



John Illman is a former editor of *GP* and spent five years as the *Daily Mail* medical correspondent and eight as the *Guardian* health editor. Here, with this vast experience behind him, he gives some handy tips on getting your message across in the media

IMAGINE you have just been appointed head of public health at a prestigious institute. A TV correspondent wants to interview you. You've never been on television before, but you pride yourself on your communication skills. You've lectured all over the world...

In the studio you compete for airtime against an earthquake in Chile, a United Nations summit, the death of a Hollywood star and arms negotiations in Geneva. The correspondent isn't interested in your wish to "inform" the audience. Moreover, you spend so much time answering her questions that there is no time, in three minutes, for what you want to say. This kind of experience is discouraging. However, if public health does not represent or communicate its position in the media, it will be misrepresented.

So how do you give a successful media interview? Preparation is essential. This may include formal training. Start with the end in mind. What do you want the audience to do? Successful communication means achieving change by doing one or more of the following: informing, teaching, motivating, persuading, inspiring, promoting, entertaining. If I had to define news – the thing that reporters are really interested in – in one word, it would be "change".

Effective messages are catalysts for change. Alas, many messages feature imprecise thinking, long sentences,

abstractions, platitudes, euphemisms and clichés. For example: "People are our best resource."

Make your message(s) "as simple as possible, but no simpler" – to quote Einstein. The best ones are short and snappy, easy to say and remember. Twitter (140 characters) has set a new gold standard. Good messages surprise. Alas, many core healthcare messages need repeating time and time again. They include nothing new or exciting.

Alas, many core healthcare messages need repeating time and time again. They include nothing new or exciting

For example, the benefits of vaccination still need emphasising, ironically because vaccination has been so successful. How can we inject the power of surprise into vaccination appeals? Author Roald Dahl, whose seven-year-old daughter died from measles, succeeded with: "Not to vaccinate your child really is almost a crime." Twinning disparate words – such as vaccination and crime – is an old poetic and titling trick. For example, the title

helped to make Desmond Morris's *The Naked Ape*, a bestseller. Film titles such as *Eyes Wide Shut*, *True Lies* and *A Hard Day's Night* also feature word twinning.

Messages don't work in isolation. They need well-balanced stories to make them relevant. Analogies, third-party endorsements, personal experience and easy-to-understand images inject life into stories. A severely handicapped patient who spoke about "living with the handbrake on" resonated with me.

Restrict yourself to no more than three main messages or points. Why three? People conceptualise lots of things in threes – as in breakfast, lunch, dinner; left, right centre; win, lose, draw.

Anticipate the journalist's questions and develop answers – which should include your messages. Novice interviewees just answer the questions. Skilled interviewees build messages into their answers. Bridging from answer to message is a skill that comes with practice and the best way to avoid the kind of interview described at the beginning of this article.

John Illman
Communications Consultant

Based on an extract from 'Handling the media: communication and presentation skills for healthcare professionals', JIC Books, £14.99, www.jicmedia.org/shop/

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Public Health Today



Creative thinking
How arts and culture can boost health

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Welcome



PUBLIC health is both a science and an art. Science furnishes us with the knowledge of how many people are ill, where, when, why and what with, and what are the best ways of dealing with it, through healthy public policy to therapeutic intervention (or masterly inactivity). But we need our art, to communicate the why and what needs to be done. We know enough and need to change and implement a lot more. The art of our management skills is needed if we are to get far more research into practice. We need to be able to influence, persuade, encourage and succeed through others. Our high science may be epidemiology; our high art must be management.

No public health practitioner can be complete in every aspect of our work. But Team Public Health must be. That is why our recent intakes offer such an exciting prospect for the multidisciplinary

public health of the future. In addition to doctors, nurses, health services managers, environmental and information scientists, we are now welcoming English graduates, geographers and historians, to name but a few. Geography is a terrific tool in the analysis of disease causation and in describing social inequalities in health. If we don't learn the lessons of history, we are condemned to repeat them. And a specialty enriched with a knowledge of the English language must surely become wiser in its use of words.

Science can help us live longer and relieve pain and disability. Art and culture give life meaning and richness and enable us to share common feelings, beliefs and humanity. It helps us to belong. If you can articulate your pain, you are not overcome by it. So say the Irish poets and the American blues musicians. Social movements have called upon music, poetry and drama, and public health should do the same.

There is still much to be done through science, but as this edition of *Public Health Today* shows, there is also much we can achieve through harnessing the arts and humanities to improve the health of the public. The first blues musicians were troubadours bringing in the crowds to the patent medicine shows. The power to feel good, the power to heal, came from the music, not the medicine. We too must learn to mobilise the power of the arts, media and music to increase the wellbeing of our communities.

John Middleton

Public support for change to transport policy

A MAJOR shift away from cars in favour of active travel is needed to reduce the health harms of road transport and improve the health of the population and individuals, according to a report (<http://bit.ly/2aoKT2m>) published by the Faculty of Public Health (FPH).

The general public are concerned about the negative impact of car use on the environment as well as health. Sixty-eight per cent of people make a journey of less than two miles by car at least once a week and 40% say they make a journey by car that could be done by active travel. This public health imperative and public support for change provides an opportunity for local authorities to take action.

As local authorities face financial challenges, this is an area that delivers a wide range of co-benefits for health, the environment, the economy and communities. This short document provides

some evidence-led practical advice for policy makers and planners in local authorities, particularly those covering urban areas and towns.

Launched on the 60th anniversary of the Clean Air Act, which was passed in response to London's Great Smog of 1952, the briefing statement has been supported by a broad range of partners including the Royal Society for Public Health, the Chartered Institute of Environmental Health and the Transport and Health Study Group.

Mark Weiss
Senior Policy Officer
Faculty of Public Health



How to keep a lead role in European health

territorial. We will examine the implications of post-EU economic policies recognising the major impacts on health and health inequalities these are likely to have.

FPH is committed to securing, maintaining and enhancing the public health protections gained through our membership of the EU, and maximising any opportunities presented through

THE implications of the vote to leave the European Union (EU) are still sinking in, and the repercussions are being felt around the world. It was a bitter and divisive campaign; we now need to ensure that the best aspirations of the Leave campaign are delivered and the worst predictions of the Remain campaign are avoided.

The Faculty of Public Health (FPH) is currently revisiting its statement on the EU referendum (<http://bit.ly/1ObCKVM>) and taking a risk-management approach to protect the health of the public in the UK, in Europe and beyond. We are discussing with our partners and national colleagues how to retain a UK leadership role in public health in Europe and internationally.

We are looking at how we can build up the vital public health role in maintaining international relationships and a wider understanding of security: economic, environmental and social, as well as

We now need to ensure that the best aspirations of the Leave campaign are delivered and the worst predictions of the Remain campaign are avoided

leaving. We will keep you updated over the coming weeks and months as our work progresses. However, in the meantime, if you would like to share any information and intelligence that will assist us as we move forward, please email markweiss@fph.org.uk

Mark Weiss

News in brief

Childhood vaccinations down again

The percentage of under-twos in England receiving most routine vaccinations is down for the third year in a row. Uptake of the first dose of measles mumps and rubella (MMR) vaccine, given at around the age of one has also fallen – to 91.9%. MMR coverage has been falling in recent years, the NHS Digital data shows. In the UK, the target for immunising children is 95%, which is enough to prevent the diseases spreading.

Button batteries pose deadly risk

Surgeons are warning of the potentially deadly risk posed to young children by button batteries. If accidentally swallowed, the small, round batteries can get lodged in the oesophagus and burn a hole through its lining. London's Great Ormond Street Hospital has seen a big increase in cases in the past year.

Global pledge to stamp out drug-resistant infections

The 193 countries of the United Nations have agreed a landmark declaration to rid the world of drug-resistant infections or 'superbugs'. Six years in the making, the international commitment could prevent 700,000 deaths a year, say experts. The signatories now have two years to report back with an action plan.

'No proof' fitness trackers promote weight loss

Wearing an activity device that counts how many steps you have taken does not appear to improve the chances of losing weight, research suggests. The two-year study in the *Journal of the American Medical Association* asked nearly 500 overweight volunteers to diet and take more exercise. Half were given a fitness tracker. This group lost less weight.

NHS watchdog issues sexting advice

An NHS watchdog has issued advice about sexting to help professionals spot the difference between 'normal' sexual experimentation and harmful sexual behaviour among children and teens. Sexting (sending explicit messages or images via text) is a worry and must be monitored, says the National Institute for Health and Care Excellence. It says not enough is known about the impact on young minds.



Shirley Cramer CBE is chief executive of the Royal Society for Public Health. She is Chair of the think-tank British Future and also chairs the People in UK Public Health Group which provides advice to the four UK countries on strategy for a multidisciplinary public health workforce. She spoke to *Public Health Today* about building capacity and capability



'Show how it's all connected'

Issues should not be siloed, says Cramer

When did you first become interested in public health?

I was probably interested before I called it public health. My career started in social work. When you went to see a single mother on the 21st floor of a tower block, it was about a complex mix of things. Talking about how she felt wasn't necessarily the answer. Understanding that people's lives are difficult and hard, and lot of it is to do with deprivation, is at the heart of public health.

How does your past experience contribute to your current role?

After about six months I realised that both my management and social work background were really useful, particularly when public health moved to local authorities. I'm surrounded by expertise in particular areas of public health: it's been an interesting journey. I really feel part of the public health community. You can cross sectors: people shouldn't be so siloed, particularly in a multidisciplinary public health world.

You've put great emphasis on RSPH influencing national policy. How is that working?

When I started as CEO, one of the things that came up very strongly from our membership and others was that they wanted RSPH to have a voice, and be the voice, for the public's health. It's really important [for RSPH to] ask the public what they think. When we are dealing with non-communicable diseases and behaviour change, we need to understand what people think.

We asked people whether calorie-labelling on alcohol was a good idea. By having that information, we are able to tell ministers and other decision-makers that 84 per cent of the population support it. It adds to the pressure on policy when the public support something. In June, we launched our child obesity strategy. We had been working with focus groups of young people and schools to find out what could be done. The results were extraordinary: we found it

very instructive to do it that way. I see our role as trying to push the agenda forward. I think the Faculty of Public Health does this too.

Have there been any surprises?

The biggest surprise came when we launched our work on calorie-equivalence labelling. We tested the idea with the public and produced a paper. The aim was to create a conversation, not push policy, to find out if it is possible to make people think twice in the six seconds it takes them to decide what to eat. We got a huge amount of coverage in the USA and China. We couldn't have been more surprised that what we thought was our little idea took on a life of its own.

RSPH is also a qualification-awarding body. How do you see that developing?

About 50% of them are in health protection, the other half are in health improvement. What they have mostly in common is that these are qualifications at the lower levels. For someone who is helping people in the community to live healthier lives, having a Level 2 in understanding health improvement might be the first qualification they've ever had and can lead to getting a better job.

If we need to build capacity and capability, it will be on the ground, in frontline services, through people who are already working for the public's health. Some of these qualifications will help them gain ground in this area.

What are the different strengths of RSPH and FPH?

We are sister organisations, doing different things. I see FPH as very much the standard-setter and training people to be the leaders in public health. What I see us doing is much more about the community-based, wider workforce. One of our strategic objectives is improving community health and wellbeing, and our qualifications fit in well with that. I think we are joining together

Understanding that people's lives are difficult and hard, and a lot of it is to do with deprivation, is at the heart of public health

on more policy issues, which I am very happy and excited about.

A really good example of that is our policy paper, *Taking a New Line on Drugs*, which FPH endorsed and was a joint publication. It was so much stronger as a media release and report from both organisations. It wasn't an accident that it got huge media coverage. That was because two organisations were standing together: that was a big win for all of us.

How do you think we might work effectively on future projects?

David Allen [FPH CEO] and I are talking about the World Federation of Public Health Associations congress and hoping that it will be held in the UK. We're looking at some of the big issues that we think we can work together on. Where we can make joint statements, we will. I would be interested to know how many joint RSPH and FPH members there are.

It's important that we represent public health professionals in a continuous and consistent way. We should be supporting people to make careers in public health and highlighting the different

pathways to achieve that in a flexible way that maintains standards.

What would you say the benefits of a career in public health are?

You'll never be bored. If you can make a change for the better over a period of time, that's a great thing to do. I like its broad range: you are thinking a lot about how to join the dots. Occasionally, I get frustrated that we silo things so much in public health. From a social-work perspective, things like smoking and obesity are very much connected for the person experiencing them. It's about how do you motivate a person to move forward.

We need to make it clear to [public health professionals] what the routes in are, and where they could be in 10 or 20 years; what they have to do to get there; and what their careers would look like. I suspect there will be some new roles: things are changing and there's so much integration in local authorities and the NHS. We'll have to see what competences and skills people will need in the future.

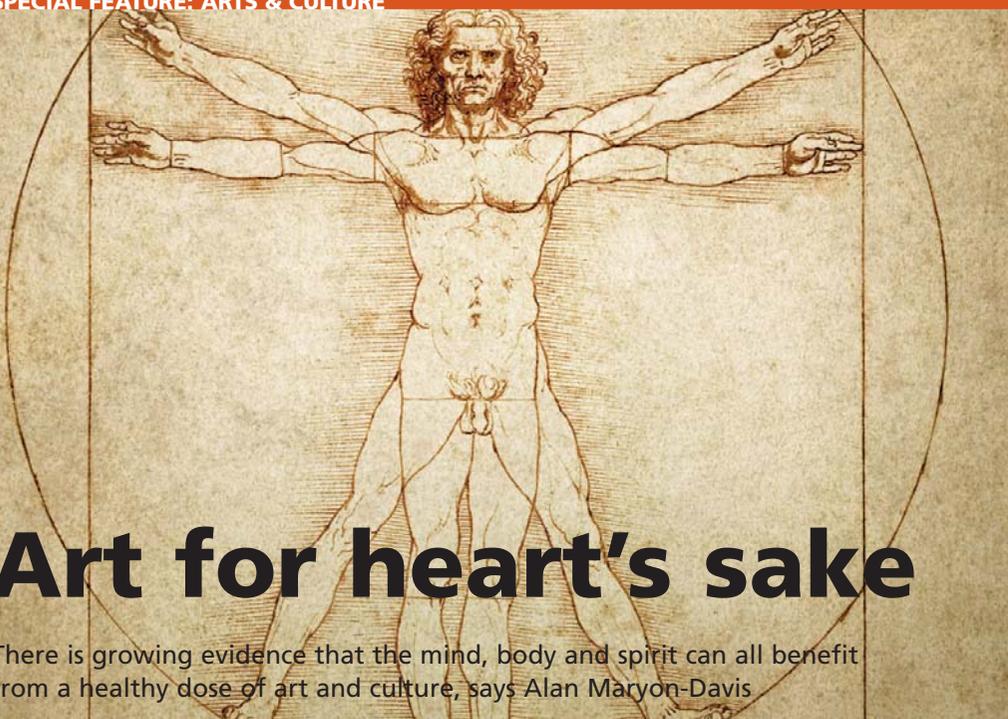
How do you relax?

I always have more than one book on the go: I'm in a book club and read more than one novel a week. I do a lot of walking. I was in a community choir and really enjoyed it.

Is there anything that keeps you awake at night?

This political situation is on my mind at the moment. Of the 48% who voted to remain in the EU, many of us work in public health. I think we are feeling quite disenfranchised at the moment. We have to find our way through this policy jungle and we're not even sure what it is yet. I worry about how we maintain the pressure on the issues on which we have been gaining ground, like the childhood obesity strategy.

Interview by Liz Skinner



Art for heart's sake

There is growing evidence that the mind, body and spirit can all benefit from a healthy dose of art and culture, says Alan Maryon-Davis



ST MARTIN'S in the Fields, Trafalgar Square on a June evening in 2012. A concert performed by a choir made up of refugees and asylum-seekers fleeing from conflict, cruelty and persecution. Most had been forced to part with family and friends back in their home countries – Burma, Chechnya, Congo, Guinea, Iran, Kenya, Kurdistan, Nigeria, Pakistan, Sierra Leone, Uganda. Many had been interned or imprisoned, or had witnessed horrors. A few had been tortured. What we in the audience hadn't anticipated was the incredible passion in their voices. The raw energy and power drawn from their suffering. And the joy and hope they had clearly found in singing together. It was a wonderfully uplifting experience for all present.

Anyone who's done community singing will tell you how great it feels. No wonder it's sweeping the country. But there's also

real science to back it up. I was recently involved in helping to develop National Institute for Health and Care Excellence guidance on promoting health and mental wellbeing in older people. Some of the strongest evidence we found concerned the social and psychological benefits of community singing, and this became one of our specific recommendations to local commissioners.

“Anyone who's done community singing will tell you how great it feels”

There are countless ways in which arts and cultural activities can benefit health, not only in bringing people together and providing opportunities for collective creativity and self-expression, but also in helping to lift the spirits and lend a sense of purpose to people whose lives are brightened by illness or disadvantage.

Perhaps this is most clearly demonstrated in the growth of art, music and drama therapy in supporting people with mental illness or dementia. And there may be

physical benefits too – for example the role of dance in improving coordination, strength and balance. The evidence base is building all the time and, increasingly, commissioners are integrating arts and cultural activities into their social capital and wellbeing strategies.

So, in the spirit of this topic, we have curated (arty word) a fascinating collection for you in this issue of *Public Health Today*. Something of a kaleidoscope – lots of bits and pieces in no particular order. Dance, drama, painting, film, social media, music – spiced up with a dash of health economics and a streak of service configuration. And on page 10 you'll find an article on Woven Gold, the very choir that knocked me out on that summer evening.

Finally, our Big Interview is with Shirley Cramer, CEO of the Royal Society for Public Health (RSPH). One thing Shirley hasn't mentioned is that the RSPH has been a key catalyst in the arts and health movement for many years. And by happy circumstance they are holding a conference on arts, health and wellbeing on 1 December 2016 at 28 Portland Place, London. Great opportunity to lose yourself in this vibrant and exciting corner of public health.

Alan Maryon-Davis
Editor in Chief

Evolution of arts and minds went hand-in-hand, research shows

ART IS intrinsically linked with human evolution. In the past 30 years, archeological advances have led to an even greater understanding of the links between evolution of art and the human brain, particularly cognition and behaviour. For example, the use of colour, bead-making and musical instruments during the Middle Stone Age progressed to increased sophistication with the birth of modern *Homo sapiens* and the species' dispersal to Europe.

Findings such as these prompt two questions: if art has been around since the first days of early humans, what was art's role in shaping the modern mind? And how important is artistic expression for our health and wellbeing?

In the UK, it took more than 40 years of pioneering work before the therapeutic application of visual arts, music and drama was recognised as an allied healthcare profession regulated by the Health and Care Professions Council. The establishment of the Arts and Humanities Research Council in 2005 gave a boost to research in the field, but progress has been stalled by austerity which has meant many organisations and providers of arts for health have struggled to receive funding. One of the barriers has been the complexity and broad scope of the relationship between arts and health and the subsequent difficulty in providing evidence similar to that provided for clinical interventions.

However, interest in the field is gathering pace again. In January 2014, the All Party Parliamentary Group on Arts, Health and Wellbeing was launched. It is currently conducting a national enquiry to review current practice and research and to develop policy recommendations for the Department for Culture, Media & Sport and other government departments.

As it becomes more widely appreciated that arts and culture are linked to health and wellbeing, a Faculty of Public Health Special Interest Group (SIG) is exploring the policy implications for population health. The SIG was established in November 2015 following discussions with the British associations of art, music and drama therapists and the National Alliance for Arts, Health and Wellbeing. The group aims to bring together experts from within



FPH and partner organisations to develop an evidence-based policy on arts and population health, to advocate and act as a source of expertise. The SIG also provides a forum for multidisciplinary discussions and inter-professional collaborative projects.

The first informal meeting of the SIG took place at the 2016 FPH annual conference. A work plan will be agreed at a formal meeting later this year which will incorporate the need for clarity on professional boundaries, a standardised pathway with clearly defined outcomes, economic evaluation and opportunities to learn from other countries.

The SIG is already involved in an exploratory research project on cultural engagement and health led by the Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University (funded by the Wellcome Trust) and more projects will be considered as the group develops over the coming months.

If you have an interest in the arts and their application to public health, then the SIG would love to hear from you. To get involved or for more information please email Femi Biyibi at femibiyibi@fph.org.uk

Heema Shukla
Chair
Faculty of Public Health Arts & Health
Special Interest Group

MPs shown art and science of the life course

SIXTY award-winning artists and leading scientists have collaborated to creatively explore the breadth of experiences families go through from conception to birth.

Tomorrow's Child was put on in the Palace of Westminster in June as part of the UK's first Infant Mental Health Awareness Week. The exhibition, sponsored by MPs Alistair Burt and Tim Loughton, was a response to the 1001 Critical Days Manifesto and used a wide range of visual media and scientific methodology.

Artists and scientists were paired and asked to combine images with commentary, all captured in a unique set of collaborative visual and scientific experiences. The interplay of earliest relationships was given voice, sound, texture, sight and touch to create stories of family generations past, present and future. The exhibition gave politicians an opportunity to visualise the beginnings and outcomes of family and relationships and to think about birth and community life.

A society that puts public health at its heart is one in which its leaders have the foresight to think long term about its citizens' wellbeing, with a lifespan approach and as a generational cycle from the antenatal period. The 1001 Critical Days Manifesto is a roadmap for public health which emphasises the importance of the conception-to-age-two period, and lays the foundations of social and emotional health through supporting and strengthening earliest relationships. Launched in 2013, it is the only cross-party children's manifesto in the UK and continues to influence policy across health, education and social care nationally and locally.

The charity Parent Infant Partnership UK facilitated the Infant Mental Health Awareness Week along with its official sponsors Public Health England, the Institute of Health Visiting, the Community Practitioners and Health Visitors Association, the Royal College of Midwives, the Association for Infant Mental Health and Zero To Three.

All images and articles can be found at www.tomorrowchildexhibition.com

If you are interested in hosting the exhibition, please contact Clair Rees at Clair.rees@pipuk.org.uk

Clair Rees
Executive Director
Parent Infant Partnership UK

DEBATE: Is social media bad for public health? Jasmine Wyeth says young people face severe pressures, while Paul Irwin sees a golden opportunity for health promotion

Anonymity and speed a threat to wellbeing

EVERYDAY use of smartphones, tablets and laptops by young people is simply a fact of modern life, and it would be a mistake to overemphasise the potential negatives of this fact. The connections that modern technology provide can be lifelines to people who are lonely or even isolated due to mental illness, and it would do a disservice to such people to fail to acknowledge this. Concentrating solely on the negative aspects of social media further marginalises people with problems that are already often invisible to the outside world.

But, unfortunately, those negatives are there, all the same. Cyberbullying is a huge concern, given that the anonymity the internet can provide and the speed at which something can spread from person to person can facilitate bullying. The way in which social media puts a glossy finish

on people's lives, allowing them to carefully curate an online exhibition of their personal highlights, can create in others a fear of missing out – or 'FOMO'. Social media provides new avenues for young people to be pressured into sexual behaviour that they may not be comfortable with.

To deal with these issues effectively, public health professionals need to see

YES

them from the perspective of young people. This means recognising both the good and the bad sides of social media and acknowledging that, in many cases, the issues existed prior to the creation of social media – it's just that modern technology enables these old issues to manifest in a new way.

Social media does not exist in isolation, therefore professionals must advocate for a

more holistic approach to build young people's digital resilience. They must focus on improving young people's self-esteem, so that young people can better resist the pressures that the online world can bring. Focusing on wellbeing in personal, social, health and economic education is important, as well as educating children that a lot of what they see online isn't real. Professionals may wish to advocate for more realistic advertising or better responsiveness to complaints from social media websites.

Furthermore, adults need to make sure that children feel that they can confide in them if they see something disturbing online. Acknowledging the relationship between the online world and the offline world means acknowledging that the offline world has to be a safe space for the online world to be safe space. In turn, that means being aware of real-world factors that might make someone more susceptible to online pressures.

Jasmine Wyeth
Activist
YoungMinds

It could be your message that goes viral

THE social media generation have grown up with gaming, instant messaging, Facebook and Instagram. They have embraced the smartphone and are making their own news. They are ambassadors of brands and will readily share content they feel an affinity with.

These people are consuming media, and it could be your message they are reading and sharing. Social media is here to stay, and, if you, as a health promoter, allow yourself to think outside the poster-campaign box, you can embrace it, harness it, quantify it and see the impact.

What if people could come together to create something, crowd-source a health campaign and collectively share it around the world? TryLife combines music, film, television, gaming, the internet, fashion and fame into a health campaign.

Imagine a typical teen television

drama, but instead, with TryLife, the action pauses and you the viewer are asked to decide what happens next. Will you smoke the spliff: yes or no? Will you have sex: yes or no? That sort of thing.

TryLife allows young people to experiment in a safe environment and make life choices on behalf of filmed characters. The aim of the project is to change the way in which young people think and act when confronted with life

NO

issues. It is about letting them see the possible consequences of their actions, and is backed up with an eLearning tool and workshops.

The broadcast production quality of TryLife is of very high standard and the team have already won several awards. They engage local youth centres, schools, colleges, universities and social media sites to find young people to

help develop the script which is based around the professionally led framework. Although TryLife is built from the bottom up, it is designed from the top down and created with educational material and outcomes in mind.

The team have been funded to create three episodes so far and episode four is in production. Funding has come mainly from local authority public health budgets and clinical commissioning groups to cover a number of specific issues, including sexual health, mental health, drugs and alcohol.

TryLife has 5,200,000 fans on Facebook, adding 70,000 every week – with no advertising budget.

The days of printing chlamydia advice on a beer mat or developing a new poster campaign are limited, if not already gone. Public health needs to embrace social media and fully engage the social media generation in promoting health.

Paul Irwin
Director and Creator
TryLife



Art in the right place

There is increasing evidence that the arts can play a useful role in prevention and treatment of chronic conditions in both young and old, says Phil Cave

Members of the Royal Voluntary Service in a session with Sage Gateshead's Silver Lining programme. Photo © Jason Thompson

IN THE context of England's changing demographics and consequent health challenges, cultural activities are of growing interest, especially for preventive and chronic healthcare.

Arts Council England is the national development and investment agency for art and culture, funding a range of activities that benefit society, not least in terms of wellbeing and health. Our remit is to strengthen and increase access to the arts, not fund directly for health outcomes. But many of the organisations and projects we work with make a significant contribution to public health.

An example is Dance Action Zone Leeds (DAZL) which the Arts Council has funded and which uses participation in dance to achieve a number of social outcomes in areas with high levels of teenage pregnancy, drug misuse and sedentary lifestyles. DAZL has taught dance classes to 8,500 children and young people in the past five years, with 70% of participants classed as inactive before coming to the lessons.

There's a lot of interest in how preventive, therapeutic aspects of 'social prescribing' can add value to the work of the health sector and make more of existing resources. NHS Gloucestershire Clinical Commissioning Group is funding arts sessions in GP surgeries and community spaces across the county. These

sessions cost £33 per patient, but research shows that participants visit their GP 37% less often after attending, saving the NHS an estimated £471 per patient.

We are all living longer and this is driving interest in how art and culture can help people age well. The Arts Council's research shows that 76% of older people find art and culture brings them happiness. This is reflected in programmes such as Silver Lining which aims to improve

It's vital that the application of the arts in health and wellbeing is backed up by evidence

wellbeing for people in care through participatory musical sessions.

There are many ways to incorporate arts and culture into health practices. One consistent thread is to let participants have a hand in shaping their own programme. This was the thinking behind our recently launched Celebrating Age fund which helps to make arts and cultural spaces more welcoming for people over 75. Arts and cultural organisations that apply are encouraged to work directly with older

people to decide what's on offer.

It's vital that the application of the arts in health and wellbeing is backed up by evidence and research. There have been numerous studies; a report last year from Manchester Metropolitan University, looked at several decades' worth of evidence and found a strong link between the arts and quality and length of life. But research needs to be ongoing, partnership-focused and specific.

One example is Singing the Blues, a research project between the Royal College of Music, Imperial College London and Chelsea and Westminster Hospital. It's the first study of its kind to understand the impact of group singing activity among mothers experiencing postnatal depression. Researchers will monitor the programme over two years and report on how music affects them.

The Arts Council is funding a range of research initiatives to understand better the benefits to health and wellbeing of art and culture. We're also contributing to the All-Party Parliamentary Group for Arts, Health and Wellbeing inquiry into the role of the arts in health and social care, which is looking at progress in this expanding field.

Phil Cave
Director of Audiences and Engagement
Arts Council England



Refugees sing from the same song sheet

IT HAS long been accepted that singing makes you feel good, lowers stress levels and improves moods. Singing in a group adds a sense of belonging. That is why anxious, isolated refugees escaping extreme persecution have come together to form Woven Gold: a choir which creates and performs its own songs.

As one participant put it: "Making music with others who have similar experiences gives us the will to go on, knowing we are not on our own. Singing and shouting with the group is more powerful than writing or speaking; the heartache and pain go away. Instead of crying I can smile and laugh."

Woven Gold gives its members time off from being victims to become creative individuals. Learning songs in foreign languages, arranging music and performing all require intense concentration which frees them, however briefly, from their anxieties.

The group is attached to the Helen Bamber Foundation, an organisation that offers therapy alongside practical support to survivors of torture and oppression. Woven Gold is led, not by therapists, but by inspirational musicians. We listen if someone asks for help, but rather than trying to sort out their problems, we pass them on to the foundation.

Another member said: "In simple terms, Woven Gold keeps me sane. It complements the therapy. With therapy you talk a lot. In music group you feel a lot."

We arrange songs that members want to teach the group. We start each weekly session with warming up the body and voice, making ridiculous sounds, faces and body movements, creating a lot of

Singing and shouting with the group is more powerful than writing or speaking; the heartache and pain go away

laughter, breaking down inhibitions, everyone accepting that it's an essential part of the musical process.

Most members want to teach and perform songs in their language, either traditional or their own. The group is always generous, appreciative and serious about learning and developing each song until they are all satisfied. The teacher becomes a respected expert, boosting the singers' confidence and self esteem.

Woven Gold loves to perform – it's a way the members feel they can repay what they've been given here, while telling the world about their own cultures and expressing themselves without fear of repression. Most of all, performing makes them feel celebrated rather than tolerated.

One member summed it up: "When I perform, part of me heals. I can express my happiness when I perform – the screams I could never scream, the tears I could never cry. I can release everything in that one song, in that three minutes; it just heals."

Annie Blaber
Founder
Woven Gold

Getting health values down to a fine art

DISCUSSION about the economic value of art might conjure up images of a cultural elite paying top dollar for opera seats or bidding enormous sums for works by Picasso. Others might say that the intrinsic value of art is beyond measurement. These views do not recognise the value of the arts to public health. This makes it difficult to persuade local authorities, clinical commissioning groups and other budget holders to use their constrained resources for arts-based public health activities in the absence of any depiction on canvas of what health gains might be achieved, for what cost and with what future consequence for the health system.

So how could this change? Well firstly it is important to increase awareness and critique existing evaluations of art and cultural activities for health and wellbeing. Recent economic studies in England have highlighted promising community-singing programmes for people who are lonely or have mental health needs, use of public libraries leading to reduced use of the health service, and improved caregiver wellbeing resulting from museums' dementia awareness programmes.

However, if arts actions are to be on a level playing field with other public health interventions, this evidence base needs strengthening. This is not a trivial task and will take time, but the public health and health economics communities can help. They might advise on how to collect information on resource requirements, costs and uptake rate for arts-based activities. They could also suggest appropriate quality-of-life, health and other indicators that could be used to help determine the economic case for action. Health economists could also model the minimum level of uptake and impact that an arts intervention would have to achieve to be considered cost effective.

None of these actions deny the intrinsic value of art, but explicitly highlighting that there is a health-economic case can only increase opportunities for the arts to play a role in public health policy.

David McDaid
Associate Professorial Research Fellow
A-La Park
Assistant Professorial Research Fellow
Personal Social Services Research Unit
London School of Economics and Political Science

Better Mental Health For All

Your pull-out-and-keep guide to mental health improvement



PUBLIC mental health is fundamental to public health because mental health is a determinant and consequence of physical health as well as a resource for living. A public mental health approach is concerned with promoting mental wellbeing, preventing future mental health problems and with recovery from mental health problems. The Faculty of Public Health (FPH) published a new resource, *Better Mental Health for All: A public health approach to mental health improvement*, in June 2016. It encourages a proportionate universal approach with a focus on the promotion of mental wellbeing and on high level support for those at risk of poor mental health and mental health problems.

The report was the work of FPH's Mental Health Committee (now Special Interest Group) in conjunction with the Mental Health Foundation. It would not have been possible to produce the resource without Public Health England (PHE) which supported the project financially as part of its wider programme to promote best practice in public mental health.

This funding enabled FPH to commission the Mental Health Foundation (MHF)'s involvement and support for production. It also enabled FPH to launch the inaugural Public Mental Health Award and film three of the shortlisted entries. We thank PHE and the MHF for their support and commitment.

Better Mental Health For All focuses on what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach. It is intended as a resource for public health practitioners to support the development of knowledge and skills in public mental health. It presents the latter from the perspective of those working within public health, giving valuable interdisciplinary perspectives that focus on achieving health gains across the population.

This resource is intended to be a practical resource for those working in public health, and, as the case studies overleaf demonstrate, much can be achieved by taking a systems approach and using existing resources. To read the full report, visit: <http://bit.ly/PMH-award> or to request a hard copy, write to policy@fph.org.uk

Christina Gray
Interim Chair
Mental Health Special Interest Group (SIG)

A summary

■ **Section one** maps out why mental health is an important and often overlooked aspect of overall health. Supportive policy is emerging across the UK, but the full potential for public mental health is yet to be addressed. Provision on the ground of interventions and services has been badly affected by austerity measures. The economic and social costs of mental health problems are very high. Calculations to date have failed to take into account the additional value to society of improving mental wellbeing or the adverse effects on physical health. Equality, diversity and the social determinants of health are as relevant in public mental health as they are in public health in general. To successfully address mental health, current models of practice need expanding to include:

- Psychological, sociological and interpersonal approaches
- Interventions that acknowledge the central role of the social context in which people live, including infant development and family relationships
- Intersectional and cumulative impacts of discrimination, poverty and exclusion.

■ **Section two** outlines the risk and protective factors through the life course and across communities. Over three quarters of all mental health problems have emerged by the age of 20, making childhood determinants primary in future mental wellbeing. Of these determinants, family relationships are pre-eminent because they mould the infant social and emotional brain and thus determine vulnerability throughout life. Later in life, risk and protective factors are important because they influence rates of recovery, remission and relapse from physical health conditions as well as mental health problems.

■ **Section three** addresses approaches and interventions to improve mental health at different stages of the life course and in different settings. Given the complex interaction of mental health determinants, public mental health needs to expand its research and methodology beyond traditional quantitative approaches, such as randomised controlled trials, to co-produce studies with communities and adopt mixed-methods approaches as well as newer ones such as realist evaluation. The Roadmap for Mental Health Research in Europe contributes to a broader understanding of public mental health research and evaluation. Interventions at different life stages and in different places interact with each other. To address family determinants, adult parents need support, knowledge, insight and strong supportive communities as well as a fairer and more equal society with a better distribution of opportunities.

■ **Section four** offers a practical guide to enable practitioners to support their own mental wellbeing. Public health professionals should invest in activities to explore and enhance their own mental wellbeing and the mental wellbeing of those they work with. This will enhance their practice through the insights it generates.

A call to action

IT IS vital that public health practitioners become advocates for public mental health providing strong leadership and prioritising mental health within current public health practices. Here is a list of key actions that all professionals working in public health and beyond can take to promote mental wellbeing and prevent mental health problems.

- Whether you work in a specialised public health role or generalist/general workforce, consider what you can do within your sphere of influence to advance the public's mental health as a leader, partner and advocate.
- Move, wherever possible, from deficit to strengths-based approaches and ensure you promote good mental wellbeing, address the factors that create mental wellbeing and tackle mental health problems.
- Adopt a proportionate universalism approach, including universal interventions to promote mental wellbeing across whole populations, with more progressively targeted interventions to address specific needs among more vulnerable and at-risk groups.
- As part of the universal approach, ensure that you are working towards your own mental wellbeing and that of your colleagues.
- Move towards ensuring that mental health receives the same priority as physical health in your work.
- Adopt a life-course approach. The foundations of mental health are laid down in infancy in the context of family relationships. Place-based intervention in settings such as schools, workplaces and communities complements the life-course approach and makes the most of existing opportunities.
- Reduce stigma and discrimination by increasing mental health and wellbeing literacy across the whole population. Include interventions to improve understanding of the impact stigma and discrimination have on the lives of people with mental health problems.
- Contribute to the expansion of the public mental-health evidence base and focus on the interventions and activities that make the biggest impact.
- Build evaluation into everyday practice and monitor the effects of practice on mental health.

Roles of a front-line public mental health practitioner

I AM currently employed by a county council as a public health consultant. My role involves finding ways to improve the mental wellbeing of our local population. My approach encompasses four broadly overlapping areas of public health practice: leadership, partnership, advocacy and measuring change.

(1) As Leader: With control over the allocation and implementation of some of the public health grant, and responsibility for assessing the need and evidence base, direct contracting and procuring services, I have commissioned:

- Mental health awareness training
- A Healthy Workplace service offering health and wellbeing support for small businesses and support for offenders in the community (<http://www.workforcewellbeing.org.uk/>) via a Probation Health Trainer Service
- Reading Aloud – community reading groups which help combat social isolation and aim to build confidence and mental resilience in those experiencing mental health problems (<http://bit.ly/2cqxcz5>)

We are also responsible for direct commissioning of children and young people/school-based mental health services, through which I have appointed two healthy-school advisers to support schools to improve pupils' mental/emotional health and wellbeing. I organised the following Mental Health Promotion training in schools:

- Positive Psychology Coaching Skills (Youth Mental Health First Aid training)
- Suicide & Self-Harm Awareness Training
- Teenage Mediation (<http://www.thebridge-eastmidlands.org.uk/talk2sort>)
- Thinkwise – cognitive behaviour therapy programme delivered to Year 6 pupils

(2) As Partner: Understanding the health impact of other departments' and partners' policies, I work with others to develop joint initiatives. This can include joint strategies, commissioning and sharing of resources including budgets. This work has involved:

- Working with housing partners to influence the development of housing provision and neighbourhoods that are conducive to mental wellbeing. Forming alliances with clinical commissioning groups and other NHS partners and with the voluntary sector to support work to improve mental health but also to increase awareness of the mediating role of mental wellbeing in achieving wider health outcomes.
- Leading the local suicide audit and prevention group.

(3) As Advocate: When not in a position to have any direct control over an issue or policy, a key role of mine is to champion and advocate for change, tackling mental health inequalities, stigma and discrimination. This has included raising awareness of mental health and wellbeing with departments unaware of the effects of their decisions, completing health impact assessments, attending relevant boards and committees and engaging with the media, political bodies and individuals.

(4) As Evaluator: Where possible I adopt an evidence-based approach in all of the programmes/activities that I lead on and commission. I therefore aim to keep abreast of key developments and look to national bodies for guidance on best practice. However, public mental health is an emergent field and as a result there are gaps in the evidence base. Where there is a strong argument for intervention in an area where promising practice exists, I see it as my role to ensure that these interventions are piloted and well evaluated before being implemented at scale. I also consider that I have a responsibility to share what is known to work (and for whom) in real-life situations to influence not just local prioritisation but to help build the wider public mental health evidence base, including publishing findings and disseminating these more widely. This is an area of development for myself and colleagues in the coming years.

Case studies

Torbay Lions Collective men's mental health initiative

TORBAY is in the top 20% of deprived areas in the country, with high numbers of male homeless, young people self-harming, alcohol abuse and rates of male suicide that continue to increase. Seventy-five per cent of those men who take their lives have not accessed mental health services and few had attended their GP.

Some local businessmen decided something needed to be done, and the Torbay Lions Collective (TLC) was started by the local barber, the local pub owner, the owner of the boxing club and others. TLC focused on educating men on the links between physical and emotional health through the creation of a variety of local services:

- The Lion's Den containing a cafe, gym equipment and access to peer-support groups and other facilities
- The Lions Link phone line run by men in the evenings and at weekends, and pop-up awareness-raising events, Lion Lairs
- The Lions Roar website to provide information on health, local events and finances
- The Lions Logo, awarded to local businesses that are willing to engage in training for mental health.

The evaluative process was developed as a combination of reflective processes, appreciative inquiry, and improvement methodology. However, one of the key lessons taken from the project was that it was possible to achieve positive emotional and physical outcomes without ever mentioning the word health.

Addressing emotional wellbeing as part of flood recovery in Somerset

IN RESPONSE to high levels of emotional distress resulting from the extensive 2013 floods in Somerset, a multi-agency Mental Wellbeing Action Group was convened to address those presenting with very complex needs and high levels of vulnerability. The aim of the Emotional Wellbeing and Flooding Programme was to provide a tiered response to emotional wellbeing that involved supporting and promoting community activity and delivering psychological first-aid training for community support staff.

Between April 2014 and March 2015 emotional support workers held or went to 83 events attended by an estimated 1,000 people. One-to-one extended support was provided by the flood support workers. GP practices were provided with advice about how to recognise and support the emotional impacts of flooding.

A limited number of cases emerged that did meet the threshold for specialist medical or social-care intervention. In these cases, Adult Social Care helped to design and commission appropriate packages of support to meet these needs, with additional support from Somerset County Council.

The legacy of this work was that a deeper understanding of what resilience means in this context was gained as well as good practice regarding how to talk about emotional wellbeing in an open and meaningful way.

Social prescribing for mental health and wellbeing in Lanarkshire

NHS LANARKSHIRE aimed to reduce health inequalities and encourage greater mental wellbeing through social prescribing (SP). Its programme, Well Connected, recognises that mental health services need to be bought together to deliver socially inclusive and sustainable treatment plans and to effectively address mental health stigma. The programme is centred around a culture of self-management.

Well Connected was developed in support of the National Mental Health Improvement Outcomes Framework which highlights 44 key indicators for mental health and wellbeing and reinforces the need to create the conditions for supporting mental health at three levels: individual, community and structural.

A reduction in inequalities was achieved through the creation of a single information telephone point, delivered through the third sector. Local self-referral occupational therapy community clinics were also available which provided a hub for people to explore their needs and receive support to engage in community-based programmes.

Well Connected focuses on implementing community interventions for which a strong evidence base already exists and is part of *Towards a Mentally Flourishing Lanarkshire*, Lanarkshire's overarching mental health improvement strategy. The results of the Scottish Health Survey have been encouraging regarding self-reported mental health problems and wellbeing.



Culture venture

Kent County Council is commissioning mental health services by specifically targeting arts organisations and setting them KPIs, explains Vicky Tovey

WHEN Kent County Council (KCC) and Kent's clinical commissioning groups began developing a new community mental health and wellbeing service called Live Well Kent, we made it very clear to potential providers that we were keen to see a diverse offer which included arts and culture. We asked them how they planned to engage with the sector and we set them key performance indicators in terms of the number of arts and culture suppliers in their network, change in this network and the number of people accessing activities.

This innovative approach was part of the national Cultural Commissioning Programme funded by Arts Council England to strengthen commissioning of arts and culture to deliver better outcomes. KCC was one of the pilot sites chosen on the strength of its track record including a programme funded by KCC, Artsworld and Royal Opera House Bridge to support the arts and culture sector to be commissioning-ready. The Kent work is featured in a national report which gives recommendations on how arts and cultural organisations can be supported to deliver public sector contracts.*

Live Well Kent supports people with common mental health problems such as anxiety and depression and those with severe mental illness such as schizophrenia. Outcomes include gaining employment, maintaining housing, improving physical

health and supporting people to feel more connected to their community.

The new service, which started in April, is being delivered by a range of providers from across sectors including the arts, leisure, technology, housing, employment, voluntary and mental health sectors.

Our approach to commissioning the new service was as open, inclusive and collaborative as we could make it. We ran several market-engagement events and

Some of the less traditional providers found it hard to understand the requirements

proactively targeted a number of sectors including the arts and culture sector to encourage them to attend. Some of the less traditional providers found it hard to understand the requirements and to see how their delivery could meet the outcomes, but by tailoring the language and providing case studies it helped to develop their understanding and helped them to provide innovative ideas.

We encouraged potential arts providers to actively network with core traditional

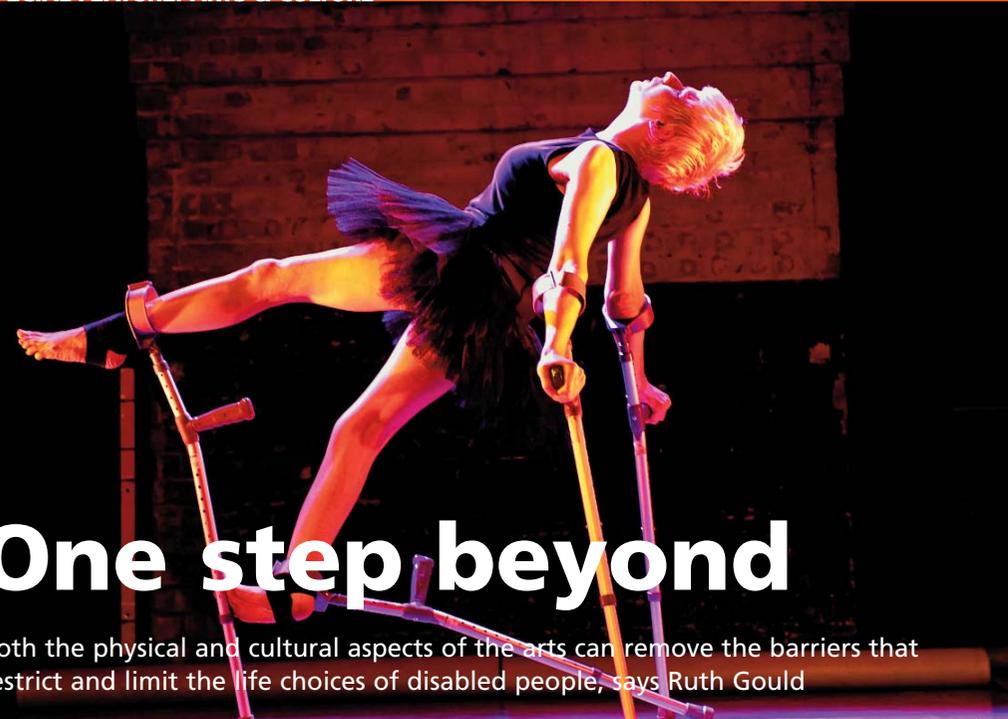
providers. We facilitated this by developing a shared supplier matrix where any interested organisations or groups could add their details. The potential lead providers then ran a series of events and one-to-one discussions with suppliers on that list so they could build their delivery networks.

By taking an asset-based approach we can support people in accessing a wide range of existing opportunities in their community through social prescribing agents called community link workers and navigators. An external evaluation of the community link workers showed a statistically significant increase in wellbeing measured via the Warwick-Edinburgh Mental Wellbeing Scale.

The key learnings for us have been to find a common language, use national resources to make the case for this kind of service, learn from inspiring case studies to help providers understand how non-traditional providers can deliver outcomes and choose the right contracting model and procurement processes to enable the arts and culture sector to bid to provide it. Much of the learning is applicable to other smaller or non-traditional providers.

Vicky Tovey
Commissioning Manager, Public Health
Kent County Council

*<http://bit.ly/2cJj03>



One step beyond

Both the physical and cultural aspects of the arts can remove the barriers that restrict and limit the life choices of disabled people, says Ruth Gould

Claire Cunningham performing at DaDaFest International 2008

AT DaDaFest we promote positive representations of disability through the arts. We began in 1984 and have adapted to the many changes that have affected disabled people's lives over this time, such as legislation, rises and falls in disability benefits and the media success of the Paralympics. We have a role in bringing to the fore issues from what we call the "lived experience of disability". Eighty per cent of those on our board are self-disclosed disabled or deaf.

Our work has always embraced a wide range of arts genres, creating work that truly changes lives for the artist, participant and audience. Dance has always featured in our programmes, and, though there are obvious health benefits from the physical activity, the cultural aspects of how we function is what really underpins our work.

One of our most important principles is adopting the framework of the social model of disability – removing barriers that restrict or limit life choices for disabled people. This concept is extremely liberating for disabled people as it challenges the mindset of possible control or dependency which in turn causes a lack of aspiration. The social model also creates a basis for non-disabled people to identify and remove the barriers to engagement that they may intentionally or unintentionally put up.

The way we think about ourselves is so

important. Faced with overwhelmingly negative portrayals of disability, we work hard to endorse cultural expressions that support our needs, allowing work to be created from a place of 'difference', upholding our contributions in society and thus valuing the skills and talents we as disabled people bring.

The counter side to the social model is

We often get drawn into a downward spiral of under-activity, affecting mental health and ultimately leading to isolation and withdrawal from mainstream society

the medical model in which the diagnosis of our medical conditions often pre-determines what is expected of us in terms of school, jobs, care and life expectancy. These aspects can be extremely limiting to our development, whether we are born with or acquire the impairment. We often get drawn into a downward spiral of under-activity, affecting mental health and

ultimately leading to isolation and withdrawal from mainstream society.

The other health benefits can be extremely exciting, especially with more physically challenging work, such as dance. A dancer we have commissioned has the bone condition osteoporosis and requires crutches. By incorporating these into her dance, she has created some exquisite work and also increased her bone density as a result. The medical professionals told her not to undertake any such strenuous exercise and are now confounded as to how well she is doing. This is where our worlds can clash: the medical advice can contravene what we experience and feel. Where do we draw the boundaries in terms of pushing and working our bodies when we are instructed to take it easy?

Working with disabled artists as leaders, we can explore how our bodies work uniquely, often against the grain of the perfect and fit bodies that can control such mediums as dance. We discover how to effectively use such tools as wheelchairs or crutches. Finding places and spaces in which to explore the way our bodies can work creatively not only liberates us but also 'saves' our lives.

Ruth Gould
Artistic Director
DaDaFest

How a museum got a handle on dementia

HOW does a small museum in rural Kent produce an award-winning toolkit for cultural organisations that is used across the world? Tunbridge Wells Museum & Art Gallery was approached by Professor Paul Camic of Canterbury Christ Church University in 2013 to get involved in a study looking at the effects of object handling on people living with dementia.

At first, museum staff were intimidated by the notion of working specifically with people who were living with dementia. Work had previously been done in care homes, but on an ad hoc basis. Museum staff were already pushed for time and resources. Despite this, the notion of trying something new shone through.

The visitor services team received dementia-awareness training from the Alzheimer's Society, which helped them gain a better understanding of what dementia is. Staff also met some of those who used services at the local Alzheimer's Society and gained first-hand experience of the effects of dementia. It was then that the idea of using a 'new learning' approach in tackling dementia was brought up. Why stick to the reminiscence model? Why ask people struggling with their memory to remember things? Better instead to focus on using their creativity and curiosity.

Sessions began at the Alzheimer's Society, before moving into the museum. Participants had the chance to handle real artefacts that may not have looked like anything they had seen before; this ensured we engaged their curiosity, not their memory.

So, after two years of almost monthly sessions involving more than 70 people, the project came to a close and it was time to reflect. Research found that, for people

Why ask people struggling with their memory to remember things? Better to focus on using their curiosity

with early- and middle-stage dementia, there were marked and noticeable increases in wellbeing and this might be the case with most people involved in this kind of activity. The museum gained valuable experience which sparked the re-evaluation of all services offered to older people and to care homes in the area. It also led to the creation of a toolkit for small- to medium-sized organisations to help them set up similar projects.

I strove to create a toolkit that was readable and usable by anyone. There had been many toolkits and instructional guides for large organisations with legions of staff and significant financial resources. But nothing I had seen would walk somebody working for a small, volunteer-run organisation through the process of doing work like this, in jargon-free language. If more small organisations like ours were engaged in this kind of work, the benefit would be significant. Our toolkit can be used by anybody in any cultural setting. A copy can be downloaded at <http://bit.ly/FPHmuseum>

Jeremy Kimmel
Audience Development Officer
Tunbridge Wells Museum & Art Gallery



Arts providers need to show clear outcomes

ALTHOUGH there is an evidence base that supports art and cultural interventions to improve health and wellbeing, few have been able to secure sustainable mainstream funding.

Within clinical settings arts therapies usually form part of block contracts and have variable integration into clinical pathway design and planning, despite, in some areas, strong evidence of efficacy, particularly for music and art therapy.

In community settings, arts- and culture-based projects cover a huge spectrum from very targeted small-group interventions focused on specific outcomes to broader mass participation events or exhibitions driving health education and shifts in public perception. The evidence base varies hugely between intervention types, outcome measures and delivery mechanisms and few interventions have been able to demonstrate replication at scale.

Arts therapies usually form part of block contracts and have variable integration into clinical pathway design and planning

Public Health England has undertaken a series of projects over the past three years to help shift this status quo as part of our ongoing work with the Department for Culture, Media and Sport, local government and the arts and culture sector itself.

Looking forward, the arts and culture sector, much like the physical activity sector, will need to step up alongside other providers in the marketplace and demonstrate clear and measurable outcomes for commissioners within commissioning cycles if we aim to move into a sustainable funding relationship that delivers improvement at scale for local populations.

Justin Varney
National Lead for Adult Health and Wellbeing
Public Health England

Powerful story helps mums out of the blue

BEYOND Baby Blue is an award-winning short film drama telling the story of how teenage mum Amy's life spirals out of control as she develops negative feelings towards her newborn son. Struggling with the shame brought about by these feelings, she is torn between seeking help and fear that her son might be taken into care. Isolated and depressed, she takes matters into her own hands.

It's a powerful story, and the film's genesis came about in an unusual way. With a background in making drama-based films to improve understanding, awareness and patient care in the health service, White Boat TV are usually commissioned by such organisations as NHS trusts, government departments and Health Education England. So it was particularly interesting to be approached by a mother, Emma Whittaker, who had suffered post-natal depression (PND) and her health visitor, Barbara Jayson, specialist liaison health visitor at St George's University Hospitals NHS Foundation Trust in London. Emma and Barbara were keen to improve care, support and understanding for mothers with PND. They wanted to highlight the issue in an innovative way that would immerse a clinical audience in the mind of a woman suffering from PND.

Amy's story is an amalgam of real-life stories the creative team heard through focus groups and meetings with mothers who had suffered from PND. From these, and talking to a range of front-line staff,

“One of the lessons we learned was to respect the power of good storytelling”

we were able to draw out central themes and common experiences to build a narrative around our central character, Amy.

The aim is to stimulate reflection and debate, change attitudes and behaviour among relevant staff, and improve referral services for women suffering from PND. The film will also be used to raise awareness with a view to influencing policy change in post-natal support.

Some of the lessons we learned through the whole project-development process and which public health professionals embarking on a similar behaviour-changing exercise might find useful were:

- Respect the power of good storytelling. If you can immerse your audience in an emotionally engaging story, inevitably it will prompt them to reflect on what they've just seen and their own behaviour in similar scenarios.
- Engage with and involve the relevant health professionals and third-sector support at local and national level. For *Beyond Baby Blue*, we linked with midwives, health visitors, GPs, specialist charities working in perinatal mental health and professional organisations, such as the Community Practitioners and Health Visitors Association, the Institute of Health Visiting, medical royal colleges, and the



TORN: Amy in *Beyond Baby Blue*

Family Nurse Partnership. The Maternal Mental Health Alliance has a good website with relevant information.

- Update your knowledge using the most appropriate sources. For this film we used the Health Education England e-learning website: www.e-lfh.org.uk/programmes/perinatal-mental-health/

Beyond Baby Blue has been endorsed by the Family Nurse Partnership and piloted with health visitors and midwives across the country with very positive feedback. It is due to be launched nationally towards the end of 2016 as part of a targeted training programme for health visitors, midwives, nurses and GPs.

The film has already won two *Journal of Health Visiting* awards, gold in the Best Drama category of the 2016 Event & Visual Communication Association Screen Awards and was a finalist in the Royal College of Nursing Mental Health Awards.

It was funded by the Burdett Trust for Nursing and produced and project-managed through the charity Best Beginnings.

Chris Godwin
Creative Director
White Boat TV

Group takes special interest in ethics of film

THE ethics of using film to promote public health is the subject of a collaboration between the Faculty of Public Health's (FPH) Film Special Interest Group (SIG) and FPH's Ethics Committee. The project will span public health professional organisations in the UK, US and European Union with the aim of identifying key ethical questions related to the use of film in public health, sourcing examples of best practice and informing practice guidelines that nurture the development of the field.

Since the Public Health Film SIG was launched in 2014, it has been gaining support from the membership for the use of film in public health. FPH's conference has been an important platform for screening films about health. This year we invited film submissions alongside scientific abstracts for the first time and received 25 films for the four available film slots on the conference agenda.

We are also looking at options to increase the film output of the SIG and to increase the content available to members on the FPH YouTube channel. Members are already able to download video interviews with speakers at last year's conference and videos from this year's conference should soon be available. We are looking to produce more films, including films about the 12 priorities in the FPH manifesto, *Start Well, Live Better*. If you would like to be involved in these film projects in front of or behind the camera, please let us know.

Our work to date has been helped enormously by FPH's conference film selection committee, Pam Luna and Gary Black from the American Public Health Association Film Festival and Mag Connolly, Head of Business Services at FPH, who worked so hard to liaise with the film-makers and speakers for each session. We would also like to thank FPH Immediate Past President John Ashton for his unwavering support for the SIG throughout his presidency.

Uy Hoang
Chair
FPH Public Health Film SIG

For more information about the FPH Public Health Film SIG, please contact Femi Biyibi at femibiyibi@fph.org.uk

How we came to know what we know

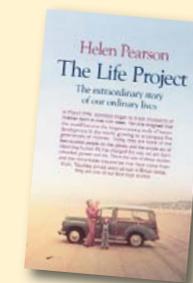
WE OFTEN don't get time to read public health books other than those on our immediate work topic. But, whatever your role, *The Life Project* is worth the time. It provides the fascinating background on the longest-running study of human development and health in the world, beginning back in 1946 when UK scientists began to track thousands of children born in one week. This ongoing study not only laid the basis for lots of the data sets we now use every day in public health, but also shaped epidemiology.

This ground-breaking health and social research developed into cohort studies repeated every decade, resulting in a gigantic database on poverty, lifestyle, health, attitudes, deprivation, birth weight, nutrition, growth and development, education, class, income... you name it. This is where all that started.

This is fascinating material, revealing the massive archive that has culminated in our current understanding of – to give just one small example – how place, income and

parents shape life and health. Elegantly written, it describes how data collected in these national cohort studies, and the publication of the first one from 1946, shocked the authorities and influenced major early decisions about health policy and the embryonic NHS, revealing a country divided by class and overturning many comfortable beliefs. For example, babies in the lowest social class were shown to be 70% more likely to be born dead than those in the highest. It showed that the £2 national maternity grant fell helplessly short of covering even the most basic expenses. These findings shaped national maternity policy.

It's hard to put this book down. Pearson places the story of these huge cohort studies and their results – such as how social mobility and division worsened from the 70s onwards – alongside other major studies of the time on issues such as smoking, heart disease, intelligence and education. In Pearson's science/journalism hands this is the very opposite of the dry accounts you might expect. It's laced throughout with tiny details of how studies were planned, then succeeded or fizzled, or how the earliest cohort results all had to be punched into cards (later sold by one researcher to pay for lunch). But she also shows how the scientists' thinking



processes shaped the study designs. Highly recommended and essential reading if you want to know the wider social history of public health in the UK, and how we came to know what we currently know about the health of the nation.

Andy Beckingham

The Life Project
Helen Pearson

Published by Penguin Books
ISBN 1593766459
RRP: £20

Around the world in 500 pages

IF YOU'RE after a whistle-stop tour of the latest in global health in 500 or so pages, this book will certainly be of interest. There are chapters covering every global health angle from public health through the ages, the impending financial crises, world health reforms, through to workforce and governance.

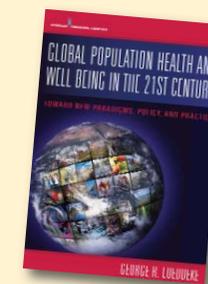
The editing demonstrates that such a wide-ranging work need not be impenetrable, in particular the opening chapter covering a snapshot of public and population health through the ages is succinctly written, entertaining and informative in equal measure. I particularly enjoyed the early history section, with its references to Hippocrates's book *On Airs, Waters, and Places*. Written more than 2,500 years ago, the short passages quoted warmly remind us why we all still bother with the day job.

Talking of the day job, if historical public health romanticism is the early flavour, then the book quickly returns to the realities facing global public health today. Chapter 2 focuses on contemporary

challenges and is supplemented by a myriad of well-presented graphs, maps, and fact boxes. The sub-sections on sugar and the obesity epidemic are particular highlights.

Sections on the financial challenges in global health will come as no surprise to any reader of this magazine, nor will the message that shifting resources to prevention is the answer. Masters in public health students and the like may be interested in the chapter on global health reform, and policy-makers in what are described as "contemporary approaches" to public health issues. This chapter includes some important case studies notably in the areas of health in all policies and sustainable development. Other chapters include 'Community-Centered Care and Evolving "Fifth" Wave Interventions in Public Health' and 'Toward a New Worldview'.

Overall, the wide-ranging content and use of graphics, fact boxes and examples make this book really useful to get up to speed on key paradigms in global health. On the downside, it's definitely not a flowing cover-to-cover read. So, if you are short of hours in the day to squeeze in an all-encompassing 500-page academic work, then this book may not be for you. However, if you, like your reviewer, increasingly need access to a snapshot of



the latest evidence, analysis and context in relation to global public health issues, then this book is absolutely for you and probably worth the space on your bookshelf.

Matthew Day

Global Population Health and Well-Being in the 21st Century
George R. Lueddeke

Published by Springer
ISBN 978-0826127679
RRP: £95.95

In memoriam



**Alwyn Smith FFPH
1925-2016**

THE only person elected twice to the presidency of the Faculty of Public Health (FPH), Alwyn Smith insisted that healthcare could not be divorced from social realities. He helped make the case that public health was a multidisciplinary speciality rather than a purely medical one and became a towering figure in a profession transformed as a result.

A gifted debater and communicator, Alwyn was skilled at deploying statistics and metaphors to make a telling point to students, policymakers and wider audiences. Late in his academic career he co-edited, with Dr Bobbie Jacobson, the landmark King's Fund report, *The Nation's Health*. The 1988 document challenged prevailing Thatcherite orthodoxies with its call for health-related interventions by the government and a range of public bodies. It influenced health strategies and approaches under both John Major and Tony Blair. Recalling the initial frosty ministerial reception to the document, Alwyn said last year: "I was attacked by health ministers as being the proposer of the nanny state. There has always been a conflict in thinking between what individuals want to do and what society is prepared to let them do and that is the basic position of the human predicament."

After serving in the Royal Marines during World War II, Alwyn studied medicine at Birmingham. For his PhD he conducted one of the first population-based studies of congenital anomalies related to maternal age. He also gained a public health diploma from the London School of Hygiene and Tropical Medicine before starting his academic career in 1956 via a World Health Organization-funded lectureship in Singapore.

Returning to Britain two years later he taught at Dundee, Edinburgh and Glasgow

and – for 23 years until his retirement – at Manchester University. His job title in Manchester evolved from professor of social and preventive medicine to professor of epidemiology and social oncology.

During his nine years in Scotland he contributed to understanding of paediatric and maternal health issues. He founded a congenital anomalies register in Glasgow and investigated the role of poor housing and diet in the return of rickets to the city.

With the scent of left-wing revolution in the air in 1968, Alwyn published *The Science of Social Medicine*, in which he set out clearly the benefits of considering the social as well as medical aspects of disease. He was not embarrassed by the left-wing leanings of many in his profession, saying: "I think inevitably, public health and its associated sciences will always have a progressive political agenda. I don't really see that it can be otherwise."

Michael D Warren records in his publication, *The Origins of the Faculty of Public Health Medicine*, that Alwyn was seeking to shape the education and representation of the profession in the early 1970s. This period saw both the birth of the faculty and the transfer of most public health responsibilities from local government into the NHS.

Warren writes: "Smith's main objections to the proposals [to establish the faculty] referred to the educational role of the proposed faculty. The main responsibility for education, he said, should lie with the universities not with the faculty." He may have lost that battle but Alwyn and others eventually secured a partial victory over the name – preferring 'social medicine' or 'public health' to 'community medicine'.

Elected president of the faculty he had helped to shape, in 1981 Alwyn set out to provide positive and dynamic leadership to a membership still demoralised by the move from local government nearly a decade earlier and other NHS reforms. Taking part in a panel discussion at FPH's 2015 annual conference, Alwyn outlined how he saw the role – and some of the challenges he faced: "There is a general idea that the president is a sort of boss of the faculty. In fact the president is a representative of the membership and – since the membership is very diverse and has a wide range of views – being president can be quite difficult."

To illustrate the point, he recounted his experiences after health ministers asked the profession to plan the healthcare to be delivered in the wake of a nuclear attack. Members were split between those who thought it their duty to take part in such planning and those who found the idea immoral and simply impractical. Alwyn recalled last year: "I thought there was a possibility we might produce a document

that could achieve both objectives. The planning could be so presented as to make it clear to any intelligent reader that the only sensible strategy was to try to prevent getting involved in a nuclear war."

Alwyn also used the office, to which he was re-elected in 1984, to rebuild bridges between academics and NHS practitioners and between those who believed public health was a medical profession and supporters of a multi-disciplinary approach.

When he stepped down as president in 1986 he created the Alwyn Smith Prize, an annual award to the FPH member or fellow judged to have made the most outstanding contribution to the health of the public.

Having driven to last year's FPH conference in the latest of a series of Porsches, he had one final message for the organisation and its members: "Don't just fight for the profession of public health; fight for the health of the public."



**Slobodan Lang FFPH
1945-2016**

THE news that Slobodan Lang had left us came as a shock, despite his known poor health. It was felt that he was as immortal as his life's work. Journalists describe him as politician and humanitarian but in his essence he was just a brilliant public health physician. What we learned from him was that we could make a difference and lead a response to the needs of people who suffer, who are humiliated or whose lives are endangered. He made us feel proud of what we were but also challenged us to extend our mission from preserving the health of the people to promoting goodness.

Slobodan, who was Professor at Drija Štampar School of Public Health, School of Medicine, University of Zagreb, Croatia, was born in Zagreb where he completed most of his training as MD, MPH and PhD and became a specialist in public health medicine. Wearing different hats – as academic professor, director of the Zagreb Department for Health and Social Welfare, special adviser for humanitarian affairs to the Croatian First President, member of the

Croatian parliament, President of the Croatian Healthy Cities network – he showed us that something could always be done by using the "technology of goodness". His enthusiasm was overwhelming no matter what he focused on – the quality of life of those dying of cancer, HIV prevention, the Healthy Cities movement, Convoy Libertas for Dubrovnik under siege, prisoner-of-war camps, humanitarian convoys for central Bosnia, the Save the Lives operation after Operation Oluja. At the heart of all these genuine public health interventions was the concept of the "challenge of goodness" that Slobodan explained with a story from the Bible in which God tells Abraham that 10 good men can save a whole population of sinners.

This is Slobodan's testimony to us. We have responsibility to mobilise the forces of good. No matter how politically inconvenient or hostile, we are obliged to recognise needs, articulate responses, advocate and work persistently for those who suffer, who are humiliated or whose life is endangered. If not us, then who?

Selma Šogorić

**Helen Mair FFPH
1922-2016**

HELEN Mair was an outstanding leader in public health, having a long and illustrious career. Creative and industrious, she was prominent in every development in advancing both the health of the public and the profession of public health.

She attended Manchester Medical School and went back to university in 1952 for the then new course in Social Medicine and Public Health.



As a medical officer of health and later a director of public health, she delivered a high quality service that was an example to others and properly acknowledged within the health service. When I moved to what was then South East Thames Region, she was recognised as a leader both in the region and nationally.

She was a significant contributor in the early days of the Faculty of Community Medicine, later the Faculty of Public Health (FPH). As Registrar of the faculty from 1981 to 1985, she held possibly the most significant office for the maintenance and promotion of the profession's continuation and advancement. In uncertain times for public health, under her guidance the profession prospered and grew in significance. Throughout her career she was an important and constructive contributor to the conduct and development of professional training. She was an inspiration to those entering the speciality, but at the same time, was a trainer who required the same high standards as those she set herself.

As an illustration of her own personal standing, when the Royal College of Physicians opened its fellowship to doctors in public health, she was one of the first of a small group admitted. She was elected an honorary member, later a fellow of the Royal College of Psychiatrists, and was awarded an OBE.

Helen was dynamic and plain speaking but had a keen sense of humour. Alwyn Smith, past president of FPH, described her as "one of the most significant figures of public health in the latter half of the last century".

Jim McEwen

**James (Jim) Dunlop FFPH
1930-2016**

JIM Dunlop was one of the few remaining public health doctors who emerged from the medical officer of health tradition following the 1974 reorganisation of the health service and local government.

He was associated with the city and port of Hull for most of his professional life, latterly as Director of Public Health. He had a major concern for promoting a healthy environment and the prevention and control of infectious diseases. He will probably be best remembered by Hull citizens for his work in the 1970s which forced the fishmeal factory on St Andrew's Dock to take effective measures to prevent the pungent smell which permeated the area. Similarly he was responsible for clearing some of Hull's slum areas.

He published interesting original research on what the term "scrupulous personal hygiene" actually meant in practice, in particular demonstrating which techniques of hand-washing were most effective in preventing spread of infection.

Jim was born in Scotland, left school at 17 and volunteered for the RAF as a nurse. He studied medicine at Trinity College Dublin where he was secretary of the



Courtesy of the Hull Daily Mail

Medical Society and also of a number of sporting clubs.

He was a cultured and widely-read man who would gently tease his contemporaries who did not, like him, also have an arts degree. He had an encyclopaedic knowledge of public health legislation. In conference debates, immaculately suited, he would exercise a mischievous but good-natured wit in drawing upon his knowledge of archaic laws to sustain his arguments. Speakers knew what to expect and everyone enjoyed the performance.

George Pollock

Alan Maryon-Davis adds: Jim was also a quintessential committee server. He was on the British Medical Association's national public health committee for a staggering 34 years and was a council member of the Society of Public Health (formerly Society of Medical Officers of Health) for 24 years, including a stint as President. A wiz with balance-sheets, Jim was Treasurer of the then Faculty of Public Health Medicine in the early 1990s and served on the FPH Finance Committee as recently as 2013. He was also one of the three trustees of 4 St Andrew's Place for 15 years.

I first got to know Jim as a fellow member of the Council of the Royal Institute of Public Health in 1998. He was a doughty defender of traditional standards and procedure, acutely aware of financial and reputational risk, and could always be relied on to pick up even the smallest error in the minutes. His occasional bristling masked a kindly nature and a wicked Scots sense of humour.

Deceased members

The following members have also passed away:

Donald Henderson HonFFPH
Stuart Paynter FFPH
Fiona Tolley FFPH

From the CEO

I HOPE many of you were able to attend the Faculty of Public Health (FPH) Annual Conference in Brighton this year where we had the support of an exciting project called Café Art.

This is a charity supporting people affected by homelessness. It helps open up artistic opportunities, primarily through developing skills and interests in photography and painting, and then partners with more than 20 London cafés to showcase the results.

Each year they run a photography competition, with the theme My London, in which 100 single-use cameras are given out to people affected by homelessness. Participants select their best five pictures for submission to a panel of professional photographers who identify the top 20 for exhibition: the public then choose the final 12 for inclusion in a calendar, which is sold as a social enterprise, and other participants then create artwork from these photographs.

At Brighton this year, we had a

number of volunteers taking photographs, supported by members of the Royal Photographic Society, as part of our exhibition programme. We also had our own 'artist in residence', Tendekai, who created artwork based on his experiences.

Tendekai created the painting from a photograph taken by Ray who admitted that the picture had "gone viral" after its launch on social media! Ray speaks of "making" a photograph (rather than taking one) and recognises both the confidence and "voice" this opportunity has given him – but also cherishes the opportunity "to connect with people" through his art.

When Tendekai, Ray and the team from Café Art came to meet FPH President John Middleton, myself and other members of the FPH team in London, we were all struck by how this project uses art to challenge inequality and improve participants' physical and mental health. It takes an asset-based approach to enable opportunities for people affected by homelessness to grow in confidence and expertise – and to challenge some of the pre-conceived

ideas that they and others may have about their artistic capacity and ability.

I am hoping that a partnership with FPH could generate further support for the social enterprise. We are entering early discussions with Café Art, its volunteers and partners to identify how best FPH and its members can raise the profile of their work and benefit by creating additional opportunities for replicating it across the UK and beyond.

If you would like to be involved, please get in touch!

David Allen



L-R: Tendekai, David Allen, John Middleton, Ray

Working or interested in public health? Join the Faculty of Public Health and grow your career

Join as an Associate to stay in the loop and receive:

- A Public Health Resource Pack filled with information on all FPH's current work
- A free subscription to FPH's quarterly magazine, *Public Health Today*
- Monthly bulletins with updates on wider public health news and opportunities to get involved with our work
- Discounted invitations to FPH regional and national events
- Access to a dedicated online members' area and your public health profile
- FPH Extras – giving your unbeatable discounts on lifestyle, travel and insurance products.

Join online at http://www.fph.org.uk/fph_associates

Join as a Practitioner to enhance your career by receiving all Associate benefits, plus:

- Access to our dedicated CPD scheme and online CPD diary which have both been tailored to public health practitioners
- Demonstrate your commitment to best practice and protecting the public by using the public health standards required for FPH membership
- Use the PFFPH (Practitioner of the Faculty of Public Health) designatory letters to show your professional standing.

Apply online at http://www.fph.org.uk/fph_practitioners

Welcome to new FPH members

We would like to congratulate and welcome the following members who were admitted to FPH between May and September 2016

Honorary Fellows

Alan Shieff
Gerry McLaughlin
Graham MacGregor
Johan Mackenbach
Nigel Crisp
Penelope Hawe
Peter Piot
Richard Wilkinson

Fellows through distinction

Aroop Mozumder
Colin Drummond
Emmanuel Musa
Gagandeep Kang
Jane Powell
Jane South
King-man Ho
Muhammad Anwar Janjua
Rebecca Hardy
Wendy Wing Tak Lam

Fellows

Gabriel Agboado
Andrew Liu
Anne Swift
Claudia Langenberg
Cordelle Mbeledogu
Dana Sumilo
Diane Steiner
Gabriel Agboado
Ian Brown
Karen Edmond
Kate Ezeoke-Griffiths
Kiran Loi
Kyla Thomas
Mohamed Ansaif Azhar
Namir Al-Tawil
Rachel Clark
Rebecca Mason
Sarah Perman
Timothy Elwell-Sutton
Victoria Spencer-Hughes

Honorary Members

Alistair Leanord
Andrew Black
Andrew Rugg-Gunn
Anita Marsland
Catherine Hannaway
Catherine Hayes
Elizabeth Grant
Enver Roshi
Gary Black
James Robertson
John McKnight
Libby Grundy
Marc Schmid
Mike Bewick
Pam Luna
Paul Sommerfeld
Sally Sheard
Thomas Lewis
Tony Redmond

Members through distinction

Abdul Majeed Akhtar

Claire O'Donnell
Eileen Kibbler
Gary Fuller
George Leahy
Johan Mackenbach
Jo Charles
Joanna Charles
Joanne Newton
Judith Clegg
Mohamed Badi Hassan
Nicola Steedman
Rumana Haque
Sai Hung David Wong
Scott Crosby
Sridhar Venkatapuram
Sushil Baral

Members

Ali Hasan
Andrew Liu
Aparnaareddy Mummadi
Campbell Todd
Charlotte Flynn
Charlotte Smith
Cheryl George
Damien Bennett
Daniel Flecknoe
David Whiting
Deborah Haynes
Elias Allara
Emily Tweed
Emily-Rose Phipps
Eszter Vamos
Greg Hartwell
Gurpreet Rai
Hayley Durnall
Joseph Lion Davies
Jeremiah James Muriithi Ngondi
Joanne Darke
John Goodall
Jonas Thompson-McCormick
Julia Bates
Katharine Cole
Katie Ferguson
Linda Churm
Madeleine Gupta-Wright
Matthew Saunders
Michael Edelstein
Philip Mchale
Rachael Leslie
Rishma Maini
Russell Carter
Ruth Mellor
Sally Bradshaw
Sheila Paul
Simon Hailstone
Tamasin Knight
Timothy Crocker-Buque
Toni Williams
Victoria Matthews
Will Beer

Diplomate Members

Alvin Tan
Andrew Fox
Beatrix von Wissmann

Benjamin Bouquet
Caroline Tait
Christopher Allan
Christopher Cartwright
Colin Sumpter
David Munday
Eszter Vamos
Eve Robinson
James Morris
Kristin Bash
Lorna Smith
Molly Thomas-Meyer
Naomh Gallagher
Philip Mchale
Sarah Lane
Wing Yin Alice Tsui
Yannish Naik
Yik Hang Ngai

Specialty Registrars

Aalaa Jawad
Andrew James Fox
Angela Cartwright
Cassandra Powers
Claire Blackmore
Eleanor Messham
Hannah Emmett
Hannah Mary Taylor
James Deery
Kate Mark
May Van Schalkwyk
Rebecca Campbell
Rebecca Perrin
Robert Verrecchia
Sally MacVinish
Siobhan Horsley
Suzanne Tang

Practitioners

Anita Fletcher
Anna Lowe
Annapurna Sen
Brian Auld
Clarissa Oeser
Eleanor Bull
Hannah Dale
Heather Duignan
Hilina Asrress
Jaime Morgan
Joanne Inglis
Joseph Akanuwe
Kate James
Kate McPhedran
Lisa Harvey-Vince
Mark Courtney-Pillinger
Matthew Olley
Moyra Burns
Sara Blake
Sarah Jewell
Sue Muir

Correction: In the June 2016 issue Natasha Azzopardi Muscat was listed as a new fellow of FPH. In fact she has been a fellow since 2006. Apologies.

New public health specialists

Congratulations to the following on achieving public health specialty registration:

UK PUBLIC HEALTH REGISTER

Training and examination route

Dominique Le Touze
Kathryn Blackburn
Rachel Clark
Timothy Elwell-Sutton
Sally Bradshaw
Ian Brown
Ashley Gould
Christopher Johnson
Soili Larkin
Kiran Loi
Mark McGivern
Rebecca Mason
Gurpreet Rai

Defined specialist portfolio route

Deborah Haynes
Julie Parker-Walton
Ann Robins
Sarah Doran

Dual registration

Naval Batra

Practitioners

Nicola Donnelly
Ian Sandford
Sumaira Tayyab
Hannah Bishop
Nicola Blake
Anupama Shaikh
Hilina Asrress
Nevada Shaw
Liz Wilson
Andrew Attfield
Karen Bernard
Lauren Ellis
Elizabeth Emmanuel
Tanya Khera-Butler
Martin Knight
Lioudmila Marnaeva
Gunjan Shukla
Briony Tatem
Julia Wolska
Julia Banham
Susan Bradish
Steven Chevis
Valerie Cross
Sarah Jewell
Christine North
Joanne Trueman
Eloznochukwu Umeh
Andrew Wood
Laura Saunders