



Public Health
England

Protecting and improving the nation's health



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Chief Executive

Friday message

Friday 27 November 2015

Dear everyone

This week I am focusing on the outcomes of the Spending Review announced by the Chancellor on Wednesday. We all knew this would bring challenges. Nonetheless the overall message is better than we might have expected. What we now have is a significant period of certainty and we will use this to put our plans into action and secure the maximum benefit for the public's health.

First, there is the further 9.6 per cent cash reduction on the overall local government public health grant over the next five years. No one in the public service is as skilled or experienced as local government in managing more for less nor more focused on what they have rather than what they have forgone. I know from my conversations around the country that this settlement can be managed and I am confident that ways will be found of continuing the very real progress of the past three years. I cannot sufficiently convey how important this is. Local government remains the best home for public health. It is the only place with the levers and the legitimacy to tackle economic prosperity, creating the decent jobs and homes for local people, that we know underpin good health and reduce health inequalities. Inequalities in health that remain unchanged despite 60 years of universal healthcare. Some looked at the headline numbers and said public health would have been better off remaining in the NHS but this is to misunderstand the nature of the public health challenge and the centrality of local government to it and, frankly, to underestimate the challenges facing the NHS.

Of course, local authorities are not alone in holding responsibilities for improving health. The Spending Review recognises the Government's own role, signalling its commitment to firm action on childhood obesity. Nothing could be more pressing with one in three 11-year-olds overweight and obese and, shockingly, the poorest children twice as likely to be overweight than the most affluent. The settlement for the NHS fully funds the Five Year Forward View, providing stability for the NHS and the means to deliver on its commitment to get serious about prevention. We are working with NHS England on the introduction of a range of measures, including the NHS Diabetes Prevention Programme, a number of population health interventions and national public health programmes including screening and immunisation, and work with the criminal justice system.

PHE itself will face further reductions in its central grant. Although these are yet to be fully agreed we have been preparing for this, and they will be manageable. Importantly, the Chancellor has given the go ahead for Colindale to join Porton in Harlow and also for this to become our headquarters, creating a single campus for UK public health science. This is a very significant investment in the critical infrastructure of the UK and will ensure we have public health science facilities capable of meeting the nation's needs for decades to come.

And finally, recognising the global nature of public health, the Chancellor has set aside funding for a Public Health Rapid Response Force to allow the UK to deploy on the ground anywhere in the world within 48 hours. The international experience from Ebola in West Africa suggests that had such a capability been in on the ground at the outset of the outbreak, many lives would have been saved and much of the economic damage prevented. This will be a joint endeavour between PHE and an academic partner and a competition is currently under way to identify that partner. Money has also been allocated to support the poorest parts of the world to meet the International Health Regulations and to improve international tobacco control.

With best wishes