

The new public health system – summary of Department of Health factsheets December 2011

In December 2011 the Government published a series of [factsheets](#) that set out details of how the new public health system will work, subject to the Health and social Care Bill receiving Royal Assent. The factsheets specifically cover public health in local government and the operating model for Public Health England (PHE).

The [summary document](#) published at the same time outlines the roles for

- local authorities
- PHE
- the NHS
- the chief medical officer
- the Department of Health.

This summary for members highlights the main points.

Overview of the summary document

Local authorities will have a duty to promote the health of their population, ensure plans are in place to protect the local population and provide advice to NHS commissioners. Directors of public health will be employed by local authorities, jointly appointed by PHE and local authorities. Local authorities will be mandated to provide:

- sexual health services
- NHS health checks
- National Child Measurement Programme
- public health advice to NHS Commissioners
- ensure plans are in place to protect the health of the public.

Shadow public health budget allocations will be made for 2012/13.

Public Health England (PHE) will promote a culture of subsidiarity focusing on support for local action and national action only where it will add value. PHE will:

1. deliver health protection services
2. lead the public health delivery system
3. support development of the workforce.

PHE will have a national office and four hubs working alongside the NHS Commissioning Board structures and units that will act in support of local authorities.

PHE will have a chief executive who will be operationally independent and non-executives board on its advisory board.

The NHS will continue to play important a public health role through the provision of health services and ensuring fair access to those services. The NHS will also commission specific public health services and seek to increase impact of health services on the public's health by making every clinical contact count.

The chief medical officer will continue to provide advice to the secretary of state on the population's health and the public health system.

The Department of Health will maintain day-to-day contact with the PHE through a departmental sponsor, and the PHE chief executive will report to the Secretary of State for Health (SofS) and Department of Health permanent secretary.

Public health in local government

The December 2011 Department of Health factsheets are summarised below, with links to the full documents on the Department of Health website.

- [Local government leading for public health](#) – emphasises the role of local government as shapers of place and tackling health inequalities. It highlights that close engagement with the NHS is still required in the new system and clear local political leadership is critical to success. Health and well-being should be considered and included in local policies across local government not just public health and local government will need to focus on both mental and physical health and well-being.
- [Local government's new public health functions](#) – include tackling the causes of ill health, and reducing health inequalities, promoting health, health protection and promoting social justice and safer communities. Local authorities will commission quality and safe services and maximise user choice. They will choose which services to prioritise for choice using a diverse provider model according to the Joint Strategic Needs Assessment.
- [The role of the director of public health](#) (DPH) – will be jointly appointed and could be shared with another local authority where that makes sense. Guidance on the appointments process, managing transition and key processes is being developed. DPHs will be listed as statutory chief officers in the Local Government and Housing Act 1989, giving them the same status as directors of children's and adult social services. The DPH will act as the lead officer for health across all local authority business and be accountable to the local authority chief executive and have direct access to elected members.
- [Commissioning responsibilities](#) – provides a list of all public health services local authorities will commission. A consultation on commissioning of abortion services will be launched until this is complete this will continue to be commissioned by the NHS. Commissioning of sexual assault services including referral centres will sit with the NHS Commissioning Board. The Government reiterates that public health services for children under the age of five, including health visiting, will rest with the NHS Commissioning Board as well as the child health information systems. More details are also provided on commissioning sexual health services.
- A lead DPH from within the Local Resilience Forum (LRF) area will coordinate public health inputs into health protection planning and response, PHE will provide health protection services, and the NHS Commissioning Board will appoint a lead director for NHS preparedness and response. The NHS Commissioning Board will be responsible for national screening and immunisation programmes informed and guided by PHE and DPHs. Operational guidance to support incident management will also be produced to support local working relationships between the different organisations.

- Population healthcare advice to the NHS by public health professionals in local authorities is considered different to the advice from commissioning support organisations (CSOs). It is thought that public health teams will provide largely strategic population-level support whereas CSOs will likely focus more on commissioning processes and clinical systems, including analysis of referrals and activity, procurement and business processes. Local authorities could themselves offer a wider range of services. Further consideration is being given to the role of public health advice in supporting the NHS Commissioning Board in its core responsibilities such as primary care.
- [Public health advice to NHS commissioners](#) – will be provided by public health specialists in local government across the different stages of the commissioning cycle:
 - strategic planning – accessing needs, reviewing service provision and deciding priorities
 - procuring services – designing shape and structure of supply, planning capacity and managing demand
 - monitoring and evaluation – supporting patient choice, managing performance and seeking public and patient views.
- [Professional, appraisal and support, and capacity building](#) – medical and non-medical public health specialists will be expected to undergo professional appraisal guided by the Faculty of Public Health. The professional appraisal of public health specialists will link with the managerial appraisal undertaken by local authorities.

Public Health England (PHE) operating model

The December 2011 Department of Health factsheets are summarised below, with links to the full documents on the Department of Health website.

- [Mission and values](#) – PHE’s mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes. PHE will work with partners to: provide the evidence and analysis to enable local government, the NHS, voluntary and other sectors to invest in prevention, health promotion and protection and healthcare services, and to ensure that services are designed and implemented in ways that are beneficial to different groups. PHE will work with partners to ensure the effective supply and deployment of a qualified and expert workforce across the system. PHE will support the system as a whole:
 - local authorities
 - NHS Commissioning Board
 - Government
 - the devolved administrations
 - expert partners worldwide.

- [Functions](#)
 - 1) delivering services – these include specialist public health, intelligence and information services, support to commissioning and delivery of health services and public health programmes and designing and delivering national public health communication and interventions such as the use of social marketing and behaviour insight techniques

 - 2) leading for public health – by encouraging transparency and accountability for national health and well-being outcomes, providing evidence and advice; allocating and deploying its budget effectively and working with partners to build research and the evidence base

 - 3) developing the workforce – PHE will be a high performing organisation with a strong corporate and business development function; it will be able to secure income externally and provide services to the private sector which will fund public health action and foster best practice and sustain a critical mass of expertise.

- [Organisational design](#) – PHE will have a national office including centres of expertise and four hubs to oversee its locally facing services. Local units will deliver the services in support of local authorities and others, although DPHs are the local leaders for public health and provide the core offer to the NHS. In early 2012 the Department of Health will be seeking views on the design of PHE local units. A distributed network for some functions such as information, intelligence and quality assurance will be developed to allow these responsibilities to be located alongside the NHS and academic partners.

- [Status and accountability](#) – PHE will be an executive agency of the Department of Health, and will have the operational autonomy to advise Government, local authorities and the NHS in a professionally independent manner. It will demonstrate its transparency by developing its strategic plans through open challenge, reporting openly, and proactively publishing its expert scientific and public health advice. Its chief executive will be responsible for the day-to-day operations, the accounting officer and report to the permanent secretary of the Department of Health and the Secretary of State (SofS) for Health. The SofS will remain ultimately responsible to Parliament. The chief executive will chair the PHE advisory board, which will include at least three non-executive members. A departmental sponsor will be appointed to provide the day-to-day contact between the Department of Health and PHE. The chief medical officer will continue to advise the SofS and will be supported by a public health advisory forum.
- [Next steps – establishing PHE](#) – it is expected that the chief executive designate will be appointed by April 2012. Approximately 5,000 highly trained and dedicated members of staff within the existing organisations and functions will transfer across into Public Health England in April 2013. The senior posts for PHE will be appointed in summer 2012. Further details of roles will be published in the PHE People transition policy, expected in June 2012. Subject to the Health and Social Care Bill receiving Royal Assent, PHE will assume full powers on 1 April 2013.