Public Health Directorate

Director-General Dr Felicity Harvey

The Public Health Directorate is responsible for policy on public health issues. It supports Ministers across the range of its responsibilities and works closely with other government departments and a very wide range of external stakeholders, from NHS and local government, the Third Sector, business and civil society in general and international institutions such as the World Health Organization and the European Union. The Directorate will work very closely with the Department's new public health executive agency Public Health England (PHE), once PHE is established. PHE will be responsible for bringing together a wide range of public health expertise in support of improving and protecting health.

The Directorate is comprised of six Divisions:

- Emergency Preparedness, Resilience and Response
- Health and Wellbeing
- Health Protection
- Health Science and Bioethics
- International, EU Health and Public Health Delivery
- Public Health Nursing

A shot note follows on each of the Divisions. Further briefing is available as required.

Felicity Harvey

Emergency Preparedness Resilience Response (EPRR)

Lead Official: Helen Shirley-Quirk

Responsibilities

The Department is responsible for assuring a whole health system response to incidents and emergencies. The EPRR unit supports the Government's response to emergencies, including providing Ministerial support and co-ordinating briefing.

We work with NHS Operations to ensure preparedness for a range of threats and hazards outlined in the National Risk Assessment (NRA), including terrorism, pandemic flu, infectious diseases and chemical, biological, radiological and nuclear (CBRN) threats

EPRR represents the health sector in the development of UK Government civil resilience and counter terrorism policy with scientific and technical input from the Health Protection Agency (HPA) (from April 2013 this will be provided by Public Health England, PHE), and liaising with international organisations such as the European Union and World Health Organization (WHO).

We provide assurance to the Civil Contingencies Secretariat (CCS) in the Cabinet Office of the health system preparedness for and contribution to the Government's response to domestic and international emergencies, and as one of nine critical national infrastructure (CNI) sectors. The Department, NHS and HPA/PHE are required to contribute to a rolling programme of cross-government assurance.

We provide input into the EU Health Security Council (HSC) and the Global Health Security Action Group (GHSAG, consisting of the G7 nations and Mexico) to discuss public health preparedness and implement measures to respond to chemical, biological, radiological and nuclear (CBRN) threats and pandemic flu.

Current Priorities and Issues

A key area of work is the development and implementation of new EPRR command and control co-ordination arrangements across the health system. The NHS Commissioning Board (NHS CB) is leading the roll-out of new local health resilience plans to co-ordinate emergency planning across the NHS at the Local Resilience Forum (LRF) level. We are also working at the national level with the NHS CB and the PHE transition team to ensure a safe transition to the new EPRR arrangements by April 2013 and to maintain the resilience of the emergency response arrangements in the meantime. We will be delivering a series of exercises to test the preparedness of the system, and establish a partnership board to agree and monitor the Department's EPRR work programme from 2013 onwards.

There is a GHSAG Ministerial meeting on 6/7 December in Berlin that Secretary of State is due to attend.

Health & Wellbeing (Health Improvement)

Lead Official: Liz Woodeson

Responsibilities

The work of the Department's Health and Wellbeing Division is to help people lead longer, healthier and happier lives by:

- reducing levels of smoking, obesity, harmful drinking and drug misuse
- promoting greater physical activity and a healthier diet;
- promoting wider employer engagement in improving workplace health, and;
- working in partnership with industry and NGOs through the Responsibility Deal to improve people's health.

This work aims to reduce both the impact on society and the economy arising from unhealthy lifestyle choices (e.g. through lost productivity), and the many premature deaths and illnesses which could be avoided by improving lifestyles. It is estimated that a substantial proportion of cancers and over 30% of deaths from circulatory disease could be avoided, mainly through a combination of stopping smoking, reducing alcohol consumption, improving diet and increasing physical activity.

Key elements of the work programme involve action at the national level – including working with industry through the Public Health Responsibility Deal – alongside strengthening local action, promoting healthy choices, and giving appropriate information to support healthier lives through social marketing campaigns such as Change4Life.

Key facts [England only unless otherwise stated]

- Smoking is the single biggest cause of premature death, causing more than 80,000 early deaths each year.
- Treating smoking-related diseases is estimated to cost the NHS around £2.7bn per year in England, with wider costs to society estimated at £14bn per year
- Alcohol misuse causes around 15,000 deaths a year and around costs the NHS £3.5bn per year, in addition to costs of£7.3bn per year in lost productivity and £11bn per year due to crime
- Latest figures show that 62.8% of adults are overweight or obese.
- Obesity costs the NHS an estimated £5.1bn a year, while costs to the economy as a whole could rise to £50 billion by 2050
- The costs of lost productivity due to sickness absence to the wider economy have been estimated at around £5.5bn and £1bn from premature death of working age.
- The estimated UK cost of illegal and illicit drug use to society is around £15.4bn per year.

Current Priorities and Issues

National Ambitions for Public Health

The White Paper '*Healthy Lives. Healthy People'* (November 2010) gives, for the first time, a real priority to prevention of ill-health together with a new strategy to give LAs responsibility for improving public health backed up by ring-fenced funding. This has been followed up by detailed documents on tobacco and obesity, and by strategies on alcohol and on drugs.

In December 2010 the Government published the **Drug Strategy**: *Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life*. This sets out an ambition to shift drug treatment services to a recovery model and explore how payment by results (PbR) can incentivise providers to support people to achieve lasting recovery.

The **Tobacco Control Plan**, *Healthy Lives, Healthy People: A Tobacco Control Plan for England* (March 2011) sets out how tobacco control will be delivered over the next five years, within the context of the new public health system. It sets national ambitions to reduce smoking rates in England by the end of 2015:

- among adults (from 21% to 18% or less);
- among 15 year olds (from 15% to 12% or less); and
- among pregnant women (from 14% to 11% or less)

As part of the Plan we have published a consultation on **standardised packaging of tobacco**. The consultation started on 16 April and was open for responses (following an extension due to the volume of responses) until 10 August 2012. We want to understand whether standardised packaging would have an additional public health benefit over and above the initiatives that we are already taking forward. The Government retains an open mind on the introduction of standardised packaging, pending the outcome of the consultation.

In October 2011 we published *Health Lives, Healthy People:* ***A call to action on obesity*** *in England* which sets out the Government's approach to tackling obesity in the new public health and NHS systems, and includes national ambitions to achieve:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020.

Action on obesity includes the **National Child Measurement Programme** which gives parents information they need to make informed decisions about their child's risk of overweight/ obesity. Both NHS Health Check risk assessments and the National Child Measurement Programme will be mandatory for Local Authorities to commission in the new public health system.

On 23 March 2012, the Home Office published the Government's ***Alcohol Strategy.*** This is targeted explicitly at harmful drinkers, problem pubs and irresponsible shops. It sets out radical plans to turn the tide against irresponsible drinking by:

- stemming the flow of cheap alcohol, ensuring for the first time alcohol is sold at a sensible and appropriate price by introducing a minimum unit price (MUP) for alcohol; and consulting on a ban on multi-buy price promotions in shops
- putting local people back at the heart of licensing decisions, and cracking down on problem premises
- greater industry action to prevent alcohol misuse
- supporting individuals to make informed choices about responsible drinking.

The Home Office will lead a consultation on the level of **Minimum Unit Pricing** in the autumn. This consultation will also cover proposals to ban alcohol multi-buy discounts in off-licences and supermarkets. A ban would prevent alcohol retailers from applying discounts to multi-packs of alcohol and would prevent multi-buy offers such as '3-for-the-price-of-2' and 'buy-6-get-20%-off'. This would remove the incentive for individuals to buy larger quantities than they otherwise might, supporting more responsible drinking in the home environment. It will further cover the potential for local areas to consider the health impact (on top of public order) where they wish to restrict the total number of licenses locally (known as a Cumulative Impact Policy).

In January 2012, we launched **a new national ambition** for a year on year increase in the number of adults doing 150 minutes of exercise per week and a reduction in those who are 'inactive'. Adults physically active at recommended levels reduce their risk of type 2 diabetes by up to 50%

For **food and drink labelling** we have launched a consultation on what a consistent, clear front of pack label should look like and are considering what action needs to be taken by the Government and partners to make a single scheme a reality. The shared objectives of all four Governments across the UK are:

- to maintain and extend the use of front of pack labelling across the widest possible range of food and drink products;
- to achieve the greatest possible consistency in the content and presentation of front of pack nutrition labelling, in a form which is clearest and most useful to consumers.

To help deliver these national ambitions the Division:

- is working with industry through the **Public Health Responsibility Deal** which has been established to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities. Five networks – considering food, alcohol, physical activity, health at work, and behaviour change – have been established to develop pledges for action. Over 400 partners have signed up to the Responsibility Deal, including all major supermarkets, and pledges include salt reduction (to contribute to the goal of consuming no more than 6g of salt per person per day) and elimination of artificial trans fats.

- works closely with colleagues who are changing people's behaviours through the **Change4Life social marketing campaign** which is encouraging individuals to make simple changes, such as eating more fruit and vegetables, cutting down on snacks and fatty foods and being more active.

- Leads work on the **NHS Health Check programme**, a programme for people in England aged 40-74, with around 15 million people eligible. Its aim is to help prevent heart disease, stroke, diabetes and kidney disease, and will help people stay well for longer. Phased roll out of the programme began in April 2009. The programme is included in the Operating Framework for the NHS in England 2011/12 and PCTs have been provided with funding for the programme in their baselines. LAs will take responsibility for the programme from April 2013. The programme has the potential to detect at least 20,000 cases of diabetes or kidney disease earlier. It could also prevent over 4,000 people a year from developing diabetes and 1,600 heart attacks and strokes.

Health Science and Bioethics Division

Lead official: Mark Bale

Responsibilities

The work of the Health Science and Bioethics Division is to develop policy in the areas of healthcare science, public health, legislative, regulatory and bioethical issues surrounding sexual health, abortion, infertility treatment, genetics, genomic technologies, rare disease, human tissue, stem cells and transplantation. Its key responsibilities are:

- Assisted reproduction
- Human Fertilisation and Embryology Act
- Human Tissue Act
- Organ Donation
- The ethics of consent
- Abortion
- Contraception and teenage pregnancy
- HIV and AIDS
- Sexual health promotion
- Genomics (including genetic testing and stratified medicine)
- Stem cell policy (including regenerative medicine)

Key Facts

- Teenage conceptions are at a 40-year low – but rates are still high when compared with other Western European countries;
- Around 30 – 40% of all pregnancies are unplanned;
- Diagnoses of sexually transmitted infections (STIs) have been rising for over a decade – and young people are most at risk (particularly from chlamydia);
- Around 91,500 people are living with HIV in the UK, and around a quarter of these people are unaware of their infection;
- For every £1 spent on contraception, £11 is saved in other healthcare costs;
- Around 8,000 people are actively waiting for a transplant
- Some 1,000 people die in the UK before a suitable organ becomes available.
- There are between 6,000 and 8,000 known rare diseases, of which 80% have a genetic component.
- approximately 3.5 million people in the UK will be affected by a rare disease at some point in their lives
- 75% of rare diseases affect children, 30% die before their fifth birthday.

Current Priorities and Issues

Genetics: the role of genetics, genomics and stem cell therapy – through the development of regenerative medicine technology and stratified (precision) medicine – has been recognised by the Government as an important new technology and one where the UK is well placed to use its expertise as an important economic driver.

The Government's intention to harness the power of these technologies was outlined in DH/BIS publication *Strategy for UK Life Sciences* and in the NHS strategy document *Innovation, Health and Wealth*.

The Division is currently working closely with its partners to develop national strategies to support the development of genomics as a healthcare tool and an economic driver. Publication is expected towards the end of this year.

The House of Lords Science and Technology Committee is currently considering the development of Regenerative Medicine in the UK.

Sexual health: the Department's aim is to improve sexual health for all people. The Public Health Outcomes Framework sets out the key indicators that Local Authorities should work towards. There are three for sexual health:-

- Under 18 conceptions
- Chlamydia Diagnoses (15 – 24 year olds)
- People presenting with HIV at a late stage of infection

We are currently working on a sexual health policy document, to be published later in 2012. Key stakeholders will help us with this, including the Department's Sexual Health Forum and colleagues in the Department for Education, the Department for Communities and Local Government, and the Government Equalities Office.
The document will expand on the three key outcomes detailed above to set some challenging national ambitions to help achieve the goal of improving sexual health for the whole population.

Abortion Act: We are working with colleagues in the Department and the Care Quality Commission, and with abortion providers themselves, to ensure that the requirements set out in the Abortion Act 1967 are met. We are also working on a discussion document on pregnancy options counselling, likely to be published in the autumn.

HIV: We have recently awarded the Terrence Higgins Trust a new three-year contract (£6.4m) for targeted HIV prevention for men who have sex with men (MSM) and African communities, the two groups most affected by HIV in the UK. MSM remain the group most at risk of HIV transmission in the UK.

Organ donation: we continue to support the implementation of the Organ Donation Taskforce Recommendations published in 2008. We also work with NHS Blood and Transplant as they develop the post 2013 organ donation and transplantation strategy. We also work at an EU level on organ donation, including work on pan-europe initiatives to increase the donation rates of safe, high quality organs and tissue donated each year and measures to counter organ trafficking.

The outcome of the Welsh Assembly Government's consultation on proposals to introduce a system of presumed consent for organ donation in Wales is something we monitor at national level.

Consent: the Division provides advice on the ethics of a wide range of consent issues, including advance decisions, withdrawal of treatment, refusal of treatment, clinically assisted nutrition and hydration issues and DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) issues. Whilst Ministry of Justice (MoJ) are responsible for the law relating to assisted suicide and euthanasia, we liaise closely with MoJ on issues arising in these high profile, sensitive and emotive areas where there may be health interest, e.g. where proposals by those seeking to change the law to allow assisted suicide, impact on health professionals.

Bioethics: the Division also has responsibility for the Emerging Science and Bioethics Advisory Committee (ESBAC), the main UK advisory body on emerging healthcare scientific developments and their ethical, legal, social and economic implications. It is sponsored by the Chief Medical Officer (CMO) for England and is chaired by Professor Sir Alasdair Breckenridge, the outgoing Chair of the Medicines and Healthcare Regulatory Agency (MHRA).

Infertility treatment: The Division provides the DH policy lead for NHS infertility treatment. This includes: developing with the NHSCB Authority and commissioning colleagues the future arrangements for commissioning; responding to Parliamentary and other pressure for implementation of the NICE fertility guidelines, and; contributing and responding to the review of the NICE fertility guideline.

The Division is also the sponsor of the **Human Fertilisation and Embryology Authority (HFEA) and Human Tissue Authority (HTA).**. The Department s currently holding a consultation on the proposed abolition of the HFEA and HTA, and the transfer of their functions (to CQC and the HRA), as proposed by the 2010 Arm's Length Bodies Review. The consultation closes in October, and senior officials and Ministers will be keen to understand the feedback and possible implications of plans to abolish.

The HFEA, opened a 'public dialogue' in March on using mitichondria transfer techniques in treatment of mitochondrial diseases (opponents and the media may describe this as genetic modification of human beings), and will be referring the outcome of this dialogue to DH and BIS Ministers. This may, subject to public acceptability, create a requirement for new regulations.

Whole organ and stem cell transplant. We are awaiting the outcome of NHS Blood and Transplant's survey on organ donation to help inform its strategy from 2013 to increase the number of organ donors. The Department has set up the National Black, Asian and Minority Ethnic (BAME) Transplant Alliance (NBTA) to increase numbers of BAME individuals on bone marrow and whole organ registers.

International, EU Business and Public Health Delivery

Director: Kathryn Tyson

International

Responsibilities

The Department's international objectives are to:

- use the best of what others are doing internationally to improve public health and healthcare policy and practice *(domestic);*
- promote the NHS internationally to enhance its worldwide reputation, and that of the UK *(diplomatic);*
- play the proper UK role in relation to WHO, and the EU on matters of health *(diplomatic);*
- "turn the golden key", i.e. through health, make fruitful contact with other countries, upon which wider commercial relationships might be built *(economic)* , and;
- support developing countries particularly through the involvement of NHS staff in international development (*international development*).

At EU level early engagement with the Commission and Parliament helps shape the European agenda in line with UK objectives. High-level engagement, particularly at Ministerial level, is highly valued in Brussels. Getting it wrong in the EU can be costly, both in terms of reduced influence, and leaving the Department at risk of expensive infraction proceedings.

Each EU Member State is obliged to reimburse other Member States, for the cost of healthcare provided to its own citizens, by that Member State. This can apply to a wide range of circumstances, such as ex-pat pensioners, posted workers and temporary visitors. The UK's obligations in this respect are substantially affected by the fact that far more UK pensioners choose to retire abroad than do pensioners from other Member States choose to retire here.

At the international level the Department has developed strong bilateral relations with strategically important partners including emerging powers. These relations help unlock commercial opportunities, provide examples of good practice that can be applied across the NHS and provide allies in multilateral fora such as the World Health Assembly.

The Department leads the delivery of Government's *Health is Global* outcomes framework, which seeks to protect the health of the population, harness the benefits of globalisation and make the most of its contribution to health and development across the world.

Key facts

- There is a busy schedule of EU legislative proposals under negotiation before the European Commission's term ends in February 2014.
- The Commission provides funding for collaborative projects between Member States. This year they are funding projects totalling some €28m.
- DH has a good record on infraction cases. If infracted, costs to DH would start around £11m.
- The UK pays out around £800m per year under the Regulations for treatment provided to UK citizens.
- The UK recoups around £50m for treatment provided to EEA citizens in the UK.
- China, Saudi Arabia, Libya and India are all looking to spend substantially more on healthcare over the next 3-5 years. Eg Saudi want to train a further 10, 000 doctors, China 100,000 doctors. The UK is a preferred partner.
- The World Health Organization directs and coordinates health within the United Nations system. DH pays the UK assessed contribution (£19.5m in 2011).

Current Priorities and Issues

Balance of competence review: the Government launched a review of EU competences in July. Health is due to be covered in the first set of reports (exact arrangements are due to be agreed by the European Affairs Cabinet Committee on 3 October). The review seeks to examine the EU's competences, whether shared, exclusive, or supporting, as they affect the UK, and to look at how they are used and what this means for the UK national interests

European Economic Area (EU plus Norway, Iceland and Liechtenstein) (EEA) budget: the budget continues to attract considerable media interest. Panorama is finalising a programme due to be broadcast in October. PS(PH) is being interviewed on 4 September. The majority of spend is for UK pensioners in Ireland, Spain and France. A key priority is the continuing renegotiation of the bilateral agreement between the UK and Ireland, which informs the size of the UK bill.

Bilateral engagement

China
A high level workshop is being organised, in London for week of 22 October. The Chinese delegation includes the Health Minister, Chen Zhu. SoS is due to open the workshop, other Ministers are also involved.

Libya
Under a recently signed Memorandum of Understanding (MoU), the UK is well placed to secure contracts as they rebuild their health system. Key priorities are primary care, hospital management and doctor/nurse training. An early Ministerial visit would be well received.

India
An MoU with the Indian Health Ministry is under development due to be signed in January 2013 as part of a three-centre visit to India. There are many commercial opportunities as India seeks to nearly double healthcare spending.

Saudi Arabia
A proposal to provide postgraduate medical training for Saudi doctors is at an advanced stage of negotiation. MS(H) represents the UK on the UK/Saudi Ministerial committee overseeing this.

Public Health Policy and Strategy Unit

Responsibilities

The Public Health Policy & Strategy Unit has three main functions. It:

- oversees policy on the new public health system, including leading on public health legislation, the Public Health Outcomes Framework, public health commissioning in local authorities, coordinating the 7A agreement with the NHS Commissioning Board (under which the Board will commission a number of public health services) and promoting the public health agenda across government, through support to the Cabinet sub-committee on public health
- sponsors the Department's executive agencies, the Medicines and Healthcare products Regulatory Agency (MHRA) and (from April 2013) Public Health England (PHE)
- provides a resource for cross-cutting work through the Public Health Directorate.

As part of its role to provide oversight of public health system policy the Unit provides practical, hands-on support across the department to help colleagues integrate public health thinking into wider health policy, and advises and guides those wishing to navigate the new public health system.

Current Priorities and Issues

The Unit's current priorities include finalising the new system's financial and legislative framework and reaching agreement with the Commissioning Board on the 7A agreement.

Thus on public health finance, the Unit has been providing policy input into the process of developing allocations to local authorities for the public health functions they will take on from April 2013. Local authorities are very concerned that they should know their allocations for 2013-14 as soon as possible. The Department has committed to publishing the final allocations before the end of 2012, and our aim will be to publish if possible allocations close to when DCLG publishes local government allocations for consultation in November.

The Health and Social Care Act 2012 inserted a new Section 7A in to the NHS Act 2006. This enables the Secretary of State for Health to delegate any of his public

health functions by agreement with either the NHS Commissioning Board (NHS CB), a local authority or a Clinical Commissioning Group. The agreement with the Board will cover delivery of the following public health programmes:

- Immunisation
- cancer and non-cancer screening
- children's public health for 0-5 (including health visitors and Family Nurse Partnerships; this responsibility will move to local authorities from 2015)
- Child Health Information Systems
- public health for those in custody settings and places of detention
- sexual assault services.

HEALTH PROTECTION

Lead Official: Clara Swinson

Responsibilities

Health Protection covers areas where the individual or community cannot on their own protect themselves from potential harm, such as infectious disease or environmental hazards; and those actions which we can take to offer protection such as immunisation programmes or minimising MRSA (methicillin-resistant staphylococcus aureus).

We work closely with the Health Protection Agency (HPA), which will move into Public Health England (PHE) by April 2013, to ensure the health of the population is protected. A range of expert and scientific committees provide advice to ensure that policy has a sound base. We also need to work with other government departments and with the Devolved Administrations.

The White Paper '*Healthy Lives, Healthy People'* (November 2010) and the Public Health and NHS Outcomes Frameworks provide the framework for the actions we are taking.

The Division's main areas of responsibility are as follows:

national immunisation programme in England protects against vaccine-preventable disease. High immunisation uptake rates prevent disease and reduce the burden on the NHS. The main programmes are for pre-school children (eg MMR), teenage girls (HPV vaccine which protects against cervical cancer) and those at risk of seasonal flu (eg flu vaccine for over-65s).

Work on **Infectious Diseases**, such as hospital acquired infections, blood-borne viruses and emerging or new infectious threats, covers developing and maintaining sound, evidence based policies to limit their spread from various, mainly naturally-occurring, sources.

We sponsor the Arm's Length Body **NHS Blood and Transplant** through whom we seek to ensure provision of a safe and secure supply of blood, tissues and organs to providers of healthcare.

DH is the lead government department for **Pandemic flu** which is the highest risk in the National Risk Assessment prepared by the Cabinet Office Civil Contingencies Secretariat (CCS). Significant stocks of countermeasures (antivirals, antibiotics and personal protective equipment) are held and the Department recently let a contract for the advance purchase of vaccine in the event of a pandemic.

Environmental hazards include action to protect the public from environmental hazards such as radiation, chemical pollution (including air quality) climate change and extreme weather events. UK national interests need to be considered in responding to European initiatives and policies.

Key facts

- Around the world, more than 15 million people a year die from infectious diseases, largely vaccine-preventable. More than half of these are children under the age of five. In the UK, many communicable diseases are kept at bay by **high immunisation rates**. This does not only protect individuals, it also helps to protect the whole community (known as herd immunity).

- **NHS Blood & Transplant** supplies over 2 million units of blood to hospitals in England and north Wales each year. The risk of infection from transfusion is now extremely low. During the 1970s and 80s, hepatitis C and HIV infection from contaminated NHS blood was a problem before it was possible to screen donors and make products safer. A number of funds provide support for those affected.

- **Health Care Associated Infections (HCAI):** MRSA bloodstream and *C. difficile* infections are at the lowest levels since mandatory surveillance were introduced in 2001 and 2007 respectively. *E. coli* and other staphylococcal bloodstream infections are around 2,500 and 700 per month respectively.

- **Antimicrobial resistance** is a growing problem in the UK and worldwide, especially important given lack of new antibiotics for treatment.

- **Tuberculosis (TB)** is a global public health issue and numbers of cases (8,314 in England in 2011) have increased gradually since the 1980s, now stabilising - mainly in people born and infected abroad, and to some extent in the homeless and drug users born in the UK.

- **Hepatitis C** is an increasing cause of liver disease, with morbidity, liver transplants and deaths continuing to rise. Effective NICE-recommended drug therapy can prevent serious liver disease in the majority of cases if diagnosed early.

- Scientific uncertainty about **vCJD** (variant Creutzfeldt-Jakob Disease) remains. Estimates of prevalence of infection in the population appear greater than the small number of UK clinical cases to date might imply (176 cases, of which 3 were probably transmitted via blood transfusion).

- **Climate change** is the most important environmental threat facing the UK over the next few decades, with an expected increase in mortality as a result of high temperatures and more frequent extreme weather events.

- Particulate **air pollution** is a significant public health issue with the current burden estimated to be equivalent to nearly 29,000 deaths in 2008 and an associated loss of population life of 340,000 life years lost.

- Exposure to **radon**, a natural radioactive gas, in homes, can cause 1000 deaths from lung cancer a year.

- **Carbon monoxide poisoning** is responsible for 50 accidental deaths, 200 hospitalisations and an estimated 4,000 A&E attendances per year in England and Wales.

Current Priorities and Issues

- Introduction of **vaccination of pregnant women against pertussis (whooping cough)** to offer protection to young babies due to significant increases in pertussis in the first half of 2012 is likely to be introduced this autumn.

- **Seasonal flu vaccination** starts in October. Flu is unpredictable and can arrive in the northern hemisphere any time from October to January. Regular weekly reporting to Ministers will start in October.

- Plans for the **introduction of new vaccine programmes**: new programmes against shingles for people aged 70 and over, and against rotavirus (a cause of severe diarrhoea) in babies are likely to be introduced in autumn 2013. In addition, the timetable for the extension of the flu immunisation programme to healthy children should be clearer, with work underway to secure the significant additional stocks of vaccine required.

- Plans to deliver zero tolerance ambition from 2013 for avoidable **MRSA** as part of the outcomes framework need to be agreed this autumn.

- A new strategy and action plan to reduce the threat from the spread of **antimicrobial resistance** is due for publication in November 2012 to coincide with our programme of awareness for responsible prescribing.

- There is lobbying by campaigners, directly and in Parliament, for greater support for those infected with hepatitis C via **contaminated blood.** PS(PH) is due to meet campaigners in Autumn 2012 to discuss the evidence base for the payments scheme.

- Final preparations for the switch to the new **public health organisation architecture**, particularly changes to the delivery of immunisation services.

- Decisions will be needed on **Pandemic Flu** preparedness covering replacement of a stockpile of H5N1 pre-pandemic vaccine and on the re-procurement of the National Pandemic Flu Service.

Public Health Nursing

Lead official: Viv Bennett (Director of Nursing)

Responsibilities

The Public Health Nursing division and Director of Nursing role are newly created (Jan 2012) within DH to fit changes to the arrangements for nursing leadership and clinical advice in new bodies established under the Health and Social Care Act. As such the Division is currently undertaking programmes with an enduring DH lead, as well as those which will move to NHS Commissioning Board (NHSCB) and Health Education England from 2013. The DH Director of Nursing has direct professional leadership responsibilities for nurses working in public health and in social care in the new health and care system. Additionally a shared approach (one of distributed leadership) is being adopted between the Chief Nursing Officer (CNO) of the NHSCB, Jane Cummings, and the DH Director of Nursing, which includes joint ownership of the new national vision and strategy for nursing and midwifery. The Division will thus continue to have a strong external focus both to OGDs and the NHS and wider health and care system.

During Transition (until 1 April 2013) this division also hosts the allied health professions portfolio where the Chief Health Professions Officer and team provide clinical and professional leadership to the 12 allied health professions[1] (AHPs); provide clinical and professional advice to the DH and the new ALBs; and work in partnership with the 12 professional bodies and the regulator the Health and Care Professions Council (HPC).

The division is currently responsible for:

- **Public Health Nursing:** an enduring responsibility within DH, this includes ensuring effective nursing and midwifery contribution to public health and social care policy development by providing and/or securing nursing midwifery and AHP advice and nurse leadership in public health and social care.
- **Health Visiting:** policy, programme and professional leadership to deliver the Government commitment (part of the Coalition Agreement) to increase number of health visitors and transform services families receive.
- **Nursing and midwifery leadership**: from 2013, much of this leadership for NHS-funded care will move to the NHSCB and associated arm's length bodies such as Health Education England and the NHS Trust Development Authority.
- **AHP clinical and professional leadership**: transferring to NHSCB from 2013
- **Health Visiting external implementation**: transferring to NHSCB from 2013

[1] physiotherapists, occupational therapists, speech and language therapists, chiropodists/podiatrists, dietitians, prosthetists and orthotists, art, drama and music therapists (arts therapists), radiographers (diagnostic and therapeutic), orthoptists and paramedics.

Key Facts

- There are currently (April 2012 figures)about 307,000 nurses, midwives and HVs working in the NHS, with many more working in independent and social care sector - the largest clinical workforce group.
- There are about 86,000 AHPs working in the NHS in England (September 2011 figures) - the third largest clinical workforce group in the NHS. There are further AHPs working in social care, schools, local authorities, education, academia and industry
- The DH remains responsible for all nursing and midwifery matters that are UK-wide including relationship with the NMC and for international work including working with lead nurses in the European Union.
- As part of the Coalition Agreement, Government committed to increase the number of health visitors by 4,200 against a May 2010 baseline of 8,092. This requires 6,000 additional nurses and midwives to train as health visitors over 3 years (compared to a pre-2010 training rate of around 500 a year), and the creation of 4,000 new posts.

Current Priorities and Issues

- **Vision for Nursing and Midwifery :**The new CNO (based in NHSCB) and DH Director of Nursing are currently leading work on a Vision and Strategy for Nursing and Midwifery to address current concerns and crucially to move forward the role, and perception of, nursing and midwifery services. The strategy will be developed through engagement with the professions and others. It will make visible the breadth of services provided by the professions, the range of care settings and the client groups (including children, people with mental health problems, people living with learning disability, adults and older adults with physical health problems), and their scope of roles, knowledge and skills. This aims to restore professional pride and public confidence and enable nursing to maximise the contribution to new paradigms of service delivery for 21st century - for example supporting people to use new technologies to manage their long term conditions at home. This will require Ministerial attention over the next six months
- **Nursing roles developed to maximise the impact of nursing in public health at all three levels -** all practitioners; those with specific primary and secondary prevention roles, e.g. in supporting people with long term conditions; and specialist public health nurses.
- **Community Nursing development programme,** working with strategic partners in professional education, voluntary sector and carers to develop approaches care outside hospital.
- **Nursing contribution to the PM's dementia challenge,** working with strategic partners in social care and voluntary sector, and carers, to maximise nursing contribution at all stages of dementia.
- **"Making every contact count"**: developing policy and practice to ensure health care professionals take very opportunity to promote health, prevent ill health and reduce inequalities. [DN: do we need to (briefly) place into context the ECC commitment and its provenance?]

- **School Nursing:** national programme focusing on improving health access and outcomes for children and young people aged 5 to 19 years through transforming school nursing services.
- **Mental Health Nursing:** following publication of the Mental Health Strategy, *'No Health Without Mental Health,'* a public mental health nursing pathway is being developed in collaboration with other colleagues from health visiting, school nursing etc. This also creates the opportunity to refresh the existing mental health nursing guidance *"From Values to Action"*, and align it with the six objectives of the Mental Health strategy.
- **Learning Disability**: *'Strengthening the Commitment'* a UK-wide review modernising learning disabilities nursing, was launched earlier in the year. A UK steering committee has been set up to take the recommendations forward with a national implementation committee for England. In collaboration with DH, nurse consultants in learning disabilities are developing a set of health outcome measures to help reduce health inequalities in those with learning disabilities.
- **Health visiting -** Good progress being made towards the Coalition commitment. The number of full-time equivalent (FTE) health visitors has increased by 339 (4.2%) since May 2010 baseline. The total number of FTE health visitors is 8,431 as at 31 May 2012. These figures are in line with expectations, and numbers can now be expected to decrease slightly until when the next cohort of (a significantly increased number of) health visiting trainees begin to enter the workforce from September. This numerical expansion is supported by a four-year transformational programme, developing health visiting services that are universal, energised, drive-up health outcomes and reduce inequalities. No 10 are very interested in progress in this area and so this will require close Ministerial attention
- **Response to the Mid Staffordshire Public Inquiry –** Concern regarding high profile care failures and the report of Robert Francis into failings at Mid Staffordshire hospital means nursing remains much in the spotlight and often for negative reasons.
- **Regulations for the extension of non-medical prescribing mechanisms** On 24 July 2012 Earl Howe announced proposals to introduce independent prescribing by podiatrists and physiotherapists following two public consultations in 2011 and subsequent recommendations from the Commission on Human Medicines. Amendments to legislation will be laid in the Autumn and the Health and Care Professions Council (HCPC) will consult on Standards for Prescribers later this year.