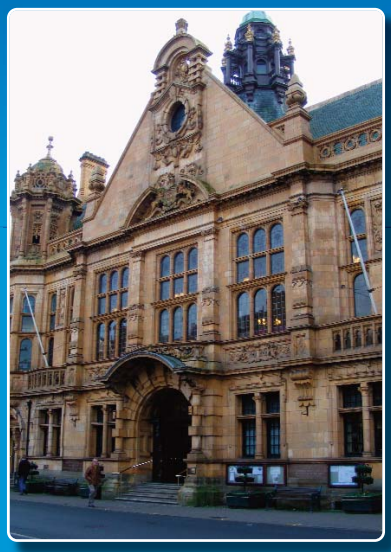
Public Health Annual Report 2012

From transition to transformation: public health in the local authority



Herefordshire Council

NHS Herefordshire

Working in partnership for the people of Herefordshire

Contents

Foreword

As the cabinet member for health and wellbeing it gives me great pleasure to write a foreword for this annual report.

The health of the Herefordshire population is influenced by many factors, including housing, economic prosperity, physical activity, educational attainment, genetics, age, and access to health services. The health and wellbeing of the population is the responsibility of all our public services as well as those in the health and social care system. The move of public health from the Primary Care Trust to Herefordshire Council will give us an ability to be more joined up in our thinking around health and wellbeing.

This report helpfully looks at the aspects of public health involved in the transition to the local council, that is, health improvement, health protection, healthcare public health, and begins with a review of the transition process. I hope that you will enjoy reading the report and learn much about the both the legacy and future of public health in Herefordshire.

Councillor Patricia Morgan
Cabinet member for health and wellbeing

Introduction

This year's director of public health annual report will be different from a traditional report, in that it will focus less on the health status of the population and more on the impact of the Health and Social Care Act 2012 on public health. From April 2013, the Act moves the public health function from the National Health Service's Primary Care Trusts into local government. It describes three main domains of public health: health protection, health improvement, and population healthcare, or healthcare public health. These are new responsibilities for local authorities. This report will look specifically at our vision for public health as it moves into Herefordshire Council in April 2013.

The following chapters will define and describe what those three domains are. We will reflect on what these areas have been like and what they have accomplished over the past year or so in Herefordshire, but also set out how we think they will operate and deliver in 2013/14.

But first we will spend some time describing the transition itself of the public health function into the local council. This is important because it tells us much about the value we add to the work of the democratic process as well as to the community's services that are delivered by the council and its health and social care partners.

The aim is to describe clearly and simply for all of our partners what public health is and what the function will look like after it comes into the council. For all of the domains, public health's key contributions include:

1. Understanding key determinants of health and wellbeing, and interventions that can improve population health
2. Designing structured and integrated needs assessments
3. Finding, assessing and applying evidence to decision making
4. Understanding the role of policy making and democratic processes in improving health and preventing ill-health
5. Analysing the relationship between resource allocation and policy and how together these things support healthy communities
6. Understanding the impact and outcomes of intervention to determine value for money and return on investment
7. Understanding targeting action and interventions to bring most benefit
8. Illustrating the effects of inequality in service provision and quality and resource distribution on health
9. Supporting effective commissioning of services
10. Evaluating the resource allocation and commissioning decisions we make against health outcomes

Or, to put it even more simply, the public health cycle includes:

- Identifying need
- Identifying greatest inequality
- Agreeing priorities
- Identifying effective interventions to address the need and reduce the inequality in the priority areas
- Supporting commissioning of services that address them
- Evaluating what difference our actions made

So, whether it's an outbreak of a foodborne illness, reducing the rates of obesity in children, or supporting GP practices to maintain a standard of managing long term conditions like diabetes, public health has a key role to play across the health and social care system, no matter where we sit.

I hope you find this report useful.

Elizabeth Shassere
Director of public health
NHS Herefordshire and Herefordshire Council

Chapter 1

A new framework for public health

Background

The Health and Social Care Act 2012 fundamentally reforms the NHS and creates a new "system architecture" for public health. During 2012 considerable progress has been made, both locally and nationally, in the establishment of the new public health system, including local preparations for the transition of public health functions from the NHS to local government. Extensive preparations for the implementation of the Act's wider NHS reforms have also taken place over the past year, including the establishment of Clinical Commissioning Groups (CCGs), Public Health England, HealthWatch and the NHS Commissioning Board.

From 1 April 2013, the legal responsibility for a wide range of public health duties will transfer from the NHS to local government. Local councils' responsibilities will include improving and protecting the health of their local residents together with various new duties relating to the coordination of the local health and social care system. In giving local councils the lead responsibility for improving and protecting the health of their local population the Health and Social Care Act increases the role of local democracy and decision-making in health and healthcare. Strengthening democratic and local accountability for the health of local people moves public health up the political agenda and reinforces the need for political and corporate ownership and leadership in achieving success. The challenges for Herefordshire Council will include gaining a rapid understanding of its new public health duties, putting health and wellbeing at the heart of everything it does and supporting the development of a local public health system in which all partners are focused on improving health and wellbeing outcomes.

The outcomes that the new health and social care system will be charged with achieving are set out in the national public health outcomes framework along with the indicators that will be used to measure whether these have been achieved. The public health outcomes framework contains two over-arching outcomes: increasing healthy life expectancy, and reducing the differences in life expectancy and healthy life expectancy between communities. Thus the framework focuses not only on how long people live, but also on ways of achieving health and wellbeing throughout every stage of life, and ways of reducing avoidable differences in health and wellbeing between different groups of people.

Herefordshire Council will form the core of the county's public health system and as such has a central role to play in achieving the desired public health outcomes both through the services that it commissions and provides, and through influencing the local system to contribute to public health outcomes. The council's health and wellbeing board has a pivotal role in shaping the local system and in ensuring that partners work together effectively to achieve shared goals. Existing public health resources will transfer into the council to support it in meeting its new responsibilities, including the public health team who will bring skills and experience in achieving health outcomes through, for example, system leadership, partnership working and advocacy.

The indicators within the public health outcomes framework cover a wide range of the council's areas of business in recognition of their impact on health and wellbeing. This opens the doors to new ways of working for public health and for the wider council. The indicators are grouped into four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Chapter 1

Whilst most of the public health functions transferring to councils have previously been undertaken by Primary Care Trust (PCT) public health departments, councils will also gain a number of additional public health duties including the commissioning of drug and alcohol misuse services. On the other hand, a number of the PCT's public health functions, for example, strategic planning and management of screening and immunisation services, will transfer to Public Health England and other organisations.

The process of transferring public health functions from PCTs – the "sender" organisations - to local councils and other "receiver" organisations is complex. In Herefordshire, preparations have been taking place for this transfer throughout 2012/13 in the lead up to the new public health system "going live" on 1 April 2013.

This chapter focuses on the transition of public health in Herefordshire from the NHS to the local council. It looks at what the implications of this are for Herefordshire Council, the progress made during 2012/13 for the safe, smooth transfer of public health responsibilities and functions from NHS Herefordshire (PCT), to Herefordshire Council, and our plans for the first year following transition as the new system becomes established.

More importantly, this chapter looks beyond transition to transformation. It describes how the council's new focus on public health will enable it both to achieve better health outcomes for local people by addressing the wider determinants of health, and to improve outcomes in other areas of its business by embedding public health principles across all service areas.

Public health transition – progress update

Preparations for public health transition have been taking place throughout 2012/13 in advance of the formal transfer of the new public health responsibilities to Herefordshire Council on 1 April 2013. The transition is a complex process involving, for example:

- the transfer of public health staff and their contracts
- relocation of public health staff to council premises
- review and novation of contracts for existing commissioned public health services
- preparation for commissioning new public health services
- communication and engagement with staff and stakeholders
- budgetary and financial work to establish and transfer the associated budget
- ensuring that NHS and local council governance requirements are met

And all whilst ensuring the continuation of public health work and commissioned public health services throughout.

In order to keep this complex work on track, a project management structure is in place with seven workstreams reporting to a project management group with sender and receiver representation. The workstreams are tasked with the following aspects of transition:

1. Human resources, workforce and accommodation
2. Commissioning and contracting
3. Finance, assets and resources
4. The public health "core offer" to the CCG and health intelligence
5. Governance and assurance
6. Communications and engagement
7. Public health functions transferring to the NHS Commissioning Board and Public Health England (for example, screening and immunisation)

Photo: The local authority will be responsibile for commissioning drug treatment services

Chapter 1

Many aspects of transition planning are dependent on national guidance and decisions, some of which is still awaited and there are multiple interdependencies between the workstreams which further complicate this work. For example, commissioning plans are dependent on the final value of the ring-fenced public health grant and human resources plans depend on successful communications and engagement strategies for staff. This affects details of the "core offer" between the council's public health function and the CCG. However, good progress has been made despite these challenges, and we are on track for the safe, legal transfer of public health functions to the council and, where appropriate, to Public Health England and other parts of the new system.

Key milestones in transition achieved to date

- Under the transition process, the future destination of staff within the public health team mirrors the destination of the primary functions they undertake. The majority of public health staff will transfer into the council; the role of one member of the team will move to Public Health England. Human resources processes are progressing well and arrangements for the transfer of public health to their new employers are ahead of schedule.

- The public health team moved from PCT premises into council accommodation at Hereford Town Hall (right) in November 2012 ahead of the formal transfer of their employment in April 2013. This relocation builds on the integration of public health into the overall work of the council and brings public health staff geographically closer to their environmental health and trading standards colleagues as well as into closer contact with colleagues from across the wider council. Whilst the senior members of the public health team already work very closely with council colleagues, other members of the team have had fewer opportunities for this until now – moving before April 2013 is helping the whole team to explore the potential of their new council role.

Photo: Hereford Town Hall

- The public health team commissions services from NHS and non-NHS providers. The type, duration and size of the contracts vary between providers and some of the contracts form part of, or an addition to, much larger NHS contracts which are set to transfer to either the CCG or NHS Commissioning Board. The work involved in transferring the contracts for public health services from the PCT to their new owners is accordingly complex, but good progress has been made in preparing these for the future commissioning arrangements, including novation to the council where appropriate. A collaborative approach is being taken with specialist contracting input from both sender and receiver organisations.

Chapter 1

- A transition communications and engagement plan has been implemented with the aim of:
  - preparing council members and officers to understand the full scope of the council's new public health responsibilities, and helping them to understand what public health is, how the council can improve and protect residents' health and how public health can support the council in its wider work; and
  - supporting staff that are directly affected by the transition process and helping them to prepare for working in local government and/or Public Health England.

- Close cooperation between local government, Public Health England and the new health commissioners – the CCGs and the NHS Commissioning Board – will be central to the success of the new system. A "core offer" has been agreed between Herefordshire Council and Herefordshire CCG. This is a requirement of the transition process and sets out the support that each can expect from the other including, for example, the public health advice and expertise that the council's public health team will provide to the CCG to help them to commission healthcare services.

- Public health has been a PCT function for more than a decade, but the integration of the public health team into Herefordshire Council is already well advanced because of the close partnership working that has been in place over recent years between the two organisations. Herefordshire's partnership approach to public service integration and its focus on "place" has been recognised nationally. The transition process will formalise and strengthen this; however the real challenge will be to embed public health principles across the whole of the local council.

From transition to transformation

Although public health has been based in the NHS for past 30 years, its origins are in 19th and 20th century social, educational and sanitary changes and its history is entwined with that of local government. Indeed, for many people transition represents the return of public health to its roots. But a simple "lift and shift" of public health functions and resources from the NHS to local government will not achieve improved health outcomes. This will require a transformation in the way that public health is delivered so that public health thinking is embedded in every council service area and so that health and wellbeing is placed at the heart of everything that every part of the council does. Achieving this means doing things differently for both the public health team and for the wider council.

Photo: Dog walking - a form of physical activity

Health and inequalities in health are determined by a wide range of interlinked factors (Figure 1.1). These include individual and biological factors such as:

- Age
- Sex
- Genetic make-up

Lifestyle choices including:

- Smoking
- Alcohol consumption
- Diet
- Levels of physical activity

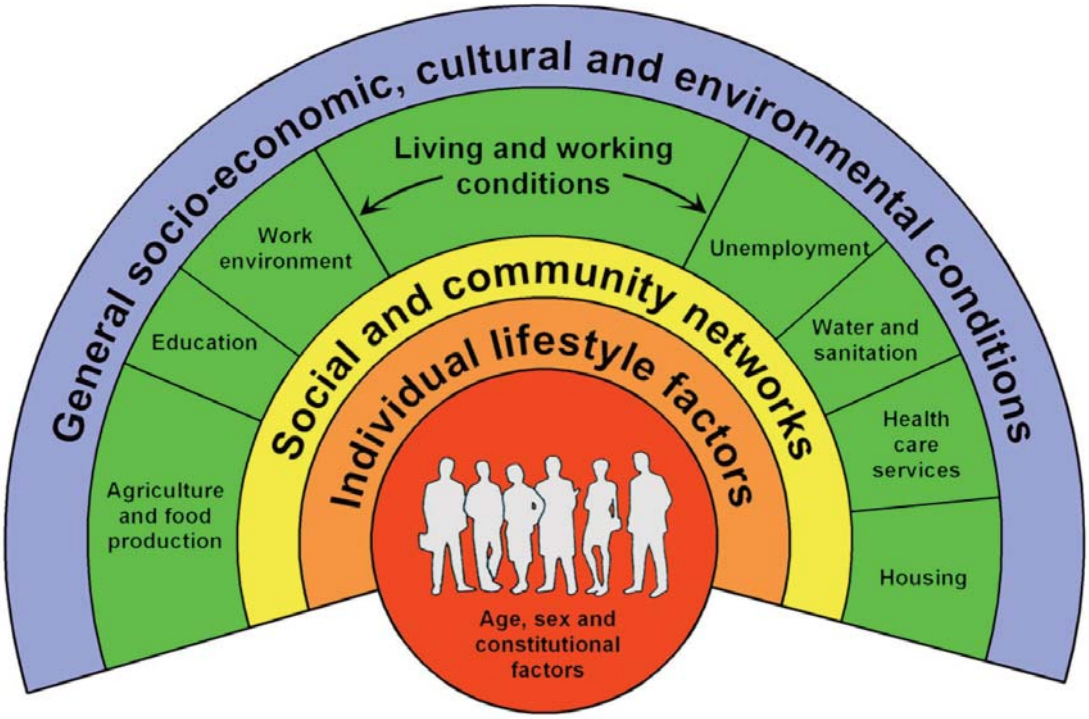
Chapter 1

and the "wider determinants of health" – social, economic and environmental influences such as:

- Poverty
- Housing
- Educational attainment
- Employment,
- Social connectedness
- Community safety
- Access to and quality of healthcare

The influences with the greatest impact on health are these "wider determinants". Not only does the power to influence most of these lie outside of the NHS, many are core areas of business for local government. There is still a role for public health to play in improving healthcare services and in achieving health gains via clinical services, but there is even greater scope to improve population health by addressing the wider determinants of health from a local council base. Nearly everything that local councils do has an impact on health; consequently, taking a transformative approach to public health transition has the potential to change how the council approaches the whole of its business.

Figure 1.1
The Dahlgren and Whitehead[1] model of the wider determinants of health



Source: Dahlgren and Whitehead, 1991

1 Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health.* Institute for Future Studies, Stockholm (Mimeo)

Chapter 1

Photo: Hereford Retail Quarter Development

The public health team will give the council specialist skills and experience in the public health disciplines of health intelligence, health improvement, health protection and healthcare public health. Health intelligence underpins public health practice and involves the collection, analysis, interpretation and application of population health data and evidence. In addition to its contribution to public health practice, the public health team's health intelligence function is of potential value in helping the wider council to understand local communities and their health needs, to assess the impact of policies and services on health and to ensure an evidence-based approach to decision-making.

For the public health team, transformation will mean working in new ways and with a different perspective focusing, for example, more on addressing the wider determinants of health through the services commissioned and provided across the council and finding new and innovative ways to tackle health inequalities by working more closely in localities and with communities. It will mean influencing healthcare services in new ways, such as via the core offer to the CCG, building on the success of public health as an NHS function, maintaining strong links with the NHS and healthcare services and protecting the specialist skills and competencies that the public health profession has developed during its time within the NHS. Public health will commission services from a range of providers including NHS providers and will have a lead role in coordinating partnership work for example on tobacco control and alcohol harm reduction; in some instances, such as the healthy lifestyle trainer service, council-based public health will involve the direct provision of services. The public health team will also have a key role to play in supporting elected members and council officers to develop the understanding they will need in order to fulfil the organisation's new responsibilities for public health.

For elected members and council officers, the challenges of transformation will include appreciating and grasping, not only the council's new responsibilities for public health, but more importantly, the opportunities that these bring for improving quality of life for local people. This will enable the council to make the best use of the public health team's skills and to achieve health gains across the full range of its service areas.

Conclusions

Health is perhaps the most important asset individuals can possess, but health is also a great asset for communities as it supports a wide range of other important social, economic and environmental outcomes. In turn, improvements in these wider social, economic and environmental determinants of health support improvements in health outcomes as shown in figure 1.1.

Improving and protecting health therefore has the potential to bring many other benefits to the county including:

- Reduced expenditure on health and social care
- Educational and economic benefits from reduced time off school and work
- Reductions in crime and disorder from reducing drug and alcohol misuse.

The transfer of public health to local government gives councils the opportunity to put health and wellbeing at the heart of everything that they do and this has the potential to improve outcomes across all areas of council business, including the health and wellbeing of local people.

Chapter 1

Photo: farming, a key rural employer in Herefordshire

Recommendations

Recommendations for the transition and transformation of public health are that:

Council members and senior officers:

- Understand the full range of the council's public health responsibilities across all three domains of health improvement, health protection and healthcare public health
- Understand the council's general duty to improve health and reduce health inequalities and the potential to address this through a range of approaches to lifestyle behaviour change and wider health determinants
- Understand their own role and the role of the democratic process in improving and protecting the health of local people and in the local council meeting its public health responsibilities
- Understand how the three domains of public health operate and how these are underpinned by the discipline of health intelligence
- Understand the role of the director of public health supported by the public health team and its consultants, specialists and practitioners in achieving health and wellbeing outcomes
- Understand the role of the director of public health as "accountable officer"
- Understand the potential for the council's new public health role to transform the way in which it approaches all of its functions
- Be familiar with the roles of the new organisations established by the Health and Social Care Act 2012 including the CCG and Public Health England and with how these interact with each other
- Understand the council's role in the coordination of the local health and social care system including the role of the health and wellbeing board

Chapter 2

Health Improvement

What is Health Improvement?

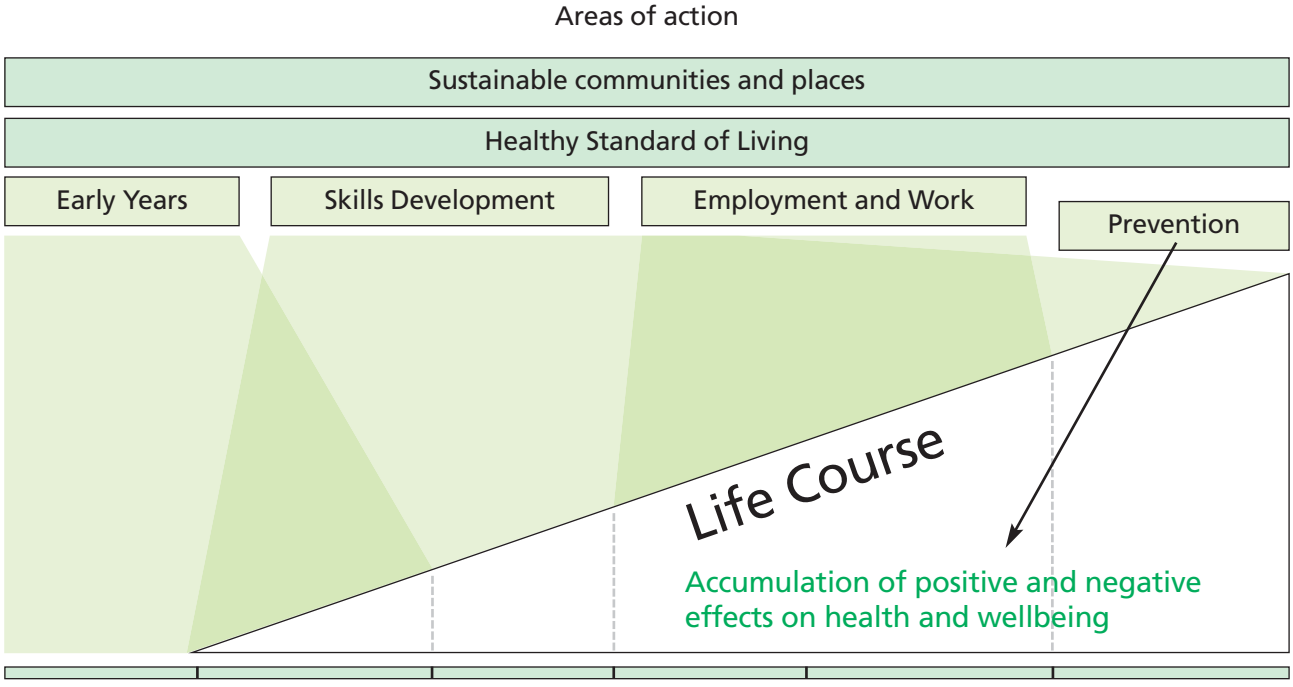
Health improvement is improving health and wellbeing in the population by increasing healthy life expectancy and reducing the difference in life expectancy and healthy life expectancy between communities.

This is achieved through the Public Health Skills and Career Framework[2]:

- Considering the health and wellbeing of the whole population and of specific groups within the population
- Mobilising the organised efforts of society to improve the health and wellbeing of the population and acting as an advocate for the public's health
- Enabling people and communities to increase their control over their own health and wellbeing
- Acting on the social, economic, environmental and biological determinants of health and wellbeing as seen previously in Figure 1.1

Improving population health and wellbeing requires action across the life course from before birth through to older age because positive and negative effects on health start before birth and accumulate through the life course as described in the Marmot Review[3] (Figure 2.1):

Figure 2.1 Life Course Approach to Health Improvement

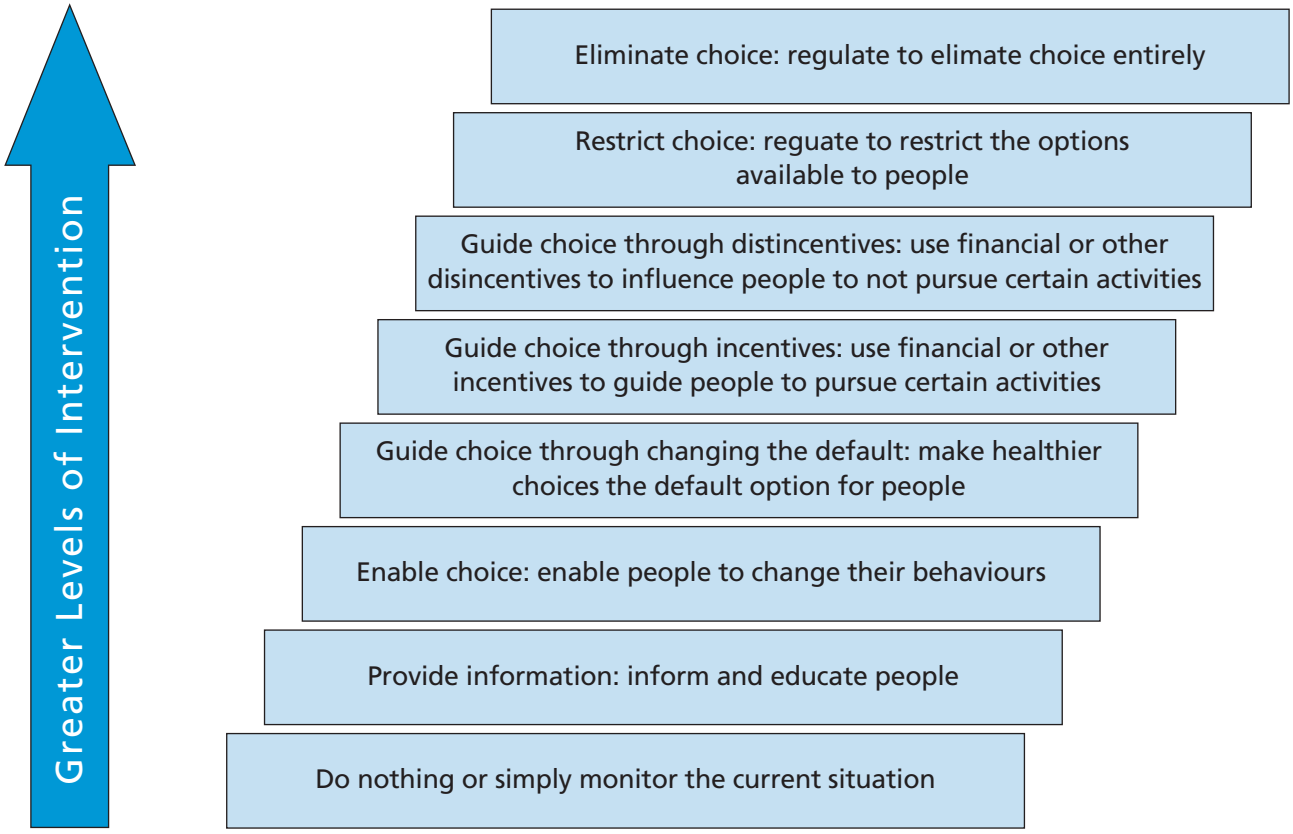


2 Public Health Skills and Career Framework (March 2009), Public Health Resource Unit, Oxford
3 Marmot M et al. (2010) Fair society, healthy lives. The Marmot Review. Strategic review of health inequalities in England post 2010; www.ucl.ac.uk/marmotreview

Chapter 2

Reducing the difference in health and wellbeing between communities requires giving everyone in the population a fair opportunity to lead a healthy life whilst minimising restrictions on people's freedom. The Nuffield Council on Bioethics's "intervention ladder" (Figure 2.2) is a useful way of thinking about the different ways that health improvement interventions can affect people's choices. Interventions that are higher up the ladder are more intrusive and therefore require a stronger justification.

Figure 2.2
The Nuffield Council on Bioethics intervention ladder[4]



4 Nuffield Council on Bioethics (2009) Public health: ethical issues. Cambridge; www.nuffieldbioethics.org

Chapter 2

The core skills of a specialist health improvement team

To improve population health and wellbeing by increasing healthy life expectancy and reducing the difference between communities, a public health function needs a number of health improvement core skills and competencies as set out in the Public Health Skills and Career Framework:

1. Surveillance and assessment of the population's health and wellbeing
2. Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and wellbeing
3. Policy and strategy development and implementation for population health and wellbeing
4. Leadership and collaborative working for population health and wellbeing
5. Plan and commission programmes to improve population health and wellbeing and reduce inequalities
6. Leadership of the development, implementation and evaluation of health improvement programmes across agencies, partnerships and communities
7. Influence and shape the development of sustainable, multi-agency capacity and resources to improve population health and wellbeing and reduce inequalities
8. Engagement with strategic partners in all sectors and the public to determine goals, priorities, strategies and success criteria for improving population health and wellbeing and reducing inequalities

The health improvement function prior to April 2013

Prior to the transfer of public health to local councils in England in April 2013, improving population health and wellbeing has been the responsibility of the NHS with local responsibility being a function of Primary Care Trusts. This responsibility has been largely met in the form of NHS programmes to support individuals to change their behaviour and adopt a healthy lifestyle, the main programmes being:

- The NHS Stop Smoking Service
- The NHS Health Checks programme to determine level of risk of vascular disease
- Identification and brief advice to reduce harmful alcohol consumption
- The Making Every Contact Count programme count to offer brief advice about healthy lifestyles
- The Change4Life programme promoting a healthy diet and physical activity

Photo: Change4Life

Chapter 2

There is still much work to be done within NHS healthy lifestyle programmes as many key health challenges still exist, including[5]:

- There are approximately 32,000 adult smokers (21% of adults) in Herefordshire
- Of these between 56% to 66% would like to quit smoking
- Around two in five adults report drinking alcohol above the recommended guidelines
- A fifth of adults report binge drinking
- Around 55% of adults in Herefordshire are classified as overweight or obese
- Only 36% of adults eat five or more portions of fruit and vegetables a day
- Only a third of adults meet the guidelines for physical activity in a week
- 23% of children aged 4-5 are either obese or overweight in 2010/11 (9% are obese)
- 33% of children aged 10-11 are either obese or overweight in 2010/11 (18% are obese)
- Only 24% of children eat 5 or more portions of fruit and vegetables a day

The impact on population health and wellbeing of unhealthy lifestyles in Herefordshire is considerable with:

- 304 smoking related deaths in 2011 in those aged 35+ years
- Approximately 1,635 hospital admissions in 2011/12 related to smoking, the major causes being lung cancer, ischemic heart disease and chronic airway obstruction
- 3,530 alcohol related hospital admissions in 2011/12, a 30% rise since 2007

The cost to the NHS in Herefordshire of hospital care resulting from unhealthy lifestyles is also substantial as:

- Smoking related hospital admissions cost £3.15 million in 2011/12
- Alcohol related admissions are estimated to have cost £6.25 million in 2011/12

The health improvement function from April 2013 onwards

Under the Health and Social Care Act 2012, from April 2013 local authorities will have new responsibilities to improve and protect the health and wellbeing of their population. To support councils to fulfil their new health improvement responsibilities, specialist health improvement staff will be transferred from the NHS to local councils funded by a public health grant which will include funding for existing local healthy lifestyle programmes.

The government's intention is that the new public health system will focus on achieving positive health outcomes for the population and reducing inequalities in health rather than on process targets as previously. An example of the change in emphasis is the change from measuring the number of smokers who quit for four weeks supported by the NHS Stop Smoking Service to measuring the proportion of adults in the population who smoke. The new outcome measure takes account of success in supporting people not to start to smoke and supporting smokers to quit for good not just for a short period of time.

The new Public Health Outcomes Framework includes indicators of improvement in the wider determinants of health (Domain One) and indicators of health improvement (Domain Two) which reflect the reason why the government is transferring responsibility for improving the health of the population from the NHS to local authorities as they include a wide range of indicators for which councils are already wholly or partially responsible.

5 Understanding Herefordshire 2012, http://www.herefordshire.gov.uk/factsandfigures/health.aspx

Chapter 2

Figure 2.3
Domain One and Domain Two indicators in the Public Health Outcomes Framework[6]

Domain One - indicators of improvement in the wider determinants of health	Domain Two - indicators of health improvement
Children in poverty	Low birth weight of term babies
School readiness	Breastfeeding
Pupil absence	Smoking status at time of delivery
First-time entrants to the youth justice system	Under 18 conceptions
16-18 year olds Not in Education, Employment or Training (NEET)	Child development at 2-2.5 years
People with mental illness or disability in settled accommodation	Excess weight in 4-5 and 10-11 year olds
People in prison who have a mental illness or significant mental illness	Hospital admissions caused by unintentional and deliberate injuries in under 18s
Employment for those with a long- term health condition including those with a learning difficulty/disability or mental illness	Emotional wellbeing of looked-after children
Sickness absence rate	Smoking prevalence - 15 year olds
Killed or seriously injured casualties on England's roads	Hospital admissions as a result of self-harm
Domestic abuse	Diet
Violent crime (including sexual violence	Excess weight in adults
Re-offending	Proportion of physically active and inactive adults
The percentage of the population affected by noise	Smoking prevalence – adult (over 18)
Statutory homelessness	Successful completion of drug treatment
Utilisation of green space for exercise/health reasons	People entering prison with substance dependence issues who are previously not known to community treatment
Fuel poverty	Recorded diabetes
Social contentedness	Alcohol-related admissions to hospital
Older people's perception of community safety	Cancer diagnosed at Stage 1 and Stage 2
	Cancer screening coverage
	Access to non-cancer screening programmes
	Take up of the NHS Health Check Programme – by those eligible
	Self-reported wellbeing
	Falls and injuries in the over 65s

6 http://www.phoutcomes.info/

Chapter 2

The new public health system creates the opportunity to develop a completely new approach to the wider determinants of health. Transforming council policies and services to increase their impact on health and wellbeing has the potential to reduce the difference in life expectancy and healthy life expectancy between communities in a way that NHS healthy lifestyle programmes alone have not been able to.

Action taken to improve healthy life expectancy will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs, as described in the Marmot Review. Improving the healthy life expectancy of working age adults is economically essential if people are going to be expected to work to an older age before they can draw their pension to balance the costs of people living longer.

Focusing solely on the most disadvantaged will not reduce the difference in healthy life expectancy sufficiently because the difference exists across the whole of the socio-economic spectrum of the population and is proportionate to the level of disadvantage that people are experiencing. The Marmot Review states that this action to reduce this 'social gradient' in health actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage or 'proportionate universalism'.

Reducing the difference in healthy life expectancy will require action on five policy objectives:

- Start well: give every child the best start in life
- Develop well: enable all children, young people and adults to maximise their capabilities and have control over their lives
- Work well: create fair employment and good work for all
- Live well: ensure a healthy standard of living for all and develop healthy and sustainable places and communities
- Age well: strengthen the role and impact of ill health prevention

Photo: Diamond Jubilee lunch for older people at the Kindle Centre, Hereford

The impact of NHS healthy lifestyle programmes can be increased if integrated with other approaches to support people to lead healthy lifestyles. The Nuffield Council on Bioethics public health intervention ladder previously described has been successfully used in Herefordshire to develop an integrated approach to alcohol harm reduction and achieve a greater impact than individual by integrating educational activities, healthy lifestyle services and enforcement activity, including the council's trading standards, environmental health and licensing powers.

Chapter 2

Recommendations

- The fact that Herefordshire Council has unanimously welcomed its new responsibilities for improving and protecting health needs to be built upon
- The successful use of the ladder of intervention in Herefordshire to develop an integrated approach to alcohol harm reduction should be extended to tobacco control and promoting a healthy diet
- The crucial importance for health and wellbeing and economic prosperity of a good start in the first few years of life needs to be widely understood and considered when funding decisions are being made
- A plan needs to be developed through the new system to support schools to promote healthy lifestyle choices and to develop a culture that supports children and young people to make healthy choices
- Programmes should be developed to achieve the council's ambition to demonstrate leadership through promoting the health and wellbeing of staff and their families.
- The experience of the NHS should be built on to develop a programme for council staff and contractors to Making Every Contact Count to give brief advice on healthy lifestyles and to provide information about the support available to people wanting help to change their lifestyle
- The connection that has been made between the ambition of the Local Transport Plan to promote active transport and the ambition of the NHS Health Checks programme to encourage people to increase their physical activity through walking and cycling should be built on.
- The opportunity should be taken to increase adult participation in sport through directing people from the NHS Health Checks programme to an expanded network of sports clubs offering return to sport sessions for adults.
- Healthy lifestyle services need to be expanded to include programmes to support people drinking harmful amounts of alcohol to reduce their consumption, and to support people who are overweight or obese to reduce their weight.
- The role of the new Healthy Lifestyle Trainer Service needs to be developed to support people who are unlikely to access universal healthy lifestyle services, and to undertake community development work to promote healthy lifestyles in communities where a high proportion of people have unhealthy lifestyles.
- Programmes should to developed to support people to enjoy good health and wellbeing in older age which should include opportunities to be socially engaged in their community, to be physically active to maintain their muscle strength to prevent falls and to maintain good nutrition by eating a healthy diet.

Chapter 3

Protecting people's health

What is health protection?

Protecting people's health means provision of a broad spectrum of services ranging from screening and immunisation to managing infectious disease outbreaks and other public health incidents, and is one of the three main domains of the public health function. PCTs have had the statutory responsibility for ensuring that the health of the population in the area they cover is protected. Herefordshire PCT has discharged this responsibility through the director of public health.

From April 2013, the public health function, along with the director of public health, is being transferred to the local council as set out in the Health and Social Care Act 2012 described in previous chapters. This chapter provides a description of the current state of health protection services in Herefordshire. It goes on to describe how health protection will be delivered within the future configuration of health agencies. It broadly sets out an outline of organisational responsibilities in relation to health protection services post April 2013. It specifically describes public health's role for health protection when it becomes the responsibility within the local council.

The core skills of health protection

In order to protect the health of the public, the public health function uses a number of core skills and competencies. These include:

- Strategically lead and direct multidisciplinary policy or programmes to protect population health, wellbeing and safety and achieve specified health goals
- Lead programmes of short- and long-term risk analysis in relation to actual or perceived major threats to health and wellbeing
- Lead improvement of capability, contingency planning and resilience in order to monitor and respond to an increasing variety of infectious and environmental hazards
- Lead complex risk communication (particularly with the public) on issues considered or perceived to be major threats to population health, wellbeing or safety
- Lead the epidemiological investigation of priority problems affecting health, wellbeing and safety
- Lead the management and investigation of incidents and outbreaks of infection
- Lead the planning, implementation and review of multi-agency measures to prevent, ameliorate or control risks to population health, wellbeing and safety

The health protection function prior to April 2013

Prior to April 2013 PCTs had the statutory responsibility for ensuring that the health of the local population in the area was protected and improved and that it complied with the requirements set out in the Civil Contingencies Act 2004, with a duty to assess, plan and advise in relation to emergencies and the risk of emergencies. PCT chief executives discharged their duties through a board level executive director, which in Herefordshire has been the director of public health.

Photo: flooding in the Lugg Valley

Chapter 3

Across the West Midlands NHS Emergency Preparedness, Resilience and Response (EPRR) governance and partnership arrangements have been configured on Local Resilience Forum (LRF) footprints. In total there five NHS EPRR governance structures in the West Midlands (West Midlands have existed overall, West Mercia, Birmingham, Staffordshire and Warwickshire) with the regional director of public health chairing a strategic level meeting comprising of the chief executive officers from each lead PCT, public health, the Health Protection Agency and ambulance service.

The West Mercia structure was called the West Mercia Health Resilience Network Board and was chaired by the Telford and Wrekin PCT chief executive officer acting on behalf of the Strategic Health Authority as lead PCT. Sitting under this board were three Health Resilience Forums; one each for Hereford and Worcester and the third combined one for Shropshire and Telford and Wrekin. Each Health Resilience Forum had responsibility to ensure that robust and duly tested inter-agency plans and response arrangements were in place to protect people's health from major incidents and other threats. It worked in partnership with the local multi-agency silver group and provided assurance to the West Mercia Health Resilience Network Board in this regard.

Herefordshire PCT had a framework agreement with the Health Protection Agency to provide specialist health protection services to the PCT, local council and people of Herefordshire. All suspected or confirmed sporadic cases or outbreaks of notifiable diseases and other communicable diseases were reported to the Health Protection Agency. Similarly, public health incidents such as chemical incidents were also reported to the Health Protection Agency. It would manage both sporadic cases and outbreaks and public health incidents during office hours. A West Mercia wide public health on-call rota also operated to cover this function out-of-hours. The director of public health provided local leadership in management of infectious disease outbreaks and public health incidents and was responsible for mobilisation of NHS resources and communicating with the public, key partners and stakeholders.

The PCT had the responsibility of commissioning immunisation and screening programmes. GP practices provide the childhood immunisation and flu vaccination programmes, whereas Human Papillomavirus (HPV) vaccine and school leaver booster are provided by the school nursing service.

Photo: Breast Screening Service

Broadly, there are two groups of screening programmes: cancer and non-cancer. Cancer screening programmes includes breast, bowel and cervical cancer screening. Non-cancer screening programmes include abdominal aortic aneurysm, diabetic eye and antenatal newborn and child health screening. Each programme has different service components and has been provided by a range of providers including primary care and NHS acute trusts. Each programme had a set of quality assurance standards and performance indicators to meet. They have been monitored through local multi-agency programme boards and working groups, and West Midlands Quality Assurance Reference Centres and Programme Regional Office.

Chapter 3

The Health Protection function from April 2013 onwards

The Health and Social Care Act 2012 abolishes primary care trusts, Strategic Health Authorities and the Health Protection Agency and establishes two new commissioning bodies: CCGs and the NHS Commissioning Board. Public Health England has been established and takes over the current functions of the Health Protection Agency in addition to other broader public health responsibilities.

The NHS Commisioning Board has a Local Area Team covering Coventry, Warwickshire, Worcestershire and Herefordshire. It is responsible for commissioning health protection services including immunisation and screening. It is ultimately responsible for emergency planning resilience and response arrangements across the four counties it serves. Herefordshire CCG has delegated commissioning responsibilities in relation to health protection services such as commissioning an antenatal newborn and child health screening programme, and has a key role in local emergency arrangements. Public Health England provides specialist public health services to local authorities, the NHS and the public, working in partnership with the Commissioning Board and director of public health.

The Health and Social Care Act 2012 also places a new responsibility on local authorities to protect and improve the health of their geographical population. Herefordshire Council will discharge these new responsibilities through the director of public health, who will provide leadership for the public health system in Herefordshire by providing advice, challenge and advocacy to protect and improve the local population. The health protection function of the local council from 1 April 2013 includes:

- ensuring that robust inter-agency plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks and health protection incidents to full-scale emergencies
- providing scrutiny and challenge to the Commissioning Board on its performance on screening and immunisation in relation to meeting the needs of the population
- maintaining oversight of population health and ensuring effective communication with local communities

Public Health Outcomes Framework (2013/16)

As previously mentioned, the local council's new functions will be monitored through a range of national indicators set out in the Public Health Outcomes Framework. The key indicators pertinent to health protection are as follows:

- Comprehensive, agreed inter-agency plans for responding to public health incidents
- The percentage of the population affected by noise
- Air pollution
- Mortality from communicable diseases
- Treatment completion for tuberculosis (TB)
- Chlamydia diagnosis (15 - 24)
- People presenting with HIV at a late stage of infection
- Population vaccination coverage
- Cancer screening coverage

Chapter 3

Herefordshire health protection committee

It is proposed that a health protection committee will be established as a sub-committee of the Herefordshire health and wellbeing board. The director of public health would chair the committee and membership will include senior managers from the key organisations holding health protection responsibilities. The overarching aim of this committee will be to provide assurance to the health and wellbeing board that there are robust inter-agency plans in place to protect the health of the population. This includes strategic plans for communicable disease control, infection prevention and control, emergency planning resilience and response, environmental health, sexual health and TB services, screening and immunisation services. The committee's work will feed into the health and wellbeing strategy and Integrated Needs Assessment and will utilise this appropriately to inform health protection commissioning and delivery. Figure 3.1 summarises the proposed integrated health protection model for Herefordshire.

Photo: Gaol Street Health Centre and Sexual Health Clinic

The committee would have an oversight of the delivery of health protection services including screening and immunisation programmes to ensure that services meet the needs of the local population. It will receive performance reports from the Local Area Team, CCG and service providers. It will provide a platform to discuss performance issues and develop multi-agency action plans to improve performance. The committee will produce formal reports on significant health protection issues for the health and wellbeing board on a quarterly basis; and will escalate urgent matters to the Herefordshire public health leadership team and Local Area Team. Figure 3.2 shows the accountability arrangements for the proposed health protection committee.

Chapter 3

Figure 3.1
Proposed integrated health protection model for Herefordshire

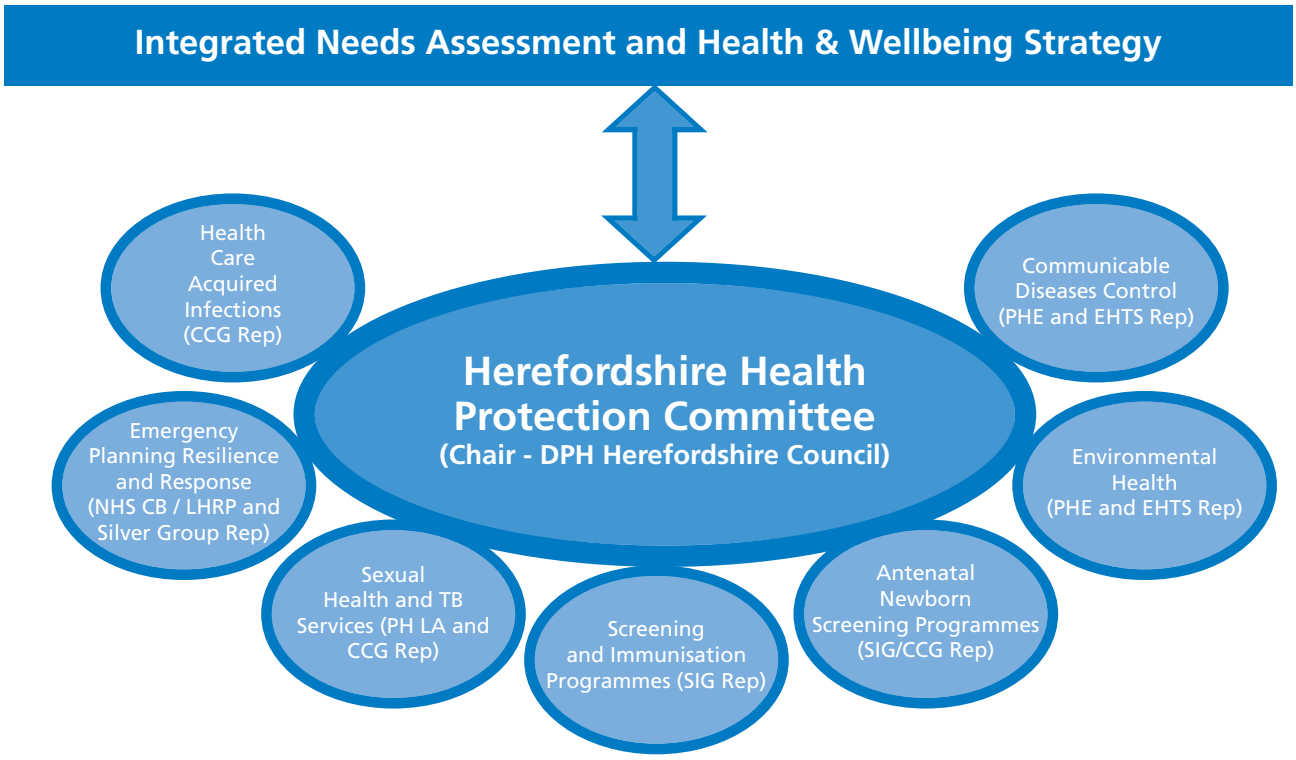
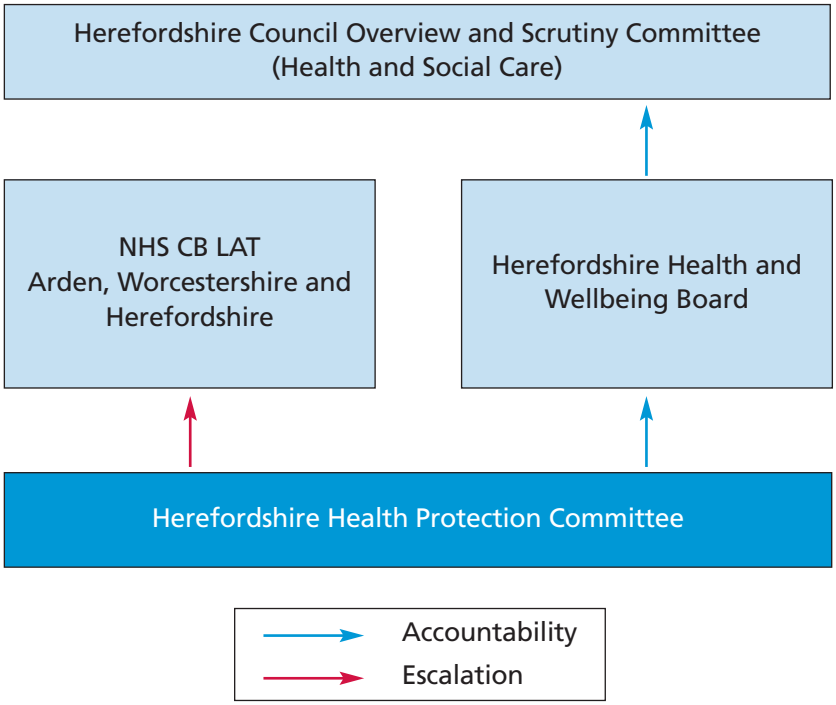


Figure 3.2
Proposed health protection committee accountability arrangements



Chapter 3

Emergency planning resilience and response (EPRR) arrangements

From April 2013 there are changes to the roles and responsibilities in relation to the emergency planning function. Overall the Secretary of State for Health will be ultimately accountable for emergency response, supported by the Chief Medical Officer and the Department of Health with a direct line of sight to the front line through the NHS Commissioning Board and Public Health England. The Department of Health will support the Secretary of State in the discharge of his/her responsibilities for assuring a 'whole system' accountable response. The Department will continue to have policy responsibility for EPRR across the health system in line with Cabinet Office requirements.

The NHS Commissioning Board is a Category 1 responder under the Civil Contingencies Act 2004 and is responsible for ensuring and assuring a comprehensive, risk-based, fit-for-purpose EPRR system is in place throughout the NHS for having authority to mobilise NHS resources when needed. It works closely with the Department of Health and Public Health England to achieve this[7], through a National Support Centre and four regional offices co-terminous with regional offices of Public Health England. There are eight Local Area Teams in the Midlands and East region.

CCGs have responsibility for assuring that the NHS and all NHS funded providers have duly tested plans in place to deal with major incidents and public health emergencies and are able to demonstrate resilience by having robust business continuity plans. CCGs also ensure that mobilisation of resources (both clinical and non-clinical), in the event of major incidents and public health emergencies, is built into the commissioning contracts with all NHS and non-NHS providers.

Public Health England is a new executive agency of the Department of Health and has responsibility to deliver specialist public health services to national and local government, the NHS and the public. PHE works in partnership with the NHS Commissioning Board and the local director of public health to protect the public against infectious diseases, minimise the health impact from hazards, and provide national leadership and coordination of the public health response to the emergency preparedness, resilience and response system[8].

At a national level, Public Health England supports the Department of Health to fulfil its role in the UK central government's national risk assessment process and ensures the delivery of the national EPRR strategy across the country. There are four regional offices of Public Health England; each ensures the delivery of national EPRR strategy in their region. There are 15 Public Health England centres, West Midlands being one of them.
Local Authorities (upper tier and unitary), through the role of the director of public health , have an additional responsibility to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full-scale emergencies, and to prevent, as far as possible, those threats arising in the first place[9].

NHS funded providers are required to appoint an accountable Emergency Officer to lead EPRR, cooperating and collaborating across organisations, in accordance with their own contracts, national guidelines and the provisions of the Civil Contingencies Act 2004 where appropriate. Individual organisations are required to cooperate and take part in multi-agency planning and response at the Local Resilience Forum level. Organisations are expected to manage incidents that affect only them, with escalation where necessary following agreed protocols[10].

7 Arrangements for Health EPRR (DH Communication dated 7th February 2012)
8 Public Health England Operating Model (2012)
9 Public Health in Local Government – Commissioning Responsibilities; Health Protection (DH December 2011)
10 Health and Social Care Act 2012 (Section 46)

Chapter 3

Recommendations

Council and elected members:

- Be familiar with new health protection responsibilities placed on the council by the Health and Social Care Act 2012
- Be familiar with the new heath protection functions of the director of public health in the council and the arrangements being put in place to discharge these functions such as the proposed health protection committee
- Understand the responsibilities of the NHS Commissioning Board, CCG and Public Health England in relation to health protection functions of the local council

NHS Commissioning Board Local Area Team and Herefordshire Clinical Commissioning Group

- Understand the new role and responsibilities of Herefordshire Council and the director of public health in relation to health protection
- Understand the EPRR functions and responsibilities in handling wider health protection issues
- Develop standard operating procedures with local partners in relation to responding to public health incidents

Public Health England West Midlands:

- Understand the new role and responsibilities of the council and director of public health in relation to health protection
- Develop a framework seeking local agreement on how Public Health England will provide health protection services to the NHS Commissioning Board Local Area Team, CCGs and local authorities

Local key partner organisations

- Understand the new role and responsibilities of the council and director of public health in relation to health protection
- Be familiar that the director of public health role in relation to emergency planning resilience and response is a leadership function, requiring assurance, and the NHS Commissioning Board Local Area Team is ultimately responsible for EPRR arrangements and for providing that assurance

Chapter 4

Healthcare public health

What is healthcare public health?

The UK Faculty of Public Health defines public health as: "The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society." Within this the Faculty identifies three key domains of public health practice: health improvement; improving services; and health protection. This chapter focuses upon the core domain of improving services, otherwise known as healthcare public health.

The aim of healthcare public health is to embed a population approach into NHS commissioning, to maximise population health and wellbeing outcomes and reduce health inequalities. To achieve this healthcare public health needs to input into all areas of the commissioning cycle (Figure 4.1). This input can best be described as ensuring an evidence based approach is used.

Figure 4.1 The NHS commissioning cycle

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

This means using public health skills to plan, procure, monitor and evaluate services on the basis of evidence of:

- Population need for services
- Clinical effectiveness of services – to maximise the health gain individuals receive from individual interventions
- Cost-effectiveness – to maximise the health gain achieved from the allocation of resources and range of services provided at a population level
- Service quality, understanding variations in practice in terms of structures, processes and outcomes
- Service outcomes and how they influence population outcomes
- Health inequalities and how to address them - in both access to services and outcomes from services

In addition, the healthcare public health function includes embedding prevention, health improvement and health protection functions into NHS commissioning.

The core skills of healthcare public health

In order to achieve its aims healthcare public health needs to have a number of core skills and competencies:

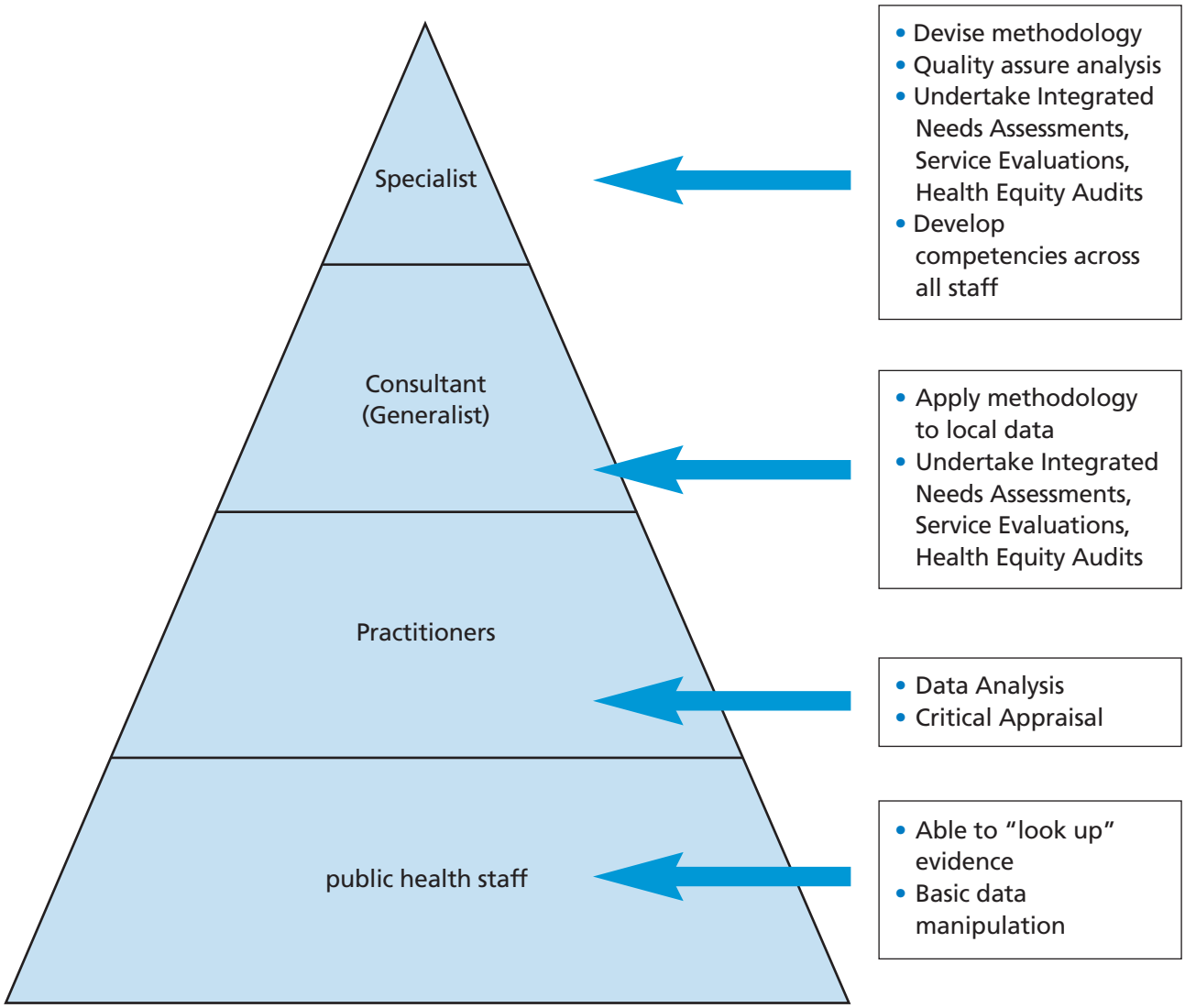
- The ability to comprehensively search for, and critically appraise, the research literature on both clinical effectiveness and cost-effectiveness of interventions or of models of service provision
- The ability to comprehensively search for, and critically appraise, the evidence of clinical effectiveness and cost-effectiveness from examples of "best practice"
- The ability to robustly evaluate the effectiveness of commissioned services – to identify how well they achieve their desired outcomes
- The ability to robustly evaluate the efficiency of commissioned services – to identify how many resources they require to achieve their desired outcomes
- The ability to evaluate and monitor population health outcomes
- The ability to evaluate and monitor population health inequalities

Chapter 4

- The ability to robustly assess population need for healthcare interventions - triangulating intelligence on the size of the problem, the current provision of services and the evidence of "what works", to identify solutions, resources required and priorities for action
- The ability to robustly "audit" health equity: understanding existing health inequalities and the solutions and partnership actions needed to address them
- Prioritisation - the ability to apply prioritisation methodologies to identify priority areas and the interventions that will have:
  - the maximal health gain
  - minimal health gain (low clinical effectiveness)

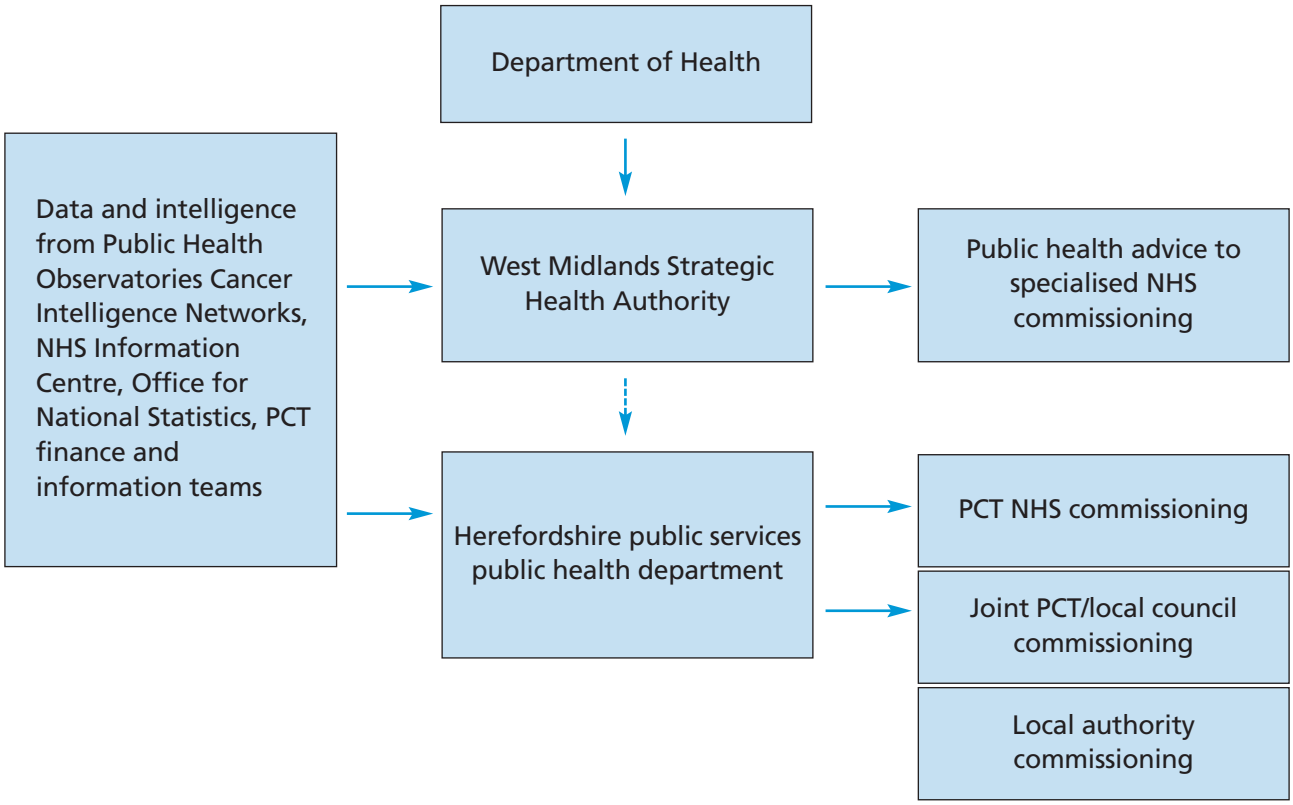
This requires a robust and resilient healthcare public health function, which we have described as our "pyramid of public health intelligence" (Figure 4.2).

Figure 4.2 Herefordshire pyramid of public health intelligence



Chapter 4

Figure 4.3 The healthcare public health delivery system prior to April 2013



The healthcare public health function prior to April 2013

Prior to April 2013 the delivery system for local healthcare public health was sited within Primary Care Trusts. It provided its functions to the PCT for the commissioning of NHS services and of services jointly commissioned with the local council. As well as producing its own and data and intelligence it received some from the Public Health Observatories, Cancer Intelligence Networks and Office for National Statistics. Limited oversight and support was provided from Strategic Health Authorities who were responsible for providing healthcare public health to the commissioning of specialised NHS services (Figure 4.3).

The specific role and functions of healthcare public health differed from area to area depending upon local structural configurations, skill-mix and relationships within Primary Care Trusts. Within Herefordshire the Primary Care Trust was part of a "deep partnership arrangement" with the local council, meaning that healthcare public health provided direct input to the commissioning of NHS services and services jointly funded with the local council.

Chapter 4

Particular aspects of the function also inputted into local council commissioned services and functions. These were to:

1. Lead strategic prioritisation and investment planning across the PCT and council
2. Lead the technical input into commissioning of NHS and other health and wellbeing services, to ensure that strategic investment planning and commissioning decisions were underpinned by a robust evidence base for clinical effectiveness and cost-effectiveness. This included clinical and non-clinical options for health improvement to ensure a shift in focus towards prevention locally
3. Lead the technical input and public health advice into the quality and performance management infrastructure of local NHS and other health and wellbeing services
4. Create robust processes for care pathway and service development and support the development, implementation and evaluation of clinically effective and cost-effective service developments
5. Develop and support a methodology to enable the PCT to understand the financial "return on investment" from interventions and programs of care
6. Develop ethically sound and operationally robust processes for disinvesting from interventions of limited clinical value
7. Develop and support ethically sound and operationally robust processes to consider individual funding requests for interventions not normally funded by the PCT
8. Lead the public health intelligence function to ensure monitoring of population and health and wellbeing trends and production of a robust evidence base to underpin commissioning and strategic investment decisions
9. Provide public health input into the assessment of overall population health and wellbeing needs through the Joint Strategic Needs Assessment. This was done locally through a partnership approach as the Integrated Needs Assessment.

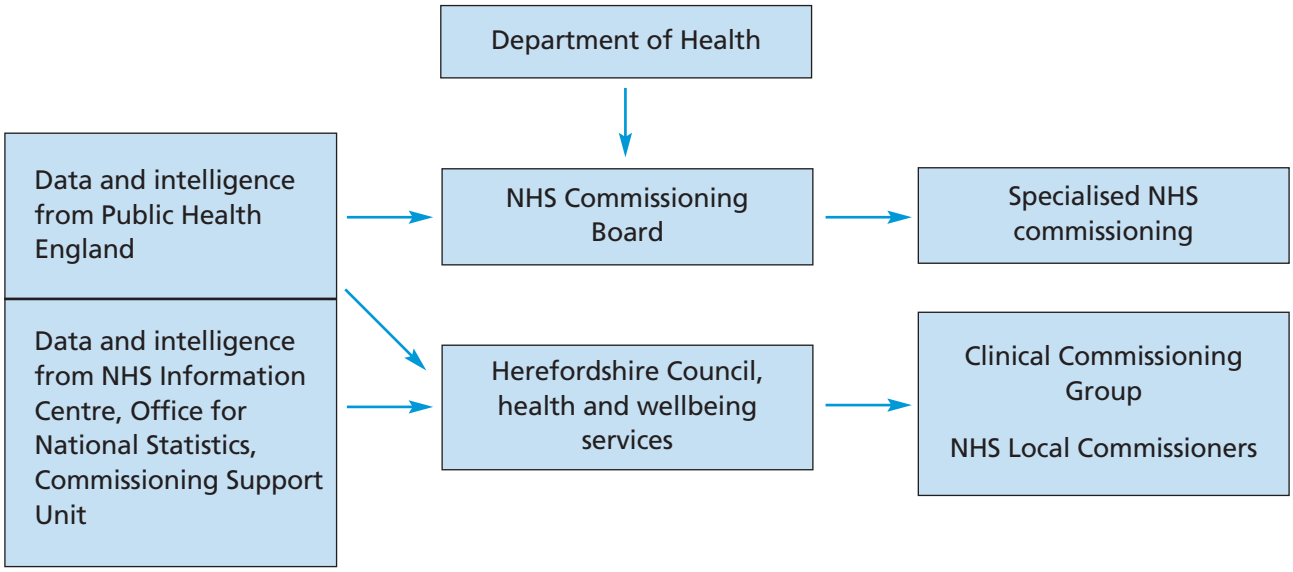
The healthcare public health function from April 2013 onwards

Under the Health and Social Care Act 2012 and the transfer of public health to local councils in April 2013, local councils will have a duty to provide healthcare public health. This will be in the form of providing specialist public health expertise and advice to NHS commissioners through a public health "core offer". In general this will be public health advice to CCGs which is described in more detail below. In certain circumstances the NHS Commissioning Board may exercise functions on behalf of CCGs and in these instances it may also include providing public health advice to the NHS Commissioning Board. In addition, the NHS Commissioning Board may request support and advice to address local issues in commissioning of primary care, immunisation or screening programmes.

Local authority public health teams will receive data and analysis from a number of sources which they will synthesise into intelligence to inform decisions and partnership working. Such sources include Public Health England, the Office for National Statistics, Commissioning Support Units, local council research teams and NHS information sources.

Chapter 4

Figure 4.4 The healthcare public health delivery system after April 2013



Local authority public health teams will be expected to provide support to CCGs in relation to strategic planning, procurement and monitoring and evaluation of services[2]. The level and type of support that Herefordshire Council's public health team will be expected to provide to Herefordshire Clinical Commissioning Group are set out in a Service Level Agreement between the two organisations. This also details the support that the CCG will agree to provide to Herefordshire Council and its public health team. Both parties will agree an annual work programme in advance.

The following section describes the areas where public health advice has an important role in supporting high quality commissioning:

1. Strategic planning: assessing needs

- Supporting clinical commissioning groups to make inputs to the joint strategic needs assessment and to use it in their commissioning plans;
- Development and interpretation of neighbourhood/locality/practice health profiles, in collaboration with the clinical commissioning groups and local authorities;
- Input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality
- Health needs assessments for particular; conditions/disease groups - triangulating intelligence on the size of the problem, the current provision of services and the evidence of "what works", to identify solutions, resources required and priorities for action.

2. Strategic planning: reviewing service provision

- Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs;
- Support on interpreting and understanding data on clinical variation in both primary and secondary care. Includes public health support to discussions with primary and secondary care clinicians if requested;
- Public health recommendations on reducing inappropriate variation;
- Public health support and advice to clinical commissioning groups on appropriate service review methodology.

2 Public Health in Local Government. Public Health Advise to NHS Commissioners. Department of Health, December 2011. Gateway Reference 16747

Chapter 4

3. Strategic planning: deciding priorities

- Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities;
- Advising clinical commissioning groups on prioritisation processes – governance and best practice;
- Working with clinical commissioners to identify areas for disinvestment and to enable the relative value of competing demands to be assessed;
- Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals;
- Horizon scanning: identifying likely impact of new National Institute for Health and Clinical Excellence guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation.

4. Procuring services: designing shape and structure of supply

- Providing public health specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning);
- Providing public health specialist advice on appropriate service review methodology;
- Providing public health specialist advice to the medicines management function of clinical commissioning group.

5. Procuring services: planning capacity and managing demand

- Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes;
- Public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs.

6. Monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views

- Public health advice on the design of monitoring and evaluation frameworks and establishing and evaluating indicators and benchmarks to map service performance;
- Working with clinicians and drawing on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes;
- Providing the necessary skills and knowledge, and population relevant health service intelligence to carry out health equity audits and to advise on health impact assessments;
- Interpreting service data outputs, including clinical outputs.

Recommendations

Work has taken place during 2012/13 to agree the "core offer" of support that Herefordshire Council's public health team will provide to Herefordshire Clinical Commissioning Group and the support that the council can expect from the CCG.

Examples of the support that the public health team will provide to Herefordshire Clinical Commissioning Group include:

- the production of needs assessments on agreed topic areas;
- evaluations of existing services;
- evidence on clinical and cost-effectiveness of interventions to inform both commissioning and de-commissioning decisions;
- advice on how to identify and address health inequalities.

The Service Level Agreement sets out details of the amount of support that can be provided within an agreed annual work programme.

Herefordshire Council and Herefordshire CCG will need to continue to work together in order to:

- implement a public health approach to health service commissioning across Herefordshire which seeks to improve population health and reduce health inequalities and which takes account of the public health skills and capacity available locally;
- ensure that commissioning decisions are informed by the Joint Strategic Needs Assessment and by the advice and support provided by the public health team;
- ensure a collaborative approach to the development of the Joint Strategic Needs Assessment and implementation of its recommendations.

Conclusion

The public health team in Herefordshire has been making good progress towards transferring essential public health functions to the local council and other organisations in the health system. Much planning has gone into this to ensure that those functions remain safe and effective throughout the period of transfer. Ensuring the population continues to receive good quality interventions that work to reduce health inequalities, improve and protect health and provide good value for money is paramount.

The recommendations from the individual chapters are given below in summary form to act as quick reference for checking progress as the public health team becomes embedded in the local council.

Recommendations

Chapter 1: A new framework for public health

Council members and senior officers

- Understand the full range of the council's public health responsibilities across all three domains of health improvement, health protection and healthcare public health
- Understand the council's general duty to improve health and reduce health inequalities and the potential to address this through a range of approaches lifestyle behaviour change and wider health determinants
- Understand their own role and the role of the democratic process in improving and protecting the health of local people and in the local council meeting its public health responsibilities
- Understand how the three domains of public health operate and how these are underpinned by the discipline of health intelligence
- Understand the role of the director of public health supported by the public health team and its consultants, specialists and practitioners in achieving health and wellbeing outcomes
- Understand the role of the director of public health as "accountable officer"
- Understand the potential for the council's new public health role to transform the way in which it approaches all of its functions
- Be familiar with roles of the new organisations established by the Health and Social Care Act 2012 including the CCG and Public Health England and with how these interact with each other
- Understand the council's role in the co-ordination of the local health and social care system including the role of the health and wellbeing board
- Understand the new arrangements for health protection during and after transition and the council's statutory responsibility to ensure that health protection plans are in place for the local population

Chapter 2: Health improvement

- The fact that Herefordshire Council has unanimously welcomed their new responsibilities for improving and protecting health needs to be built upon
- The successful use of the ladder of intervention in Herefordshire to develop an integrated approach to alcohol harm reduction should be extended to tobacco control and promoting a healthy diet
- Council members and senior staff need to be made aware of the crucial importance for health and wellbeing and economic prosperity for a good start in the first few years of life needs to be widely understood and considered when funding decisions are being made
- A plan needs to be developed through the new system to support schools to promote healthy lifestyle choices and to develop a culture that supports children and young people to make healthy choices

Chapter 3: Protecting peoples' health

Council and elected members

- Be familiar with new health protection responsibilities placed on the council by the Health and Social Care Act 2012
- Be familiar with the new heath protection functions of the director of public health in the council and the arrangements being put in place to discharge these functions such as the proposed health protection committee
- Understand the responsibilities of the NHS Commissioning Board, CCG and Public Health England in relation to health protection functions of the local council

NHS Commissioning Board Local Area Team and Herefordshire Clinical Commissioning Group

- Understand the new role and responsibilities of Herefordshire Council and the director of public health in relation to health protection
- Understand the EPRR functions and responsibilities in handling wider health protection issues
- Develop standard operating procedures with local partners in relation to responding to public health incidents and seek agreement from them

Public Health England West Midlands

- Understand the new role and responsibilities of the council and director of public health in relation to health protection
- Develop a framework seeking local agreement on how Public Health England will provide health protection services to the NHS Commissioning Board Local Area Team, CCGs and local authorities

Local key partner organisations

- Understand the new role and responsibilities of the council and director of public health in relation to health protection
- Be familiar that the director of public health role in relation to emergency planning resilience and response is a leadership function, requiring assurance, and the NHS Commissioning Board Local Area Team is ultimately responsible for EPRR arrangements and for providing that assurance

Acknowledgements

This report would not have been possible without the efforts of Clare Wichbold MBE who ensured its timely production and publication. Thanks are also due to the authors for each chapter: Dr Alison Merry, Dr Sarah Aitken, Dr Arif Mahmood and Dr Alison Talbot-Smith. The chapter authors have been supported by other colleagues in Health and Wellbeing Services and their contributions are greatly appreciated. Peter Stebbings contributed health intelligence information for the report. All photographs, unless otherwise acknowledged, were taken by Clare Wichbold MBE.

To prevent waste and save costs, only a small number of copies of the full report are being printed. The full Public Health Annual Report 2012 can be downloaded from the NHS Herefordshire and Herefordshire Council websites. If you require a paper copy of the full report, please contact Louise Harper, email louise.harper@herefordpct.nhs.uk.

Understanding Herefordshire is an annual summary document containing the key issues for Herefordshire as a whole. It replaces the State of Herefordshire report and the Joint Strategic Needs Assessment of Health and Well-being, and can be downloaded from the Facts and Figures website http://www.herefordshire.gov.uk/factsandfigures/1922.aspx.


NHS
Hereford & Worcester
BREAST SCREENING
SERVICE


Herefordshire NHS
Primary Care Trust
Gaol Street
Health Centre