**Gateway reference: 15755**

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*
*020 7210 2818*
anita.marsland@dh.gsi.gov.uk

**TO:**
All Directors of Public Health in England
All Chief Executives in Primary Care Trusts in England
All Chief Executives in Strategic Health Authorities in England

**CC:**
All Regional Directors of Public Health 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
Health Protection Agency
National Treatment Agency
Public Health Observatories
Public Health Task Force
NICE

17 March 2011

Dear Colleague

**PUBLIC HEALTH ENGLAND**

I am writing to let you know about progress in the development of Public Health England (PHE) and to keep you informed of the arrangements that I have put in place to ensure we take full advantage of the opportunity before us for public health. I recognise this is the next phase as we move into implementation, building on the good work done so far. The key issue is the need to secure collectively the aspirations we all have in the establishment of PHE.

This is the first communication in what will be a series as PHE develops and this letter outlines:

- the members of the Transition Executive Team and the timeline of major milestones between now and April 2013;
- the work started on Public Health Workforce and the transition from current roles to PHE;
- the broad responsibilities of the Health and Wellbeing Boards;
- the outline roles and work being taken forward by Regional Directors of Public Health (RDsPH) in 2011/12; and
- the implications of PCT clustering.

Of course issues will need to be addressed in sequence and there is still a great deal to be done. Some of this work rightly needs to be done in partnership with colleagues across the health and care and local government system.

PHE will be part of the Department of Health and will be responsible for delivery of improvements in public health outcomes, working closely with local authorities and other partners. PHE and local authorities will jointly appoint Directors of Public Health (DsPH) who will be responsible for the health of their local populations. Their role within local government will include ensuring that all decision makers locally understand public health issues. I therefore see this as an excellent opportunity to ensure we develop this critical joint working between central government, the present public health system and local authorities.

**The Transition Executive Team**

The membership of the Transition Executive Team to support the creation of PHE and the transfer of public health functions to Local Authorities is listed in Appendix A. You will see that this includes significant partners with the aim to develop a single conversation with local government. This team is working closely with David Harper, Director General, Health Improvement & Protection Directorate; David Behan, Director General for Social Care, Local Government and Care Partnerships; and with Professor Dame Sally Davies, the Chief Medical Officer.

As well as creating PHE, we are also reforming the wider public health delivery system. This means making clear where responsibility for policy development, commissioning and provision of the full range of public health functions will sit, including the statutory ones. The Transition Executive Team described above and informed by the Regional Directors of Public Health is guiding this work. In addition, a newly established implementation team will deliver the milestones within the initial roadmap to 2013. In broad terms the indicative timeline is as follows:

**April 2011**

- Develop a draft accountability framework to define formally the relationship between the Department of Health and Public Health England
- Develop a draft operating model for PHE

**Between April- October 2011**

- Establish the structure for taking forward the financial, commissioning and relationship flows between PHE and the rest of the Health and Care system including working relationships with Local Authorities
- Appoint a Chief Operating Officer and designate new senior leadership team for PHE

**By Aug 2011**

- Complete structure definition to enable staff mapping

**Between Summer 2011 – April 2012**

- Formal consultation with Trades Unions, staff and then plan and map staff into new structure, including all parts of PHE – HPA; NTA; Public Health Observatories; Cancer Registries; Regional Public Health Groups; Department of Health policy staff; National Screening Committee, taking account of indicative budgets for 2012/13

**April 2012**

- Staff migrate into the new structure
- PHE will take on full responsibilities, budgets and powers
- Shadow Local Authority budgets

**April 2013**

- Public Health budgets allocated directly to Local Authorities

**Public Health Workforce**

The Public Health White paper, *Healthy Lives, Healthy People,* recognises the importance of having an effective, highly trained and professionally skilled Public Health workforce.

Public Health England will be part of the Department of Health. It will incorporate functions from the HPA and the NTA, and the bringing in of the functions of the Public Health Observatories and cancer registries into the Department of Health, under the PHE umbrella. Linked to this, we will need to ensure the successful transition of public health to Local Authorities, along with the transfer of employment of PCT Directors of Public Health to those Local Authorities.

Where each and every public health professional will work in the future is yet to be determined but you will be aware that SHAs and PCTs are currently undertaking their first mapping exercise to give some indication of where this may be. There is detailed HR work being undertaken for public health professionals receiving expert input from Dr Yvonne Doyle, RDPH for the South East. In addition, for colleagues in the HPA and the NTA, we have started work on the implications of their transfer and the road map needed to ensure a smooth progress.

**Health and Wellbeing Boards**

Health and Wellbeing Boards have great potential to focus upon local health inequalities through addressing the broader determinants of health and wellbeing, with a focus on place and population, as well as improving evidence based prevention and health and social care services for individuals. The responsibilities of the Health and Wellbeing Board will be broader than public health, but the role of public health will be critical to their success, as Health and Wellbeing Boards develop. I am very pleased that in the Department of Health we have aligned the governance arrangements for the development of Health and Wellbeing Boards between the Health Improvement and Protection Directorate and the Social Care, Local Government and Care Partnerships Directorate. You will be aware of David Behan's letter inviting Local Authority Chief Executives to consider putting themselves forward to be early implementers for Health and Wellbeing Boards, and we expect the majority of Local Authorities to have shadow Health and Wellbeing Boards in place by October 2011. During this period, it is important that you continue to remain focused on your public health role and continue the evolution of JSNAs through the year so that Health and Wellbeing Boards are in a position to develop well-informed local Health and Wellbeing Strategies for shadow Health and Wellbeing Boards later this year. David Behan has recently appointed John Wilderspin, PCT Chief Executive, to lead the work on the transition to Health and Wellbeing Boards.

**Role of SHAs in 2011/12: Regional Directors of Public Health**

It has been made clear both by David Nicholson and in *Healthy Lives, Healthy People* that the Regional Directors of Public Health are responsible for transition of Public Health in its current form to its future form in their areas. They also have an important role working with the Department of Health to advise upon the creation of Public Health England and PH transition to LAs.

There are three key areas in which RDsPH are presently involved. These include:

- the national public health workstream lead responsibilities, which cover: health protection; emergency planning; information and intelligence; the NHS Commissioning Board and QIPP; screening and quality assurance; health improvement; cross government issues; and professional leadership;
- establishing robust transition arrangements and providing assurance for the transfer of core public health functions including health protection and emergency planning; and
- ensuring a continued point of contact and communication on PHE establishment and professional public health transition & implementation issues.

The workstream leads for these areas are listed at Appendix B.

In addition, David Nicholson and the NHS Leadership team have embarked upon a series of Assurance visits for each Strategic Health Authority to assess progress of the NHS Reforms. Each RDPH will be responsible for ensuring the transition of Public Health to Local Authorities for their area and progress will be assessed during these visits.

**PCT Clustering**

Existing PCT boards remain statutorily responsible for Public Health until 2013 and cluster Chief Executives together with Local Authority CEOs should develop a joint governance plan for Public Health to be in place by June 2011.

As part of their overall responsibility during the transition period Regional Directors of Public Health will be seeking this assurance from their respective PCT clusters.

You will be aware that the guidance for the formation of PCT Cluster Executive Teams does not include Directors of Public Health. This reflects the future role of Directors of Public Health in Local Authorities and the crucial role they will play in local transfer arrangements and the development of their local Health and Wellbeing Board**.** It is expected that different models will emerge for how public health will work with clusters as the clusters develop. I recognise the benefits of allowing local flexibility to determine safe and effective working arrangements. However, it is imperative that robust systems are put in place to ensure that PCT cluster Chief Executives and their Executive Teams are fully cognisant of the public health responsibilities they retain and act accordingly. This includes the requirement to have governance systems and management functions that enable each PCT DPH to fulfil their Executive Director function and Public Health advisory role for the relevant PCT until such time formal transfers of responsibilities take place.

**Summary**

The future success of Public Health England and the wider Public Health system is in our hands to design and you can contribute to this through the current consultations on *Healthy Lives, Healthy People*, through working with your RDPH and through contributing to the DPH Advisory Group, which has been so helpful in advising the Department to date. The consultation period closes on 31st March 2011.

I recognise that this is a period of uncertainty for the professional Public Health workforce but I would like to conclude by stating that this workforce is central to the successful development of Public Health England and the wider Public Health system.

Best wishes

**Anita Marsland**
**Transition Managing Director, Public Health England**
**Department of Health**

**APPENDIX A**

**Public Health England Transition Executive Team Membership**

| | |
|---|---|
| Anita Marsland | Transition Managing Director, Public Health England and Chair of the group |
| Chris Bull | Chief Executive, Herefordshire Council |
| Justin McCracken | Chief Executive, Health Protection Agency |
| Paul Hayes | Chief Executive, National Treatment Agency |
| Ruth Hussey | Regional Director for Public Health, North West |
| Steve Field | GP and Chair, National Health Inclusion Board |
| Yvonne Doyle | Regional Director for Public Health, South East Coast |
| Andrew Larter | Deputy Director, Local Government and Care Partnerships Directorate |
| Rosemary Marr | Deputy Director, Health Improvement and Protection Directorate Operational Delivery team |
| Darele Angwin | Head Public Health England Programme Office |
| Steve Manning | Private Secretary to Anita Marsland and Secretariat |

**APPENDIX B**

**The national Public Health workstream lead responsibilities are as follows:**

| | |
|---|---|
| Health Protection | Rashmi Shukla |
| Emergency Planning | Simon Tanner & Rashmi Shukla |
| Information and Intelligence | John Newton |
| NHSCB /QIPP | Paul Johnstone |
| Screening and QA | David Walker |
| Health Improvement Policy | Anne McConville |
| Cross Government | Ruth Hussey |
| Professional Leadership | Gabriel Scally |
| Workforce Strategy | Yvonne Doyle |