



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 15 November 2013

Dear everyone

I am pleased to say that, like all its arm's length bodies, we now have a [Framework Agreement](#) with the Department of Health, approved by HM Treasury. Getting this right has been of particular importance for PHE given the concerns over our operational autonomy and our freedom to speak and publish without fear or favour and I am hoping you will agree that this has been secured. This should be read alongside our staff Code of Conduct which enshrines the rights and responsibilities of all PHE staff as a contractual condition of employment and has been incorporated into the Agreement at Annex A. These concerns, though legitimate, are of course not the point and purpose of our creation and the Framework Agreement sets out our responsibilities as the public health agency for England and crucially, the importance of supporting the work on the front line in combating communicable disease and furthering the health and wellbeing of the nation.

For example, in setting out our relationship with local authorities as they take forward their statutory responsibility for improving the health of their local populations, there is reference to the public health grant and how accountability is to be exercised for its use. The grant is an enabling contribution, not insignificant, but is only part of the bigger picture. Local authorities are interested in everything that they and their partners in clinical commissioning groups (CCGs), the voluntary and community sector, and others, do that has an impact on the health and wellbeing of their people. They are not interested in expenditure by condition, institution or by clinical tradition but in the overall outcomes for real people living in real places and how together better use can be made of what each can contribute than we have hitherto. This is why local authorities are back in the lead on the public's health and why their closest partners are CCGs. Just as GPs know and care about their patients, local authorities know and care about their populations and bringing this knowledge and experience together in health and wellbeing boards means the focus is where it should be, on population health. In my visits across the country – last week in Sutton, Bristol and Bath, this week in Brighton and Hove and Tower Hamlets – I am seeing first-hand evidence of the absolute and inspiring commitment of local authorities and CCGs. Of course there will continue to be tough financial challenges but they also see these as the catalyst for making things happen in ways that further improve health outcomes and at less cost. The public health grant is ring-fenced but not a straitjacket and, subject to unsurprising constraints on this not being used to offset unrelated expenditure or deficits elsewhere, there is every flexibility to have this underpin local innovation. PHE is there to help and support local partners in this, working to their priorities as ours.

And finally, England now has a single national cancer registry. The milestone reached this week saw the import of the last of the 11m historical records that existed in the former regional registries into the new system run by our National Cancer Registration Service (NCRS). This team has created a unified registration service, producing a dataset and near-real-time cancer data service on all tumours diagnosed in England's 52m population, at a scale that we do not believe exists anywhere else in the world. We can now monitor cancer treatment and outcomes for the whole population, ensuring equitable access and best outcomes, and in future with genomic analyses the front line will be able to deliver targeted therapies to patients. A truly extraordinary achievement.

With best wishes