Public Health England

Our priorities for 2013/14

April 2013

Public Health England at a glance

Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

PHE has operational autonomy. It has an Advisory Board with a non-executive Chairman and non-executive members. It employs scientists, researchers, public health professionals and essential support staff.

It works transparently, proactively providing government, local government, the NHS, MPs, industry, public health professionals and the public with evidence-based professional, scientific and delivery expertise and advice.

PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England.

Improvement in the public's health has to be led from within communities, rather than directed centrally. This is why every upper tier and unitary local authority now has a legal duty to improve the public's health. Local health and wellbeing boards bring together key local partners (including NHS clinical commissioning groups who have a duty to address health inequalities) to agree local priorities.

PHE will support local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so. PHE in turn is the public health adviser to NHS England.

PHE works in partnership with the Chief Medical Officer for England and with colleagues in Scotland, Wales and Northern Ireland to protect and improve the public's health, as well as internationally through a wide-ranging global health programme.

We want to be known for encouraging evidence-led action with scale and pace to make a significant and sustainable improvement to the public's health

Public Health England

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Introduction

Duncan Selbie
Chief Executive

David Heymann
Chairman

Our mission is to protect and improve the nation's health and to address inequalities, working with national and local government, the NHS, industry, academia, the public and the voluntary and community sector.

We exist to serve the public through the public health system, a system led locally by elected members where responsibility for the public's health sits alongside responsibility for jobs, housing and communities. This system is new – the combination of local government leadership for the public's health supported by an expert national body is a first for England. Our aim is to cement a reputation with local authorities for our credibility and expertise, as the foundation upon which PHE will help the new system to drive transformation.

PHE scientists, public health professionals, data and intelligence specialists and many other specialist and support staff are now all together in one organisation and fully focused on the task before us – to do everything within our professional and personal power to improve the public's health.

The truth is that for years we have all focused more on treatment and illness than on prevention and resilience. That focus has often occurred when illness is already well advanced.

This is not where we need to be. We need to focus much more on prevention and early intervention, helping people to help themselves and their communities to be as healthy as they can be and for as long as possible, and intervening before conditions become unmanageable, for example in our care of older people. The concern should not be only about compassion and care when older people are in hospital, but to understand why they come to be there in the first place rather than being cared for at home or as close to home as possible.

We all need to take responsibility for our own health and wellbeing, but for many it is more difficult than it should be. For example, healthy behaviours in childhood and the teenage years set patterns for later life yet we know that not all children have a realistic opportunity of a good start in life. Providing support for children

and young people can mean that society as a whole can reap all the benefits of a resilient next generation.

It is really important that together we get this right. We need to start thinking and acting differently. Today too many people are dying before they should. Too many others are living with avoidable long-term conditions.

The groundbreaking *Global Burden of Disease 2012 Study* clearly reports the relative importance of the main conditions from which we die and their causes, and those that mean many live with ill health. It makes clear that overall the UK is falling behind its peers.

We know the most significant factors that lead to poor health: smoking; high blood pressure; obesity; poor diet; lack of exercise; and excessive alcohol consumption. Beyond these the wider determinants of health (poor early childhood experience, poor education, lack of work and poor environments) have been described by Sir Michael Marmot in his review *Fair Society, Healthy Lives* and it is these that lie behind the marked health inequalities between the richest and the poorest. It is at least as important to tackle major non-medical causes of ill health, like social isolation, homelessness and worklessness.

Our role is to understand the causes and consequences of poor health; be clear about what works; and encourage the adoption of effective interventions at scale and pace. This is not about spending more money, it is about making sure we get the best impact for the money already spent – focusing on prevention and early intervention to avoid the high financial and societal cost of crises and failure.

We have listened carefully to those in the field, and to our Secretary of State and the leaders of local government, on where our priorities need to be. We can make early progress in some areas and in others it will take generations. The key is to get the balance right.

This document does not set out the detailed steps to achieve this transformation, but it is the beginning. Over the next six months we will work with everyone to refine our thinking and set our ambitions for the next three years, and we will engage on this in the autumn.

Our priorities

Local action will drive sustainable change in the public's health, but we are committed to taking action on a national scale where it makes sense, and when it is needed. We will focus our energies on five high-level enduring priorities:

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol

2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency

3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics

4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme

5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

To underpin these outcome-focused priorities we will:

6. Promote the development of place-based public health systems

7. Develop our own capacity and capability to provide professional, scientific and delivery expertise to our partners

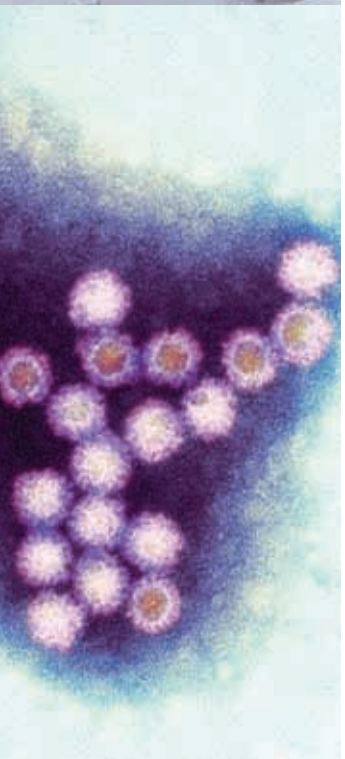
Taking early action

We can and will make important progress in our first year by focusing on a small number of key actions with the greatest potential to make a difference to health and wellbeing in England. They will not fully reflect all the work we will lead and support, but they are the areas on which we will focus our collective efforts.

Alongside this national emphasis, local authorities will be seizing the opportunity of their new statutory responsibility to improve the public's health and to lead the place-based public health system. The Local Government Association enables local government to secure improvement and address poor performance. PHE will not performance manage local authorities, but we will partner the LGA and local government in taking forward effective sector-led improvement.

We will work closely with our partners over the course of this year to develop a three-year plan for demonstrable improvements in the public's health and in making our organisation efficient and effective in our operations, delivering year-on-year reductions in our overheads. As we develop this longer-term plan, we will:

- maintain a 24/7 health protection service to protect the country from infectious disease and environmental threats
- champion the public's health through promoting a new narrative about prevention and early intervention, and create a broad coalition for action
- generate, synthesise and apply knowledge, evidence and professional advice to promote effective interventions by local authorities, the NHS and other partners
- support nationwide programmes to support healthy lifestyles, behavioural change, early diagnosis and intervention
- nurture the development of the public health system and its professional workforce
- report transparently health outcomes and progress across the Public Health Outcomes Framework, with the confidence to promote success and the courage to challenge where required



1. Reducing preventable deaths

• Support people to live healthier lives by **implementing NHS Healthchecks** to 15 million eligible people. We will support the roll-out of the Healthcheck programme by local authorities, assuring full implementation across the country.

• **Accelerate efforts to promote tobacco control and reduce the prevalence of smoking.** We will identify, support and champion national and local efforts to accelerate smoking cessation, promoting the use and implementation of evidence based-interventions, and addressing variations in smoking.

• **Report on premature mortality and the Public Health Outcomes Framework.** We will introduce a web-based reporting system to report transparently on premature mortality and the other indicators in Public Health Outcomes Framework for each local authority, to inform local accountability for performance and improvement.

• Enable improved **integration of care**, to support local innovations to find alternatives to hospital-based care, especially for our frail older population. We will work with national partners to identify and share best practice on the potential contribution of prevention and early intervention to person-centred care, and work with local areas pioneering innovative approaches to integrating health, social care and healthcare public health to identify and tackle barriers to progress.

2. Reducing the burden of disease

• **Reduce the incidence and impact of dementia**, through implementing the Prime Minister's challenge on dementia. We will work with partners across the NHS, local government and voluntary and community sector to develop a co-ordinated national approach to preventing dementia, maximising the contribution of NHS Healthchecks, and we will focus on reducing on the burden and stigma of dementia on families by supporting Dementia Friendly Communities.

• **Improve recovery rates from drug dependency**, recognising this as the core purpose of drug treatment.

• Improve sexual health and reduce the burden of sexually transmitted infections by **improving the co-ordination, effectiveness and impact of HIV and sexual health services** in support of the newly released National Sexual Health Framework for England. New commissioning arrangements for HIV and sexual health will be closely monitored and challenged to accelerate improvement.

• **Develop a national programme on mental health in public health** that supports *No Health Without Mental Health*, prioritising the promotion of mental wellbeing, prevention of mental health problems and the prevention of suicide, along with improving the wellbeing of those living with and recovering from mental illness.

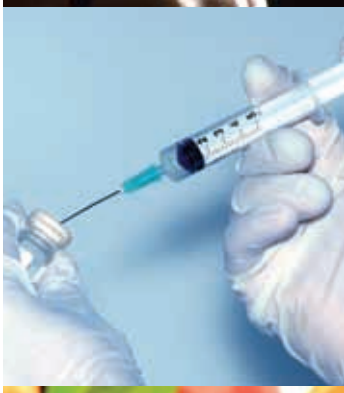
3. Protecting the country's health

• Reverse the current trends so that we **reduce the rates of tuberculosis infections.** We will work with local authorities and the NHS in those areas with high levels of tuberculosis infections to put in place effective strategies.

• **Lead the gold standards for current vaccination and screening programmes**, reverse the current increase in cases of measles, and support the delivery of the new vaccine programmes for rotavirus, childhood flu, pertussis in pregnancy and shingles.

• **Tackle antimicrobial resistance** (AMR) through surveillance of patterns of resistance to antibiotics, supporting microbial stewardship and other national strategies to address the rise of antimicrobial-resistant organisms.

• **Develop and implement a national surveillance strategy** to ensure the public health system responds rapidly to new and unexpected threats to health of all kinds, bringing together the full range of PHE surveillance and intelligence capabilities.



4. Giving children and young people the best start in life

• Launch a national programme promoting healthy weight and tackling **childhood obesity**. We will work with the Department of Health, other government departments, schools, the NHS and local government to develop and implement a multi-component approach to promote greater awareness and focused action.

• **Partner the Troubled Families programme:** ensuring that PHE nationally, and the public health system regionally and locally, plays its full part in supporting efforts to improve the life chances and outcomes for troubled families.

• **Accelerate improvements in child health outcomes** through a focus on under-5s: supporting the continued development of key programmes for 0-5s (including health visiting, school nursing and family nurse partnerships) and work with the Department of Health and local government to secure transition to local authorities in 2015.

• **Partner the Early Intervention Foundation** to develop the evidence base for early interventions, champion early interveners and build support and commitment across the public health system and potential investors for practical evidence based measures that can support the life chances and outcomes for children, youth and families.

5. Improving health in the workplace

• **Support employers** large and small – public, private and voluntary – to establish the business case for supporting a healthy workforce, securing adoption of practical evidence-based interventions and to build support for the Responsibility Deal among employers.

• Encourage more widespread adoption of the Responsibility Deal commitment on **mental health** adjustments in the workplace, and develop a greater understanding of the workplace's potential for improving and sustaining good mental health, resilience and wellbeing.

• **Lead where we expect others to follow** by developing the employment practices of PHE to become a key exemplar of the aspirations embodied in the Responsibility Deal to support a healthy and productive PHE workforce.

6. Promoting place-based public health systems

• Make the **business case** for promoting wellbeing, prevention and early intervention as the best approaches to improving health and wellbeing at a time of austerity for public services.

• Partner NHS England to maximise the **NHS' impact on improving the public's health** by: creating a joint narrative for health and wellbeing boards; ensuring planning and commissioning in health and care reflects national and local priorities; making nationally visible the health needs of those on the margins and otherwise overlooked; and working together on effective quality surveillance.

• Implement the **public health workforce strategy and develop the PHE workforce** to ensure: the continued development of directors of public health and public health professionals across the system; the public health skills needed to support Making Every Contact Count; and the development of PHE's specialist and support workforce.

• Ensure that we use **data and information** across the public health system to measure what we do, quantify from the outset the benefits of the new public health system and demonstrate value for money.

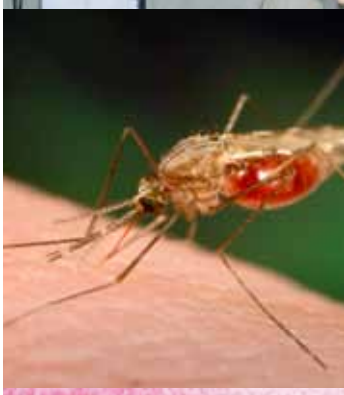
7. Developing our own capacity and capability

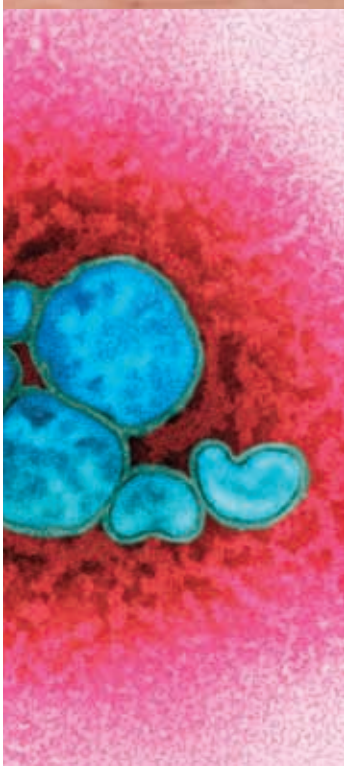
• Put in place and implement an **organisational development strategy** to develop a common PHE culture and values and build the capabilities we will need to deliver our priorities.

• Develop a **research strategy** for PHE that demonstrates academic excellence and value for money, identifies priorities for research nationally that are aligned with current and future public health needs, including advances in genomics. Engage with academic health science networks to accelerate adoption and spread.

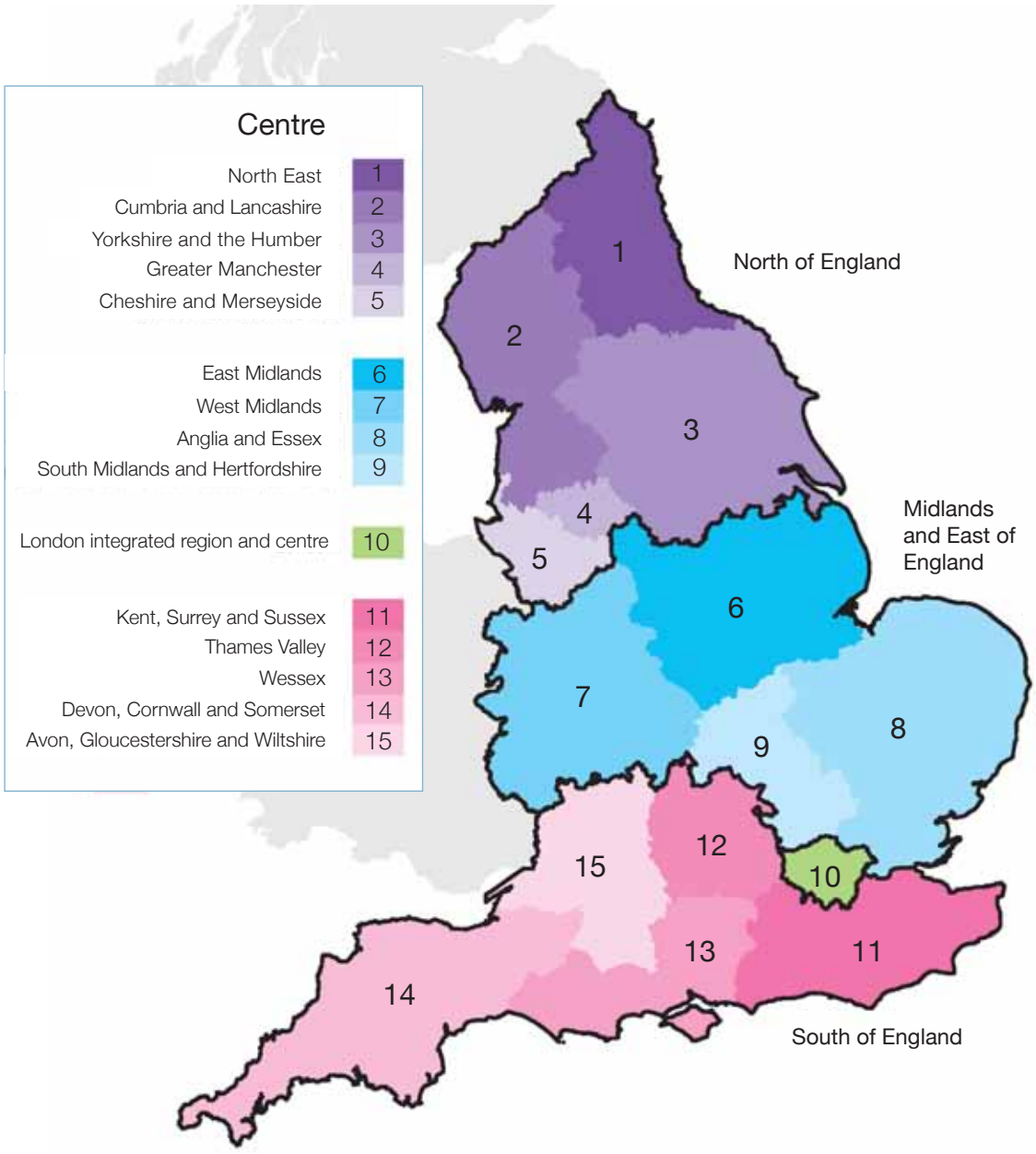
• Progress the business case for bringing together our national expertise in epidemiology and microbiology from Colindale and Porton Down into a **single integrated national centre** in Harlow, and secure the necessary approvals by September 2014.

• Review our commercial activities and develop a **commercial strategy** to ensure we maximise the potential benefits and align these with our goals, including our contribution to UK plc.





Our local presence



The 15 local PHE centres will be the front door of PHE and responsible for assuring that the services and expertise provided are truly focused on local needs.

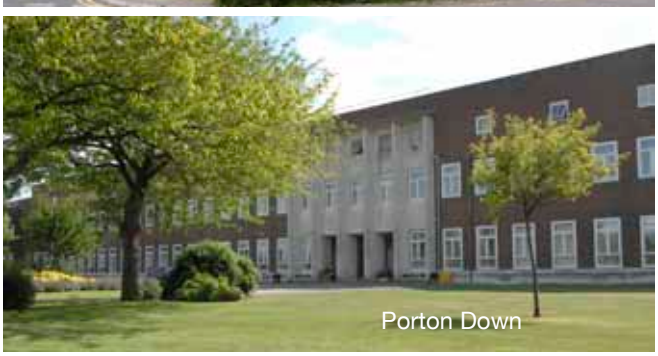
Each local centre director will be a partner in the local public health system, which includes the voluntary and community sector, and their unique role will be to provide a range of services and expert advice that is tailored to the needs, wishes and aspirations of local government, clinical commissioning groups and the local NHS. They will provide leadership and support on health protection, health improvement and healthcare public health.

This will include supporting local government in its leadership of the place-based public health system; supporting local authority directors of public health across the range of their responsibilities enabling them to access specialised advice and support when required; working with NHS England to support it in its role as a direct commissioner of key services, including specialist services and national public health programmes; and providing leadership in responding to emergencies where specialist public health expertise is necessary.

The centres will also deliver health protection services directly and in support of local government, the NHS and others. Centres and regions will be supported by eight knowledge and intelligence teams, and by experts in population health.

Our four regions are coterminous with those of NHS England, and they also map onto the nine regional local government groupings. Each will nurture and support the local public health system and maintain an overview of the whole system's progress in implementing the Public Health Outcomes Framework. They will have a special responsibility for development of the wider public health workforce. Our commitment to co-production is to ensure collaboration between our professional and operations expertise, and with our partners.

In addition to our local centre and regional staff, we also have other expert staff including those based at Colindale in north London, Chilton in Oxfordshire and Porton Down in Wiltshire, and in a network of regional microbiology laboratories throughout the country. Expertise in radiation and chemical protection is provided at Chilton and by teams around the country, and offices in Scotland and Wales.



Our behaviours

Our effectiveness depends on how we behave so we will:

- consistently spend our time on what we say we care about
- work together, not undermine each other
- speak well of each other, in public and in private
- behave well, especially when things go wrong
- keep our promises, small and large
- speak with candour and courage

Conclusion

Our commitment is to work with our partners to protect and improve the health and wellbeing of our citizens. The priorities set out here contribute to a transformational change in our nation's approach to health – scrutinising the complex determinants of our health and embracing the wellbeing of us all as well as the care of the sick. This document is the beginning.

We look forward to working closely with national and local government, the NHS, the voluntary and community sector and all our partners over the next six months to refine our thinking and set our ambitions for the next three years, and to seize the opportunity of the new public health system and to make that transformation a reality.

Who's who

Duncan Selbie
Chief Executive

Professor David Heymann
Chairman

Professor Kevin Fenton
Director of Health and Wellbeing

Dr Paul Cosford
Director for Health Protection and Medical Director

Professor John Newton
Chief Knowledge Officer

Professor Viv Bennett
Director of Nursing

Professor Paul Johnstone
Regional Director: North of England

Dr Rashmi Shukla
Regional Director: Midlands and East of England

Dr Yvonne Doyle
Regional Director: London

Dr Jenny Harries
Regional Director: South of England

Richard Gleave
Chief Operating Officer

Jonathan Marron
Director of Strategy

Lis Birrane
Director of Communications

Sally Warren
Director of Programmes

Tony Vickers-Byrne
Director of Human Resources

Michael Brodie
Finance and Commercial Director

Stephen Morris
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