

# Better Healthcare Public Health

*Rebranding for the new world:*

*Populations, Systems, Networks, Pathways*

Issue 7 | June 2013

Contents	From the Editor
Population Healthcare Seminars 1	<p>Welcome to the June edition of Better Healthcare Public Health. For this month's issue we received a broad range of submissions from individuals working across all the new Public Health structures. Thanks to all who have contributed. The newsletter is all about encouraging members to share information and experiences and engaging with each other, so please keep the articles coming. On page 4, Xia Li and colleagues summarise the results of a questionnaire in which elected council members were surveyed about their opinions and levels of understanding of the 2011 Public Health White Paper. Councillors' responses were generally positive, though two interesting issues were described as barriers to the delivery of public health outcomes through local authorities: blurred accountabilities and cultural differences. Further exploration and addressing of these important aspects will be crucial to effective partnership working. This month's swap shop question concerns pathways to identify undiagnosed diabetes. If anyone has any experience, suggestions or comments please get in touch (<a href="mailto:phcn@sph.nhs.uk">phcn@sph.nhs.uk</a>). We also have articles highlighting recent publications, upcoming events and training opportunities from the National Institute for Health Research (NIHR), the Public Health Action Support Team (PHAST), the London Health Inequalities Network, and the Child and Maternal Health Intelligence Network (formerly ChiMat). Finally, local organisations are invited to join the Smokefree Action Coalition – a national coalition working to end harm from smoking. We hope you find the information useful.</p>
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## Population Healthcare Seminars 2013

Public Health England's half-day population health seminars aim to strengthen the skills public health professionals can use to improve health by increasing attention on value in healthcare. Seminars take place from 11am-3pm at Wellington House, London. Seminars are **free of charge**.

Date	Topic	Facilitator
7 June 2013	<a href="#">New paradigms in commissioning for outcomes</a>	Nicholas Hicks & Steve Laitner
12 July 2013	<a href="#">Liberating inequalities - TBC</a>	Chris Bentley

For further information, to get in touch or to make suggestions for future seminars, please visit [www.betterhealthcarepublichealth.net/seminars](http://www.betterhealthcarepublichealth.net/seminars) or email [sarah.moore@medknox.net](mailto:sarah.moore@medknox.net).

**730 members!**

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## Sustainable System-wide Commissioning

A guide entitled 'Sustainable system-wide commissioning: how a whole-system approach leads to more sustainable healthcare' and associated tools are aimed at Clinical Commissioning Groups (CCGs) that want to deliver system-wide commissioning which will, as a consequence, lead to healthcare services that operate in a more sustainable way. Explicitly considering the wider system within which services are embedded and making improvements to services with a view to this broader context will lead to more sustainable healthcare. The NHS needs to follow the lead that some large corporations such as Unilever and Marks & Spencer are successfully pursuing in this area.

Adopting the principles behind what is essentially a global change agenda, will strengthen the ability of CCGs to commission services and pathways that improve the quality of care, health outcomes and efficiency of services by making the best use of **all** resources that are available from both inside and outside the NHS. Whilst the new structures within the NHS have yet to become fully operational, the current period of transition should be seen as a significant opportunity to change the way that things are done, rather than simply replicating what has gone before. The principles and tools outlined in this document reflect the latest thinking and approaches from both within the NHS but also take learning from the wider business community. They will be applicable whatever direction future healthcare commissioning may take.

The document (published March 2013) was co-written and researched by:

- Forum for the Future ([www.forumforthefuture.org](http://www.forumforthefuture.org))
- Centre for Sustainable Healthcare ([www.sustainablehealthcare.org.uk](http://www.sustainablehealthcare.org.uk))
- NHS Institute for Innovation and Improvement ([www.institute.nhs.uk](http://www.institute.nhs.uk))

Access the report and connect with others working to include sustainability within healthcare commissioning at <http://sustainablehealthcare.org.uk/commissioning>.

## Swap Shop *Share your commissioning problems with colleagues*

**Any Answers?** Can you help a colleague out by answering the question below? If so please email the author directly, copying in [phcn@sph.nhs.uk](mailto:phcn@sph.nhs.uk).

**This month's question comes from Farzana Qadri from Lewisham Council.**

I am currently working in Public Health in Lewisham. Together with one of the Public Health Consultants, Katrina McCormick, I am trying to develop a business case of care pathway in response to the NICE guidance looking into detecting undiagnosed diabetes in the community. In other words, we are trying to set up a pathway for eliciting undiagnosed diabetes in Lewisham. Has anyone else done something similar?

Please send replies to [farzana.qadri@lewisham.gov.uk](mailto:farzana.qadri@lewisham.gov.uk) or [fqadri30382@doctors.org.uk](mailto:fqadri30382@doctors.org.uk) and copy in [phcn@sph.nhs.uk](mailto:phcn@sph.nhs.uk) so we can publish your responses in our next newsletter.

## Swap Shop *Share your commissioning problems with colleagues*

**Any Questions?** Have a **healthcare or commissioning problem** you're currently wrestling with? See if any of our 730 members can help. Email your query to [phcn@sph.nhs.uk](mailto:phcn@sph.nhs.uk) with the subject 'swap shop' and we will publish it in next month's newsletter.

*Want to submit an article or publicise an event?*

Contact [phcn@sph.nhs.uk](mailto:phcn@sph.nhs.uk)

## Elected Council Members' Responses to the Public Health White Paper Consultation: A Questionnaire Survey

Stephen Horsley, Xia Li, Stephen Rogers, David Spence

The delivery of public health outcomes in England was transferred from the NHS to a local authority base in April 2013. Local government was given the responsibility and funding to develop their own ways of improving public health and reducing health inequalities in their areas. Decision making in local authorities is underpinned by principles of local participative democracy, and elected council members (councillors) will have a key role in shaping public health priorities and initiatives in the future. The interests and preoccupations of individual councillors and their understanding of public health matters are likely to vary considerably.

In this study we sought engagement with councillors as stakeholders to obtain information on their current thinking, levels of understanding and commitment to the Public Health Agenda. A questionnaire survey was, therefore, conducted with councillors in Northamptonshire County Council in the East Midlands, England. This survey took place between 1<sup>st</sup> September 2011 and 1<sup>st</sup> December 2011. The questionnaire was underpinned by the consultation questions listed in the 'Healthy Lives, Healthy People: Transparency in Outcomes' and contained sections covering the scope of the overall framework, priorities, indicators, and alignment, then key barriers and benefits.

Based on a response rate of 65%, the results demonstrated that the majority of councillors agreed with the statement of the overall framework and the focal areas of the future public health agenda. They felt strongly that society, government and individuals have a collective responsibility for improving and protecting the health of the local population, that a co-produced Outcomes Framework could better address local needs and that Health and Wellbeing Boards would be the most appropriate route to determine and monitor needs. They recognised the proposed indicators as important and directly related to strategic priorities of the County Council. From a list of options, they also selected "patients diagnosed with cancer earlier", followed by "healthy weight in children and adults" as priority areas. In respect of the proposed integrated approach to health and social care in Northamptonshire, they identified the key barriers as "blurred accountabilities" and "cultural differences of partners", and key benefits as "joint commissioning and planning" and "financial savings".

Councillors are lead representatives of their community and are able to influence services, and the wider local economy. They will be important advocates for both a better understanding of and addressing local need. Councils have undertaken additional responsibilities including health and wellbeing and are required to work more closely with health services. Overall responses were considered and thoughtful. Councillors, like public health staff are reflecting on opportunities and challenge as different organisational cultures adapt to new ways of working particularly around the localism agenda. It will be important for Public Health practitioners to understand the fundamental differences and nuances which permit Local Authorities to function through elected representatives and how such individuals can be used to champion Public Health issues.

Further exploration is needed, to explore the rationales behind disagreements and to identify solutions which will reflect the priorities of all partners and collective responsibilities to achieve effective integration.

For further information or to access the full report please contact [xia.li@nice.org.uk](mailto:xia.li@nice.org.uk).

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## NHS England and Specialist Commissioning

The commissioning of specialised services has changed under the Health and Social Care Act. Specialised services encompass conditions which are rare or which require specialised teams working together within specialist centres. They are often referred to as ‘high cost – low volume’ services and account for approximately 10% of the NHS budget. The classification of a service as ‘specialist’ is determined by its assessment against four factors: number of individuals requiring provision of service; cost of providing service or facility; number of individuals able to provide service or facility; and financial implications for CCGs if they were required to commission service themselves.

As of 1<sup>st</sup> April 2013, the overarching responsibility for specialised services commissioning – as well as Justice Health and Armed Services health services – lies with NHS England. NHS England works nationally, regionally and locally. At a national level, NHS England sets priorities and maps the strategic direction. A single NHS Outcomes Framework will ensure national standardisation through a set of service specifications, standards, policies and quality measures that apply across the country. Service specifications will include a clear description of the service, outcome measures and quality standards. Beneath each service specification, individual clinical commissioning policies are in place to ensure a nationally-consistent approach to accessing services and receiving treatments.

At a local level, ten of NHS England’s 27 Area Teams (AT) will be responsible for operational delivery and contracting: Cumbria, Northumberland, Tyne and Wear; South Yorkshire and Bassetlaw; Cheshire, Warrington and Wirral; East Anglia; Leicestershire and Lincolnshire; Birmingham and the Black Country; Bristol, North Somerset and South Gloucestershire; Wessex; Surrey and Sussex; and London.

These ten ATs will work in partnership with Clinical Commissioning Groups (CCGs) and other stakeholders and contract local providers to ensure that patient pathways are appropriate to local need. To ensure health services are responsive to local needs as well as nationally consistent, NHS England has four regional offices tasked with co-ordinating commissioning approaches between regions and localities and ensuring equitable, high quality health services across England. The regions will work alongside the national team to develop policy and strategy and lead on the regional implementation and strategy of delivery.

PHE will offer public health support to NHS England’s local, regional and national teams. Public health consultants will be embedded within each of the ten ATs responsible for specialised service commissioning. Their role will be to support the local service level specialised commissioning function, whilst working through the specialised services Programmes of Care supporting clinical policy development and providing expert advice for national specialised services strategy and operational delivery. In addition there are two posts employed by PHE nationally based within the Specialised Services team within the Medical Directorate. These posts will work with colleagues within specialised services and across Public Health England directorates to ensure integration with national policy on relevant.

For further information see [www.england.nhs.uk/resources/spec-comm-resources/](http://www.england.nhs.uk/resources/spec-comm-resources/). For contact details for individual ATs see [www.nhs.uk/servicedirectories/Pages/AreaTeamListing.aspx](http://www.nhs.uk/servicedirectories/Pages/AreaTeamListing.aspx).

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## Balance – The North East Alcohol Office

Balance is the North East of England's Alcohol Office. Established in 2009, it is the first and only dedicated regional alcohol office within the UK designed to follow in the footsteps of tobacco control by taking a population level, de-normalisation approach to alcohol harm. We aim to change the culture around alcohol and reduce the impact that it is having on our region. Over the past year, the office has continued to implement an evidence-based alcohol harm reduction programme and by working in partnership, we have seen sustained progress in many areas of work – awareness of harm is up; support for policy change is up; and there are early signs that consumption and harm is falling.

Against a backdrop of great change, partners in the North East have shown real vision and commitment to tackling alcohol-related harms, not least by the region's local authorities renewing the investment in Balance and agreeing a two-year contract. The office continues to build its work plans around the most up-to-date evidence base and operates according to the key principles outlined in the World Health Organisation's 'Global strategy to reduce the harmful use of alcohol' and 'Health First: An evidence-based alcohol strategy for the UK'. Priorities begin by ensuring alcohol remains a priority for public sector organisations in the region while work programmes will focus on building public and political support for measures to reduce the affordability, availability and desirability of excessive consumption. For more information, visit our website at [www.balancenortheast.co.uk](http://www.balancenortheast.co.uk) or follow us on Twitter: [@BalanceNE](https://twitter.com/BalanceNE).

## PHAST Training Events

Public Health Action Support Team (PHAST) are offering a number of events as part of their Spring/Summer 2013 training programme. Upcoming events are listed below. Further information is available at [www.phast.org.uk/training/springsummer2013](http://www.phast.org.uk/training/springsummer2013).

### Introduction to Public Health – 4th July

The training day aims to provide participants with the knowledge and skills to understand the key components of public health and health promotion. It explores examples of past and present public health work and the role that everyone plays in the promotion of public health. It focuses on the key determinants of health and ill-health and the importance of epidemiology for studying the patterns, cause, and effect of health and disease in defined populations. To book or find out more click [here](#).

### Understanding the modern media – 4<sup>th</sup> July 2013

One-day seminar for NHS/Local Authority managers and staff covering the role of social media (Facebook, Twitter, YouTube) in shaping your reputation. role-plays in telephone, radio and television interviews. devising an eye-catching communications plan, and dealing with the modern media in the new era of scrutiny and transparency. Whether a media veteran or media novice, this course will give you skills and confidence to deal with journalists and broadcasters.

### Critical Appraisal Skills Workshop – 11th July

How can we make sense of all information – often indigestible jargon and of questionable quality – about medicine and healthcare with which we are bombarded? Critical Appraisal skills enable you to assess the trustworthiness, relevance and results of published papers so that you can decide if they are believable and useful. This interactive half day workshop will help you familiarise yourself with key concepts in critical appraisal and apply these to a real study and consider the implications of your appraisal in the context of a public health scenario. To book or find out more click [here](#).

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## London Health Inequalities Network: Recent Publications

The London Health Inequalities Network (LHIN) published in March two key documents to support boroughs in mitigating the impact of the economic downturn and welfare reforms for their local populations. They are:

**Keeping well in hard times: protecting and improving health and wellbeing during an income shortfall:** This document summarises the evidence base linking income and health and identifies key service areas to mitigate the negative health effects associated with a drop in income and interventions. It includes a template flyer for boroughs to publicise the local and national interventions on offer. Available at [www.lho.org.uk/Pages/viewResource.aspx?id=17975](http://www.lho.org.uk/Pages/viewResource.aspx?id=17975).

**Welfare benefits advice through general practice surgeries: business case** and **Planning capacity of welfare benefit advice in GP practice: a toolkit:** This document and toolkit provide a comprehensive, evidence-based template for a local business case, delivery models and an example service specification. Available at [www.lho.org.uk/Pages/viewResource.aspx?id=17974](http://www.lho.org.uk/Pages/viewResource.aspx?id=17974) and [www.lho.org.uk/viewResource.aspx?id=18148](http://www.lho.org.uk/viewResource.aspx?id=18148). The key audience for both documents is Directors of Public Health, Health and Wellbeing Boards, Local boroughs, Clinical Commissioning Groups and voluntary sector organisations.

The LHIN, chaired by Ruth Wallis, is made up of Directors of Public Health and their health inequalities leads from the 11 most deprived boroughs in London: Barking & Dagenham, City & Hackney, Greenwich, Hammersmith & Fulham, Haringey, Islington, Lambeth, Lewisham, Newham, Southwark and Tower Hamlets. The membership and terms of reference of the network are currently being reviewed to ensure effective influence in health inequalities issues pan London, which will include expansion of the network to support more boroughs, in the lights of the recent changes to Public Health delivery. More health inequalities publications from LHIN can be found at [www.lho.org.uk/LHO\\_Topics/National\\_Lead\\_Areas/LHIN.aspx](http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/LHIN.aspx). For more information please contact [Joanne.Drake@phe.gov.uk](mailto:Joanne.Drake@phe.gov.uk).

## Child and Maternal Health Intelligence Network news

We have updated our **Twitter** name to reflect our move to the Child and Maternal Health Intelligence Network, Public Health England: [@PHE\\_Children](https://twitter.com/PHE_Children). We'd love you to join us and look forward to sending you tweets and hearing from you there.

The **PHE Annual Conference 2013** will provide an opportunity for over 1,000 participants from local authorities, NHS, PHE and partner organisations to meet, exchange ideas and learn about the latest developments in public health research and practice. We are organising a session, *Saving lives, before birth and during early infancy*, on 11<sup>th</sup> September and would be very pleased to receive abstract submissions by **3<sup>rd</sup> May** from those working on this at a local level.

**Substance use:** Most young people will experiment with alcohol, tobacco and other drugs at some point during their adolescence. A significant proportion will become regular users and, for some, this will create problems. Our new knowledge hub brings together key reports and policies, latest research, guidance, events and news about this issue. [www.chimat.org.uk/substanceuse](http://www.chimat.org.uk/substanceuse)

**Europe knowledge hub:** The Europe hub brings together a range of resources relating to the health and wellbeing of mothers, children and young people across Europe. It is continually updated with new resources. [www.chimat.org.uk/europe](http://www.chimat.org.uk/europe)

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## Invitation for local organisations to join the Smokefree Action Coalition

The national coalition to end the harm from smoking, the Smokefree Action Coalition (SFAC), is looking for new recruits from across the country. The SFAC hopes that by widening local membership it can play a role in supporting the transition of public health. Readers of this newsletter will be only too well aware that many people still do not realise that smoking is the largest cause of preventable death in England with 80,000 deaths a year. This is more deaths than those caused by alcohol, obesity and suicide put together. Moreover, smoking is a major cause of health inequalities, responsible for half the difference in life expectancy between the richest and poorest in this country. Some have said that tobacco control is 'done' but while it continues to be such a significant cause of death and disease in all our communities, and particularly our most disadvantaged, the job is far from over.

The SFAC is working both nationally and locally to support continued action on tobacco control. Lessons of the past suggest that working collectively can be highly effective:

- Comprehensive strategies supporting concerted action across a number of areas of government are the most effective way of reducing smoking prevalence. The case for this is best made through a wide coalition.
- There is a rapidly growing evidence base on tobacco and local action can significantly benefit from being part of networks of good practice.
- The tobacco industry has used its tremendous wealth to 'throw sand in the gears' of regulatory reform on tobacco. Together we can stand against their influence both nationally and locally.

Historically PCTs were members of the SFAC as the local leaders for health. However, with the massive changes in local government it is important that all those with duty to the public's health join the SFAC and demonstrate the strong level of local support for tackling tobacco related harm.

The SFAC is a rapidly growing coalition of over 140 local and national organisations. Membership of this network gives you and your organisation access to a range of benefits including:

- **Support and advice:** available to members around specific tasks, for example in responding to national consultations
- **Information:** regular flow of information through weekly emails and detailed briefings on core topics
- **Profile:** membership indicates your organisation's commitment to ending the harm caused by tobacco. You can display the SFAC logo on your website and your name will also appear on the SFAC website.
- **Networks:** an excellent way of staying in touch across the country, for example through the annual conference
- **Collective action:** opportunities to be part of the national tobacco control platform, including taking part in collective action regionally or nationally

Membership is free. The costs of the SFAC are covered by a group of national charities allowing local organisations to benefit from free membership. To join, email [hazel.cheeseman@ash.org.uk](mailto:hazel.cheeseman@ash.org.uk) or visit [www.smokefreeaction.org.uk](http://www.smokefreeaction.org.uk).

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## NIHR Public Health Research (PHR) Programme Advisory Board

Join the NIHR PHR Advisory Board to influence the direction of research for public health

With the changing public health environment it is vital that those who hold the responsibilities contribute to building the national evidence base that will help to guide local decision making. The NIHR Public Health Research (PHR) Programme funds research evaluating non-NHS interventions with the potential to improve the health of the public and reduce inequalities in health, including interventions in education, the built environment, transport and social care. Local authorities and their partners in the third sector are at the heart of service delivery in these areas, and are crucial in helping the PHR Programme identify and commission new research into the questions that matter most to public, community and voluntary services. The PHR Programme has a number of vacancies on the Programme Advisory Board and would welcome applications from senior public health decision makers from across the UK. The deadline for applications is **1 July 2013**. For more information and to apply, visit [www.phr.nihr.ac.uk/boards/apply.asp](http://www.phr.nihr.ac.uk/boards/apply.asp).

### NICE Guidance Update

NICE published the following guidance in May 2013. Documents are available at [www.nice.org.uk](http://www.nice.org.uk) or by clicking on the links below.

**Interventional procedures** [None](#)

**Technology appraisals** [Schizophrenia & bipolar disorder](#) | [Macular oedema](#)

**Public health guidance** [None](#)

**Clinical guidelines** [Social anxiety disorder](#) | [Feverish illness in children](#)

**Commissioning guidance** [None](#)

**Quality standards** [None](#)

NICE has also developed a number of [Public Health Briefings](#) aimed at local government and partner organisations. The following was published in May 2013: [Obesity](#)

### BHPH in Numbers

Membership statistics 1<sup>st</sup> June 2013



**Better Healthcare Public Health** Better Healthcare Public Health (formerly the Public Health Commissioning Network) was founded in 2008 to link together those commissioning for public health problems. Better Healthcare Public Health has evolved in the face of changing commissioning structures across England. The network will be integrated into Public Health England's Health Improvement and Population Health Directorate in 2013. The Better Healthcare Public Health Team consists of:

- Gracia Fellmeth, Public Health Specialty Registrar, Solutions for Public Health
- Monica Dent, Consultant in Public Health Medicine, Solutions for Public Health
- Sir Muir Gray, Consultant in Public Health Medicine and Director, Knowledge into Action

### Have your contact details changed?

If so, please let us know so we can keep our mailing list up-to-date and you can continue to receive our newsletter. E-mail us at [phcn@sph.nhs.uk](mailto:phcn@sph.nhs.uk) with your new details.