



Public Health
England

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East Midlands : 22 March 2013

The Marmot Review

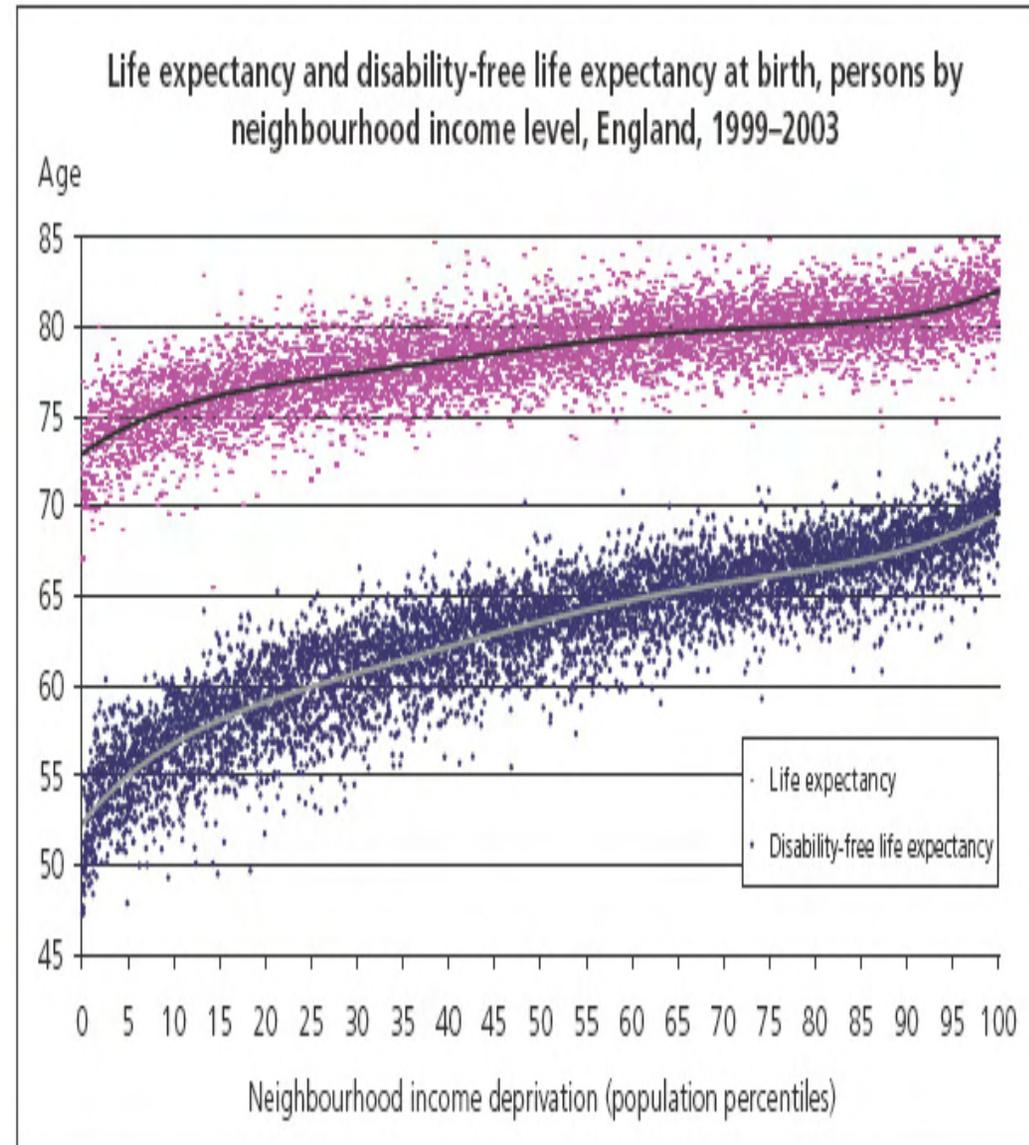
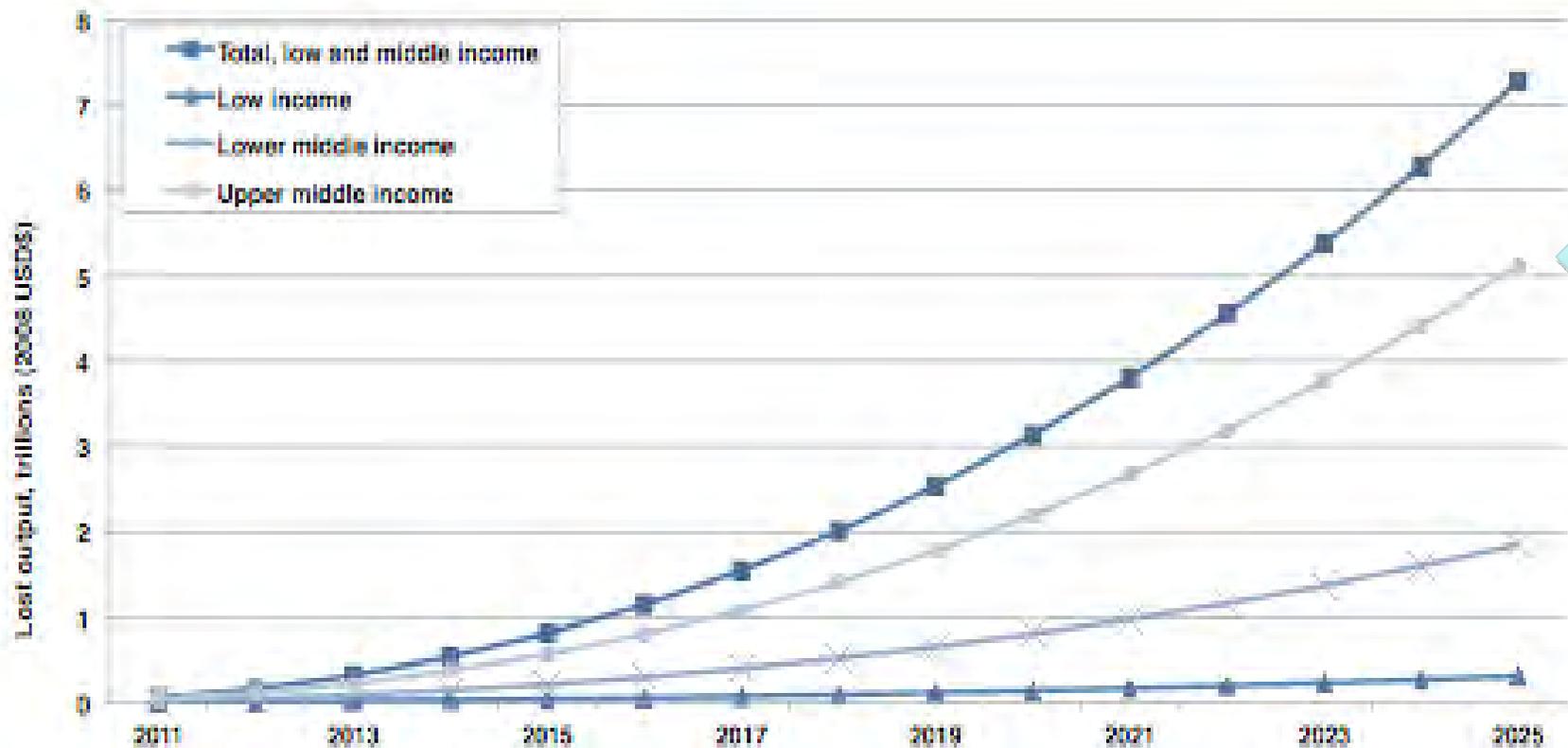


Diagram courtesy of the Strategic Review of Health Inequalities in England Post-2010 (Marmot Review)

Global Burden of Non Communicable Diseases

Figure 2: Cumulative NCD loss, beginning in 2011



Source: Based on The Global Economic Burden of Non-communicable Diseases
- Prepared by the World Economic Forum and the Harvard School of Public Health (2011)

Risk Factors

80% of heart disease, stroke, and type 2 diabetes cases and 33% of cancers could be prevented by eliminating tobacco and excessive alcohol, maintaining a healthy diet, physical activity

WHO declared these as the main shared risk factors in the development of Long Term Conditions



Lifestyle risk factors

August 2012 King's Fund report

– implications for public health policy and practice

- ❑ patterns of lifestyle behaviours have changed over time in England with 'clustering' of unhealthy behaviour emerging
- ❑ data used from the Health Survey for England between 2003 and 2008 to analyse changes in the clustering of four key lifestyle behaviours –
smoking, excessive drinking, poor diet and lack of exercise
- ❑ the report found that the proportion of the population engaging in three or four of these behaviours fell by 8 per cent over the period (from 33 per cent to 25 per cent)

Public health initiatives have been important in improving health among the population as a whole

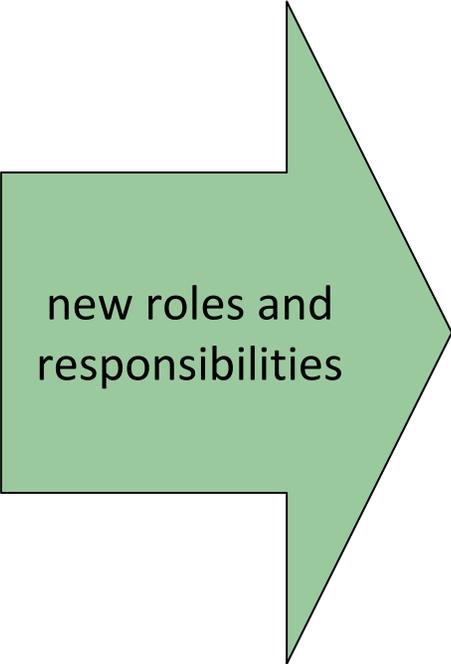
Key findings:

The overall proportion of the English population that engages in three or four unhealthy behaviours has declined from around 33 per cent of the population in 2003, to 25 per cent in 2008.

Reductions are mainly among higher socio-economic and educational groups: people with no qualifications were more than five times as likely as those with higher education to engage in all four behaviours.

The health of the population will improve as a result of the decline in behaviours, but the poorest and those with least education will benefit least, widening inequalities and avoidable pressure on the NHS.

The new public health system

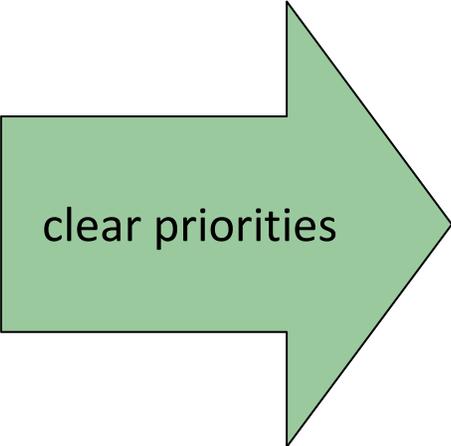


new roles and responsibilities

leadership role for local authorities

supported by a new integrated public health service, Public Health England

working alongside the NHS, with its continuing role promoting health through clinical services



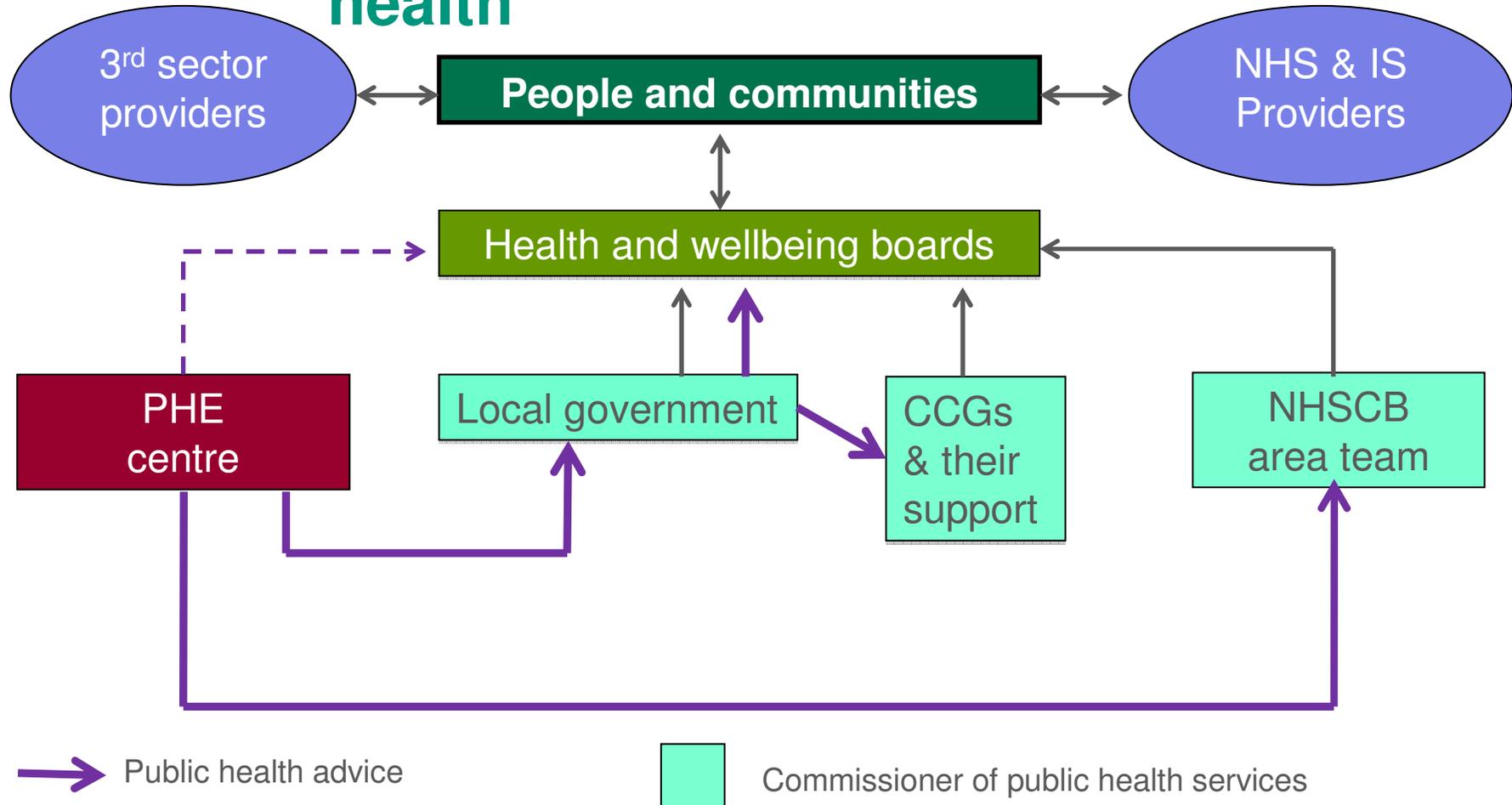
clear priorities

stronger focus on health outcomes, supported by the Public Health Outcomes Framework

public health as a clear priority for Government, backed by ring fenced resources

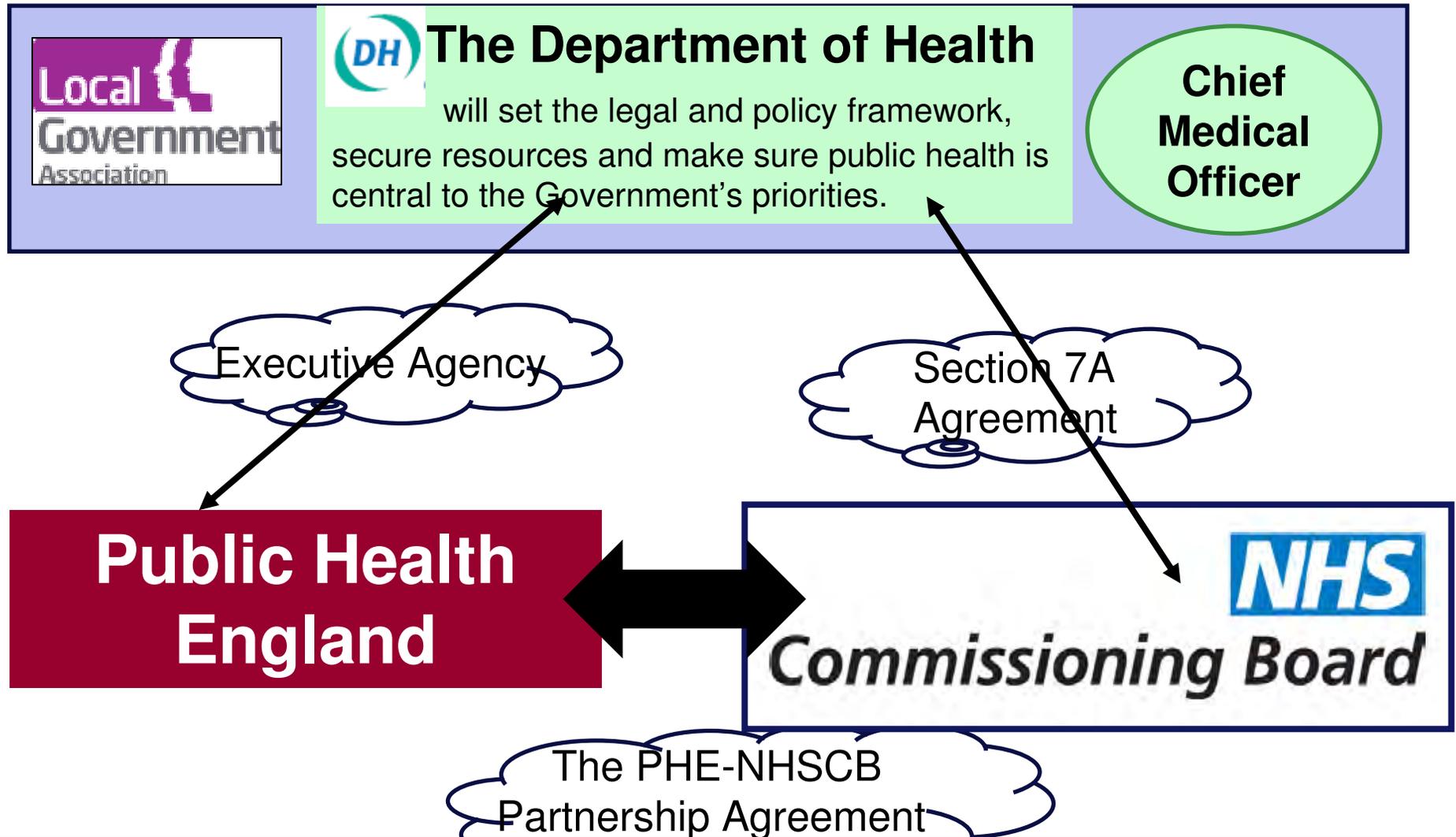


Sources of public health advice in the 'Place-based' approach to local public health





The national public health system





The published position

Public Health England's overall mission will be:

- to protect and improve the health and wellbeing of the population,
- to reduce inequalities in health and wellbeing outcomes.

It will do this in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing expert advice and services and showing national leadership for the public health system.

“Public Health England will exist to serve the system, a system led locally by elected members”

Duncan Selbie's “Vision for PHE”



The work within PHE

Vision

What do we want to see

- Healthy people and communities, with increased healthy life expectancy, increased wellbeing and reduced inequalities

Mission

What is our role

- To work with and alongside others to protect and improve the public's health and wellbeing and reduce inequalities through our advocacy; application of knowledge, evidence and insight; transparent reporting of outcomes; and nurturing of the PH system and workforce



Our Goals – What do we want to achieve?

Everyone is able to live healthy lives, free of dependency and able to realise their potential

We all live in healthy communities and environments that support our health and wellbeing

Healthcare is allocated to make the biggest possible impact on improving and protecting the health and wellbeing of the public

Everyone is protected from threats to their health from infectious disease and environmental hazards

To nurture the development of a Public Health system, workforce and movement, which together can protect and improve health and wellbeing and reduce inequalities



How we will deliver our goals

PHE will work with and alongside others to achieve our goals. We will:

- **Be an advocate for the public's health**, promoting a narrative about health, not sickness, influencing priorities and creating a broad coalition for action
- **Apply knowledge and evidence**, supporting effective interventions by partners, operating at scale, and delivering solutions to PH challenges
- Promote understanding of health through **surveillance and intelligence** and enabling effective targeted interventions
- Generate new insights through **research and evaluation**
- Deliver and a **national health protection service**, and work with other to deliver effective EPRR arrangements
- Promote **healthier behaviour** through Social Marketing and application of insight
- **Transparent outcomes reporting** so all understand the challenge and the progress we make collectively
- **Nurture the PH system** to develop capability collectively and ensure continued development of the specialist workforce



Our Behaviours

“We know, however, that while structures matter it is people and relationships and how we behave that matters most. We will be adopting the behaviours that high performing teams exhibit and this means we will:

- work together, not undermine each other
- speak well of each other, in public and in private
- consistently spend our time on what we say we care about
- behave well, especially when things go wrong
- keep our promises, small or large

We won't always get these right and when we don't, including me, we need to be comfortable in saying this to each other and hearing it from our partners.”

Duncan Selbie's Friday Message July 2012



The emerging quality framework

PUBLIC HEALTH OUTCOMES FRAMEWORK

Domain 1

Improving the wider
determinants of

Domain 2

Health improvement

Domain 3

Health protection

Domain 4

Healthcare public
health and
preventing premature
mortality

ROLE OF PUBLIC HEALTH ENGLAND

Standards

Assurance

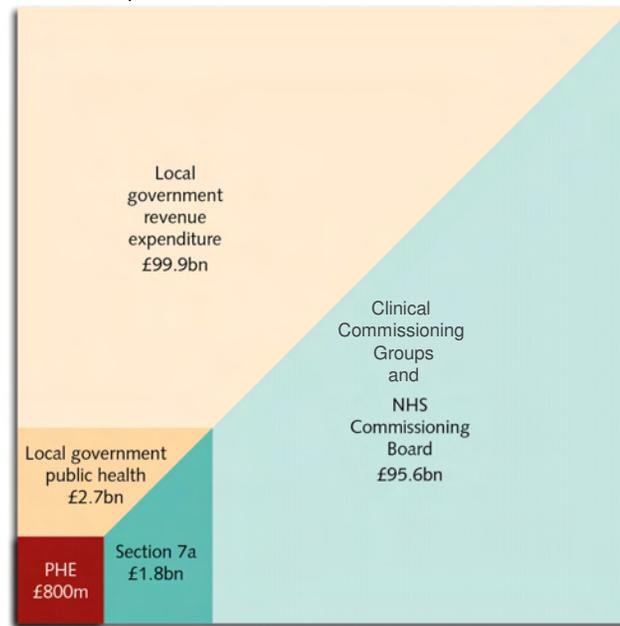
Advice and
Support



Leverage from the public health ringfence

DsPH have influence across all local government spend

PHE provides expert advice to local government



Influence on wider spending in commercial and voluntary sectors

PHE provides expertise in local area teams

Embedding 'making every contact count'

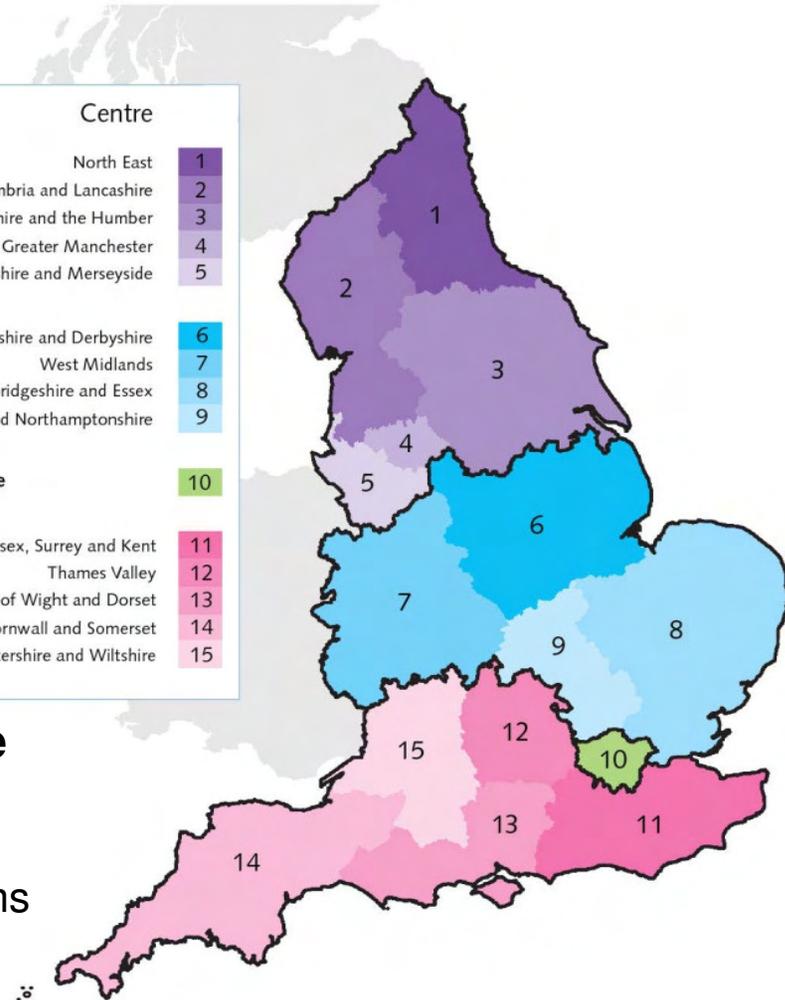


The local and regional presence

8 Knowledge and Intelligence Hubs

- London
- South West
- South East
- West Midlands
- East Midlands
- North West
- Yorkshire and Humber
- East

Region	Centre	
North of England	North East	1
	Cumbria and Lancashire	2
	Yorkshire and the Humber	3
	Greater Manchester	4
	Cheshire and Merseyside	5
Midlands and East of England	Lincolnshire, Leicestershire, Nottinghamshire and Derbyshire	6
	West Midlands	7
	Norfolk, Suffolk, Cambridgeshire and Essex	8
	Bedfordshire, Hertfordshire and Northamptonshire	9
London integrated region and centre		10
South of England	Sussex, Surrey and Kent	11
	Thames Valley	12
	Hampshire, Isle of Wight and Dorset	13
	Devon, Cornwall and Somerset	14
	Avon, Gloucestershire and Wiltshire	15



Other local presence

- Ten microbiology laboratories
- Field epidemiology teams
- Centre for Radiation Control units



The role of centres and regions

15 CENTRES

- Led by a senior public health professional
- Deliver services and advice on three domains of public health
- Support local government and local NHS action to improve and protect health and reduce inequalities with intelligence and evidence
- Deliver the local PHE input to EPPR

4 REGIONS

- Led by the regional DPH
- Ensure quality and consistency and responsiveness of centres' services and advice
- Support transparency and accountability of the system
- Assurance of emergency planning and response
- Workforce development
- Contribute to the national public health agenda



PHE National Executive

