



Public Health
England

Protecting and improving the nation's health



Duncan Selbie
Chief Executive

Friday message

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Dear everyone

Today sees the publication of our [joint report](#) with the Association of Directors of Public Health which provides a snapshot review of drug and alcohol services commissioning across local authorities in England. There had been some speculation that local authorities might not be fully committed to investing in drug and alcohol recovery services but it is now clear that the vast majority have firmly grasped the baton and are vigorously taking forward the recovery agenda. The review shows that so far about one third of local authorities have undertaken a root and branch review and are seeking to make them more efficient, while a number are spending the same amount of money to achieve more ambitious outcomes. Understandably, councils are looking hard at what they are getting for their money and they and we wish to see drug and alcohol recovery rates improve year on year.

If smokers can quit for 28 days then they have a five times greater chance of kicking the habit for good. That is why we have thrown everything into our latest 28 day [Stoptober](#) challenge which started on Wednesday – professors, comedians and even the army – and we have already had 230,000 sign ups, and rising, with more than one million web visits. All 152 upper tier and unitary authorities are supporting the campaign, alongside 40 major private sector employers, and of course the NHS. Thirty soldiers took part in the launch event at the Royal Horse Guards on Whitehall, alongside Al Murray, Simon Brodtkin and Andi Osho.

On Tuesday we published the results of our first national [survey](#) of the oral health of three year olds in England. Although the majority of these children (88 per cent) had no decay at all, one in eight had an average of three decayed teeth, with the variation in the prevalence of tooth decay ranging from two per cent to 34 per cent across the country. The cause of this painful condition is mainly down to consuming too many sugary foods and drinks too often and not brushing teeth regularly. We have recently published guidance for health practitioners and local authorities on “what works” in combatting this entirely preventable disease.

There remain significant health inequalities in many parts of England both in length of life and years in poor health. At the extreme end this can be up to 19 years and, not uncommonly, ten years. Professor Sir Michael Marmot set out a plan of action for tackling health inequalities and the underlying social determinants in his review, *Fair Society Healthy Lives*. In response to requests for advice on how to take forward Marmot’s six recommendations, we commissioned the UCL Institute of Health Equity to provide a series of briefings on how to translate these into practical action. These have been developed with input from Directors of Public Health and other expert advisors, which bring together evidence, advice and case study examples from across the country, set out in a series of eight evidence reviews with 12 associated short summary [briefings](#). These are supported by briefings on implementation and impact which include advice on economic considerations. The feedback received so far has been very positive and this is a collaborative model between academe and the front line on “what works” that we are keen to develop further.

And finally, Hartlepool Borough Council has received very well deserved recognition in being awarded the first Public Health Minister’s [Award](#) for excellence and innovation in workplace health and wellbeing. Hartlepool is leading, in a quiet but very effective way, a range of innovative approaches that improve the public’s health and they should be rightly proud of this achievement.

With best wishes