



Public Health
England

Protecting and improving the nation's health



Duncan Selbie
Chief Executive

Friday message

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Dear everyone

This week, we hosted our third national [NHS Health Check](#) conference, 'getting serious about prevention'. We were joined by Sir Bruce Keogh, NHS England's medical director, who emphasised that the NHS Health Check programme is central to our shared ambition to focus on prevention and the early detection of non-communicable diseases. England should be proud that we are leading the way internationally, in bringing together various NICE guidelines, to create a comprehensive programme that aims to tackle at scale the major risk factors for premature death and ill health. Since local authorities took on the responsibility for commissioning the NHS Health Check, we have seen over eight million people being invited and almost four million people receiving their check. The conference showcased the latest national evaluation of the programme, which shows that we are achieving greatest uptake in our most deprived communities and that at least 2,500 people would have avoided a heart attack or stroke as a result of action initiated after their check. We now need to accelerate the number of people receiving their check and ensure they gain access to the appropriate lifestyle and clinical support. I would encourage you to view the [latest data](#) for the programme.

Yesterday I was among the speakers at the fourth annual symposium of the Faculty for Homeless and Inclusion Health. It was attended by those who have first-hand experience of homelessness, as well as the professionals working to improve the quality of care for the homeless. The gap between wealthier people who have good health, and those who are more deprived or marginalised and who consequently experience poorer health, is a gap we are striving to close, but one that continues to widen for the most vulnerable. There is some sobering data out there – for example, rough sleeping in England has doubled in the past five years. Increasingly, those working across the health and social sector understand the crucial relationship between good health and having quality work, enough money to live on, somewhere decent to live and a friend to care for and who cares for you and are doing great work to help improve the health and lives of homeless people and other marginalised groups. But we need to do more and the only way we can address the equality gap is by working together – with local housing, social services, transport, education – the list goes on. The new local sustainability and transformation plans, which the NHS and local authorities will use to consider how best to close this gap, are a timely opportunity to make a real difference for the poorest and most marginalised people in our communities.

This week the LGA published [seven case studies](#) showing how local authorities across the country are working to limit the impact of fast food in their communities. Recent initiatives such as our partnership with the LGA, Association of Directors of Public Health and Leeds Beckett University to support local authorities to develop a whole-systems approach to obesity, as well as our work with NHS England to support councils to create healthy towns and cities, show that local authorities are well-placed to tackle the growing obesity epidemic. For some years, a number of councils have been using their planning powers to try to restrict the growth of hot food takeaways near schools and in town centres. Evidence suggests that communities with high concentrations of fast-food outlets have higher levels of obesity, and that such concentrations are highest in areas of greatest deprivation. The case studies share learning and experience from local authorities that have developed policies to tackle this. Obesity is a complex and multifaceted problem, and the case studies show that when the different sectors including health, social care, planning, housing, transport and business work together then we begin to make a difference.

With best wishes