



Department of Health

*From Jane Ellison MP
Parliamentary Under Secretary of State for Public Health*

*Richmond House
79 Whitehall
London
SW1A 2NS*

Tel: 020 7210 4850

Duncan Selbie, Chief Executive
Professor David Heymann, Chair
Public Health England
4th Floor Wellington House
133-155 Waterloo Road
London SE1 8UG

11 JUN 2014

Dear Duncan + David

This letter sets out the role that the Government expects Public Health England (PHE) to play in the health and care system. It also sets out Ministers' expectations of PHE in the period from April 2014 to March 2015.

PHE's role

PHE is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address health inequalities, and executes the Secretary of State's power to promote the health and wellbeing of the nation. The range of activities for which PHE is responsible is set out below.

PHE's first function is to fulfil the Secretary of State's duty to **protect the public's health** from infectious diseases and other public health hazards, working with the NHS, local government and other key partners in England but also working with the Devolved Administrations and internationally where appropriate. This will mean providing the national infrastructure for health protection, including:

- an integrated surveillance system capable of detecting changes in patterns of disease or its determinants;
- providing specialist outbreak investigation of communicable disease, chemical, radiation and other environmental hazards, and co-ordinating the management of outbreaks of infectious diseases and environmental hazards;
- ensuring effective emergency preparedness, resilience and response for health emergencies;
- providing specialist, diagnostic and reference microbiology services;

- developing the application of genomics technologies to support the control of disease;
- evaluating the effectiveness of immunisation programmes, procuring and supplying vaccines, and providing expert advice and guidance to commissioners and providers; and
- acting as the lead for the UK on the International Health Regulations including protecting the UK from international health hazards, most notably communicable diseases.

PHE's next function is to secure **improvements to the public's health**, through its own actions and by supporting government, local authorities and the NHS to secure the greatest gains in health through evidence-based interventions. This will mean:

- supporting individuals to change their behaviour through social marketing campaigns promoting healthy lifestyles;
- providing government, local government, the NHS, Parliament and MPs, industry, public health professionals and the public with evidence-based, professional, scientific and delivery expertise and advice;
- supporting local government and, through them, clinical commissioning groups, in their legal duty to improve the public's health; and
- supporting the system to reduce health inequalities.

PHE's role is not limited to supporting the delivery of the public health system. The Government expects PHE to play a key role in **improving population health through sustainable health and care services** through, for example:

- promoting the evidence of the return on investment for the health and care system of public health interventions;
- providing an analysis of future demand in order to help shape the services of the future;
- providing advice to NHS England on securing health care services that will achieve the greatest impact for the population's health. This will include presenting the evidence for effective preventative interventions and early diagnosis;
- supporting NHS England to develop its strategies and models of care through its expertise in health economics and health care public health;
- national co-ordination and quality assurance of screening programmes in order to reduce the burden of disease and disabilities; and
- running national data collections for disease registration and analysing available data to help quality assure services for a range of conditions, including cancer and rare diseases.



Department of Health

PHE should also ensure the public health system maintains the **capability and capacity** to tackle today's public health challenges and is prepared for the emerging challenges of the future. This will mean:

- undertaking and contributing to research and development in areas relevant to its functions;
- supporting and developing a skilled public health workforce capable of meeting the challenges to the public's health;
- supporting local government to improve the performance of its functions; and
- enabling the system to be held to account for its performance, for example by publishing public health outcomes data and exposing variation in performance.

How PHE should perform its role

As an Executive Agency of the Department of Health but with operational autonomy, PHE is ideally placed to provide the public health system at the national level with strong leadership, make evidence-based contributions to the policy debate, and support those responsible for delivery with the evidence and the tools to make a real difference to the health of their communities. The Government expects PHE to be an authoritative voice speaking for the public's health and acknowledges that this can include constructive mutual challenge between PHE and central government, with PHE providing advice on the public health evidence-base, supporting local government in identifying its priorities for improving the health and well-being of local populations, or – as NHS England's public health advisor – ensuring that the NHS secures the maximum health gain from its resources. The Government is clear that fulfilling this role will involve adopting a culture of strong and constructive mutual challenge.

In carrying out its role, PHE should:

- make a regular assessment of the state of the public's health, identifying the scale and nature of present and future health need in England;
- speak to what the evidence shows to be the most effective interventions for meeting that need;
- make recommendations to central government, local government, the NHS and others on the basis of the evidence and its professional and scientific judgement. Its advice should be focused on areas where PHE can make a unique contribution and add most value. This can include recommendations

- based on an assessment of the impact of improving health on the economy and society;
- provide accessible advice, information and support products to the public to help them make the best choices for their health and wellbeing;
- assess the effectiveness of the implementation of interventions by government, local government and the NHS;
- take a life course approach to its work programmes, such as support work to give children and young people the healthiest possible start and building their resilience as they grow older;
- play its part in promoting parity of esteem between physical and mental health;
- shape the debate on the leading-edge science and underlying determinants of health; and
- mobilise support for tackling the major challenges to the public's health.

The Government's priorities for 2014/15

Ultimately, PHE is expected to realise genuine improvements in healthy life expectancy and reductions in health inequalities.

As part of this, the Government will set out a number of priorities for PHE each year, each of which will contribute to the Department of Health's own priorities for the health and care system.

To galvanise and focus its efforts, PHE is also expected to set a small number of strategic priorities aimed at delivering the Government's ambition for the public's health. In setting these priorities, the Government expects PHE to use its professional expertise and judgement alongside its understanding of the evidence in order to focus its efforts where it can have the greatest impact on the public's health.

For 2014/15, the Government has set a number of priority actions for PHE to deliver, or support the delivery of across the public health system, for each of its four functions. These are:

| | Priority | Deliverable |
|---------------------------------------|-------------------------------------|---|
| <i>Protecting the public's health</i> | Application of cutting edge science | <ul style="list-style-type: none"> • Publish the first report of the English Surveillance Programme for Antimicrobial Utilisation and Resistance by October 2014. • Develop plans with Genomics England to offer sequencing for patients with severe sepsis, and work with NHS England and Genomics England to use improved |



Department of Health

disease registry data to support main phase sequencing by March 2015

Extend and improve the world-class immunisation programmes

- Support the cost effective procurement of the Meningococcal B vaccine
- Extend childhood flu vaccination programme to all children aged 2-4
- Pilot delivery of flu vaccinations to primary school aged children and to children in secondary school years 7 and 8
- Aim to achieve 75% uptake for flu vaccine for 65's and over
- Reduce the range of variation in local levels of performance, while improving or at least maintaining the national levels of performance for national immunisation programmes

Effective response to a pandemic

- Make a full contribution to the cross-government exercise on pandemic flu preparedness
- Meet the deliverables set out for PHE in the *Living Well for Longer* delivery plan on smoking, blood pressure, screening, earlier diagnosis of symptomatic disease, NHS Health Check, alcohol, obesity and physical activity

Preventing people dying prematurely by improving mortality rates

- Deliver a marketing campaign on smoking in cars with children in advance of the smoke free legislation
- Expand the Longer Lives webtool to include performance of drug and alcohol treatment recovery at Local Authority and Clinical Commissioning Group level by December 2014

Improving the public's health and wellbeing

Supporting people with dementia to live well

- Recruit 1 million dementia friends by March 2015

Improving outcomes for people with long-term conditions

- Expand the Longer Lives webtool to include care indicators for diabetes by August 2014 and cancer by October 2014

| | | |
|--|---|--|
| | <p>Giving our children and young people a healthy start</p> | <ul style="list-style-type: none"> • Support progress towards achieving a downward trend in the level of excess weight in children by 2020 • Increase the number of eligible families receiving services from Family Nurse Partnerships to 16,000 by March 2015 • Work with Local Authorities and NHS England to ensure readiness for the transfer of commissioning responsibilities for 0-5 child health services, in particular supporting: the assurance process and guidance on information requirements. |
| | <p>Reducing pressures on the system</p> | <ul style="list-style-type: none"> • Support a reduction in avoidable emergency admissions over the winter through enabling local authorities to minimise winter pressures • Provide advice to NHS England on the public health contribution to ensuring the long-term sustainability of the health and care system |
| <p><i>Improving population health through sustainable health and care services</i></p> | <p>Introduce new screening programmes and maintain performance of existing programmes</p> | <ul style="list-style-type: none"> • Achieve at least 60% of centres providing bowel scope screening by March 2015 • Pilot and evaluate the addition of pulse oximetry to the newborn screening programme • Pilot 40,000 kits of the Faecal Immunochemical Test for faecal occult blood bowel cancer screening and publish results by March 2015 • Extend newborn blood spot screening to test for four additional disorders by April 2015 • Make significant progress towards reaching a chlamydia detection rate of 2,300 per 100,000 by March 2015 • Improve quality and coverage, and reduce inequality in uptake, of routine cancer and non-cancer screening programmes |
| <p><i>Building the capacity and capability of the public health system</i></p> | <p>Developing the public health workforce</p> | <ul style="list-style-type: none"> • Develop a skills passport for the public health workforce |



Department of Health

In addition to this, PHE has an important role in developing and publishing the evidence base for public health. The Government has formally commissioned PHE:

- to review the evidence and provide advice on the public health impacts of alcohol and possible evidence-based solutions;
- to review the emerging evidence on e-cigarettes to ensure that local action on smoking cessation and tobacco control is informed by best evidence and provide evidence-based recommendations to inform the Government's future thinking, complementing the work of NICE and the MHRA;
- following publication of the draft Scientific Advisory Committee on Nutrition report on carbohydrates, provide draft recommendations to inform the Government's future thinking on sugar in the diet; and
- to review the impact of obesity as a cofactor (with alcohol and Hepatitis C) in other chronic liver disease and provide advice on evidence-based interventions and practice.

The Government has asked PHE to report back in spring 2015.

PHE as an effective organisation

PHE was established from over 100 different bodies and completed the transition very effectively. For PHE to ensure it remains capable of meeting the challenges to the public's health, it will be critical in 2014/15 to complete the organisational design of the agency so that it is fully aligned with the organisation's core purpose of effectively and efficiently leading the public health system at the national level. It will also need to continue to establish and build authority and credibility, working collaboratively with others in the health and care system and other partners, building on its early successes. The Department will assess the strength of PHE's relationship with its key partners on a regular basis.

Reporting on success

The Government looks to PHE to make real progress in improving outcomes for the most serious public health problems that we face, and will hold it to account for doing so. In recognition of the fact that securing the improvements in healthy life expectancy and health inequalities will take time, the Government expects progress to be kept on track against the key commitments outlined in this letter, and against the indicators of the Public Health Outcomes Framework.

PHE is accountable to the Secretary of State for Health and the Parliamentary Under Secretary for Public Health for delivering or supporting delivery of these key commitments. Regular contact and quarterly and annual accountability meetings will allow progress to be monitored and address any risks to delivery.

PHE will be expected to continue to report transparently on health outcomes and on progress across the Public Health Outcomes Framework.

I, as lead Minister for public health, will continue to meet senior leaders of PHE regularly to discuss progress.

With kind regards
Jane

JANE ELLISON