

Welcome to the PHCN newsletter

This is the monthly newsletter of the Public Health Commissioning Network, and is one of the ways members of the Network can share ideas and solutions with colleagues around the country.

Contents

- p1 From the Editor
Swap shop
- p2 PH in Local Government
Factsheets
- p3 Members' responses to
the Factsheets
Fingertips
- p4 NICE recruitment
Tobacco control module
Epilepsy medication
survey
- p5 Behaviour change
in PH conference
The commissioning show
NICE guidance update
PHCN in numbers
- p6 PHCN evaluation
About PHCN

From the Editor

Welcome to the January newsletter. January saw the release of the new [public health outcomes framework](#) and [local government transition guidance on public health workforce issues](#) from the Department of Health.

This month we have an interesting article from Paul Edmondson-Jones on the Public Health in Local Government Factsheets followed by members' responses to the factsheets (see p2&3). We also have articles on the Fingertips indicator website (see p3) and a patient survey on epilepsy medication (see p4).

Don't forget to respond to this month's swap shop question (see p1) and please email us with a sentence describing a piece of work that went well or had interesting findings so we can include it in our "Activity Snapshot" in next month's newsletter (phcn@sph.nhs.uk).

Finally, thanks to all those who responded to the PHCN evaluation. We had a very positive response with the majority of you wanting PHCN to continue over the transition period and in the long-term (see p6 for key findings).

The swap shop

Share your commissioning problems with colleagues

Any answers?

Can you help a colleague out by answering the questions below? If so, please email the author directly, copying in phcn@sph.nhs.uk

We have one new question this month from Scott Lloyd who is a Health Improvement Specialist at NHS Redcar and Cleveland

Has anyone or is anyone considering procuring a weight management service using an any qualified provider approach? In addition, has anyone procured a hub as a single point of contact for a collection of lifestyle services such as smoking, obesity and healthy heart checks?"

Scott.lloyd@tees.nhs.uk

Any questions?

Got a **commissioning problem** you're currently wrestling with? See if any of our 600 members can help out – email phcn@sph.nhs.uk with the subject 'Swap shop' and your query will appear here next month.

Want to submit an article or publicise an event?

Contact phcn@sph.nhs.uk

Public Health in Local Government Factsheets

In July 2010 we were told in the NHS White Paper that a new National Public Health Service (which we now know as Public Health (England) of course) would be created to integrate and streamline existing health improvement and protection bodies and functions. In addition, we were told, the “PCT responsibilities for local health improvement would transfer to local authorities, with a ring fenced budget determined by population need and with a “health premium” to reward good outcomes. At this point in time, population healthcare advice to the NHS or the third domain of Public Health appeared to have disappeared into a big black hole. Even the publication of the Public Health White Paper in November 2010 brought no respite and in 96 pages, there was hardly any mention of the Third Domain. It was as if Healthcare Public Health had been sent to the Tower of London to be incarcerated forever – it felt like Public Health had suddenly been beheaded in a summary execution.

Roll forward one year to December 2011 and the publication of “Public Health in Local Government – Factsheets” and the Third Domain has been reprieved – now known colloquially as the “core offer”. It is something that local authorities will be mandated to do – although, as the NHS will know well, there can be many different interpretations of what “must do” actually means. The factsheet is clear: “Good population health outcomes, including reducing health inequalities, rely not just on health protection and health improvement, but on the quality of healthcare services provided by the NHS. That is why we are preserving a key role for local authority public health teams in providing public health expertise for the NHS Commissioners of these services.” So, due to the hard work and lobbying of many colleagues we finally have a victory of sorts for common sense, for public health, for the NHS and for the health of the population.

The turmoil and uncertainty started in July 2010 with the NHS White Paper and we have to be formed up and in our new roles by April 2013 – so we are over half way there already! The Local Government Factsheets now give us the springboard and framework to move forward apace. They tell us the usual “motherhood and apple pie” about the opportunities to take a population focus, the ability to shape local services to meet local need, the ability to influence the wider determinants of health and the ability to tackle health inequalities. However, they provide a very clear authoritative framework around the health protection, health improvement and population healthcare roles of Public Health in Local Authorities accompanied by a very strong outline of the role envisaged for the DPH. We are told that the Public Health Global Sum will be split roughly on a 40:40:20 rule – that is: 40% for NHS Commissioning Board, 40% Local Authorities and 20% PH (England). Some commentators have suggested that the effort or output of the public health team in a local authority would follow a similar 40:40:20 rule with 40% of the effort being on population healthcare advice to the NHS, 40% on health improvement and 20% on health protection.

With one eye on the 2012 Olympic Games, it could be said that the publication of the White papers in 2010 represented the call of “On Your Marks” while the Local Government and Public Health (England) Factsheets are the call to “Get Set” with the order to “Go” expected on 1 April 2013. The Factsheets are by no means perfect but they are far better than we could have dared to even dream of about a year ago. Like many of the cards we are dealt in our lives, they need improving but if we can be flexible, imaginative, creative and positive then our Public Health Profession and the new Public Health System will flourish.

Dr Paul Edmondson-Jones MBE
Director of Public Health
Portsmouth City Council

Over 630 members!

*PHCN now has over 630 members and is still growing.
If you'd like to join please email phcn@sph.nhs.uk*

Members' responses to the Factsheets:

- The fact sheets are useful in, at long last, recognising the role of healthcare public health but the capacity is discretionary on LAs and will not be provided uniformly whether needed or not. We still have no mandatory core offer nationally. The CCGs have no geographical population responsibility and their health service commissioning responsibilities are discretionary. When combined with the removal of the responsibility on the SoS to provide services as in the NHS Act, this will lead to increase in inequalities and worse health outcomes irrespective of the stated aims of public health in local authorities or the fact sheets.
- Very useful but further clarification required on specific areas included in transfer – for example the SH presumably still excludes HIV but not mentioned and not mentioned as change either.
- This 'offer' of Health care PH support will require more resource than most departments have. It also mirrored in the CSO Prospectuses that are appearing all over the country- and now in competition with the Local Authority paper which reflects that they think they are best placed to provide commissioning support to all and sundry
- Not clear from factsheets what is meant by 'public mental health services'. Commissioning guidance from DH will be forthcoming, but will highlight range of commissioners that create 'public mental health'. Need to ensure local authority & other key stakeholders understand what 'public mental health' is. That it covers a wide range of services and policy areas from parenting to protecting green space to workplace health and wellbeing programmes. It cannot be delivered by a public health budget alone through services, rather the pursuit of population wellbeing should be a shared goal by all partners.
- Briefly, the information lacks the scale and variance some areas will require. As someone from the substance misuse setting we are aware that a significant proportion of public health funding will be (from) substance misuse budgets, yet the papers give little indication of the size and scale of the task to be taken on.

Fingertips, the online indicator website from erpho, has been updated with new and revised indicators, especially within the child health section.

Visit <http://fingertips.erpho.org.uk>

- Fingertips is a rich source of indicators across a range of health and wellbeing themes, with specific sections on child health, adult social care, health inequalities and substance misuse.
- You can browse indicators at top-tier local authority and PCT level for the East of England, benchmark against the East of England or the England average, and export data and graphs to use locally.
- Designed for commissioners in local authorities, PCTs and CCGs, Fingertips can be used alongside your JSNA and to help track progress in population health improvements.

In the January update you will find:

- Child Health Inequalities domain has been renamed "The child population"
- 7 new indicators in Child Health: 3 related to hospital admissions, 4 related to demography
- 14 indicators updated in Child Health (7 of which also appear in the Health & Wellbeing section): breast feeding, smoking in pregnancy, child deaths, outcomes for looked after children, Foundation Stage profiles attainment
- 4 further indicators updated in Health & Wellbeing: NHS Stop Smoking Services indicators, Slope Index of Inequality for life expectancy

Further developments will take into account the newly released Public Health Outcomes Framework. We will be pleased to receive your questions, comments or suggestions by email to: feedback@erpho.org.uk or alternatively fill in the short User Survey accessed from the top bar of the website.

Help NICE to improve access to examples of local practice

- **Do you seek to learn from the work of others to improve standards in public health, prescribing or social care?**
- **Would you like to learn from the work of others, but don't know where to look?**
- **Would you be willing to give us your views to help improve the quality of our online examples used to support local practice and our plans to share this work more widely?**

The National Institute for Health and Clinical Excellence (NICE) provides evidence-based guidance and other products to help resolve uncertainty about which medicines, treatments, procedures and devices represent the best quality care and offer the best value for money for the NHS. We want to hear from you to help shape our work to improve access to local examples of how the health and social care workforce are improving quality and productivity, sharing current practice and overcoming barriers when implementing NICE guidance.

We are keen to hear from commissioners from a broad range of disciplines who would be willing to participate in a telephone interview that will take place between January and March 2012, followed by an optional short online survey.

Interested professionals can register online: <https://www.surveymonkey.com/s/Localpracticeonline>

We would be grateful for your assistance in helping us to communicate this information to your colleagues and peers.

For more information, contact user.research@nice.org.uk.

TOBACCO CONTROL IN PRACTICE A POSTGRADUATE CPD MODULE

The UK Centre for Tobacco Control Studies will be offering its fourth Continuing Professional Development module from 21-24 May 2012. Having been hosted last year at the University of Stirling, 2012 sees it returning to the City of Bath.

The module is aimed at professionals, at all levels, working in public health, health promotion and related fields. Taught by leading academics and practitioners in the field of tobacco control, the module comprises a balance of lectures, seminars and small group work.

It is available as a stand-alone CPD or may, upon successful completion of an assignment, be used to acquire credits at Masters level.

Aims

The module aims to provide participants with an overview of key concepts and issues in tobacco control. Adopting an evidence-based approach, the unit will provide a background in the origins and key debates in tobacco control and enable students to critically evaluate current tobacco control interventions. The unit will also help students consider how they can apply lessons from current and emerging areas of tobacco control to their own areas of work.

"The course was exceptionally well organised with all details covered. We were well looked after...and sad to leave! I will take the memories away with me."

"Only course I have ever been on that I wanted to go on for longer."

For further information please contact:
Cathy French
c.a.french@bath.ac.uk
01225 384263

Epilepsy – taking the tablets? A survey for people with epilepsy about their medication

Epilepsy Society has been working with The School of Pharmacy to develop a survey for people with epilepsy about their medications. The survey aims to understand the experiences of people with epilepsy who take anti-epileptic drugs: why they do (or do not) take their medications, how they feel about their medication, and whether anything helps, or hinders, them taking medication.

Epilepsy Society hopes, through this survey, to better understand how people with epilepsy feel and think about their medications, and to find ways in which to help support individuals with 'taking the tablets'.

The survey can be accessed through Epilepsy Society's website at www.epilepsysociety.org.uk/targetingseizures

Printed copies are available from Epilepsy Society by calling 01494 601 392. Any healthcare professionals who would like to promote the survey can contact Epilepsy Society for a display poster.

2nd National Conference Broadcast Behaviour change in public health

Wednesday 29th February 2012
Westminster Studios, London SW1P

Best practice in promoting wellbeing, making efficiency savings and evaluating the ROI of behaviour change initiatives

Speakers include:

Anne Milton MP

Parliamentary Under-Secretary of State for Public Health

Dr Laura Haynes

Head of Policy Research, Behavioural Insights Team,
The Cabinet Office

Dr Paul Edmondson-Jones

Director of Public Health,
Portsmouth City Council

Claire McDonald

Behaviour Change Unit,
London Health Programmes

Professor Mike Kelly

Director of the Centre of Public Health Excellence, NICE

For more information please visit:

www.neilstewartassociates.com/sh287

Commissioning Show

Olympia, London
27th and 28th June 2012

Commissioning 2012 brings together senior figures from public health, social care and nursing management.

It aims to deliver a blend of practical advice, real solutions, facilitated learning and networking that clinicians and managers can take back to their day to day roles.

It includes key notes, workshops and Q&A sessions on six programme streams covering both clinical and leadership topics.

Free passes are available.

Register on line using the following link

<http://www.commissioningshow.co.uk/registration-alice/>

NICE guidance update

NICE published the following guidance in January 2012 which may be of value to commissioners, available by searching the NICE website (www.nice.org.uk) or directly by clicking the relevant link below.

Interventional procedures [Breast reconstruction using lipomodelling after breast cancer treatment](#) | [Bronchial thermoplasty for severe asthma](#) | [Deep brain stimulation for refractory epilepsy](#) | [Percutaneous transluminal radiofrequency sympathetic denervation of the renal artery for resistant hypertension](#)

Technology appraisals [Chronic obstructive pulmonary disease - roflumilast](#) | [Colorectal cancer \(metastatic\) 2nd line - cetuximab, bevacizumab and panitumumab \(review\)](#) | [Follicular lymphoma - rituximab \(review\)](#) | [Leukaemia \(chronic myeloid\) - dasatinib, nilotinib, imatinib \(intolerant, resistant\)](#) | [Venous thromboembolism - apixaban \(hip and knee surgery\)](#)

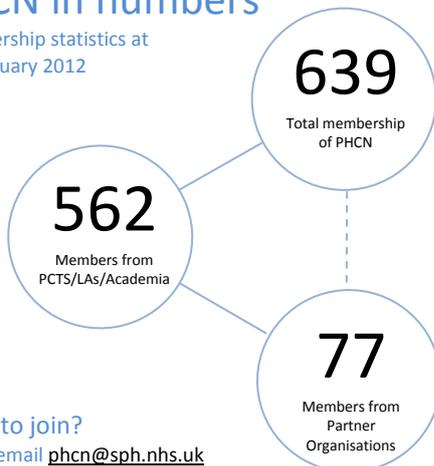
Public health guidance None

Clinical guidelines [Epilepsy](#)
[Colorectal cancer \(metastatic\) 2nd line - cetuximab, bevacizumab and panitumumab \(review\)](#) | [Follicular lymphoma - rituximab \(review\)](#) |

Commissioning guidance [End of life care](#)

PHCN in numbers

Membership statistics at
31st January 2012



Want to join?

Please email phcn@sph.nhs.uk

Please keep your membership details up-to-date.

If you've recently changed organisations, interests or role, please email phcn@sph.nhs.uk so the Member Directory remains current. Thanks.

PHCN evaluation

Thank you for all your responses to the PHCN evaluation. We had a positive response with members highly valuing PHCN and wanting it to continue through the transition period and beyond.

Key findings:

- 77 members responded.
- Members valued the Newsletter most highly, followed by the Casebook and the least valued was the Members' Directory.
- 93% of responders felt there would be a need for PHCN in the long-term, with the majority stating there will be a greater need than ever because public health commissioners will be fragmented and the transition period is likely to extend further than 2013.
- In the short-term, members felt that PHCN should act to share experience of the transition process, how to make the new system work, understanding of local government workings and how to engage with public healthcare commissioning. In addition it should act to keep the Members' Directory up-to-date so we can track where members have moved to in the new system.
- In the long-term, some members felt that PHCN should stay as it currently is, others felt that it should provide more rapid access to information through a closed website and some felt that there is too much uncertainty around the new commissioning arrangements to currently know what is needed from PHCN in the future.

The following options are being considered for PHCN in the future:

- Continue in its current form
- Produce the monthly newsletter
- Develop a closed online website with a chat forum
- Organise training days to enable networking and share learning

Quotes:

"The PHCN should continue forever"

"I really value the publication and share it across my directorate. It's a good vehicle for sharing information."

"An appreciation that I am part of a network nationally when I often work in isolation locally"

"The info and network is really valuable and fills a gap out there - I would like to see it continue and will help raise its profile as we go forward."

"The PHCN has been valuable in my work areas over the last 3 years and in terms of value for money, this is a "no-brainer" I do hope we will still be able to access, share, inform and embed commissioning systems through this forum both in the short and long term."

"As PH take on different roles and responsibilities it will be important to share good practice problems etc even more so than ever before."

About PHCN

The Public Health Commissioning Network (PHCN) was founded in 2008 to try to link together everyone involved in commissioning for public health problems - working in the NHS in PCTs and SHAs, or in Local Authorities for the wider determinants of public health; and from Directors of Public Health and Health Improvement Principals in PCTs to Housing Officers and Directors of Adult Social Services in Local Authorities.

After an evaluation of the first year of PHCN (available at www.phcn.nhs.uk), the Network is now more focused, acting as a support to put commissioners in touch with one another via the Member Directory, and help them share and learn from experiences through newsletters such as this, and the Casebook.

If you would like to join PHCN or submit an article or information for the next monthly PHCN newsletter please email phcn@sph.nhs.uk and we'll get back to you.

The PHCN team:

- Lisa Peto, PHCN Public Health Specialty Registrar, Solutions for Public Health
- Matthew Clarkson, PHCN Project Officer, Solutions for Public Health
- Jenny Wright, Executive Director, Solutions for Public Health
- Dr Tom Porter, Consultant in Public Health Medicine and PHCN Project Associate
- Sir Muir Gray, Consultant in Public Health Medicine and Director, Knowledge into Action