Public Health Observatories in England – the first three years

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Abstract

Public health observatories (PHOs) were created in England in 2000. Since then they have been engaged in a variety of activities to support the health improvement agenda in England. This article describes these activities, the key responsibilities and outputs of PHOs. It also describes the links with other observatories in Europe.

Key words: observatories, health monitoring, regions, public health

Background

Eight Public Health Observatories (PHOs) were established in England in 1999 as a result of the publication of a government white paper – Saving Lives - Our Healthier Nation.[1] A ninth PHO was created in 2003 as a result of PHOs being aligned to Government Officers of the Regions.

In this report the need to create public health observatories was set out because of the need to gain a better understanding of public health in England. The Public Health Observatories were given a number of specific tasks. These are set out in Table 1.

Table 1. The role of Public Health Observatories in England.

- Monitoring health and disease trends and highlighting areas for action;
- Identifying gaps in health information;
- Advising on methods for health and inequality impact assessment;
- Drawing together information from different sources to improve health;
- Carrying out projects to highlight particular health issues;
- Evaluating progress by local agencies in improving health and cutting inequality;
- Looking ahead to give early warning of public health problems.

What is a public health observatory?

In the light of the mushrooming of the usage of the word 'observatory' in a public health context, Hemmings and Wilkinson set out to define the key components of a public health observatory – the primary function of an observatory is that they produce and disseminate intelligence for their host areas to inform policy.[2] In their paper, Hemmings and Wilkinson draw the distinction between public health observatories, regional information departments and other observatories.

Working relationships

It is important to understand that the public health function in England has for many years been closely aligned to the management function of the National Health Service in England. This brings a number of advantages, especially the proximity and close involvement in decision making on health policy. However, the two main disadvantages are that it has meant that there has been enormous pressure for the public health function to focus on the health care agenda to the detriment of the wider agenda of health improvement – the levers for which often lie outside the health service. Furthermore, the health service structure in England is subject to frequent changes.[3] The specialty of public health in England descended from an amalgamation of the Medical Officers of Health (MOsH) and Senior Administrative Medical Officers in regional Hospital Boards. MOsH in England had had a very significant management responsibility in local authorities since the first MOH in Liverpool in 1850.[4]

Public Health Observatories in England were formed at a time just before the previous health authorities were created (of which there were 99) and the creation of primary care trusts (PCTs - of which there are now just over 300). This has meant that public health observatories have become more important in that they support many more 'slimmer' organizations (the PCTs) which very often have little or no information and intelligence function.

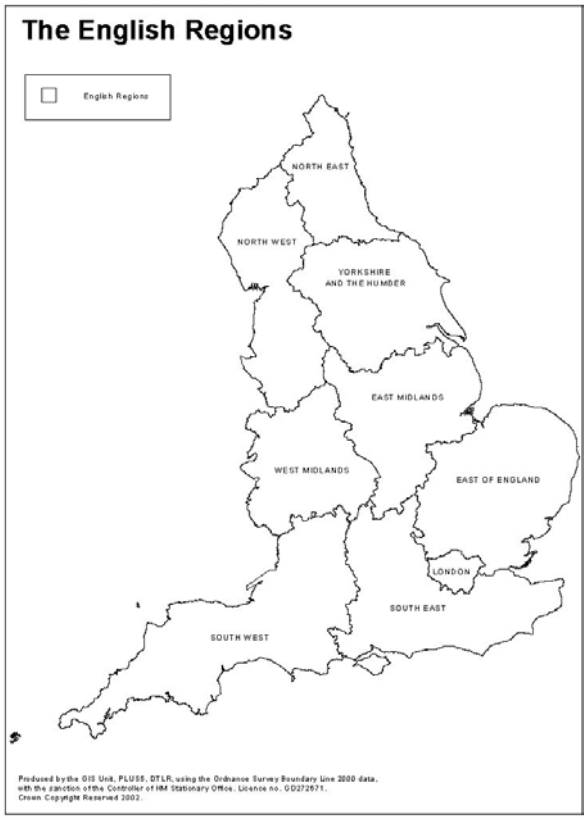
Public Health Observatories cover one of each of the English regions (shown in Figure 1). These vary in area, population and prosperity, as shown in Table 2.

Table 2. Regions of England, population, area and gross domestic product per person.

Region	Population	Area sq km	GDP* per head (£)
East Midlands	4 172 179	15 627	12 146
East of England	5 388 140	19 120	15 094
North East	2 515 479	8 592	10 024
North West	6 729 800	14 165	11 273
South East	8 000 550	19 096	15 098
South West	4 928 458	23 289	11 782
West Midlands	5 267 337	13 004	11 900
Yorkshire and the Humber	4 964 838	15 400	11 404
London	7 172 036	1 699	16 859

*GDP- Gross domestic product

Figure 1. The English regions



Public Health is well represented at all levels of Government and administration in England. Since devolution, health service and public health structures in Wales, Scotland and Northern Ireland have become significantly different. A public health observatory has been developed in Wales and there are plans for a public health observatory to cover the whole of the island of Ireland (this will be a cross boundary institution).

Public Health Observatories in England are funded by the Department of Health. Within the Department of Health, there is a strong public health function headed by the Chief Medical Officer for England. Public Health & Clinical Quality covers three main areas: health protection, health promotion and clinical quality. Reducing health inequalities is an important strand of this work.

There is now a public health group headed by a regional director of public health in each of the (nine) Government Office Regions in England. The responsibilities of the Regional Groups are:

- the development of a cross-government and cross-sector approach to tackling the wider determinants of health;
- informing regional work on economic regeneration, education, employment and transport;
- ensuring there is a proper health contribution to local strategic partnerships;
- accountability for the protection of health (including against communicable diseases and environmental hazards) across the region;
- making sure the public health function is properly managed at local level;
- emergency and disaster planning and management;
- being the main point of contact for serious concerns about clinical standards and associated enquiries.

This is a relatively new development and is designed to ensure that public health is engaged in the growing regional developments which are taking place in England. At the present time there is only elected regional government in London, but referenda are due to take place in three English Regions in 2004 to determine whether there will be an elected regional assembly in these regions. Regional Assemblies will play a strong role in regeneration and the economy, though it seems unlikely that they will take on any direct responsibility for health care provision, they will have a particular remit to improve the health of the public.

Within each primary care trust there is a director of public health. Primary care trusts in England have a specific health improvement responsibility.

Public Health Observatories in England are closely aligned to the Regional Directors of Public

Health. In some cases, the Observatory is part of the Government Office Public Health Team. In other cases the relationship is slightly more removed. In some cases public health observatories are based in universities, others with primary care trusts – there is no single model. All PHOs have strong links with service public health, but have an advantage of being slightly set apart. This is extremely important as it allows PHOs to comment constructively on the delivery of health policy in a region - and indeed to fulfill one of their stated functions which is to monitor the actions taken by various agencies to improve health. [1]

Public Health Observatories in England receive core funding from the Department of Health (£2.25M in 2003/2004). Though this has been supplemented by other functions which the PHOs have no taken on. These are described below.

Additional PHO functions

Hospital Episode Statistics (HES)

In 2002, the Department of Health asked PHOs to develop regional safe havens for hospital episode statistics (HES) data. Data on hospital activity has been collected for many years in England. The principal uses of these data were for the management of hospitals, and little use was made of this extensive data source for public health purposes. There are a number of exceptions to this and a group in Oxford led by Goldacre[5] has published extensively using HES and its predecessor as a rich source of data. Thus in 1990s, the Department of Health set up a number of pilot sites to test the usage that could be made of this data source. The results of these pilots demonstrated the value of making HES more readily available and now PHOs are engaged in setting up these services.

Drug misuse databases

Data on drug misuse has been seen as in need of development in England for sometime. The current system is largely paper based and is limited in that it can only describe the situation in relation to patients in treatment. The National Treatment Agency (NTA) therefore asked PHOs to take on responsibility for developing a monitoring system for drug misusers in England and to assist the NTA in developing a system of electronic data capture. Whilst some PHOs have felt that this is taking PHOs away from their core activity of processing, interpreting and disseminating data, most have felt that this is an important area to engage in and that the skills contained in PHOs have much to offer in improving the quality of these data and making better use of the data itself.

Links with Cancer Registries

The Department of Health in England has recently expressed concerns about the cancer registry function in England which was potentially at risk because of the devolution of funding responsibilities for cancer registries to primary care trusts. This has now been resolved. Cancer registries in England have been well established for a number of years and have been key to the development of the Governments plan to improve cancer care in England. [6,7] It is likely that the link between cancer registries and PHOs will be strengthened in the future. In two cases the PHO and the cancer registry are to merge.

Association of Public Health Observatories

At the early stage in the development of public health observatories, the Department of Health encouraged the formation of a national association of Public Health Observatories. This lead to the creation of Association of Public Health Observatories (APHO). The roles of APHO are set out in Table 3.

The Association of Public Health Observatories publishes an annual report of its activities. [8] This contains detailed information about the activities of all the public health observatories. Initially covering England only, the Association now includes Wales. There are discussions taking place to enlarge the group to encompass Ireland and Scotland.

The Public Health Observatories have developed lead areas (Table 4).

The role of lead observatories has also been defined and is shown in Table 5.

New lead areas are added with new and developing priorities with agreement by the APHO executive. The development of lead areas is not intended to stifle development and initiative in other PHOs but make more efficient use of a limited resource.

Links to Europe and the Regional Health Observatory Network in Europe (RHONE)

One of the most exciting areas of development has been with similar organizations in other parts

Table 3. The role of the Association of Public Health Observatories.

- A learning network for members and participants;
- A single point of contact for external partners;
- An advocate for users of public health information;
- A coordinator of work across public health observatories.

Table 4. Lead areas for PHOs in England.

Observatory	Lead area
North East	Mental health, prisons health, children and young people
North West	Drug misuse, health protection
Yorkshire and the Humber	Diabetes
East Midlands	Teenage pregnancy
West Midlands	Cancer, older people, environment
Eastern Region	Primary care, methodologies
London	Health inequalities, social exclusion, regeneration
South East	Heart disease and stroke
South West	Accidents and injury, sexual health

of Europe. Of course, with devolution in the United Kingdom, there is also a need to develop close links between observatories (or similar organizations) within between the countries of England, Wales, Scotland and Northern Ireland. Progress is being made in this area. Already Wales has become part of the network of Public Health Observatories and we hope that this will be extended shortly to include Scotland and Ireland.

In close collaboration with our European colleagues, we have recognized the potential benefits of cooperation between similar institutions in Europe. A major platform for this development has been in association with the ISARE project (Indicateurs de Santé dans les Regions d'Europe). This is a project funded by the European commission to examine the feasibility of health data exchange at a subnational level. The report of the first part of this work can be found on the European Commission website.[9]

The rationale for the development of a regional network of health observatories in Europe (RHONE) is shown in Table 6.

To date three conferences have been held, and a newsletter produced. It has been decided that the next objective required is to obtain funding to support small permanent staff to support the organization of the network.

Main outputs and results of Public Health Observatories in England

Public Health Observatories in England have three main types of outputs:

Table 5. Responsibilities of Lead PHOs

- Providing a point of contact with national bodies for dissemination to other PHOs;
- Identifying and signposting work undertaken in each PHO: to fulfill this role each PHO will maintain an inventory of work undertaken in the topic area by all PHOs;
- Signposting to other data sources, methods and expertise: to fulfill this role each PHO will develop an inventory of data sources, methods, expertise and key contacts in the link area, both within PHOs and in organizations outside.

Reports

Reports are a mainstay of output from the PHOs. All PHOs produce both hard copies of reports as well as PDF versions on websites. We have found that there is a high demand for paper copies of reports, and these can have great impact. Reports published on the web facilitates dissemination, but can disappear without trace. Every year the Association of Public Health Observatories publishes a review of activities which contains a list of all reports published by PHOs.[8,10]

Websites

All PHOs have a website. The website for individual PHOs can be accessed through the national website www.pho.org.uk. Websites are a major vehicle for the dissemination of PHO work and for publication of their activities.

Training and education

All PHOs in England play a significant role in education and training. In addition to an annual nation conference, PHOs host a number of other conferences and training events throughout the year. Particular emphasis has been placed on supporting and developing information specialists, of which there is a considerable shortage in the UK.

Academic developments

All PHOs contribute to the research agenda for public health, though most of this activity is aimed at action orientated research for those involved in

Table 6. The role of Regional Health Observatory Network for Europe (RHONE).

The initial objectives of the network are as follows:
- To develop information exchange between partners;
- To develop joint work especially in the context of the European project on Public Health;
- To create a platform of knowledge, especially for the comparisons between regions;
- To develop methodologies and information dissemination;
- To facilitate exchange and training of personnel between Regional Observatories.

health improvement (such as the primary care trusts). A number of PHOs are based in universities and contribute to the research agenda in those institutions.

Do Public Health Observatories do any good?

It is difficult to ascribe 'success' or otherwise of the PHOs at such an early stage in their development. We have included a case study (Box 1) which relates to one piece of work undertaken by one of the observatories which is illustrative of some of the effects that PHO work can achieve.

Conclusions

In their short existence, public health observatories in England have begun to make a major contribution to the agenda for health improvement in the country. They are now a recognized part of the public health infrastructure in the country. The creation of public health observatories from a standing start in just over two years is a tribute to all the hard work and commitment of the staff working in PHOs to whom this article is dedicated.

Box 1
Case study of PHO work and health policy development

The health of asylum seekers

In 1999 the UK government introduced a system for dispersing newly-arrived asylum seekers to areas other than London and the South East. This put considerable pressure on health services in areas such as the North East of England which had a very small ethnic minority population, and so limited experience of some of the issues. The dispersal system was complex and poorly organised so there was very little information with which to plan.

Practitioners in the NHS approach the Northern and Yorkshire Public Health Observatory to do a scoping study of what information was known about asylum seekers in the region and what the major health service and public health issues were. An independent researcher was contracted to do the work supported steering group with representation from the NHS and PHO.

Improving the health of asylum seekers in Northern & Yorkshire: a report on service provision and needs[11] was published in July 2002, and set out to: present a picture of the population of asylum seekers, including basic demographic data; explore what data is collected, by whom, and how it is used; and provide a brief overview of current health service provision, identifying gaps and needs, and highlighting examples of good practice.

A summary paper – *Improving the health of asylum seekers: an overview*[12] – with 13 recommendations at national, regional and local level was published in June 2002, and widely circulated. A seminar for policymakers was also held on 18 September 2002 at the Public Health Observatory to discuss the report and related issues.

The Department of Health responded to the recommendations in writing before the seminar and this helped to gain some acceptance of the problem at a regional level. At a local level the reports were perceived as authoritative and independent. Practitioners currently working with asylum seekers used the summary report to raise issues with policy makers. Although they felt many of the messages were already 'known' to them, it strengthened their arguments and provided basic data with which to plan.

While it is difficult to ascribe direct influence on health policy, as an issue may be raised in a number of places at the same time, the timing of the report coincided with a greater interest in the problems at regional and national level and a number of local initiatives to resolve them.

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