



Duncan Selbie  
Chief Executive

# Friday message

Friday 23 December 2016

## Dear everyone

I wish you all a peaceful and happy Christmas holiday and to say thank you for your hard work throughout the year, and to our many partners who have helped improve the public's health, each in their own way. Public health is never about recognition, but the collective efforts of all those who quietly make a difference, and there is so much to be proud of as well of course so much to do.

The UK National Screening Committee recommends that all newborn babies have a blood spot screen at five days old, where blood is put onto a special card and sent to one of 13 national labs to be tested for nine rare but life limiting conditions. Many of these conditions need immediate referral and care as the baby is at risk of sudden collapse and brain damage. In the past there have been instances when a result doesn't get back to the parents and doctors in time for care to start promptly. This could be because the mother and baby move house or the card is lost or delayed in transit. Previously everything was recorded using a manual system, meaning it was fallible, affected by holidays, weekends and pressure of other work commitments, and most importantly could not track babies when they moved between areas. Fortunately, computers work through such human rhythms and a new IT system has been installed that is uniquely well equipped to make sure 100% of babies born in England have completed blood spot screening. After four years of careful work with all the national labs, IT providers and clinicians, we can now say that the links between every baby, every lab and every result are complete across England, and this would not have been possible without our close partnership with NHS England in running the 11 national screening programmes.

How we care for and support the most vulnerable people is the best measure of how we are performing in public health. Thankfully we are, as a nation, becoming more comfortable about recognising the role of wider determinants in addressing health inequalities, but it remains the case that the most vulnerable are also the most invisible. Arguably the most invisible are the homeless, often hiding in plain sight, and this week we all received an encouraging update from the London Homeless Health Programme, which was established to address recommendation 31 of the [Better Health for London](#) report. The team has published new [commissioning guidance](#), informed by PHE's work on homelessness, which outlines 10 commitments for improving health outcomes for people who are homeless in London. This is a further example of the statutory and voluntary sector working together to great effect. Each commitment includes ideas and practical tips on how to commission high quality, timely and coordinated healthcare for people who are experiencing homelessness. The programme has also partnered with Groundswell to produce a [card](#) that reminds GP receptionists and other practice staff of the [national patient registration guidance](#), which confirms that people do not need a fixed address or identification to register or access treatment at a GP practice. Groundswell is distributing 10,000 cards to a range of venues used by people who are homeless in London.

Our knowledge and library service has worked tirelessly to secure access for public health staff within local authorities to around 1,300 public health journals from January 2017. It is essential of course that local government colleagues have easy access to the best published evidence, and I know this will be welcomed by local authorities and the public health profession.

And finally, I am away with my family next week and my next message will be on 6 January.

**With best wishes**