



Public Health
England



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Chief Executive

Friday message

Friday 25 October 2013

Dear everyone

Together with Local Government, NHS England, the Department and others, we are in the early stages of developing a Health and Wellbeing Framework for England because we think it is important to have a single coherent narrative on the public's health, the causes of ill health and inequalities and the need for far broader action than within the NHS alone. It will build on Wanless, Marmot and the Global Burden of Disease and provide a synthesis of the local perspective on what is important to people and communities. We need to broaden the way we think so that the goal is always about prevention and early intervention over illness and treatment and we need to arrive at a shared view of the big challenges. We need to identify public health interventions that will improve health outcomes but also help the health and care system deal with current demographic and financial pressures. To help us do this we will need to develop new models and methodologies to assess different possible futures and we will need to be really clear about what works that can be brought to scale across the nation. The narrative will acknowledge the international evidence that individual behavioural choices, our genes and the environment, such as jobs, decent homes and companionship, account for around 80% of the impact on length and quality of life; and that with some humility on our part we have been slow to recognise that they create the conditions for good health as a complement to healthcare, while at the same time decreasing the burden on hospitals and other health services. The statutory duty on upper tier and unitary Local Government to improve the public's health, well beyond the confines of hospital and social care, provides the opportunity to move beyond the silos of the past. Obviously this is very early days for PHE and we will be working in step with our key partners including the voluntary and community sector at every stage. This will only work when the context and the narrative and any subsequent strategy is owned by everyone at every level, local and national.

Our Northern and Yorkshire Knowledge and Intelligence Team (KIT) has been working with NHS England and NHS Right Care to create a comprehensive [data pack](#) for every Clinical Commissioning Group to support effective 'commissioning for value'. These went live yesterday, and provide locally relevant information to support local prioritisation. This is hopefully going to be received as timely and constructive.

As I continue to meet teams in communities around the country, this week has been mostly spent in London, in Ealing, Haringey and, this morning, with the Chief Executives of the 32 London boroughs and the Corporation of London at London's Guildhall. There is so much for London to be proud of and there is strong leadership coming through local government and a growing partnership with all those who have something to contribute to improving health across the capital city. Dr Yvonne Doyle, Regional Director for London, and all of PHE are there to provide them with every support, building on their and our experience of what works with a growing and richly diverse population.

And finally, the power of individual courage combined with collective will and action is clear in the integrated approach being championed by the Troubled Families Programme. I had the privilege of meeting many of those working with troubled families at an event in Bristol and they absolutely get the need for breaking down barriers and working across boundaries and the benefits of pooling resources to secure the best possible outcome for the children and their families. This approach really does work and they are to be congratulated.

With best wishes