

Public Health England's Operating Model

Factsheets

Mission and values



From its establishment in April 2013, Public Health England will be the authoritative national voice and expert service provider for public health.

Mission

Public Health England's overall mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes.

It will do this in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing expert advice and services and showing national leadership for the public health system.

Purpose

Public Health England will work with partners across the public health system and in wider society to:

- deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework
- lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health.

Role

Public Health England will work with its partners to provide expert evidence and

intelligence, and the cost-benefit analysis that will enable local government, the NHS, and the voluntary, community and social enterprise sector, among others, to:

- invest effectively in prevention and health promotion so that people can live healthier lives and there is reduced demand on health and social care services, as well as on the criminal justice system
- protect the public by providing a comprehensive range of health protection services
- commission and deliver safe and effective healthcare services and public health programmes across the whole lifecourse and across care pathways; from prevention through to treatment, from children's services to mental health and wellbeing, substance misuse services, screening programmes and older people's services
- ensure interventions and services are designed and implemented in ways that meet the needs of different groups in society advancing equality of opportunity between protected groups¹ and others, and reducing inequalities.

A transformed public health system will rely on a strong and capable workforce, building on the core professionalism and high standards of current practice while working in new ways and with new partners. Public Health England will work with partners to ensure the effective supply and deployment of a qualified and expert workforce across the system and to provide professional support for those working in public health specialisms.





The organisation will harness its experience, intelligence and evidence base to promote transparency and improvement in performance across the public health system, and to provide impartial and expert advice to policy makers across Government on the best operational means to achieve public health goals.

Ways of working

Working with local government

The transformed public health system will be built on local action. Local authorities, supported by their Directors of Public Health, are the local leaders for public health. Public Health England will not duplicate the work that they do. Instead, Public Health England will be the expert body with the specialist skills to support the system as a whole. Public Health England will carry out functions and activities that would not be practicable to replicate in each local authority. Public Health England will support local authorities in their new role by providing services, expertise, information and advice in a way that is responsive to local needs. It will support local authorities to ensure action taken is on the basis of best available evidence of what works.

Working with the NHS Commissioning Board

Public Health England will provide a public health service to the NHS Commissioning Board to support the commissioning and delivery of health and wellbeing services and programmes. Public Health England will be providing public health and population healthcare advice to the NHS Commissioning Board. It will work with the NHS Commissioning Board to ensure that

the prevention of ill health and promotion of good physical and mental health and wellbeing are addressed systematically across services and care pathways.

As recommended by the NHS Future Forum in its November 2011 interim letter, further work will be done in 2012 to establish and publish the arrangements of how Public Health England and the NHS Commissioning Board will work together. This will set out how NHS commissioners can obtain population health advice from Public Health England and how both organisations will be accountable for performing their roles effectively and in partnership.

Working with Government

Public Health England will be an executive agency of the Department of Health, and its Chief Executive will be accountable, both to the Permanent Secretary and the Secretary of State for Health, for its performance and strategic development. This operational independence will allow Public Health England to provide impartial, evidence-based information to Government departments, and support the Chief Medical Officer in providing cross-Government public health advice.

Working with the devolved administrations

Public Health England will be able to coordinate nationwide action where necessary, including working with the devolved administrations to tackle nationwide threats to health from infectious disease, radiation, chemicals and other health hazards, and to enable effective UK-wide emergency preparedness, resilience and response arrangements.





Working with expert partners worldwide

Existing and emerging challenges to health need innovation and an increasingly global approach. Public Health England will:

- work with partners in academia and across the public health system in the UK and internationally to identify, understand and develop approaches to tackling new and emerging threats to health
- have a strong practical focus on fostering innovation, and on evaluating and disseminating effective practice from learning across the system to protect and improve health
- develop and draw on new behavioural science techniques, and use these to implement new approaches to support the public to make healthier choices
- work in strong partnership with the public health workforce.

Functions

Public Health England will achieve its aims through a wide range of activities, working with partners across and beyond the public health system. Public Health England will have three main business functions:

1. Delivering services to national and local government, the NHS and the public.
2. Leading for public health.
3. Supporting the development of the specialist and wider public health workforce.

Culture and values

Public Health England will need to develop its culture and values, and the Chief Executive designate and senior team

Produced: December 2011

Gateway reference: 16912

© Crown copyright 2011

Produced by the Department of Health

www.dh.gov.uk/publications

will lead this process during the transition to the new organisation in 2012/13.

Public Health England will demonstrate:

- advocacy for public health, across all of its work for quality improvements and greater positive population health effects of healthcare and social care services
- a culture of subsidiarity, focused on support for local accountability and action and commitment to adding genuine value through its nationwide activity
- clear focus on its goals of improving and protecting health and wellbeing, and reducing inequalities
- commitment to open, respectful and constructive partnership working across the public health system, recognising and valuing the roles and expertise of others
- scientific and analytical rigour, dedicated to providing impartial and objective advice, evidence and expert judgement and taking action on the basis of the best available evidence
- a forward-looking, flexible and innovative approach, constantly seeking to develop new ways of tackling challenges, and harnessing learning from different sectors and countries
- transparency and accountability in the way it delivers all its functions
- valuing its people, with an inclusive culture and commitment to equality and to fair opportunities for all to progress
- strong financial discipline, with value for money and cost-benefit analysis at the heart of its services and operations, and commercial expertise to enable generation of income from its activities where appropriate, to offset the costs of its operations.

¹ There are nine protected groups in Equalities and Human Rights Legislation. These are age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Functions



Public Health England will carry out nationwide and specialist functions for public health. Locally public health will be led by local authorities.

Functions

Public Health England's three main functions will be:

1. Delivering services to national and local government, the NHS and the public.
2. Leading for public health.
3. Supporting the development of the specialist and wider public health workforce.

Function 1: Delivering services

Public Health England will:

- deliver specialist public health services to national and local government, the NHS and the public, working in partnership to protect the public against infectious diseases, minimise the health impact from hazards, and provide national leadership and coordination of the public health response to the emergency preparedness, resilience and response system¹
- deliver an information and intelligence service to support effective action, locally and nationally, to promote and protect health and wellbeing, prevent illness, advance equality, tackle inequalities and improve public health outcomes
- support the commissioning and delivery of effective health and care services and public health programmes by the NHS and local authorities through public health

advice, analysis, service specifications, evidence and best practice dissemination, as appropriate

- design and deliver nationwide communications and interventions to support the public to protect and improve their health, including use of social marketing and behavioural insight techniques.

Function 2: Leading for public health

Public Health England's second function covers activities across the whole public health system and supports health ministers, the Department of Health and the Chief Medical Officer in working across government on public health issues.

Public Health England will:

- encourage transparency and accountability across the system by publishing information on local and national health and wellbeing outcomes, and supporting improvement action
- support public health policy development through evidence and advice on the best operational means to achieve strategic goals
- allocate and deploy its budget and manage relationships effectively to support effective and integrated public health delivery across the system
- work with partners to build the evidence base from research and experience about what works in improving and protecting health and wellbeing; narrowing health





inequalities and advancing equality; and promote and evaluate innovation

- act for public health science and delivery on the international stage.

Function 3: Developing the workforce

Public Health England will support the development of the specialist and wider public health workforce.

Corporate activities

Public Health England will need to prove itself as a high-performing organisation and make efficient and effective use of all its resources to deliver high performance and value for money.

To deliver this, Public Health England will need a range of strong corporate, business support and development functions to support its activities and staff, including business development functions to harness opportunities for generating external income.

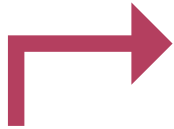
Where corporate services can be delivered more effectively and efficiently Public Health England will pursue shared services.

Public Health England will be able to secure income from the sources currently open to the organisations coming into it, and will provide services to the private sector as customers.

This will provide income to fund public health action, foster best practice, promote innovation, ensure efficient and cost-effective operations and help to sustain critical mass of expertise to support innovation and attract research funding.

¹ More work will take place in the coming months to develop operational guidance for the system-wide emergency preparedness, resilience and response model, including exploring how Public Health England and local government will work together to protect the health of local populations.

Organisational design



The Chief Executive designate for Public Health England will lead work on the organisation's full design in 2012/13.

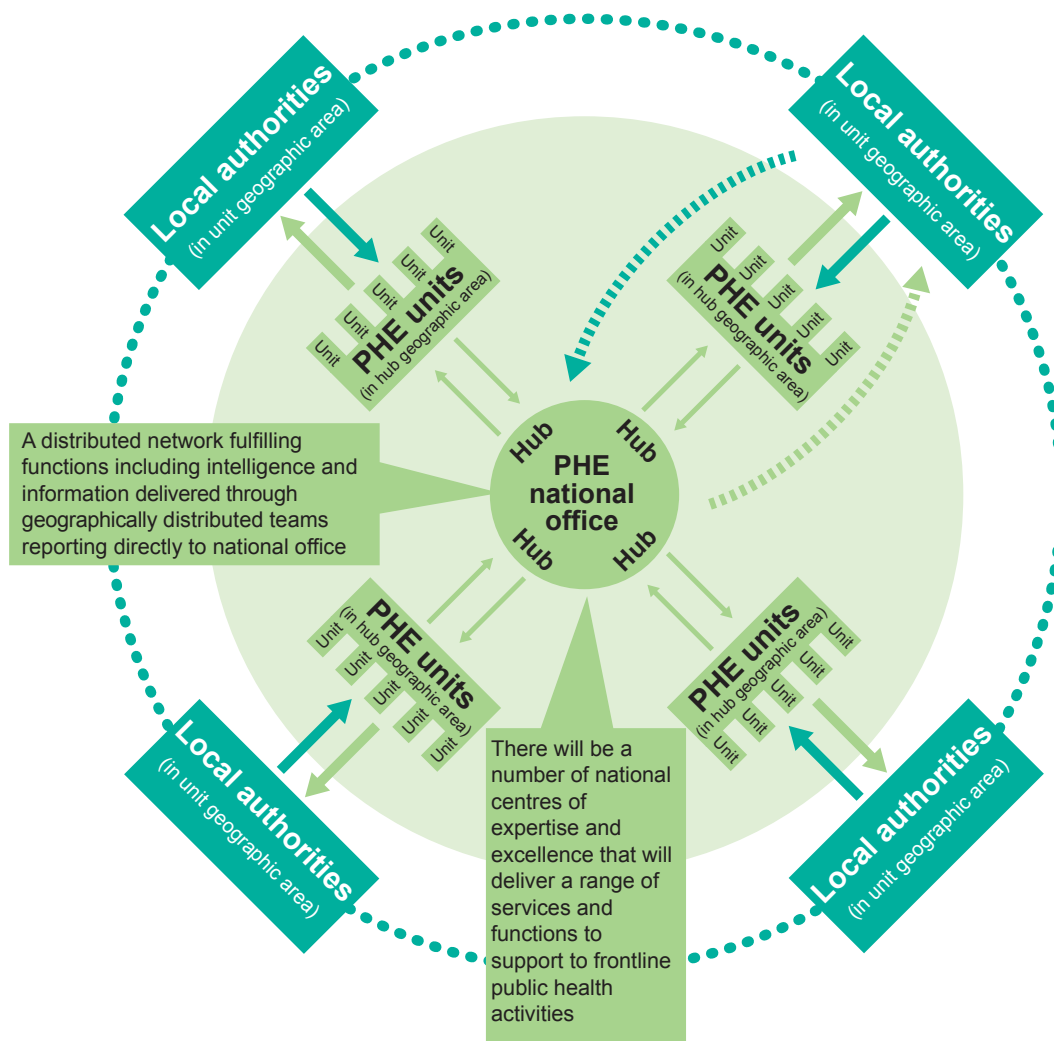
We expect Public Health England's structure will have three elements:

1. A national office including national centres of expertise and four hubs that oversee its locally facing services.
2. Units that deliver its locally facing services and act in support of local

authorities, other organisations and the public in their area.

3. A distributed network for some functions including information and intelligence, and quality assurance functions, to allow them to be located alongside the NHS and academic partners.

The diagram below provides an overview of how each of these elements of Public Health England's structure will fit together.





National office

Public Health England's senior management team will be based in a national office. The national office will act as the service centre for the organisation and provide national leadership, strategic direction and support the overall integration and coordination of the public health system.

The national activities will also include national centres of expertise and excellence for public health and four hubs that will oversee the delivery of its locally facing services.

National centres of expertise and excellence

The current public health system relies on a number of centres that concentrate professional, scientific and analytical expertise in order to deliver a range of services and functions to support frontline public health activities.

Public Health England will build on current arrangements to develop the centres of excellence to support its work across all the domains of public health, ensuring that all parts of the new public health system, partner organisations and the devolved administrations benefit from the centres' expertise.

Hubs

The effective delivery of some Public Health England functions will rely on the leadership and coordination of the work of its units and their partners in the local public health delivery system.

This could not be carried out effectively from a single national office. So Public Health England will distribute a small number of national office functions across geographical hubs, which will be part of the national office and act within a national framework. There will be four hubs that are coterminous with the four sectors of the NHS Commissioning Board and Department for Communities and Local Government resilience hubs, covering London, the South of England, Midlands and East of England and North of England.

For each of these areas the hubs will:

- ensure that Public Health England's emergency preparedness, resilience and response plans are in place
- ensure that high-quality public health and healthcare advice, including for screening, immunisation and specialised services commissioning, is available to the NHS Commissioning Board
- assure the quality and consistency of all services delivered by the units, ensuring that they are responsive to local government
- support transparency and accountability across the system, including managing strategic discussions with partners in relation to achievement of public health outcomes
- offer professional support to Directors of Public Health in local authorities.

Units

Directors of Public Health are the local leaders for public health and provide a core offer to the NHS. Alongside this, Public Health England will deploy expert and specialist advice capacity at a level that allows it to understand and respond to local needs and support local leaders





to tackle the challenges they face. When appropriate, units will provide coordination across several local authorities in managing incidents and outbreaks.

Public Health England's units will develop from the 25 current health protection units of the Health Protection Agency. The units' main areas of work will be to:

- deliver services and advice to local government, the NHS, other local organisations and the public, and work in partnership to protect the public against infectious diseases, minimise the health impact from hazards, involving the national centres when appropriate
- make an effective contribution to the emergency preparedness, resilience and response system
- support effective local action to promote and protect health and wellbeing and tackle inequalities, including through providing or facilitating access to data and intelligence and evidence on best practice.

Further work on units' design

Early in 2012 we will be seeking the views of local authorities, health and wellbeing board early implementers and local partners on how Public Health England can best prove its responsiveness and expert contribution to localities.



Produced: December 2011

Gateway reference: 16912

© Crown copyright 2011
Produced by the Department of Health
www.dh.gov.uk/publications

We will be keen to consider how:

1. Public Health England might contribute information and advice to the independent report of the Director of Public Health.
2. Directors of Public Health and Public Health England can work together to determine the contribution of Public Health England to health and wellbeing boards.
3. Public Health England should organise its working relationships with NHS clinical commissioning groups, clinical senates and providers.
4. The annual work programme for Public Health England can best be informed by:
 - locally specific and relevant indicators
 - any 'cross-local authority' priorities that have been identified as being delivered more effectively in a collaborative way
 - national priorities as expressed in the various outcomes frameworks
 - national priorities set by Government.

A distributed network

Some of Public Health England's functions, including its quality assurance and information and intelligence functions, will be repeated and consistent across the country but dependent on strong local relationships.

Some national functions will be provided through geographically distributed arms of Public Health England that are accountable to the national office.

Others will be replicated in a consistent fashion across the country and focus on supporting the interpretation and use of information and intelligence by the local public health system.

Detailed assessment of the case and leadership for replicated functions is under way.

Status and accountability



Status

Public Health England 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.

Public Health England will operate transparently and will provide Government, public health professionals and the public with expert, evidence-based information and advice.

As an executive agency it will be operationally independent. It will demonstrate its transparency through:

- developing its strategic plans through open challenge and review, involving local government, the NHS and the public
- reporting openly on its level of achievement against the specific performance measures set by Government, and on its contribution to the achievement of improvements against the Public Health Outcomes Framework
- proactively publishing its expert scientific and public health advice on relevant issues and its advice to professionals and the public.

Accountability

When Public Health England is established in April 2013, its Chief Executive will:

- be responsible for the day-to-day

operations of Public Health England, including responsibility for delivering its services to a high level

- be the Accounting Officer for the agency, and ensure that processes are in place to ensure the appropriate use of public funds
- report to the Permanent Secretary of the Department of Health.

The Secretary of State for Health will remain ultimately responsible to Parliament for the delivery of the functions for which Public Health England is responsible.

In addition to the reporting structure through the Permanent Secretary, the Chief Executive will be accountable to the Secretary of State for Health and they will meet at least annually to discuss the performance and strategic development of Public Health England.

Governance

The Chief Executive will establish an advisory board to provide external challenge and expertise. This will advise on the running and ongoing development of Public Health England.

Our current intention is that the Chief Executive will chair the Board, which will include at least three non-executive members who will provide independent advice and support.

We expect the non-executive members will





have relevant experience in public health, local government and the voluntary and community or private sector in order to provide a broad range of experience and challenge.

One of the non-executive directors will also chair the agency's audit and risk committee.

The Department of Health will set the legal and policy framework, and secure resources for the public health system, including Public Health England.

The Permanent Secretary will appoint a Departmental Sponsor for Public Health England who will provide the day-to-day contact between the Department of Health and the agency.

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.

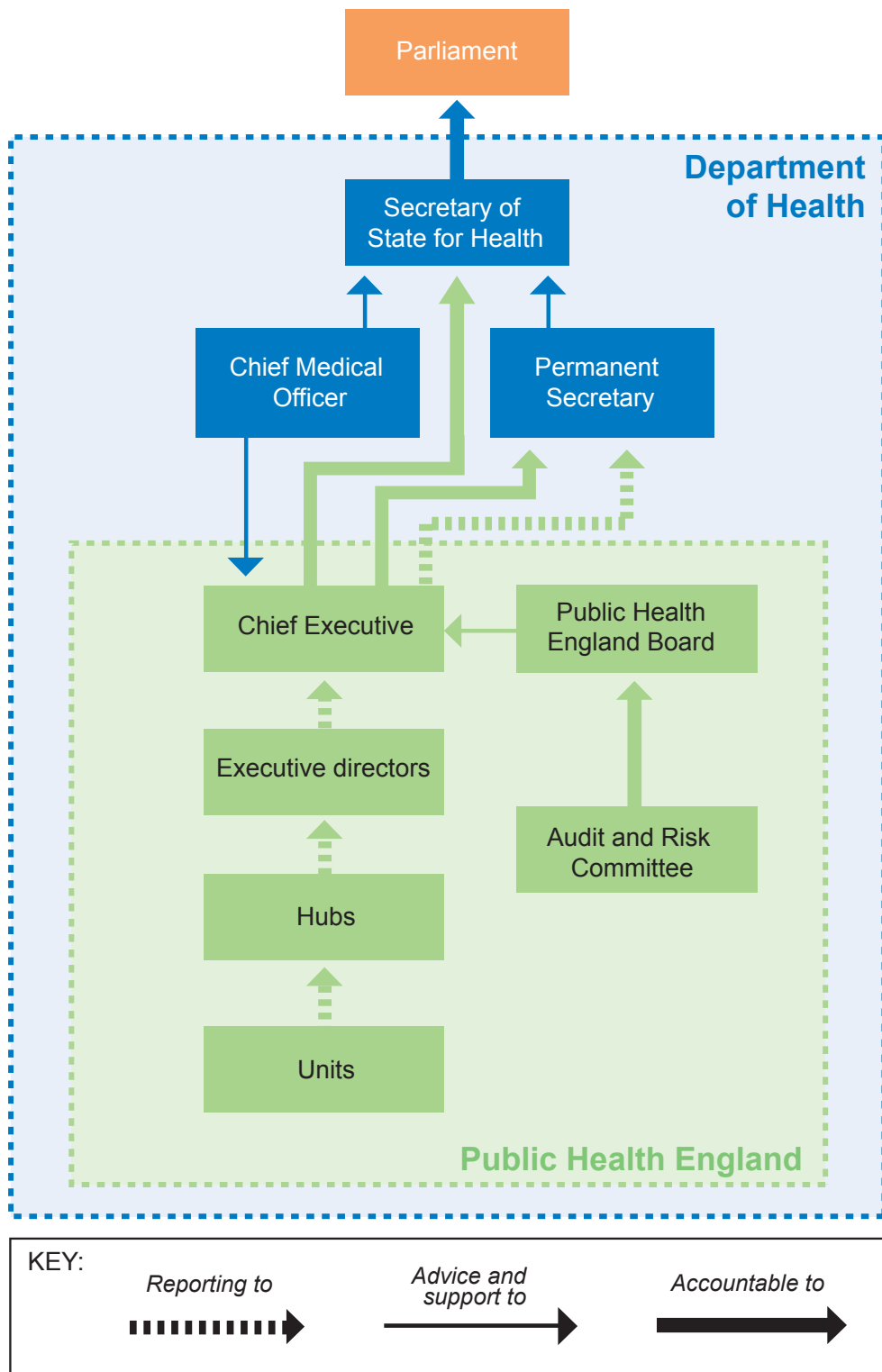
The Chief Medical Officer will be supported in this role by a Public Health Advisory Forum. This will bring together expert professionals and leading partners to assist the Chief Medical Officer in providing quality advice and challenge on public health policy and implementation, including areas such as the Public Health Outcomes Framework.

The diagram shown on the following page sets out the accountability and governance structure for Public Health England that will support its operational freedom.

We will continue to listen closely to the views of stakeholders as we develop our detailed plans for Public Health England.



Public Health England's Operating Model: Status and accountability



Produced: December 2011

Gateway reference: 16912

© Crown copyright 2011
 Produced by the Department of Health
www.dh.gov.uk/publications

Next steps – establishing Public Health England



Appointing Public Health England's leadership team

Getting the right people to lead the new Public Health England is critical and the work to establish Public Health England begins now.

We expect to appoint a Chief Executive designate in April 2012 in advance of the organisation starting its operations to manage the transition process, and to further develop and implement the operating model for Public Health England through 2012/13.

The Chief Executive designate will then wish to appoint the senior team.

Transition plans for the Public Health England workforce

We have identified approximately 5,000 highly trained and dedicated members of staff within the existing organisations and functions that will transfer across into Public Health England in April 2013. We will negotiate specific terms and conditions that meet the Civil Service Code¹ but retain the flexibilities from NHS terms and conditions.

The expertise and professionalism of this workforce will prove a valuable asset for Public Health England.

Staff from a range of specialist organisations are coming together to form Public Health England:

- Health Protection Agency staff including scientists, doctors, nurses, technicians, emergency planners, analysts and administrators, who identify and respond to health hazards and emergencies caused by infectious disease, hazardous chemicals, poisons or radiation
- National Treatment Agency for Substance Misuse staff including clinicians, analysts and experienced drug treatment workers and commissioners from a variety of backgrounds across the health, social care, criminal justice and substance misuse fields, who improve the availability, capacity and effectiveness of drug treatment in England
- Department of Health staff, including public health practitioners, whose functions are expected to transfer to Public Health England
- public health staff working in strategic health authorities who currently lead a range of functions including health protection, health improvement and screening, which are expected to transfer to Public Health England
- the regional and specialist public health observatories whose staff produce information, data and intelligence on people's health and healthcare for practitioners, policy makers and the wider community
- the cancer registries and the National





Cancer Intelligence Network whose staff are responsible for the collection, analysis, interpretation and dissemination of population-based cancer data

- the National End of Life Care Intelligence Network whose staff aim to improve the collection and analysis of information related to the quality of care provided to adults reaching the end of life to support the improvement of services
- NHS Screening Programmes whose staff lead and support screening programmes in England
- the UK National Screening Committee which is responsible for providing advice on screening to the UK countries
- the quality assurance reference centres whose staff aim to maintain standards in the cancer screening programmes while supporting excellence
- public health staff working in primary care trusts whose functions are expected to transfer to Public Health England including consultants in dental public health who work with a range of partners to improve oral health and ensure patient safety and improved quality in dentistry
- public health staff working in specialised Commissioning Groups who support the effective commissioning of specialised services, and the optimal use of healthcare resources.

Once the final phases of Public Health England's design are completed in the

summer of 2012, we will identify the posts that will be needed before Public Health England is established and we will start the process of appointing to them in line with equalities legislation.

This stage will be called the pre-transfer appointment process. We will seek to offer staff as much detail about this process as we can as soon as we can.

We expect a significant majority of staff to be transferred to Public Health England, continuing the roles they currently fulfil.

Confirmation of the full details of the people transfer process will be published in June 2012, as part of the Public Health England People Transition Policy.

The pre-transfer appointment process will then run from July to October 2012 to match existing posts to Public Health England's new establishment.

Our transition milestones for establishing Public Health England are shown in the table on the following page.

¹ The Constitutional Reform and Governance Act 2010 includes provisions relating to the Civil Service. It places the Civil Service values on a statutory footing and includes the publication of a Civil Service Code. More information: www.civilservice.gov.uk/about/values





Transition milestones for establishing Public Health England	
January 2012	<p>Building Public Health England People Transition Policy document published, outlining the high-level process for filling posts, the process for senior appointment and the progress on partnership working</p> <p>Public Health England's running costs and budgets confirmed</p>
June 2012	Full People Transition Policy published with terms and conditions
July to October 2012	<p>Confirmation of employment pools for transfers, and redeployments available</p> <p>Pre-transfer appointment process to match existing posts to new Public Health England establishment</p>
October 2012	Consultation with all staff and trade unions on the transfer process
December 2012 to March 2013	Review and agree Public Health England People Transition Policy for phase two of transfers and appointments
1 April 2013	Public Health England assumes full powers ¹
¹ Subject to the Health and Social Care Bill receiving Royal Assent	



Produced: December 2011
Gateway reference: 16912