



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 29 November 2013

Dear everyone

The principal responsibility of our Advisory Board, which held its third meeting on Wednesday, is to help us prioritise as an agency and, crucially, to safeguard the independence of our science and advice. The Board takes a thematic approach and this time they considered our contribution as a public health service to global health. We brought together an expert international panel to draw on their rich experience across the world to challenge us on where we can best add value. We want to build on our existing international health programmes, spanning everything from acute response, for example in the Philippines, to public health capacity building in South Africa. Traditionally, strategies are written and then consulted on but what we are doing is consulting and then drafting our strategy on global health so that from the outset it reflects the needs and aspirations of our many partners in the UK and abroad.

Also on Wednesday I was privileged to be with the alumni of the NHS Staff College where Robert Francis QC was speaking about professionalism and leadership post Stafford. He endorsed the work and leadership of Professor Aidan Halligan who runs the college and is also our senior adviser on leadership. It is crystal clear that the lessons of the Francis Inquiry apply to public health as much as to every other sector of the health system. The bell is not tolling for someone else, it is tolling for us – we in the public health system also have a duty to step up, not only the NHS, tell it like it is, and be fearless in addressing whatever is not working in the interests of patients and the public. If we just go on doing what we have always done, the stark health inequalities across our nation will not be reduced. There is every likelihood that the solutions lie well beyond traditional public sector approaches and the hardest thing is learning to unlearn. The answer is not centralised, national, well-managed, top-down programmes – we know because years of this approach have changed little. Neither are the barriers to changing our approach geographic or even financial, rather they are formed largely from attitudes. These pose a much greater obstacle to improving health for the 'hardest-to-help-groups'. Our efforts to work 'with the grain' of people and communities must focus on leadership training, doing things with citizens, not to them or for them, rooted in humility, candour and profound personal courage. My visits to Local Authorities and CCGs across the country have revealed a real appetite for this and an absolute understanding that the status quo is not an option.

The value of public health expertise is seen in health protection and health improvement but also in the advice that CCGs and clinicians need on the population aspects of health care. Taking over responsibility for the NHS Atlases of Variation has given PHE a wonderful opportunity to strengthen its contribution in this area. The Atlases are greatly valued by clinicians and commissioners alike, partly because they show the best possible data alongside analysis and context provided by clinical experts in the field. The latest and most ambitious [Atlas](#), published this week, reveals profound variation in diagnostic services. What Sir Muir Gray and the Right Care Team started we are delighted to be carrying on.

And finally, we warmly welcome the Government's decision to commission an independent review on standardised cigarette packaging and we look forward to playing our part in this. It is heartwarming to see a coalition of interests coming together on behalf of children and young people.

With best wishes