

**PUBLIC HEALTH & PLANNING**  
A Public Health perspective

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Chair of NoSPHN

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**Public Health Medicine**

That branch of medicine which is concerned with improving the health of the population, rather than treating diseases of individual patients.

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**PUBLIC HEALTH**

The study of how communities can use medicine, other sciences and technologies, and other expertise and knowledge, to secure health for their members

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## NHS

The purpose of the NHS is to secure, through the resources available, the greatest possible improvements to the physical and mental health of the people

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## HEALTH PROMOTION



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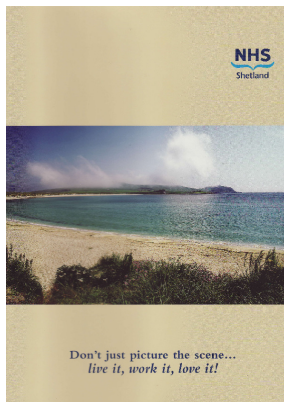
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## PH toolkit

- Population health
- Epidemiology
- Health intelligence
- Health service management
- Organisational culture & politics
- Needs assessment
- Health impact assessment
- Health technology assessment
- Assessing evidence
- Service evaluation
- Equity audits

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## CARDIAC SERVICES / HEART HEALTH

- 40% reduction in premature deaths from CHD since the 1970s
- 40-50% of which is attributed to lifestyle changes and preventative measures such as reduced smoking, control of blood pressure and lowering cholesterol levels
  - Smoking: avoidable deaths:
    - 50% strokes
    - 25% heart disease
    - 90% lung cancer

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## What is the dilemma?



- ££££££££
  - Competing resources
  - Opportunity costs
- SO
- Value for Money

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## PH contribution

- Needs assessment:  
A review of cardiology activity and assessment of future need and demand for cardiological interventions – a working group was led by Public Health and included representatives from hospital management, cardiology, and commissioning. It was requested by the Board Executive Team because of substantial increases in activity and costs for cardiological interventions. The work involved a review of reliable activity data, trends and comparative data, interpretation of the data and discussions with clinicians to understand clinical issues and aid interpretation, a review of relevant clinical standards and targets and making recommendations for future commissioning and further work.

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## OBESITY

- Public health epidemic of the 21<sup>st</sup> century
- Absolutely preventable disease
- Priority for health improvement

### PH CONTRIBUTION:

- Policy making: leading the development of evidence based access criteria for morbid obesity surgery services, managing service costs and developing models for future service configuration

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## Child & Adolescent Mental Health Services

### NEEDS ASSESSMENT

- *To inform a strategic approach to the development of regional Tier 4 Child and Adolescent Mental Health Services (CAMHS)*

### CONTEXT:

Service development / national policy to increase in-patient bed numbers

PH at the table asking about early intervention, alternative models of care, Tier 4 in the context of Tier 3, local access (remote & rural)

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## DRUG & THERAPEUTICS WORK

work particularly through Consultants in Pharmaceutical  
Public Health

- A Public Health evaluation of new drugs (a model which has been developed nationally).
- Rationalising the evidence for and the cost of drugs, needs assessment and planning.

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## REDESIGN

- Audit – an A&E study tracking patients and how much care they received, how long they were waiting and breaches. Audit, analysis and service review has improved the A&E systems.
- Redesign of an orthopaedic service – this was driven by waiting times and included an audit of practice, evaluation of research evidence, improvements in recording, chairing of a multidisciplinary group, agreeing new ways forward, reviewing referral pathways, working with clinicians to change practice and negotiating with services. The work has reduced waiting times from 2.5 years to 6 months.
- Health intelligence - modelling population data, the best models for beds, staffing and throughput.

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## CLINICAL STRATEGY DEVELOPMENT

- Eg: the development of a clinical strategy was led by Public Health and involved the production of a scoping document, the development of specific options for clinical services based on range of evidence sources, a review of population health status and need together with extensive public and patient involvement in a strategic planning exercise and a detailed health needs analysis and modelling of acute service provision. This was followed by more detailed work to develop medium to long term options for clinical services and the modelling and benchmarking of acute service provision.

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## .... AND MORE

- Health technology assessment
- Health Impact assessment
- Equity Audits
- Evaluation
- Research

PRIORITISATION / RATIONING /  
“MAKING DIFFICULT DECISIONS”

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## Public Health CONTRIBUTION TO SERVICE PLANNING

- Leading or engaging in service redesign, service assessment, planning and delivery eg conducting needs assessment, promoting evidence informed care, considering the evidence for change and service modelling.
- Strategic planning (clinical and other strategies).
- Planning and prioritising services (or approaches to disinvestment) and supporting ethical decision making.
- Specialist commissioning of services including out of area services and with staff designated as commissioners of services e.g. for Child Health or Sexual Health.
- Policy development e.g. for tobacco, alcohol, infertility and medicines management.
- A focus on quality to ensure improvements in access to services, the development of services relevant to needs, the effectiveness, equity, social acceptability and efficiency and economy of services and their developments. All maintain a focus on inequalities in health.

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## Not either / or



- Healthy Public Policy
- Re-orientating services
- Strengthening individuals
- Strengthening community action
- Creating healthy environments

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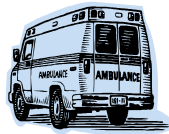
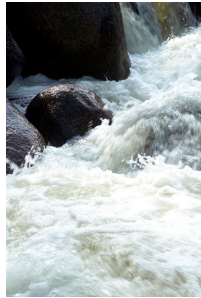
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## Mending the fence upstream



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