



Department of Health

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

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Irrelevant & Sensitive

25 March 2015

Dear Duncan and David,

PUBLIC HEALTH ENGLAND STRATEGIC REMIT & PRIORITIES

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 the priorities of PHE in the period from April 2015 to March 2016.

PHE's role

Public Health England 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, including supporting the Government global health security priorities;

- 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 government 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;
- providing data and tools in a timely and accessible format to support local government, Directors of Public Health and others to improve services locally; 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, including NICE's guidance of public health interventions;
- providing an analysis of future demand in order to help shape the services of the future;

- supporting NHS England to develop its strategies and models of care through its expertise in health economics and health care public health;
- 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;
- working with NHS England on effective preventative interventions and early diagnosis, and on how public healthcare can contribute to a sustainable NHS and care system, including providing details on costs and promoting return on investment tools, where available;
- providing national co-ordination and quality assurance of screening programmes, introduction of new programmes and extension of existing programmes and promotion of coverage, in order to reduce the burden of disease and disabilities, especially in disadvantaged groups; 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.

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;
- working with the Department of Health and other government departments to provide the professional advice, expertise and public health evidence to support the development of public policies to have the best possible impact on improving health;
- enabling the system to be held to account for its performance, for example by publishing public health outcomes data and exposing variation in performance; and

- collect, quality assure and publish timely, user friendly high quality information on important public health topics and ensure prompt access for researchers and other appropriate organisations to the datasets owned by PHE. These include certain national databases on communicable and non-communicable diseases, national drug and alcohol and treatment monitoring, and information on cancer, such as data on stage at diagnosis, SACT, RTDS and metastatic breast cancer.

How PHE should perform its role

As an Executive Agency of the Department of Health but with operational autonomy, PHE is providing the public health system with strong leadership, helping to make an effective and unified public health response to emergencies, and supporting those responsible for delivery with the evidence, data and tools to make a real difference to the health of communities.

The Government expects PHE to be an authoritative voice speaking for the public's health and ensuring that public health evidence is heard clearly as part of the policy debate. The Government acknowledges that this can include constructive mutual challenge between PHE and national Government, with PHE:

- providing evidence-based advice on which the Government will provide the national policy response;
- supporting local government in identifying its priorities for improving the health and well-being of local populations;
- acting as NHS England's public health advisor helping to ensure that the NHS secures the maximum health gain from its resources; and
- acting as a data provider and ensuring the provision of high-quality, record-level data and analysis to users in local government the NHS and academia to support public health functions.

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 and identify gaps in the evidence base;
- contribute to the development of Government wide policies to ensure that the best possible progress is made on improving health and tackling health inequalities;

- make recommendations to 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 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 and work with What Works Centres (with specific reference to those for Wellbeing, Aging and Early Intervention) to promote effective interventions;
- 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 by embedding mental health throughout its functions and business as usual activity;
- 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.

To create the internal capability, long term sustainability and resilience of PHE, and ensure it works efficiently and effectively with the Department of Health and others, there are two strategic programmes that need to be delivered:

- “Securing Our Future” is the PHE internal change programme, to be completed by end of March 2016, which will:
 - enable PHE to remain at the leading edge of public health science;
 - clarify the unique role PHE plays in supporting both the Department of Health and the front line;
 - align its geography to work collaboratively with delivery partners.

- The “Public Health Science Hub” is a major capital programme to create a national centre of expertise for public health science. Subject to Government approval, PHE with the Department of Health, will take forward the Science Hub Full Business Case.

PHE priorities

Alongside the priorities set out here, PHE has published *‘From evidence into action: opportunities to protect and improve the nation’s health’* where it believes it can make the greatest impact on the public’s health. To galvanise and direct efforts, it focuses on seven strategic priorities aimed at improving the public’s health and the importance of focusing on prevention.

NHS England with PHE and the other NHS bodies published the NHS Five Year Forward View which sets out the agenda for the development of the NHS. PHE will play its full part in securing its implementation, and in realising the NHS Five Year Forward View commitment to an NHS that embeds prevention.

The Government’s priorities for 2015/16

The Government has an ambition for people of this country to live as well as possible for as long as possible. PHE’s role is to help realise genuine improvements in healthy life expectancy and reductions in health inequalities to support this ambition.

The specific priorities the Government has for PHE in 2015/16 are set out in the table below.

Function	Area	Deliverables
<i>Protecting the public’s health</i>	<i>Tackling antimicrobial resistance</i>	<ul style="list-style-type: none"> • Lead delivery across the health sector of 4 of the 7 national workstreams, as identified in the antimicrobial resistance implementation plan.
	<i>Reducing tuberculosis</i>	<ul style="list-style-type: none"> • To deliver the first year actions in the implementation of the Tuberculosis Strategy for England, including establish nine TB Control Boards in partnership with local authorities and NHS England. • Review and implement methodology for reference and diagnostic work on tuberculosis including the link into surveillance.

	<i>Global health security</i>	<ul style="list-style-type: none"> • Undertake an assessment of the UK's Global Health Security Agenda pilot and make recommendations on next steps ahead of the annual GHSA ministerial event in September 2015.
	<i>Application of cutting edge science</i>	<ul style="list-style-type: none"> • Deliver routine genome sequencing of specific infectious organisms, enabling developments in whole genome sequencing as part of the 100,000 Genome Project.
Improving the public's health	<i>Reducing smoking</i>	<ul style="list-style-type: none"> • Promote evidence based local tobacco control, including (but not limited to) the provision of local smoking cessation services, with a particular focus on smoking in pregnancy, targeting the wide regional variation with a view to reducing health inequalities.
	<i>Reducing harmful drinking</i>	<ul style="list-style-type: none"> • Develop a whole system approach on alcohol that establishes what works and is clear on the return on investment, enabling Government, local government and the NHS to invest with confidence in evidence based prevention and treatment interventions.
	<i>Tackling obesity</i>	<ul style="list-style-type: none"> • Publish a 'blueprint' specification for weight management services based on the very best practice and make available for those commissioning local services • Support an increase in local physical activity by promoting tools such as the EAED toolkit, DH walking cities and new DH physical activity initiatives, such as older people more active, 'play streets', and latest evidence particularly on sedentary behaviour. • Deliver with NHS England and Diabetes UK, the NHS Five Year Forward View commitment to a national NHS Diabetes Prevention Programme.

<i>Reducing dementia risk</i>	<ul style="list-style-type: none"> • Raise awareness of actions people can take to reduce their risk of dementia through NHS Health Checks and provision of evidence based tools, data and guidance. • Successfully transition the Dementia Friends marketing programme to Alzheimer’s Society.
<i>Ensuring every child has the best start in life</i>	<ul style="list-style-type: none"> • Promote and share locally the evidence base to support sustainable services to deliver Healthy Child Programme and early intervention to enable families and communities to give all children the best start in life. • Provide evidence and leadership to support the transfer of 0-5 children’s public health commissioning responsibilities to local authorities in October 2015. • Develop evidence based tools for schools and education settings to support mental wellbeing for pupils. PHE will do this in partnership with schools, school nurses, specialist mental health services for children and young people, parents and pupils.
<i>Improving workplace health and wellbeing</i>	<ul style="list-style-type: none"> • Increase the number of local authorities running a Workplace Wellbeing Charter scheme using the National Standards; and increase the number of NHS and other organisations working towards accreditation under a Workplace Wellbeing scheme.

	<i>Improving the public's health</i>	<ul style="list-style-type: none"> • Secure the delivery of the NHS Health Check with increased offers and higher uptake within the eligible population. • Make significant progress towards reaching a chlamydia detection rate of 2,300 per 10,000 by March 2016. • Continue to improve recovery rates for alcohol and drug treatment.
Improving population health through sustainable health and care services	<i>Improving and maintaining performance of screening programmes</i>	<ul style="list-style-type: none"> • Publish an evidence review on HPV primary screen pilot in 2015. • Review the pilot results of the Faecal Immunochemical Test for faecal occult blood bowel cancer screening trial and publish recommendations on next steps by March 2016. • Maintain progress on roll-out bowel scope screening programme so that lead commissioning can transfer into the main section 7A agreement for 2016/17 and continue to progress towards 100% of centres live by end of 2016. • Implement the Quality Assurance Operating Model for national screening programmes with the input of key stakeholders, delivering a service that reduces risk, increases effectiveness and supports the service to improve health outcomes, to the agreed timetable set out in the three year action plan. • Pilot changes to the screening interval in Diabetic Eye screening (from 1 to 2 years) as part of a wider programme to improve screening effectiveness. • Improve quality and coverage and reduce inequality in uptake of national screening programmes.

	<p><i>Extend and improve the world-class immunisation programmes</i></p>	<ul style="list-style-type: none"> • Support delivery of 60% uptake overall, and at least 40% to each eligible cohort for childhood flu vaccination programme li (age 2-4, and school year 1 and 2); and undertake an end of season evaluation of the impact of health inequalities on coverage. • Produce and implement proposals to improve coverage for flu vaccine for those aged 65 and over, recognising the potential impact of coverage achieved in 2014/15. • Produce and implement proposals to increase coverage for under 65's with liver diseases, neurological disease and immune suppressed, so that in each group coverage exceeds 50%.
	<p><i>Supporting behavioural change</i></p>	<ul style="list-style-type: none"> • Run two national early diagnosis symptom campaigns – one on Be Clear on Cancer in summer 2015 and the second in early 2016 – and one regional pilot of an early diagnosis symptom awareness campaign. • Re-run of the FAST campaign. • Review the evidence and make recommendations on the scope for a public-facing campaign to raise awareness of Sepsis.
<p><i>Building and maintaining the capability and capacity of the public health system</i></p>	<p><i>Supporting cutting edge science</i></p>	<ul style="list-style-type: none"> • Work closely with NHS England and Genomics England to support the development of datasets on cancer and rare diseases as part of the 100,000 genome project that are interoperable with PHE registers wherever possible.

<i>Improving mental health and wellbeing</i>	<ul style="list-style-type: none"> • To underpin parity of esteem, support the development of the Mental Health Intelligence Network to create a transparent and effective benchmarking tool for Clinical Commissioning Groups and local authorities. • Establish a What Works Centre for Wellbeing as an independent charity. • Support local authorities to have an effective suicide prevention plan.
<i>Providing world-class data</i>	<ul style="list-style-type: none"> • Establish a single comprehensive national rare disease registration service that collects and quality-assures data on all rare diseases across the whole population in England.

PHE has an important role in developing and publishing the evidence base to allow faster progress on improving the public’s health. The Government has commissioned PHE to review the evidence on:

- what can be expected of the drug treatment & recovery system and provide advice to inform future policy; and
- the impact on health outcomes of improvements in services for people in detained settings to inform future health interventions and prioritisation.

The Government has also commissioned PHE to review and make recommendations on the current operation of the public health system in relation to:

- the future capability, skills & experience of the public health workforce to operate across all the public health functions, including the duty of Local Authorities to provide public health advice to Clinical Commissioning Groups; and to understand the barriers to effective working and freedom of movement between the NHS, local government and national government and its agencies and make recommendations to feed into the planned review of the public health workforce strategy;
- effective health interventions that can support people to return to work in order to inform Government programmes to tackle ill health and support return to work.

The Government has asked PHE to report by March 2016.

PHE will also complete work on the following reviews commissioned in the 2014/15 remit and priorities letter, for delivery in Spring 2015:

- review the emerging evidence on e-cigarettes to ensure 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;
- review the evidence and provide advice on the public health impacts of alcohol and possible evidence-based solutions; and
- provide draft recommendations to inform the Government’s future thinking on sugar in the diet.

PHE, like all public sector organisations, will need to respond flexibly to the priorities of a new Government after the May 2015 elections. Therefore, the priorities and commissions for 2015/16 are subject to review.

Reporting on success

The Government looks to PHE to drive real progress in protecting and improving the nation’s health and will hold it to account for doing so.

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 priorities. Regular contact and formal assurance arrangements will allow progress to be monitored and action taken to address any risks to delivery.

PHE will support the Secretary of State’s accountability to Parliament, including by contributing to the Government response to recommendations from the Public Accounts Committee following the National Audit Office inquiry into PHE’s grant to local authorities, and taking forward actions arising.

In recognition of the fact that securing improvements in healthy life expectancy and health inequalities will take time, PHE will continue to report transparently on health outcomes and on progress across the Public Health Outcomes Framework.

Kind regards,

Personal Data

JANE ELLISON