



Public Health
England

Protecting and improving the nation's health



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Chief Executive

Friday message

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Dear everyone

On Wednesday, as the first English region to get far greater control of its local health spending, the people of Greater Manchester were given increased influence over their own wellbeing. Coincidentally, on the same day in Warrington, I chaired the first meeting of the Well North Board, the key objective of which is to address health inequalities by improving the health of the poorest fastest through enabling local voice and control, a central recommendation of all health inequality reports over the past 30 years. Well North is a strategic collaboration between Public Health England and nine local authorities across the North of England, targeting the 'invisible thousands' at risk of avoidable hospital admission. Working from the ground up, it seeks to solve rather than manage complex individual presentations by tackling the wider determinant complexity of the whole health problem.

Yesterday, in partnership with the LGA, we published a report, [Local leadership, new approaches](#), which looks at how new ways of working are helping improve the health of local communities. It focuses on the power of leadership and what this can achieve when local authorities and local health teams work together to improve the health of their communities by focusing on prevention and early intervention. We have brought together practical examples of what works. They reflect different local priorities but they all have at their heart a single theme: give people the support they want, in ways that suit them and that can help with the things that matter to them – their health, their jobs, homes, families and neighbourhoods. This is not a new idea, but it is not easy to put into practice and building relationships, the common language and processes to make it all happen can take time. But as these case studies show, when it all comes together, it can change lives for the better.

Suicide is not only a personal tragedy, it is also devastating for families and friends, but it is not inevitable. The recently published 2013 suicide rates made for sobering reading and the Department of Health second annual report on suicide prevention lays down a challenge to all of us working to prevent suicides. Last month's report from the All Party Parliamentary Group on Suicide and Self-Harm Prevention contained a number of recommendations and Health Minister Norman Lamb and I responded to these last week. Taken together these various publications make a powerful case for collective action. I have written to Directors of Public Health to reiterate our support for their work on suicide prevention and we also have a series of practical products in the pipeline including guidance on high-risk locations and a toolkit for nurses.

Deaths from liver disease continue to rise, yet most are preventable, with alcohol, obesity and Hepatitis B and C being the most common causes. Last week Professor Julia Verne, our lead on liver disease, joined Lancet editor Richard Horton for a high profile [Twitter Q&A](#), to mark the launch of the Lancet's new liver campaign. The event was a huge success, with over 400,000 views of the tweets and a lively debate. PHE has work programmes on all the major risk factors for liver disease and this summer we will be publishing our Liver Disease Framework which will set out our proposals for tackling this preventable disease that kills so many young people.

And finally, a reflection on the new public health landscape which puts local government in charge of improving the health of their people is to be found in this month's edition of [Public Finance](#). I think it is a good read and speaks very much to why Parliament wanted to see this happen.

With best wishes