



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 24 January 2014

Dear everyone

Nothing is more critical to our overall health and wellbeing than good mental health. It also matters hugely how we support those whose mental health is vulnerable. The *Global Burden of Disease* makes plain that mental illness accounts for more than twenty per cent of the overall burden of disease. We should all be doing more to promote good mental health, prevent mental health problems in the first place and, when they arise, promote recovery by helping people with jobs to keep them and those without to get into employment, assuring a safe place to live, enough money to live on, and companionship. Interestingly these are exactly what count most in securing the health and wellbeing of everyone, and unsurprisingly for people with mental health problems. I know from visits and speaking with local authority colleagues, NHS commissioners, and voluntary and community sector partners how much more they want to do to move the promotion of good mental health and the prevention of mental illness up the public health agenda. I am personally committed to this, as we all are right across PHE, and on Monday the Deputy Prime Minister refreshed the Government's commitment through their action [plan](#) for mental health *Closing the Gap: priorities for essential change in mental health*.

Some of you may have heard there was an exchange this week on the floor of the House of Commons about the use of the public health grant, with the suggestion that a local authority had spent some of the grant on road gritting. I can happily say this was not the case and in the past week, I and Carolyn Downs of the LGA have written to all upper tier and unitary authority Chief Executives setting out what we need by way of assurance that the grant is being spent in eligible ways. The grant is ring-fenced but not a straightjacket and, subject to natural constraints on this not being used to offset unrelated expenditure or contribute to savings programmes, there is every flexibility to have this underpin local innovation. We retain the power to instigate an independent review where such an assurance is not received or where there is some reason to be concerned, a power, of course, we would only exercise with great care but which is nonetheless an important safeguard.

When I have been out and about I have been hearing from Local Government teams and CCGs who are working through their health and wellbeing boards to develop their integration plans for the Better Care Fund – a pot of £3.8 billion for local services to provide an improved health and social care system for the elderly and vulnerable. Integration can be complex but there has been no difficulty in people recognising that a strong focus on prevention and early intervention helps prevent ill health, supports people to stay well, and improves health and wellbeing. We are supporting this work locally and as part of this we have [published](#) *Health and Care Integration – making the case from a public health perspective*, which describes the improved outcomes which will flow from integrated public health interventions.

And finally, we are in the throes of organising the programme for our second annual conference which will be held over two and a half days, from 15 to 17 September 2014, again at Warwick University. You might like to hold these dates.

With best wishes