

20 June 2011



Gateway reference: 16237

Richmond House
79 Whitehall
London
SW1A 2NS

TO:

All Directors of Public Health in England
All Regional Directors of Public Health in England
Chief Executive, HPA
Chief Executive, NTA
Public Health Observatories
Cancer Registries

CC:

All Chief Executives in Primary Care Trusts in England
All Chief Executives in Strategic Health Authorities in England
All Chief Executives in NHS Trusts in England
All Chief Executives in NHS Foundation Trusts in England,
All Chairs in NHS Trusts in England,
All Chairs in Primary Care Trusts in England,
All Chairs in NHS Foundation Trusts in England,
All Chairs in Strategic Health Authorities in England
All Chief Executives in Local Authorities in England
Monitor
Care Quality Commission
Public Health Task Force
NICE

Dear colleague,

PUBLIC HEALTH SYSTEM REFORM

Last week, the NHS Future Forum made its recommendations to the Prime Minister, Deputy Prime Minister and the Secretary of State. Ministers have accepted all of the core recommendations in the report, and the Government's full response was published today. We are writing to set out the implications of this for the reform of the public health system and the next steps in the transition.

The Future Forum report emphasised the powerful message that public health is everyone's business. The process of listening and engagement over the last few months has demonstrated considerable support for the core principles underpinning the planned changes in the public health system. The need for a strengthened public health system both at national and local level was clearly recognised. The move of public health services into local authorities, involving the critical role of the director of public health, was widely welcomed.

Measures to strengthen public health reforms

The Forum's report made a number of key recommendations to strengthen and improve the effectiveness of the reforms. Subject to passage of the Health and Social Care Bill, the future direction of policy announced by Ministers includes:

- Public health involvement in commissioning: the Government has agreed with the Future Forum that commissioning requires input from a wide range of professionals, including public health. Health and wellbeing boards will have a stronger role in promoting joint commissioning and integrating care across the NHS, public health and social care.
- Clinical advice and leadership: Local clinical senates (hosted by the NHS Commissioning Board) will be set up to bring together a range of healthcare professionals, including public health, to give clinical leadership and expert advice for commissioning.
- Independent public health advice: At the national level, the Future Forum endorsed the importance of building a strong, integrated public health service. They emphasised, however, the critical importance of staff in the new body being able to give independent scientific advice and to enjoy the trust and confidence of the public. The Government has therefore announced its intention that, subject to the usual approvals procedures for creating new bodies, Public Health England will be established as an executive agency of the Department of Health. As an agency, Public Health England will be a distinct organisation headed by a chief executive with clear accountability for carrying out its functions. Its status will underline its responsibility for offering scientifically rigorous and impartial advice. We will also continue to work closely with stakeholders on how best to ensure the continued independence of directors of public health and the level of support they will need from Public Health England and other sources.
- Education and training: the Future Forum emphasised the need to proceed carefully with changes to the health education system. It offered broad support for the core elements of the new education system, emphasising the importance of safe transition to provide stability and continuity of education programmes and service delivery, but said that further work is needed to develop detailed proposals. To ensure a safe and robust transition for the education and training system, deaneries will continue to oversee the training of junior doctors and dentists and we will give them a clear home within the NHS family.
- Information and intelligence: The Forum recommended that the work of Public Health Observatories should be reviewed and built on to support clinical commissioning groups and networks. Public Health Observatories' existing functions will therefore be brought together with information and intelligence roles of other bodies such as the National Treatment Agency in Public Health England.

The Government's full response to the NHS Future Forum report is available here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444

Timetable

The Future Forum also considered the timetable for the reforms to the different parts of the system. It made a number of recommendations, emphasising the importance of maintaining safe, high quality care throughout the transition. The Government has

considered these and set out an approach that includes phasing of some reforms, allowing the new system to be built over time.

Subject to passage of the Bill, the date for local authorities to assume their new public health responsibilities remains unchanged, at April 2013, following abolition of PCTs. Public Health England and the other new national bodies will now also take up their full accountability and financial responsibilities from April 2013.

SHAs will remain in their current statutory roles for the whole of 2012/13. However, maintaining the necessary capacity and capability across ten bodies in the whole of this period will be a major challenge. The Department has therefore decided to create four clusters of SHAs with single executive teams. This will consolidate leadership capacity while maintaining ten separate statutory units. The intention is that the SHA clusters will be in place by October 2011. Implications for public health staff in SHAs and DH regional public health groups will be considered as part of this, with plans developed alongside the timetable for SHA changes. Regional directors of public health continue with their responsibilities for the local and regional public health transition.

Aligning changes in this way avoids changing accountability arrangements during the financial year, and offers a more stable platform for transition. This will also facilitate the NHS, the Health Protection Agency and their partners in local government to maintain coordinated and robust health protection and emergency response arrangements during the period in which the Olympic Games take place.

Managing transition

We recognise that the extension to the original timetable for creation of Public Health England, as well as the changes to the SHA timetable, will bring some challenges and create further uncertainty for staff affected. We are committed to keeping all of you involved in the new public health system informed and, importantly, engaged in developing the remaining elements of the reforms.

It will be important for us all to work together to ensure that pace is not lost during this period and that safe high quality services are maintained. Although a number of features of the new system, including levels of funding for local authorities, are still to be determined, we expect PCT cluster chief executives and local authority chief executives to be progressing the development of shared plans for the transition. 2012/13 provides excellent opportunities to develop and test new approaches across the system, including working with clinical commissioning groups, early implementer health and wellbeing boards and involving council members in public health.

Progress is continuing on HR transition plans to support the reforms. The HR Transition Framework, due to be published shortly, will be used to guide all transfer, selection and appointment activities across the entire NHS reform programme. The framework has been developed in collaboration and agreed with employers and union representatives from the NHS, the DH and arms length bodies. The principles and guidance it sets out will apply to individual People Transition Policies for each new organisation, including Public Health England. Alongside this, we aim to publish the Public Health England people transition policy in the autumn, looking at specific issues for staff moving from existing bodies into PHE.

Work is also underway on a 'Concordat', which will be developed between the NHS, DH and local government. The Concordat will cover the principles relating to the

transfer, selection and appointment processes affecting public health staff moving to local authorities.

All these HR tools share the common aims of helping to ensure that all staff affected by reforms are treated fairly and consistently, alongside ensuring that the new parts of the public health system are established as exciting and rewarding places to work at the forefront of best practice.

Next steps

The dedication and commitment of the entire public health community in continuing to deliver the day-to-day services is vital through the coming reform period.

We are committed to engaging closely with everyone in the current and future public health community to co-produce a strong effective and integrated public health system. We look forward to continuing to work with you.

A handwritten signature in black ink, appearing to read 'Sally Davies', with a stylized flourish at the end.

Dame Sally Davies
Chief Medical Officer

A handwritten signature in black ink, appearing to read 'Anita Marsland', written in a cursive style.

Anita Marsland
Transition Managing Director, Public Health England