

Public Health England

Friday message



Duncan Selbie
Chief Executive Designate

23 November 2012

Dear everyone

On Wednesday Professor Dame Sally Davies' published her first [annual report](#) as Chief Medical Officer which is a unique resource for Public Health England, local government and the NHS. It draws on data from a wide range of sources and shines a bright light on the nation's health and at a local level. Importantly, it comes at a timely moment as local government assume their new responsibilities for improving health and PHE begins its work.

Public health specialists come from a diverse range of professional backgrounds and this is set to extend further as they become embedded in local government. One of these is the nursing profession. Viv Bennett, our lead nurse, is on the PHE national executive helping to ensure that multidisciplinary professional voices are heard and valued. She and her team have considerable experience in operating professional networks across large geographies and they will be contacting our nurses very shortly so that they will have the opportunity to help shape these as they are strengthened over the coming months.

The language of public health is understandably complex, its variations can be subtle and on my travels I hear people using even common terms in very different ways. One of the steps in creating a shared culture is to ensure we have a common language, using the same terms in the same way. The first stage of that process will be to seek your views on the most important terms for which we need a consistent meaning. Richard Gleave and Muir Gray are leading on creating a shared culture and you should be hearing from them soon about how to get involved.

Last week I visited Turning Point's Complex Needs Service in Stevenage, commissioned by Hertfordshire County Council jointly with the local NHS. This is public health improvement at the cutting edge. The service has been designed around the needs of the people it serves, recognising that few ever present with only a single problem. From my own past, whenever a complex problem was under discussion I assumed this was for the statutory sector to sort out. This is sometimes but not always the case. The voluntary sector can reach and support people that the statutory sector cannot and often at less cost. The key to securing lasting improvement is in getting the statutory and voluntary sectors to work together, recognising the strengths and differences that each bring. The complex needs service in Hertfordshire is an example of how to do this and is what is meant by truly integrated commissioning. Southampton City Council's Two Saints Day Centre for the homeless is another good example of the public and voluntary sectors working together. The City Council, with its public health team led by Dr Andrew Mortimore, Director of Public Health, is honest about the tough service and financial decisions before them and clear that the safety and security of the most vulnerable must be prioritised over 'nice to have' which is no longer affordable. We need to see this integration replicated across England.

And finally, this week saw the publication of the refreshed [Public Health Outcomes Framework](#), together with the first set of baseline data for more than half the indicators. This will be a critical tool for local government who, with the support of PHE, will be reviewing their strengths and challenges in order to shape their work plans.

With best wishes

A handwritten signature in black ink that reads "Duncan Selbie". The signature is written in a cursive, slightly informal style.