



Public Health
England

Protecting and improving the nation's health

Strategic plan for the next four years: Better outcomes by 2020

Withdrawn September 2019

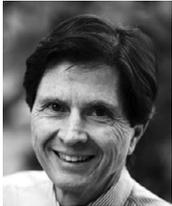
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Introduction from Chair and Chief Executive



David Heymann
Chair



Duncan Selbie
Chief Executive

Public health is about creating the conditions in which people can live healthy lives for as long as possible.

Three years since the establishment of Public Health England and the start of a locally-led public health system there is already a good deal to be proud of. The system continues to evolve but the essential structures are now established, linking people's health to the place where they live. Local authorities are showing that they are best placed to lead on improving the public's health and the NHS is stepping up to the plate on prevention.

There has also been national action of international significance, including the government's intention to legislate on standardised packs for tobacco, banning smoking in cars where children are present, and crucially, taking action on child obesity and the sugar levy.

We have also continued to develop our unique capabilities in science, knowledge and research; protecting the UK public from infectious disease

and environmental hazards at home and abroad. Our specialist products and services generate over £160m of external income each year helping to keep PHE at the cutting edge of public health science, supporting UK life sciences and maximising value for the taxpayer.

However, there is much to be done and the most obvious task is addressing the inequality of health outcomes between the most and the least disadvantaged people in England. This is an economic challenge as well as a moral one.

Those living in the most deprived communities experience poorer mental health, higher rates of smoking and greater levels of obesity than the more affluent. Life expectancy for a man born in the most affluent area of the country is more than nine years longer than for someone born in the most deprived.

Good health and well-being are about more than healthcare. A good start in life, education, decent work and housing and strong, supportive relationships all play their part.

Economic prosperity is integral to closing the health gap. It can create jobs for local people, bring benefits to their children, help their family to stay well and as people get older, help them to live at home for longer. Good health is also a product of the decisions we make about what we consume and the way we live our lives.

It is time to look beyond the national level statistics and explore how we can adapt our tried and tested methods to improve the health of the most vulnerable and the most disadvantaged.

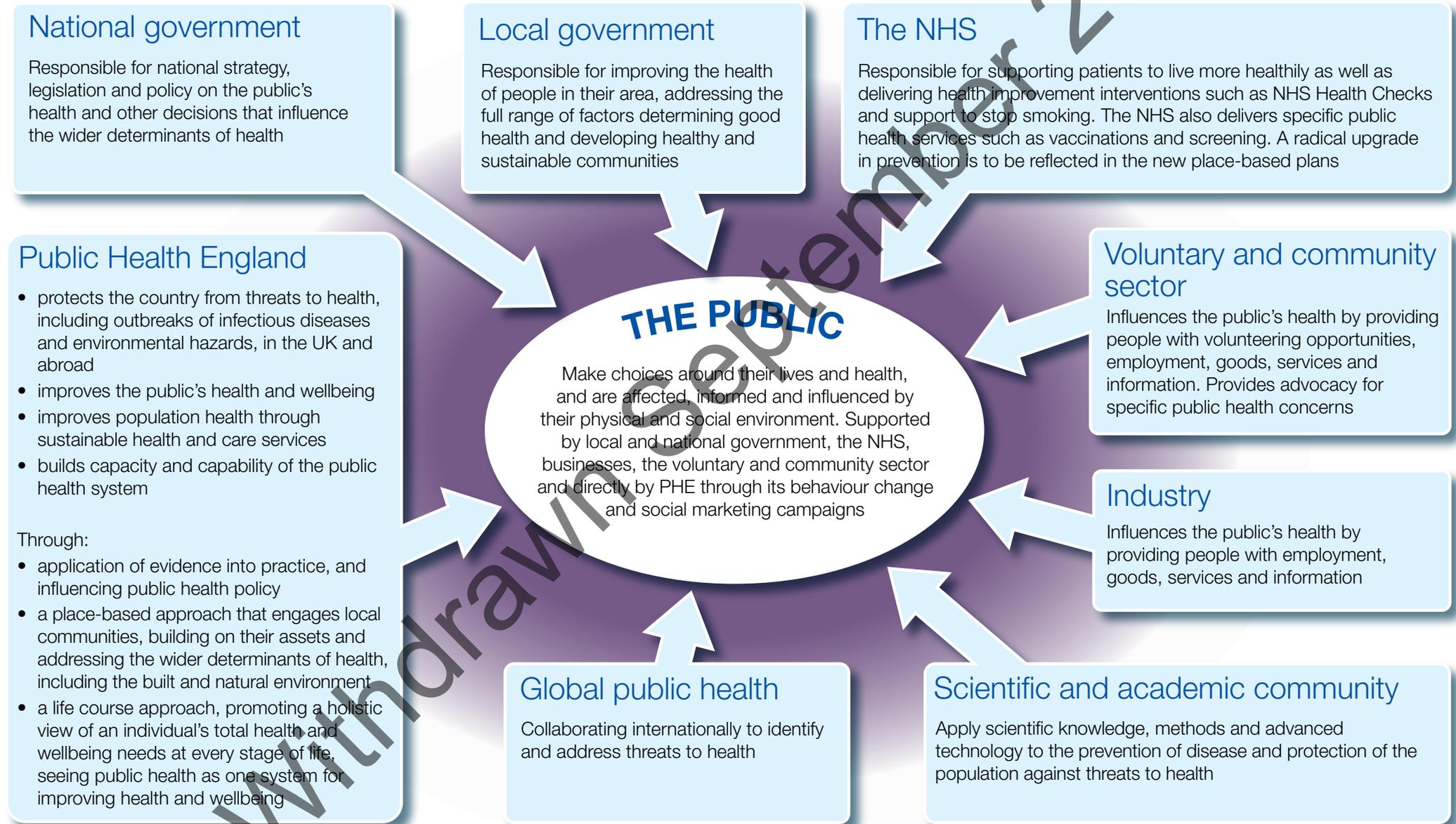
This will depend on working with others to improve health across the system – sharing knowledge and experience with those who have the power to address the external factors which predispose some people to poor health.

We will take advantage of new technologies and use digital techniques and 'big data' to protect and improve health, analysing and presenting our information in a way that people can readily engage with, from supporting the NHS on reducing antibiotic prescribing to informing the public about the sugar in their food and drink. We will provide local organisations with personalised data that allows them to tailor services to specific needs.

Our ability to access the latest technology is also vital to our work in keeping the nation safe from environmental hazards and infectious diseases.

This plan sets out how, at PHE, we aim to take advantage of the opportunities and take on the challenges we will face over the next four years. It explains how we will play our part, working alongside others to make a real difference and how we will hold ourselves to account for this.

The public health system and our place within it



Our role

PHE exists to protect and improve the public's health and wellbeing and reduce health inequalities. We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services

PHE is the expert national public health agency that fulfils the Secretary of State's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation. The Minister for Public Health sets out the government's requirements of PHE in an **annual remit letter** and strategic priorities.

PHE has operational autonomy. Our freedoms and obligations are described in the **Framework Agreement** with the Department of Health, which makes clear that PHE is free to speak to the evidence and its professional judgement. We act globally and nationally, where we are uniquely placed to do so and support local priorities through our network of PHE centres.

We have a skilled and committed workforce who have already made a significant impact on the health and care system. We have worked to put prevention at the heart of the health and care system, enabling the NHS and public health system to better manage demand, improve

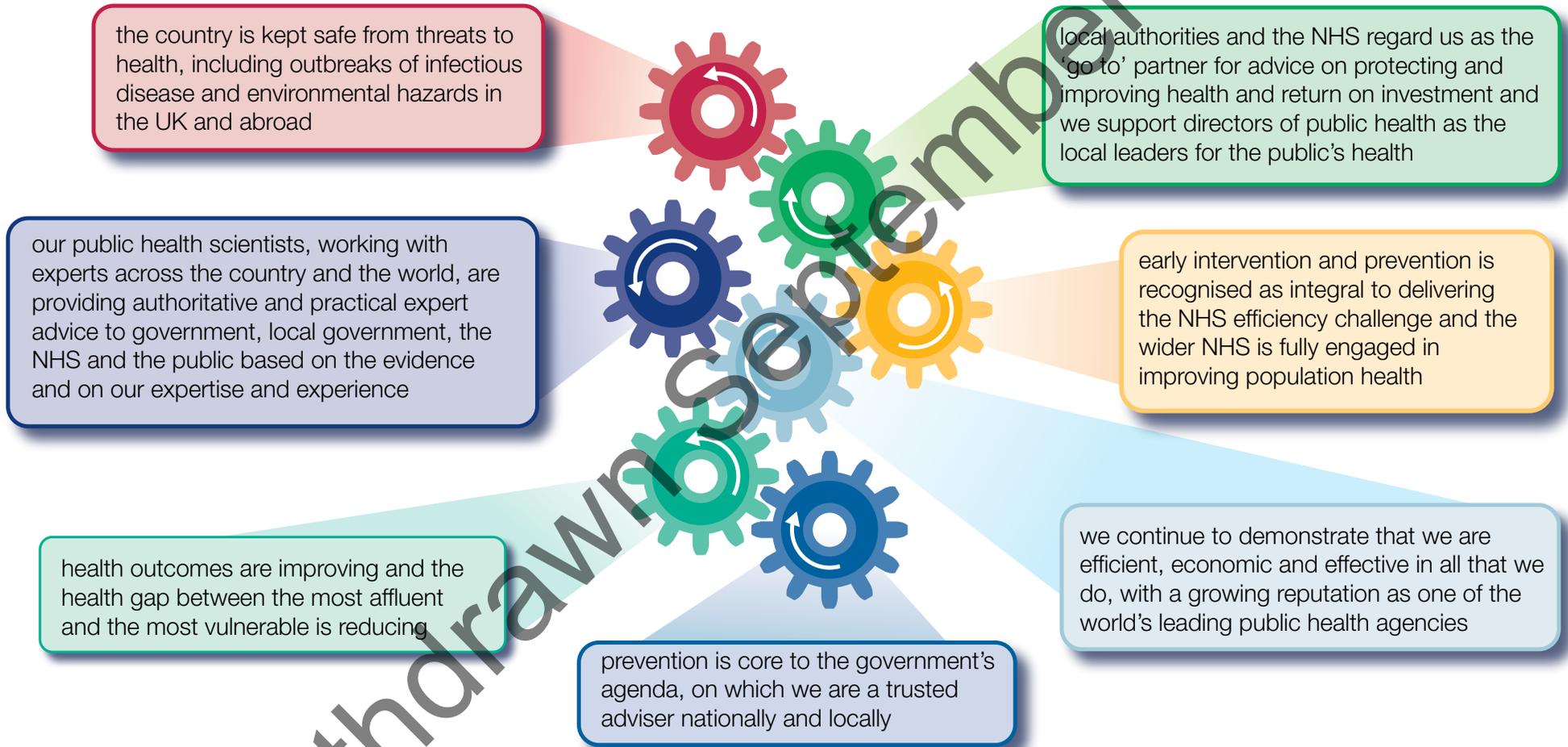
efficiency and tackle funding pressures. We set out our priorities in **From evidence into action: opportunities to protect and improve the nation's health¹**, published alongside the **NHS Five Year Forward View²**: addressing obesity, smoking and alcohol, ensuring a better start in life, reducing dementia risk and robustly tackling tuberculosis and antimicrobial resistance.

We also identified a number of **game changers** that offer unique opportunities for positive change and much faster progress on our public health

priorities: place-based approaches led by local authorities; evidence on return on investment of public health interventions to support prioritisation and spending decisions; behaviour change, particularly the opportunity to exploit digital technology; the contribution of employers to improving the health and wellbeing of their staff; measures of 'wellness' to give a broader, person-centred view of health; and developing evidence-based NHS preventive programmes in partnership with NHS England and NHS Improvement.



Our vision for success come 2020 is one in which:



Our health today – why we must improve

The next four years will offer significant challenges but there has never been a greater opportunity to improve the public’s health. There is a renewed commitment across the board to tackle the wider determinants of health. The time is now right to see that determination embedded in decision making in local and central government, the NHS, as well as in industry and business. We have the opportunity to make improving the public’s health mainstream – saving lives and making better use of resources.

We know that a range of factors shape our health, including our genetic inheritance, place and position in society, behaviour patterns and the healthcare we receive. While healthcare has an important role to play – supporting us when we are ill and helping to improve our health and wellbeing – other factors have a greater influence on our health.

The modelling from the most recent Global Burden of Disease study 2013³, led by PHE

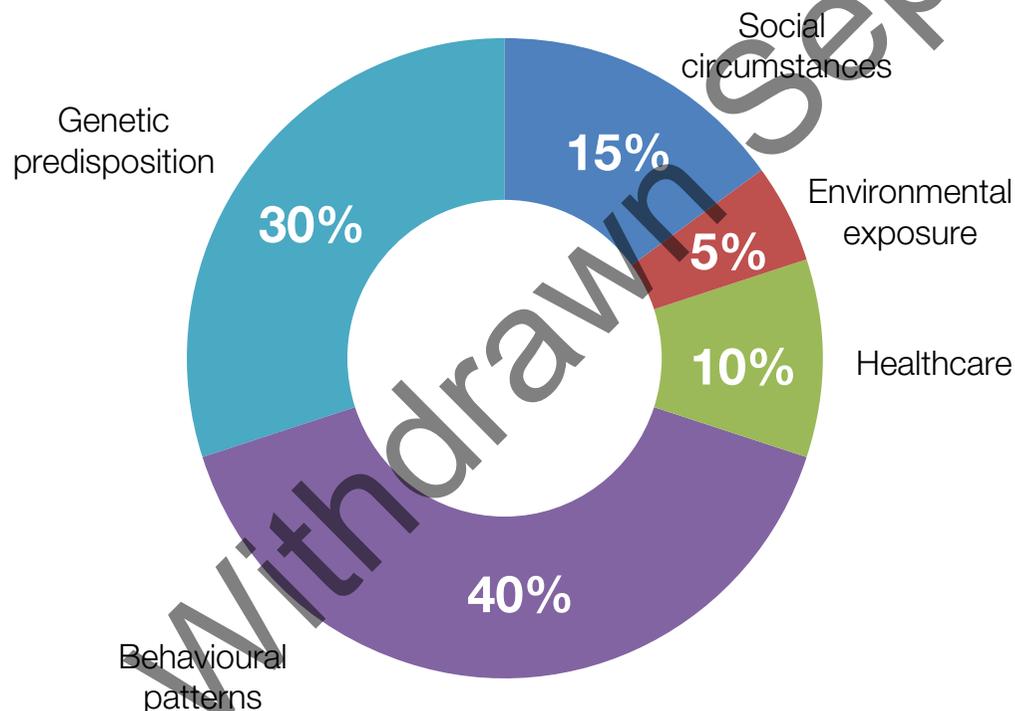
and published in The Lancet in September 2015, shows that behavioural risk factors make the greatest contribution to years lost to death and disability. Known risk factors operating together explain 40% of ill health in England; unhealthy diet and tobacco are the two largest contributors to disease burden. This includes non-communicable diseases which, as a group, cause the large majority of avoidable deaths.

The World Health Organization, as set out in its 2006 publication, Preventing Disease Through Healthy Environments: Towards an Estimate of the Environmental Burden of Disease⁴, estimates that 24% of global diseases burden (healthy life years lost) and 23% of all deaths (premature mortality) can be attributable to preventable environmental factors. The environmental disease burden varies across the globe from 17% in Western Europe to over 30% in Africa.

The risk factors reflect the choices that we all make, and the ways that our choices are shaped by the social circumstances of our lives, such as employment, education, housing, income and relationships.

McGinnis et al showed how healthcare is but one factor in preventing early deaths, and has a relatively small role.⁵

Proportional contribution to premature death



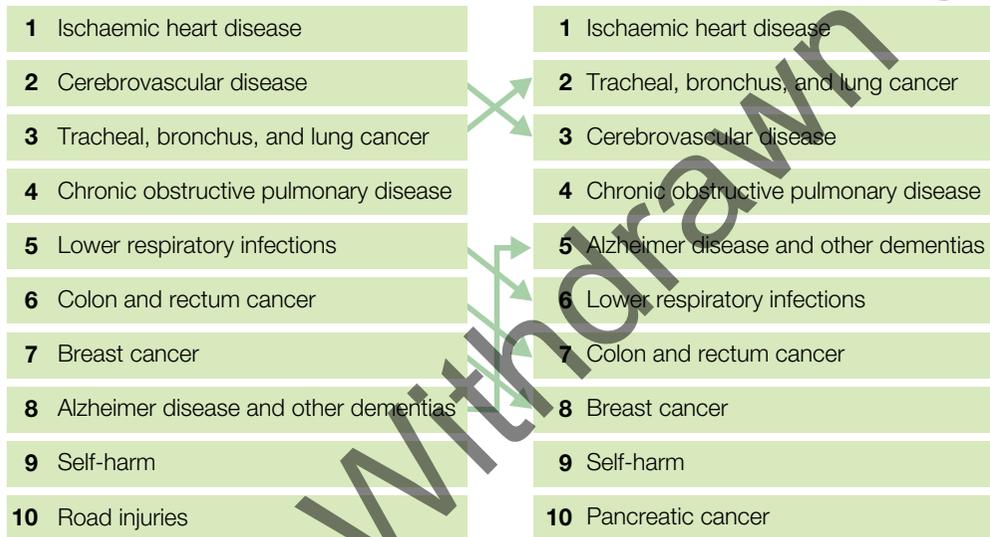
The findings of the Global Burden of Disease study show that between 1990 and 2013, life expectancy in England saw one of the biggest increases in EU 15+ countries (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, plus Australia, Canada, Norway and the USA) – a 5.4 year increase from 75.9 years in 1990 to 81.3 years in 2013. This is mainly because of falls in the death rate from heart disease, chronic obstructive pulmonary disease, and some cancers.

But while life expectancy has increased, this has not been matched by improvements in levels of ill-health from causes such as low back and neck pain, heart disease and cerebrovascular diseases (such as stroke). In other words, we are living longer but spending more years in poor health. For several conditions the overall ill-health burden is increasing despite the death rate falling.

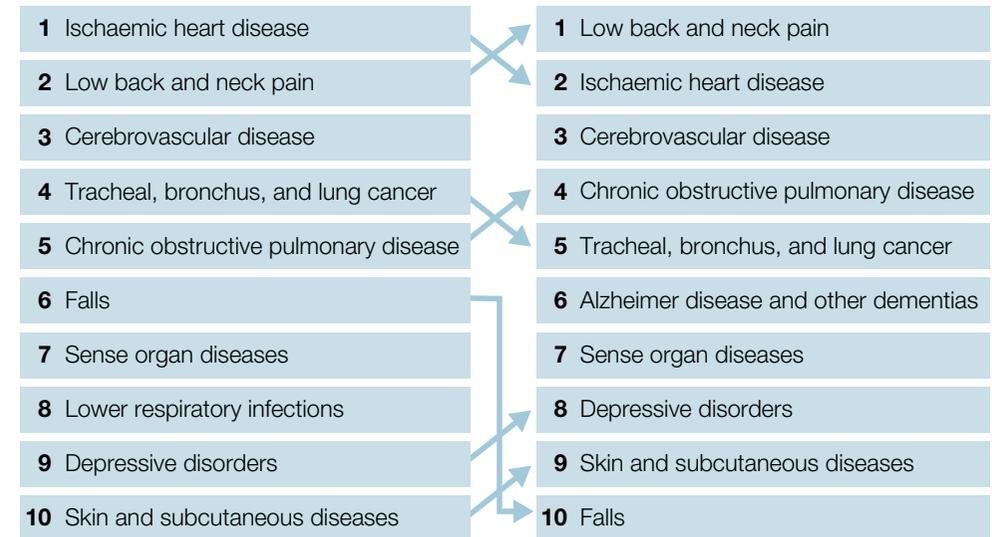
There are also significant inequalities in health: the gap in life expectancy at birth between the most and least deprived areas of England was 9.2 years for men and 7.0 years for women in 2012-14.

If levels of health in the worst performing regions in England matched the best performing ones, then England would have one of the lowest burdens of disease in the world.

Changes in the main causes of years of life lost in England between 1990 and 2013



Change in the main causes of disability adjusted life years lost in England between 1990 and 2013



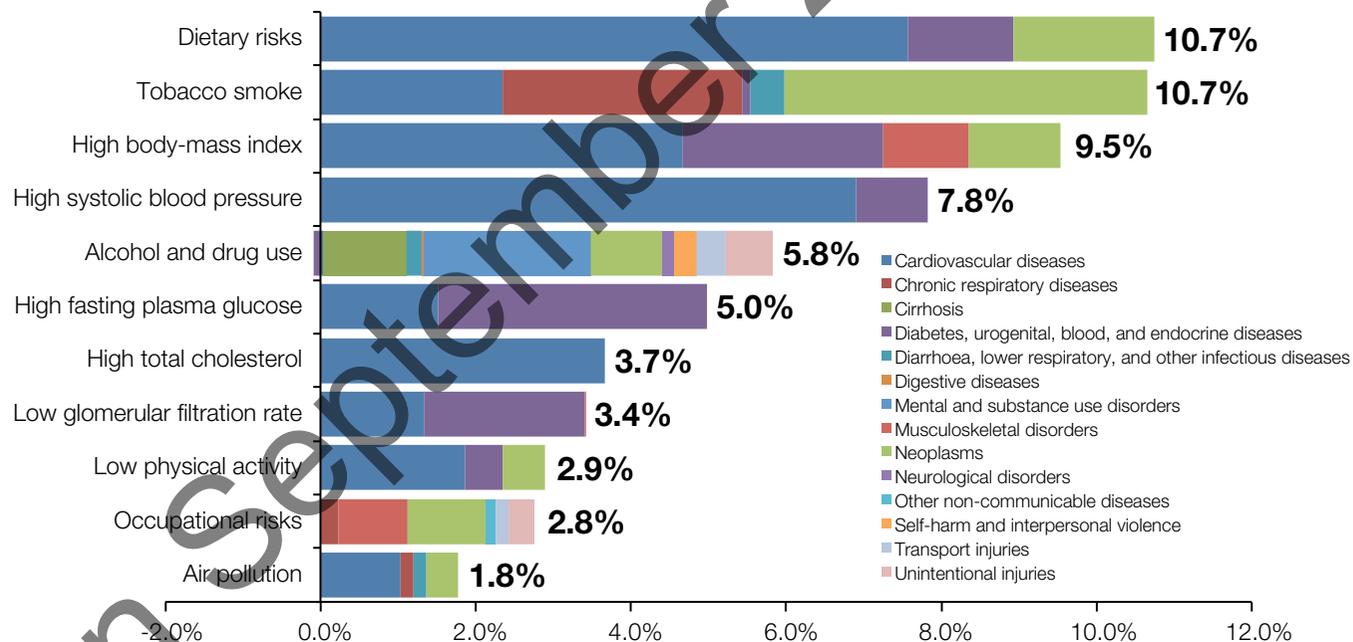
The Global Burden of Disease study also demonstrates that while there are a large number of causes of death and ill-health, many of the risk factors for these causes are the same. Just under half of the disability adjusted life years lost in the UK are attributable to diet, smoking, high blood pressure, being overweight, and alcohol and drug use.

Estimates suggest that if we reduce these risks, through effective investment in prevention, we can reduce premature deaths and long-term illness, deliver savings to government by reducing treatment costs and welfare payments, and lower costs to society at large by reducing sickness absence and crime.

For instance it has been estimated that smoking costs society £13.8bn a year including £1.1bn for social care and £2bn for the NHS⁶. Every £1 spent on contraception saves an estimated £11 in healthcare costs⁷ and also delivers significant savings in welfare payments.

The scale of the potential savings is huge: the Wanless Report (2002) estimated that if the public were fully involved in managing their health and engaged in prevention activities then savings could reach £30 billion a year for the NHS alone.⁸ Dame Carol Black's review of the working-age population in 2008 estimated that the economic cost of working age ill-health in Britain was over £100 billion a year.⁹

Percentage of risk factors attributable to total disease burden (DALYs) in England, 2013



New opportunities in the health and care system

While longer term, societal drivers of change represent the principal challenge facing the public's health, there are opportunities which have arisen that are already beginning to have an impact:

Place-based planning

Local authorities lead on place-based planning, bring together all of the local partners, work to a joint strategic needs assessment and through statutory health and wellbeing boards. The NHS Five Year Forward View recognises and supports this approach. PHE will provide the expertise and evidence to help understand the needs of the local population and will publish data against the Public Health Outcomes Framework to promote transparency and improvement

Place-based funding

The NHS Five Year Forward View sets out the need to get serious about prevention. Combining NHS and local authorities resources, wherever appropriate, will help close the health, quality and financial gaps. The proposed move to funding local authorities from retained business rates signals the end of the public health ring-fenced grant. We will work with the government and local authorities to ensure the new arrangements provide fair funding between authorities

Devolution

The potential of devolution needs to be maximised to integrate services, improve health outcomes and reduce health inequalities. PHE will promote and support local government and local partners in the delivery of their vision

Economic prosperity

Economic prosperity is at the heart of closing the health gap. Having a good job is good for your health and radiates wider benefits for children and families. PHE will support local authorities in their endeavours to create jobs for local people

Public expectations, technology and scientific advances

Public expectations are changing dramatically due to developments in digital and data technologies and rapid changes in the way that people access information. There is enthusiasm for health-related apps, such as our own Sugar Smart app, across all ages. There is also the potential to analyse digital data flows to better understand the health, health needs and behaviours of populations and individuals, and the ultra rapid, accurate detection of micro-organisms is transforming infectious disease management

Some of our achievements in 2015/16

In 2015/16 PHE was at the forefront of public health locally, nationally and globally. As this brief summary of some of our achievements shows, through the skill and commitment of our staff and with the support of our partners, we have continued to reach millions of people directly to help them to make healthier choices; kept people safe by delivering effective emergency preparedness, resilience and response; established world leading new screening and vaccination programmes; and published robust evidence that has influenced the public health debate across the world. This has been achieved by working across the health and care system and across government to promulgate the importance of prevention, while reconfiguring ourselves to ensure that we can meet the needs of our customers and deliver best value for the taxpayer. We have:

- made a significant contribution to the world's response to the West Africa **Ebola outbreak**, while keeping people safe in the UK; we successfully screened more than 14,000 passengers arriving from West Africa at the UK's main ports of entry
- published a world leading evidence review of how best to **reduce the nation's excessive sugar consumption** which has underpinned the upcoming national childhood obesity strategy and the government's recent decision to introduce a levy on sugary drinks
- developed a **sugar smart app** which has been downloaded by over 2 million people to see how much sugar is in their everyday food and drink so that they can take action to reduce consumption
- launched **One You**, our innovative adult health behaviour change campaign, which generated over 1 million responses in the first two weeks
- held the most successful **Stoptober** yet, resulting in 16% of all smokers reporting making a quit attempt in October
- published an expert independent **evidence review on e-cigarettes** which has influenced the debate worldwide
- developed guidance and resources to support **smoke free mental health units**
- published analysis of the incredibly rich **Global Burden of Disease** data at a sub-national level. This is a world first and allows us and our partners to understand and action the data by English region
- for the first time, we have made available, in one place, a suite of healthy behaviour dementia risk indicators through the **Dementia Intelligence Network**
- developed our disease registration capability to make **cancer registration** data available quicker than ever before
- launched the new **Data Capture System** to enable the mandatory surveillance of healthcare-associated infections
- completed research funded by more than £20 million in external income, publishing almost **1,000 peer reviewed papers** and contributing to the evidence base for improved public health
- established a new **knowledge management platform**, facilitating access to the evidence base for those working in the public health system through comprehensive, systematic searching of relevant literature
- established an innovation fund for new ways to tackle HIV as well as establishing the first national home sampling service which issued 12,000 **HIV home test kits**
- supported the formulation, immunogenicity assessment and batch release of the Live Attenuated **Influenza Vaccine** to the UK and world markets
- played a key role in the successful Phase III clinical trial to evaluate the efficacy and safety of the first **Ebola vaccine**
- conducted a Phase I trial of antibody therapy against **Clostridium difficile** infection and lead dosing of volunteers completed
- evaluated the impact of national introduction of **pertussis vaccination** in pregnancy on the immune response of UK infants to their primary vaccination

- established world leading new vaccination programmes including introducing the first infant **meningitis B vaccination** programme anywhere in the world, with 94% coverage for the first dose, and implementing the **meningitis ACWY vaccination** programme for adolescents
- worked with NHS England to extend **childhood flu vaccination** to all children in school years 1 and 2 in addition to children aged 2-4
- commissioned the **UK National Poisons Information service** that directly contributes to the treatment of poisoned patients presenting to NHS 111, GPs and hospitals
- provided a dedicated **radon website**, www.ukradon.org, that received over 350,000 separate visits in 2015 allowing people to understand more about the health risks, which areas are affected by radon and the measurement services that are available
- developed and implemented the **pulse oximetry pilot**, screening over 32,000 new-born babies for critical congenital heart disease, allowing those at risk to be referred early for assessment and, in some cases, life-saving surgery
- supported a **fall in the cases of TB**, with the most recent data (for 2014) showing a decline for the third year in a row
- contributed to the **NHS Five Year Forward View** independent reviews of mental health, cancer and maternal care
- we have established the NHS Prevention Board and, working alongside NHS England and Diabetes UK, launched the world's first **Diabetes Prevention Programme**
- developed a surveillance strategy for **non-communicable disease**
- established a long term '**air pollution and health**' work programme to support local and national government, to raise awareness and to build and communicate the evidence base
- secured funding for long-term public health capacity building in **Pakistan** and **Sierra Leone**
- supported the successful transfer of the commissioning of **public health services for 0-5-year olds** from the NHS to local authorities
- collaborated to improve and deliver the Leadership for Change and Local Vision **systems leadership programmes** to identify and develop future directors of public health
- hosted and supported the **What Works Centre for Wellbeing** as it transitioned to an independent charity. The centre has now developed four initial evidence programmes
- aligned our **local centres** around local government regions, increasing the effectiveness of our local engagement
- published the PHE's **People Charter** after extensive engagement with our staff because we believe that our values and the way we behave will have a significant impact on the delivery of our objectives
- continued to rationalise our **property portfolio**, reducing our like for like holding from 116 buildings to 74, making significant savings for the taxpayer and improving the quality of our estate
- achieved the **fourth highest score**, for any public body Ipsos MORI has studied in the last decade, for how positively our stakeholders speak about us in our **2016 stakeholder survey**
- published the **One Health report** on human and animal antibiotic use, sales and resistance
- formed the **National Infection Service**, bringing together our epidemiologists, biological and social scientists, microbiologists and support staff to further develop how we work together and continue to protect the public from infectious diseases
- compiled, for the first time, a comprehensive picture of the complexity, size and nature of the **public health workforce** in England together with People in UK Public Health, the Department of Health and the Centre for Workforce Intelligence
- delivered seminars to our **1,600 people managers** to develop their skills in driving great staff engagement, staff wellbeing and team leadership

The next four years – how PHE will play its part

We have made a good start to deliver improvements and our skilled and committed staff will continue to work with others to focus our combined activity around the greatest causes of mortality and morbidity, to secure the greatest health gains for the whole population and to reduce health inequalities. We will continue to make sure our own unique services are of a high quality and are delivered efficiently and effectively.

Our financial model for the next four years is based on utilising the specialist skills of our staff so we can provide services and products that commercial partners also want to buy. Our aim is to reduce the burden on the taxpayer while further developing our specialist capabilities.

However, PHE cannot work alone. Success will only be achieved if we all make healthier decisions about our lives and if employers, industry and retailers play their part too by making the healthy choice, the easy choice.

National government

- we will work closely with the government to develop its health agenda. We will advise and support the government on specific public health interventions, such as sugar reduction and the sugar levy. We will also advise on how the broader government agenda can support better health, for example emphasising the positive impact of work on health and we will contribute to efforts to close the employment gap for people with a range of health conditions, including lower back and neck pain
- we will speak to the evidence and our professional judgement. We believe that high quality evidence reviews can have real impact in the development of government policy, as with our sugar and e-cigarette reviews. We will continue to produce and publish evidence reviews commissioned through our annual remit letter, and will develop a 'pipeline' of reviews for future years

- we will work with the government to maximise the effectiveness of place-based public health. We will support the development of a new framework which recognises the devolution of public health responsibilities and the proposed move to full business rates retention, enhancing the transparency of its impact on improving health and reducing gaps
- we will provide a comprehensive range of scientific advice and interventions to protect the public's health against a range of domestic and international threats, including antimicrobial resistance and flooding, working with the Food Standards Agency, the Environment Agency, the Animal and Plant Health Agency, the National Institute for Health and Care Excellence and others

- we will contribute to transforming the life chances of the poorest in our country and offering every child who has had a difficult start the promise of a brighter future, supporting work across government and with the Troubled Families Programme
- we will work to build on our understanding of the trends which will shape the future health of the population, their impact and the evidence on how best to respond

Local government

- we will support local authorities in delivering their statutory duty to improve the health of their local people and deliver value for money, by sharing our knowledge, data, evidence and expertise through a range of tools and examples of interventions that work

- we will strengthen our work on health as a driver of economic prosperity, responding to local authority requests for practical support on return on investment. We will also continue to make the economic case for prevention, encouraging employers to invest in the health of their workforce and reduce the disability employment gap
- we will refine and test our products and services with local authorities to ensure they meet their priorities, including a greater focus on practical delivery support. We will develop a comprehensive catalogue of our products and services to help local authorities find the support they need
- we will support the increasing understanding of the importance of the environmental determinants of health, including climate change. We will provide scientific and technical advice on reducing the health impacts of air pollution at a local level, as well as on how to harness approaches such as the design of urban environments to support better health
- we will work with the Local Government Association to support the transformation of local authority services through sector-led improvement
- we will support the political leadership role of local authorities in local places and their role to deliver place-based leadership through health and wellbeing boards

- we will work in collaboration with local authorities, NHS commissioners and providers, the voluntary and community sector and academics, to support local approaches to improve health and reduce health inequalities for communities. This will include our continued support for Health Equity North/Due North and the Well North programme

The NHS

- we will work with NHS England and partners across the health and social care system to reduce avoidable illness and deaths. This will include rolling out the Diabetes Prevention Programme nation-wide and taking forward the Prevention at Scale programme
- we will fully support the introduction of multi-year, place-based, sustainability and transformation plans and the new importance placed by the NHS on prevention. We will join NHS England and NHS Improvement in developing, assuring and learning from the planning process, and achieving real benefits for patients and the public
- we will support the NHS to ensure children have the best start in life, including through contributing to the implementation of the National Maternity Review and the maternity safety campaign

- we will support the NHS in its response to infection and environmental hazards through closer working with primary and secondary care providers – for example in immunisation, antimicrobial resistance, ‘high impact infectious disease’ and air pollution
- we will support improvements in healthcare outcomes through the development of a national variations and value service that investigates unwarranted statistical variation in NHS activity including providing expertise to support the roll-out of NHS Rightcare
- we will support the NHS on the delivery of the healthy new towns programme which aims to promote good health and prevent ill-health through well designed neighbourhoods and communities with integrated, modern health, social care, and other services

Directly to the public

- we will build a broad coalition that helps all of us take healthier decisions, reaching out to individuals and families, and working with retailers, manufacturers and other businesses to help make the healthy choice, the easy choice

- we will build on our successful social marketing campaigns, continuing our new One You campaign to encourage people over 40 to lead healthier lives. We will refresh and relaunch the Change4Life campaign to ensure we continue to reach millions of families and give them the information and tools they need to make healthier choices. We will also continue to deliver the successful Be Clear on Cancer, Stroke ACT Fast and Smokefree campaigns
- we will continue to provide information and improve understanding of the key immediate threats to the public's health from infectious disease, as well as environmental and other threats
- we will highlight the potential health, economic and global benefits of environmental sustainability to the public as part of the UK's international commitments on sustainability
- we will maintain the rigorous standards of the UK's screening and immunisation programmes so that they remain among the best in the world. We will continue to develop new programmes where the evidence supports their introduction

Global health

- we will bring together our international work across the organisation including infectious disease, environmental hazards, health improvement and health system strengthening, recognising that rates of non-communicable diseases are rising
- we will refocus our Global Public Health activity on those countries prioritised by the government as most in need of assistance, at the same time as continuing with our wider contribution to ensuring global health security, including global antimicrobial resistance efforts
- we will develop the UK public health Rapid Support Team with an academic partner
- we will contribute to the implementation of international agreements relating to public health including the International Health Regulations, the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015-2030 and the Paris Agreement on climate change
- we will build strong partnerships and create opportunities for shared learning and co-development with countries such as India and China

Developing the public health system

- we will promote the development of the workforce, including our own people, ensuring it is fit to meet future challenges
- following the Chancellor's approval in autumn 2015, we will take forward our plans to create a science hub in Harlow as a centre of excellence for research, health improvement and protection, bringing together world-renowned scientists working to protect and improve the health of the nation. The new integrated hub, which will include PHE's future headquarters, will provide the expert science to ensure that the UK is better protected against key threats such as pandemic flu and international threats like Ebola and Zika
- we will develop our National Infection Service, using whole genome sequencing and other innovations, to enable rapid detection, greater insight, and an improved service to those treating patients and managing infectious disease outbreaks
- we will develop a PHE Environmental Public Health approach, strengthening the impact of our expert scientists working in the Centre for Radiation, Chemicals and Environmental Hazards

- we will strengthen our capacities in emergency preparedness, resilience and response to ensure seamless connections between local, national and global responses underpinned by strengthened epidemiology
- we will further develop our knowledge and intelligence infrastructure, including the population health profiles, disease registration databases and intelligence networks, alongside the analytical and advisory support that provides the clinical data needed for safe and effective care, and supports decision making
- we will adopt new best practice on data security and transparency to continue to ensure that our data resources are well managed within a secure and confidential environment
- we will maintain our commitment to scientific research and building the evidence base on which public health is based and deepen our partnership with public health academics



PHE Harlow: the future campus for the UK public health science hub and PHE's headquarters

Withdrawn
September 2019

Our actions for 2016/17

This section highlights how we will put our Strategic Plan into practice in the coming year: the actions we will take to achieve our aims of protecting and improving the public's health and closing the gap on health inequalities. These reflect the actions in the Department of Health's Shared Delivery Plan¹², the NHS Five Year Forward View, From Evidence into Action and the priorities that will be highlighted in the Ministerial remit letter to us, as well as other key programmes of work that are critical to improving public health outcomes. In doing so, we have also reflected our contribution to national policies, system-wide priorities and how we will support our local partners. We will work as One PHE, delivering alignment and synergies across all parts of our agency so that we use the skills and commitment of our staff to deliver the biggest impact and best value for the taxpayer and our customers. For transparency we will, for the first time, publish a list of the products and services that we intend to produce over the next 12 months. This will be developed and improved through contributions from our stakeholders to ensure that we are supporting them appropriately in the delivery of their local objectives and the shared objectives of the overall public health system.

National government

- enable England to become the first country in the world to significantly reduce childhood obesity, contributing to the delivery of the government's Childhood Obesity Strategy and the development of the sugary drinks levy
- support the government to develop new strategies on tobacco control, illegal drugs, biosecurity, life chances and reducing the disability employment gap
- maximise the health impact of the European Tobacco Products Directive and the establishment of the Competent Authority function within PHE
- provide estimates of the number of children likely to be affected by the drug or alcohol use of their parents, and provide advice to national and local government on where action could have the greatest impact on improving life chances

- support the rollout of the workplace charter and work with the Joint Unit on Health and Work to develop the national strategy to close the disability employment gap in England
- support work across government on sustainable travel to promote increased levels of physical activity through walking and cycling and contribute to the implementation of the government's sports strategy
- support the piloting of new approaches to dementia awareness and tackling risk factors via the national NHS Health Check programme
- respond to the CQC/Dame Fiona Caldicott review of data security
- publish an independent evidence-based report on alcohol

Local government

- support local government in delivering improved public health outcomes and better value for money from the public health grant
- support the political leadership role of local authorities in local places and their role to deliver place-based leadership through health and wellbeing boards
- maximise the potential of devolution deals to integrate services and improve health outcomes, as demonstrated by Greater Manchester and London, and reduce health inequalities by sharing best practice from a range of localities
- align PHE's products and services to local government's needs, develop tools for supporting local health and wellbeing initiatives when making difficult investment decisions

- develop an economic tool to support local and national investment decisions on evidence-based interventions to reduce inequalities and improve health
- support commissioning of public health services for children aged 0-5, in particular, review mandated universal health visitor reviews by autumn 2016, and assess the benefits of the expanded and transformed health visitor service
- support local government to collaborate effectively with NHS bodies and with the wider system to secure the best outcomes for each locality
- improve sexual health outcomes by working with the Association for Directors of Public Health using the findings from the recent sexual health survey, outcomes data and other relevant information, to support the commissioning of services locally
- provide expert advice on the health aspects of town planning, housing and homelessness, raising awareness and developing the skills of the public health workforce for local joint action
- work with local government, police and crime commissioners, NHS England and clinical commissioning groups to raise awareness about how they can improve the health of offenders as well as help reduce reoffending behaviour
- publish an evaluation of the impact of fire and rescue service interventions on winter related illness

- work with the Chartered Institute of Public Finance and Accountancy, HM Treasury and a range of key stakeholders to develop a structured model/code for demonstrating return on investment in prevention that is recognised as the accepted way to describe the public pound multiplier effect of upstream action across all public bodies in a 'place'

The NHS

- provide the NHS and local government with the public health evidence, intelligence, knowledge and analysis to support and review the development of local sustainability and transformation plans by the end of June 2016 and support local implementation including proposals to release efficiency savings to the NHS and local government by 2020
- enable at least 10,000 people to benefit from the Diabetes Prevention Programme, working in partnership with NHS England and Diabetes UK
- expand and improve the world-class screening and immunisation programmes, in particular, complete the roll-out of the bowel scope screening programme, extend the screening intervals in the diabetic eye programme and expand flu vaccination to all children aged 2, 3 and 4 and school years 1, 2 and 3

- lead implementation of the domestic health elements of the UK Antimicrobial Resistance Strategy in England, by specifically supporting the implementation of the CQUIN and QoF payments and development of local system action plans
- take forward the recommendations of the Mental Health Taskforce, in particular, the development of a national Mental Health Prevention Concordat programme by summer 2017 and support delivery of the national suicide prevention strategy, including supporting all local areas to have multi-agency suicide prevention plans in place by 2017
- contribute to the all arms-length body cancer implementation plan and then deliver those actions for PHE, including continuing to deliver the Be Clear on Cancer campaigns
- lead the public health and prevention workstream of the Maternity Transformation Programme, including maximising the public health contribution to the national maternity ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030
- work collaboratively with local government and NHS bodies to secure a reduction in variation and the best outcomes for each locality

- work with healthcare professionals to extend their roles in prevention and population health through All O♥R Health and Making Every Contact Count
- support the programme of work across the NHS to address staff health and wellbeing

Directly to the public

- support people to make healthy choices, through the refreshed Change4Life programme and maximise the impact on the public's health of the age 40-60 healthy behaviours campaign (One You) to inspire and support positive behaviour change
- create a suite of digital content, apps and tools that support families and individuals to make changes (as we have with the Sugar Smart app) and ensure that we engage effectively with people through social channels as well as local and national media and other settings
- continue the Act Fast campaign that highlights stroke signs
- continue the Be Clear on Cancer campaign that gets more people to recognise symptoms that might indicate cancer, and to see their GP earlier
- deliver the Information Service for Parents and the Start4Life campaign, addressing maternal and early years health

- continue the Rise Above and Frank digital programmes to address prevention of uptake of exploratory behaviours in teens
- recommission a new national HIV home testing sampling service to over 50,000 individuals to support NHS England and local government in improving prevention through targeted information and resources to enable people to make safer and sustainable sexual health choices
- raise awareness of the risk factors of dementia and the best steps to mitigate them
- test a public awareness approach to antimicrobial resistance

Global health

- work as part of the One HMG strategy on global health to strengthen global health activities on infectious disease, environmental hazards, health improvement and to support the development of health systems by:
 - establishing the UK public health Rapid Support Team with an academic partner to support the international response to outbreaks and emergencies
 - supporting capacity building and expertise in developing countries such as Sierra Leone and Pakistan

- support the implementation of the International Health Regulations, strengthening public health systems globally and supporting international tobacco control, using Official Development Assistance funds
- contribute to the development and implementation of the UK's global health strategy and the Global Health Security Agenda
- support the international component of the delivery of the UK cross-government strategy on antimicrobial resistance

Developing the public health system

- continue to develop the resilience of PHE's scientific response to threats to the public's health through ongoing scientific advances (including PHE's role in the next steps of the 100,000 Genome programme) and contributing to preparedness by revising PHE's incident response plan and running national simulations such as Exercise Cygnus
- develop a joint programme of work and production of plans for the public health system's response to high consequence infectious disease incidents, working with national government and NHS England – expect to be completed in 2017/18 with interim outputs throughout 2016/17

- develop new accountability arrangements with local authorities, in response to the proposed shift of business rates retention, to replace the arrangements surrounding the ring-fenced Public Health Grant
- contribute to the development and implementation of a new public health workforce strategy, building on the thematic review carried out in 2015/16, to develop and sustain a workforce that is fit for the future
- deliver the Leadership for Change and Local Vision programmes to support the development of systems leadership

- develop a PHE Environmental Health approach, strengthening the operation of the Centre for Radiation, Chemicals and Environmental Hazards
- further strengthen our emergency preparedness, resilience and response functions
- further develop the capability of PHE centres to work with and support local devolution agreements
- review the vaccines ordering and distribution system
- develop our non-communicable disease surveillance function and modelling capability
- implement Sound Foundations – PHE's quality and clinical governance programme
- implement 'Doing, supporting and using public health research: the PHE strategy for research, translation and innovation'
- develop a cross-cutting approach to information management to maximise the opportunities from our ICT, digital and informatics
- continue to focus on creating value through further income generation, enhanced use of our technology, continuing our property rationalisation process, smart procurement and supplier relationship management and enhanced financial management and reporting

- develop and engage our staff across PHE to ensure that we have high performing teams with the right skills to meet changing demands
- support a wellbeing culture across PHE, including flexible working arrangements, and implement diversity and staff wellbeing initiatives, such as the diversity dashboards
- embed an apprenticeship programme across all parts of PHE, offering at least 130 apprenticeships
- embed and bring to life the PHE people charter, which defines our values and behaviours. Our charter will ensure that how we behave in PHE is just as important as what we do

Developing Public Health England

- further strengthen the UK public health infrastructure by progressing the science hub programme to create a national centre of expertise for public health science, focusing on key milestones in 2017/18 of full business case and town planning. This will become operational between 2019 and 2024
- complete the development of the National Infection Service to enable an improved service to those treating patients and managing infectious disease outbreaks

Our local public health programmes for 2016/17

Our nine centres are a vital part of PHE's local work to secure better health outcomes for local people in their area and keep them safe from harm through specialist health protection services.

The centres work with and across the interface between local and national strategies, policies and actions that affect the health of local people.

Each centre is led by an expert director who has oversight of the deployment of all PHE assets within their geographical area, with co-ordination of this oversight across England through the PHE centre network.

A community-based flexible response is a core part of our work. Each centre sets out their local priority actions in their local business plan and the centre network business plan sets out nationwide work on the implementation of national priorities.

Centres have a key role in supporting local public health programmes, identifying local community assets and developing a place-based approach to improve health outcomes and address wider determinants of health. For example:



PHE West Midlands

is promoting a new integrated public sector approach to violence prevention



PHE North East

is developing a novel psychoactive substances action plan



PHE North West

is part of an ambitious cross-sector plan to tackle high blood pressure



PHE South East

will work with directors of public health, to reduce the availability of illicit tobacco by co-ordinating an event to share best practice and consider priorities with trading standards, HMRC and public health teams



PHE East of England

is forming a strategic partnership on improving quality of care with the area's clinical senate



PHE London

is supporting a city-wide programme on reducing childhood obesity



PHE Yorkshire and Humber

will support the development of a model to improve engagement and opportunities for Making Every Contact Count, including ambulance, fire and rescue services



PHE South West

will promote public mental wellbeing across the life-course, the prevention of mental health problems (including dementia risk reduction and the prevention of suicide) and improving the wellbeing of those affected by mental illness

Centres also support the delivery of national programmes, ensuring they are tailored to local need:



PHE East Midlands

will build on the 2015 report *Delivering the Prevention Challenge in the East Midlands* through the delivery of two 'prevention' workshops with the East Midlands Clinical Senate, to integrate the report's recommendations within the sustainability and transformation plans in the East Midlands

all centres will provide support and system leadership for the implementation of the TB strategy

all centres will support local systems in developing their sustainability and transformation plans

People and budgets – resources for 2016/17

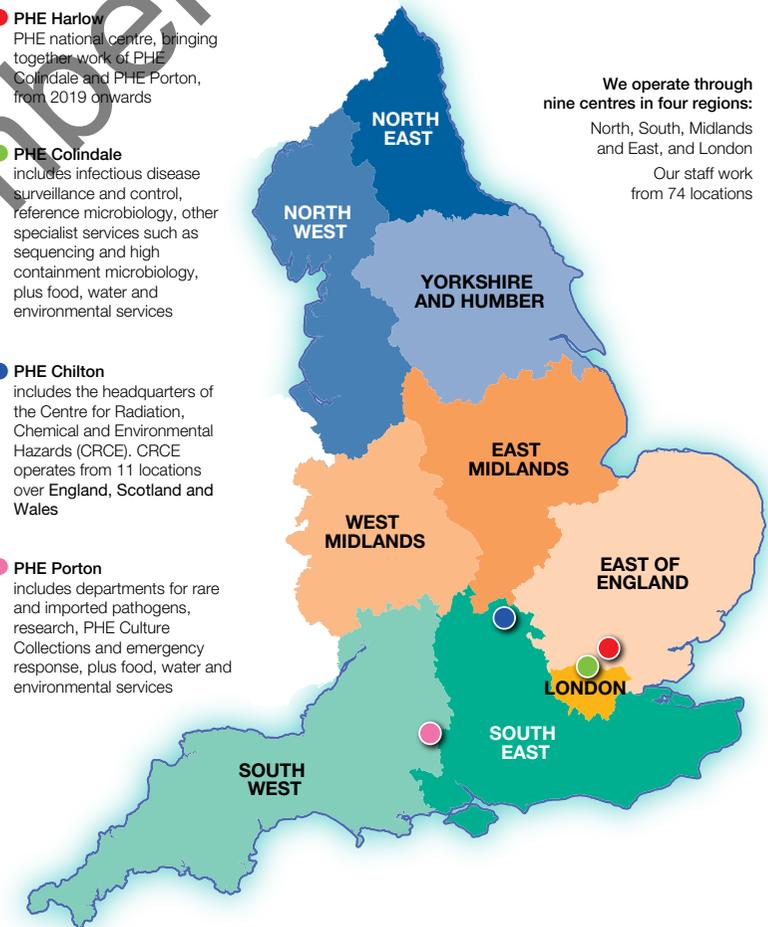
To deliver a broad range of products and services we employ 5,522 staff:

2272 Protection from infectious diseases National centres, regional network and capability to identify infectious disease, surveillance and management of outbreaks	486 Protection from environmental hazards and emergency preparedness Including chemical, radiation and environmental hazards, emergency response, medical validation	1010 Local centres and regions includes: • health protection - 479 • screening and immis - 286 • health improvement and population healthcare - 245	316 Knowledge intelligence, digital and research Enabling rigorous researched evaluation; translating data, research and experience into practical guidance for national and local decision making; and supporting the use of digital technologies	319 National disease registration Including the world's largest cancer database		
273 Screening programmes Developing and quality assuring cancer and non-cancer screening programmes	10 Nursing National and international public health nursing and midwifery, advice and leadership. Giving children the 'Best Start in Life'	202 Health and wellbeing and strategy National expertise in public health evidence-based interventions	65 Health marketing Delivering healthy behaviour change campaigns	37 Global health Protecting the UK from emerging international threats, maintaining and developing relations with the WHO and other international and national public health agencies		
162 Financial and commercial	121 Infrastructure (ICT and estates)	70 Communications	65 Corporate affairs	50 Human resources	35 Science Hub programme	29 Organisational development

With business support from:

Our national and local presence

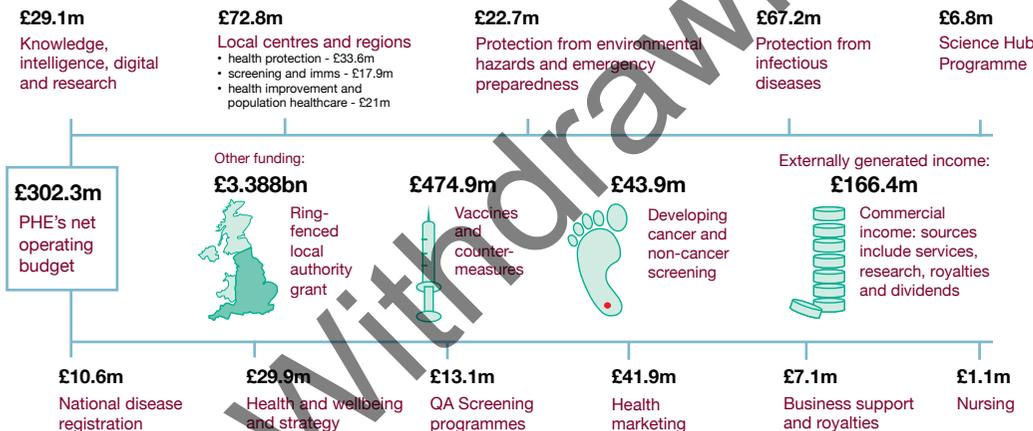
- PHE Harlow**
PHE national centre, bringing together work of PHE Colindale and PHE Porton, from 2019 onwards
- PHE Colindale**
includes infectious disease surveillance and control, reference microbiology, other specialist services such as sequencing and high containment microbiology, plus food, water and environmental services
- PHE Chilton**
includes the headquarters of the Centre for Radiation, Chemical and Environmental Hazards (CRCE). CRCE operates from 11 locations over England, Scotland and Wales
- PHE Porton**
includes departments for rare and imported pathogens, research, PHE Culture Collections and emergency response, plus food, water and environmental services



We operate through nine centres in four regions: North, South, Midlands and East, and London
Our staff work from 74 locations

PHE has eight regional public health laboratories based in large NHS hospitals

Our revenue funding



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