HM Government

Healthy Lives, Healthy People:

Update and way forward

Healthy Lives, Healthy People: Update and way forward

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Executive summary

1. The White Paper *Healthy Lives, Healthy People: Our strategy for public health in England* set out a bold vision for a reformed public health system in England. This policy statement sets out the progress we have made in developing that vision and identifies those issues where further development is needed, and a timeline for this work.

2. *Healthy Lives, Healthy People* generated real enthusiasm for a new approach to public health and a commitment across local authorities and the public health profession to improving the health of the public across the life course. We want to maintain this momentum, and by setting out progress to date, and clear next steps, we aim to reduce uncertainty and encourage local authorities and public health professionals to continue to plan and build the local relationships and partnerships that will be key to implementing the new public health system.

3. The bold changes proposed in *Healthy Lives, Healthy People* are a response to the challenges we face to the public's health. For example, two out of three adults are overweight or obese; and inequalities in health remain widespread, with people in the poorest areas living on average 7 years fewer than those in the richest areas, and spending up to 17 more years living with poor health. And major health threats remain, ranging from the risk of outbreaks or new pandemics to the potential impact of terrorist incidents.

4. This challenge requires a new approach, reaching out to local communities, systematically underpinned by public health expertise and given real political priority. We are therefore committed to a reformed public health system for England in which:
   - **local authorities take new responsibilities for public health**. Giving this role to local government opens new opportunities for community engagement and to develop holistic solutions to health and wellbeing embracing the full range of local services (e.g. health, housing, leisure, planning, transport, employment and social care). Local authorities' new public health responsibilities will be supported by a ring-fenced budget. Directors of Public Health will lead this work, as the principal adviser on health to the local authority;
   - **local authorities will be supported by a new integrated public health service, Public Health England,** which will drive delivery of improved outcomes in health and wellbeing and protect the population from threats to health. Public Health England will bring together in one body the diverse range of public health expertise currently distributed across the health system. It will ensure access to expert advice, intelligence and evidence and will provide a focus for the development of new approaches including adopting insights from behavioural sciences; and provide an expert and resilient health protection service;
   - **a stronger focus on the outcomes we want to achieve** across the system. A public health outcomes framework will be published later in the year setting out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist. These outcomes will require the collective efforts of all parts of the public health system, from national to local levels, and across public services and wider society;

- **public health has a clear priority**, is seen as a core part of business across Government and is supported with the resources to ensure the focus on public health interventions is maintained; and
- **the commitment to reduce health inequalities** is a priority for all parts of the public health system, drawing on the Marmot review[1] to address the wider determinants of health and complementing the role of the NHS to reduce inequalities in access to and outcome from health services.

5. The recent consultations on public health and the Listening Exercise for the Health and Social Care Bill demonstrated broad support for this strengthened focus on public health, for giving new public health responsibilities to local government and for the commitment to the Marmot agenda. But concerns were raised in relation to role of the Director of Public Health in the new system, the need to avoid fragmentation, ensuring independence within the public health system and ensuring the workforce and HR policies support the continued development of a strong specialist public health profession and the wider public health workforce.

6. This policy statement sets out the progress we have made in developing the new public health system and tackling the concerns described above. In doing so the paper sets out how we expect the reformed public health system to work including:
   - clarifying the **role of local authorities and the Director of Public Health** in health improvement, health protection and population healthcare;
   - proposals for who is responsible for **commissioning** the different public health services;
   - the **mandatory services** local authorities will be required to provide;
   - the **grant conditions** we expect to place on the local authority public health grant;
   - establishing **Public Health England** as an Executive Agency to provide greater operational independence within a structure that is clearly accountable to the Secretary of State for Health;
   - clear principles for **emergency preparedness, resilience and response.**

7. The paper also recognises that there are some issues which need further development. We will therefore engage with key stakeholders from local government, public health and the NHS to help us develop credible policy and implementation solutions over the coming months. We will produce a series of Public Health System Reform Updates to complete the operational design of the public health system including:
   - the **public health outcomes framework** to detail how we will track public health outcomes and improvements;
   - the **Public Health England Operating Model** to describe how Public Health England will work, its relationships, and how it can support improved health outcomes;
   - **Public Health in local government and the Director of Public Health**, final detailed operational design building on the role set out in this document;
   - **Public health funding**, to establish baseline public health spend and details of the allocation methodology, health premium and shadow allocations;

[1] Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*, www.marmotreview.org

- **Workforce,** we will publish a comprehensive Workforce Strategy. We will work with local authorities and public health professionals to address concerns relating to terms and conditions and regulation of public health professionals.

8. As we move into autumn and the new year we will ensure detailed plans are in place to underpin the transition of public health responsibilities to local authorities and the establishment of Public Health England. Both will take on their full responsibilities from April 2013. Significant progress can be made ahead of the formal transfer through shadow and joint arrangements. We encourage such approaches as a means of building momentum and reducing the risks at the point of formal transition.

1. Listening to your views

Report on the consultation and the listening exercise

1.1 On 30 November 2010, the Government published *Healthy Lives, Healthy People*: *our strategy for public health in England*, which set out a bold vision to make wellness central to all we do – in health and across government. It posed several consultation questions and sought views on Dr Gabriel Scally's *Review of the regulation of public health professionals.*

1.2 The White Paper was complemented by two further consultation documents, *Healthy Lives, Healthy People: transparency in outcomes, and Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*, both published in December 2010. Consultation continued on all three documents until 31 March 2011. The Department of Health was directly involved in over 60 consultation events, and supported many others.

1.3 Across the different consultations we received over 2100 responses. We were delighted with the quality and quantity of the responses received, which will help us put the new system on a firm footing. Broadly, respondents welcomed strengthening central government's focus on public health, the commitment to the Marmot agenda and giving new public health responsibilities to local government.

1.4 Respondents also welcomed the proposal for a public health outcomes framework and the proposed commissioning routes for public health, although there were concerns about some of the detailed suggestions.

1.5 Overall, the key concerns raised about the proposed new system were as follows. Respondents:

- highlighted the importance of preserving the Health Protection Agency's ability to give independent advice within the Department of Health, and the need for Directors of Public Health to act as an independent voice on behalf of their local populations;
- queried the role and authority of Directors of Public Health within local government. In particular, respondents asked for more clarity about the role of the Director of Public Health across the three domains of public health, and the role public health specialists would play in designing effective, equitable, accessible and appropriate health services in future;
- raised concerns about fragmenting responsibility for commissioning whole programmes or pathways of care across different organisations;
- asked how key aspects of the new system will be implemented, notably the roles and responsibilities of the key players in incidents and emergencies;
- asked for clarity about the size and scope of the ring-fenced grant;

- felt the workforce would be fragmented as a result of moving public health specialists outside the NHS, and asked for clarity around terms and conditions of public health staff in local authorities and the Department of Health.

1.6 Shortly after the consultations closed, the Government launched the NHS Future Forum, charged with engaging, listening and advising on concerns expressed about aspects of the Government's proposed health reforms. Although the Listening Exercise focused on the NHS, the many very helpful contributions we received on public health are helping to shape our thinking on the way forward. The Government response to the NHS Future Forum report, published on 20 June 2011, set out how policy has changed in light of the Listening Exercise (and emerging themes from the public health consultations). These changes included creating Public Health England as an Executive Agency and placing stronger duties on healthcare commissioners to obtain an appropriate range of clinical advice, including from public health.

1.7 The Government's response to the NHS Future Forum promised further details on how we will ensure that public health professionals, in partnership with NHS commissioners, play a key role in providing leadership to drive improvements in quality and patient outcomes and to reduce health inequalities (paragraph 3.63)[2]. The response makes clear that the reforms will be a powerful force for advancing equality, tackling inequalities and improving the health of the most vulnerable.

1.8 This policy statement reaffirms the Government's vision for public health across the life course. The new approach aims to build people's self-esteem, confidence and resilience right from infancy – with stronger support for early years, emphasising more personalised, preventive services that are focused on delivering the best outcomes for citizens. It sets out our progress in tackling the issues raised in consultation and indicates where we will work quickly with stakeholders to test our ideas and finalise the design of the new system.

1.9 The plans we describe in this policy statement are entirely consistent with the policy set out in *Healthy Lives, Healthy People: our strategy for public health in England* and with the provisions of the Health and Social Care Bill. As such, we have taken care to consider impact on equalities of both, and will ensure we continue to do so in determining the way forward. A summary of the responses to the consultation will be available at www.dh.gov.uk.

[2] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127880.pdf

2. A new public health system, with strong local and national leadership

2.1 In this section we provide further details on our vision for a new public health system, reflecting the responses received during the public health consultation exercise and the Listening Exercise. The new system will be built on confident local leadership within a clear national framework, and supported by expert advice, support and guidance on public health. We confirm the critical role of the Director of Public Health within local government and the continuing role of the NHS. And we outline the critical role of Public Health England in the new system.

2.2 Public health has a proud history and many great achievements to its name, from clean air and water, to improved nutrition and population immunisation. However, as *Healthy Lives, Healthy People: our strategy for public health in England* illustrated, we cannot be complacent. To quote just a few examples highlighted there, people living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend 17 more years living with poor health. Two out of three adults are overweight or obese. Enabling adults to change their behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases. Many excess winter deaths – 35,000 in 2008-9 – could be prevented through warmer housing, and others through full take-up of seasonal flu vaccinations. Rates of tuberculosis are rising. Major health threats remain, ranging from the risk of outbreaks such as e-coli, or a new pandemic, to the potential impact of terrorist incidents, which underpin the need for coordinated, expert public health capacity. And we know more than ever about the importance for future life chances of giving children the best possible start in life.

2.3 The White Paper argued that if we are to meet the public health challenges of the twenty-first century we cannot go on as we are. In particular, we cannot make progress in addressing the issues raised in Professor Sir Michael Marmot's Report *Fair Society, Healthy Lives*. The responses to the consultations broadly supported the renewed focus on public health within central government, the transfer of new public health responsibilities to local government and the support for the Marmot agenda. They have reinforced our conviction that the scale of the challenge is substantial, that we should be ambitious and reform the system to give public health a clear focus at national and local level.

2.4 The role of the Secretary of State will be to provide national strategic leadership across all three domains of public health: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness), and health services (including service planning, efficiency and audit, and evaluation). The Secretary of State will pull together all aspects of government through the Cabinet Sub-Committee on public health. In particular, he will ensure that central government provides effective and efficient health protection capability, underpinned by a clear line of sight

down to the front line, reflecting the core responsibility of government to protect its population. In addition, the Secretary of State will publish a public health outcomes framework setting out what we need to achieve to improve and protect the nation's health and to reduce health inequalities.

2.5 Locally, we will empower local leaders to shape their own approach to addressing local needs and tackling the wider problems that undermine health. Through health and wellbeing boards we will ensure that NHS commissioning plans are integrated with and reflect local joint health and wellbeing strategies. We will also ensure that the NHS continues to receive high quality public health advice, whilst encouraging NHS clinicians to use every clinical encounter to promote better public health. Professionals such as health visitors and school nurses will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and leadership in promoting good health and addressing inequalities. The NHS itself will continue to play a key role in improving the population's health, both in the delivery of health care and in using the millions of contacts with individual patients to promote health and wellbeing.

2.6 Throughout civil society and beyond, we will take a new approach to public health by encouraging wider social responsibility, and strengthening self-esteem and confidence, rather than relying solely on the blunt tools of regulation and legislation.

2.7 Supporting the delivery of our public health objectives will be Public Health England, a professional, integrated public health organisation dedicated to promoting evidence-based practice, supporting local public health delivery and protecting the health of the public.

2.8 The vision is for a system that will **reach across and reach out** – addressing the root causes of poor health and wellbeing, reaching out to individuals and families who need the most support, and be:

- **Responsive** – owned by communities and shaped by their needs;
- **Resourced** – with ring-fenced funding and incentives to improve;
- **Rigorous** – professionally-led, focused on evidence, efficient and effective; and
- **Resilient** – strengthening protection against current and future threats to health.

2.9 This is an historic time for public health. We know that a strong public health system is essential to saving lives, and that health and wellbeing are the foundations of a prosperous society. We will have succeeded if, as a nation, we are living longer, and in better health; and if the gap in health between rich and poor is reducing.

2.10 Below we set out how we will establish the elements of the new system.

A system focused on outcomes

2.11 The whole system will be refocused around achieving positive health outcomes for the population, rather than focused on process targets and will not be used to performance manage local areas. Secretary of State will publish a public health outcomes framework which will set the context for the system, from local to national level. The framework will set out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist. These outcomes will require

the collective efforts of all parts of the public health system, and across public services and wider society.

2.12 We received many responses to our consultation on outcomes. There was a widespread welcome for our approach, including the focus on the wider determinants of health combined with many constructive proposals for improving it. We will work with stakeholders to finalise the framework and publish it later in the year. We will also bring further clarity to the alignment across the NHS, public health and adult social care outcome frameworks, whilst recognising the different governance and funding issues that relate to these.

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2.13 We will support local government in their delivery of improved health and wellbeing outcomes for the people and communities they serve. In addition, we will support local authorities by reducing the burden on data collection and costly analysis, as well as supporting local and national transparency and accountability by publishing performance data on local and national progress on public health outcomes in one place.

A locally-led system: local government

2.14 A clear focus on people, places and empowerment is key to achieving change at local level, as local communities are best placed to shape investment to meet local needs. Local authorities are uniquely placed to tackle the wider determinants of health (such as employment, education, environment, housing and transport), and are a natural home for a public health function focused on improving health and wellbeing across the life course.

2.15 During consultation there was concern expressed that the local government role in public health beyond health improvement was not clear. We can confirm that local authorities will have a role across the three domains of public health. The Health and Social Care Bill gives upper tier and unitary local authorities a new duty to take such steps as it considers appropriate for improving the health of the people in its area. We plan to give local authorities new functions through regulations for taking steps to protect the local population's health, and for providing clinical commissioning groups with population health advice. We set out more detail on these points below.

2.16 Local authorities are ideally placed to maximise the opportunities to develop holistic approaches to improve health and wellbeing, embracing the full range of local services for which they are responsible and working with other local agencies such as the police and local employers. Local authorities will be funded to carry out their specific new public health responsibilities through a ring-fenced grant. We consulted on what conditions should be placed on this grant; we have decided that to maximise flexibility we will place only a limited number of conditions on the use of the grant. The core conditions will centre on defining clearly the purpose of the grant, to ensure it is spent on the public health functions for which it has been given, and ensuring a transparent accounting process. We will work with stakeholders to consider if any possible additional conditions might be necessary, although in considering any possible additional conditions we will need to be mindful of the need to maintain local flexibility.

2.17 Wherever possible we plan to delegate commissioning responsibilities to the local level and set out our proposals for commissioning responsibilities in *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health*.

Respondents largely welcomed our proposals and we have decided in most cases to confirm our initial plans. However, concerns were raised around the potential for fragmenting commissioning responsibility across whole programmes or pathways of care and as a result, we are reflecting on the final commissioning route in several areas where particular concerns were raised. Annex A provides more detail about proposed commissioning routes in response to the consultation, and we encourage local services to move forward with planning on this basis.

2.18 In taking forward their commissioning responsibilities local authorities will want to consider the most effective ways of securing health improvement and other public health services. In doing so, local authorities will want to reflect on how they can best involve existing networks of community groups, pharmacies and third sector providers, and develop new relationships and approaches to improving health and wellbeing.

2.19 Wherever possible, we wish to transfer responsibility and power to the local level, allowing local services to be shaped to meet local needs. But there are some circumstances where a greater degree of uniformity is required. With this in mind, the Health and Social Care Bill allows the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken. We consulted on which services should be prescribed in this way. Our decisions have been guided by the following principles. We will require local authorities to deliver or commission particular services where:

- services need to be provided in a universal fashion if they are to be provided at all (this is particularly relevant to health protection, because if certain health protection services are not provided in a universal fashion, or not provided at all, there may be risks to population health and wellbeing);
- the Secretary of State is already under a legal duty to provide a certain service, but in practice intends to delegate this function to local authorities. Mandation will ensure that these obligations are met;
- certain steps that are critical to the effective running of the new public health system.

2.20 Reflecting on the consultation responses and following the above principles, we plan to prescribe that local authorities deliver the following services or steps:

- appropriate access to sexual health services;
- steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population;
- ensuring NHS commissioners receive the public health advice they need;
- the National Child Measurement Programme;
- NHS Health Check assessment;
- elements of the Healthy Child Programme.

2.21 To ensure that we get the detail of the policy right, we will work further with stakeholders on the precise detail of the services to be prescribed in this way. The full list of local authority prescribed functions will be subject to Parliamentary approval when the regulations are made. The Department has given due regard to equality in developing the vision and is carrying out a full equality analysis of the implications to inform and shape final proposals as well as a full impact assessment.

A local community's health advisor - the Director of Public Health

2.22 Our proposals amount to a critical new role for local authorities. In delivering it, they will be supported by the Director of Public Health, who will be ideally placed to embed public health across the work of the authority, acting corporately but exercising the appropriate professional independence where necessary to advocate for the health of the local population.

2.23 We set out an exciting vision for the role of the Director of Public Health in *Healthy Lives, Healthy People.* The vision was welcomed, but concern was expressed during consultation about whether it could be delivered. We can confirm that vision here, and set out below how we will realise the new role for the Director of Public Health. In sum, the Director of Public Health will be:

- the principal adviser on health to elected members and officials[3];
- the officer charged with delivering key new public health functions;
- a statutory member of the health and wellbeing board;
- the author of an annual report on the health of the population.

2.24 She or he will have responsibilities across the three domains of public health, reflecting the responsibilities of local authorities. Thus on health improvement, we expect the Director of Public Health to lead on investment for improving and protecting the health of the population locally, and reducing health inequalities through the way the ring-fenced grant is spent (although accountability for the grant rests with the Chief Executive of the local authority).

2.25 On health protection, we plan to make it a requirement for the local authority to ensure that plans are in place to protect the health of the local population, under regulation-making powers in the Bill. This will ensure that Directors of Public Health have a critical role, working closely with Public Health England at the local level and with the NHS, to ensure appropriate public health responses to the whole spectrum of potential problems, from local incidents and outbreaks to emergencies.[4]

2.26 With regard to population healthcare, Directors of Public Health and their teams will provide public health expertise, advice and analysis to clinical commissioning groups and health and wellbeing boards and (for primary care and other directly commissioned services) to the NHS Commissioning Board. This provision of public health input to NHS commissioning will become a mandated step for local authorities, using regulation-making powers in the Health and Social Care Bill. Public health specialists will also come together with other health and care experts in new clinical senates, hosted by the NHS Commissioning Board, to advise on how to make patient care fit together seamlessly.

2.27 We have heard and recognise concerns about the future qualifications, status and independence of Directors of Public Health. Our response is clear. Directors of Public Health will be employed by local authorities, but the appointment process will be joint with Public Health England, who will be able to ensure that only appropriately qualified

[3] where local authorities have been given new public health functions, the Health and Social Care Bill makes clear that those functions should be exercised by the Director of Public Health.
[4] local authorities will retain existing functions under the Public Health (Control of Disease) Act 1984.

individuals are appointed, and will continue to provide them with professional support and advice. It is a matter for local authorities to determine the precise detail of their own corporate management arrangements, however, given the importance of these new local authority public health functions, the leadership position of the DPH in the local community and the critical health protection functions to be carried out by the DPH on behalf of the local authority, we would expect the DPH to be of Chief Officer status with direct accountability to the Chief Executive for the delivery of local authority public health functions. We will discuss with local government and public health stakeholders how best to ensure that the Director of Public Health has an appropriate status within the local authority, in line with the position of the Directors of Children's Services and Adult Social Services.

A locally-led system: the NHS contribution to public health

2.28 The NHS will continue to have a critical part to play in securing good population health, and will work closely with local authorities to achieve the best possible health outcomes for local people. The NHS role in securing population health outcomes includes:

- the provision of accessible and high quality health care to meet the needs of the local population;
- ensuring that in delivering healthcare the opportunities to have a positive impact on public health are taken;
- delivery of specific population health interventions (e.g. childhood immunisations and national screening programmes);
- the NHS contribution to health protection and emergency response.

2.29 The vital contribution that NHS professionals can make on public health in delivering health care was a clear theme in the Government response to the NHS Future Forum. For example, NHS professionals have millions of contacts with patients every year; using those contacts to provide advice, brief interventions and referral to targeted services can help enormously in supporting people to live healthier and more independent lives. At all levels the public health system will work with the NHS, including to support and encourage GP practices to maximise their impact on improving population health. The Government has already asked the NHS Future Forum to consider further the role of the NHS in improving public health outcomes.

2.30 The NHS will also continue to play an important role in commissioning and providing public health services. While local authorities will become the lead local body for many public health services, where appropriate we will ask the NHS Commissioning Board to commission specific services funded from the public health budget. We set out our plans on commissioning in Annex A.

2.31 Public health professionals have an important role to play in ensuring NHS services are designed to meet the needs of the whole population and are based on the best available evidence. We will ensure that public health advice remains central to NHS commissioning. Above, we have explained that local authorities, through their Directors of Public Health, will provide public health advice to clinical commissioning groups. To support the detailed implementation of this policy, we will engage with stakeholders on the design of the "core public health offer" from local authorities to the NHS, setting out

what support local NHS bodies should expect from the local authority Director of Public Health.

A locally-led system: coordinated by the health and wellbeing board

2.32 Bringing the whole system together at the local level will be health and wellbeing boards. They will maximise opportunities for integration between the NHS, public health and social care, promoting joint commissioning, and driving improvements in the health and wellbeing of the local population. Health and wellbeing boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing strategies, which will in turn set the local framework for commissioning of health care, social care and public health services, and taking into account wider ranging local interventions to support health and wellbeing across the life course (e.g. local planning and leisure policies and working with community safety partnerships and police and crime commissioners).

2.33 As set out in the *Government response to the NHS Future Forum report*, we will give health and wellbeing boards a strong role in leading on local public involvement and we will strengthen the Health and Social Care Bill to make clear that health and wellbeing boards should be involved throughout the process as clinical commissioning groups develop their commissioning plans. Health and wellbeing boards, in considering their membership, will be free to invite other members to sit on the board in order to maximise the gain from health outcomes and align these with employment, welfare and reductions in offending. These representatives might be from local employer organisations, Job Centre Plus, Work Programme Providers, criminal and justice agencies or housing services. Each health and wellbeing board will consider its membership based on local needs and priorities; subject to the minimum mandatory members, the final membership will be up to each board.

2.34 Health and wellbeing boards will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority executive functions. In line with the Localism Bill, local authorities will have greater discretion over how to exercise their health scrutiny powers, and will be able to challenge any proposals for the substantial reconfiguration of NHS services.

A locally-led system: supported by Public Health England

2.35 We cannot expect local authorities to deliver an excellent public health service without the right support and advice. To support and complement expertise provided by Directors of Public Health we will establish a new dedicated, professional public health service - Public Health England. Below we describe in greater detail the functions of Public Health England.

2.36 Public Health England will bring together a fragmented system, strengthen the national response on emergency preparedness and health protection and support public health

delivery across the three domains of public health through information, evidence, surveillance and professional leadership.

2.37 By creating this new integrated public health organisation, we believe Public Health England can develop to be a global leader in translating evidence into practice, and in tackling hitherto intractable problems. Further details of the role and organisation of Public Health England are given in paragraphs (2.45-2.55). In this section we concentrate on how Public Health England will support locally delivered improvements in health.

2.38 Public Health England will support and enable local leaders to promote, protect and improve people's health. It will be a source of information, advice and support for local authorities and clinical commissioning groups as they develop local approaches to improve health and wellbeing. Public Health England will support this local action by:

- generating information on the state of public health in England to support the development of local Joint Strategic Needs Assessments;
- building the evidence base on what works, working with academic researchers and public health practitioners ensuring local areas are able to share best practice and insight and achieve value for money;
- communicating intelligence to local leaders about how best to tackle the public health challenges their population is facing, to support the development of joint health and wellbeing strategies;
- reporting on local government contribution in improving population health outcomes as part of the public health outcomes framework;
- advocacy to promote and encourage action right across society, including by local employers and individuals and families;
- providing robust surveillance and local response capabilities to respond to threats to public health and ensure health is protected.

2.39 Public Health England will provide a focus for the whole public health profession, through leadership, a powerful and authoritative national voice for public health in England, and through provision of surveillance information, evidence and advice. Public Health England will also provide professional support for Directors of Public Health.

2.40 Public Health England will play a particularly key role in health protection: protecting people from hazards including infectious diseases, radiation, chemicals and poisons, and any emergencies caused by these. A concern expressed during consultation was the future arrangements for emergency preparedness, resilience and response: Annex B sets out how we are strengthening the arrangements around emergencies, highlights the clear role for Public Health England and includes the defined route for mobilising NHS and public health services to respond to emergencies.

Clear national leadership

2.41 The system we are introducing is locally-led, but that does not mean there is no central strategic leadership providing the context for that local action. As we noted above, the Secretary of State for Health will provide national leadership, resources and the legislative infrastructure for public health. In particular, he will ensure that central

government provides effective and efficient health protection capability, underpinned by a clear line of sight from the Secretary of State down to the front line, reflecting the core responsibility of government to protect its population. The overall responsibility for ensuring that the health system as a whole is equipped to deliver what is needed to protect and improve the health of the population rests with him.[5]

2.42 The Secretary of State's detailed functions include:

- accounting to Parliament and the public;
- ensuring that the overall health and care system works coherently, efficiently, effectively and economically;
- setting a ring-fenced budget for public health from within the overall health budget;
- setting the direction for Public Health England and the context for local public health efforts;
- leading public health across central government, through the Cabinet Sub-Committee on public health, reflecting the importance of public health as core business and priority across government;
- setting the national public health outcomes framework;
- holding Public Health England to account for its part in delivery;
- leading public health work across civil society and with business and brokering partnerships at national level;
- participating in public health work across the UK with the Devolved Administrations and at European and international levels;
- proposing legislation where this is a necessary and appropriate response; and
- commissioning research for public health through the National Institute for Health Research.

2.43 The Secretary of State is working across Whitehall to ensure that our vision is strategically implemented across government policy. For example, the Department of Energy and Climate Change is developing policies to improve the energy efficiency of Britain's 26 million homes, allowing the health of thousands to benefit from warmer housing.[6]

2.44 The Department of Health will continue to support Secretary of State in the delivery of his functions.

2.45 Public Health England will drive delivery of improved outcomes in health and well-being, and design and maintain systems to protect the population against existing and future threats to health. To achieve this Public Health England will:

[5] Clause 1 of the Health and Social Care Bill now states that that Secretary of State has a duty to promote a comprehensive health service, and a duty to secure the provision of services in accordance with the 2006 NHS Act. These duties cover public health.

[6] The Government's new Green Deal, together with a new Energy Company Obligation, will ensure households can access high quality energy efficiency measures, often at no upfront cost to the consumer. These measures will not only help reduce carbon emissions, but will also help lower-income and vulnerable consumers to heat their homes more affordably, providing better protection from the effects of cold weather and soften the impact of rising energy prices.

- provide leadership and a powerful and authoritative national voice for public health in England;
- create and deploy strong partnerships with the NHS and local government to ensure coordinated delivery of public health outcomes, with resources targeted at the most effective mechanisms ensuring value for money;
- integrate all the domains of public health - health improvement, health protection, and population health services - into a single, expert delivery organisation;
- provide impartial and scientifically rigorous advice to the Government, partners, and the public on public health issues, acting with openness and transparency;
- enable local action to promote and protect health and tackle health inequalities through advice, support and the provision of world-class evidence and intelligence;
- develop and implement innovative approaches to empower individuals and communities to improve health and wellbeing working with partners throughout the public sector and in civil society;
- provide robust and resilient microbiology and health protection services and leading the public health response to emergency preparedness, resilience and response;
- work closely with the Devolved Administrations on UK-wide issues and enter into Memoranda of Understanding for services wherever appropriate, for example, on chemical hazards and radiological protection.

2.46 Public Health England will be established as an integrated public health delivery body. It will bring together in one organisation the public health skills, knowledge and capabilities that are currently distributed across a wide range of health organisations. Those bodies whose functions will in future be the responsibility of Public Health England are listed below - together they currently employ approximately 4500 staff:

- the Health Protection Agency;
- the National Treatment Agency for substance misuse;
- the Regional Directors of Public Health and their teams in the Department of Health and Strategic Health Authorities;
- the regional and specialist Public Health Observatories;
- the Cancer Registries and the National Cancer Intelligence Network;
- the National Screening Committee and Cancer Screening Programmes.

2.47 Giving public health real focus and priority within central government was welcomed by many respondents to the consultations, but there was much concern expressed during the consultations and the Listening Exercise about the possible threat to the independence of scientific advice if Public Health England was simply a part of a Whitehall Department. We know that the credibility of the public health advice given by specialists relies on respect for their professional training and knowledge, and from the integrity and credibility that arises from working for an organisation that can challenge and inform government. We have listened to that feedback and now intend to establish Public Health England as an Executive Agency of the Department of Health, subject to completing the normal government approval processes for establishing new bodies.

2.48 As an Executive Agency, Public Health England will have a distinct identity and a Chief Executive with clear accountability for carrying out its functions. Its status will underline

its responsibility for offering scientifically rigorous and impartial advice. As we design Public Health England we will work closely with stakeholders to ensure that it is focused to offer strong support to Directors of Public Health and their partners in the local system.

2.49 Establishing Public Health England as an Executive Agency will also help protect the external income currently generated by the Health Protection Agency, ensuring best value for the taxpayer.

2.50 Our ambition for Public Health England is to create an internationally renowned public health delivery service based on the highest standards of evidence and professional and scientific advice. Public Health England will be able to build on the recognised expertise within our public health system and use the synergies between the different bodies joining Public Health England to develop an integrated approach to evidence (working alongside NICE) and information and intelligence, ensuring that local authorities, the NHS and Department of Health have the understanding, advice and tools they need to successfully drive improvements in health. As a professional delivery organisation, Public Health England will also be expected to be at the forefront of developing new approaches, such as applying the insights from the behavioural sciences to practical approaches to improving health. Public Health England will work closely with the Devolved Administrations on UK-wide issues and will contribute world-leading science globally, in areas such as dangerous pathogens and incident response.

2.51 Public Health England will have functions that need to be organised and aggregated at different levels to achieve maximum efficiency and this will include having a local presence. The roles Public Health England will play in supporting local delivery were set out in paragraphs 2.35-2.40 of this paper. Public Health England will also support the Department of Health through the provision of professional advice on the state of the public's health, on the effectiveness, and efficiency of interventions and services and on the performance of the whole system including local authorities contribution to the public health outcomes framework. Public Health England will hold the up-to-date evidence on which public health interventions work, and how to deploy them effectively. It will work with both central and local government to enable take up of the most effective interventions and thereby drive improvements in health outcomes.

2.52 At a national level, Public Health England will provide the Secretary of State with a clear line of sight on health protection from national coordination down to local delivery. We set out our principles on preparedness, resilience and response for emergencies and health protection incidents in Annex B.

2.53 Where appropriate Public Health England will commission national campaigns such as Change4Life and other public health interventions to support improvements in health, working closely with policy officials. Our aim is for Public Health England to become a trusted supplier of public health advice to the general public and a powerful agent in supporting the shift to healthier lifestyles.

2.54 Public Health England will work closely with the NHS Commissioning Board to ensure effective approaches are in place for the delivery of the public health outcomes. The NHS Commissioning Board will look to Public Health England to ensure appropriate population health advice is available to the NHS from the public health system.

2.55 We are developing further the detailed accountability relationships between the Department of Health, Public Health England and the NHS Commissioning Board in the new system.

Developing a rich and diverse workforce

2.56 We are working with stakeholders to develop a public health workforce strategy as set out in the White Paper. The focus of the strategy will be on the specialist workforce, but we are clear that public health is everybody's business, so the strategy will be inclusive. It will:

- scope the current situation of public health workforces;
- consider the role and purpose of the public health workforce in the context of the White Paper, '*Healthy lives, healthy people: our strategy for public health in England';*
- examine how best to transform the workforce to meet the challenges and opportunities of the future, but also offer career pathways to those with different entry points;
- set out how to deliver a high quality, sustainable, specialist workforce with the flexibility to move across employment sectors;
- look at the training and education opportunities to support wider public health workforces (such as health visitors, school nurses, many allied health professionals and others) and the relationship between Public Health England and Health Education England;
- consider how best to build on and use workforce data effectively, not least for planning for the future.

2.57 Many respondents to the consultation were understandably concerned about the detailed implications of the changes for terms and conditions of service. The workforce strategy will not make specific proposals for the terms and conditions of service of constituent workforces, which are matters for individual employers and employer groups. But we are responding to the concerns raised by developing a high level HR "concordat" in partnership with the NHS and Local Government Employers on the effective transition of public health staff between the NHS and local authorities.

2.58 Separately, the proposed health and social care reforms will lead, as we have seen, to the creation of a number of new bodies, of which Public Health England is one. Work will continue over the summer 2011 on the development of the Public Health England "People Transition Policy" that will set out the principles applying to the HR and employment processes supporting the transfer of staff into Public Health England.

2.59 Alongside the White Paper, we published Dr. Gabriel Scally's report on the regulation of public health professionals. The Government recognises the strong support in the public health profession for a compulsory statutory regulation system for all public health consultants. The Government agrees, given the critical leadership role that they play in protecting the public from harm, that it is essential that public health consultants have in place an appropriate system to ensure the highest quality of decision making on these issues. The consultation on the public health White Paper and the NHS Future Forum have identified a number of mechanisms through which this might be achieved. In considering the options for such a system, we would welcome further evidence from the profession on significant risks to the public which would necessitate a statutory regime

and which cannot be addressed through other means. This evidence will be considered carefully over the summer with the profession, employers and other interested parties and final proposals will be put forward in the in the autumn.

Financing the public health system

2.60 A fundamental plank of our reform strategy is providing public health with dedicated resources. This will allow us to promote a strategic approach to spend on prevention, recognising that public health is a long-term investment, and that effective spend on prevention will release efficiency savings elsewhere, which can then be used elsewhere in the NHS and cross-government more widely. In the tough financial climate of today, this is a critical commitment to the value of prevention.

2.61 The consultation responses addressing our approach to public health funding have been very useful in shaping our policy. We are continuing work to establish the future size of the ring-fenced public health budget. One part of this will involve continued engagement with the NHS, and increasingly local government partners, to refine assessments of current baseline spending by the NHS on activity, which in future will be funded from the public health budget. This work, and decisions about the portions of the public health budget that would be:

- distributed to local authorities;
- transferred to the NHS Commissioning Board to fund commissioning of specific public health programmes; or
- form the budget of Public Health England itself;

are dependent on ongoing work, including on the final agreement of commissioning responsibilities.

2.62 We are committed to ensuring that local authorities are adequately funded for their new responsibilities and that any additional net burdens will be funded in line with the Government's New Burdens Doctrine[7]. Public health grants to upper tier and unitary local authorities will be made for the first time in 2013-14 and we intend to provide shadow allocations for 2012-13 by the end of this year. The Advisory Committee for Resource Allocation continues to consider what it will recommend as an appropriate allocations formula for the local authority grant. We have considered carefully the consultation responses on the approach to the Health Premium (which will incentivise improvement against a subset of indicators from the public health outcomes framework) and intend to take forward the detailed development of the premium with a group of key partners, including local government, over the coming months, (see paragraph 3.5 below).

[7] The New Burdens Doctrine means that any additional net burdens on local authorities will be fully funded.

3. Next steps: detailed design and implementation of the new public health system

3.1 The previous sections of this document have summarised the responses and issues from the recent consultation exercises and set out our progress in describing a reformed public health system.

3.2 Much has already been achieved. We want to maintain the momentum as we move into operational design and implementation of the new system. We are encouraged by the enthusiasm and commitment to building a new public health system and the progress made by local authorities and PCTs in developing local approaches to implementing the reform agenda.

3.3 In setting out the progress we have made in this document, we have aimed to provide sufficient detail to allow local systems to continue to plan and develop the local relationships that will underpin a successful transition.

Completing the operational design

3.4 In this section we set out the further work we will undertake, with stakeholders, to address the outstanding issues in relation to the operational design of the new public health system and the implementation programme. In setting out what we will do next we aim to reduce uncertainty and build confidence.

3.5 We will produce a series of Public Health Reform Updates through the autumn setting out the details of how the new public health system will operate and preparing for the transition. These Updates will allow us to address the outstanding issues identified earlier in this paper. We expect to produce Updates to cover:

- **The Outcomes Framework**: We will publish details of the Public Health Outcomes Framework and the outcome measures to be adopted to track progress in improving health and wellbeing.
- **The Public Health England Operating Model**: This will set out details of the accountabilities and relationships across the system; the broad structure of Public Health England and how it will drive the delivery of improved health outcomes. Clarity on the role of Public Health England and how it will operate will enable both local bodies, and those bodies whose functions will become part of Public Health England to plan for 2012/13 with confidence that their actions align with the proposals for implementing Public Health England in April 2013.
- **Public Health in local government and the DPH:** This update will address detail of the role of local government and the proposals for regulations to establish their functions in relation to health protection and public health support for the NHS. The

update will address the details of the “core offer” of professional public health support to be made available to the NHS from the DPH and public health team, and finalised commissioning routes.

- **Public Health Funding Regime:** Establishing agreed baselines for public health spend will build confidence in local government and the public health profession. We will continue work to refine local baselines and will go on to set out details of the public health budget and allocations policy, publishing local authority shadow allocations by the end of the year.
- **Workforce:** We are also developing a Workforce Strategy to ensure the development and supply of a professional public health workforce able to meet the challenges of improving 21st century public health. A Strategy Group is in place to achieve this and wider engagement is occurring via the Chair and Public Health England meetings with key stakeholders. We have also heard concerns during the recent listening and consultation exercises on more immediate workforce challenges including terms and conditions and regulation of public health professionals. We will continue to work with local government and public health professionals to consider the evidence and develop proposals to resolve these issues.

3.6 We will continue to work with local government, public health professionals and the wider NHS in developing the proposals for the Public Health Reform Updates. A continuous process of engagement, iteration and development will allow us to rapidly build credible and widely supportable policy and implementation proposals. To assist readers and build confidence we will set out in each update how we have engaged, and the support commanded by the proposals.

Managing the transition

3.7 Outlining the operating model for Public Health England in the autumn will provide a firm basis for implementing the system reforms and managing the transition.

3.8 Subject to Parliament, upper tier and unitary local authorities will take on their new public health responsibilities in April 2013, at which point they will also take responsibility for Directors of Public Health and their functions. Public Health England will be created at the same time, formally taking on the functions of its predecessor bodies. Aligning the start date of Public Health England with that of the local system will create additional time to ensure that we have got the key elements of the new system right, and will reduce the risks of making large-scale organisational change around the time of the Olympic and Paralympic games.

3.9 Ahead of the formal transfer there is much that can be done to build the local relationships and develop local agreements and shadow arrangements to test elements of the new approach to public health. We are encouraging local systems to press ahead and develop locally tailored approaches. The lessons learnt will help smooth the transition locally in

2013 and will be invaluable to the Department of Health as we shape the national framework and for implementation.

3.10 The transition to the new public health system will be a complex task. Some 5000 public health staff work across the 152 Primary Care Trusts and form the cadre of staff which may transfer to local authorities. Currently, a further 4,500 staff work for the bodies, whose functions will in future be the responsibility of Public Health England. We owe it to all those effected by the transition to set out a clear timetable for how we will manage the process, when key decisions will be taken and when the impact on individuals will be known.

3.11 Planning for the transition of public health functions to local authorities is being undertaken locally, under the leadership of the Regional Directors of Public Health. Formal transition plans are to be agreed with the Regional Director of Public Health by March 2012. Ahead of this date we would strongly encourage local authorities and Primary Care Trusts to work together on developing the relationships and joint working that will facilitate a robust transition for April 2013.

3.12 The Public Health England Transition Team in the Department of Health will work with the bodies whose functions will be taken on Public Health England to describe a clear operating model for Public Health England and to manage a robust transition process to April 2013. The Public Health England Transition Team will work with each of the bodies to ensure that business plans for 2012/13 are robust, allow continued delivery of high quality services and ensure that we make progress towards the establishment of Public Health England in April 2013.

3.13 We plan to recruit a Chief Executive for Public Health England to be in post from April 2012. This will allow the Chief Executive to oversee the detailed organisational design of Public Health England and steer the transition process to create Public Health England as a single integrated body.

3.14 To support the transition we are developing a small number of specific transition policy documents to help ensure a robust, consistent process. These include:

- HR Concordat with local government to set out the HR process for the transition from Primary Care Trusts to local government
- People Transition Plan for Public Health England to set out the HR process for the transition into Public Health England
- Workforce strategy: Set out the future planning strategy for workforce development (consult in the autumn).

3.15 Professor Dame Sally Davies (Chief Medical Officer), is the Senior Responsible Officer for this work within the Department of Health, supported by Anita Marsland (Transition Managing Director - Public Health England) and Professor David Harper (Director General Health Improvement and Protection). The Regional Directors of Public Health will

continue to lead the transition in their regions and we will continue to work closely with the Faculty of Public Health, the Association of Directors of Public Health, the Public Health Taskforce, the Local Government Group and other key stakeholders in developing detailed proposals and implementing these reforms.

Annex A: proposed commissioning responsibilities for public health

A.1 *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health* set out proposals for what activity should be funded from the public health budget, and who the principal commissioner might be for that activity.

A.2 Respondents largely supported our proposals, in particular, many local authorities welcomed their new responsibilities for public health. Respondents pointed to the strengths of local authorities commissioning public health services at the heart of communities, building on their knowledge, and tackling the wider determinants of health. We are minded for the most part to move forward on that basis.

A.3 However, we have listened to concerns raised during consultation, particularly around the potential for fragmentation of responsibilities, and are amending our plans accordingly. We have amended our criteria for deciding commissioning routes for public health to take account of concerns raised around fragmentation. In reviewing our proposals, we followed four fundamental principles:

- Effectiveness - getting the biggest positive impact on health;
- Localism - empowering local communities;
- Efficiency - getting the best value for money; and
- Equity and comprehensiveness - reducing health inequalities and increasing fairness in the provision of services.

A.4 In terms of fragmentation of commissioning responsibility, in the areas where concerns were raised, we will:

- ask the NHS Commissioning Board to commission all immunisation programmes, to ensure a single commissioner, but ensure that Directors of Public Health have a defined role in supporting reviewing and challenging delivery of services;
- consider what role Directors of Public Health should have with regard to national screening programmes, which will be commissioned by the NHS Commissioning Board on behalf of Public Health England.

A.5 Our proposal for local authorities to commission comprehensive sexual health services was broadly very well received, but concerns were raised about fragmenting commissioning responsibility if the NHS Commissioning Board was to commission HIV treatment separately from the rest of sexual health services. We consider that it remains appropriate for the NHS to commission HIV treatment alongside its responsibilities for commissioning treatment for other infectious diseases, but will examine ways to ensure that prevention work does not become isolated from treatment services.

A.6 Some consultees expressed concerns about splitting responsibility for commissioning children's public health services from pregnancy to 5 from those for 5-19. In light of these concerns we wish to reflect specifically on the detail of how our proposals should be implemented. In the medium term, we remain committed to transferring commissioning of children's public health services from pregnancy to 5 to local authorities and intend to

complete this in 2015. In the short-term, we believe that the commitment to raise numbers of health visitors by 2015 is best achieved through NHS commissioning and thus will retain our existing proposal that the NHS Commissioning Board should lead commissioning in this area in the short-term. However, we wish to engage further on the detail of the proposals, particularly in respect of transition arrangements and the best way to begin to involve local authorities in local commissioning of these services in partnership with the NHS.

A.7 In addition, we are minded to revise our existing proposals as follows:

- we consider that specialist services for female genital mutilation should be commissioned by the NHS, rather than splitting them from core services;
- we will consider further our proposals for how best to align commissioning responsibility for Sexual Assault Referral Centres with the best possible outcomes following lessons learnt as part of the early implementer programme to transfer police funding for healthcare in police custody to the NHS;
- we think that specialist dental public health expertise should be part of Public Health England rather than local authorities, so as to manage resources more effectively.

A.8 We are reflecting further on where the best place for commissioning responsibility should rest for campaigns around early diagnosis, such as a potential national bowel cancer symptom campaign.

A.9 In consultation, many respondents asked for greater clarity around roles and responsibilities for dealing with health protection incidents and emergencies. Annex B provides more detail on our proposed arrangements.

A.10 In light of the above, and subject to further engagement, the new responsibilities of local authorities would include local activity on:

- tobacco control;
- alcohol and drug misuse services;
- obesity and community nutrition initiatives
- increasing levels of physical activity in the local population
- assessment and lifestyle interventions as part of the NHS Health Check Programme;
- public mental health services;
- dental public health services;
- accidental injury prevention;
- population level interventions to reduce and prevent birth defects;
- behavioural and lifestyle campaigns to prevent cancer and long term conditions;
- local initiatives on workplace health;
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
- comprehensive sexual health services[8];
- local initiatives to reduce excess deaths as a result of seasonal mortality;

[8] To note, this includes testing and treatment for sexually transmitted infections, contraception outside of the GP contract, termination of pregnancy, and sexual health promotion and prevention.

- role in dealing with health protection incidents and emergencies as described in Annex B;
- promotion of community safety, violence prevention and response; and
- local initiatives to tackle social exclusion.

A.11 In addition to their new public health responsibilities, local authorities are ideally placed to maximise the opportunities to develop holistic approaches to improve health and wellbeing, embracing the full range of local services for which they are responsible. For example, Directors of Public Health joining up with Directors of Adult Social Services to commission specific services for older people and those who care for them. Local authorities will also be able to work with other local agencies such as working with local employers or working with local criminal justice and community safety agencies to reduce drug and alcohol dependency and tackling the harmful use of alcohol[9]. They will also be able to tackle wider issues, such as air quality and noise. Funding awarded through the Local Sustainable Transport Fund[10] will enable local authorities to stimulate local growth, at the same time as cutting carbon and delivering other environmental and public health benefits by improving access to employment, shops and other local services through sustainable modes of transport.

A.12 The public health budget will also fund the NHS to commission certain public health services, in light of the above, and subject to further engagement. This includes immunisation programmes, contraception in the GP contract, screening programmes, public health care for those in prison or custody and children's public health services from pregnancy to age 5 (including health visiting). The NHS will also commission and deliver many more interventions that improve public health funded, from within the NHS budget over and above this. For example, public health is a core part of every clinical encounter and many public health outcomes could not be achieved without the ongoing contribution of the NHS, for example, through providing brief interventions in primary and secondary care.

A.13 In carrying out their functions, all commissioners must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not. In practice this means: removing or minimising disadvantages experienced by anyone with a protected characteristic; taking steps to meet the needs of people who share a protected characteristic and those who do not; and encouraging people with a protected characteristic to participate in public where their participation is low. There is also a separate provision which makes it clear that, in terms of disability, there is a need to consider the need to make reasonable adjustments.

A.14 We will ask local authorities, the shadow NHS Commissioning Board (once established) and emerging clinical commissioning groups to plan on the basis of the respective responsibilities set out above, whilst taking further time to engage with stakeholders to ensure we have the detail right in relation to the specific areas of children's public health services (from pregnancy to age 5), the role of Directors of Public Health in supporting the

[9] We will be publishing a cross government alcohol strategy later this year.
[10] http://www.dft.gov.uk/news/press-releases/dft-press-20110705

NHS in commissioning immunisation and screening programmes, and responsibility for promoting early diagnosis.

Annex B: emergency preparedness, resilience and response

B.1 A key challenge for any public health system is ensuring robust arrangements for emergencies, which we discuss here.

B.2 We are strengthening the arrangements for emergency preparedness, resilience and response. There will be clear roles and responsibilities for the Department of Health and Public Health England, Directors of Public Health and the NHS Commissioning Board with a defined route for mobilising NHS and public health services to respond to emergencies.

B.3 The Health and Social Care Bill will update the Secretary of State for Health's powers of direction during an emergency. In addition, new arrangements provide the Secretary of State with a clear line of sight to front line responders through Public Health England and the NHS Commissioning Board.

B.4 The Department of Health will support the Secretary of State in his responsibilities for emergency response. It will represent the health sector in the development of cross-government civil resilience policy and support the UK Government's central response to major emergencies.

B.5 Public Health England will provide public health leadership for emergency preparedness and response and will provide independent scientific and technical advice at all levels. As noted above (paragraph 2.19-2.21), subject to regulations being made, it is intended that, within local authorities, Directors of Public Health will ensure plans are in place to protect the health of their population, working closely with Public Health England local units and NHS organisations.

B.6 In the event of an emergency or incident, the NHS Commissioning Board, at an appropriate level, will lead the NHS response to any emergency that has the potential to impact, or impacts on the delivery of NHS services, or requires the services or assets of the NHS to be mobilised, taking scientific and technical advice from Public Health England.

B.7 NHS-funded units will have clearer obligations to prepare for and respond to emergencies, and providers will be required to collaborate in local multi-agency emergency planning and response activity.

B.8 Joint planning and collaborative working will lie at the heart of the health system's preparedness and response arrangements. Public Health England and the NHS

Commissioning Board will work together at all levels to ensure nationally consistent health emergency preparedness and response capability. Senior leaders will be responsible for emergency preparedness and response in both the NHS Commissioning Board and Public Health England and in the Department of Health. They and their teams will work closely together, aligning with wider Government resilience hubs established by the Department for Communities and Local Government, and the existing Local Resilience Fora that provide the focus of multi-agency planning and response to emergencies. There will be a clear process to develop and test plans based on national and local risks and challenges.

B.9 These new arrangements will be a significant improvement on the current arrangements. For example in a new pandemic, there will be joint plans in place between Public Health England and the NHS for the important testing and data gathering that is essential to understand the nature of the new disease in the early stages. The NHS with Public Health England and local authorities will have joint plans in place to establish antiviral collection points, if needed. Public Health England, as an Executive Agency of the Department of Health (subject to the normal approval process) will be able to provide scientific and technical advice and the NHS will have clearly understood mobilisation plans to respond to the additional pressures on hospitals and primary care services. Throughout an emergency, the Chief Medical Officer, with Public Health England, will provide the Secretary of State with consolidated scientific advice to inform response and resolution and the Department of Health will lead the cross-government response.

B.10 We will manage the transition to this new approach to ensure a continuing robust and effective emergency planning system, including throughout the Olympic period.

B.11 We will engage with key stakeholders over the coming months to consider further the proposed model for health emergencies and incidents based on these principles.

Annex C: Summary of progress against key issues

Key Issues	Progress	Next Steps
Budget/allocations	We are continuing work to establish the future size of the ring-fenced public health budget. One part of this will involve continued engagement with the NHS, and increasingly local government partners, to refine assessments of current baseline spending by the NHS on activity which will in future will be funded from the public health budget.	We will engage with key partners on finalising a baseline on public health expenditure, the methodology for allocating those resources to local authorities, and the detailed development of the Health Premium.
Commissioning responsibilities	Respondents largely supported our commissioning proposals and we plan to continue on that basis with a small number of exceptions listed in Annex A.	We will continue to do further work in a minority of areas where concerns were raised about proposed commissioning routes. For example, working to mitigate against proposed fragmentation of commissioning responsibility in certain areas.
Public health outcomes framework	The majority of respondents welcomed our proposals for the public health outcomes framework.	We will work with stakeholders on the public health outcomes framework.
Independence of Public Health England	In response to concerns raised about the importance of preserving the independence of the Health Protection Agency when part of Public Health England, we have decided to make Public Health England an Executive Agency.	We will follow the normal cross-government approval processes in order to make Public Health England an Executive Agency.
Accountabilities in the system	Subject to Parliament, we have clarified local government responsibilities for health	We will work with key stakeholders to look at the relationship between Public Health England and local

	improvement in primary legislation. We have set out how we intend to give local authorities specific functions in relation to health protection and population healthcare. Initial proposals for Public Health England are set out in the main body of this paper.	government and how they can best work together to secure improved health outcomes for the local population.
Public health advice to the NHS	We will ensure that public health advice remains central to NHS commissioning. Local authorities, through their Directors of Public Health will provide public health advice to Clinical Commissioning Groups. Subject to the passage of the legislation we intend to use the regulation making powers in the Health and Social Care Bill to make the provision of public health advice to clinical commissioning groups a mandated local authority service.	We will engage with stakeholders on the detail of how best to ensure that public health advice remains central to NHS commissioning. This will centre on the design of the “core public health offer” from local authorities to the NHS, including a defined role in supporting the delivery of immunisation and screening programmes.

Regulation of public health professionals	Alongside the White Paper, we published Dr. Gabriel Scally's report on the regulation of public health professionals. The Government recognises the strong support in the public health profession for a compulsory statutory regulation system for all public health consultants. The Government agrees, given the critical leadership role that they play in protecting the public from harm, that it is essential that public health consultants have in place an appropriate system to ensure the highest quality of decision making on these issues. The consultation on the public health White Paper and the NHS Future Forum have identified a number of mechanisms through which this might be achieved.	In considering the options for such a system, we would welcome further evidence from the profession on significant risks to the public which would necessitate a statutory regime and which cannot be addressed through other means. This evidence will be considered carefully over the summer with the profession, employers and other interested parties and final proposals will be put forward in the in the Autumn.
Evidence for public health	Almost all respondents welcomed the opportunities for public health evidence afforded by drawing together the existing complex architecture for information and intelligence. We have brought together a group of leading experts who represent either organisations whose functions will come into Public Health England, or who will be partners for Public Health England. This group has proposed a set of activities that Public Health England will need to conduct in the future to provide evidence and information on public health.	The Information and Intelligence Working Group are continuing their work to ensure Public Health England grasps the opportunities of removing gaps and overlaps in public health evidence through various improvement projects, including: focusing on how Public Health England will strengthen surveillance; securing active knowledge management through a single and accessible web portal for public health; taking a strategic approach to national data requirements for public health; and building on relationships with the NHS and local government to ensure Public Health England provides a responsive service in relation to public health information and intelligence.

Role and status of the Director of Public Health	We have provided more detail on the role of local authorities and what this means for the Director of Public Health who will lead this work locally, with a role across all three domains of public health. We provide more detail on their appointment process.	We will work with stakeholders to define the detailed description of the Director of Public Health role, and how they will work across the local authority and with both the NHS and Public Health England to ensure improvements in the health of the local population. We will discuss with local government and public health stakeholders how best to ensure that the Director of Public Health has an appropriate status within the local authority, in line with the position of the Directors of Children's Services and Adult Social Services.
Terms and conditions of public health staff	We are working with stakeholders to publish a public health workforce strategy. A high level HR "concordat" is being developed in partnership with the NHS and local government Employers on the effective transition of public health staff between the NHS and local authorities. Work is ongoing over the summer 2011 on the development of the Public Health England "People Transition Policy" that will set out the principles applying to the HR and employment processes supporting the transfer of staff into Public Health England.	We will work with stakeholders to consider how we may ensure the workforce and HR policies we put in place can support the aspirations and career development needs of the public health workforce.

Emergency Preparedness, Resilience and Response	In order to address concerns raised over a lack of clarity around roles and responsibilities for dealing with preparedness, resilience and response for emergencies and health protection incidents, we have provided more detail, including key system principles in Annex B of this paper.	We will work to test the arrangements for emergency preparedness, resilience and response.