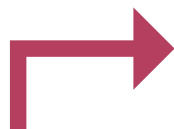


Organisational design



The Chief Executive designate for Public Health England will lead work on the organisation's full design in 2012/13.

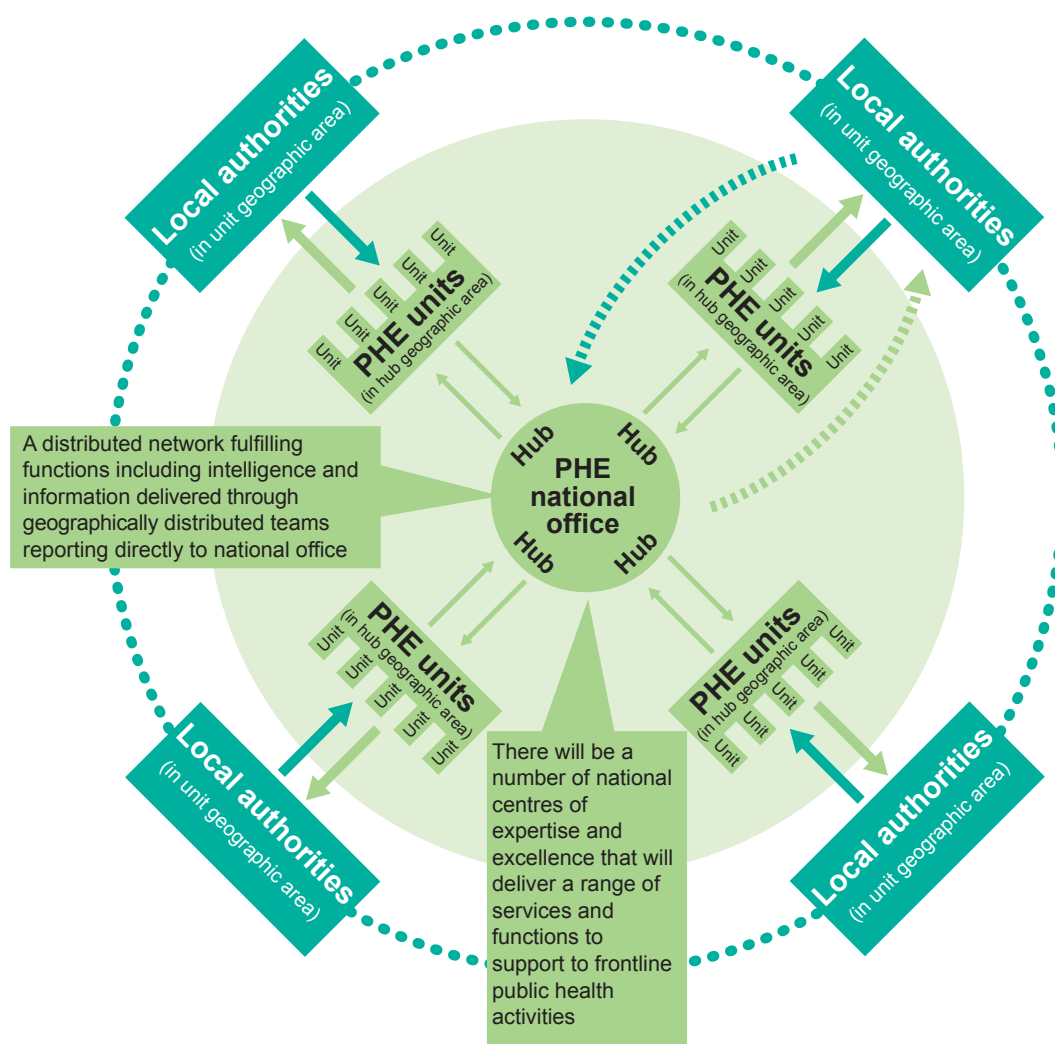
We expect Public Health England's structure will have three elements:

1. A national office including national centres of expertise and four hubs that oversee its locally facing services.
2. Units that deliver its locally facing services and act in support of local

authorities, other organisations and the public in their area.

3. A distributed network for some functions including information and intelligence, and quality assurance functions, to allow them to be located alongside the NHS and academic partners.

The diagram below provides an overview of how each of these elements of Public Health England's structure will fit together.





National office

Public Health England's senior management team will be based in a national office. The national office will act as the service centre for the organisation and provide national leadership, strategic direction and support the overall integration and coordination of the public health system.

The national activities will also include national centres of expertise and excellence for public health and four hubs that will oversee the delivery of its locally facing services.

National centres of expertise and excellence

The current public health system relies on a number of centres that concentrate professional, scientific and analytical expertise in order to deliver a range of services and functions to support frontline public health activities.

Public Health England will build on current arrangements to develop the centres of excellence to support its work across all the domains of public health, ensuring that all parts of the new public health system, partner organisations and the devolved administrations benefit from the centres' expertise.

Hubs

The effective delivery of some Public Health England functions will rely on the leadership and coordination of the work of its units and their partners in the local public health delivery system.

This could not be carried out effectively from a single national office. So Public Health England will distribute a small number of national office functions across geographical hubs, which will be part of the national office and act within a national framework. There will be four hubs that are coterminous with the four sectors of the NHS Commissioning Board and Department for Communities and Local Government resilience hubs, covering London, the South of England, Midlands and East of England and North of England.

For each of these areas the hubs will:

- ensure that Public Health England's emergency preparedness, resilience and response plans are in place
- ensure that high-quality public health and healthcare advice, including for screening, immunisation and specialised services commissioning, is available to the NHS Commissioning Board
- assure the quality and consistency of all services delivered by the units, ensuring that they are responsive to local government
- support transparency and accountability across the system, including managing strategic discussions with partners in relation to achievement of public health outcomes
- offer professional support to Directors of Public Health in local authorities.

Units

Directors of Public Health are the local leaders for public health and provide a core offer to the NHS. Alongside this, Public Health England will deploy expert and specialist advice capacity at a level that allows it to understand and respond to local needs and support local leaders





to tackle the challenges they face. When appropriate, units will provide coordination across several local authorities in managing incidents and outbreaks.

Public Health England's units will develop from the 25 current health protection units of the Health Protection Agency. The units' main areas of work will be to:

- deliver services and advice to local government, the NHS, other local organisations and the public, and work in partnership to protect the public against infectious diseases, minimise the health impact from hazards, involving the national centres when appropriate
- make an effective contribution to the emergency preparedness, resilience and response system
- support effective local action to promote and protect health and wellbeing and tackle inequalities, including through providing or facilitating access to data and intelligence and evidence on best practice.

Further work on units' design

Early in 2012 we will be seeking the views of local authorities, health and wellbeing board early implementers and local partners on how Public Health England can best prove its responsiveness and expert contribution to localities.



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We will be keen to consider how:

1. Public Health England might contribute information and advice to the independent report of the Director of Public Health.
2. Directors of Public Health and Public Health England can work together to determine the contribution of Public Health England to health and wellbeing boards.
3. Public Health England should organise its working relationships with NHS clinical commissioning groups, clinical senates and providers.
4. The annual work programme for Public Health England can best be informed by:
 - locally specific and relevant indicators
 - any 'cross-local authority' priorities that have been identified as being delivered more effectively in a collaborative way
 - national priorities as expressed in the various outcomes frameworks
 - national priorities set by Government.

A distributed network

Some of Public Health England's functions, including its quality assurance and information and intelligence functions, will be repeated and consistent across the country but dependent on strong local relationships.

Some national functions will be provided through geographically distributed arms of Public Health England that are accountable to the national office.

Others will be replicated in a consistent fashion across the country and focus on supporting the interpretation and use of information and intelligence by the local public health system.

Detailed assessment of the case and leadership for replicated functions is under way.