



## Modernisation of health and care

News, information and conversations

[Home](#) > [Public health](#) > [Public Health England](#) > [Spotlight on wellness](#)

### Spotlight on wellness

24 August, 2012

#### **Duncan Selbie, Chief Executive Designate of Public Health England, on the latest developments for Public Health England**

Thank you to everyone who has taken the trouble to send in a stimulating range of examples, ideas and suggestions in response to last week's message. The point was made that intelligence is an intervention in itself when it is applied to real situations. This shows just how important it will be for Public Health England (PHE) to share its intelligence and evidence promptly to support its partners in local government and the NHS in developing practical, targeted plans to improve health outcomes for their local populations, particularly for the poorest and most poorly.

Another contribution stressed the importance of focusing on the wellness agenda. The national emphasis is beginning to shift from fine-tuning our clinical delivery processes, as important as they are, to looking at the bigger picture with all the various factors that contribute to well-being. A recent study by the University of Wisconsin showed the rankings of factors which determined the best health outcome for a population:

- social and economic – education, employment, and violent crime, 40 per cent
- health behaviours – alcohol, tobacco and sexual behaviour, 30 per cent
- clinical – quality and access to health care, 20 per cent
- environmental – air and water quality and building design, 10 per cent

The biggest gains are to be made by focusing on wellness, which is of course exactly what PHE will do.

These findings were reinforced in the research published yesterday by the King's Fund which looked at four key lifestyle behaviours – smoking, drinking, diet and exercise – in England between 2003 and 2008. This showed there had been a significant fall in unhealthy behaviours in the more affluent and formally educated groups, but little sign of progress among the poorest sections of society. We will be looking carefully at their recommendations.

We are continuing to make steady progress in our arrangements for setting up PHE. Our HQ will be in Wellington House in Waterloo. I and a small group of support staff, together with the PHE Transition Team, will move there on 23 September, and we will also retain a base in Richmond House. We will be joined in Waterloo by members of the shadow team as they are appointed and, once a minor refurbishment has been completed, other national staff will also move there. I am optimistic that PHE will be operating in shadow form early in the New Year.

I had the pleasure of meeting with Andrew Dillon, Mike Kelly and Gill Leng at NICE. They have recently begun to publish public health briefings for local government and we will work with them to explore the merits of establishing quality standards for public health in the same way NICE sets standards for the NHS.

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