

Seventh Domain – Public Health

Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard	Prompts	Baseline Position	Compliant Level	Assurance
<p>C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) Co-operating with each other and with local authorities and other organisations.</p> <p>c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.</p>	<p>The PCT actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the local strategic partnership, or the crime and disorder reduction partnership (CDRP), taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance, National standards, local action (Department of Health 2004), Tackling health inequalities: a programme for action (Department of Health 2003), Making partnerships work for patients, carers and service users (Department of Health 2004),</p> <p>The PCT agrees a set of priorities in relation to health improvement and narrowing health inequalities with local authorities and other organisations, which is informed by health needs, health equity audit and public service agreement targets, taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance, Tackling health inequalities: a programme for action (DoH 2003), National Standards, Local Action (Department of Health 2004).</p> <p>The PCT makes information on health and healthcare needs available to local authorities and other organisations, including community groups, taking account of Choosing health: making healthier choices easier (Department of Health 2004).</p>	<p>PCT joint funds Local Strategic Partnership Officer. PCT joint contribution to County Social Services Vulnerable Adults services. PCT contribution to scrutiny meetings on teenage pregnancy and obesity. Public Health Annual Report presented annually to Overview and Scrutiny Committee. Service Level Agreement for Rushcliffe Council for Voluntary Service. PCT targets, e.g. falls, smoking in community safety strategy. Director of Public Health is the Chair of the Local Strategic partnership, representation on the CDRP strategic and tactical groups. CDRP audits supported by health data. Establishing joint programmes for "first contact" with health, emergency services, local authority. Joint commissioning and pooled budget, e.g. for Integrated Community Equipment Services monitored jointly. Multi agency approach used when developing the Health Equity Needs Assessment.</p> <p>LSP joint planning day identified need for performance management. Performance management now built into Community Strategy monitoring. Community Strategy lead Officers report performance to Partnership Board. Rushcliffe LSP supported in monitoring by Nottinghamshire LSP and Greater Nottingham Partnership</p>	Compliant	<p>Local Strategic Partnership</p> <p>Public Health Annual Report</p> <p>Director of Public health Board Reports</p> <p>Crime and Disorder Partnership Strategic Officers Group.</p> <p>Health Equity Needs Assessment Task Group.</p> <p>Health Equity Needs Assessment draft project report</p>

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<p>C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>b) Ensuring that the local Director of Public Health's annual report informs their policies and practice</p>	<p>The healthcare organizations policies and practice to improve health and reduce health inequalities are informed by the local Director of Public Health's annual public health report (APHR) taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance.</p> <p>The PCTs commissioning is informed by the local Director of Public Health's annual public health report (APHR) taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance.</p>	<p>PCT used Public Health Annual Report (APHR) to identify localities and set health priorities and to priorities tobacco control and falls as corporate objectives. PCT Immunisation strategy developed following communicable disease section in APHR.</p> <p>Local LDP targets, e.g. inequalities, developed following APHR recommendations.</p> <p>Community Pharmacy SLA set for smoking cessation. SLA with Rushcliffe Council for voluntary service health promotion priorities.</p> <p>APHR publication policy includes consultation, distribution, wide dissemination including schools, PCT website.</p>	Compliant	<p>Public Health Annual Report</p> <p>Health Equity Needs Assessment Task Group.</p> <p>Health Equity Needs Assessment draft project report</p>
<p>C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.</p>	<p>The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population, to support the disease prevention and health promotion requirements of the NSFs and national plans.</p> <p>The PCT sets planning priorities for disease prevention, health promotion and narrowing health inequalities using information on local population health, including ethnic monitoring, and evidence of effectiveness.</p>	<p>Active patient and public involvement forums. The PCT makes the best use of any information available, either by clinical systems or Public Health Observatory. PCT has undertaken HENA for older people. Results reported in 04/05 Public Health Annual Report. Health Needs Assessment has been undertaken at Whatton Prison – update is in progress. Information gathered via partnership working and networking, e.g. PHAR, locality profiles, HENA. Partnership task group and PPI forums, e.g. cancer, diabetes, health network.</p> <p>Rolling programme of HENA agreed. Each HENA recognises links between population and national health priorities both within and beyond health. NSF groups have action plans to deliver health improvement, e.g. cancer strategy implements – 5 a Day activities. HENA recommendations have formed the basis of priorities for the LSP and informed PCT's LDP. National documents regarding medicines used, e.g. horizon scanning information, new drug evaluations to plan for prescribing budget. HENA, 5 a Day, healthy schools, etc.</p>	Compliant	<p>Rushcliffe's Diversity Group</p> <p>Health Equity Needs Assessment Task Group.</p> <p>Health Equity Needs Assessment draft project report</p> <p>Public Health Annual Report</p> <p>Health Equity Needs</p>

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C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	<p>The healthcare organisation commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness. The healthcare organisation monitors its disease prevention and health promotion services and programmes and uses the findings to inform the planning process.</p> <p>The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce in accordance with Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance.</p> <p>The healthcare organisation has an identified lead for public health or access to public health expertise to meet its strategic and operational roles.</p>	<p>Use of HDA evidence-based briefings and toolkits. Use of local examples of best practice, e.g. smoking in pharmacies, cardiac rehabilitation models. National guidance on prescribing and medicines management reviewed and actioned by APC and Prescribing Steering Group. Developing public health plan – informed by local health needs and national health priorities (Choosing Health). Regional Public Health strategy. Local strategies have been developed for tobacco control, falls and primary care. Information assessed and used to inform local guidelines and protocols. Where services are being developed in partnership, evidence of effectiveness is considered, e.g. HENA, cross-district Sexual Health Working Groups, Partnership groups – Nottinghamshire Teenage Pregnancy Forum, Falls Research and Prevention group. Prescribing data should be shared across district to inform planning. Recommendations from HENA will lead to service developments. HENA, 5 a Day, healthy schools, etc. Changes in practice from local and national guidance, e.g. new guidelines for confidentiality for under 16's. Public Health SLAs are tailored to meet disease prevention, e.g. New Leaf in community pharmacy SLA, develop to ensure quality smoking cessation service, NSF groups help to influence the direct provision of services. Arrangements specified through SLA's local delivery plan and cross-district arrangements, e.g. sexual health, DAAT. Occupational Health provide information and advice to staff, e.g. counselling, stress management. IWL Steering Group in Rushcliffe liaises with staff representation to ensure work/life balance.</p>	Compliant	Assessment Task Group. Health Equity Needs Assessment Public Health Annual Report IWL Practice Plus IWL Steering Group Travel Plan Smoke Free Policy Travel Plan awareness campaign NSF Groups IWL Practice Plus Smoke Free Policy NHS Staff Survey Locality meetings

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C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.	<p>The healthcare organisation has up to date and tested plans to deal with incidents, emergency situations and major incidents, in accordance with relevant guidance, including the Civil Contingencies Act 2004, Getting Ahead of the curve (Department of Health 2002), Plan for major incidents: the NHS guidance (Department of Health 1998), and Beyond a major incident (Department of Health 2004).</p> <p>The healthcare organisation works with key partner organisations in the preparation of training for and annual testing of major incident plans, in accordance with the Civil Contingencies Act 2004, Plan for major incidents: the NHS guidance (Department of Health 1998) (ID98c 173/235) and Beyond a major incident (Department of Health 2004).</p>	<p>Revised Emergency Plan approved by the Board September 2004, regular exercises have taken place to test the plan. Local risks have been identified; Community Risk Register is being developed.</p> <p>All stakeholders were consulted during the review process of the Emergency Plan and all have received a copy of the plan. Testing has taken place across the organisation within teams and service areas as well as regional exercises.</p> <p>Member of the multi agency Nottingham Health Community Emergency Planning steering Group.</p> <p>Live and tabletop exercises have taken place at Lingsbar Hospital, in the community and multi agency ones locally and regionally.</p> <p>Financial resources are held by City PCT as lead in this area, the Local resilience Forum will decide on financial allocations.</p> <p>Emergency Planning Lead identified along with a deputy and robust deputising arrangements also in place if both are absent. Training carried out once exercises have taken place and lessons have been learnt. Short medium and long terms plans have been explored to ensure we have systems in place to manage.</p>	Compliant	<p>Emergency Plan</p> <p>Emergency Planning Group</p> <p>Risk Management Committee</p> <p>Nottingham Health Community Emergency Planning Steering Group</p>