



Inside This Issue

From the Chair:	1
Results of the SSM Survey	
Committee News:	2
Changes to Chair	
Nominations call	
London 20102 ASM	
Public Health in Action:	3
Putting Evidence into Practice	
Top Canadian Award for SSM member	4
ECR news	4
Health watch	5
Olympic Child Legacy	5
Dates for Diaries	6
Housekeeping	
Members News	
Submissions	

From the Chair

Results of the Survey are In!

The preliminary results of our online members' survey have just arrived. We will give a full report at the AGM on 11th September and make this available on our web site. For now, I wanted to take this opportunity to give you some headlines.

- ◆ SSM is viewed as relevant to a majority of our members (72%), to their field of research (79%), to social medicine in general (95%) and to the world today (82%). Similar levels of relevance were reported for the Annual Scientific Meeting (ASM).
- ◆ Overall, 67% of members are satisfied or very satisfied with SSM. A somewhat higher proportion expressed satisfaction with the ASM (81%). However, levels of satisfaction with both SSM and the ASM were greatest among early career researchers and lowest among the most senior members, and these differences by level/grade were statistically significant.
- ◆ 57% of members always or usually read the newsletter and by a further 35% occasionally. It is rated as of high or very high quality by 55%, with 41% rating the visual presentation as highly.
- ◆ 66% respondents rated the ASM web-site as being good/very good whilst 43% rated the visual presentation as being good. At present, not many members are using either the Twitter feed or the Facebook page. And those who have interacted with them feel that they could be used more effectively. The SSM logo was rated rather poorly (only 19% rating visual presentation good or very good).
- ◆ Finally, we asked you to suggest some words that sum up SSM for you today and in the future. Qualitative analysis of these questions will take a little longer, but some immediate themes emerge from an initial foray into the data. SSM is seen as friendly, multidisciplinary, relevant, academic and scientifically rigorous. However, you would like SSM to be more inclusive, more supportive of early career researchers, more outward facing, demonstrating advocacy and influence in policy circles, more proactive and innovative, more modern and up to date, with a wider appeal to all of the disciplines of relevance to social medicine.

Thank you to all those who responded: you have given us much food for thought. The Committee will consider the full results in September. In the meantime, we have already established a Communications Group, which will take on board comments about the newsletter, websites and use of social media, and a new logo will be commissioned as part of a 'corporate visual identity' makeover for SSM later this year.

We look forward to welcoming you to the ASM in London in September. The organising committee has done a fantastic job with the scientific and social programmes, and the event promises to be one of our best yet. In the meantime, enjoy the rest of the summer!

-- Martin White, Chair

SocSocMed News

CHANGES TO CHAIR:

Making the Society's Committee more fit for purpose. Extending the chair's tenure from one to two years

In the last newsletter, Martin White laid out his ideas for moving the Society into the 21st Century.

I strongly support Martin's proposals. As Chair, Martin is in the process of making the case for improvements, winning support and then facilitating the changes. But Martin is due to stand down as chair, because the current tenure is just one year. This is clearly not ideal.

I have therefore suggested that the SSM chair tenure is in principle extended to two years. This proposal has been strongly supported by the Committee and is therefore now being presented to the AGM in September for consideration by the wider Society.

THE PROPOSED AMENDMENT (in bold and underlined):

iv. Chair. A Chair-elect shall be elected **every alternate year**.

After holding this office for one year the Member so elected shall succeed to the Office of Chair, which office **shall be held for two years**.

Why is one year not enough? The committee meets only 3 times a year. The chair needs their first committee meeting to settle in to the role, and then has very little time before they are thinking about passing on the baton.

A two-year tenure for chair seems much more sensible. This would also be in line with the practice in most other professional organisations. It would greatly strengthen the effectiveness of our committee and benefit the Society.

I therefore commend this proposal to the Society.

--Simon Capewell, Chair Elect



From the Honorary Secretary SSM Committee and Constitution

I am writing this a few days after circulating the call for nominations for the 2013 SSM committee both for Ordinary members and to replace me as honorary secretary. By the time you are reading this, we will be in the middle of elections, if these are needed.

On this page, you will have seen an article by Simon Capewell, our chair-elect, in which he explains why your committee is proposing extending the term of office for the chair to two years. We will be bringing proposed changes to the Constitution to the AGM in September. These changes, and the AGM agenda, can be found as attachments to the August SSM email. If these changes are accepted, we will next need to call for nominations in July 2013, as Simon will take over chairing the Society a year later. If the Society rejects these changes, I will issue a call for chair-elect later this year. I hope you agree that this is more sensible than calling for nominations now, then notifying those willing to stand that their services would not be needed for another year.

London 2012 ASM

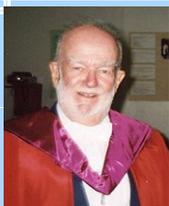
After piloting arrangements at the Jubilee events (not, in the event, a 'dry run'), August is being spent by many people in London as a further test run for the main event of the year, our Annual Scientific Meeting. Because of our concern for inequalities and sustainability, we have told the powers that be that we do not want special traffic lanes for SSM vehicles. It is not too late to book for the conference (12th-14th September) and/or the pre-meetings (11th or 11th/12th): see <http://www.ssmconference.org.uk/>.

Congratulations to all those who have had an abstract accepted, particularly those with a 'starred' abstract – the 10 highest scoring abstracts in the parallel sessions. Commiserations to those who have not: it was a bumper year for submissions and many good abstracts could not be accepted due to pressure of space. Please submit something next year for the Brighton ASM even if you were unsuccessful this time round.

I look forward to meeting many of you at the ASM; please come up and introduce yourselves to committee members and let us know what you think both of the Society and the ASM.

--Jenny Mindell, Honorary secretary

SocSocMed News



Canadian honour for Professor John Last

Professor Last is an honorary member of SSM and known to many of us through his useful reference

texts. Previously the recipient of many awards and accolades, this year he was awarded the Order of Canada, one of the country's highest civilian awards aimed at recognising "a lifetime of outstanding achievement, dedication to community and service to the nation".

It is a pleasure to congratulate him on being awarded this well-deserved honour. Dr John Last is regarded by the nation as being one of the most distinguished public health physicians in Canada today. He is considered a giant in the field of public health. His voluminous writings display a wide and comprehensive view of public health, including the global environment. For more than 40 years he has been a Professor and since 1992 Emeritus Professor of Epidemiology and Community Medicine at the University of Ottawa, where he has inspired generations of students.

Combining passion with academic rigour, he continues to be vitally engaged in the profession to which he has dedicated his life. His interests today include the interactions of ecosystem health with human health (in 2002 he was editor for WHO of papers on 'Sustainable development and health' for the UN Summit on Sustainable Development in Johannesburg), and ethical problems arising in public health sciences and practice.

His Dictionary of Epidemiology and Dictionary of Public Health have been used by many of us and he co-edited the Oxford Illustrated Companion to Medicine 3rd edition (2001) and the Encyclopedia of Public Health (2002). He has also been an editor of some prestigious journals, for example, the Canadian Journal of Public Health. He was active in the International Epidemiological Association (IEA) which commissioned the dictionary and also asked Dr Last to lead the development of ethical guidelines for them. He became a sought-after contributor to discussions on ethical research conduct in many countries. Although most of his career has been in Australia and Canada, he undertook some of his epidemiological training at the Medical Research Council's Social Medicine Research Unit in London.

ECR NEWS

1) Last few places left for MRC-SSM-Wellcome Event for Early Career Researchers on 11th September 2012 in London!

The workshop has been jointly organised by ECRs from the SSM, MRC and Wellcome Trust. It will be held on Tuesday 11th September (11.00am-18.00pm) at the London School of Hygiene and Tropical Medicine (LSHTM) in London. The event is aimed at all ECRs in the field of Social Medicine and will include panel discussions by leading researchers on both scientific issues (e.g. the most pressing future challenges for social medicine research) and practical matters (e.g. securing funding and getting published). The workshop is open to ECRs who are members of the SSM, or funded by the MRC (either directly or as part of a centre) or Wellcome Trust. We will not charge for attending the event, although there is a £25 processing charge for those registering for the meeting but not attending the main conference. For more details, including the programme and eligibility criteria, see <http://ecrsocialmedicine.wordpress.com>, or go to <http://www.hg3.co.uk/ssm/registration.aspx> to register.

2) Events for Early Career researchers at the Society for Social Medicine (SSM) Annual Meeting

The ECR sub-committee has planned some activities for ECRs attending the Society for Social Medicine (SSM) Annual Meeting. The activities are designed to increase interactions between fellow ECRs and to gain the skills and knowledge that will help them to develop their careers. This year's events include: a speed-meeting session (a great way to meet fellow ECRs, which has proved very popular at the last two annual meetings!) and an exciting lunch-time seminar 'by ECRs for ECRs' to be given by Hayley Denison and Richard Dodds entitled 'How to get started with a systematic review: an introductory guide for early career researchers'.

3) SSM ECR jobs list

As an early career researcher, you will want to hear about any forthcoming positions advertised in epidemiology or social medicine. The Early Career Researchers sub-committee runs a voluntary email service, forwarding information on any positions which come to our attention to members of the jobs email list. Since we started forwarding emails in January, we have sent out emails for over 30 vacancies to the 60+ people who have signed up. The jobs list is currently open to anyone who wishes to join but from the autumn will be restricted to members of the Society for Social Medicine. To join, send us an email with your details to ecr.ssm.jobs@gmail.com.

SocSocMed News

Healthwatch: The latest in patient and public involvement

Just two months into office, the coalition government voiced its hope of “putting patients at the heart of the NHS”¹ in the Department of Health White Paper, *Equity and excellence: Liberating the NHS*. Two years later, that hope rests largely on Healthwatch – the latest reincarnation of the health and social care system’s patient and public involvement mechanism.

The passing of the Health and Social Care Act marks the most significant period of change in the NHS since it began. The ethos of localism has seeped into these reforms, raising expectations that patients and the public be involved in decisions about their care. The primary method of doing so is meant to be Healthwatch: the new independent consumer champion for health and social care. Made up of two tiers – a network of Local Healthwatch organisations at the local level and Healthwatch England at the national level – Healthwatch is supposed to represent patient and public interests, both locally and nationally.

The expectations on Healthwatch are extensive. If patient and public perspectives are to inform decision-making at all levels, health and social care stakeholders will depend on Healthwatch to provide a robust evidence base. Healthwatch organisations will need to gather, analyse, package and promote this information to the likes of Health and Wellbeing Boards, clinical commissioning groups, service providers, the Care Quality Commission and the Department of Health. But Healthwatch will also manage the flow of information in the opposite direction, signposting patients and the public to information that will help them make choices about their care.

The functions of Healthwatch are designed to help the health and social care system involve patients and the public in the design, delivery, take-up and scrutiny of services. The idea is that incorporating patient and public perspectives at every stage ultimately improves users’ experience of care.

At the moment local authorities are concerned with commissioning Local Healthwatch services in their area. The focus of discussions is primarily on what the contracted organisation should be – its organisational model, its governance, its membership. These are all – rightly – seen as crucial to achieving the policy ambition.

But if all the hope and responsibility for genuine patient and public participation is pinned on a

single agency, these objectives are unlikely to be achieved. Other stakeholders will need to be receptive to patient and public perspectives, seek them out, and see genuine value in including them in their own decision-making.

Healthwatch should facilitate this, but in many cases existing relationships between local players will need to be built and mended in order to do so. Success will depend on the extent to which Healthwatch is seen as trustworthy and credible by other agencies and the public. It will also depend on all health and social care stakeholders seeing patient and public involvement as a shared goal.

Ultimately it’s not just about giving patients and the public a voice, it’s about having a system that’s willing and able to listen.

For more information, visit www.locallymade.org.uk or email Meghan at meghan.rainsberry@locallymade.org.uk

--**Meghan Rainsberry**, Director of Locally Made Community Interest Company.

Note: ¹Department of Health. (2010) *Equity and excellence: Liberating the NHS*, Cm 7881, London: The Stationery Office.

Olympic Child Legacy

Having the London Olympic Games and Para Olympics in East London near deprived areas reminds us of the inequalities in our country. The London Health Observatory are tracking the health of children born (“Olympic children”) in the six London boroughs providing venues for the London Olympics. They have a graphic 400m life-course racetrack for these children from antenatal to adolescence.

Please visit these two sites for further information.

http://www.lho.org.uk/LHO_Topics/Data/LondonHealthLegacy.aspx.

<http://www.lho.org.uk/viewResource.aspx?id=17927>

One of our members, Professor Steven Cummins, is leading a five-year longitudinal study to evaluate the games, the Olympic Regeneration in East London (ORIEL). You can find more about this by visiting,

http://www.qmul.ac.uk/research/olympics/olympic_stories/57531.html

- Elizabeth Breeze

SocSocMed News



Dates for your diary!

**CONFERENCES, WORKSHOPS, &
SEMINARS**

**CITY HEALTH 2012: Guildhall,
London, 22-23 October 2012**

City Health 2012 will examine policy and practice in relation to public health in cities. The conference has a special focus on health behaviours, mental health, violence, migration, tourism, and health planning for large scale events, along with consideration of the future challenges for creating healthy cities and a healthy public. For further details about the conference see www.cityhealth.org.uk/.

**Plotting a New Course: Friends Meeting House,
London, 26th – 27th November 2012**

Plotting a New Course is a forum for the critical analysis of responses to drugs, alcohol and tobacco. Cross-cutting themes link social policy, public health, law enforcement, supply, treatment and harm reduction. With policy and organisational thinking is increasingly driven by myths, mantras and metaphors, the theme for this year is 'driven by dogma or steered by science?'. Further information: <http://plotnewcourse.org.uk/>.

**ICOH 2013: The 6th International Conference on
Work Environment and Cardiovascular Diseases**

This year, ICOH will be held in Tokyo Japan from March 27-30, 2013. The deadline for abstract submission is 1 September 2012. For any queries, please write to: publichealth@med.kitasato-u.ac.jp. Please visit <http://www.icoh2013.com> for further information.

JOB ADVERTISEMENTS

Two new posts at Warwick Evidence:

Assistant Professor Health Economics

www.jobs.ac.uk/job/AEV877/assistant-professor-in-health-economics/

**Research Associate Clinical Effectiveness
Systematic Reviewer**

www.jobs.ac.uk/job/AEU610/research-associate/

For further information, contact:
aileen.clarke@warwick.ac.uk

Tel: 0117 331 0095 for informal inquiries.

**Senior Lecturer/Reader and Head of Epidemiological
Research for ALSPAC (ref. 17365) School of Social
and Community Medicine, Bristol.**

Permanent post, Salary: £46,846 - £70,263. Closing date for applications: 9:00am, 20 August 2012. Interviews will be held the week commencing on 17 September 2012.

Please contact Mrs. J Mackay (julia.mackay@bristol.ac.uk)
Tel: 0117 331 0095) or Professor G Davey-Smith
(KZ.Davey-Smith@bristol.ac.uk) for further information.

Housekeeping

Please keep your contact details up-to-date. The easiest way to do so is to visit the SSM website. Click on "Membership", and fill in your details on the "Online update" at:

<http://www.socsocmed.org.uk/Updatefrm.htm>

SSM Members News

Honours:

Debbie Lawlor is one of 46 UK academics elected for outstanding contributions to the advancement of medical science for innovative application of scientific knowledge or for their conspicuous service to healthcare.

Professor Peter Elwood was awarded the OBE in the New Year's Honours list.

Congratulations to you both!

Obituary:

Professor Richard Madeley, honorary SSM member, former Head of Department of Public Health & Epidemiology at University of Nottingham died in February 2012.

New Members:

Olufunke Arojo
Beatrice Asenso Barneish
Geraldine Barrett
Peter Nicloas Broer
David Carslake
Hayley Dension
Yikta Graham
Vivien Hendry
Bryony Hughes
Chukwuemeka Ibeachu
Sabrina Juran
Claire Keeble
Katherine McAllister
Akontayo Ogunwale
Ogechie Onyeahialam
Jenna Panter
Rebecca Pultz
Pamela Royle
Muhammad Saddique
Nicola Shelton
Ivy Shiue
Rebecca Somerville
Caroline Taylor
Laurie Tomlinson
Noortje Uphoff
Emily Williams
Margot Witvleit
Welcome to SSM!

As always we love hearing from you and thank you to all those who have contributed so far to the newsletter. If you have any news or burning issue that you wish to share with other members, please contact us on e.breeze@ucl.ac.uk, or n.cable@ucl.ac.uk or hefferc@yahoo.com. Deadline for the next issue is 15 October 2012.