



Public Health
England

September 2013

PHE News

The staff magazine for Public Health England

**First staff
staff survey
coming soon**

**Feedback
from the
working
together
event**

**News and
views from
across PHE**

Keen to quit with Stoptober

**How Lauren Day plans
to kick the smoking habit**



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First word

Duncan Selbie
Chief Executive



I hope you have found an opportunity in the summer months to take a well-earned rest and recharge your batteries after what have been a highly productive first few months for PHE.

The return to post-summer working life is a busy time, but also a great opportunity to make healthier choices.

You will have seen the launch of Smart Restart, our new Change4Life back-to-school campaign, to support families across England to make a healthy start to the new school year.

It encourages children to spend less time in front of television and computer screens, do more physical activity, and eat healthier snacks and meals.

The need for this was highlighted in the recent PHE report *How healthy behaviour supports children's wellbeing*, which generated much media interest.

Also about to launch is this year's Stoptober anti-smoking campaign.

Stopping smoking is the most important healthy choice people can make, so it is particularly encouraging to see that PHE staff are "walking the walk" and trying to kick the habit with the help of our own campaign. See the story on page 6 for more details.

October will also see the launch of PHE's first-ever staff survey (see page 2). Such surveys are invaluable – giving a opportunity to speak up in a confidential manner about the things that matter to you, and to share your views on how the organisation is managed and operated.

When the survey goes live I urge you to take part and let us know your honest opinions. The survey will be quick to complete and the results will be shared with staff later in the year.

Finally, I look forward to seeing many of you at the first PHE annual conference in Warwick later this month. Coverage of the event will appear in the next issue of *PHE News*.

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News

Have your say on PHE in first staff survey

Have your say! It may be early days but it is important that PHE knows what staff think of the organisation so far, including how it is carrying out its leadership, management and engagement responsibilities.

PHE will be holding its first PHE staff survey in October this year. The timing of the survey and the format is determined by the Cabinet Office, as it will be used by over 100 departments and agencies across Government at the same time.

Questions have been kept to a minimum this year. There will not be any PHE-specific questions but there is a free text box available for staff to give their views on what they would like to change to make PHE a better place to work.

Andrew Cooper, deputy director of organisational development, said: "We want everybody in PHE to do the survey, wherever you sit in the organisation. It does not matter if you are permanent member of staff, a contractor, on a fixed-term contract or secondment into the organisation; we are interested in your views.

"The survey should only take 15 minutes to complete. It is totally confidential and we will make it available in hard copies for those people who do not have ready access to a computer.

"We know that we are still finding our feet as an organisation and it is early to conduct a staff survey but this

information gives us the opportunity to address any problems before they become embedded and to continue doing more of what we are getting right; waiting until October 2014 to hear staff views would be too long a wait."

The PHE People Survey will start on Tuesday 1 October and will run till 28 October though 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. Please look out for publicity throughout September and October explaining how to take part.

John Watson to take up new role as deputy chief medical officer

Professor John Watson, PHE's head of respiratory diseases, has been appointed by Professor Dame Sally Davis as a second deputy chief medical officer.

In his new role John's primary focus will be health protection, with early priorities including antimicrobial resistance and emergency preparedness. This is an exciting new departure for John, pictured right, who has worked at Colindale since taking up a consultant post in 1989 with the Communicable Disease Surveillance Centre within the Public Health Laboratory Service.

He said: "I am looking forward to working across a broad range of public

health issues. It is exciting to have a new challenge at this stage of my career. On the health protection side, the challenges will include an ambitious programme of immunisation developments and addressing antimicrobial resistance. My new task is to interpret and communicate the facts for policy makers, politicians and the public.

"I will continue to work with PHE on many health protection issues, particularly coming to the agency for the science and evidence. There is a large pandemic flu exercise planned for next year and I look forward to working closely with PHE colleagues on that. On a more personal level, my other big

challenge is that I will miss my PHE colleagues greatly, particularly those I have worked with at Colindale for so many years." John takes up his new position in October.



Science Hub update: engagement key to future plans

Work led by Julian Brookes to refresh the strategic vision of the PHE Science Hub has progressed well over the past few months and, in line with our promise to be as open and transparent as we can during the development of the programme, a comprehensive engagement and communication plan has been rolled out for both staff and external stakeholders and partners.

The internal engagement plan was designed to provide staff with a number of different ways in which they could find out more about the hub programme and specifically about the work being done to refresh the strategic vision.

Most importantly it focused on providing engagement opportunities, methods and tools that staff could access easily so they could participate in discussions, provide their feedback and ask questions.

Throughout June, July and August a number of face-to-face formal and informal meetings have taken place,

some in large open groups, others in small groups and many on a one-to-one basis. These included:

- open staff meetings at Porton and Colindale
- meeting with the Partnership Working Group (elected staff representatives)
- a workshop for senior staff, influencers and experts
- small group meetings with senior specialist managers at Porton, Colindale and Wellington House, London
- individual “expert” meetings with senior members of staff

As some staff do not wish to participate and ask questions in meetings, two “drop-in” sessions were held in the cafeterias at Porton and Colindale.

For those wishing to access information online, the revised PHE Science Hub intranet pages provide information and updates about the programme, and a Yammer online forum was set up for staff to share their comments, provide feedback and ask questions.

Richard Gleave, senior responsible officer for the programme, has also provided monthly hub programme updates to staff giving more details of work being done to progress the programme, the rationale for securing the GSK site in Harlow and timelines for the future.

Extensive engagement has also taken place with external stakeholders and partners. These include with DSTL in Porton, Department of Health, the Treasury, MPs, the Cabinet Office, local councils, Cambridge and London universities, The Francis Crick Institute, The Pirbright Institute, The Sanger Institute and a number of commercial partners.

The first version of the work to refresh the strategic vision was presented to the National Executive in early September and once this is approved a further round of engagement opportunities will be held to share the document with staff.

Look out for future invites to Science Hub meetings.

Travellers' tales: Mark Oswald



Mark Oswald is an information technology manager in the North East. He says:

“My commute takes 40 minutes and involves driving through beautiful countryside. My journey is made more pleasurable by the fact I am accompanied by my two-and-a-half-year-old son who attends the nursery adjacent to our office. He is currently planning to work with me when he grows up!”

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

Genomics conference held at Colindale has international flavour



The 16th Conference in Genomics and Proteomics of Human Pathogens was held in Colindale in June. The event was a great success, with many new ideas and applications of new technologies being presented across clinical microbiology. It included a session on culture collections, with presentations from England, Sweden, Japan, Belgium and Germany. A highlight of the meeting was the wide implementation of MALDI-TOF mass spectrometry. The three posters on this subject shared first place in the poster competition. The winners, pictured left to right with Christine McCartney, were Tom Gaulton, Nicola Thorne and Alison Hardy

Microbiology modernised in West Midlands

Clinical pathology in the West Midlands took a leap into the future with the opening of the joint PHE and Heart of England Foundation Trust (HEFT) pathology laboratory extension at Heartlands Hospital on 8 July.

Covering two floors, the world-class development includes a new centralised core laboratory with a 26-metre automated track system to increase quality, efficiency and speed in processing a multitude of tests, from blood to biopsies, all at a reduced cost.

More than 9,000 samples will be turned around 24 hours a day, for the trust and GPs in the surrounding community, with complete turnaround for some samples taking less than a day.

In addition to routine testing, specialist testing for cervical cancer, HPV, chlamydia and MRSA samples from across the Midlands will take place at the new facility, as well as culture and molecular typing of bacteria from cases of tuberculosis.

The entire upper floor of the £11m



The impressive new facilities in the pathology laboratory in the West Midlands. Photo courtesy of Heart of England Foundation Trust

extension is devoted to molecular microbiology and pathology, for the diagnosis of infectious diseases and genetically acquired conditions.

The facility has ultra-modern whole genome DNA sequencing equipment along with high throughput DNA extraction and real-time polymerase chain reaction (PCR) equipment.

This enables the tracing of pathogenic bacteria and viruses via molecular fingerprinting and detecting bacteria that cannot be grown in patient samples.

Peter Hawkey, lead public health microbiologist at the laboratory, said: "The new facilities will enable us to provide a modern and efficient pathology service for patients and help the PHE laboratory to deliver a comprehensive public health microbiology service at a regional and national level."

PHE chief operating officer Richard Gleave and PHE senior advisor on microbiology services Christine McCartney attended the event, while Lord Carter of Coles and trust chairman Lord Philip Hunt unveiled the plaque to mark the official opening.

LGBT group gets seat at networks table

THE PHE Rainbow Alliance (PHERA) is being formally constituted into the Civil Service Rainbow Alliance (CSRA) of governmental and executive agency lesbian, gay, bisexual and transgender (LGB&T) staff groups at the forthcoming CSRA plenary meeting.

Sean Kelleher, chair of PHERA, said: "It's great to see PHERA take a formal seat at the cross-government LGB&T networks table. Our member survey showed that PHE LGB&T staff really want PHE to take an active stance when it comes to tackling LGB&T inequalities and embedding diversity across all of our work."

Director of Health and Wellbeing Kevin Fenton has agreed to be the PHE National Executive champion for LGB&T health

issues. He will be providing a link to PHERA on the work across PHE on tackling LGB&T health inequalities identified in the Public Health Outcomes Framework LGB&T companion document.

Following discussions with the National LGB&T Partnership, a specific group focusing on sexual orientation and gender identity data issues is being chaired by Chief Knowledge Officer, John Newton, to understand the challenges in national data analysis for minority communities starting with LGB&T data.

PHERA has now established a closed Yammer group for members to help promote networking across the organisation. To find out more please email lgbt@phe.gov.uk

Calling all artists

PHE is planning to have a permanent rolling display of artwork produced by staff in the 5th floor reception area at Wellington House – and is seeking artists from across PHE who would be willing to contribute to this mini-exhibition.

The space provides an ideal opportunity to showcase some of the excellent artworks produced by staff. Initially the display will be changed every six weeks or so but we are open to suggestions on timeframes – this is your display space and the aim is to make the most of it.

There are many talented artists in our midst. If you would like to take part in the exhibition, please contact david.gibson@phe.gov.uk.

Supporting quitters during Stoptober

PHE News finds out about the new Stoptober anti-smoking campaign and meets two PHE people who want to kick the habit

“
Christmas Eve was a real test and I cracked
”

Smoking is the biggest cause of premature death in England, accounting for more than 80,000 deaths each year, and is estimated to cost UK “PLC” around £5 billion per year, primarily through lost productivity and absenteeism.

Last year our marketing team, led by Sheila Mitchell, launched Stoptober, a programme designed to help smokers quit, based on evidence that if you quit for 28 days you are five times more likely to quit smoking for good.

The inaugural campaign reached out to 6.5 million smokers, with more than 160,000 people successfully completing the Stoptober challenge.

Thousands of smokers are expected to attempt to quit during Stoptober 2013, including two PHE staff – Lauren Day and Sharon Gall – who have agreed to report back to *PHE News* on their journey.

The Stoptober campaign launches on 9 September, encouraging smokers to join in and get their free support, which includes:

- a Stoptober pack
- a 28-day smartphone app, with daily updates and quitting advice
- a text service for motivational pick-me-ups
- email support

In addition to TV, radio, online and out-of-home advertising, there will be a roadshow taking Stoptober to 30 towns and cities across England.

Stopping starts on 1 October, when those taking the challenge will be supported

throughout their 28-day journey by a number of celebrities as well as tips for coping and encouragement support from thousands of people going through the same thing via social media.

To find out more visit the Stoptober website at www.smokefree.nhs.uk/stoptober.

We do hope PHE staff will support those attempting to quit and help further raise the profile of Stoptober, to ensure we get as many smokers as possible to stop smoking in October, for good. Here we look at some case studies among PHE staff.

Lauren Day is an administrator at PHE's Anglia and Essex Centre. After quitting for



Sharon Gall: “I think managing stress is as important as managing cravings”

three months following the first Stoptober challenge, she is determined to give up smoking for good this year.

Lauren, who smokes 20 to 25 roll-up cigarettes a day, spends about £100 a month on tobacco – money she would rather put towards a deposit on a new home with her partner.

Despite breaking her resolve during a night out with friends last Christmas, she managed to save enough for a weekend break to London.

Lauren said: “I know giving up is possible, because I did better than I thought last year, and I now know what might trigger that cigarette craving again, so my resolve will be stronger this year.

“Christmas Eve was a real test and I cracked, but I’m determined to stay strong this time. I can’t smell cigarette smoke but I know others can, and I don’t want to smell like a smoker.

“Last Stoptober I went cold turkey and replaced smoking with drinking lots of tea, which gave my hands something else to do, to distract me from wanting to light up.”

With the support of her colleagues and the Stoptober campaign, Lauren is keen to better her efforts this time.

Lauren added: “I think I’m better prepared to cope with possible trigger scenarios, but the best thing is knowing I’m not on my own, thousands of people will be in the same boat during Stoptober.

“Since my last attempt, I know what not smoking feels like. I live in a third floor flat and going up the stairs became easier. I began to feel better, less tired and my skin became clearer.

“Before I didn’t realise the impact smoking was having on my health, but now I do – and I really want to stop.”

Sharon Gall is an administrator for PHE’s West Midlands East team. She first lit up when she was at school in the 1970s “because that’s what everyone did back then”.



Lauren Day: “I know giving up is possible and my resolve will be stronger this year”

Since then Sharon, 48, has made several attempts to quit smoking using various methods, including nicotine replacement therapy (NRT).

“I really want to stop. I’ve tried before with varying degrees of success – stopping for between three weeks and three months, but never quite managed to quit smoking for good.

“Both attempts were different, although I did better when I was using NRT (Champix).

“I think managing stress is as important as managing cigarette cravings when you quit, because, for me, that was when I tended to want to smoke.

“My biggest fear is putting on weight while I’m not smoking, but I’ve bought an e-cigarette, which I hope will help me quit smoking without replacing cigarettes with snacks.”

Sharon – who smokes about 10-15 cigarettes a day – has also taken up yoga, which she hopes will help her give up smoking once and for all.

Like Lauren, she is keen to save the money that would normally be spent on cigarettes to treat herself.

She added: “I think seeing the money pile up in a jar will make me realise how quickly it all adds up, and what else I could use that money for.

“I can’t remember what my motivations were before, but I’m quitting now because I want to improve my health, as I get out of breath when I climb the stairs – and I don’t like that feeling.”

PHE News will report on Lauren and Sharon’s progress in a coming issue.

Meanwhile, PHE will be introducing a new smoke-free policy at the end of 2013.

Health protection

News and views from the Health Protection directorate

Health protection headlines

As heatwave temperatures hit England, the Extreme Events team's expertise was in high demand. Virginia Walker and Angie Bone became regulars in the news, giving interviews on the Today programme, ITV's Daybreak, BBC Radio 5 Live and many others. Twitter was used to provide real-time health advice, based on the Heatwave Plan published earlier in the year to encourage local authorities and the NHS to prepare to avoid excess deaths across the summer months.

PHE's 2012 hepatitis C report, published for this World Hepatitis Day (28 July), generated widespread media reporting around the significant rise in cases seen, up by a third to over 10,000 in England. Speaking to the media, lead author Helen Harris said: "Sadly, many people chronically infected with hepatitis C remain unaware of their infection. It is therefore vital to raise awareness about this condition so that more individuals are diagnosed and treated."

The Department of Health has announced two updates to "outdated" HIV policies; in 2014, HIV self-testing kits will be legalised in the UK and current restrictions on the medical procedures healthcare workers with HIV are able to perform will be removed. At the media briefing, Paul Cosford said: "PHE will work closely with the Department of Health and health services on the effective and smooth implementation of this change in national policy."

PHE hosts event on coronavirus

In July PHE hosted the "Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Conference: an update on the global and UK situation". The conference brought together experts from across the world, with speakers including PHE chair David Heymann and PHE respiratory leads.

A packed agenda covered a wide range of topics. The Middle East and UK cases and clusters were explored, looking at the chronology of a global outbreak. With a focus on the UK, epidemiology, laboratory and public health responses were analysed, and learnings identified.

Looking to the future, experts discussed next steps, including risk assessments and research priorities. As well as expertise-sharing among those speaking and attending, journalists were invited and there was PHE live tweeting throughout the sessions, to cascade key messages to the widest audience.



Paul Cosford

Director for Health Protection and Medical Director

Although the summer months are sometimes said to be the quietest, this certainly hasn't been the case in health protection. Over the last two months the directorate has released several major reports and datasets, published new national guidelines and, not least, contended with the small matter of a national heatwave!

World experts came together at the PHE MERS-COV conference, with the day's discussions advancing our collective understanding of the virus. My thanks go to our colleagues across the respiratory, microbiology and global health teams for the international leadership they are continuing to provide.

Good progress is also being made in the MMR catch-up programme, with latest data showing that upwards of 60,000 previously unvaccinated children have now received one dose. In the next month, we will be working closely with NHS local area teams to support second phase planning based on local community intelligence on MMR coverage.

Finally, I would like to take this opportunity to congratulate John Watson on his appointment as deputy chief medical officer. This is a tremendous achievement, reflecting John's experience, knowledge and excellent leadership abilities. We thank John for his invaluable contribution.

Travellers' tales: Manuel Ramos

Manuel Ramos is a public and parliamentary affairs support officer. He says: "I love my commute. I cycle every day – doesn't matter the weather – from Bethnal Green to work, passing some of London's most beautiful landmarks, such as the Royal London Hospital, the Tower of London and Monument. My favourite bit is cycling across Southwark Bridge Road, as it gives me the chance to feel the Thames's breeze."

New programme to boost sexual health

General practices are well placed to provide the advice, information and services their patients need to develop and maintain good sexual health.

Recognising this, PHE has developed the “3Cs & HIV” programme, designed to strengthen sexual health work already currently being funded and undertaken across England.

The programme aligns with the three sexual health indicators within the Public Health Outcomes Framework (increasing chlamydia diagnoses, reducing late HIV diagnoses and under-18 conceptions) and the ambitions set out in the Department of Health Framework for Sexual Health Improvement.

Over 80 local authority areas have signed up to participate, nominating staff members to form a network of local 3Cs & HIV trainers – and recruitment of general practices has now begun.

To find out more about the 3Cs & HIV programme and how to link to activity planned in your area, please contact the PHE sexual health facilitator for your region (via the National Chlamydia Screening Programme website).

Guidance launched to improve tattooing and body piercing

New guidance on tattooing and body piercing launched recently by the Chartered Institute of Environmental Health, developed with support from PHE, provides practical information to both businesses and local authority officers to support adoption of safe standards of practice, and promote consistency in their application.

Commenting on the publication, Barry Walsh, director of the South West London Health Protection Team and consultant in communicable disease control, said: “I am delighted the tattooing and piercing guidelines have now launched.

“This project did not fall under a specific PHE workplan, but is something local health teams have lobbied for many years. As part of the Steering Group’s work key health protection experts were drawn from different branches of the organisation (local health protection teams and staff with expertise on bloodborne viruses, decontamination, communications and publications).

“I would particularly like to recognise the work of Ann Lusmore (South West London HPT) and Suzanne Howes (East Midlands Centre HPT), who worked extraordinarily hard over 18 months in driving this project and co-ordinating the various health protection components of this major piece of work.”

In brief

- Cases of measles fell during June, with 113 confirmed cases across England from 193 cases in May. This follows the nationwide MMR catch-up programme rollout, jointly run by PHE, the Department of Health and NHS England. Data gathered to monitor the programme points to almost 60,000 previously unvaccinated children having now had one dose in England, with a slightly higher number having now completed the two-dose course. The next phase involves NHS area teams planning additional activities based on local intelligence on MMR coverage in their communities.

- The report of the the annual Unlinked Anonymous HIV and Viral Hepatitis Monitoring Survey among People Who Inject Drugs was published this July. The survey data indicates that HIV prevalence remained stable and hepatitis B prevalence declined, but that hepatitis C prevalence is higher than seen a decade ago. Most of those surveyed reported hepatitis B vaccine uptake and the vast majority of those with HIV were aware of their status. However, half of those with hepatitis C antibodies remained unaware of their infection.

- In August the Department of Health announced a pilot programme to inform plans to extend seasonal flu immunisation to children aged two to 16, from autumn 2014. PHE worked with the Department of Health and NHS England to select the final seven pilot areas from submissions received from NHS England area teams. The pilots will test the feasibility, acceptability, cost and likely coverage achieved by various delivery models in a range of population settings.

- PHE, the Department of Health and NHS England jointly announced that a new vaccine (Rotarix) for infants will be added into the childhood immunisation schedule, against the most common strains of rotavirus. Rotavirus is the commonest cause of gastroenteritis among children and results in a significant number of young children being admitted to hospital each year.

- Outbreaks of infections in hospitals, nursing homes and other settings cause serious concern and are an important public health issue. Sharing and learning from epidemiological studies can support the management of outbreaks and development of best practice. The Field Epidemiology Service has developed a library of incident and outbreak investigations to assist in sharing experiences across the organisation in a timely manner. This library already contains a number of reports that are fully searchable. The library itself and a quick start guide can be found online at <http://teamsites.hpa.org.uk/HPS/fe/SitePages/Library.aspx> and is only accessible to PHE staff via the PHE network. Any feedback would be very welcome and can be sent to jane.camm@phe.gov.uk.

Health and wellbeing

News and views from the Health and Wellbeing directorate

Food banks visit highlights poverty

With an apparently exponential rise in the numbers of food banks and estimates of more than 350,000 people accessing them, PHE staff with an interest in food poverty recently visited two food banks established in the West Midlands.

Pam Naylor (from the Children, Young People and Families team and lead on child obesity), Karen Saunders (health and wellbeing manager in PHE West Midlands Centre) and Ginder Narle (manager for Learning for Public Health, West Midlands) decided to find out more about how food banks operate and their contribution to public health and wellbeing. They visited the West Bromwich Food Bank and “Breaking Bread” in Wednesbury with representatives from Sandwell Metropolitan Borough Council.

When the West Bromwich food bank started over five years ago, it was the only food bank in the Sandwell area. Now there are six. It has 60-80 clients a week and fed 286 people last Christmas. The Sandwell Metropolitan Borough Council has set up a network of food banks across the area to ensure no food is wasted, avoids any bank running short of food (they share any large quantities donated), and provides support and information for volunteers.

On the rising need for food banks, Breaking Bread’s John Steventon said: “It seems impossible that at this stage in our social history there are rising numbers of people in food poverty and urgent need of food.”



Pam Naylor (centre) pictured with food bank staff



Kevin Fenton

Director of Health and Wellbeing

I hope that you have had an opportunity to take time to recharge your batteries and are returning to work refreshed and raring to get stuck back into things. Far from being the quiet months, this summer has been quite busy in the directorate, and we have seen a number of developments on a range of our projects and priorities.

NHS Health Checks have been in the news recently, with some questioning the evidence supporting its effectiveness. Although we recognise the programme is not supported by direct randomised controlled trial evidence, many of its components are underpinned by evidence, and NICE guidance supports all the recommended strategies for managing identified conditions. In addition, given the urgent need to tackle the growing burden of disease associated with lifestyle behaviours and choices, NHS Health Checks is one of the first programmes of its type in the world. We must therefore commit to building the evidence base as we implement the programme.

To coincide with the start of the new school year, we have launched the “Smart Restart” campaign, which encourages families to establish healthier habits. This October, we will be building on the success of last year’s Stoptober campaign to support even more people to give up smoking.

And finally, Striding Forward, our second health and wellbeing staff event, takes place on 30 September in London. The event will enable us to focus on what we have learnt about what can make the directorate an even better place to work; learn about the experiences of local public health teams; and expand our knowledge of the directorate by participating in a range of strategic workshops on specific health and wellbeing topics. More details of how to sign up will be available shortly but I look forward to seeing you all there.

And don’t forget, if you are tweeting before then, look out for our event hashtag #PHEstridingForward.

Publicity boosts life-saving campaign

On 5 July, to help celebrate the 65th birthday of the NHS, the NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) announced the completion of the national implementation of AAA screening for men aged 65 and over throughout England. To mark this milestone, a proactive publicity campaign was launched to raise awareness among older men and their families.

A total of 30 out of the 41 local programmes in England took part in the campaign, resulting in a significant amount of positive coverage in local and national specialist media, including a feature on Radio 4's Inside Health programme.

The campaign has resulted in thousands more men over 65 self-referring for AAA screening and a sharp rise in the number of visitors to the national website since 5 July.

NAAASP clinical director Jonothan Earnshaw said: "The publicity was aimed particularly at older men in higher risk groups, such as smokers and those with a family history of aortic aneurysms.

"We are therefore very pleased with the response to the recent publicity, which has resulted in many more older men benefiting from potentially life-saving screening."

Promoting knowledge transfer and good practice in prison health

Congratulations to Dr Éamonn O'Moore, PHE's director for health and justice, who was recently appointed director of the WHO Collaborating Centre for Health in Prisons.

In April PHE assumed responsibility for the WHO Health in Prisons Programme (WHO HIPP), which was established in 1995, and the WHO Collaborating Centre (CC) for Health in Prisons,

which supports the programme. A joint meeting of the WHO HIPP and PHE will be held in London in October, in order to look at improving the quality of prison health within and beyond the prison walls.

To find out more about the WHO CC and WHO HIPP, visit the website www.euro.who.int/prisons.

Special focus: Tim Chadborn, behavioural insights research lead



Tim Chadborn leads PHE's behavioural insights research. Here he explains the exciting work the team is doing.

"Our remit in the Behavioural Insights team is to establish innovative public health practices through designing, testing and spreading interventions to help people make choices in their best interest.

"Key to this is understanding why people behave as they do and the context in which decisions are made. Behavioural insights can help achieve policy objectives more efficiently, effectively and/or cheaply without mandating behavioural changes.

"There are already a number of established behavioural insight/behaviour change teams across government and we are working very closely with those in the Cabinet Office and the Department of Health.

"Behavioural insights is a new function for PHE so our focus at the moment is on getting new projects underway to demonstrate the impact that behavioural insights can have on public health outcomes. Measurement and testing are integral to this approach to strengthening the evidence base and randomised controlled trials are preferred to demonstrate added value from the interventions.

"This is a timely approach that will help public health planners, who need robust evidence to improve returns on investment in the current climate of resource scarcity.

"At the moment we are focusing our attention on a number of key intervention projects. A key part of this process is listening to academic, policy and practice experts at national and local level, especially those on the frontline such as doctors and nurses. The feasibility of an intervention and adoption by others to spread the practice can be maximised by sounding out those who will have to implement it.

"Currently, we are working with the London School of Hygiene and Tropical Medicine and the MHRA to test whether the uptake of flu vaccinations among people at high risk (aged less than 65 years) can be increased using text messages.

"Over 100 GP practices are interested in participating during this year's flu season. Other current projects being scoped are in the areas of smoking in pregnancy, NHS health checks, social isolation among older people, childhood obesity, and antimicrobial resistance.

"We are aiming to set up collaborative research projects with local partners and then co-ordinate the replication of successful interventions elsewhere. We want local authorities to submit their own ideas for interventions. Ultimately our goal is to develop and stimulate innovation at the local level."

Knowledge

News and views from the directorate of the Chief Knowledge Officer

Latest PHOF released

The Public Health Outcomes webtool was updated on 6 August. Some indicators were published for the first time as part of the PHOF, including indicators on sickness absence, hospital admissions caused by unintentional and deliberate injuries in children and young people and infant mortality.

Other indicators have been updated with new data including preventable sight loss, health checks and chlamydia diagnoses. Extended time series have also been added for indicators on teenage pregnancy and excess weight in children, while the mapping functionality has also been updated. If you have any questions, please feel free to contact the PHOF team at phof.enquiries@phe.gov.uk. We are also seeking feedback on the webtool to help prioritise development. Please complete the short survey available from www.surveymonkey.com/PHOF2.

The local tobacco control profiles bring together information on the extent and impact of smoking related harm across England, and include indicators on smoking prevalence and smoking attributable mortality. The data is presented by lower and upper tier local authorities and include trend data. The profiles were last updated on 2 July 2013 and can be viewed at www.tobaccoprofiles.info.

Data gateway to be launched

PHE provides many high quality data and analysis tools and resources for public health professionals. The PHE data and knowledge gateway gives direct access to these resources where they are held on legacy organisation websites.

The gateway is being launched on 10 September at the PHE conference. There are over 100 tools that can be accessed through the gateway. They cover a wide range of public health areas, including specific health conditions, lifestyle risk factors, wider determinants of health, health protection, and differences between population groups.

More will be added as they are available. The tools help local government and health service professionals make decisions and plans to improve people's health and reduce inequalities in their area. They can be used by anyone with an interest in understanding the health of the population and how it varies across the country. There are plans to develop the data gateway further as part of the overall PHE digital programme. To visit the gateway, go to datagateway.phe.org.uk. For more information, contact datagateway@phe.gov.uk.



John Newton

Chief Knowledge Officer

The success of the National Cancer Intelligence Network, now an integral part of PHE, shows what can be achieved by effective collaboration between the public, charitable and professional sector. This form of intelligence network will become increasingly important in the health landscape and PHE is in the front seat driving this vision. The network approach recognises that none of the partners can deliver in isolation, that each of the partners has key skill and leadership areas, and that a comprehensive programme requires a shared approach to delivery. Intelligence networks are true partnerships resourced by multiple stakeholders, and which operate on behalf of all these stakeholders.

To achieve this vision, Chris Carrigan will have the strategic oversight of the development of health intelligence networks across PHE. Initially these will focus on the shared intelligence needs of the new strategic clinical networks within NHS England, and will serve the areas of cancer (through the existing National Cancer Intelligence Network), cardiovascular, mental health, and child and maternity. PHE already undertakes significant work in these last three areas, so the primary focus is on building on what exists and extending the scope towards a somewhat different model, identifying and working with other key partners, in particular NHS England.

To ensure NCIN continues to meet the expectations of partners in the new healthcare landscape, Di Riley, who has played a crucial role in the establishment of NCIN and is well known to stakeholders, will act as head of NCIN until the end of 2013/14. The networks will aim to support the work of all directorates within PHE and of agencies operating across the public sector including key stakeholders such as the Department of Health and NHS England. I am extremely excited about the potential that these networks hold for the future not only of PHE's work programme, but in improving patient outcomes and public health. As I have previously said, the process of transition continues but I am continually impressed with the output of all teams within CKO.

Governance plan for surveillance agreed

PHE's National Executive has agreed the governance arrangements to oversee surveillance in England.

First, the National Health Surveillance Strategy Committee will be established, chaired by PHE's Chief Knowledge Officer with a multi-agency membership.

It will be responsible for identifying major existing health surveillance systems and assessing whether they are well matched to need, with reference to national public health priorities and a defined quality standard. It will act as an advocate

for the production and delivery of a national health surveillance strategy and will support the development and delivery of a first class health surveillance system for England.

Within PHE, the PHE Surveillance Group will be established, which will be responsible for the operational delivery of those elements of the national strategy within PHE's competence as well as strategic oversight of PHE's own surveillance functions.

This group will be chaired by the executive director for health protection and will include representation from all parts of PHE.

Highlighting the role of the Research and Development Office

The PHE Research and Development Office is part of the R&D division and is located at Porton. It is the contact point for information on all aspects of R&D advice on external research funding, co-ordination of funding calls and support for research study set up.

The group facilitates research delivery through interactions within the organisation and with external bodies, interacting with many people across the organisation in order to function effectively with the overall aim of helping PHE staff to undertake research and development.

Currently the group is extending the research undertaken on

health protection, health improvement and public health, and establishing the provision of research support costs and excess treatment costs for public health research. It is also investigating the existing research activities for PHE sender organisations and requirements for future study support, and exploring opportunities for bringing together large datasets for translational R&D.

For research news and updates and details of funding opportunities please see the regular R&D Bulletin. For practical advice on research check the *Guidance on Conducting Scientific Research in PHE* document, which will be available soon on the R&D pages of the PHE intranet. For any further information contact the R&D office.

Library services in PHE aim to connect people with knowledge

PHE Knowledge and Library Services is part of the Knowledge and Intelligence division of the directorate. The service is based on the former Health Protection Agency library service, but is being strengthened in order to provide a comprehensive and high-quality service for all PHE staff, regardless of role, specialty or location.

In addition to providing library and information services, the PHE Active Knowledge Management programme will provide support for a broad range of knowledge management activities, in order to help the transfer of knowledge within PHE, and throughout its communities, networks and partners.

The programme has three main strands:

- connecting people with knowledge – understanding and acting on user needs so that both published sources (internal and external) and implicit or tacit knowledge (people's experience) can be sourced, managed and accessed
- connecting people to people – so that people can find, interact and work with the stakeholders, networks and communities that are most important to them
- active knowledge services – so that PHE receives the best quality, tailored knowledge services that provide expert navigation, mediation and training to help people find and use knowledge



PHE is also committed to promoting specialist library and information professional skills and services for the wider public health system, and the Knowledge and Library Services team is working closely with the Health Education England library and knowledge leads, and NICE Evidence Resources, to make sure that the appropriate national and local responsibilities and functions within PHE, its partners, and the wider public health system are in place.

To find out more, please contact Anne Brice, interim head of knowledge and library services.

Regional news: South

News and views from the PHE South of England region

Public health teams in Bristol reach out to boost MMR uptake among the Somali community

As part of a local initiative PHE Avon, Gloucestershire and Wiltshire Centre joined forces with Bristol City Council to help improve MMR uptake among members of the Somali community and to raise awareness of the health implications of catching measles.

They visited existing community groups including a sewing club with mothers and toddlers and a gathering of men at a mosque before the start of Friday prayers.

Bharat Pankhania, consultant with Avon, Gloucestershire and Wiltshire PHE Centre said: "Overall, the community was very receptive to our messages and the added bonus was that I come from the same part of the world and can speak some Swahili. This helped to gain trust and acknowledge credibility.

"They began by discussing how infectious

the measles virus is and how potentially serious it can be, before reassuring women on the safety of the MMR vaccine. I also reminded them of the slogan that was used as a part of the immunisation campaign in East Africa, 'Measles is Misery!'"

Bharat found that the most common question asked concerned any link with autism. She was able to reassure parents that there was a flaw in the initial claim and subsequent studies had not reproduced this finding.

She added: "It is understandable that these communities have seen a lot fewer infectious diseases since leaving Africa and the importance of prevention fades. As we have good healthcare facilities in the West, they feel treatment is available and believe prevention may be detrimental to health, so don't immunise.

"Overall the success of the visits depended upon the attendance of a health worker who spoke the language, understood the culture and background of the community and could empathise with their worries and sometimes unfamiliarity with our health system."

Bharat left the sewing club with a number of women pledging to get themselves immunised and take their previously unvaccinated children to their GP the very next day.



Outbreak control protects Devon people from campylobacter

At the beginning of June the Devon, Cornwall and Somerset PHE Centre became aware of an unusual rise in the number of campylobacter cases for Devon and began investigating to try to understand what was happening.

After speaking to a number of affected people, a suspected link between drinking milk from a dairy in Devon and becoming ill was identified. While further epidemiological investigations were taking place to confirm this, environmental health officers from West Devon local authority visited the dairy. The operator was unable to assure them that milk was being effectively treated.

A sample of milk was taken and tested on the site. It did not meet the accepted quality standards and as a result, an emergency order was issued to stop further milk distribution and any milk remaining in circulation was removed and destroyed.

Representatives from PHE and the local authority then attended court to have the order confirmed. As many customers of the dairy could still be consuming the milk, the outbreak control team decided that a product recall and awareness message should be issued to the media. Following agreement by PHE, West Devon local authority and the Food Standards

Agency, the information gained extensive media coverage. Subsequently, the field epidemiology team confirmed a statistical link between drinking semi-skimmed milk from the dairy and a campylobacter infection.

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: James Mapstone, deputy director, South region



James Mapstone is deputy director for PHE in the South of England. When he is not working for our organisation he dedicates his free time to SWIFT Medics, a charity that provides emergency response doctors at the roadside. Here we find out more about this work.

What is SWIFT Medics and how it is funded?

There is very little NHS provision for doctors at the roadside and the majority of medical responses in the pre-hospital environment are voluntary. SWIFT Medics covers that gap. It's a charity that relies on voluntary contributions from the public and independent funding organisations.

Are you paid?

No, although I do get paid 40p/mile as travel expenses! On average I get called out about twice a week but it varies.

What area does the charity cover?

Wiltshire, but I also respond into Berkshire, Oxfordshire and Hampshire.

Why did you become involved?

I used to volunteer before I went into public health and five years ago gained a clinical leadership role for major trauma

and all other aspects of acute care.

At this point I was also living in a rural community, quite some distance from any ambulance station. I felt awful thinking that someone in my village could need a quick medical response, I may be available, but wouldn't be called.

At this point I decided to go through the training and examinations to see if I could join a team such as the SWIFT Medics.

Can you describe your duties as a medic and the kind of incidents you get involved in?

There are five aspects to my role. First, I teach on the national training course provided by the British Association of Immediate Care Schemes and am an examiner for the Royal College of Surgeons (Edinburgh).

Second, I work with the Wiltshire Fire and Rescue Service and road safety charity, Brake, providing targeted injury prevention for young people before they start learning to drive.

Third, I will respond to any 999 call where ambulance control or an ambulance crew think they may need my extended skills. Sometimes this is about supporting the crew in a decision not to do anything, if a patient is on an end of care pathway, or providing extra clinical assessment and decision making. It can also be about the extra skills and treatment I can offer.

Fourth, ambulance crews may call upon me to give them advice over the telephone. And fifth, I am a trustee of the charity and assist with fundraising.

Can you describe a recent incident you were called to?

One that sticks in the mind was from two months ago. At 5 o'clock one morning, I was called to a car that had left a dual carriageway. There were five casualties and I was one of three doctors to get to the scene.

One patient was dead at the scene and another was dying. We anaesthetised two patients at the roadside and took them directly to a regional major trauma centre by ambulance as it was too early in the morning to get an air ambulance.

All three survivors ended up at the intensive care unit. It was a very strong medical and ambulance response that maximised their chances of survival and minimised any burden of disease.

Is anything transferrable between your roles at PHE and SWIFT Medics?

On a small scale it gives me an understanding of being in the voluntary and community sector.

When building a consensus of action on public health issues, the numbers and epidemiology are important but so are the narratives. My work with SWIFT means sadly I have a large collection of narratives linked to the effects of lifestyle choices leading to premature mortality or burden of disease: whether fuelled by tobacco, alcohol, obesity, not wearing seatbelts or driving while on the phone.

It also gives a very tangible sense of how we don't consistently engage effectively with a number of communities and the gaps in care and treatment.

I am constantly being reminded of the consequences of lifestyle choices on communities and it keeps me passionate in my mission to do something about it.

Wessex working together on screening and immunisation

A new Wessex Screening and Immunisation Governance and Assurance Framework has been developed. The document describes how PHE will review the current governance and commissioning arrangements and the

proposed structures in future.

Michael Baker, consultant in screening and immunisation, Wessex Area Team, said: "Now there is a single commissioner of screening and immunisation

programmes across Wessex it offers an opportunity to do things differently with possible benefits of economies of scale, more efficient use of resources and the chance to share and implement best practice."

Engagement agents

Feedback from the “Working together for a healthier future” event

In early July over 300 staff from across PHE joined Chief Executive Duncan Selbie and the National Executive team in Birmingham to attend “Working together for a healthier future”, a conference looking at how we draw on our expertise, knowledge and our values to meet the needs of PHE and the new public health system.

After lunch, three of PHE’s engagement agents sat on stage with Duncan Selbie and National Executive members Kevin Fenton, Jonathan Marron and Alex Sienkiewicz to discuss what PHE people are telling us and what we are doing about it, and to relay their experiences in and aspirations for the new system. Here are their accounts of the day.

“The event made me feel I am living one of the PHE values”



James Freed, head of information management and technology policy

“Having an interest in knowledge management I know the value of spending time getting to know work colleagues.

“I used the opportunity to meet executive directors and others from across the country and those meetings have directly helped me in my work. Then it was time to go to the front of the class.

“Taking to the stage was, I have to admit, a little daunting, but the atmosphere was friendly and I quickly relaxed. I remember being asked by Stephen Morris what success for PHE would look like in 12 months’ time. Rather optimistically I responded that, for me, success would be if all PHE staff had access to all the

information and knowledge they needed to do their job.

“My most abiding memory of the day was when Duncan, in his response to same question, reiterated my point. That reinforcement gave me a huge boost.

“Knowing that the chief executive feels that the goal I am working towards, through the development of a knowledge and information strategy, is necessary really made me feel that I was living one of our values: consistently spend our time on what we say we care about.”

“It was great to hear so many different points of view from a range of staff”



Laura Busby, senior healthcare science support worker

“I found then PHE conference very insightful and I enjoyed meeting a lot of new faces from within the PHE network.

“The issues that were discussed I found all to be very interesting and it was great to hear different points of view from a range of staff.

“Being on the panel was very nerve-racking. However, I feel that it gave me the opportunity, as well as others, to express how I feel about the change and where I see the company in a year’s time.

“It was great to hear that my thoughts weren’t just my own and that people agreed! It’s a very good way to communicate to such a large group of people.

“Being able to do the panel gave me the

opportunity to also meet Duncan Selbie along with other very intelligent and interesting people.”

“The fluid and flexible style helped to remove barriers”



Karen Saunders, health improvement manager, West Midlands

“I never thought I would see the day – me on the same level as Kevin Fenton, Jonathan Marron and Duncan Selbie.

“I was sharing the stage, staring at a sea of PHE faces and feeling pretty nervous. I took a deep breath and turned my fear into positive energy. ‘Be yourself,’ I thought, and in doing so I managed to get a friendly laugh out of my colleagues (for those of you can remember what I said, apologies if I was ‘cheesy’).

“I seized the opportunity to spotlight the blight of child poverty and to get people thinking about what PHE could do about it.

“The panel discussion created a more intimate experience, was a great networking opportunity and provided a much richer experience as a result.

“The fluid and flexible style of the event helped to remove barriers, facilitating interaction between all levels of the organisation and was potent, given the aim was for members of the PHE team to engage with the seniors.

“It was a memorable day for me and the panel discussion I participated in worked really well. Positive feedback from a number of colleagues, following the event, supports my opinion.”

People

Alison Mason wins prestigious graduate award from CIEH

Health protection practitioner Alison Mason has been awarded the highest honour for a graduate environmental health officer by the Chartered Institute of Environmental Health (CIEH).

Alison recently joined PHE, based at the Kent, Surrey and Sussex Centre, and not long after she was presented with her gold medal award at the House of Commons by the CIEH on 25 June 2013.

The award is given to the graduate in Environmental Health who has demonstrated high academic achievements together with all-round

professionalism, both during their studies and through their presentation and interview.

Alison presented her findings on Shisha smoking. She said: "I was really excited to find I am the first student from Cardiff Metropolitan University to win this gold award and I am really pleased that the CIEH recognises the hard work that goes into qualifying as an environmental health practitioner.

"It is a great opportunity to work for PHE and develop my skills and knowledge in this new organisation."



Alison Mason pictured with PHE Chief Executive Duncan Selbie

Staff unleashed on the streets of Bristol to improve their health

Staff at the PHE offices in Bristol began a plan to encourage fitness in the workplace with a 40 minute lunchtime walk spotting giant sculptures of loveable animated character, Gromit, who is dotted around the city as part of the Gromit Unleashed public art exhibition.



PHE staff with the "Ship shape and Bristol Fashion" Gromit at Sion Hill. (l to r): epidemiology and surveillance analyst Lizzie Tempest, senior epidemiology and surveillance analyst Jo Jacomelli, information officer James Westwood and environmental public health scientist Charlotte Landeg-Cox

The sculptures have been decorated by invited artists and "unleashed" on the streets of Bristol. Eventually they will be auctioned to raise funds for Wallace & Gromit's Grand Appeal, the Bristol Children's Hospital Charity.

Other team health initiatives in the pipeline for the Bristol team are an office fruit bowl, cycle training with Lifecycle UK and keeping up to date with the campaigning work of Smoke Free South West, as well as more lunchtime and early evening walks and runs.

Liz Steel, health and wellbeing programme leader at PHE Wessex Centre says there is lots of work under way to increase lunchtime activity.

'She said: "Staff at the PHE Wessex Centre in Whiteley have been taking their wellbeing very seriously and have established weekly walks every Wednesday.

"Our office is surrounded by woods and fields, interspersed with winding trails and is close to the marina at Swanwick on the River Hamble.

"Every week someone leads the walk and takes us on their favourite ramble for 30-40 minutes. We all find this fun and it gives us a chance to get to know each other away from the office, leaving us feeling healthy and reinvigorated.

"We have also established a Latin American dance session in our staff room and when the weather is cooler, will meet every Monday lunchtime.

"At present we can manage 20 minutes but our goal is to keep going for 30 minutes – it is exhausting but hilarious. It's surprising to see some colleagues being master hip-wrigglers!"

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: Janet Atherton

President of the Association of Directors of Public Health

Janet Atherton is the President of the Association of the Directors of Public Health (ADPH) and the Director of Public Health at Sefton Metropolitan Council. *PHE News* asked Janet what she and her associates thought of the new public health system.

“Overall people have been very positive. Obviously the picture varies across the country but having come through a difficult transition period we are all getting to grips with the new system and finding our way around what needs to be done and which organisation or function is responsible for which area of work. The general feedback I get from our members is that this is a real opportunity and people want to get on with it and for this work to be successful.”

Janet describes the role of director of public health as the “lynchpin” in the new public health environment. “The system is quite fragmented with local authorities, PHE and the clinical commissioning groups (CCGs). Directors of Public Health have a statutory directive to provide public health advice to local authorities. We can only do this by working with our partners in one public health system. We have an emerging relationship with PHE centres, which are strengthening as vacancies are filled and local health issues and priorities identified. Nationally we look to PHE for quality information and evidence that we can use locally.

“I think it is vital that we all work in unison and that the different agencies do not compete with each other. Directors of Public Health need to have a peer relationship with PHE and we need to make best use of all the skills and expertise to hand. Public health skills are pretty scarce as there is not an overprovision of public health consultants and practitioners, so it is vital that we work together to support public health needs. It is a challenge. We have 18 months to demonstrate our impact to local government and to get the system embedded so we can begin to make a real difference to people’s lives.”

However, moving public health into local government is already paying dividends, according to Janet: “Already there are comments from ADPH members on how the children’s agenda is much more positive. There is greater scope for intervention than previously and by doing the work upstream we can make sure children get the right start in life and parents have a good understanding of local health systems.

“In recent times we had joint appointments with some directors of public health straddling the primary care trusts and local

authorities, but they were often not properly part of the local authority teams. Now our members have a more direct input into important determinants of health and wellbeing and can bring their influence to bear by making gains in the wider elements of health. Our experience working in Sefton is a case in point. We have contributed to Sefton’s local plan and been able to influence policies on safe neighbourhoods, walking and cycling, healthy employment and affordable housing



What about the constraints of working in local government? Janet does not see many: “In my experience, councillors well recognise the important role of council officers in providing them with unbiased professional advice and they expect to receive high-quality independent information and guidance. So in many ways, what they want from directors of public health is very comparable with what they expect from directors of adult services and children’s services and other service directors. What councillors want is strong evidence about what works and that is where partnership working with PHE and other agencies in the public health system begins to pay dividends.

“Armed with this evidence, local authorities are often more prepared to challenge than the NHS. Recent examples are the stance taken by some councils on standardised packs for tobacco and minimum pricing for alcohol. They are prepared to use their voice and experience to lobby up the system.

“Local authorities are going through a tough time with the scale of the cuts they are expected to make. The financial squeeze is on local government and on public services generally so we need to look at the whole picture. The key thing is that we are here at the table and to make the best of the resources available and attempt to minimise the effects of reduced budgets on the public’s health. It is important to remember that public health was not immune from cuts in the NHS – we had to balance the books. Having said that I think the ringfence on the public health budget is very important. It allows councils to safeguard the work around early intervention and prevention in tough financial times.”