



Friday message

Friday 28 March 2014

Dear everyone

As we reach the end of our first year and prepare for our second, it is a moment to pause and reflect on what has gone well and where we need to direct more effort. We achieved a seamless transition and have dealt with over 10,000 outbreaks and incidents as well as major concerns such as the upsurge in measles cases among the cohort of teenagers with limited/no MMR cover post-Wakefield (levels of cover are now higher than they were pre-Wakefield), we have introduced four new immunisation programmes, seen the final touches put to the world's largest cancer registry, and we have supported our partners, locally and nationally, during the recent floods. This is only touching the richness and diversity of what our people do. Suffice to say that I recognise and honour each and every one's contribution and want to say thank you. Critical to our success is the quality of our relationships, particularly with Local Government, Parliamentarians, the NHS, as well as many others, as we can only achieve what we were established to do by working with and through them. Published today are the [results](#) of our baseline Ipsos MORI quantitative external stakeholder [research](#) and these are very encouraging, in terms of the high response rate as well as the findings, and of course there are areas where we need to do better, and we will. Over the past three months I have had the privilege of time with the political and executive leadership teams of 33 upper tier authorities and, usually, their CCG partners, and I have been universally taken by their enthusiasm for their new role and 'can do' determination to improve the public's health, by their pragmatism, ingenuity and long track record of making the most of what they have, focusing on assets rather than what they don't have. Yesterday's BMJ [feature](#) on Local Government use of the public health grant is simply not reflected on the ground – and I have covered a lot of it. Local Government 'gets it'. They know that collectively and individually they have the ability to change things for the better and that is exactly what they are doing.

The All Party Parliamentary Health Group, chaired by Baroness Cumberlege, held a reception in the House of Commons on Tuesday afternoon for PHE to present our priorities for the coming years, how we are supporting local authorities, and how we interact with other bodies within the health sector, in particular the NHS. This was an important moment, and especially so in that all the speakers, including Sir Kevin Barron MP, and Jane Ellison, the Public Health Minister, shared an understanding that the historic emphasis on 'hospital-based' healthcare was unsustainable and that the new public health system enabled a shift of focus to prevention and early intervention, essentially how we keep people out of hospital and at home and well for longer and, crucially, the importance of every child having a good start in life.

This has been another important week for Healthcare Public Health. Our aim is improved population health through focusing primarily on people with a problem in common (whatever the structure and financing of healthcare). This week our healthcare team organised workshops to launch new national networks for three populations: children who are deaf, people at risk of stroke and dementia because of atrial fibrillation and people at risk of falls and fragility fractures.

And finally, the Chief Medical Officer, Professor Dame Sally Davies, yesterday [published](#) her annual report. PHE experts contributed to chapters on everything from obesity to the link between health and employment, and the impact of alcohol, drugs and infections on prisoner health.

With best wishes