



Faculty of Public Health
Public Health Resource Unit
Association of Public Health Observatories



Guidance on the Production and Content of Annual Reports for Directors of Public Health in Primary Care Trusts

"NHS improvement, expansion and reform should narrow the health gap by ensuring that service planning...is supported by an annual public health report by the director of public health." *Priorities and Planning Framework 2003-2006*

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Foreword

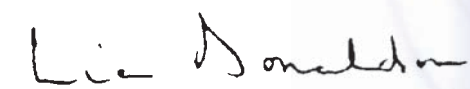
“In our country, too many people suffer from poor health, with too many dying too young from illnesses which are preventable.

We should remember that health and health improvement are the responsibility of everyone, but it is the business of those working in the public sector to ensure that decisions should be evidence-driven, needs-based, appropriate and equitable.

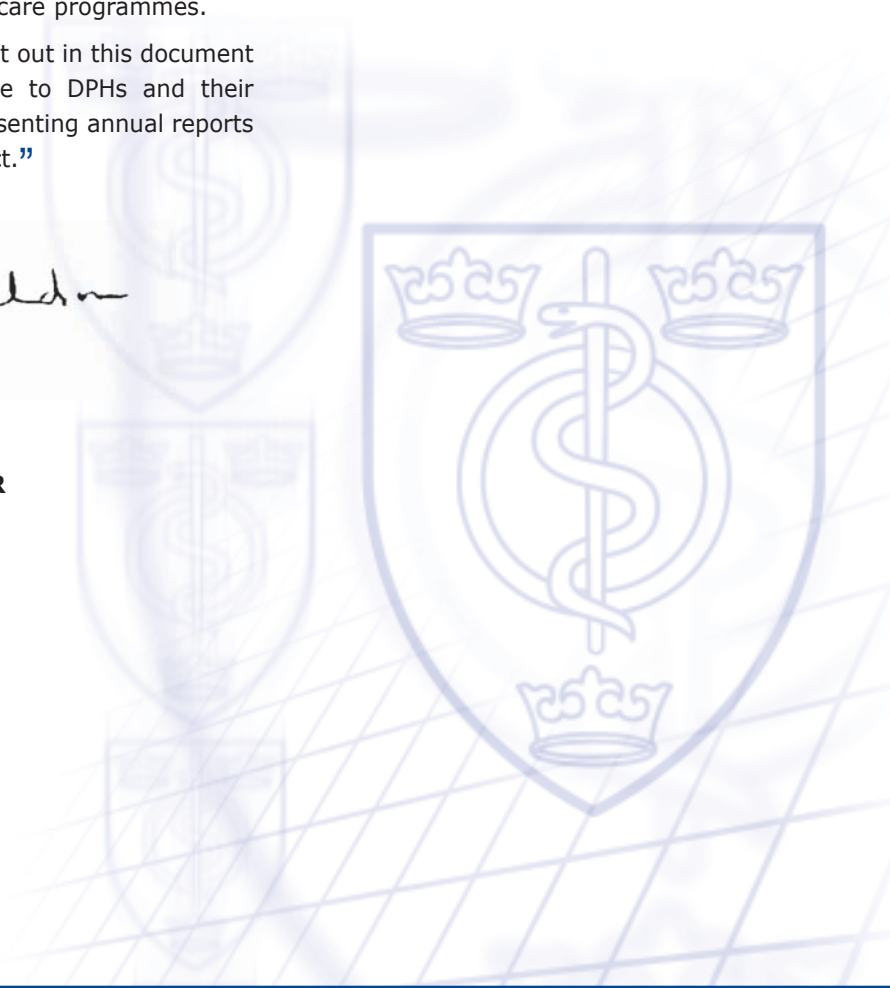
By writing an annual report, DPHs and their staff in PCTs contribute to and monitor the improvement of health and reduction of health inequalities. The report outlines what is currently happening in each PCT to improve health, and sets the agenda for the future to reduce health inequalities and promote action for better health.

A well defined annual report has the ability to inform service provision and facilitate health impact to ensure each PCT is targeting its resources to improve health and reduce health inequalities among its resident population. This will support the development, planning, implementation and monitoring of local patient-centred, flexible, user-friendly and accessible prevention, treatment and care programmes.

The advice and guidance set out in this document will be immensely valuable to DPHs and their teams in preparing and presenting annual reports to achieve maximum impact.”



SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER



Introduction

“All directors of public health (DPH) are expected to produce an annual report for their primary care trust (PCT). Annual reports have played an important part in public health practice ever since the early days of medical officers of health. They remain an important vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. Their iterative nature also allows progress to be recorded and evaluated.

This new guidance reflects the changing structures in the NHS, particularly the new roles of the DPH in PCTs. It highlights the main principles, particularly the opportunity to offer an independent overview, and also offers advice on new ways of working across networks, calling on support from the Public Health Observatories.

The Faculty of Public Health is pleased to support this guidance as best professional practice, and fully supports both its content, and the importance of annual reports in the practice of public health.”



SIÂN GRIFFITHS
PRESIDENT
FACULTY OF PUBLIC HEALTH

Purpose of this document

The purpose of this document, which builds on existing guidance, is to:

1. Clarify the aims of annual reports of directors of public health (DPH) in primary care trusts.
2. Set out the principles upon which they should be based.
3. Provide suggestions for content and standards.
4. Suggest methods for preparing reports.

In this way, the document aims to guide how annual reports will be produced and communicated in the future. It ensures that annual reports identify the needs of local people, contribute to and monitor the improvement of health and reduction of inequalities, as well as support modernisation of local services in health and local government.

Background

The organisational changes to the NHS, arising from *Shifting the Balance of Power*, ensure planning to improve services and tackle health inequalities takes place at a local level. The public health function will be delivered primarily through PCTs. Every PCT will have a DPH and a public health team. DPHs will focus their activity on local neighbourhoods and communities; leading and driving programmes to improve health and reduce inequalities.

Since 1988, DPHs based in health authorities have produced annual reports on the health of their population. Following the changes introduced as a result of *Shifting the Balance of Power*, DPHs in PCTs are tasked with preparing annual reports. With the national imperative to improve health and reduce inequalities, the need for an independent assessment of the health of local populations becomes ever more important.

The *NHS Plan*² set out guidance on plans to modernise both health and local government services and to reduce health inequalities. The *Priorities and Planning Framework 2003-2006*¹ sets out the priorities for health care and for public health, which aims to narrow the health gap and improve health and social care outcomes for everyone over this three-year period. It states that service planning should be supported by an annual report from the DPH. The reports will help inform local delivery plans and local public service agreements.

*Saving Lives: Our Healthier Nation*³ committed to these annual reports being used more systematically in order to formulate health improvement programmes and meet common standards. The *House of Commons Health Committee*⁴ recommended that annual reports should adopt a consistent format and have a greater degree of standardisation, whilst still allowing sufficient flexibility to achieve sensitivity to local conditions and needs. They recommended that the report ought to be critical to formulating local strategies and should involve a range of bodies in its production.

Since 1988, the Department of Health and the Faculty of Public Health have prepared several pieces of guidance to ensure that DPH annual reports provide the most relevant information for health and social care professionals on the well-being of local populations.^{5,6,7-9} The most recent guidance⁶ from the Department of Health, published in 1993, consolidated and updated previous guidance (see appendix one).

In 2000, prior to the change heralded by *Shifting the Balance of Power*, a nationwide Delphi survey of different health and social care professionals and local government agencies was conducted to find out what different stakeholders needed from annual public health reports.¹⁰ This guidance reflects those findings and builds upon previous guidance and other commentary.

The aim of independent DPH annual reports

DPH annual reports should:

- Contribute to improving the health and well-being of local populations.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible.

The annual report is an important vehicle by which DPHs can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.



The principles of annual reports

Annual reports need to adhere to the principles below. Appendix two presents suggested standards by which these principles can be demonstrated.

Fit for its purpose?

In order to meet its core purpose, the annual report should focus on providing analysis, which will help planners and practitioners in PCTs and other health service organisations, local government, and other local statutory and voluntary agencies to plan and monitor local programmes and services that impact on health over time.

The annual report:

- Should be relevant to the health of local populations with information analysed at the most appropriate population level. For example, electoral ward, PCT, local authority, local strategic partnership (regional or national). (The *Priorities and Planning Framework 2003-2006*² requires that the NHS and local authorities agree a single set of local priorities for action. Analyses should typically incorporate local authority boundaries, and may require collaboration between DPHs or across public health networks).
- May include in-depth coverage of themed topics which reflect national, as well as local, priorities. The reasons for choice of topic need to be explicitly stated.
- Must be integral to planning across all sectors and needs to promote action.
- Should include a clear set of recommendations that are targeted, realistic and achievable.

Suggestions for content and standards

Consistent content

The DPH, with input from local groups, should decide a framework for the report which will ensure that consistent content is provided over time. Core content should be provided in all reports, including those containing in-depth coverage of themed topics. The content should also reflect national, as well as local priorities, and enable local groups to track progress year-on-year.

The annual report could typically include:

- Sufficient and reliable epidemiological information to inform local strategies for health. This should not only include information on health and well-being, healthy lifestyles, access to services and health outcomes; but also social, economic and environmental factors which influence well-being.
- A section on health protection, including environmental health and communicable disease.
- Analyses by different geographical and social groupings, in order to identify health and social inequalities, and equity audit.
- An index of current and past content covering the previous few years, and a review of progress on the previous year's recommendations.
- Progress on implementing public health programmes.
- Public health data supplements, including progress towards all national public health targets over a five-year period. Public health observatories could support these – see page nine.

Independent

The annual report should be the DPH's expert assessment of the health of the local population, based on evidence. Therefore, while the DPH should take into account the views and contributions of local partners, he or she should:

- Be able to make an assessment and recommendations openly and freely in the report.
- Be responsible for its final content and format.

Timely

The report should be annual. However, in order to maximise the report's helpfulness in informing local plans and strategies, timing of publication should be negotiated locally.

Accountable

The annual report remains a key means by which the DPH is accountable to the population he or she serves. He/she should, therefore, present the report as a public document to organisations within the local health community, including the PCT and NHS trusts, local authorities and local community groups. PCTs should require their DPHs to prepare an annual report on the health of the local population.

Promote partnership

PCTs, local authorities, the voluntary sector and the public are key contributors to, and users of, the report. They should, therefore, be involved in its production. Their input (in the form of joint publication or contribution of information) should be negotiated, incorporated, attributed and acknowledged. The report must also be considered and acted on by multi-agency planning and policy groups. The report must aid the formulation of community strategies, local strategic partnerships and other local plans.

Accessible through clear presentation and dissemination

- **A wide audience** – reports should be written, presented, and made available in a way that ensures their accessibility to a wide range of audiences, including policy makers, health professionals, other public sector staff and the public. These audiences should be stated in the report.
- **Variety of formats** – in order to maximise accessibility, the report should be made available in different formats, such as paper copies (as a minimum standard), and electronic signposting on relevant websites (e.g. PCT, local government and public health observatories). It could also include a compact disc.
Publications should be available electronically in PDF and/or HTML format for inclusion in websites. However, reports should, as quickly

as possible, be published on websites using a structured query language to enable the identification of particular topics or common themes (public health observatories will contribute to this – see page nine).

- **Finance** – funding needs to be made available to ensure timely production and sufficiently wide dissemination of the report.
- **Communication plan** – there should be a communication plan to ensure that policy makers, practitioners and the public are targeted appropriately. The report should be presented to public meetings of key statutory agencies. The communication plan is likely to require a distinct way of ensuring that the public know about and are able to access the report.
- **Public engagement** – this remains a key responsibility of the DPH. However, the goals of informing policy and engaging the public are unlikely to be met in a single document. Informing policy in an accessible way should be the primary function of the report, and different vehicles should be developed for engaging the public on public health concerns. This could include lay summaries and translation into other languages.

Evaluated

The annual report should be audited each year as a key element of public health governance. The audit needs to involve the views of users of the annual report. Where possible the audit should draw on documented evidence, such as editorial meetings, board or council meetings. (Some suggested standards and information sources are given in appendix two.)

Suggested methods for preparing reports

Working with other DPHs and local public health networks

PCTs cross local authority boundaries. Therefore, collaborative work on local strategic partnerships and health services commissioning may also be required. The expectation is that DPHs in PCTs will collaborate with each other in the production of their reports. This collaboration can be achieved in several ways. For example, a single report, or separate reports with common content, chapters and data supplements.

The contribution of local health protection teams

The local health protection team will support the DPH in preparing the section of the report on health protection. This may require collaboration across PCTs.

The contribution of public health observatories

Could include:

- Providing access and intelligence to multi-agency data held at regional, national, European or international levels to support the report development.
- Preparing indicator sets at both local authority and PCT level.
- Undertaking analyses or contributing sections to annual reports on behalf of all DPHs on a national, regional, or sub-regional basis.
- Advising on the production and printing cycle.
- Making reports accessible through the web using the public health information tagging standard www.erpho.org.uk/phits to enable the identification of particular topics or common themes.
- Facilitating the creation of networks of people with special interests, identified through their contribution to reports.
- Developing a health measurement toolbox. This could include guidance on auditing the report.

Editorial process

While the DPH will have overall responsibility for the content of the report, an editorial committee can greatly assist the production process. The PCT (and possibly other partner agencies) will need to provide a budget for design, printing and distribution. The process needs to be planned and have an agreed timeline. (Appendix three sets out a suggested production schedule.)

Editing and designing your report

Editorial consistency is essential within the annual report. This ensures readers do not become confused with different spellings of words or punctuation, and results in a more professional, authoritative document.

Consistency is also desirable with other public health reports. Look at how other local agencies, government regional DPH reports, and Department of Health publications have written certain words and ensure that they are written the same way throughout your document. Look at reports you have found easy to read. Why was this? Build these points into your editing.

Turning a document into a printed report requires three levels of editing – content, copy and format editing. There are obvious crossovers between these different types. However, broadly speaking, separating out the three types of editing is a useful exercise in helping to consolidate the process of turning a written document into a printed report.

Content editing

This is usually the first stage in the process and, basically, means checking that the content is factually correct and that information is properly attributed. Content editing is normally best done in-house, as you will have the expertise and specialist knowledge about the subject. Some points to consider:

- Is the content appropriately targeted at the desired audience? Is this audience clearly defined? What level of knowledge is assumed in the document and is this consistent throughout? If it is not consistent, do you need to add any further explanation/clarification? Are parts too patronising and need rewriting for an audience with an assumed higher level of knowledge?
- Does the document make sense, do the sections link well together?
- Are there introductory and concluding sections to pull the report together?
- Does the document tie in with local and national policy? If so, are these properly and comprehensively referenced? Is referencing consistent?

- Does the document need to be updated in line with any fresh guidance just published from another source?
- Do all tables /graphs/maps display data sources/copyright statements?
- Is there an index?
- Is there a list of abbreviations used in the report?
- Objectivity/subjectivity of report. Does the report contain value judgements? Are these clearly specified as such?

Copy editing

This means checking the words for mistakes, such as spelling. Copy editing can be outsourced (a rough estimate of cost is around £5-£7 per page). However, an annual report is probably short enough to be checked in-house. Therefore, you will need to think about and plan your organisation's capacity to undertake the job and the availability of resources.

Points to consider

Check spelling, punctuation and grammar to ensure consistency.

For example:

- Are your sentences too long? Overlong sentences are not easy to read and obscure meaning. Try and keep to one sentence for every point you need to make. Shorter sentences convey information more easily.
- Is punctuation correct?
- Are you using colloquial or high-brow language? Whichever you choose, ensure the tone is consistent.
- Standardise your use of capitalisation. For example, will you talk about 'public health' or 'Public Health'?
- Standardise your use of abbreviations and acronyms. Write out the name in full first with the abbreviation afterwards in brackets, and then stick to writing the acronym for the rest of the document. For example, Office for National Statistics (ONS).
- Ensure spacing between sentences and paragraphs is consistent.
- How are tables and sections numbered and referred to, e.g. chapter five, 5 or V? Decide on one and use this in a standardised way throughout the rest of the document.
- Decide if you want to use American

English or UK spellings, e.g. 'standardize' (US) or 'standardise' (UK).

- Page numbering should be consistent and correspond to what is stated on the content page.
- Numbers up to and including 'ten' should be written out as words, '11' onwards should be written as numbers.
- A style sheet can be developed to help standardisation of these points. Although this involves slightly more work, this may be a worthwhile consideration so future documents conform to an agreed protocol and consistency is maintained.

Format editing

This involves working out the layout and design of the document. This can be done in-house. However, for a really professional look it can be outsourced to a designer. Word-of-mouth or a recommendation is usually the best way of finding a good designer. However, if you don't have this, ask to see their portfolio (you can normally view this from their website). Get a selection of designers, whose portfolios you like, to quote for the work, perhaps asking them to come up with some ideas for you to look at before you commission them.

Show them examples of formats you like, so they have a clearer idea of what you are looking for. Designers usually charge roughly £250 for one day's work, but prices vary so shop around. If you are doing the format editing in-house, bear in mind that most documents are written in Microsoft Word. Therefore, it will be useful to use the 'styles and formatting' option to set a style for the document. This allows each level of heading to maintain a consistent font, and can be saved for use as a style template for future documents.

Things to consider when designing and formatting your report

- Colour or black and white? More colours equal more expense. Check your budget and get quotes for black and white, two-colour and full colour. You will see that the cost increases dramatically as soon as colour is added. You may wish to bear these extra costs in mind when choosing how colourful you wish to be. Talk to your printer for an idea of price before you brief your designer. A cost-effective method of adding colour is to use two-colour (black, one other colour and the white of the

paper), and then different shades of the other colour.

- Photographs, diagrams and illustrations can add interest. However, as before, check whether you want them to be reproduced in one, two or full colour, according to your budget. Picture files should be in tiff format if being printed hardcopy (as this stores the most detailed information for the clearest picture results), jpeg or gif if being used electronically (the file size is smaller and so download time will be less).
- Length of paragraphs. Don't make them too long as this discourages the reader. Start a new paragraph whenever there is a change of topic or a point is expanded further.
- Decide on the number of columns per page. One, two or three?
- Is the report A4 or A5 size? Landscape or portrait? For simplicity, it can be best to keep the report to portrait A4 size, as this will keep additional costs to a minimum if using an external printer to publish the report.
- Choose an easy-to-read font style and size.
- Consider using bullet points when you have lots of short points to make about a certain topic. Bulleted lists are easier to read and digest than reading a text-heavy paragraph.
- Think about the report's front cover. It needs to be eye catching. Your designer should have incorporated this into the cost of his/her quote. If not, most printers will have a designer who can do this for you.
- Think about your use of white space. The report should not be so text-heavy that it is off putting for the reader.

Use of logos

- If your report was written in conjunction with other agencies, you will need to include their logo as well as your own. Are you aware of any protocol there may be for using these logos? The NHS has very strict guidance on how to use the NHS logo. For further details see: www.doh.gov.uk/nhsidentity/

Printing your report

Several printers should be contacted to get a quote for price comparison.

Things to consider at this stage

- Make sure the content and copy is fully finished. The printers may charge extra for mistakes/amendments you wish to make that were not in the negotiated remit of what you asked them to do for you.
- Pages are printed in multiples of four. If you are going to have blank pages (e.g. if your document is 38 pages long) where do you want the blanks? Both at the back? Or one after the contents page and one after the prologue?
- If you have decided that you wish to use colour, talk to your printer to ensure that the colour they print is the colour you are expecting. Remember, computer screens are not calibrated to give a true indication of the tone of colour. Pantone swatch books can be purchased which give a more accurate guide for less than £100 (look on the Internet for your nearest stockist). Failing this, send the printer examples of colours you do like and ask them to match it.
- Ask for a full wet proof of a couple of pages of the report. This is to check that the colour/s and paper quality is as desired. A PDF for the rest of the report is adequate to check for general copy and formatting mistakes.
- Do you want a background image, watermark or pattern for the pages? If so, make sure text can be easily read over this.
- Think carefully about how many copies you really need. The larger the print-run the cheaper the cost per copy. Bear in mind, it costs more to go back and re-run a print job if you do too few, than it does to add a few hundred extra to the original run. However, this has to be weighed against the cost and space of storage of excess reports, and the waste if any need to be discarded.

When the printer returns a proof

Check carefully. The printers will convert a Word document into a different package for printing and things can go awry.

Things to watch out for in particular

- Check page numbering is still correct.
- Check all text is in the appropriate font.
- Check you have not missed any spelling or punctuation errors and ensure again that the report is consistent.
- If you have a left and right hand header, check they are on the correct side of the page (remember a document starts on the right hand page).
- If you have a background colour or design, check the writing is still clearly readable through this.
- Check the print quality of logos/photographs. Have they moved position?

If you are not happy, print out the document (if a PDF) and make detailed notes about corrections/changes on the proof. Make a copy of this and then return it to the printers, talking through any changes that need to be made with them. Only sign-off the final proof when you are completely happy.

Distributing the report

Printers will normally budget to deliver the boxed reports to one address. However, for an additional cost, they can arrange for the report to be sent to multiple addresses to save you the cost and staff resources tied up in doing this, as well as storage space if all the reports come to you in the first instance. Whether this is cost-effective depends on the quantity of reports to go to different addresses and how many reports are being printed in total.

Timescales

Obviously this depends on:

- The size of the report.
- The extent of content, copy and format editing required.
- The resource capacity in staff available to undertake the work.

Editing

At a very rough estimate, for a 10,000 page report allow between two to four weeks for editing, longer if the person who has main responsibility for this has other commitments as well.

Printing

It is best to allow a month from when you pass the final version to the printers to the deadline for requirement. It can take a week to finalise the 'final' proof; anything up to two weeks for printing, and one week leeway at the end if things go wrong/timescales slip.

In total, there should ideally be one and a half, to two months, until the actual deadline for the final printed report from when the author(s) have 'finished' writing it, to allow adequate time for editing and printing.

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Appendix one

Extract from: *Public health: responsibilities of the NHS and the roles of others. Advice of the committee set up to undertake a review of HC (88) 64. (Abrams Committee 1993). Department of Health.*

Annual health reports

Regional and district health authorities will continue to require their DPH to produce an annual health report (AHR) on the health of their local population. These reports should be the DPHs independent report to his/her authority, and should become public documents to which the authority should respond. Both regional DPH and district DPH reports will provide an epidemiological assessment, which informs the authority of the health and healthcare needs of its population. Given the different roles of regional health authorities and district health authorities, it is anticipated that the content of their AHRs will be different.

Local authorities, other authorities and agencies with important public health responsibilities should see the district annual health report (district AHR) and be invited to respond to it. All involved district health authorities and other NHS bodies should also respond.

Regional DPH reports

These reports provide a broad regional overview, indicate strategic direction and may highlight important issues raised in individual district AHRs. They will be useful for monitoring progress towards achieving both local and national targets including *Health of the Nation* targets. Reports should normally be ready by 31 May. Relevant parties should take due account of the report in that year's planning/commissioning activity.

Where there are coterminosity problems, there is an important co-ordination and management role for the regional DPH.

District DPH reports

District AHRs are useful for monitoring progress towards achieving both local and national *Health of the Nation* targets, and should take a systematic approach in commenting on performance in achieving them. Health-related data from primary care should provide a useful source of information for inclusion in the district DPH report.

These reports provide a useful source of public health information to others with an interest in, and responsibilities for, public health within the locality. District AHRs should be essential working documents for purchasing authorities, district health authorities, family health services authorities, and GP fundholders. For optimum use, the production of the report should be integrated with the planning/commissioning cycle and presented by 31 May, unless otherwise agreed by the district health authority and the district DPH.

The report should provide a basis upon which each involved authority or interest can consider how it can best contribute (within planned resources) to setting and achieving objectives and targets for improving the health of the population. Where possible, there should be only one AHR on the health of a geographical population. District AHRs should inform both district health authorities and family health service authorities, and promote a common understanding of the needs of their shared population. District DPHs will also need to work closely with the local authorities in their areas.

General Practitioners' annual reports

Since June 1994, GP practices taking part in health promotion programmes have been reporting annually on health and risk factors in their practice populations. Family health service authorities, (in consultation with GPs, district health authorities, and with the support of their DPHs), should facilitate an improvement in the use and quality of information provided for assessment of health needs, and monitor progress towards agreed targets.



Appendix two

Suggested standards for auditing DPH annual reports and their sources of information

Principle	Standards against which the reports could be audited	Source
Fitness for purpose	<ul style="list-style-type: none"> Reasons for the choice of topics covered are made explicit. Analyses are provided at the population level appropriate to the topic and are epidemiologically sound. Recommendations are incorporated into local delivery plans and relevant strategies to inform policy and practice. This will be assessed up to two years after publishing the report. 	<p>Report</p> <p>Report</p> <p>Documentation, questionnaire or interview</p>
Consistency	<ul style="list-style-type: none"> The framework for the report is negotiated locally. There is consistency in content year-on-year. The report has a core content that could include: <ul style="list-style-type: none"> Sound epidemiological information. A section on health protection including environmental health and communicable disease. Analyses by different geographical and social groupings in order to identify health and social inequalities. An index of current and past content covering previous years, and a review of previous years' recommendations and achievements. Progress towards all national public health targets over a three-year period. Public health data supplements. 	<p>Documentation</p> <p>Current and past reports</p> <p>Report</p>
Independence	The DPH has final editorial control.	Documentation of editorial meetings
Timeliness	The timing of the report should be negotiated locally.	Questionnaire or interview

Suggested standards for auditing DPH annual reports and their sources of information (continued)

Principle	Standards against which the reports could be audited	Source
Accountability	<ul style="list-style-type: none"> The recommendations are considered and accepted by appropriate multi-agency planning groups and local organisations (such as health groups, local government and other statutory and voluntary agencies). The job description of the DPH specifies the production of an annual report. 	Documentation: board, council meetings, multi-agency planning group meetings
Promoting partnership	<ul style="list-style-type: none"> Local authorities and other agencies are consulted on content and format. Local authorities and other agencies are given the opportunity to contribute to content. Local authorities' and other agencies' contribution is attributed or acknowledged in the report. 	<p>Documentation, interview, questionnaire</p> <p>Documentation interview, questionnaire</p> <p>Report</p>
Accessibility	<ul style="list-style-type: none"> The introduction states clearly who the audiences of the report are. The report is written in clear non-technical language. Standards for clarity of language are defined in advance. As a minimum, the report is published on paper, in PDF, or HTML on a website. Ideally, the report is published on a website using a structured query language and is tagged using the public health information tagging standard www.erpho.org.uk/phits. There are sufficient resources to ensure dissemination of the report to the specified audiences. A communications plan is available, including a list of individuals and organisations that have received or given notice of the report, press releases and briefings, the programme of presentations and the means of engaging with the public. 	<p>Annual report</p> <p>Annual report</p> <p>Annual report and website</p> <p>Budget statements</p> <p>Questionnaire or interview</p> <p>Documentation</p>

Appendix three

DPH annual report: suggested production schedule

Units of time (could be two, three or four-week units depending on complexity of report and number of contributors)										
	1	2	3	4	5	6	7	8	9	11
Agree objectives, framework and content with PCT, local government and network partners	■									
Negotiate publication date	■									
Set up editorial committee	■									
Editorial committee meetings			*		*		*		*	
Identify writers		■	■							
Obtain data			■	■	■					
Write content			■	■	■					
Edit content					■	■				
Identify designer and printer			■							
Discuss layout with designer					■					
Design, prepare proofs, proofread and print							■	■		
Plan launch date					■					
Develop communications plan with recipient list					■					
Prepare press release								■		
Issue press release, distribute, present, promote									■	
Evaluate report and production process										■

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Report design: www.fosterandlisle.co.uk