



Public Health  
England

Protecting and improving the nation's health



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## Friday message

Friday 26 February 2016

**Dear everyone**

This week's PHE Board meeting was devoted to discussing public health approaches to End of Life Care (EoLC). A multi-disciplinary panel of experts, including academics and frontline practitioners, sociologists, palliative care clinicians, nurses and representatives of the voluntary sector, eloquently described why a public health approach to EoLC is important. Clinical and sociological epidemiology illustrates the scale and nature of the challenge – half a million dying each year, on average four family/friends affected by each death, increasing age at death and changing patterns of terminal illnesses and places of care. There is evidence to support public health approaches to improving the health and wellbeing of those at the end of life and to prevent morbidity and premature mortality in the bereaved. Inequalities and variation in quality and outcomes have been demonstrated by the National End of Life Care Intelligence Network but the interpretation and response needs to be nuanced in light of demographic, ethnic, religious and cultural traditions and needs. There are clear opportunities to improve the value in use of NHS resources (30% of NHS resources are currently spent during the last year of life) and growing evidence from health economic analysis to support the transfer of more EoLC from hospital to the community where most patients would prefer to die. The Board heard how, supported by public health evidence, traditional public health approaches to community development which develop social capital can achieve a win-win situation with better wellbeing and outcomes and better use of health and social care resources. This requires raising public and professional awareness of death and dying through social marketing approaches, co-ordinating community action between statutory and non-statutory organisations and empowering the work of volunteers, many who have become expert in EoLC through personal experience. There is a leadership role for local public health practitioners who can be supported by a wealth of knowledge and expertise within PHE.

The All Party Parliamentary Group on Global Health held an open meeting on Wednesday, to which I contributed. It focused particularly on the health care workforce for the future. In the context of the global need for 40 million new healthcare workers in the next 15 years, and the doubling of community health worker migration in the last 10 years, there were some clear messages. The first was the need to do things differently, for example through cherishing existing talent, developing new roles including those of advanced practitioners, ensuring capacity to drive change and evaluating the evidence of what works best to meet the needs of the population. The world needs to be able to respond to the megatrends of an ageing population with increasingly complex needs, and to changes in working patterns, all happening at pace. Building on the Millennium Development Goals' focus on reducing poverty, the UN Sustainable Development Goals, agreed in September last year, provide a broader framework for collective work on conditions which promote health, such as female literacy, gender equality, being in work, sustainable environments and reducing poverty.

Three quarters of the NHS was involved in NHS Sustainability Day last year and yesterday I launched the London Network event at St Thomas' Hospital in preparation for this year's event. This is about reducing our carbon footprint but also about the NHS playing its part in wider societal change about how we help people to stay well for longer and where their bed is at home and not in hospital unless clinically warranted. The NHS and the wider public health system have reduced their carbon footprint by about 13 per cent since 2009 and there is an opportunity to go further faster in everything from how we procure, recycle, use energy and travel; and how we help people stay healthy – the 2016 [update](#) is a great read. A really good example of how the NHS is going about this is Barts Health Group in London and you can see how in their short [video](#) which is well worth watching.

**With best wishes**