



Public Health
England



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Chief Executive

Friday message

Friday 8 November 2013

Dear everyone

The responsibilities of the former National Treatment Agency for Substance Misuse have been fully incorporated within PHE and their field teams are embedded in our centres across England, working as they always have done with local authorities, the local NHS, criminal justice partners and with providers. You may have seen our annual adult drug treatment activity statistics, published this week, which essentially show, despite overall promising progress, we are beginning to flatline on getting people into full recovery. Local Government now leads on the commissioning of drug and alcohol services and many of them are reviewing contract specifications and redesigning services to ensure they maintain the momentum and kick-start the next phase of improvement. To emphasise the importance we place on this nationally, further improvements in rates of drug recovery must lead the health premium payments that come on stream in 2015.

PHE is privileged to have the role of reporting progress on the Public Health Outcomes Framework (PHOF). The latest [version](#) was launched this week and now includes information for eleven additional indicators such as healthy life expectancy, inequalities in life expectancy and fuel poverty and updates for another twelve. Also, for the first time users can group and compare local geographies by PHE Centre. A huge amount of careful work underlies this and I am immensely grateful to the teams responsible. The main story of the PHOF remains one of stark inequalities. The PHOF is a world class population health monitoring tool which puts the data in the hands of those most able to act on it.

On Tuesday we had an executive to executive seminar with our counterparts in NHS England to discuss their Call to Action, to which we are a signatory, and our developing joint plans for a health and wellbeing framework for England. There was a marked emphasis on health being about more than just healthcare, the urgent need to tackle inequalities, and a deep appreciation of the centrality of Health and Wellbeing Boards in bringing together Local Government, Clinical Commissioning Groups and other partners to prioritise and act together. We agreed to develop a single narrative that will underpin guidance for the NHS in the coming year but, even more so, in influencing the five year plans being asked of CCGs, and for priority setting by Health and Wellbeing Boards, to ensure that this is embedded in all we say and do as two separate but interdependent organisations.

Some public health challenges require solutions delivered at scale. An exciting new large scale setting for health improvement work is community pharmacy but the evidence base needs to be consolidated to ensure we make the most of its potential. Earlier this week the Department of Health Policy Research Programme launched a [call for research proposals](#) on the role of community pharmacy in public health, alongside another similar call for research on vulnerable groups. We warmly welcome these opportunities to extend the evidence base and advance knowledge and in particular to address questions that are community facing and not only biomedical in nature.

And finally, in partnership with Health Education England and the Department of Health, we have commissioned a [survey](#), running this month, of the consultant and public health specialist workforce. I hope all those eligible will take part as we are keen to learn about your current roles and experiences since April this year.

With best wishes