHE expert in infections among people who inject drugs, said: "The potential impact of the changing patterns of drug use must be explored, and the implications for research, service provision and harm reduction carefully considered."
- Authorities in France have reported that a kitten has been diagnosed and confirmed with rabies. The kitten was found on 25 October 2013 in the town of Argentueil, Val d'Oise, to the northwest of Paris, and died on 28 October 2013. Anyone who has been bitten, licked or scratched by a kitten or cat in this area of France since 13 October 2013 was urged to seek medical advice.

Winter health summary produced

In November PHE published the first "winter health watch summary" of 2013, which brings together surveillance reports on flu, norovirus, syndromic surveillance, cold weather and mortality.

The first report found there to be no significant excess all-cause mortality across the UK in week 44 (28 October to 3 November), nothing of significance to report from all syndromic surveillance systems during week 44, and indicators of influenza activity were at minimal levels suggesting no community transmission at present.

In the two weeks between 23 October and 5 November, the hospital norovirus outbreak reporting scheme (HNORS) recorded two suspected or confirmed outbreaks of norovirus, both of which led to ward/bay closures or restrictions to admissions and both were recorded as laboratory confirmed due to norovirus. All regions of England have been at Cold Weather Alert level 1 since 1 November 2013.



Paul Cosford

Director for Health Protection and Medical Director

Over the past month, the Health Protection directorate has been busy initiating the plans and activities that have been put in place to deal with the health challenges that accompany the winter season.

Our advice is aimed at helping people to stay safe and well in their homes during the cold months. The first 'winter health watch summary' was published, revealing activity across many parameters to be low at present.

In Carbon Monoxide Awareness Week, we raised awareness of the dangers of carbon monoxide poisoning within the home. Also during Self-Care Week, we advised how best to deal with cold and flu symptoms without the use of antibiotics.

Recently the world has seen the devastation and loss of life caused by Typhoon Haiyan in the Philippines. With tragic natural disasters of this nature, the threat of infectious diseases to the population in the area affected is very high.

The implications for public health have been enormous, with extremely limited supplies of clean drinking water and food and the potential for the rapid spread of disease. PHE has sent two senior health specialists to work alongside the World Health Organization to assess the key public health needs and support the response.

As ever, it would be great to hear from you, so please do get in touch via news@phe.gov.uk with any questions or feedback that you might have on the topics covered, and any suggestions for the key issues you would like to see covered in the next issue.

HIV figures show many are unaware

A PHE report published on 20 November showed that there are currently 98,400 people currently living with HIV, 21,900 of whom are unaware of their infection. Around half (47%) of the 6,360 newly diagnosed with HIV in 2012 were identified late, which is a concern as early HIV diagnosis and timely treatment can nowadays mean a near normal lifespan.

The report was published in the run-up to National HIV Testing Week (22-29 November) which aimed to raise awareness of the benefits of testing, and encourage black Africans and men who have sex with men, who are the main at-risk groups, to get tested.

Kevin Fenton, director of health and wellbeing, said "National HIV Testing Week is a great opportunity to alert people to the benefits of testing – for individuals and for the UK's public health. PHE is urging members of the public, clinicians, commissioners and community leaders to support and engage with the campaign."

National guidelines recommend that HIV testing should be offered routinely to everyone admitted to hospital and people registering with a GP surgery in areas of the country with HIV prevalence greater than two per 1,000 people. Introducing additional ways to get tested, such as home-sampling services, is also encouraging more people to test.

PHE awarded Gates grant for test

PHE has been awarded a £1.1 million (US\$1.7m) research grant from the Bill & Melinda Gates Foundation to develop an innovative point-of-care test (POCT) to assess childhood immunity to measles and tetanus, using oral fluid samples.

The research could deliver a universal approach for monitoring population immunity and vaccine coverage in the future. The first major field tests will be performed in Uganda in the next 18 months to define performance for monitoring routine vaccine coverage in real settings.



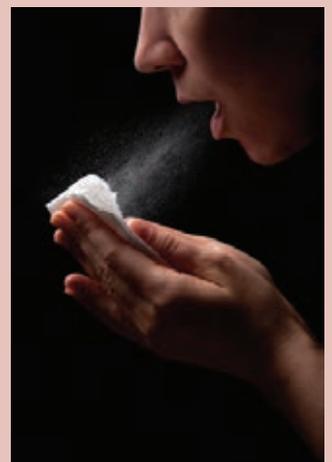
In brief

Carbon Monoxide Awareness Week held from 18 to 24 November

As part of Carbon Monoxide Awareness Week, PHE advised people to have their fossil fuel and wood-burning appliances – such as boilers, heaters and cookers – checked by an appropriately registered engineer before winter sets in. PHE also recommended that people should fit an audible carbon monoxide alarm in their homes that meets European Standards EN 50291.

Self-Care Week held from 18 to 24 November

Each year Self-Care Week is aimed at helping people take care of themselves during the cold and flu season using simple medicines such as paracetamol or other chemists' products. Monday 18 November also marked European Antibiotics Awareness Day, which aimed to raise awareness of the risks associated with the inappropriate use of antibiotics and how to use them responsibly. A key message of the week, from PHE and the Royal College of General Practitioners was that the symptoms of colds and flu like illnesses can usually be managed using over-the-counter medicines and do not need antibiotics.



PHE comments on primary care based screening for tuberculosis

A primary-care based screening programme could help tackle tuberculosis in the UK, according to a comment from PHE published in *The Lancet*. The programme would involve screening for latent tuberculosis among high-risk groups – people aged 16-35 years, who entered the UK in the past five years from a country with an incidence of 150 cases per 100,000 or higher.

PHE issues Philippines typhoon travel advice

Typhoon Haiyan (Yolanda) made landfall in the central part of the Philippines on 8 November 2013, affecting an estimated 11.8 million people with over 900,000 people displaced from their homes. PHE sent senior health specialists to Manila to work alongside WHO in assessing the key public health needs and strongly urged people who were considering travelling to the Philippines to consult the Foreign and Commonwealth Office for up-to-date travel safety advice.

Health and wellbeing

News and views from the Health and Wellbeing directorate

Screening programme shares good practice

The UK National Screening Committee's Sickle Cell and Thalassaemia screening programme is being used as a model by a team in Nigeria who hope to emulate its success.

The country has the largest population of people with sickle cell disease in the world with around 150,000 babies born with the condition every year.

Dr Baba Inusa (pictured below) has been working closely with programme manager Cathy Coppinger, and Dr Yvonne Daniel, scientific advisor for the screening programme in the UK, in order to support and assist the Nigerian team in implementing effective screening in Africa.

Speaking about the rollout Baba said: "The introduction of this screening programme has been four years in the making and has finally come about thanks to the hard work and dedication of a collaboration of people including colleagues in the US, friends from the UK NSC and a dedicated task force in Nigeria.

"We piloted the programme back in 2009 with great success which culminated in the first World Sickle Cell Day celebration by the Federal Ministry of Health in June 2010. Since then we've come a long way and have backing from the first lady of Katsina state, Dr Fatima Ibrahim Shema, who has single-handedly helped thousands of patients by offering free medication. We are now looking to develop a needs assessment tool with our colleagues in the CDC Atlanta and hope to translate many of the UK NSC resources about the condition into Hausa, the local language."



Kevin Fenton

Director of Health and Wellbeing

As we approach the festive season, it's worth taking a few moments to think about how we can be good to our bodies over what is, let's face it, a time of over indulgence. A chocolate here. Some peanuts there. And how many of us can resist a glass or two of wine with lunch? But do we really know how much we are drinking?

Alcohol Awareness Week last month asked us all to start having conversations about alcohol, so I started a conversation of my own by tackling the subject in a blog post on PHE's Public Health Matters Blog (see <https://publichealthmatters.blog.gov.uk/2013/11/20/having-the-conversation-about-alcohol>).

I was really pleased to host a conference launching PHE's Healthy People, Healthy Places programme last month. Helping to improve the nation's health through better planning and design to reduce the impact of a poor physical and natural environment is a PHE priority – and I am proud to know that PHE is providing leadership and advocacy, building partnerships and bringing stakeholders together; developing the evidence base and providing practical support and capacity building through training and development.

Finally, I am happy to report that the directorate is continuing to mature and recently we welcomed two new leadership colleagues.

Elaine Rashbrook joined us last month as divisional consultant for population and behavioural health and Linda Hindle will be joining us this month as allied health professional lead, where her main focus will be to increase the contribution of the 12 allied health professions to improving health and wellbeing. I hope you will join me in welcoming Elaine and Linda to the organisation.

Change4Life launches new ‘Couch to 5k’ exercise app

The new Change4Life Couch to 5K running app has officially launched and is now available to download from iTunes and Google Play.

Couch to 5K is a fantastic running programme that was designed to get just about anyone off the couch and running 5k, in only nine weeks.

You don't need to be fit to give Couch to 5k a go. It's all about starting off slowly by walking for one minute, then running for one minute – the voiceover (Laura) will guide you throughout the programme. And you also have the option to sync your own playlists. It's as simple as that. Breaking each session down into bite-size chunks makes it more fun and makes your goal much more achievable.

Thousands of people have already tried Couch to 5k and been amazed by the results. In fact, within 5 weeks of its launch, it had achieved over 30k downloads. So please do help us spread the

word by telling your family and friends. Or why not give Couch to 5k a go yourself?

The Change4Life team would love to hear your feedback – contact karen.murrell@phe.gov.uk.



Impact of harmful drinking means we need to talk about alcohol

Tackling the impact of harmful drinking is a key public health priority. Alcohol consumption is linked to a range of health disorders, including high blood pressure, heart disease, stroke, liver disease, some cancers, and depression.

Most people drink alcohol responsibly, but there are still many who drink to excess. Around nine million adults in England drink at levels that pose some risk to their health, with an estimated 1.6 million having some degree of alcohol dependence.

Most people are unaware that they are drinking over the lower-risk limits (the lower risk guidelines are that women should not regularly drink more than 2 to 3 units a day and men should not regularly drink more than 3 to 4 units a day) and most are unconcerned about their use of alcohol. And healthcare professionals are often reluctant to raise the issue of drinking with patients for fear of being seen to criticise someone's lifestyle.

Recently, charities and other organisations including PHE have been raising awareness of the harms of alcohol and encouraging people to “Have the Conversation” (see <https://publichealthmatters.blog.gov.uk/2013/11/20/having-the-conversation-about-alcohol/>) about alcohol as part of Alcohol Awareness Week (18-24 November) (see www.alcoholconcern.org.uk/campaign/alcohol-awareness-week).

Evidence tells us that for most people who are drinking more than the lower-risk levels, brief advice given by a healthcare professional is an effective way to encourage them to reduce their consumption.

While doctors and other health professionals clearly have an important role to play, raising the issue of alcohol is a job for all of us. We do not have to be experts in alcohol, we just have to be courageous and realise that we are in a great position to help people help themselves.

New drug and alcohol competence resources available

A new online resource providing skills advice, guidance and signposting for those working to help people with drug and alcohol issues is now available.

This one-stop shop of advice, guidance and resources provides the information about the skills that people who work with people affected by substance misuse need. So if you are thinking of working in this area or are already working with people affected by

substance misuse either as a specialist, managing a team or commissioning services, you can visit the user-friendly portal to find useful information and guidance on becoming highly skilled at working in this area.

To find out more about the new online Drug and Alcohol Competence Assessment Framework visit the website www.dcaf.sjfk.com.

Knowledge

News and views from the directorate of the Chief Knowledge Officer

Cancer registration system goes national

In November, the last of PHE's regional cancer registry data was migrated into the Encore system creating a single National Cancer Registration Service (NCRS) in England for the first time, *writes Jem Rashbass, CKO deputy director, national disease registration.*

This incredible achievement marks more than three years of hard work, commitment and expertise from the NCRS team (pictured), the 200 cancer registration staff in England and many colleagues from across wider public health and the NHS. The migration has been much more than just the rollout of a new data processing system. We have created new roles, processes and changed practice across all eight regional cancer registries to harmonise cancer registration into a single national service. To illustrate the scale of this achievement, the NCRS:

- collects near-real-time data on all tumours diagnosed in the 52 million population of England
- receives data from 12 national feeds and more than 500 local systems, including around 1,700 weekly multidisciplinary team meetings (MDT) from 162 acute trusts and a range of private providers
- processes 200,000 records each month including pathology reports, patient administration, imaging and MDT information
- includes details of treatments, including radiotherapy and surgery, and there are links to all three cancer-screening programmes
- provides high-quality data on chemotherapy from nearly all providers through the Systemic Anticancer Therapy (SACT) project
- includes molecular test results from the specialist laboratories and incorporates the entire extended dataset from the first phase of the Cancer Research UK (CRUK) Stratified Medicine Programme
- includes responses from the Patient Reported Outcome Surveys and we are working with palliative care teams to collect end-of-life care data. In partnership with the Brains Trust and CRUK we have created an online portal through which individual patients can access and contribute to their own records



John Newton

Chief Knowledge Officer

Ensuring that we provide public health advice and improvement programmes based on the best available evidence is central to PHE's mission. In order to develop an evidence base that will support advances in health protection and health and wellbeing locally, nationally and internationally, we need to work closely with our academic partners.

It is our aim, as set out in the PHE's knowledge strategy, to develop a research strategy to support the whole public health system. This strategy will be completed by March 2014. It will describe how PHE will facilitate and support population and public health research conducted by its partners and the research that will be undertaken by PHE. The strategy will ensure that public health research demonstrates academic excellence and value for money. It will enable PHE, alongside its partners, to identify national priorities for research in alignment with current and future population and public health needs.

PHE's research and development team has started the process of reviewing the extent and type of research undertaken across PHE. This will help us to map and develop our own research activity and manage and develop our academic workforce.

I am very excited by these developments and look forward to working with all of you to deliver a research strategy that will underpin future advances in public health. As the year draws to a close, I would like to thank you for your continuing commitment to providing high-quality information and know-how to support the work of PHE and our partners.

I would also like to congratulate the National Cancer Registration Service team, which has worked so hard to deliver a single national cancer registration system for England for the first time. This new system will contribute enormously to the drive to improve outcomes for cancer patients.

Best wishes of the season to everyone.

Making a difference for people with learning disabilities

Gyles Glover, co-director of PHE's Learning Disabilities Team describes the work of Improving Health and Lives, an initiative to improve information on the health of people with learning disabilities.

People with learning disabilities have worse health and they die younger. Equalities legislation means that the health service should make "reasonable adjustments" to ensure they are able to get as much benefit as others.

In 2007 Mencap reported the cases of six individuals who died prematurely, having received appalling care in NHS hospitals. The subsequent independent inquiry led the Department of Health to set up a specialist public health observatory and a confidential inquiry for premature deaths in people with learning disabilities. Mencap named the two initiatives Improving Health and Lives (IHaL).

The IHaL Learning Disability Observatory is a collaboration between former public health observatory staff, now in PHE, researchers in the Lancaster University Centre for Disability Research, and policy and change specialists at the National Development Team for Inclusion.

Together we work to identify relevant statistical and qualitative data and research evidence about the health and healthcare of people with learning disabilities, making it easily accessible through our annual report, Health Profiles and other publications.

We do in-depth studies of key topics and work to "share the learning" by running education and training days (10 per year) and producing short, focused evidence-into-practice bulletins. Where there are important gaps in the data collected by the Health and Social Care Information Centre and other statistical



(l to r): Shaun Webster, who has learning disabilities and works as a project co-ordinator with Change People, a national third sector human rights organisation (see www.changepeople.org), Gyles Glover and Amanda Kenney from PHE's IHaL Learning Disabilities Observatory, and Dominic Slowie, NHS England's national director for learning disabilities at a "Sharing the Learning" event

agencies, we work with them to remedy the deficits.

Current work includes supporting the Winterbourne View joint improvement programme, examining the progress of the national autism strategy, exploring the information needs of health and wellbeing boards, reviewing the progress in implementing hospital reasonable adjustments, and learning disability health checks.

You can find out more about our work and publications at the website www.ihal.org.uk.

News in brief

Public Health Outcomes Framework updated

In November the Public Health Outcomes Framework (PHOF) was updated. Data for the overarching indicators on inequalities in life expectancy was included for the first time. The update also included new provisional information on inequalities in male and female life expectancy in England and by upper tier local authority. The next update is scheduled for February. For comments or queries, contact phof.enquiries@phe.gov.uk. You can also follow developments on Twitter at @phoutcomes.

PHE surveillance programme

The PHE surveillance group is undertaking a stocktake of surveillance systems to clarify data sources, flows, functions and outputs. System owners will be contacted to contribute to this process. There is also a review of existing surveillance standards to inform the development of a common set of surveillance standards across PHE and to define a minimum standard model for surveillance outputs. If you are interested in contributing to this work, please contact Sam Organ or Jürgen Schmidt.

Regional news: North

News and views from the PHE North of England region

Making Every Contact Count for dental patients

The Dental Public Health Humber team of the Yorkshire and the Humber PHE Centre have been involved in developing and leading an innovative training programme, the first nationally, to help primary care dental teams make the most of every patient contact.

The dental pilot programme is testing a new care pathway approach which includes a greater focus on prevention. It is likely that elements of this will be included in the new dental contract, due to be implemented in the next couple of years.

Sally Eapen Simon, specialist registrar in dental public health at the centre, said: "It is evident that dental practice teams will need to adopt more of a public health approach to their clinical practice and make greater use of the skill mix. We have been supporting this by providing

leadership and encouraging a change in culture.

"There is a growing body of evidence demonstrating the effectiveness of lifestyle behaviour change and a series of policy documentation and NICE guidance to support this. As part of our strategic plan for a more preventative approach in primary dental care services, we wanted to develop a dental workforce trained in 'Making Every Contact Count' (MECC)."

To achieve this, tailored training for dental practice teams has been developed and delivered in practices across the Humber area.

It highlights the importance of dental teams helping patients adopt healthier lifestyles by signposting them to services. It also recognises the role that they play in sharing evidence-based prevention

messages to encourage patients to enjoy improved oral and general health.

Following the training of more than 30 MECC trainers from both NHS dental practices and oral health promotion teams across the Humber, practice-based MECC training for dental practice teams is currently being cascaded across Hull, East Riding, North and North East Lincolnshire.

Sally said: "This new training is really helping us to support practices by preparing them for their public health role under the new dental contract and is really driving the re-orientation of primary NHS dental care services in the Humber towards prevention.

"There are plans to evaluate this initiative with a view to extending it across the whole of Yorkshire and the Humber."

Report shows dementia diagnoses are high in the North East

A new report about dementia in the North East has been published by the Northern and Yorkshire Knowledge and Intelligence Team.

It reveals that the diagnosis rate in the region was 51% last year – significantly higher than the England average of 45.2%.

The report also provides further insight into issues affecting people with dementia living in the 12 local authority areas in the North East. In particular it aims to:

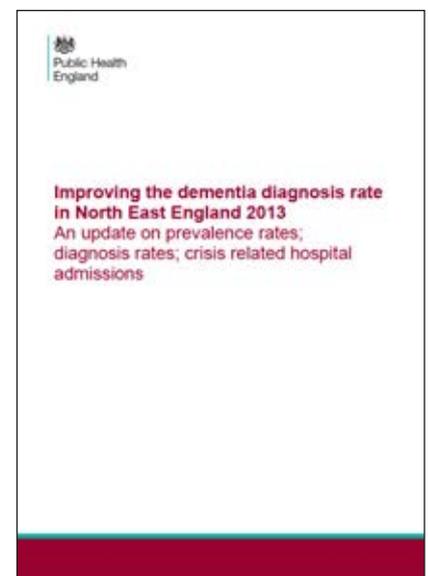
- investigate the progress being made on the national strategy to improve rates

of diagnosis

- quantify the changes in the rate of detection and diagnosis over a recent six-year period
- investigate the recent trends in the number of people being admitted to hospital in an emergency where the primary diagnosis was recorded as dementia.

The report, which was written by the team's Michael Jackson, adds to the evidence base on dementia for health and social care professionals, policy makers and commissioners of services.

It can be found at www.nepho.org.uk/publications/1218.



Importance of mental wellbeing highlighted in North West

A report recently published by the North West England Knowledge and Intelligence team found that while there has been an increase in people within the region reporting to be in “very good” health (increase of 18.2%), and more people with greater life satisfaction (increase of 10.5%), people with long-term conditions had a significantly lower level of mental wellbeing than average.

The first *North West Mental Wellbeing Survey* published in 2009 showed that people with good mental wellbeing have higher life satisfaction and are much more likely to be in employment, educated, healthy and have closer relationships with others.

The follow-up report revealed that while there has been little change in average mental wellbeing across the North West between 2009 and 2012/13, there have been significant changes in some of the key factors that influence wellbeing.

Across both survey years, relatively low levels of mental wellbeing were more likely to be found among people living in the most deprived areas and among those aged 40 to 54 years.

The survey findings will be used by local authorities and their partners across the North West to support local action to improve mental wellbeing. They will also be used alongside the ‘Five Ways

to Wellbeing’, to increase awareness of the importance of mental wellbeing in improving people’s lives.

The *North West Mental Wellbeing Survey 2012/13 report* can be seen at: www.nwph.net/nwpho.

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.

Team celebrates as Gail masters her public health degree course

The Yorkshire and the Humber PHE Centre’s West Yorkshire health protection team has been celebrating with health protection nurse Gail Evans after she completed her Master’s degree in public health.

Gail set off on her Master’s journey back in 2008, and five years, one major health service reorganisation, eight modules and one dissertation later, she has passed with a merit award.

Gail said: “I would like to thank the senior leadership team within PHE, and previously within the Health Protection Agency, for their ongoing support which enabled me to apply for and complete my studies. I would particularly like to thank our health

protection team director Mike Gent who, at the beginning, patiently listened to my angst and provided much-needed support to get me back into learning after a gap of a number of years.”

Gail completed her studies at Manchester University, but thanks to the distance learning model, has only visited the university once so far. She is now looking forward to visiting once again for her graduation ceremony.

“I have thoroughly enjoyed the academic challenge of my Master’s and now I have finished I have so much time on my hands,” Gail said. “The Christmas shopping is complete, and the house is clean and tidy – now I need a new challenge!”



Gail Evans

Travellers’ tales: Henrietta Harrison



Henrietta is the unit head of the Environmental Hazards and Emergencies Department in CRCE. It might be a little hectic organising the kids for the school run, but compared to being stuck on the District Line her commute to Chilton is a breeze, says Henrietta Harrison (known as Ben). Ben, who for eight years cycled to work between Putney to New Cross in London, begins her journey at 7:25am after the first of her two children sets off for the local bus stop. She says: “I drop the other off at Goring even though both go to schools in Abingdon. If the weather is awful I wait with her until the bus arrives.” Driving through the rolling Chiltern hills, Ben flips between Radio Four and Radio Five Live depending on the sports coverage. She said: “I’ve been listening a lot to Radio Five Live recently because of the Ashes – although it’s been rather depressing. “I really enjoy the beautiful countryside. As far as commutes are concerned, I’d say it is a good one.”

Our wellbeing

Workplace wellness scheme aims to support staff

PHE is committed to providing a safe and healthy work environment for our staff. We want an environment where all staff feel supported and inspired to work to the best of their ability.

PHE has appointed Right Management Workplace Wellness (Workplace Wellness) to provide a new and independent employee support service called the Employee Assistance Programme (EAP).

The EAP will offer all employees 24-hour access to confidential, independent, professional information and emotional support.

The EAP complements several support services already provided, including occupational health and Big White Wall. Employees can access these directly at any time during the working day and in total confidence.

Services offered to help you

Many people will benefit from professional, independent advice, help and support at some stage during their lifetime.

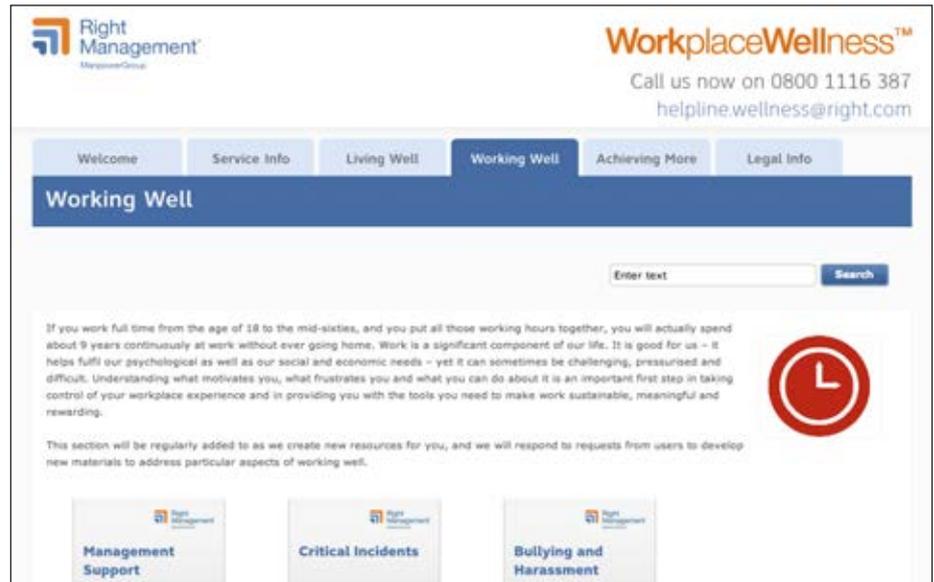
The Workplace Wellness EAP is a free, confidential service that offers expert guidance, invaluable information, specialist counselling and support at any time, day or night, either over the telephone or online.

Where appropriate, the Workplace Wellness EAP can also provide you with up to six sessions of counselling with a counsellor close to where you live or work.

Helping you to cope

The EAP can help you prepare for, and cope with, life's challenges – situations that could cause you to become distracted, anxious, or feel out of control.

The EAP can help you deal with these, and provide the support and information



you need. This includes help and advice about:

- consumer rights and legal information – benefits, housing problems, tax credits, disability, neighbour disputes
- debt management and budgeting – creditors, financial health check
- emotional support – poor work/life balance, illness, crisis, anxiety, loss, self-confidence, workplace pressure
- family relationships – communication, marriage, civil partnerships
- health and wellbeing – problems sleeping, fitness, weight management, alcohol, nutrition
- work and career issues – change, team dynamics, work overload, and conflict

The Workplace Wellness team members are expert and professional at helping you to proactively identify, plan and manage life events helping you to stay in control, happy, healthy and fully focused on life and work.

Help in times of crisis

Some events are less easy to predict, such as a bereavement or serious illness. Workplace Wellness is available to provide

practical assistance and professional emotional support, any time day or night, to help you through these difficult times.

Help when you need it

The message is: “It’s OK to ask for help and every employee, whether full or part time, manager or team member, can benefit from this service.”

The EAP is available 24 hours a day, seven days a week, online or on the phone to provide the expert help, information and support you may need.

Your questions will be answered promptly or you will be referred to the most appropriate advisor, counsellor, or source of information, including legal, financial, consumer and personal – all in confidence.

Using the Workplace Wellness EAP

Call 0800 1116 387 any time or visit:
www.wellness.rightmanagement.co.uk/login
 Username: dhwell

PHE signs up to deal to tackle domestic violence

In late November Duncan Selbie signed the Public Health Responsibility Deal Domestic Violence Pledge at Wellington House in London.

The pledge states: ‘We will treat people within our organisation with respect and dignity. We will do everything we can to prevent stalking, violence or abuse either in the workplace or that which has an effect on people in the workplace, whether from a colleague, family member or anyone else. This will include having guidance in place which is suitable to the size of our organisation. The guidance will ensure that an appropriate, safe and sensitive response can be implemented and our employees supported when they raise such an issue.’

With one in four women and one in six men affected by domestic violence during their adult lives, every workplace up and down the country is touched by this issue.

In 2011/2012 7.3% of women and 5% of men reported having experienced domestic abuse (according to the crime survey for England and Wales). This is equivalent to an estimated 1,200,000 female victims and 800,000 male victims.

Of these, over 400,000 women were sexually assaulted, 70,000 women were raped and thousands more were stalked.

These crimes are often hidden away behind closed doors, with the victim suffering in silence. Fewer than one in four people who suffer abuse at the hands of their partner – and only around one in ten women who experience serious sexual assault – report it to the police.

There are four main types of abuse: physical violence; sexual violence; threats of physical or sexual violence; and psychological/emotional violence.

Psychological/emotional violence can include humiliating the victim, controlling what the victim can or cannot do, withholding information, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from family/friends and denying the victim money or other basic resources.

Domestic abuse is not just a criminal issue. It affects all sectors, including public health. Domestic abuse is also a housing, human rights, child protection and mental health issue.

All relevant sectors need to play their part in reducing and preventing domestic violence.

At a fundamental level, employers have a responsibility to support and protect their employees. A staggering 75% of domestic abuse victims are targeted at work – from harassing phone calls/text messages and emails to abusive partners arriving at the workplace, often leading to physical assault or homicide. A supportive work environment can give employees the opportunity to seek the help they need and stay employed.

Between 25 November and 10 December, PHE rolled out “16 days of action”, each day providing a range of podcasts, posters and briefings aimed at supporting staff, raising awareness and increasing understanding of domestic violence.

All PHE staff were encouraged to actively engage in this initiative, taking time to learn about domestic abuse by listening to the podcasts, viewing webcasts and reading the briefing material provided.

Staff working with stakeholders such as local government, were asked to help promote actions such as signing the Public Health Responsibility Deal Pledge on Domestic Violence and promoting awareness of the domestic violence podcasts and briefings to support local action.

Staff in the Health and Wellbeing and Human Resources directorates continue to work together to map relevant policies and identify training needs to ensure the right tools and processes are in place to support staff who disclose domestic violence to line managers, and for managers supporting employees.

PHE has gained corporate membership of the Corporate Alliance Against Domestic Violence (CAADV).

Help and advice is available 24 hours a day from the National Domestic Violence Helpline at 0808 2000 247. More information can be found at: www.gov.uk/domestic-violence-and-abuse.



Duncan Selbie signed the pledge on behalf of the organisation in November

Nursing

News and views from the Nursing directorate

Nursing the nation's health – a week of action

The national strategy for nursing midwifery and care staff *Compassion in Practice* was launched a year ago. Best known for the “6Cs”, the strategy includes six areas for action, the first of which is a focus on health wellbeing and supporting independence. Our first week of action for this area was held recently with really positive participation from nurses and midwives.

The week was titled Personalised Care and Population Health – not different things, rather how we achieve both through using our nursing and midwifery knowledge and skills and best practice.

The week focused on the 6Cs of care, compassion, competence, communication, courage and commitment alongside six domains of personalised care and population health: wider determinants of health; health improvement; health protection; healthcare public health and making every contact count; and supporting health wellbeing and independence and life course in early years.

We did frontline visits, conferences, teaching and used social media including blogs, quotes, webinars and tweeting – including Twitter chat via @WeNurses. All the information is set out at: <http://vivbennett.dh.gov.uk/?p=1424>.

Viv Bennett said: “This was our first attempt to use the full range of social media in a focused campaign to connect with the professions. My blog site got over 1,300 views and we had over 940 tweets and re-tweets, with a further 880 tweets during the @WeNurses chat. This is fantastic for spreading and celebrating nurses’ and midwives’ roles in improving and protecting health.”

The feedback from this event will be used in the next Week of Action, which will focus on health protection. This will include antimicrobial resistance, immunisation and tuberculosis, and we would really value ideas from PHE nurses. We would also welcome contributions – interviews, case studies, guest blogs and tweets – and the nursing press will also support the work. It will be a

great opportunity to demonstrate how much nurses and midwives do to protect health.

Compassion in Practice sets out a range of ambitions and PHE has supported nursing and midwifery professions to make significant progress on them all. The ambitions are to:

- promote the public health role of nurses and midwives
 - develop “models” for nursing and midwifery public health
 - strengthen the evidence base for services and practice
 - promote making every contact count
 - increase capacity and extend competence in new public health skills for specialist practitioners
 - maximise the leadership role of specialist community public health nurses
 - progress nursing contribution to public health in mental health, learning disabilities and dementia
 - promote a social movement of health promoting practitioners to public health.
- We look forward to working with PHE nurses and midwives on all of these in 2014.



Nikki Banyard (second from right), a PHE immunisation specialist nurse, joined in a roadshow at Westfield shopping centre in London to promote vaccination. Nikki took part along with partners including paediatrician Dr Ranj Singh, presenter of the children's TV show *Get Well Soon*

Keeping on top of regulation and revalidation

Nursing & Midwifery Council (NMC) registration is a legal requirement for all working in any capacity as a nurse.

It is important that PHE can confirm that all nurses have up-to-date registration, so please ensure your manager has your NMC PIN details. Your appraisal and mid-year review will also provide the opportunity to update your NMC registration details.

There are also nurses working in PHE in other posts who wish to keep up the NMC registration – please contact Joanne Bosanquet if you would like to

discuss how we can support you to do this. Please send your emails to marina.knell@phe.gov.uk.

Evidence of fitness to practise is brought into the spotlight as the NMC consults on nursing and midwifery revalidation; to come into effect by the end of 2015. PHE is represented at strategic level discussions by Viv Bennett and Joanne Bosanquet, who will work with Paul Cosford's medical revalidation team on learning from medical revalidation and more broadly how we can work together for a multidisciplinary approach to PHE professional leadership.

People

Cathy Ison retires after career tackling STIs

Cathy Ison is retiring after nearly 10 years with PHE and its predecessor organisations.

Cathy (pictured) spent most of her earlier career at St Mary's in London, and came to Colindale in 2004 to set up the Sexually Transmitted Bacteria Reference Unit (formerly the STBRL).

Cathy has made an enormous contribution to the science and practice of sexually transmitted infection control, both within the UK and internationally, and has mentored a new generation of scientists in this field.

Colleagues at Colindale marked Cathy's retirement by hosting a "Farewell Mini-Symposium" to outline her achievements.



North East staff get together for team building and raising funds for children

Staff at the North East PHE Centre got into the fundraising spirit for this year's Children in Need.

Staff aimed to raise money for a worthy cause and also have a team building event to bring together staff who have moved into the centre from various

different predecessor organisations.

Mary Murphy, regional quality assurance co-ordinator for bowel cancer screening, part of the Health and Wellbeing directorate, said: "It was a really good day with a number of staff, who are fabulous bakers, bringing in the most gorgeous cakes they had made.

"One very creative and artistic baker made a Pudsey cake that was raffled. There was a raffle with almost 50 prizes contributed by various staff members.

"The day was made more successful by the fact that lots of colleagues from NHS Education and NHS England, who work on adjoining floors came to buy raffle tickets and cakes."

At the end of the event the staff at the centre managed to raise a total of £520.



The sought-after Pudsey cake

Alistair races to top

When PHE Greater Manchester Centre-based Alistair Rutherford is not pursuing excellence in public health as a screening and immunisation co-ordinator, he is going for gold in the velodrome as part of the Wheelbase Altura MGD men's pursuit team.

Alistair's sporting prowess was recently rewarded when his team won the gold medal for the Open 4000m Team Pursuit event at the British National Track Championships held at Manchester's National Cycling Centre.

Alistair (pictured) said: "I've been national champion in other areas of cycling in the past but winning this race has been hard, I've been close for the last three years, taking second place each time. I find that cycling and work mix really well. Within public health we like to live the values we have; working as a team, being healthy and supporting each other. I also like to cycle to meetings as all NHS sites have facilities and it helps the environment.

"I'm still training like mad at the moment as the Commonwealth Games is not that far away. PHE is supporting me in trying to qualify, so I'd like to take this opportunity to say a huge thank you to everyone."



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: Louise Casey Head of the Troubled Families programme

Louise Casey is head of the government's Troubled Families programme, which is working with local authorities and other bodies, including PHE, to help 120,000 troubled families turn their lives around. She believes that intensive family intervention is the most successful approach—a dedicated worker goes in to the family home and builds relationships and trust, offers practical help and support, unravels the complex problems within the family and then works to bring about change.

What are troubled families?

"They are families where children aren't going school, where there is youth crime and anti-social behaviour, where parents don't work and where there may be other problems such as domestic violence, poor mental and physical health, and drug and alcohol misuse. These families often have entrenched, long-term histories of suffering and causing problems. They may have been known to services for years, but in spite of multiple contacts by numerous agencies, haven't changed."

What's the challenge?

"The programme is ambitious. We aim to turn around the lives of 120,000 families in England by 2015. Troubled families co-ordinators are working in all 152 upper-tier local authorities, making sure the right services and the right workers are in place. So far, 92,000 families been identified by local authorities as eligible for help, 62,000 are being worked with and more than 22,000 families have been turned around. We estimate that the cost of troubled families before the Troubled Families programme was £9 billion a year (around £75,000 per family), £8 billion of which was being spent reacting to problems—things like A&E attendances, police callouts, and pupil referral units.

"These families struggle with ingrained problems. They are seen by lots of professionals from public services and despite the involvement of many agencies, there has been a collective failure to get to the root causes of the problems. To help these families to change, we need intensive intervention by dedicated workers who focus on the whole family and help fix the underlying problems.

"Some of these families seem to have dominated public services over generations. It's no surprise we have failed to challenge them or address their needs. It's not easy. We are talking about children of prisoners ending up in prison themselves. Women who have been in care are preyed upon by partners who abuse them and then go on to have children who are more likely to be in care, out of school or in trouble with the police. We have done a lot to rebuild estates, improve the landscape and open children's centres. But we haven't

done enough before to get in to these families' lives to give children and parents the chance for a different future.



What can PHE do?

"The establishment of PHE could not be better for the Troubled Families programme. We are buoyed by the fact that PHE has made troubled families one of its priorities. I met Duncan Selbie early on in the programme and thought, 'Wow, this guy gets it. We are onto something.'

"PHE is working with us at national level. We also need health specialists to work on the ground as part of family intervention teams. They need to see what is happening in the home if we really want to get to hard-to-reach, socially excluded groups. The power of family intervention when done well is immense; it can move mountains. Most of these families don't want to be troubled—we just need to unlock the system to help them.

Why is health so important?

"When I meet troubled families, so often, their physical health needs—as well as mental health needs—scream out at you. People walk around with dreadful conditions like diabetes that are treatable. Very often the impact of drink and drugs and smoking is visible. They're not eating well—they may be obese at one end of the scale or undernourished at the other. Many troubled families aren't accessing the health services available to them and family intervention can help with that.

"I am so struck in this job by the impact of practical stuff. I met a woman from a troubled family whose self esteem was rock bottom partly because she had no teeth. Her family intervention worker helped her get dentures. She felt transformed and suddenly able to start tackling her other problems.

"Someone's family intervention worker could be the first positive authority figure they've had in their lives. Yes, they have to be honest and they have to be challenging, but if you feel that people care for you, it makes a big difference. The answer is to make people believe in themselves. Then they can start to rebuild their lives.

What keeps you going?

Most days, huge amounts of strong builders' tea! This programme sometimes feels like a once-in-a-lifetime opportunity to do something differently with families who've been failed by the system for too long. What I feel is a sense of urgency to help the children in these families."