Thank you for your letter of 28 April to Jeremy Hunt MP seeking further information on some of the recommendations the Committee made in its report on the public health system post-2013. I have been asked to reply in my capacity as Minister for Public Health.

**Funding**

**Will the Government commit to ensuring that funding for health protection work is maintained?**

We continue to believe that local authorities are best placed to make funding decisions about the services need to meet the needs of their populations and many councils are re-tendering contracts and achieving better value for money than in the past. We are aware that many councils have redesigned services, taking a holistic place-based approach and are demonstrating real innovation – which we welcome.

We have to take tough decisions to ensure that public finances are sustainable, and that our economy can support the essential public services on which we all rely. Local authorities will still receive more than £16 billion for public health over the current spending review period.

In addition to the public health grant to local authorities, a number of public health programmes are funded through the annual NHS public health functions agreement (made under Section 7A of the NHS Act 2006) and commissioned by NHS England. These include national immunisation programmes, national routine cancer and non-cancer screening programmes, and public health services for those in custody and other places of detention. In 2017/18 funding totalling £1.137 billion is allocated for
the purpose of commissioning services under that agreement. The Government has no current plans to alter this arrangement for NHS-commissioned public health services.

**Can you please provide an update on the progress the Government has made in its consultation work on changes to public health funding?**

**Can the Government please provide an update on the work that has been to date by the Department of Health in conjunction with Public Health England, the Department for Communities and Local Government, HM Treasury, the Local Government Association and Association of Directors of Public Health on the reforms to public health funding, with particular reference to how they intend to manage them so as not to further disadvantage areas with high deprivation and poor health outcomes?**

The Government is committed to delivering the manifesto pledge to help local authorities to control more of the money they raise and will work closely with local government to agree the best way to achieve this.

Officials in the Department of Health (DH) will continue to work closely with the Department of Communities and Local Government (DCLG) on any proposed reforms and will ensure that all interested stakeholders are consulted on any changes to the system for funding local authority public health functions.

The Government remains committed to a Fair Funding Review as an important way to address concerns about the fairness of current local authority funding distributions. There have been widespread calls for a thorough, evidence-based review and this we plan to deliver. DCLG will therefore continue to make progress with the review, in collaboration with the Local Government Association and local authority officers.

It is important to get this right and we will continue to seek views on the approach and the target date for implementation.

**Access to data**

**Can the Government please provide an update on why this perception exists among public health specialists and what has been done to redress it?**

The Government published its response to the National Data Guardian for Health and Care’s (NDG) review of Data Security, Consent and Opt-Outs and the Care Quality
Commission’s review, ‘Safe Data, Safe Care’ on 12 July 2017. The response accepted all of the recommendations in both reviews. It highlighted the importance of sharing data in a safe, secure and legal way, which complements the Caldicott principles. The response noted the important role of NHS Digital in supporting the NDG’s 10 data security standards and implementing the national opt-out. NHS Digital, as the statutory safe haven for the health and social care system, will anonymise personal information it holds and share it with those that are authorised to use it.

In doing so, NHS Digital and Public Health England (PHE) continue to work together to improve timely access to de-identified data and centralised record linkage services that local authority public health teams need to discharge their responsibilities. In the meantime, NHS Digital continues to make available access to a number of key public health data sets in an anonymised-in-context form to local authorities through its Data Access Request Service (DARS) process. PHE, meanwhile, is continuing to provide data analysis and health intelligence support to local authorities through its local knowledge and intelligence service and using information tools that are currently available, such as the Public Health Outcomes Framework online tool.

Can the Department of Health provide an update on the progress it has made implementing Personalised Health and Care 2020?

As previously mentioned, the Government’s response to the NDG and CQC reviews ‘Safe Data, Safe Care’ on 12 July 2017 set out that, where possible, organisations should only use anonymised data. However, where it is necessary to use identifiable data, individuals will have the choice of how and for what purposes their data is used for purposes beyond their direct care as part of the national opt-out.

We recognise that it is important for organisations to have access to data they need to deliver high quality, integrated health and social care. They should be confident to share information where it is appropriate and ensure it is done safely, securely and legally. There is a need for ongoing dialogue with professionals, charities, researchers and the public about how health and care information is used and the benefits of data sharing to ensure a greater understanding of how information is essential to support excellent care, including protecting the public’s health, and for a wide range of beneficial purposes, including research and innovation.

The Government response confirmed that strengthening data and cyber security, improving the response to data and cyber incidents and providing clarity on the handling of personal data remain an urgent priority. The 10 security standards will
help to ensure that organisations are prepared for, and resilient to, data and cyber security incidents, and are minimising the impact on essential frontline services when these occur. These standards are applicable to every health and care organisation that handles personal confidential information.

The CQC review set out the critical importance of senior leadership in any organisation’s resilience to data and cyber security issues, and that successful data and cyber security demands engaged leadership and a culture of learning and sharing.

We recognise that there needs to be a collaborative approach across the health and care system focusing on ongoing engagement and communication which will be at the heart of successful implementation of any change.

Public health workforce

Please provide an update on the development of a public health workforce dataset.

Work on the Public Health National Minimum Dataset (PHMDS) is ongoing. Since late 2016, Health Education England (HEE) has overseen the project, in collaboration with the Department of Health, PHE, NHS Digital and others. This will provide information on numbers and trends across this key workforce group. The development phase is now complete, and work is now underway to pilot/test the PHMDS with selected local authorities and PHE, with the aim of introducing it across the system in 2018.

Prior to the introduction of the PHMDS, and to support effective workforce planning in 2017, HEE and PHE have conducted a one-off data collection exercise on workforce numbers, capacity and demographics of consultants and Directors of Public Health within local authorities. This collection closed in June, and achieved a 78 per cent response rate from local authorities. Results from the data collection will be available from the autumn, and the information obtained will be used to provide intelligence to the system to inform existing planning processes, alongside existing known information on PHE and NHS staff from the Electronic Staff Record.

Please provide an update on the Government’s work to date with PHE and LGA to monitor the impact on the public health workforce of current barriers to workforce mobility and to look at how the mobility of public health professionals
can be supported to make sure that LAs and PHE have access to the skills they need.

The workforce mobility issues arise because of differences in the terms and conditions between the NHS, local authorities and PHE, which makes it difficult to recognise previous continuous service. This is an issue that goes beyond public health and has relevance across other parts of the public sector.

PHE monitors internal recruitment and retention to identify any areas of particular concern and the associated reasons, and we look to take mitigating actions on a case-by-case basis. PHE terms and conditions are reviewed regularly to ensure PHE is using flexibilities in the civil service system to best effect. There are also local initiatives to promote mobility in terms of developmental activities, such as secondment opportunities from the NHS.

PHE also continues to take advantage of a clinical ring-fence arrangement agreed with Cabinet Office at the time of transition from NHS to PHE terms and conditions. This allows PHE to appoint staff to posts within the ring-fence on terms analogous to NHS terms and conditions. This is a limited concession and each post needs to meet certain specified criteria agreed with the Cabinet Office, also the size of the ring fenced group may not exceed 17 per cent of the PHE workforce.

PHE continues to work with the Local Government Association and other stakeholder organisations in managing the issues, including guidance on promoting movement around the public health system within current governance frameworks.

Please provide an update on progress in deciding the level of professional regulation appropriate for public health specialist roles.

The Government is considering options on how to progress the reform and rationalisation of professional regulation and I will, of course, ensure you are updated once a decision has been made.

STEVE BRINE
07 September 2017

Dear Dr Wollaston,


The specific recommendations are as follows:

- **Recommendation 15**: work done by NHS Digital to ensure that public health specialists receive regular updates about developments in data access.

- **Recommendation 16**: work done by NHS Digital and Public Health England to maximise the access that public health specialists have to population data within the confines of existing laws and regulations.

You requested a progress report for when the Committee resumed business proper following the General Election, formation of a new Parliament and summer recess. To this end can I please extend my personal congratulations on your recent re-appointment and continued involvement.

Our substantive update is as follows:

**Recommendation 15**

NHS Digital and Public Health England (PHE) are working to ensure that the health and care system has access to the data and intelligence it needs to discharge its responsibilities.

In response to recommendations made by the Health Select Committee, NHS Digital and PHE undertook a number of initiatives to ensure public health specialists receive regular updates about developments in data access.

These include:
• Establishing workshops (jointly run between PHE and NHS Digital) for local authority public health colleagues to provide a better understanding of their data access requirements, and to explore the options for resolving them.

A series of workshops have been held across the country with over 120 attendees.

• Establishing an NHS Digital-led programme of webinars aimed specifically at Public Health Colleagues in local authorities to provide focused information and insight on the data available to them and how best to optimise its use.

This includes coverage of Hospital Episodes Statistics (HES) data, Primary Care Mortality Data (PCMD) and other data sets available to Local Authorities.

These webinars have also provided information on how access to the data, including the Hosted Remote Data Access Service (HDIS).

Invites have been extended to more than 4000 customers and, to date, nine webinars have been held, with 3 exclusively for local authority colleagues (a total of 262 attendees).

Feedback on these events has been overwhelmingly positive and the programme is continuing, with further sessions planned into the Autumn.

• NHS Digital has also established an ongoing programme of webinars open to all users covering the above topics and providing insight around areas such as consent, the impact of GDPR and patient opt outs.

Where topics impact specifically on local authorities, targeted webinars will be held.

• Running a number of one to one meetings with new models of care organisations (Vanguards) to establish ways of supporting there complex requirements within the constraints of the law.

Local Authorities have frequently been involved in these meetings with respect to providing joined up commissioning.

• Attending and presenting at a range of conferences, including the Local Government Authorities (LGA) conference between 4-6 July to provide information about the services that NHS Digital offers and workshops on how to access the data we hold.
Recommendation 16
NHS Digital is continuing to enable access to a number of key public health data sets in an anonymised-in-context form to local authorities through its Data Access Request Service (DARS) process.

In order to simplify and speed up access to the data, NHS Digital has created a template application for local authorities to use when requesting data for a common purpose. This has reduced the average time taken for an application to be approved (from submission) from over 60 days to 24 days.

In addition, circa 90 local authorities are currently receiving Hospital Episode Statistics (HES) extracts under live agreements and there are a number of applications currently in progress. Primary Care Mortality Data (PCMD) continues to flow. Currently, 105 local authorities are receiving PCMD data and several more are in the application stage.

As with HES, a standard template, which details why local authorities need access to PCMD, has been developed. Such detail meets the requirements for transparency and supports trust in the flow of data.

Feedback from the aforementioned data access workshops identified that whilst access to national data had improved, some local teams are struggling to secure the local data management resources needed to manage large volumes of record-level data.

NHS Digital has therefore made available to all local authorities access to the remote data access service (HDIS), which enables secure access to hospital activity data. Uptake was initially low, however, is now steadily increasing as a result of the targeted webinars and there are currently 35 live users.

All data releases meet the requirements of ICO Code of Anonymisation, and the data is considered anonymised in conformance with the ICO code. Patient objections are not upheld in relation to these data set requests.

NHS Digital is providing data to local authorities in line with agreed policy, and doing so in an open and transparent way, and upholding opt-outs appropriately.

Local Authorities are not charged for access to the data as described above. This represents a saving over £1.4 million to the Local Authorities as a whole.

Furthermore, NHS Digital also enables access for local authorities to the Personal Demographics Service.
Such access is given on the basis of the local authority making an application that complies with a standardised framework, and for use in supporting the delivery of direct care only.

Typically this involves tracing the demographic details (including NHS Number) of an individual receiving care to confirm or update the data in the local authority care record - hence facilitating communication with healthcare delivery partners who are also providing care to the individuals concerned.

The data thus provided is not used for public health or other local authority services such as education.

NHS Digital is also working with the Office for National Statistics (ONS) to simplify access to births and deaths data for all users, including local authorities. A position is expected to be reached and implemented regarding this by the Autumn.

Work is also under way to review how other data sets that NHS Digital controls, such as mental health and child and maternal health, might be made available to local authorities.

Thank you for your correspondence. I will close by stating that NHS Digital remains willing to engage on this matter, and will endeavour to fulfil any further requests where we have the ability to do so.

Yours sincerely,

Rob Shaw,
Deputy CEO
Public Health England

Protecting and improving the nation's health

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3 October 2017

Dr Sarah Wollaston MP
Chair
Health Committee
House of Commons
London SW1A 0AA

Dear Sarah

Public Health England's (PHE) progress in implementing recommendations 16 and 20 of the House of Commons Select Committee Inquiry report Public Health Post 2013

Congratulations on being re-appointed as the Chair of the Health Committee. I am writing in response to your letter of 28 April regarding the progress PHE has made in implementing recommendations 16 and 20 of the Health Select Committee Inquiry report Public Health Post-2013.

Recommendation 16: Work done by NHS Digital and Public Health England to maximise the access that public health specialists have to population data within the confines of existing laws and regulations

PHE and NHS Digital have undertaken a number of joint regional workshops with local authorities to develop an improved understanding of the data and information that is available and what the barriers to access are.

Local authorities are now able to access anonymised Hospital Episode Statistics (HES) data and Primary Care Mortality Data (PCMD) directly from NHS Digital free of charge using standardised application forms produced by PHE and NHS Digital specifically for this purpose. As of August 2017, NHS Digital has provided 87 of the 152 unitary and county local authorities with access to HES and 103 with access to PCMD, and the PHE Local Knowledge and Intelligence Service is working with those local authorities not yet accessing these services to demonstrate their benefits.

NHS Digital has set up a regular meeting with representative Directors of Public Health to understand more about their requirements for the data and information services it provides. Similarly, the PHE Local Knowledge and Intelligence Service is continuing to provide direct support to local authority health intelligence leads to ensure that they are able to access the analysis they need to do their jobs effectively.

This work is fully aligned with the recommendations of the third report of Dame Fiona Caldicott and the recent Government response.
Recommendation 20: Health protection is a critical public health function, and more work needs to be done at a national level to support local areas to deliver a seamless and effective response to outbreaks and other health protection incidents. This work should begin with an audit of local arrangements, including a review of capacity in provider trusts, and the development of a national system to collate and disseminate lessons learned from incidents. We will review PHE's progress on this work in six months' time (Paragraph 135).

We agree that protecting the nation's health requires all parts of the system to work effectively together to provide a comprehensive response to the full range of threats. PHE convened a Steering Group for the Local Health Protection Audit including all parts of the local public health system with ten national organisations. These included: PHE, Local Government Association, Association of Directors of Public Health, Faculty of Public Health, NHS England, National Health Service (NHS) Clinical Commissioners, NHS Improvement, NHS Providers and the Department of Health. We have refreshed the overall approach, approved specific documents and secured support from the organisations represented.

The Steering Group has also designed a new and comprehensive assurance exercise which includes addressing the specific areas highlighted by the Committee.

They have commissioned an online questionnaire covering:

- The general approach to local health protection response (roles, responsibilities, agreements)
- Several scenarios to explore how these would actually be managed locally
- Perceived strengths and weaknesses of local systems
- Local improvement plans
- Whether any national actions would help resolve local concerns.

As you know, Local Health Resilience Partnerships (LHRPs) are the local fora tasked with emergency preparedness and planning and are co-chaired by local Directors of Public Health and a senior local NHS leader. The questionnaire was sent to LRHPs in June with responses due by mid-September and this is on track. We will send the Committee a copy of the results of the analysis and any follow-on actions when complete.

In addition, PHE, working with NHS England and the Department of Health, is leading on the development of an interactive nationwide and multi-agency database which collates and disseminates lessons identified from incidents and exercises involving lessons for local government, the NHS and PHE's local teams.

If there is any more information that you need, please only say.

With best wishes

Yours sincerely

Duncan Selbie
Chief Executive

cc: Professor Paul Cosford, Director of Health Protection and Medical Director, PHE
Clara Swinson, Director General – Global and Public Health, Department of Health