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Correspondence

Letter from Jo Churchill to Michael Brodie, PHE chief executive

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From:

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39 Victoria Street
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To:

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Dear Michael,

Public Health England strategic remit and priorities

I would like to thank all Public Health England (PHE) staff who have worked relentlessly since its establishment in 2013 to protect and improve the public's health.

COVID-19 represents the greatest health challenge in living memory. Everyone working in PHE has shown extraordinary dedication in the face of this global challenge and your work has, and continues to have, a tremendous impact. I would particularly like to recognise PHE's contribution to the following issues:

- diagnostic testing
- surveillance
- leading local multi-agency incident teams
- outbreak response and control
- supporting local colleagues to make evidence-based decisions around testing and local non-pharmaceutical interventions
- research and evidence development
- contact tracing
- advice and support for health and care services
- supporting rollout of the vaccination programme
- scientific advice to the government and evidence-based communications and behaviour change programmes to the public
- the launch of the 'New Variant Assessment Platform' which has cemented the UK's position on the global stage as a leading authority on genome sequencing and surveillance

PHE has also played a major part in successes such as helping the UK to eliminate rubella, achieving the lowest levels of smoking since records began, and establishing the world's first infant meningitis B vaccination programme. PHE's expertise also helped to make England the first country to use whole genome sequencing to diagnose tuberculosis, has informed policy through evidence

reviews on e-cigarettes and a range of other issues. It has also helped to make the healthier choice an easier one through world-leading reformulation programmes on sugar, salt, calories and baby foods.

While the pandemic has highlighted the world-leading capabilities of our public health science, it has also shown areas where we can strengthen our public health system. The reforms we are putting in place will strengthen our capabilities across the health and care system and beyond.

During 2021, we will transition to the new public health arrangements. From April 2021, the United Kingdom Health Security Agency (UKHSA) chief executive has leadership responsibility for health protection in England. PHE will continue to play a vital role in supporting the UKHSA chief executive and in carrying out the full range of health protection functions that PHE currently provides. This includes continuing to employ staff and operate facilities deployed on health protection and the COVID-19 response until at least the end of September 2021, from which point these functions will formally transfer to UKHSA.

The health protection functions that PHE will support are set out in UKHSA's strategic remit and priorities letter. In the period to October, PHE will continue to perform vital work to support our response to COVID-19 and continue to deliver Secretary of State for Health and Social Care health protection duties in support of the UKHSA.

Preventing the onset of avoidable physical and mental illness and improving health by tackling important public health issues, such as obesity and smoking, is a priority for the government. The new Office for Health Promotion (OHP) will lead national efforts to improve and level up the public's health. PHE will work closely with the Department of Health and Social Care (DHSC) to build and transition functions to a successful, creative and impactful OHP, which is able to work effectively across national and local government, the NHS and all our delivery partners. PHE will support DHSC with evidence and expertise to define and set direction on OHP's strategic priorities.

The health priorities in this letter will remain PHE's responsibility to deliver until other organisations in the health system become accountable for delivery as it is closed down.

PHE has a critical role in supporting our overall public health reforms, as part of its responsibility to support the capacity and capability of the public health system. This includes continuation of 'sender' activities to ensure the smooth transfer of PHE's functions to their future destinations and the dissolution of PHE.

This letter sets out the government's priorities for PHE in 2021. PHE is accountable for this work and will work closely with the Chief Medical Officer (CMO) who will be involved in coordinating all elements of public health, until its responsibility formally transitions to other parts of the public health system. Given the ongoing response to the pandemic and in light of the changes to the public health system, we do not require PHE to develop a detailed business plan for 2021 to 2022.

Priorities for 2021 to 2022

In 2021 to 2022, alongside its support of UKHSA on health protection functions and the COVID response, the government expects a continuation of PHE's response to the wider health impacts of COVID-19, as well as taking action on the health promotion priorities set out below. In delivering this, PHE should continue to work closely with, and provide data and analysis to, partners across the wider health and social care system, including local authorities and NHS trusts.

Reducing health inequalities

The government expects **PHE** to demonstrate how it is acting to reduce health inequalities, for example by deprivation, ethnicity or vulnerable groups, across its programmes, and so contribute to levelling up across the country and within communities. **PHE** will particularly work on the following activities that specifically target inequalities:

- work with NHS England to support recovery post-COVID-19 in a way that focuses on tackling health inequalities, for example through marketing activity to help to increase uptake rates of cancer screening and vaccinations in hard-to-reach groups
- continue to monitor the effect of the pandemic on health inequalities including, for example, through development of the new COVID Health Inequalities Monitoring for England tool, the Wider Impact of COVID-19 on Health tool and Health Profile for England 2021
- support and advise **DHSC** on the government's prevention and 'levelling up' priorities, including evidence on the role of commissioning in delivering fair and equitable health and care services and on reducing health inequalities through sustainable health and care system by improving access, experience and outcomes
- work with local and regional partners including local government and NHS England and NHS Improvement to support the development of COVID-19 recovery plans and activities that address health inequalities as a priority
- contribute to the Cabinet Office Race Disparity Unit's work to progress the Minister for Equalities' COVID disparities project that builds on **PHE**'s June 2020 report into COVID disparities

Obesity, healthy weight and nutrition

To support the government's target of reducing the number of adults living with obesity, halving childhood obesity by 2030 and reducing inequalities, **PHE** is expected to work as part of the system and:

- administer the Section 31 grant to local authorities to support provision of:
 1. up to 455,000 additional adult lifestyle weight management services
 2. up to 6,000 additional children and family lifestyle weight management services, and trial an extended brief intervention via the National Child Measurement Programme (NCMP) for 60,000 to 85,000 children
- roll out a new Healthy Weight Coach training module to improve the training offer for wider Primary Care Network staff
- continue to deliver and expand the Better Health campaign to motivate people to make healthier choices and to develop and drive take-up of the popular NHS weight loss plan app
- initiate development of a public facing Nutrient Profiling tool to support businesses to calculate the nutrient profiling scores of their products

Mental health

PHE should work to identify and provide evidence and advice to support the alleviation of the impacts of COVID-19 on the public's mental health, for example through programmes to:

- provide timely, high-quality data and evidence to influence national policy including:

1. identifying the impact of the COVID-19 pandemic on the population's mental health and wellbeing and on specific high-risk groups through developing a dashboard to support publishing monthly mental health surveillance reports
 2. designing the national Near-Real-Time Suicide Surveillance programme based on learnings from the pilot
 3. understanding the impact of employment changes on mental health
- deliver public mental health commitments set out in the COVID-19 Mental Health Recovery Action Plan for PHE, including:
 1. allocating grants of the Mental Health Prevention Stimulus Fund for local authorities in the most deprived areas of England and developing a methodology to evaluate their impact
 2. supporting DHSC in the development and testing of a mental health impact assessment
 - continue to raise awareness of the resources available through the 'Better Health: Every Mind Matters' platform

Tackling health harms

To contribute to the government's ambition for the population to obtain 5 extra healthy years of life by 2035, PHE should continue to provide evidence and advice on addressing significant harms to health and take particular action through:

- supporting delivery of relevant actions from Dame Carol Black's independent review of drugs by supporting delivery and monitoring the impact of 4 cross-government drug and/or alcohol treatment grants
- contributing to DHSC's development of the government's addiction strategy
- supporting DHSC's development of a new tobacco control plan to deliver the government's smoke-free 2030 ambition including smoking cessation behaviour campaigns

Sexual and reproductive health

To support the government's commitment to eliminate HIV transmission by 2030 and reduce the burden and inequalities in sexual and reproductive health more widely, PHE should:

- publish evidence on the impact of reconfigured sexual health, HIV and hepatitis services in response to COVID-19
- provide public health evidence, expertise and analysis in support of DHSC's development of the government's Sexual and Reproductive Health Strategy and the government's HIV Action Plan

Early years

PHE should support the government's work to alleviate the impacts that the COVID-19 pandemic has had on children's health and development and, in particular, for children and young people identified in the Vulnerability Framework by:

- continuing the modernisation of the Healthy Child Programme with a focus on speech, language and communication and intensive parenting support to contribute to reduction in health inequalities
- contributing evidence to Leadsom's Early Years Review for maternity and the first 2 years
- improving the evidence and developing training to support a healthy weight and healthy lifestyles during pregnancy and during early years (0 to 5)
- supporting DHSC in the evaluation of the Ages and Stages Questionnaire digitalisation programme and provide data and analytical support for contract negotiations

Public health reforms

PHE has a critical role in supporting the government's reforms to ensure a public health system fully fit for the future, including:

- supporting the design and full establishment of the UKHSA
- working with DHSC to develop the OHP and future healthcare public health and prevention arrangements
- support DHSC to develop a new health promotion strategy to improve health, tackle inequalities and contribute to levelling up through the provision of appropriate advice, evidence and expertise
- continue to develop its 'sender' activities so that all PHE's functions and services, assets, posts, information and other resources that form part of PHE have been appropriately identified, and are ready to be transferred to their future destinations
- engage with receiving organisations to agree a joint transition plan and to ensure that all people, posts and functions, including data and systems, safely transfer with no loss of access, functionality or security in line with new accountabilities
- ensure that all activities that are required to dissolve PHE have been carried out to the standard required and to an agreed timeframe

Evidence reviews

Evidence reviews have an important role in reviewing and publishing evidence and support scientific expert committees, to allow faster progress on improving the public's health.

PHE will complete all ongoing evidence reviews and will publish an evidence review on obesity with a particular focus on sugar reduction, to feed into future government obesity policy.

Reporting

PHE is accountable to the Secretary of State for Health and Social Care and the Parliamentary Under Secretary of State for Public Health and Primary Care for delivering or supporting delivery of these priorities. In doing so, PHE will demonstrate how it is acting to reduce health inequalities across its work programmes. Progress against agreed deliverables, including those related to transition and closure of PHE, will be reviewed regularly through formal assurance arrangements with the senior departmental sponsor, allowing progress to be monitored and action taken to address any risks to delivery.

This remit letter does not set PHE's budget, which has already been confirmed, and some additional in-year budget transfers are still being finalised. PHE is expected to deliver the priorities set out in this remit letter within their total allocation and manage any budgetary pressures. DHSC will work with PHE throughout the year to ensure resources are focused on the key priorities.

Jo Churchill

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