



Friday message

Friday 21 March 2014

Dear everyone

Healthcare Public Health – where we demonstrate how effective and efficient health expenditure is in securing the best outcomes for the least cost for comparable populations in different parts of the country – sits alongside our professional responsibilities for health protection and health improvement. This is nowhere more apparent than in our commissioning advice to NHS England on managing within its annual specialised services budget of £11.8 billion at a time of resource constraint. Working within a fixed budget means that public health can use its evidence base to highlight the values of different interventions. In particular, helping to clarify where early intervention and prevention upstream will be better value (both in terms of public wellbeing and financially) than late stage NHS treatments. For example, there is much more we can do within the public health system to support managing the risk factors, such as obesity, hypertension and diabetes, in patients with early renal failure which would enable us to slow, or even stop, any decline to end stage renal failure needing renal dialysis. Renal dialysis alone costs the NHS around £1bn per annum and savings on this can be reinvested or contribute to bringing down costs. As always the key public health messages are that everything is connected in some way and that helping to identify the best value interventions will support moving resources around the system and take us away from the old 'National Illness Service' to a holistic approach to the health of individuals and communities where the emphasis is on nurturing, maintaining and improving health rather than on hospital based treatment.

Every child on starting school should be ready to learn. This goes to the heart of the evidence that a good start to life, followed by a good education is the best determinant of a future long life, free for as long as possible from ill health. With the transfer of commissioning of the 0-5 Healthy Child Programme from the NHS to Local Government in October 2015, this is their opportunity to bring together everything that they do and commission in the interests of their local children. The universal service led by Health Visitors will be central to this. Targeted work through the Family Nurse Partnership, the Troubled Families Programme and other early years investments will also help to bring this about.

Lest we forget, Public Health England was created only a year ago, bringing together over 5,000 staff from more than 130 different employers and we are spread across 115 sites in the UK from our large laboratory campuses to small teams working in shared buildings from Glasgow to Ashford in Kent. At a staff event in Bristol on Wednesday we reflected on what we were doing to nurture the health and wellbeing of our own people, especially given that we are encouraging other employers, both public and private, to take this seriously. We heard from Helen Riches, our Staff Wellbeing Lead, about the steps we are taking to provide a safe and supportive environment for staff. We have a wide-ranging programme, from providing online and face to face support through our Employee Assistance Programme and the Big White Wall resource, establishing a network of over 100 volunteer workplace wellbeing champions and providing training for staff to deliver Mental Health First Aid Training, to working with Learning and Development to see how we can better support line managers, and promoting physical activity through the PHE Physical Activity Challenge.

And finally, PHE's second [Annual Conference](#) – taking place on 16-17 September 2014 in Warwick – is now open for abstract submissions (by 8 May) and bookings.

With best wishes