



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 7 March 2014

Dear everyone

In the past seven days I have been in seven different parts of the country – South Gloucestershire, Lambeth and Southwark, West Cheshire and Chester, Hull, Sheffield, Durham and Hartlepool. In each of these communities, although of course quite different from one another, what they share is their profound understanding that their new duty is to improve the public's health rather than provide a public health service per se. As Sheffield's Chief Executive, John Mothersole said, Local Government has four unique strengths as the leaders of place and people: joining people together; making things happen; being prepared to take risks; and inventing, creating and testing novel ideas. I continue to be bowled over by the passion and ambition of the people, political and professional, I meet around the country and how they are focusing on assets and possibilities rather than problems and deficits and I speak as an experienced chief executive who can tell the difference between rhetoric and action. Having met the leadership teams of around 90 local authorities and their partner Clinical Commissioning Groups, I can also say with decent authority that the public's health is most definitely in safe hands and they are well on the journey from transition to transformation.

Two days of debate and discussion on improving the health of the most excluded at the second international symposium of the Faculty of Homeless and Inclusion Health drew to a close yesterday. I was privileged to contribute to the session which focused on what can be done nationally and locally, with an emphasis on refugees, sex workers and homeless people. We know that the health status of the most marginal is the lowest and the most common remark from the floor was that these most vulnerable people (often called 'hard to reach' but, as one delegate put it, the system makes 'easiest to ignore') are falling through the cracks in the new commissioning system. PHE is charged with addressing inequalities, as are upper tier and unitary local authorities and, as a first for the NHS, this duty is given also to CCGs. Services need to focus on prevention *and* treatment, housing *and* welfare advice, quality *and* compassion. The number of homeless people is not huge – somewhere over 40,000 across England – but they are invisible for the want of a torch and our attention and I am determined that we together close the gap between our rhetoric and their experience.

On Tuesday evening I attended the All Party Parliamentary Group on Integrated Healthcare, chaired by David Tredinnick MP, and had the opportunity to hear from representatives from a number of alternative therapy professions and how they contribute to good health and wellbeing. We see this, for example, in end of life care and mental wellbeing. The majority belong to a voluntary register to maintain standards and we look forward to involving them as partners as we develop a better understanding of what is fully meant by wellness and wellbeing.

And finally, we welcome this week's WHO draft [guideline](#) on reducing sugar intake to 10% of total daily calorie intake, which is in line with our current recommendations though not being met in any age group. We will carefully consider the evidence of health benefit underlying their suggested more challenging reduction to 5%. The independent Scientific Advisory Committee on Nutrition, hosted by PHE, is currently reviewing the evidence on sugar and other carbohydrates for the UK and will be releasing their report for consultation this summer.

With best wishes