

The new public health system: summary



What we are trying to achieve

We face significant challenges to the public's health and wellbeing. Rising levels of obesity, misuse of drugs and alcohol, high levels of sexually transmitted infections and continuing threats from infectious disease have a heavy cost in health, life expectancy and a large economic burden through costs to the NHS and lost productivity. Improving public health and wellbeing and developing sustainable services will be a key contribution to meeting the challenges to the public finances.

The Government has an ambitious programme to improve public health through strengthening local action, supporting self-esteem and behavioural changes, promoting healthy choices and changing the environment to support healthier lives. This document provides an overview of these changes and links to more detailed material to support implementation of the reforms.

In summary the reforms will see:

- local authorities taking the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, and ensuring health services effectively promote population health. Local political leadership will be central to making this work
- a new executive agency, Public Health England will:
 - deliver services (health protection, public

health information and intelligence, and services for the public through social marketing and behavioural insight activities)

- lead for public health (by encouraging transparency and accountability, building the evidence base, building relationships promoting public health)
- support the development of the specialist and wider public health workforce (appointing Directors of Public Health with local authorities, supporting excellence in public health practice and bringing together the wider range of public health professionals)
- the NHS will continue to play a full role in providing care, tackling inequalities and ensuring every clinical contact counts
- the Government's Chief Medical Officer will continue to provide independent advice to the Secretary of State for Health and the Government on the population's health
- within Government, the Department of Health will set the legal and policy framework, secure resources and make sure public health is central to the Government's priorities.

The focus will be on outcomes. A new Public Health Outcomes Framework will set out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. Our overall goals will be to increase healthy life expectancy and reduce health inequalities.





The Public Health Outcomes Framework will be published in January 2012 and will be aligned with the NHS Outcomes Framework and the Adult Social Care Outcomes Framework.

Local responsibilities

Local authorities will have a new duty to promote the health of their population. They will also take on key functions in ensuring that robust plans are in place to protect the local population and in providing public health advice to NHS commissioners.

Through the health and wellbeing board they will lead the development of joint strategic needs assessments and joint health and wellbeing strategies, which will provide the means of integrating local commissioning strategies and ensuring a community-wide approach to promoting and protecting the public's health and wellbeing.

Giving local authorities this key role allows action to build on local knowledge and experience and aligns public health responsibility with many of the levers to tackle the wider determinants of health and health inequalities.

To enable them to deliver these new public health functions local authorities will employ Directors of Public Health, who will occupy key leadership positions within the local authority.

The appointment process will be run jointly with Public Health England (on behalf of the Secretary of State for Health) to ensure that the best possible people are appointed to these key positions. Many local authorities have already made joint Director of Public Health appointments, and others are

moving to take delegated responsibility for public health teams ahead of the statutory transfer of responsibility. We continue to encourage such action.

Real improvement will be secured by local authorities putting the public's health into their policies and decisions. However, they will also have responsibilities for commissioning specific public health services and will be supported with a ring-fenced public health grant.

While local authorities will be largely free to determine their own priorities and services, they will be required to provide a small number of mandatory services (sexual health services, NHS health checks, National Child Measurement Programme, providing public health advice to NHS Commissioners and ensuring plans are in place to protect the health of the public).

A ring-fenced public health grant will support local authorities in carrying out their new public health functions. We will make shadow allocations to local authorities for 2012/13 to help them prepare for taking on formal responsibility in 2013/14.

Shadow allocations for local authorities in 2012/13 will be published to support planning for the transition.

How does Public Health England fit in?

Public Health England will be created as a new integrated public health service. It will bring together the national health protection service and nationwide expertise across all three domains of public health. We are setting out the mission and values we expect Public Health England to deliver. Public Health England will be an advocate





for public health – its actions will be based on the highest professional and scientific standards and it will promote a culture of subsidiarity, focused on supporting local action, with national action only where it adds value.

Public Health England will have three key business functions:

1. It will deliver services to protect the public's health through a nationwide integrated health protection service, provide information and intelligence to support local public health services, and support the public in making healthier choices.
2. It will provide leadership to the public health delivery system, promoting transparency and accountability by publishing outcomes, building the evidence base, managing relationships with key partners, and supporting national and international policy and scientific development.
3. It will support the development of the public health workforce, jointly appointing local authority Directors of Public Health, supporting excellence in public health practice and providing a national voice for the profession.

Public Health England will bring together the wide range of public health specialists and bodies into one integrated public health service. Its organisational design will feature:

- a national office including national centres of expertise and hubs that work with the four sectors of the NHS commissioning board
- units that act in support of local authorities in their area
- a distributed network that allows Public Health England to benefit from locating its information and intelligence and quality assurance expertise alongside NHS and

academic partners across the country. Public Health England will be an executive agency of the Department of Health. It will have its own Chief Executive who will have operational independence.

Public Health England will have non-executive directors on its advisory board. The non-executives will support the Chief Executive in his/her role as accounting officer and provide an independent challenge. The Chief Medical Officer will provide independent advice to the Secretary of State for Health on the population's health and on the public health system as a whole, including Public Health England's role within it.

Public Health England's status will depend on its ability to provide high-quality, impartial, scientific and professional advice. To demonstrate its commitment to transparency and the highest professional standards, Public Health England will proactively publish its expert scientific and public health advice on relevant issues, and its advice to professionals and the public.

The NHS still has a role in public health

The NHS will continue to play a key role in improving and protecting the public's health. The provision of health services and ensuring fair access to those services will contribute to improving health and reducing inequalities.

The NHS will also continue to commission specific public health services and will seek to maximise the impact of the NHS in improving the health of the public, making every clinical contact count.

The NHS Future Forum is currently





considering how the NHS can contribute to improving the health of the public. Its interim findings have been published and are available.

The public health workforce

The success of the public health system will depend on harnessing the skills and energies of public health staff and on those staff building the effective relationships needed to make public health part of everyone's core business.

There is a diverse public health workforce, working for a wide range of employers. In managing the transition to the new system we need to ensure all staff are treated fairly and have access to the exciting opportunities to shape a 21st century public health service.

We are working closely with staff representatives and local government to ensure fair and transparent processes, and appropriate terms and conditions. We have published a Human Resources Concordat setting out key principles and will follow this with Local Government Transition Guidance and an initial People Transition Policy for Public Health England. The final People Transition Policy will follow formal agreement to the new terms and conditions.



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Maintaining a vibrant professional public health workforce into the future will underpin the success of the reforms. The workforce strategy will be key to this and will be subject to specific consultation from January 2012.

Making it happen

Subject to the passage of the Health and Social Care Bill, these statutory changes will take place from 1 April 2013. Yet there is much that can be done to implement the reforms through local agreement before April 2013. We encourage all partners to engage actively in delivering the new systems and new ways of working in 2012/13.

There are a number of key milestones for the transition including:

- completion of transition plans for transfer of public health to local authorities – March 2012
- Public Health England's Chief Executive appointed – April 2012
- Public Health England structure agreed – May 2012
- pre-appointment processes complete – October 2012
- formal transfers of statutory responsibilities – 1 April 2013.

We will continue to develop our plans for the public health system in collaboration with our stakeholders and details will be published accordingly.

Stay in contact with our progress in establishing the new system at <http://healthandcare.dh.gov.uk/category/public-health>

