

King's Fund

Developing Public Health in the NHS

The multi-disciplinary
contribution

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About the project

This newsletter reports on a project undertaken by the King's Fund and commissioned by the NHS Executive in 1996. The project explored the multi-disciplinary contribution to developing public health in the NHS, mainly in health authorities.

Case studies were selected according to the following criteria:

Geographical spread across all eight NHS Regions in England
Range of settings – in addition to health authorities, there should be some coverage of a provider setting and a GP fundholder
Range of health issues – including Health of the Nation priorities and other public health issues
Range of types of multi-disciplinary working – including inter-sectoral, inter-professional, healthy alliances, etc.
Range of organisational structures – including matrix organisations, locality-based teams, etc.

The sites that were studied were:

- Avon Health Authority
- Bromley Health Authority
- Brent and Harrow Health Authority
- Enfield & Haringey Total Purchasing Project (Total Care Project – TCP)
- Hillingdon Health Authority
- Newcastle and North Tyneside Health Authority
- North Downs Community Health Trust
- North West Region Public Health Research & Resource Centres
- Oxfordshire Health Authority
- Sheffield Health Authority
- North Staffordshire Health Authority

In the majority of the case study areas, the research team began by conducting interviews with the chief executive and director of public health. From these interviews, initiatives were identified to explore in more detail. In some areas, different approaches were adopted to suit the local circumstances – in one area a member of the research team spent a day 'shadowing' a senior health authority purchaser; in two areas group discussions were organised, and telephone interviews were conducted with managers of the Resource Centres.

Common themes

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DIFFERENT MODELS OF WORKING

There is no single blue-print for effective multi-disciplinary work in public health. The case studies reflect multiple ways of working.

NHS inter-sectoral partnerships (case studies 16 and 18)

Staff of health authorities, trusts and primary care practices work across agency boundaries.

Inter-agency alliances

(case studies 5, 6, 7, 8, 9, 10 and 11)

Alliances between health authorities and other agencies, including local authorities and other statutory and voluntary agencies.

Cross-directorate co-operation in health authority

(case studies 1, 3, 4 and 10)

Active co-operation between a public health directorate and other directorates within the health authority.

Resource and research centres (case study 2)

A resource which complements the work done in health authorities.

Joint work between health authority and primary care practitioners

(case studies 12, 13, 14, 15, 17 and 18)

Frameworks for involving GPs, nurses, health visitors, etc. in multi-disciplinary public health work.

Health gain strategy

A clear strategy that guides the health authority, and links into agreed local targets (such as Health of the Nation) keeps multi-disciplinary teams on track. When public health is central to the agenda it is easier to integrate the contributions of a range of disciplines.

Professional hierarchies

Ending the 'culture of tribalism' enables everyone to contribute to public health. This requires excellent

communications and a high level of mutual respect between different professional groups.

Leadership

Leadership of effective multi-disciplinary public health action can come from chief executives, directors of public health, other executive directors, non-executive directors, local authority leaders, leaders in NHS trusts, etc.

Skills

Effective public health practice needs access to a range of expertise, including public health physicians, epidemiologists, nurses, community development workers, health promotion specialists, information analysts, social scientists (including sociologists, economists, geographers), finance and administration. It also needs access to a range of skills, including negotiation, team building and working with communities.

Resources

Sustainable resources must be identified to support the public health function including people with relevant skills and sufficient time. Those skills will only remain available to public health if opportunities for career development are available across the whole range of multi-disciplinary skills.

Professional development

Professional development of public health specialists with non-medical qualifications is of paramount importance. It is also important that an appropriate understanding of public health is developed among all those who can contribute to effective public health working, including other health authority staff, board members and chairs of health authorities and trusts, and primary health care team members.

Organisational structures

In the case study sites, informal structures and networks were as significant or more significant than formal structures. Good communications and informal networks (within and between agencies) make multi-disciplinary public health more achievable.

Involving the public

Several of the case studies (e.g. case studies 8, 9, 10 and 11) show that the public are important partners. Individuals, community groups and voluntary organisations can be involved with public

health specialists in defining needs and securing improvements in health. The inclusion of lay knowledge and lay perspectives should be encouraged.

Conclusion

The case studies have shown that attitudes and a flexible approach are at the heart of effective co-operation. Ultimately, neither the needs of public health medicine doctors nor the needs of other public health professionals should determine the way forward. It is the maintenance and development of the health of the public that is most important of all.

Summaries of case studies

1. Tackling inequalities in Brent & Harrow

The Brent and Harrow public health strategy is not distinct from that of the health authority and there is a clear link between the public health annual reports and commissioning intentions. A multi-disciplinary focus is important, using the knowledge of social, medical and epidemiological scientists as well as other health authority staff – for example, the director of finance sees himself as an investor in health gain, not just a financial controller.

Examples of work include:

- joint strategies with local authorities, e.g. on work targeted towards ethnic minorities
- investment of General Medical Services (GMS) money is based on a multi-disciplinary analysis of need, rather than just the views of GPs
- 'programme budgeting', looking at spending on, for example, mental health services, across the whole spectrum of health care.

2. Public Health Research & Resource Centres in the North West

In the North West Region, Public Health Research and Resource Centres complement public health and information teams in health authorities. They receive core funding from the health authorities, with additional funding from commissioned work. They undertake health intelligence work to guide effective purchasing; act as gatekeepers to health information resources; carry out research, evaluations, service reviews and health needs assessments for purchasers; and provide research support.

The seven centres vary in size and organisation. Some are in-house, based in a health authority; others are external, where the centre, or observatory, has close working and funding links with the health authority, but is independent and usually linked with a university department.

The explicit recognition of the value of multi-disciplinary working is a key feature of the centres. They are led by specialists from a range of non-medical public health disciplines, with a particular focus on social sciences and social research skills.

3. Policy & Implementation Groups (PIGS) in Sheffield

The chief executive of Sheffield Health sees public health leading on policy development within the health authority and structures facilitate multi-disciplinary input. The Policy and Public Health Directorate leads each of the five policy and implementation groups within the health authority. Two are led by consultants in public health medicine, the children and young people's PIG is led by the director of public health nursing, and the women and men's health PIG is led by the director of health promotion.

4. Newcastle & North Tyneside purchasing framework

In Newcastle & North Tyneside the health authority has developed a framework to make purchasing decisions systematic and explicit. The framework allows all parties involved to feed into the decision-making process using the same criteria to assess various options, laying bare the implications of, and reasons for, any decisions made. The framework facilitates multi-disciplinary discussion, and reflects the reality that priority-setting decisions are rarely, if ever, clear cut. It has recently been used to assist in the development of a policy for ante-natal detection of Down's Syndrome.

WHAT IS MULTI-DISCIPLINARY PUBLIC HEALTH?

Multi-disciplinary public health includes a variety of approaches to population health, drawing on a range of skills and disciplines, and using alliances within and between agencies.

5. Strategic inter-agency alliances in North Staffordshire

In 1994, North Staffordshire established formal alliances with each of its three local authorities. The health authority and local authority are lead agencies, and each alliance is co-chaired by a senior executive from each agency, but other partners include the Chamber of Commerce, the Council for Voluntary Service, The Community Health Council, local colleges, the Citizens' Advice Bureau, the police and an NHS Trust.

Each alliance has a co-ordinator who acts as a link between the strategic level steering group and the operational level project working groups. Employed by the health authority and reporting to a manager in the health promotion department, the co-ordinators work closely with the chairs of the alliances.

Sub-alliances have been formed around smoking, physical activity and cycling. Topic specialists within the health or local authority co-ordinate programmes of work, with public health specialists overseeing 'disease' topics, for instance Health of the Nation projects on coronary heart disease and other issues.

6. Inter-agency work in Newcastle & North Tyneside

One key element of Newcastle and North Tyneside's inter-agency work is the development of an inter-agency group, to focus and drive forward work in promoting healthier lives.

The inter-agency group comprises representatives of both local authorities (including the head of public health & environmental protection and the principal community education officer); the health authority (DPH, CPHM, director of health promotion and director of primary care development); Newcastle City Health NHS Trust; North Tyneside Healthcare NHS Trust, the local medical committee (LMC) and Newcastle Healthy

City Project. The group sets the agenda of the annual public health report and is responsible for the development of an action plan to monitor progress.

One priority is tackling crime and hardship issues at community level. The health authority has been involved in the development of community safety strategies through membership of Northumbria Community Safety Strategy Board. The principal agencies are the local authorities and the police, working with community groups to implement the strategy at neighbourhood level.

7. Active lifestyles in Bromley

The Active Lifestyles Project is a partnership between Bromley Council and Bromley Health to enable the people of Bromley to participate in physical activity and adopt healthier lifestyles.

A major aspect of this programme is the GP referral scheme whereby GPs and other health workers can prescribe a fitness programme to patients. The scheme is joint funded by the health authority and local authority with some extra funding from the contractors who manage the local leisure centres and from 'Sportmatch' – a Department of National Heritage scheme. £10,000 has been set aside for evaluation.

Most GPs in Bromley participate in the scheme and 41 per cent of patients referred by March 1996 had taken up the 'exercise prescription', with many continuing beyond the prescription period. The project is being developed in a number of ways, for instance, by recruiting others to refer patients, by introducing concessionary rates at the Borough's leisure centres for those who have completed their initial prescription, and by training GPs and others to improve take up rates.

The Active Lifestyles Project is also now targeting women and over 50s in particular, as they are known to benefit from exercise and to have low levels of participation. This has led to a partnership with Countryside Rangers in order to carry out

organised walks, and with a housing association to provide health-related fitness activities for residents on a local housing estate.

Another scheme within the Active Lifestyles Project aims to encourage the participation of people with disabilities in health-related fitness activity. The No Limits Scheme also involves training leisure centre staff to facilitate access to leisure services for people with disabilities.

8. Community development in Bromley

The Time Out project focuses on the health of young women in an area of deprivation in Bromley. A group was organised for gypsy travellers, a second group was established at a local gym and a third in a local youth centre aimed to attract young mothers.

The notion of healthy alliances is central to the project, with local authority and other partners working together with the health promotion unit. Funding from 'Europe against Cancer' employs a health visitor to co-ordinate the project. Joint funding was then secured to extend the co-ordinator post for 18 months. The local authority provided a fitness instructor for one of the groups and the youth services provided venues and part-time youth workers. The Bromley Gypsy Project expressed an interest in the project at an early stage and the Gypsy Support Team (Bromley Education Department) provided specific input in the form of a toy library and literacy support.

9. Community development in North Staffordshire

The three health alliances in North Staffordshire have identified 13 health action areas to carry out health promotion work in a community development model. The first task is to conduct a community profile including participative needs assessment, and to identify local networks and routes for communication. They will then set targets for health gain and propose initiatives to meet these

targets. The project workers are from a mixture of backgrounds and include a psychologist, teacher and nurse working alongside local community nursing staff. Funding comes from the health authority health alliance fund, and it is hoped to attract external funding.

10. The William Budd Health Park in Bristol

In the summer of 1995, the health authority's quest for an extended primary care site coincided with the local authority targeting South Bristol for a single regeneration bid (SRB). The assistant director of development contacted the (then) Avon County Council to see what sites they had for primary care development, and this led to working together on the regeneration partnership. The project has also actively involved others within the health authority, including the research and development manager in the directorate of public health. The partnership with local people is also a key aspect of the development.

The partnership bid suggests a range of services to be developed at the William Budd Health Park over the seven-year period from 1996/7. Proposed services include extended primary health care services, social services, leisure and education facilities.

WHAT ARE THE BENEFITS OF A MULTI-DISCIPLINARY APPROACH TO PUBLIC HEALTH?

- access to a range of perspectives, experience, expertise and skills
- understanding of different sectors (health, local government, voluntary)
- credibility in clinical and non-clinical fields
- wider ownership of problems and their solutions includes community perspectives
- value for money – uses all skills appropriately
- can facilitate both health care and non-health care intervention for health gain
- helps strengthen strategic approach, even if short-term issues are pressing.

11. Multi-agency mental health work in Brent & Harrow

In Brent and Harrow Health Authority a multi-agency group was formed to take forward the implications of a report on mental health services written by a multi-disciplinary public health team. The group included voluntary sector groups (for example, MIND), local authority, health authority and mental health service users. Two years on, the group has achieved a number of changes including:

- development of crisis intervention service (CIS)
- development of reprovion units
- sectorisation of community mental health teams (CMHTs)
- opening of an extra ward
- development of a refugee mental health project
- appointment of a mental health and race trainer
- a review of the way CPNs worked – now they are more generic 'community mental health workers'.

12. Developing the primary care response to mental health in Bromley

Bromley Health have recently established a new post of mental health facilitator to provide support and advice to primary care teams and to facilitate practice-based developments. The facilitator, who is a GP with experience in mental health, is also developing the interface between specialist mental health services and primary care teams. Her work includes identification of training needs, development of shared protocols and referral guidelines, facilitating the development of a closer working relationship between primary care and the voluntary sector and liaising with the Active Lifestyles programme in the local authority.

The facilitator is employed by the health promotion department (in the health authority) and managed by a consultant in public health medicine (CPHM). A steering group, comprising two representatives from the LMC, the CPHM, the assistant director of



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community and priority services and the team of health promotion, advises the facilitator.

13. Needs assessment in primary care in Bromley

The public health department in Bromley Health has developed a needs assessment process that takes into account the views of health care providers, particularly GPs, alongside local residents. It also hopes to develop a means of getting useful information at practice level on the local environment, and other key social factors, such as crime, unemployment, housing provision, etc.

Initially, Bromley Health have piloted a model for practice sensitive needs assessment at one practice site. The pilot was carried out by a project worker with a background in social science and clinical audit.

Key features included:

- carrying out a comprehensive trawl of national and local data
- preparing a practice profile
- evaluating the current level and quality of practice level data for use in monitoring the health needs and status of the practice population
- identifying the training needs of practice staff and developing a training package
- developing approaches to patient communication and to involving the views of health and social care professionals in the process.

14. Oxfordshire GP / public health learning set

A selected group of GPs work closely with the health authority on an evaluated programme in order:

- to promote closer understanding and share skills between GPs and public health
- to develop epidemiological and critical appraisal skills among GPs

- to ensure that key policy work has a primary care focus.

The learning set is a one-year programme of individual and group learning, with the help of tutors from the public health team. The GPs get involved in strategic projects within the health authority, such as osteoporosis prevention, cervical screening and immunisation, to enable their public health skills to be developed.

15. New River Total Care Project (TCP)

A registrar in her last year of public health training was attached to the TCP and tried to get public health into primary care, in a number of ways:

- Needs assessment – guiding developments to ensure that they are based on assessments of need
- Developing a health strategy for the TCP
- Evaluating developments – developing objectives and working to these
- Providing public health advice to the project. For example, GPs were interested in 'Hospital at Home' schemes. The registrar carried out literature and service reviews and directed GPs to the sources.

16. Practice profiling in North Downs Community Trust

Practice-based nurses and health visitors are involved in 'practice profiling' on both health needs and health status of the practice populations across 56 practices. In addition to basic information about the practice and practitioners, the profiles include sections on age-related population statistics and birth statistics, current local issues, environmental issues, housing provision, clinic and screening sessions, progress towards, and achievement of, Health of the Nation targets, an evaluation of the previous year's objectives and an action plan for the current year. The profiles, which involve everyone who works in a practice, contribute to an

understanding of population health and have an impact on commissioning. The practice profiles also form the basis for development profiles. Development profiles have been used for two years to describe the generic and specialist skills and knowledge that nurses need to meet the needs of the practice population. They are also used as the foundation for considering personal competencies and developing appropriate needs-related professional skills.

17. Health visitors & action plans in Sheffield

The director of public health nursing has been working on a draft service specification for the public health function of health visitors. The service specification illustrates how purchasers can stimulate the development of multi-disciplinary public health action at a community level. It requires health visitors to work in partnership with local GPs, Sheffield Health locality teams, other agencies and local people to develop a three-year public health action plan.

18. Using health visitor profiles in Hillingdon

In Hillingdon Health Authority, the associate director, primary and community health (a former health visitor) has written a requirement into the contract with her local trust to be supplied annually with a copy of every health visiting profile. This is an example of how provider information about health needs can directly influence the commissioner's health strategy formulation.

Local health visitors put together a community profile, which identified the need for another GP in

the area. The profile also contained information based on data routinely collected by health visitors in the trust regarding single parents, ethnicity and unemployment, as well as things like milk token use, clinic attendance and distances travelled to local GPs. The profile was used by the health authority to inform work with the local authority on what services should be developed on the estate, and to argue the case successfully for another doctor being allowed to practice in the area. It also resulted in GPs on the estate being invited to join a local primary care team building initiative.

Building upon this community information gathered by health visitors, a former town planner in the department of public health at Hillingdon has subsequently drawn up a multi-disciplinary plan for reviewing the health needs of the people living on this estate and other agencies, including local authorities and other statutory and voluntary agencies.

A Common Agenda for Public Health?

Since July 1996 an occasional group has been meeting at the King's Fund made up of representatives of more than 20 'public health' organisations. The purpose has been to look at what interests are common to these organisations, and to sharpen and improve the impact of the public health agenda to policy formers and decision-makers. This has also led to *Public Health Forum*, a quarterly newsletter for participating organisations. Any organisation or group interested in learning more should contact Ian Wylie at the King's Fund. Tel: 0171 307 2583; e-mail: I.Wylie@keh.org.uk

The King's Fund acknowledges the financial support of the NHS Executive for funding the research on which the newsletter is based. A copy of the full report of the research is available free of charge from: Sue Lloyd-Evelyn, King's Fund Development Centre, 11-13 Cavendish Square, London W1M 0AN.