



Public Health
England

The National perspective – Public Health England's vision, mission and priorities

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Public Health
England

Mission

Mission

What is our role?

Public Health England is the national agency for protecting and improving the nation's health and wellbeing and tackling health inequalities so that the poorest and most poorly benefit most.

PHE will provide professional, scientific and delivery expertise to support both local authorities and NHS organisations to promote improvements in protecting and improving the nation's health and wellbeing.

It will do this through advocacy; application of knowledge, evidence and insight; transparent reporting of outcomes; delivery of a nationwide health protection service; and nurturing of the public health system and workforce.



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Priorities

Helping people to live longer by reducing preventable deaths from conditions such as heart disease, stroke, cancer and liver disease

Increasing healthy life expectancy by tackling conditions which place a burden on many lives, such as anxiety, depression and back pain

Protecting the population from infectious diseases and environmental hazards, including emerging risks and the growing problem of antimicrobial resistance

Supporting families to give children the best start in life, through working with health visitors, Family Nurse Partnerships and the Troubled Families Programme

Helping employers to facilitate and encourage their staff to make healthy choices



Public health outcomes framework

To improve and protect the nation's health and wellbeing and improve the health of the poorest, fastest

Outcome 1)

Increased healthy life expectancy – taking into account health quality as well as length of life

Outcome 2)

Reduced differences in life expectancy between communities (through greater improvements in more disadvantaged communities)

1

Improving the wider determinants of health

Objective:
Improvements against wider factors which affect health and wellbeing and health inequalities.

2

Health improvement

Objective:
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

3

Health protection

Objective:
The population's health is protected from major incidents and other threats, whilst reducing health inequalities.

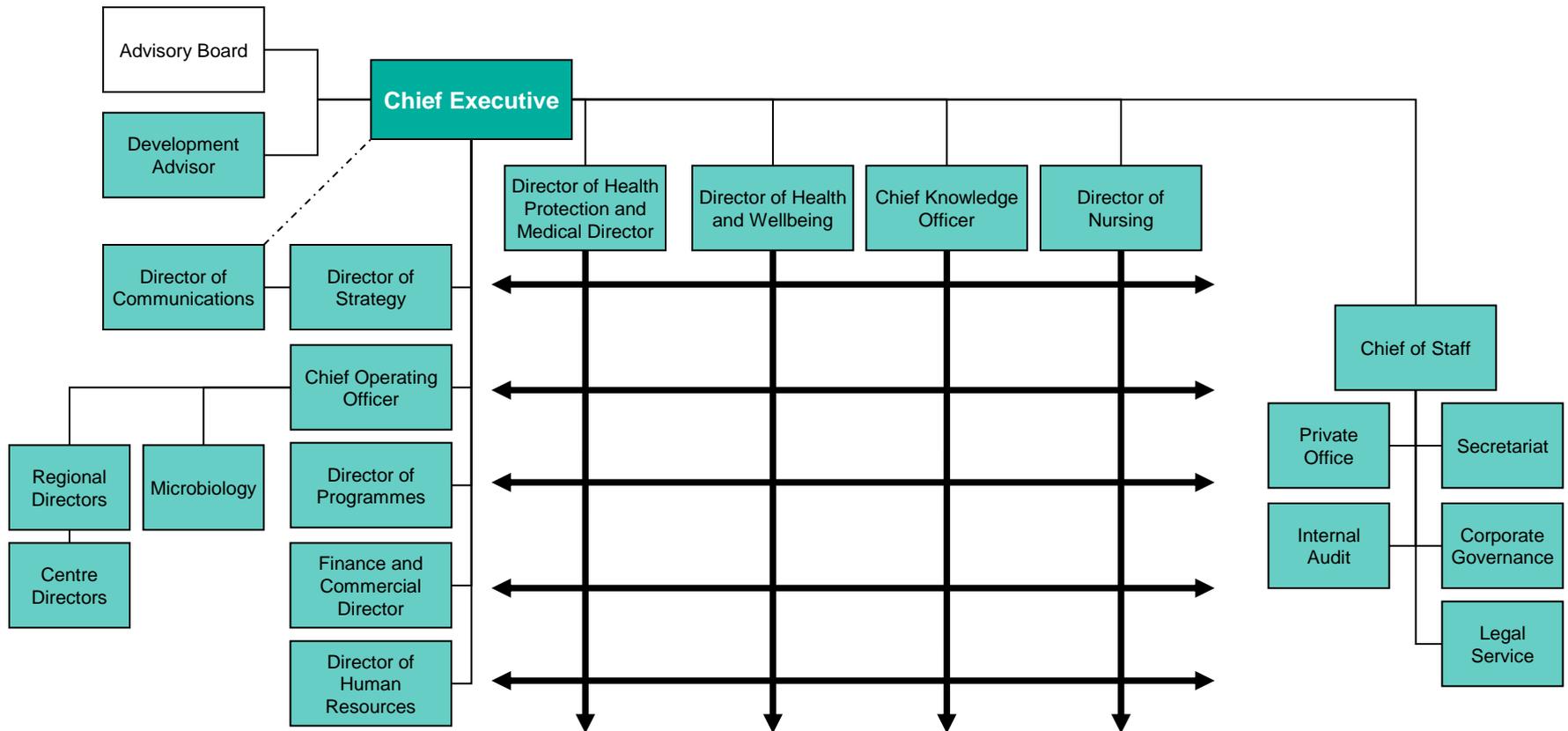
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Healthcare and public health preventing premature mortality

Objective:
Reduced numbers of people living with preventable illness and people dying prematurely, whilst reducing the gap between communities



Structure – Public Health England

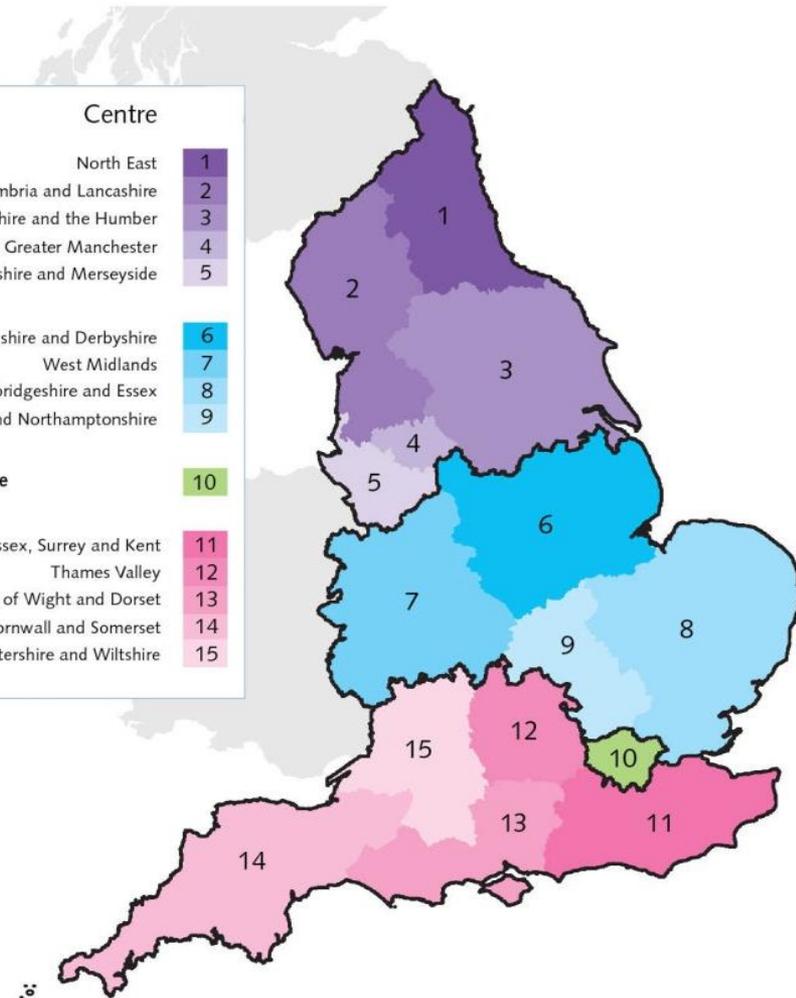




Local focus

- Four regions, fifteen centres
- Eight Knowledge and Intelligence Hubs
 - London
 - South West
 - South East
 - West Midlands
 - East Midlands
 - North West
 - Northern and Yorkshire
 - East
- Other local presence
 - ten microbiology laboratories
 - field epidemiology teams
 - Centre for Radiation, Chemicals and Environmental Hazards units

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





Local focus

15 CENTRES

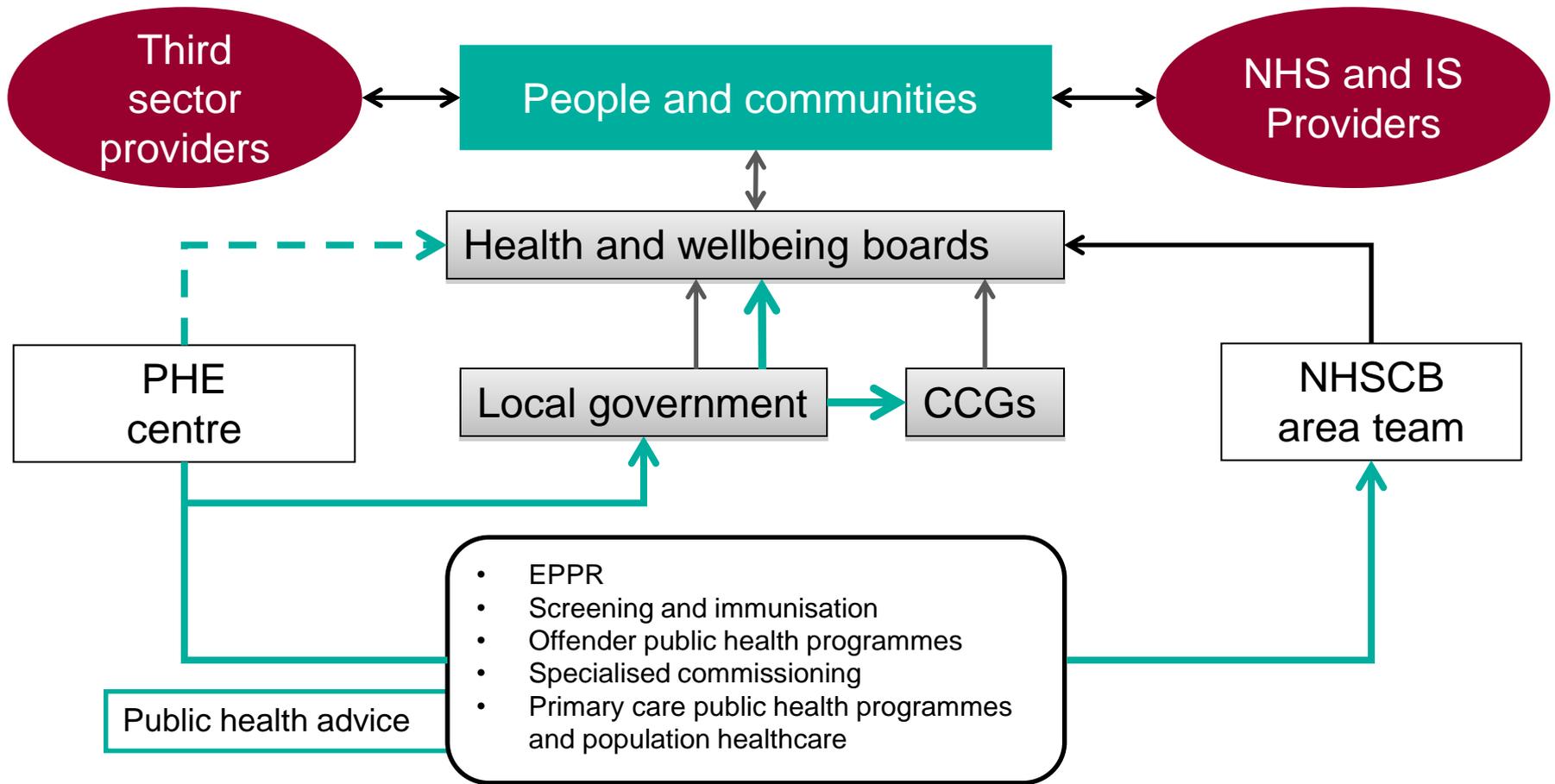
- Led by a senior public health professional
- Deliver services and advice on three domains of public health
- Support local government and local NHS action to improve and protect health and reduce inequalities with intelligence and evidence
- Deliver the local Public Health England input to emergency preparedness, resilience and response

4 REGIONS

- Led by the Public Health England regional director
- 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



Place-based approach to public health





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Health and Wellbeing Directorate

- Working Together



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Our mission

- The Health and Wellbeing directorate will lead Public Health England's work to improve health and wellness and address the major drivers of disease, disadvantage and death across England
- The directorate will use an integrated approach working with local government, the NHS, voluntary sector and others to support the development, implementation and scale-up of robust, effective population health programmes, promote wellbeing, tackle health inequalities and address the social determinants of health



Our integrated approach

The directorate will use an **integrated approach** working with a range of partners to support the development, implementation and scale up of robust, effective population health programs and to address the social determinants of health



Deliver
Accelerate Public
Health Outcomes

Support local government, voluntary sector, the NHS and other partners in their mission to **align activities and promote improved outcomes** for the public's health and well being and to reduce health inequities

Engage
Public Education
and Empowerment

Inform, educate, and **empower the public and communities nationwide**, especially those in greatest need, to take better control of health, their determinants and outcomes

Support
Public Health
Workforce Capacity

Support the development of a **robust public health workforce** who are knowledgeable, capable, passionate and effective in improving health, promoting wellness, and addressing health inequities

Champion
Scale High Impact
Interventions

Champion **science and translational research** to inform the development, implementation, and scale-up of high-impact evidence-based strategies to improve public health outcomes

Partner
Tackle Health
Inequities

Engage **multisectoral partnerships, including with other government departments**, to focus on and address health inequities and to tackle the social determinants of health



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Life course perspective

Expert advisors will assist PHE technical leads to develop, implement and monitor population health, and health and wellness across the lifespan in five domains. They will also assist PHE in promoting the value and impact of this approach to our partners and stakeholders.

Healthy Infants, Children, and Young Adults

A focus on improving health and health outcomes for mothers and infants, children, teens and young adults.

Healthy Adults and Older Adults

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health, including mental health, in every stage of life.

Healthcare Public Health

Support sound decision-making and policy change within the NHS to deliver, scale up, evaluate and improve effective clinical preventive services that drive population health.

Healthy People in Healthy Places

Ensuring that the places where people live, work, learn, and play will protect and promote their health, especially those people at greater risk of health disparities.

Health in All Policies

Inform and support DH and other government partners in sound decision-making and policy change at all levels to deliver and evaluate programmes and address social determinants of health.



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Health impact profiles

While supporting and ensuring progress against the PHOF, the directorate will provide enhanced focus on the **major drivers of mortality and morbidity** in England where further gains may be made by scaling known, effective strategies

Well being and Mental Health

Mental disorder accounts for largest burden (23%) of diseases in England and affects >1 in 4 of the population at any time
Mental wellbeing assoc with improved outcomes in health, education, employment, reduced crime and antisocial behaviour
Public mental health: Better assessment; interventions; prioritisation

Diet, Obesity, and Physical Exercise

All major causes of CVD and cancer. Poor diet accounts for one-third of deaths from cancer and CVD. Low levels of physical activity increases the risk CVD, colorectal and breast cancer by 20-35%. Obesity increases risk of type II diabetes (5-13 times), hypertension (2-3 times) and colorectal cancer (3 times) in men.

Tobacco Control and Smoking Cessation

Accounts for 20% of new cases of cancer (23%M and 16%F)
Tobacco causes nearly 1 in 5 deaths in England annually
For each death, 20 more suffer tobacco-related illnesses
Comprehensive cessation programs; excise tax increases; 100% smoke-free policies; media campaigns; cessation access; advertising restrictions work.

Alcohol Moderation and Drug Recovery

Much of the cost of drug and alcohol misuse occurs to the criminal justice system. The main costs to society from drug and alcohol is from related crime. This is different to other lifestyle health related areas and needs a different public health response.

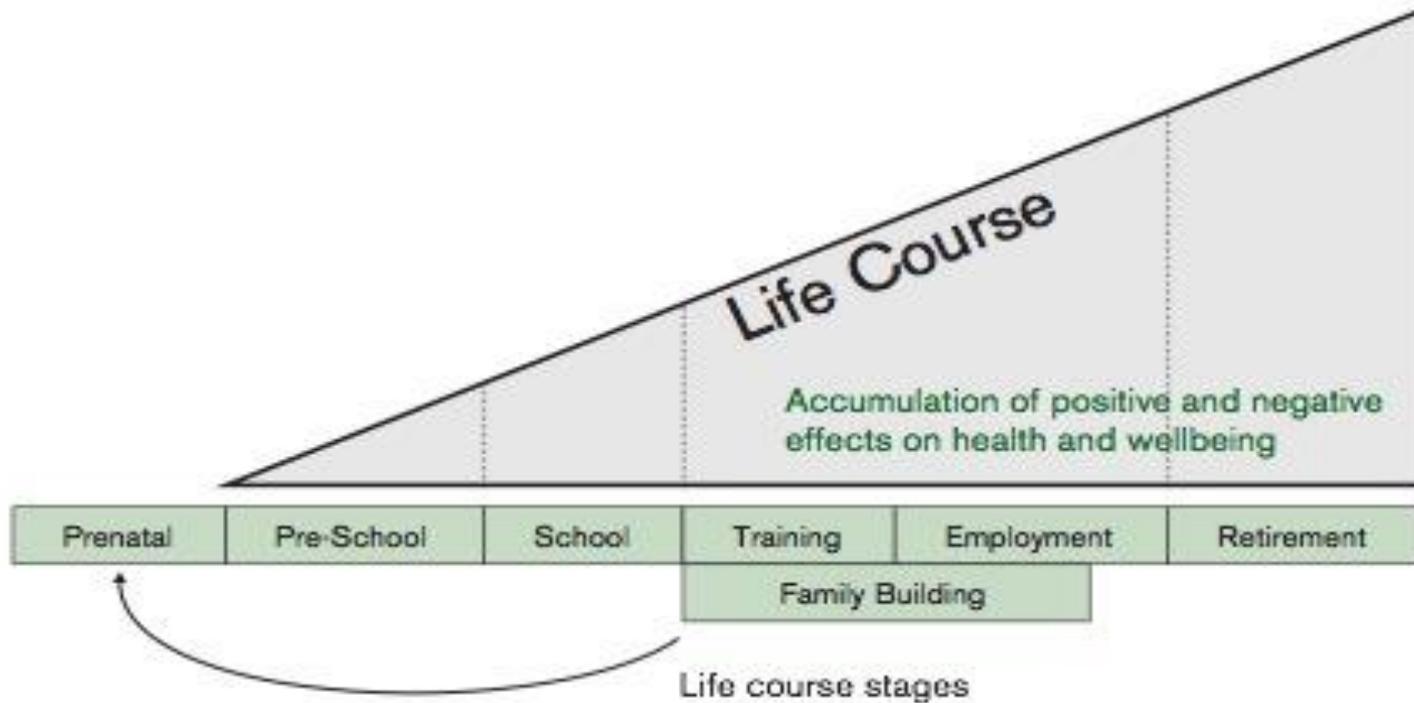
HIV and Sexual health

By the end of 2012 likely more than 100,000 PLWHA in the UK
Late diagnosis a major problem with 50% diagnosed with CD4<350
Millions of STD diagnosed annually, esp. among youth, MSM, minorities
HIV/STD screening, early treatment, partner notification, social marketing campaigns, condom access, and policy to address stigma and discrimination are key interventions.



Children, Young People and Families: Life course approach

Marmot 2010, Fair Society, Healthy Lives: The Marmot Review





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Alcohol and Adolescence



Health Behaviour in School-aged Children (HBSC) 2009

Differences in the percentages of young people who reported that they were drunk more than 4 times:

By age

15-year-olds (25.9%) 13-year-olds (8.6%) 11-year-olds (1.6%)

National variation

Wales (14.1%) Scotland (14.0%) England (12.0%) Ireland (8.6%)

Gender

Boys (12.9%) Girls (3.7%)

WHO Regional Office for Europe, 2012

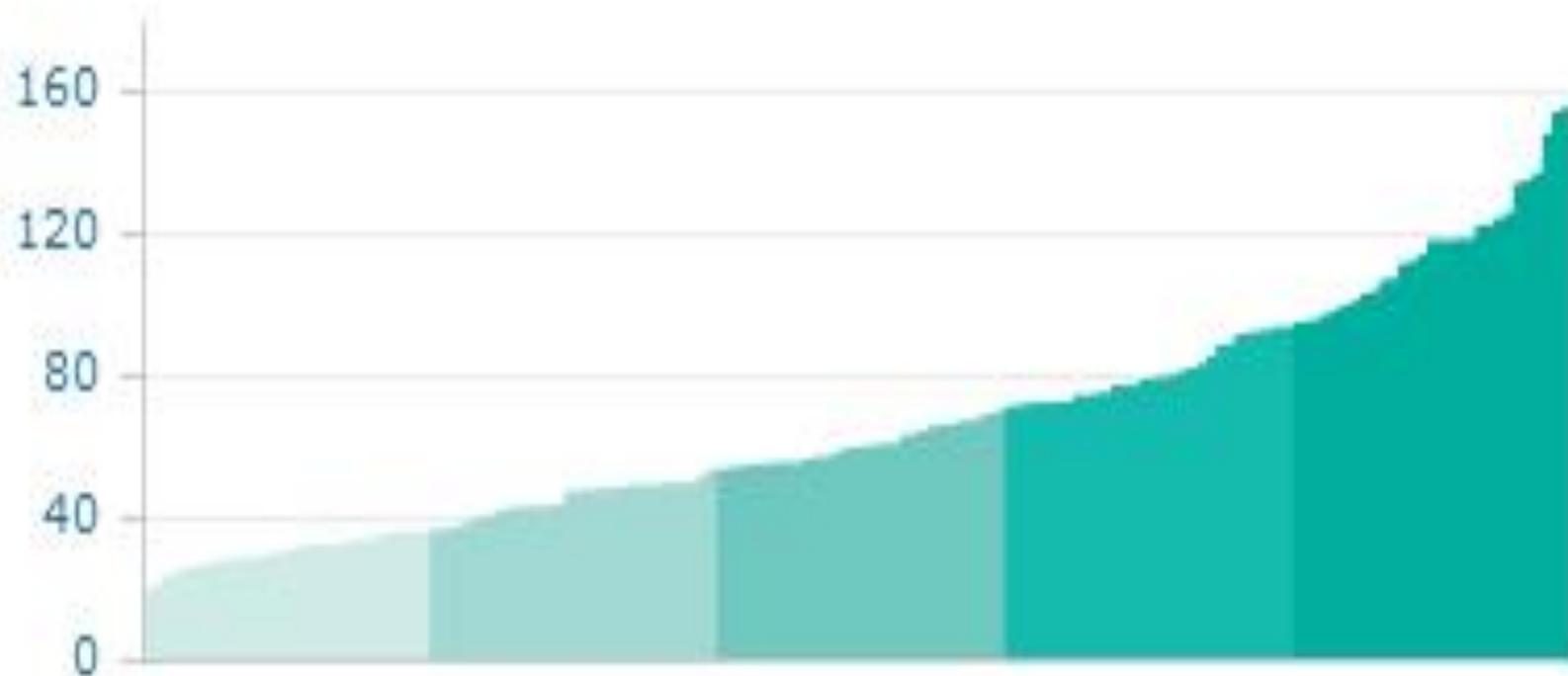


Smoking, Drinking and Drug Use among Young People in England in 2011

- 45% of pupils had drunk alcohol, a decrease from the peak of 61% in 2001
- 12% of pupils had drunk alcohol in the last week compared to 26% in 2001
- 7% of pupils said they usually drank at least once a week, compared with 20% in 2001
- Drinking alcohol in the last week is associated with age, ethnicity, and other risky behaviours (smoking, drug taking and truancy).



Variation in hospital admissions due to alcohol specific conditions in under 18s (2007 – 2009 England)



Child and Maternal Health Observatory (ChiMat) 2012



ESPAD 2011

Substance Use Among Students in 36 European Countries

	UK	European Average
Alcohol use last 30 days	65%	57%
Heavy episodic drinking past 30 days	52%	39%



How can we make a difference?

- Use knowledge about what puts young people at risk and what builds resilience
- Promote evidence and learning from practice about what works
- Combine targeted help for young people most at risk with universal interventions to help shift social norms
- Take a life course and place-based approach – reaching young people in schools, families, through health and social services, and in their local communities
- Work in partnership, taking a coordinated approach, recognising strengths of different partners and using resources effectively