Written evidence submitted by Public Health England (PHP0099)

Overview

This evidence for the Health Select Committee inquiry into public health post 2013 – structures, organisation, funding and delivery has been prepared by Public Health England (PHE), the national expert public health body created as part of 1 April 2013 reforms to the public health system.

It is our view that:

- health is about much more than healthcare

- local authorities are uniquely placed to lead efforts to improve health, by tackling the full range of determinants of health. The 2013 reforms rightly recognised this. In establishing PHE the government created an expert body able to provide the evidence, knowledge and professional advice to support local and national leaders, and enable progress in improving health and reducing inequalities

- the new public health system has got off to a good start and is well placed to maintain that progress. Local authorities have shown commitment and imagination in their approach to improving health. PHE has demonstrated its expertise in protecting us from infectious disease and has found its voice in the debate on improving health

- the emerging focus on “place-based” approaches, from devolution, to integration of health and social care to a new focus in NHS planning offer the key to improving health and tackling inequalities over the next few years

- the next few years will bring challenges (finance, new accountability structures), but also substantial opportunities (health and work, embedding and acting on the case for prevention) to make real progress in improving health and tackling health inequalities. PHE will continue to work with local authorities, the NHS, government, the third sector and the business community to secure the best possible improvements
Health is about more than healthcare

1. Good health is much more dependent on how we live our lives (particularly our choices in relation to diet, smoking, alcohol and exercise), the opportunities and chances available to us (education, housing, decent work, supportive relationships, safe supportive communities), and the collective impact of all of this over the entire course of our lives, with getting a good start in life and successfully managing key transitions, such as into adulthood being particularly crucial to lifelong good health and wellbeing.

2. The evidence for this is clear. The Global Burden of Disease study shows that life expectancy has increased, but people are living longer with diseases. With known risk factors accounting for nearly 40% of years lived in ill health, there are real opportunities to reduce preventable disease. The leading risks are suboptimal diet, tobacco and high body mass index. Sir Michael Marmot laid out the evidence for the wider determinants of health in his report *Fair Society, Healthy Lives* making clear the importance of getting a good start in life, decent work, healthy and sustainable places and communities.

The 2013 reforms to the public health system recognised the wider drivers of health

3. The 2013 reforms to the public health system recognised these wider drivers of good health and wellbeing. The statutory duty to improve the health of the population was given to upper tier local authorities. Directors of public health and their teams transferred from primary care trusts to upper tier local authorities to provide the professional workforce to support local authorities, including a requirement to provide public health advice to the local clinical commissioning groups. A ring-fenced public health grant was provided to local authorities for the primary purpose of improving health.

4. The transition was completed in October this year with the transfer of responsibility for 0-5 services to local authorities.
5. PHE was created to provide a single national expert body, bringing together a wide range of public health bodies and functions. The agency fulfils four functions: to protect the public’s health; to secure improvements to the public’s health; to play a key role in improving population health through sustainable health and care services; and to ensure the public health system maintains the capability and capacity to tackle today’s public health challenges and is prepared for the emerging challenges of the future.

6. The NHS continues to play an important role, from commissioning and delivering immunisation and screening programmes, through the provision of healthier environments for patients, visitors and staff, to the impact of healthcare itself. The NHS has a powerful voice in the debate about health, and can have real influence over decisions of policy makers and individuals alike.

The new public health system got off to a good start and is maintaining progress

7. The National Audit Office (NAO) and the Public Accounts Committee looked at the operation of the public health system last year. They concluded that while it was too early to assess value for money, the new system had got off to a good start, and made a series of recommendations to secure further progress. PHE is actively addressing these recommendations and we have made significant strides with our strategy to influence other government departments and in how we organise ourselves to best support local authorities.

8. PHE believes we have continued to see good progress across the public health system, locally and nationally. Local authorities have introduced a wide range of innovative approaches to improving public health outcomes, including:

- **Essex** – Jobcentre Plus and Essex County Council have collaborated to train staff in Jobcentre Plus to deliver healthy lifestyle advice and signposting clients to local services – including provision of psychological therapy services at Jobcentre Plus locations

- **Wolverhampton** – a “call to action” to cover one million miles and shed one million pounds across the city to tackle obesity is bringing together public sector, businesses and community groups working across the traditional boundaries of transport, leisure, education, health etc
- **Wigan** – development of three integrated care programmes about health and wellbeing for children and well people (Start Well), adults of working age (Live Well) and older people (Age Well), which combined universal and targeted public health services

9. This story of good progress is also supported by the aggregated outcomes data we collect and publish nationally:

- overall performance by local authorities and the NHS has remained broadly consistent across a wide range of measures including immunisation and vaccination programmes, most cancer and non-cancer screening programmes

- in some areas we have seen significant improvements since local authorities assumed their responsibilities for improving public health. For example our published data shows that local authorities have made year-on-year improvements in the number of NHS Health Checks offered and received, with an additional 100,000 people benefiting from these checks in 2014/15 compared to the previous year

- there are a small number of areas of current performance where we have concerns. The coverage of cervical cancer screening continues to fall. This is a continuation of a ten-year trend that predates the reforms. We are working with NHS England to explore possible means to address this. While 97% of adults have access to drug and alcohol treatment within three weeks we are concerned by the slight drop in the numbers of people in treatment recovering from drug addiction. While PHE has had success in working to improve performance in a group of 39 local authorities we are looking at how we can replicate these successes across the country

10. Local authorities have maintained spending on a wide range of public health services (see Figure 1), and through its financial audit of PHE, the NAO concluded: “Public health grant spending by local authorities is appropriately monitored by PHE, with sufficient evidence over the regularity of these payments obtained.”
11. Local authorities have also made progress in ensuring substantive directors of public health are in post. At 86% the proportion of director of public health posts substantively filled is higher than that achieved in 2010 (84%) (see Figure 2). This is a visible output of the substantial effort the Department of Health, PHE and the Local Government Association have put into workforce development. PHE has created a suite of development programmes working with partners from across the health and care system. These programmes focus on developing the skills needed for a more devolved, localised and integrated health and care system, and range from programmes to develop systems leaders across a local economy to the Future Directors programme, which aims to develop public health professionals capable of taking on director of public health roles. PHE is also supporting development of public health staff who work with the NHS and has recently commissioned further work on behalf of the system to augment current training for those supporting NHS England and clinical commissioning groups.
12. We also believe that PHE has made an impact nationally. We consider the evidence shows that we have “found our voice” and would point to:

- we co-developed the **NHS 5 Year Forward View** with the five other arms-length bodies with a leadership role across the NHS. Its call to get serious about prevention is a significant step forward

- we have played a significant role in advancing the debate on the need to reduce **sugar consumption and tackle obesity**. From the Scientific Advisory Committee on Nutrition’s science and recommendations to cut sugar consumption to PHE’s review of the effective measures to cut sugar, we have provided the evidence to frame the debate

- our review of **electronic cigarettes (e-cigarettes)** clearly sets out the compelling evidence that they are less harmful than smoking, are a useful aid in quitting and that there is no evidence of them acting as a “gateway” to smoking, helping the public understand relative risk, and professionals to operate on the basis of the evidence

13. Our role in protecting the public from infectious disease and other environmental threats is different in that we run a significant frontline clinical service, to respond to local disease outbreaks and serious incidents. Medical specialists are supported by
epidemiologists and regional public health microbiology teams. These networks link with the national public health science functions – national and international epidemiology, reference microbiology and specialist chemical, radiation and environmental science. In the Spending Review the government approved the capital plans to integrate most of these specialist functions into the public health Science Hub in Harlow. The Overseas Development Assistance Strategy also announced the establishment of an international rapid response force that will be based in PHE and respond to emerging international threats to health. Having an integrated national service provides the nation with the resilience and capability to respond to anything from local outbreaks, to a national pandemic or an international threat to global health security which has the potential for a major impact on the UK.

14. We have demonstrated our capability to respond to health protection threats including:

- **Ebola** – where over 100 of our staff provided on the ground expertise, advice and a laboratory service to help Sierra Leone respond to the crisis. Our staff also provided screening at UK ports of entry and in monitoring contacts following cases in the UK, providing vital reassurance to the public

- the 2013/14 **floods** – where we provided professional public health advice to local and national emergency response committees and our innovative syndromic surveillance tools allowed us to provide daily updates on the risk of waterborne disease by interrogating GP records in the affected areas

- **antimicrobial resistance (AMR)** – where we have established world-leading surveillance tools, advised on NHS quality initiatives and provided constantly updated advice on appropriate prescribing to GPs and hospital clinicians according to the most recent patterns in resistance

15. In PHE we have taken significant steps to develop as an organisation, improving our efficiency and effectiveness. Examples include:

- **developing our science and research.** We deliver quality evidence through partnership with leading universities in 13 National Institute for Health Research health protection research units; we managed rigorous external review of our own research activities and in 2014/15 we achieved over £22m external research funding and almost 700 peer reviewed publications

- we have secured outline business cases approval for our proposed **Science Hub** in Harlow. We will relocate the majority of science, knowledge and intelligence and headquarter functions to the Science Hub, creating a world-class integrated
public health science facility that provides state of the art infrastructure and enhances our capabilities in genomics and bioinformatics

- we have spun out our development and production facility to create **Porton Biopharma, a company wholly owned by the Secretary of State**, to allow it to better exploit the available commercial opportunities. This builds on our record of income generation – we currently earn over £170m of external income that minimises our call on the taxpayer, while we also support UK economic growth and the life sciences sector

- we have built on the experience of the public health observatories and the existing disease registration services to provide an integrated national service that has continued to produce high quality intelligence tools and products as well as two new intelligence networks (covering cardiovascular and mental health), a healthcare variations and value programme, and a national rare diseases register

- we have invested in our health economics capability to allow us to meet the clear demand from local authorities and the NHS for better evidence and tools relating to the return on investment of public health interventions and the business case for prevention

- we have taken action to ensure we are delivering value for money, and able to make our contribution to the financial reductions across the public sector. Our Securing Our Future programme aimed at delivering more and better for less has already delivered efficiency savings of over £100m per annum (around ¼ of our net operating budget), while still meeting our key deliverables and performance targets. Further planned efficiencies of 10% in 2016/17 will allow us to make good progress in delivering against the government’s spending review.

16. There are areas where further progress still needs to be made. The most significant of these are:

- **workforce mobility** – PHE remains committed to a thriving professional public health workforce, capable of moving between organisations and developing the breadth of experience required for the demanding leadership roles we expect them to play. The inability to recognise continuity of service for staff moving between local authorities, the NHS and PHE continues to be a barrier to mobility

- **data-sharing** – new legal and governance controls designed to safeguard personal data have made data sharing for public health more difficult since 2013. PHE has successfully argued the case for provision of record-level anonymous healthcare data to local government, but the data is only now starting to flow, and
data sharing continues to be considerable threat to the effectiveness of the local and national public health system

The emerging ‘place based’ agenda is very encouraging

17. PHE is very optimistic about the potential of the emerging focus on place-based solutions to improve public health. We believe that it is only by bringing together the full range of actors in a local area, public, business, community groups and individuals that we will make progress on tackling the determinants of health. We need local integration to go beyond health and social care and public health professionals have a key role in articulating the potential for integration to drive improved health and wellbeing, and in leading the development of integrated approaches in their local areas.

18. We have been strong and visible supporters of devolution, we have an agreed memorandum of understanding with Greater Manchester to formalise our support and commitment. We welcome the additional devolution deals and will continue to work with ‘devo’ areas to help them take advantage of the unique opportunity they have to improve the health and wellbeing of their people.

19. We are working with the other national NHS arms-length bodies to move the NHS planning process to a multi-year, place-based approach. This creates the opportunity to align NHS and local authority efforts, promote integration and early intervention, and improve health and wellbeing.

Challenges and opportunities ahead

20. The next few years will bring challenges, but also substantial opportunities to make real progress in improving health and tackling health inequalities. Key issues will include:

- **managing the financial position** – no reductions in funding are welcome. However, we believe the 9.6% cash reductions in the public health grant over the next five years, announced in the spending review, are manageable. Local authorities have a demonstrable record of getting more for less and PHE will support local authorities in this task using our intelligence and expertise. Of
course improving the public’s health is not just about the size of the public health grant, but how we use all our resources to support health improvement and build resilient communities

- **embedding the case for prevention** – PHE will continue to work with local authorities and the NHS to turn the commonly held view that “prevention is better than cure” into a clear business case for prevention to enable more local authorities to back preventative measures

- **health and work** – we understand how important work is to health. In the next few years the challenge is to turn this into action. Ensuring employers, including the NHS, do what they can to support the health of their workforce. Working with the Department for Work and Pensions, the Department of Health and the NHS to help those people out of work for health reasons to overcome their health difficulties and return to work

- **deepening commitment to act on prevention**, including government action – we have made significant progress in raising the profile of prevention, and this needs to be translated into action. In some areas, such as tobacco control, we have seen a willingness to use the full range of available measures and have seen significant success. We will need similar commitment if we are to tackle other key public health challenges such as obesity. PHE continues to work with the government on its Childhood Obesity Strategy, which we hope will make a significant contribution. This is not only a challenge for government, but society more broadly – employers, manufacturers, retailers and schools all have a part to play in helping create a healthier environment and supporting each of us to take healthier decisions

Revising the **accountability framework for public health** as we move away from a ring-fenced grant and potentially to funding from retained business rates. While the current system based on a ring-fenced grant and the PHE chief executive as accounting officer for the grant has worked well, a move to retained business rates will require a new approach. PHE will work with the Department of Health, the Department for Communities and Local Government, local authorities and others to help develop a new framework that retains transparency over the outcomes achieved but recognises the local leadership and accountability for improving the public’s health.

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