



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Note: This paper is written for all organisations which have a public health function and/or department. It is recognised that there are many organisations which have a public health function - Health Authorities, Health Boards, Academic Departments, Primary Care Organisations, Cancer Registers, to name a few - and that the language and examples will need to change to recognise the broad church of public health organisations and departments. However, throughout the document, the general term 'public health department' and 'organisation' will be used.

GOOD PUBLIC HEALTH PRACTICE

STANDARDS FOR ORGANISATIONS WITH A PUBLIC HEALTH FUNCTION

Governance in Public Health Departments, Employing Organisations and Partner Organisations

INTRODUCTION

This paper is in two parts; the first part is an overview of the key issues and the second part is a list of the suggested standards cross-referenced to the ten key areas for public health practice.

1. STRATEGIES AND STRUCTURES

The Faculty of Public Health strongly supports the concept of improving the quality of the public health and the quality of measures aimed at improving the public health. In the context of public health, quality must be related to processes and to outputs (which may be intermediate) as well as to health outcome, which may often involve a long timeframe.

National standards and national service frameworks^{1&2} are relevant to both processes and outputs, and it is reasonable to include reports and other documents as outputs alongside changes in health services and health indicators.

Governance of the public health function in public health departments, whether in health authorities and boards, primary care organisations, hospitals, academic departments, or in wider areas of work, needs to be based on explicit strategies and objectives for those departments. It will also require such organisations to have their own quality and governance structures and committees at the highest level. A formal representative of the public health profession at board level is also necessary if a governance system is to be realistic and effective.

2. LEVEL FOR ASSESSMENT AND IMPROVEMENT OF QUALITY OF THE PUBLIC HEALTH FUNCTION

In the view of the Faculty of Public Health there are four distinct (although overlapping) areas of activity within the overall public health function. It is recognised that the main role for the Faculty is in the first two areas, but it is important that the wider context is considered.

2.1 The individual public health practitioner

A separate paper covers this level.

2.2 Departments of public health and other similar groups of public health professionals

These are almost invariably multi-professional groups whatever the location may be and the multi-disciplinary dimension of governance will be essential. Since teamwork and partnership are essential in public health practice, governance should focus on effective work of the public health team. Revalidation of public health professionals will need to take account of teamwork.^{3&4} The Faculty has a specific role in visiting departments with respect to training of specialist registrars and public health specialists.

2.3 Employing organisations

The prime role of such organisations is to improve the health of the population. Ensuring high quality services and good population health should be the focus of the assessment and governance of the whole organisation. The organisational responsibility will change dependent on the organisation in which the public health department is located.

It is recognised that public health practitioners are in the minority and, therefore, could not be held to account for the whole organisation.

2.4 Partner organisations

A great deal of the work of organisations with a public health function, in trying to improve the public's health, involves partner organisations, both statutory and non-statutory. A number of the elements relating to public health governance could be used to assess the success of work with partner organisations.^{4,5&6} It is suggested that, as a minimum, each department should identify all the partners they need to work with to improve the public's health.

3. SUGGESTED STANDARDS FOR THE INDIVIDUAL, THE DEPARTMENT, THE ORGANISATION AND PARTNER ORGANISATIONS

Suggested standards are set out in the attached table, which are cross-referenced to the ten key areas of public health practice.

An organisational checklist for the appropriate management systems could include:

- Effective health programmes in place
- Explicit professional standards laid out
- Risk management programme in place – including emergency plans
- Critical incident reporting procedure in place
- Complaints procedure set out
- Performance appraisal system in place and recognised as the employing organisation's responsibility
- CPD programme for all staff
- Links forged with performance management
- Regular departmental meetings to -
 - review procedures
 - audit department's work
 - develop annual work programmes/business plans
 - ensure adequate resources and infrastructure
- Mechanisms in place to deal with poor performance
- External appraisal (including peer review)
- Induction of new staff
- Health and safety policy

4. SPECIFIC ASPECTS OF THE ASSESSMENT OF STANDARDS

4.1 Audit and Effectiveness

Organisations (with a public health function), with their partner organisations, need to carry out a systematic review of all their health programmes. These will identify whether the approaches taken are improving the health of the local population. Any organisation will have local targets for improvement as part of its plans and performance systems. The targets provided in government documents will allow an authority to clearly identify progress.

Organisations (with a public health function) will work with other NHS and local government groups in the development and maintenance of appropriate standards for their work. Chief executives will carry responsibility for standards setting and monitoring.

Audit of the public health department's work should sit within the review by the organisation with its partner organisations but could specifically include the department's business plan or annual work programme, annual public health report⁸ and regular audit of performance in relation to infectious disease control. The Faculty will promote group audit processes both internally and externally and assist in the setting of standards for groups of public health professionals, noting that most public health activity depends on effective team working. Individual audit is assumed to be both part of the departmental audit process as well as part of the individual's CPD

4.2 Risk Management

Each organisation, in conjunction with its partners, should have a risk management programme in place as described in the official guidance³. This will cover all the work of the organisation and will specifically ensure that there is a regular monitoring of complaints and critical incidents. It is also important that arrangements are in place to have named Caldicott guardians¹⁰ who may not necessarily be within a public health department. Screening programmes, emergency planning and the procedure for dealing with poorly performing doctors will be included in the monitoring process. An organisation must ensure that there are clear lines of responsibility at corporate level to avoid problems caused by lack of clarity or by the omission of necessary action.

At the departmental level, it is important that a risk management programme is in place and working effectively. The programme will be part of the corporate governance arrangements and will ensure that a systematic review of all untoward incidents affecting the public health department, for example, a major chemical incident, have been dealt with.

Critical Incident Reporting: The whole organisation will need to be involved in critical incident monitoring. Regular reviews will be made within the organisation where public health practitioners work, which would include the need to ascertain the quality of the clinical or non-clinical input from public health in the specific circumstances.

Complaints: Complaints from clients, which implicate or involve public health physicians or public health practitioners, will also be monitored by the departments where they work. This may involve patients or patient groups but may also involve professional colleagues and managers within organisations. Informal, as well as formal, complaints need to be dealt with.^{4&11}

Maintaining good records: Organisations need to provide resources and also secure storage for confidential material. Departments of public health are frequently involved in giving advice to other colleagues. Clear documentation

will be needed to assess the extent to which that advice is based on sound evidence. High profile incidents involving public health departments frequently result in a subsequent police enquiry into the cause of the incident. Accurate and complete documentation of the involvement of the public health department can be expected.^{4&11}

4.3 **Professional and Personal Development Appraisal - Team and Organisational Development**

Each organisation, together with its partners, will have a clear business plan or work programme (often through the Health Improvement Programme). The objectives of the public health department need to be clearly identifiable. The staffing and resources allocated to the public health department should be compatible with the objectives set. The organisation needs to ensure that the supportive infrastructure, including information, library and administrative systems, is appropriate to the tasks set.

The work of the public health department is key to identifying the health needs of the local population. A clear link will be expected between the work of the department and the systems of performance management of the authority or board. Each department of public health will be expected to have developed its own business plan or annual work programme.

In order to ensure that there is regular discussion of the issues affecting the department of public health there should be regular departmental meetings. The work of the department will involve partnerships, for example with primary care trusts (or equivalent) or local authorities, so the partners will need to be involved in developing and reviewing business plans and performance.

All departments of public health should have a clear system of performance appraisal in place. The precise arrangements will depend on local circumstances. It is important that the arrangements include all members of the department.

Continuing Professional Development: Departments of public health must ensure that all members have developed personal development plans for CPD. Organisations must ensure that practitioners have adequate time and resources to complete their agreed CPD requirements.¹² The time needed has to comply with the Faculty guidance for CPD.

4.4 **Dealing with Poor Performance**

Organisations need to have a clear set of policies and procedures for dealing with poor performance, including pathways for remediation. This should be an open and transparent process.

Among other suggested mechanisms are:

- (a) evaluation of projects should be undertaken where formal audit is not possible;
- (b) development of peer review ('buddying' system – where departments review each other);
- (c) review of community participation – to assess the degree to which genuine public involvement is both invited and incorporated in the activity of the organisation/department;
- (d) in England the Regional Directors of Public Health have a role to 'develop and strengthen the public health function', and the Commission for Health Improvement (CHI) has a role. These could be additional external appraisals.

**SUGGESTED STANDARDS FOR PUBLIC HEALTH GOVERNANCE FOR THE
DEPARTMENT, THE EMPLOYING ORGANISATION AND THE PARTNER
ORGANISATION**

TEN KEY AREAS OF PUBLIC HEALTH PRACTICE

1. *Surveillance and Assessment of the Population's Health and Well-being*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Annual report to the health authority specifically and accurately outlining the major health risks and disease patterns in the local population. • The adoption of relevant disease measures at Primary Care Group/Trust (PCG/T) level, and the interpretation of this information. • Perceiving current and emerging disease risks in the UK population and the impact of this locally. • Input to interpreting and defining action in relation to high-level performance indicators on disease in the local population. • A proactive approach to measuring health and disease locally by interpreting data, using currently available sources and accurately adapting to the local level. • Identification of inequalities in health. • Identifying vulnerable sub-groups and proposing interventions. • Good information systems <i>available</i> to monitor disease and determinants of disease trends, and further the contribution of public health to formulating health strategy. • All staff have access to computers, software and the Internet to carry out this function. 	<ul style="list-style-type: none"> • Health Improvement Programme (HImp) has needs assessment as an integral part. • DPH report to influence the Health Improvement programme. • Resources allocated to surveillance systems. • Local information strategy reflects the public health agenda, ie HImps, Clinical Governance etc. • Library stocks statistical bulletins, health surveys etc. 	<ul style="list-style-type: none"> • Involvement in the HImp, information supplied to contribute to needs assessment. • Policies consider health impact assessment. • Partners covered by the local information strategy. • Information shared on an aggregate basis and confidentially on an individual basis, subject to Caldicott guardians. • Partners covered by the local information strategy.

2. *Promoting and Protecting the Population’s Health and Well-being*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Adopting the standards developed for communicable disease control. • Demonstrate how the key determinants of health apply in the local population; assessing health needs. • Action to address health inequalities. • Identifying effective interventions, including outlining the strength of the evidence, and working with others to implement these. • Delivering on the priorities in the National Priorities Guidance. • Perceiving and assessing the potential impact of the environment (physical and social) locally. • Provide a public health response to adverse serious incidents arising in local services that place the health of the public at risk. 	<ul style="list-style-type: none"> • Adequate resources for CDC and environmental health function. • Encourage partnership organisations to consider the implications of their policies for the population’s health. • Demonstrate the balance between promoting health and improving health services in the HImP. • Screening programmes reviewed, and funded with quality assurance systems in place. • Respond to advice on health risk. • Having available information on significant community partnerships with named linked health professionals. 	<ul style="list-style-type: none"> • Partners are aware of the effect their policies have on health. • Policy reviews include health impact assessment as part of the review.

3. *Developing Quality and Risk Management within an Evaluative Culture*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Recommendations of NICE implemented. • Public health governance system in place (involvement in revalidation procedures). • Documented evidence available for that function. • Regular audit meetings held to review performance. • External appraisal system in place. 	<ul style="list-style-type: none"> • Identifying the priorities for quality development. • Action identified in the HImP to bring about agreed improvements in quality. • Recognising and promoting good practice. • Supporting and facilitating the development of clinical governance amongst all local NHS organisations. • Identifying those services which have “insufficient critical mass” on a local basis and ensuring adequate alternative arrangements. • Ensuring good clinical governance arrangements for functions, including communicable disease control, obtaining appropriate clinical advice and health needs assessment. • Performance management systems in place to review audit performance and to learn from audit. • Policies for poor performance. 	<ul style="list-style-type: none"> • Identifying the priorities for quality development. • Action identified in the HImP to bring about agreed improvements in quality. • Recognising and promoting good practice. • Performance management systems in place to review audit performance and to learn from audit.

4. Collaborative Working for Health

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Knowing the key contacts within local government, the voluntary sector and other sectors for major aspects of work. • Developing a pro-active and collaborative relationship with these contacts based on mutual trust and an understanding of each other's agenda and perspective. • Working with local politicians. • Finding levers to gain maximum impact in dealings with local government and other agencies. • Communicate effectively with the public and others. 	<ul style="list-style-type: none"> • Building common values and purpose with partners. • Making the most of scarce management resources. • Participating in the local Workforce Confederation. 	<ul style="list-style-type: none"> • Building communications and purpose with partners. • Policies consider health impact assessment.

5. *Developing Health Programmes and Services and Reducing Inequalities*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Robust system in place to prioritise health issues (within a set of identified principles). • Priorities identified in Business Plan; ensure priorities are included in the delivery mechanisms in the local community, eg HImP. • Priorities identified in HImP. • Principles include implementing evidence-based services which impact positively on health. 	<ul style="list-style-type: none"> • Robust system in place to prioritise health issues (within a set of identified principles). • Principles include evidence-based services which impact positively on health. • Priorities identified in Business Plan; ensure priorities are included in the delivery mechanisms in the local community, eg HImP. 	<ul style="list-style-type: none"> • Robust system in place to prioritise health issues (within a set of identified principles). • Priorities identified in HImP. • Principles include evidence-based services which impact on health.

6. Policy and Strategy Development and Implementation

Department	Employing Organisation	Partner Organisation
<p>Reactive</p> <ul style="list-style-type: none"> • Providing named officials who will liaise and provide input to commissioning, the prescribing committee, ad hoc enquiries and working groups on health care. • Provide a public health response to adverse/serious incidents arising in local services that place the health of the public at risk. • Ensure that all decisions are based on best current available evidence (annual review of the level of evidence offered by the department in response to priorities and demands). <p>Proactive</p> <ul style="list-style-type: none"> • Provide input to teams developing solutions and innovations in the challenges faced by the local health economy. • Working with PCG/Ts to develop new service models in the local health economy. • Giving a strategic view of future development in health care. • Ensuring that all decisions are based on the best current evidence available, and putting these decisions into the public domain. • Promote research into the gaps in evidence. • Share work by posting on internet sites, eg service delivery practice database. • Knowing and understanding the nature of national policies that impact on the public health. • Establishing the networks locally and wider afield to effect policies in the most appropriate forum/setting. 	<ul style="list-style-type: none"> • Giving a strategic view of future development in health care (re “Leadership for Health”³). • Developing a system for dealing with healthcare technologies. • Ensuring that all decisions are based on the best current evidence available. • Review of services is based on evidence. • Developing a system for dealing with new healthcare technologies. • Prioritising resources to those most in need. • Public health integral to policy development of the organisation. • Priorities for policy development originate from DPH annual report. • Priorities for policy development reflect national and local priorities guidance. 	<ul style="list-style-type: none"> • Ensuring that all decisions are based on the best current evidence available. • Review of services is based on evidence. • Involvement in the HImP, including information supplied to contribute to needs assessment. • Policies consider health impact assessment.

7. Working with and for communities

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Skills developed in communication, persuasion and public presentation to have maximum impact in dissemination of public health messages. • Effective and proactive communication through the media to raise awareness of health and disease locally. • Effective reactive communication through the media, so that the public receive a clear, accurate and understandable message about actual or potential risks to their health. • Effecting good internal communication so that a co-ordinated approach to public health can be taken within the organisation. • Effecting good communication between the first points of contact in the department and the world outside, even for ad hoc queries. • Listening to the public. • Responding appropriately to public requests about health matters. • Anti-discriminatory approach to advocacy. 	<ul style="list-style-type: none"> • Involvement of the public in both the development and delivery of the HImP. • Strategy developed for involving the public. • Ensuring PCG/Ts have effective arrangements for involving the public. • Community development approaches taken in the development of services and ensuring the public take responsibility for their own health. • Effective and proactive communication through the media to raise awareness of health and disease locally. • Effective reactive communication through the media, so that the public receives a clear, accurate and understandable message about actual or potential risks to their health. 	<ul style="list-style-type: none"> • Co-ordination of consultation exercises with the public. • Joint strategy developed for involving the public. • Citizen panel developed. • Community development approaches taken in the development of services and ensuring the public take responsibility for their own lives. • Effective and proactive communication through the media to raise awareness of health and disease locally. • Effective reactive communication through the media, so that the public receives a clear, accurate and understandable message about actual or potential risks to their health.

8. *Strategic leadership for health*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Giving a clear, accurate and consistent message from the department about the determinants of health, risks of ill health and effective health care locally, by marshalling the relevant skills and knowledge at the right time and place. • Maximising the potential of staff to use their skills and abilities to best effect. 	<ul style="list-style-type: none"> • To provide strategic leadership for improving health and tackling health inequalities. • Ensuring all parts of the NHS work together and are properly equipped to take on the challenge of national priorities, applying and sharing good practice. • Effective performance management. • Facilitate and manage change. • Knowledge base. • Strategic partnerships in place with key organisations. 	<ul style="list-style-type: none"> • To recognise the health organisation as the strategic leader for improving health within the strategic partnership arrangements locally.

9. *Research & Development*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none">• Entries put on the new service delivery practice database (website to share practice).• Training policy in place.• Research and development programme in place relevant to public health.	<ul style="list-style-type: none">• Ensuring access to NHS learning network.	

10. *Ethically Managing Self, People and Resources*

Department	Employing Organisation	Partner Organisation
<ul style="list-style-type: none"> • Ensuring individuals maintain their skills and expertise through CPD and personal development plans. • Skills and expertise appropriately applied to business plan – through individual’s objectives or work programme. • Regular individual performance and development reviews. • Robust system in place to prioritise health issues (within a set of identified principles). • Priorities identified in business plan ensure priorities are included in the delivery mechanisms in the local community, eg HImP. • Priorities identified in HImP. • Principles include implementing evidence-based services which impact positively on health. • Regular individual and performance and development reviews. • Training policy in place. 	<ul style="list-style-type: none"> • Promote and develop individual’s professional competence. • Work towards or obtain Investors in People standard or alternative standard (implementing organisation wide process of staff appraisal and personal development). • Support partnership working by encouraging individuals to use their professional skills with other organisations. • Ensure access to educational programmes. • Provide an occupational health service. • Robust system in place to prioritise health issues (within a set of identified principles). • Principles include evidence-based services which impact positively on health. • Priorities identified in business plan ensure priorities are included in the delivery mechanisms in the local community, eg HImP. • Ensuring access to educational programmes. • Training policy in place. 	<ul style="list-style-type: none"> • Public health advice used in policy development. • Provide an occupational health service. • Robust system in place to prioritise health issues (within a set of identified principles). • Priorities identified in HImP. • Principles include evidence-based services which impact positively on health.

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The table has been adapted from a paper by Dr Y Doyle, Public Health Department, Merton Sutton and Wandsworth Health Authority – Aims and objectives; standards and effective public health; governance within the organisation; workplan for 1999/00.