



Department
of Health &
Social Care

*From Jo Churchill MP
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Dear Duncan

PUBLIC HEALTH ENGLAND STRATEGIC REMIT AND PRIORITIES

I want to thank you and your teams for all your efforts, particularly over recent months. I know that Public Health England (PHE) is working round-the-clock to protect the public from COVID-19, and to support the NHS, national and local government, as well as our other essential frontline services in the response to the outbreak. It would also be remiss if I did not acknowledge the full breadth of work that PHE has delivered to improve and protect the public's health over the last year.

As you know, responding to the COVID-19 pandemic is the top priority for the whole of government and is critical for the health and care system both in the UK and internationally. PHE's expertise and leadership remains crucial to the overall response. Continued collaboration will be required, working with the Department of Health and Social Care (DHSC) and all our delivery partner organisations to manage the effects of COVID-19 on the health and care system

PHE is our expert national public health agency, providing the evidence, support and advice needed locally, nationally and internationally. PHE fulfils the Secretary of State for Health and Social Care duties and remains responsible for four critical functions: protecting the public's health; improving the public's health; improving population health by supporting sustainable health and care services; and supporting the capacity and capability of the public health system in England. While the Government expects PHE to continue to fulfil its responsibilities, I recognise that the COVID-19 response has demanded the redeployment of PHE resources and will require continuing flexibility over the coming months.

As a result, this letter sets out the Government's priorities for PHE for the year ahead, with less detail than for previous years. DHSC will work with you to revisit this when the management of the response allows us to do so. For the same reason, we do not require PHE to publish a Business Plan for 2020/21 at this time.

For the forthcoming period, the Government expects PHE to focus on the response to COVID-19, supporting national and local efforts to prevent and respond to cases in England, the devolved administrations, and to support the global health community to deliver the COVID-19 response. PHE's role has varied, and will continue to vary throughout the incident in response to operational demands and includes:

- surveillance and modelling to inform action at national and local level;
- monitoring the impact of social and behavioural interventions over time;
- providing expert advice to DHSC, other Government departments and scientific advisory groups, including national work to support vulnerable groups;
- supporting local forums and NHS regional hubs responsible for leading multi-agency response at local level;
- targeted contact tracing as appropriate;
- clinical diagnostic testing and genome sequencing to inform public health interventions;
- supporting and delivering evidence-based public health communications and guidance;
- public health activity at major ports as required to respond to the outbreak; and
- identifying and implementing lessons from the management of the incident both during and after the outbreak and the longer-term public health impacts of the pandemic.

PHE will need to adjust its organisational activities and resourcing of priority activities in line with the scale of the required response to COVID-19, working closely with DHSC and other partners as part of the wider health and care system. It is important that PHE continues to focus on delivering essential activities that protect and improve the public's health, including:

- essential wider health protection activities required to protect the country, including tackling outbreaks and incidents, continuing surveillance of healthcare associated infections, and responding to chemical, radiation and environmental hazards; and
- working with DHSC to deliver the Government's legal obligations under the Withdrawal Agreement, preparations required for the end of the transition period, and ambitions for the future relationship with the EU and the rest of the world. This includes: responding to, and co-ordinating the response to, public health emergencies; ensuring continuity of vaccines and countermeasures supply; developing international relationships to support the UK's public health objectives; and strengthening the UK's surveillance systems and capability to ensure public health security and protection from serious cross-border threats to health.

There are also areas where we will need PHE to maintain its preparedness and be ready to pick up the rate of action when the resource position allows, recognising that there will be limits to the progress that can be made within PHE and across the system until the immediate pressure of the COVID-19 response has receded. It will be important therefore that in planning for the recovery and renewal phase of activity, PHE is ready to move forward on our Manifesto commitments and broader priorities including:



- support and advice on the Government's prevention and levelling up priorities, specifically including work on childhood obesity, mental health, smoking, health inequalities and the needs of the most vulnerable groups in society, and NHS-led national screening programmes;
- developing and implementing wider public health programmes, including for sexual health and antimicrobial resistance;
- contributing to the development and implementation of a number of cross-government programmes, such as on rough sleeping and illicit drugs, including support for Dame Carol Black's review of drug treatment;
- delivering evidence reviews commissioned by DHSC; and
- work to create the future UK infrastructure for public health scientific capabilities and capacity through the Science Hub Programme.

We will work with PHE to agree plans in these areas as priorities determine. We must of course take account of the wider context and be ready to adapt our strategic approach to priority deliverables.

PHE is accountable to the Secretary of State for Health and Social Care and the Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care for delivering or supporting delivery of these priorities. Progress against agreed deliverables will be reviewed regularly, including through formal assurance arrangements with the Director General of Prevention, Community and Social Care, allowing progress to be monitored and action taken to address any risks to delivery.

Once again, I would like to thank you for all you are doing at this difficult time.

Kind regards,

JO CHURCHILL

Parliamentary Under Secretary of State