

**PROPOSAL FOR A  
PUBLIC HEALTH  
OBSERVATORY FOR  
KENT**

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## **CONTENTS**

### **1. THE BACKGROUND TO THIS PROPOSAL AND THE RATIONALE FOR RESTRUCTURING PUBLIC HEALTH INFORMATION SERVICES**

- 1.1 National Antecedents**
- 1.2 Background to the shaping of PCTs and Public Health intelligence services in Kent.**
- 1.3 Partner Integration**
- 1.4 Critical mass and economies of scale**
- 1.5 Supporting Mainstream Public Health Strategy**
- 1.6 Supporting Decision Makers**

### **2. THE PLAN FOR CHANGE**

- 2.1 Aim**
- 2.2 Objectives**
- 2.3 Time frame for change**
- 2.4 Over view of proposed work programmes for KOPH**
- 2.5 Service Delivery**
- 2.6 Outputs**
- 2.7 Monitoring and evaluation**

### **3. ORGANISATION AND STAFFING**

- 3.1 Principles**
- 3.2 The major functions of the observatory are defined by the following programmes:**
- 3.3 Resources structure and staffing:**
- 3.4 Customers / Clientelle**

### **4. IMPLEMENTATION**

- 4.1 The establishment phase**
- 4.2 The Transition Period**
- 4.3 The early development phase**
- 4.4 Later potential developments**
- 4.5 Career Structures and Capacity**

### **5. GOVERNANCE**

**DRAFT**

# 1. THE BACKGROUND TO THE PROPOSAL AND THE RATIONALE FOR RESTRUCTURING PUBLIC HEALTH INFORMATION SERVICES

## 1.1 National Antecedents

In the 2001 report of the Chief Medical Officer (1) it stated that it was his aim to improve and intelligence skills and capacity throughout England.

This was further emphasized in the “NHS fully engaged scenario” as recommended by Derek Wanless (2) in relation to Securing Good Health through Public Health Evidence.

The report of the Public Health Information & Intelligence (I&I) Task Force about the Public Health workforce seeks to deliver enhanced training, career pathways and technical capabilities for the Public Health Intelligence function(3).

## 1.2 Background to the shaping of PCTs and Public Health intelligence services in Kent.

The last two NHS reorganisations have been instrumental in determining the current shape of public health intelligence in Kent and in presenting an opportunity for modernisation. In England, in 2002, NHS Regional Offices were abolished, Health Authorities (HA s) were reorganised down to fewer Strategic Health Authorities and over three hundred Primary Care Trusts (PCT s) emerged. This resulted in 8 PCTs in Kent and one SHA for Kent and Medway.

In 2006 the number of Strategic Health Authorities were reduced to ten, and the number of PCT s were reduced by half. In Kent as at October 1<sup>st</sup> 2006, the eight former PCTs were merged into two. At the same time, the eight former directorates of Public Health were combined into one, with a Director jointly appointed by, and accountable to, the two new PCTs and the County Council.

Before the changes in 2002 there were two Health Authorities for Kent and Medway, each with integrated Public Health analytical services. There was also a shared, Kent and Medway wide, Public Health library service, hosted by one of the HA s. Following the changes the library services remained central (first hosted by the SHA and then a PCT), and the analytic services were reorganised. The two previously integrated HA services were amalgamated into a single service. This was moved from direct Public Health management into a unitary function managed by the Kent & Medway Informatics Service, (itself hosted in the acute hospital sector). The primary aim was to maintain a critical mass of analysts able to support each other and to support Public Health at PCT s, through dissemination of their services.

This arrangement had three closely related disadvantages. The first was that the service was no longer integral within Public Health Departments, unlike the analytic services supporting finance, medicines management, commissioning and community and child health services. This meant it was separated from other related functions such as evidence base developments or PCT priorities. The second related to the difficulties perceived in responding equitably to the competing demands of eight directors of public health and their departments. The third was a lack of strategic leadership in public health matters. In spite of these structural disadvantages the service was seen to be innovative and hard working under difficult circumstances.

The latest restructuring of the PCT s and the development of a single Director of Public Health for Kent presents an opportunity to reintegrate analytic service within Public Health and to unite them with the evidence and intelligence service. At the same time the injection of strategic leadership, the opening of potential routes for linking up information with partner agencies, and the development of other functions will provide a completely new and broader function which will become the Kent Public Health Observatory.

### 1.3 Partner Integration

There are a myriad of sources of Public Health Data available in the community. Because of the previous nature of NHS, we have tended to focus on a limited number of traditional data sources. Data pertaining to crime, employment, housing and other environmental functions, social services, disability and a range of other elements, can substantially augment public health. All of these are available to our partners. However, our access to their data and their access to ours is often cumbersome and time consuming to achieve. To allow these data sources to deliver valuable public health information efficiently, we need to maximise use of our methodological, analytic, and knowledge management skills, through closer integration with partner agencies.

### 1.4 Critical mass and economies of scale

The emergence of Regional Public Health Observatories has provided Public Health partners with access to a wealth of information and instruments for improving the health of their populations. These units have demonstrated the power of economies of scale, through developing resource intensive innovations and mass producing them across different populations or making them available for use through internet applications.

With reconfiguration of Primary Care Trusts and technological developments in the use of data from multiple sources, we have a unique opportunity. The new shape of Public Health should be able to extract the same sorts of economies and dissemination advantages seen through the success of regional observatories. The rationale behind developing a facility of this nature is to enable the public health and partners in Kent to provide an expert and reliable population, clinical, social and wider intelligence, applicable at a local level and which is fit for purpose.

It is increasingly important to use such services for organisations, which are seeking to strengthen commissioning and enhance responsiveness to local population needs, through increasing ill health prevention and service redesign. The Chief Executives of Eastern and Coastal Kent and West Kent Primary Care Trusts and Kent County Council have expressed their support to see services develop in this manner.

### 1.5 Supporting Mainstream Public Health Strategy

Improvement of the health of the population, and the reduction of inequalities, through the Kent Public Health Strategy and the development and delivery of Local Area Agreement targets, underpin the value of shared information. Specific examples, such as alcohol use, injury and policing the night time economy, or the immunisation status of cohorts of vulnerable children, (such as those in care), can demonstrate how the use of diverse local data sources can provide knowledge greater than the sum of its parts. Health Improvement Plans underpin the central strategies of the PCTs, the County Council and all of the District Councils in Kent, the establishment of the Public Health Observatory will greatly enhance future planning for health improvement.

*“The Framework for procuring External Support for Commissioners (FESC) was developed in response to the vision set out in Health Reform in England: update and commissioning framework (July 2006) for stronger and more effective commissioning, as a key element of a comprehensive programme of health reforms. It is intended to provide Primary Care Trusts with easy access to a framework of expert suppliers who can support them in undertaking their commissioning functions.”*

The Commissioning Framework recognises that PCTs will need to develop excellent skills in a range of commissioning processes, for example, in actuarial approaches to population risk assessment, in data harvesting and analysis, social marketing, opinion surveys, service evaluation and redesign, procurement and performance management. Part of the purpose of the FESC is to allow for development and sharing of skills across organisations, particularly where partners have worked in different parts of the NHS and in other healthcare systems. The Public Health Observatory, through direct participation or as a conduit, will provide a catalyst for this function.

## 1.6 Supporting Decision Makers

The Public Health Observatory for Kent is envisaged as a 'virtual organisation', which would facilitate cooperation and joint working between analytic and knowledge management staff from different parent agencies. We envisage the sharing of population based information, within the appropriate permissible frameworks, to provide greatly enhanced local knowledge. By pooling staff and intellectual capacity from different agencies / organisations, virtual teams can provide greatly enhanced information to a broader spectrum of customers. Through the application of different skills and resources (eg. software packages and expertise) different ways of looking at issues can be developed. Such enhanced expertise becomes self generating, having the potential to attract other expertise along with external resources for development, research and broadening overall effective capacity.

The development of such a service envisages workforce development and training across a range of analytical and knowledge management staff to broaden the overall understanding of public health, and to further enhance our access to and use of information derived through the application of epidemiological principals and practice.

The service would address issues raised in the report of the Public Health Information & Intelligence (I&I) Task Force 'Project plan for the Workforce sub-group on Increasing the I&I capabilities & capacity of the public health workforce' (*See Appendix 1*)

The development of such a service would enable the establishment and refinement of a Kent wide Public Health Intelligence work programme to support annual reporting, assessment and analysis of needs, health impacts, health equity, health surveillance, and epidemiological questioning. By channelling this enhanced capacity into strategic planning, commissioning will be strengthened.

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## **2. THE PLAN FOR CHANGE**

### **2.1 Aim**

To improve health and reduce inequalities by ensuring that Kent has the most efficient and effective provision of Public Health Intelligence and Knowledge Management services in a defined unit called the Ken Observatory for Public Health (KOPH).

### **2.2 Objectives**

To enhance service provision through, strategic public health leadership, senior management directly accountable to the Kent Director of Public Health, and centralised consolidation and virtual expansion through formal linkages to wider intelligence teams and data systems.

To enhance service provision and support for Public Health Teams, through clear lines of accountability to Director and to Deputy Directors of Public Health.

To ensure equitable access for and substantial development input from public health localities and specialists

To deliver an implementation plan

To establish an initial work programme, comprising annual public health report, health needs assessment, a surveillance development agenda, specific topic and population data requests, support for the public health strategy including routine analysis of public health targets and support for configuration and service reviews.

To establish a development work programme.

To develop the reputation of the unit as a timely provider of high quality information.

To build on the expertise and calibre of the team members through protected time and targeted learning. This will enable the Observatory to further its reputation and attract highly competent professionals in Public Health Information and Knowledge Management and to maintain high standards of service and staff satisfaction.

To develop career pathways in these specialist fields. To provide opportunities for creative workforce placements and secondments, and develop a hub of excellence which attracts a range of professionals and those in training.

To provide a substantial part of a comprehensive public health information strategy as recommended by the Health Information and Intelligence Task Force (see appendix 1).

To monitor and enhance the service through appropriate structures.

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## 2.3 Time frame for change

	Oct 07	Nov	Dec	Jan	Feb	Mar	Apr	May 08
Proposal to PH Board	19th							
Proposal to Boards & Cabinet		3 dates						
Consultation period			xxxxxx	xxxxxx	xxxxxx			
Interviews						xxxxxxxx		
Structure in place with partners							xxxxx	xxxxxxxx
Data linkage development			xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx
Partner issues			xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx

## 2.4 Over view of proposed work programmes for KOPH

- Work programmes will be developed on the basis of one and three year planning and will reflect the commissioning cycles of the PCTs and partner commissioners.
- Annual Public Health Report for Kent, to be published - To be published in third quarter each year.
- Needs Assessments – Joint Strategic Needs Assessments will become an iterative process, and there will be routine priority setting to establish and refresh projected one and three year work programmes.
- Surveillance - Development of robust surveillance systems for Kent relating to Screening Programmes, Immunisation Programmes, Infection Control, Deaths, Suicides, LAA, PSA, HCC, and DH target monitoring.
- Support the monitoring and delivery of the Kent Strategy for Public Health
- Support to DPH and Deputy DsPH - As required with responsive programmes.
- Support for strategic planning - Population and other modeling
- Support for practice based commissioning - Refinement of locality, cluster and practice information.
- Support for mainstream commissioning - Specific analyses of hospitals' activities in relation to effectiveness of care issues and clinical indicators.
- Creating and maintaining a 'Development Agenda' – For example economic modelling of ill health burdens and the costs and impacts of related preventive intervention strategies.
- Public Health Information provision - Regular public health briefings, status reports
- Evidence based health care provision - Clinical and public health evidence data-base collation and updating
- Scientific Development programme – the observatory will in due course seek to attract participants and additional funds in specific areas, eg. funding for evaluating interventions such as would be associated with community alcohol strategies, the observatory would at the same time seek to attract public health researchers, through the etc.
- Business Development Programme
- Dedicated networking activities – Participation in Public Health Information Networks, Health and Social Care Library and Intelligence Networks, Association of Public Health Observatories, Cross channel Public Health Observatory partnership.

## **2.5 Service Delivery**

Methods of service delivery will be comprehensive and will involve:

- extensive development of electronic data access web based services,
- appropriate geographic dissemination of staff and partnership working, with some staff possibly based on more than one site, as well as provision for hot desking
- collaborative working with public health consultants, specialist and specialist registrars and trainees, and key partner officers
- interface arrangements (such as honorary contracts for staff in different organisations) and appropriate data linkage (such as joint licence arrangements, joint commissioning and innovative partnership agreements).

## **2.6 Outputs**

Outputs will be measurable in many areas and these would be part of an annual plan and subsequent report. Likely areas would include:

Needs, health impact and equity assessments / audits delivered  
Modelling – such as with Fit for the Future  
Programme Budgeting  
Forecasts against burdens of ill health, and actuarial forecasting.  
Surveillance  
Specific PH support outputs  
Specific Commissioning support outputs  
Specific social marketing and segmentation outputs  
Specific profiling support outputs

## **2.7 Monitoring and evaluation**

Consideration will need to be given to an oversight body to monitor the functions, direction and performance of the observatory. This could be subsumed by the Public Health Board or conducted by a subgroup thereof or by a separately constituted group.

The observatory will be expected to produce an annual report and to be guided by the oversight group on any modifications to its constitution or objectives.

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### **3. ORGANISATION AND STAFFING**

#### **3.1 Principles**

The proposal is for a Kent Public Health Observatory (KPHO), to be part of the Kent Department of Public Health.

The organisation structure is designed for form to follow function.

#### **3.2 The major functions of the observatory are defined by the following programmes:**

- Public Health Reporting Programme – Includes APHR, Strategy for PH reporting /updating, Public Health Information provision
- Technical Work Programme – Includes Needs Assessments, ad hoc analyses,
- Surveillance Programme - Development and maintenance of robust surveillance systems for Kent
- Strategic Planning and commissioning Support Programme
- Development Programme.
- Evidence based health care support programme-
- Scientific programme – the observatory will in due course seek to attract participants and additional funds in specific areas, eg. funding for evaluating interventions such as would be associated with community alcohol strategies, the observatory would at the same time seek to attract public health researchers, through the etc.

#### **3.3 Resources structure and staffing:**

This will be determined following the development of a specification agreed with the partner agencies.

#### **3.4 Customers / Clientelle**

Existing users of Public Health Intelligence and Knowledge Management include:

- All levels of Public Health professional within PCTs and Local Government including the wider NHS workforce (health promotion, health visitors, etc)
- PCT staff (commissioners, primary care, etc)
- SHA staff
- Specialised Commissioning Unit
- Kent Cancer Network
- CHD Collaborative
- Health Protection Unit
- Children's Trust/Services
- Partners and associated groups (Crime Disorder Reduction Partnerships, SureStarts etc)
- Academic organizations
- General Public

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## **4. IMPLEMENTATION**

The ethos of the direction is to work towards creating an environment of quality and excellence that will assist and motivate people to achieve desired end results. It is proposed to move forward in three phases.

### **4.1 The establishment phase**

- Work with HIS to align Public Health analysts functions with PCTs to support needs assessments.
- PBC, Commissioning, and Surveillance of Targets and technical advice.
- Work with partners to explore joint development opportunities.
- Identify KCC and other agency information analysts and information staff to join the observatory team.
- Establish interim team for primary observatory functions, surveillance, annual reporting , PCT support
- Work with HIS to align Public Health analysts functions future Observatory functions.
- Work up proposed structure in response to recommended service specification report.

### **4.2 The Transition Period**

- Public Health Knowledge Services to come under the leadership of a Public Health Consultant as part of Kent Public Health Department.
- Steering Group (KPHSG) to meet to agree TORs Membership, Agenda shape and to report through its minutes to the Public Health board.
- Core work programme to be agreed.
- Links with partners to be explored and reported on to KPHOSG
- Build upon the current partnership work and arrangements recently established by the services.
- Consolidation of Annual Public Health Reporting Process through agreed development programme.
- Consolidation of Needs Assessment Agenda (including equity audit and health impact assessments), through agreed development of rolling programme
- Expansion of complete work agenda

### **4.3 The early development phase**

- Programme development will proceed as soon as the proposed new structure is put in place
- A virtual team will be established with KCC, PCT & HIS and other information colleagues and specialist subject meetings to be in place according to series of target dates, which address the major linkages.
- An observatory skills network will be established to involve analysts, consultants and specialists in project lead and support roles, target dates for specific milestones will be devised.
- Identify the access and maintenance agenda for databases of health related data
- A communication and reputation enhancement strategy with a programme of presentations will be developed.

### **4.4 Later potential developments**

Subject to attracting appropriate resources

- Close working with Acute Trust Teams on specific clinical data analysis to do with clinical effectiveness and prevention.
- Academic and R&D links furthered

### **4.5 Career Structures and Capacity**

In spite of National moves there is as yet no definitive career structure for Public Health Intelligence / Information. Career development and education for existing and new staff will be a feature of the Observatory and attracting trainees to build future capacity.

## 5. GOVERNANCE

There is a 'wider Public Health workforce' who are making increasing demands upon Public Health Information. Local LAA and LDP targets in Public Health have been and continue to be developed, Health Equity Audits and Area Needs Assessments are becoming increasingly important in the planning and delivery of local services and in turn placing an ever increasing demand on the public health information resource.

The recent use of Public Health Information in supporting Practice Based Commissioning is a new key area and the Kent & Medway PHIT have produced GP Cluster profiles to strengthen this relationship and need. Work continues in this area with Senior Analysts working closely with GPs and PBC groups to further develop the GP Cluster profiles.

There is an increasing demand for public health information from many of our partner organizations. With the appointment of a joint DPH across the PCTs and KCC, the demand for high quality public health information support will inevitably rise and the team is already engaged with many KCC departments who require that form of support.

Partnership work with Local Authorities is also crucial for the delivery of the local components of the LAA and LDP agenda. Work for and with CDRPs is also on the increase, with more and more requests for health related information by the local police force for example.

There is an immediate agenda to address and start rolling out. There will not be a large amount of resource to devote to capacity planning so it will be sensible to operate on the side of 'prudence' and keep the initial agenda tight and to look to the future for developing and providing broader services.

The development agenda will be important in due course for the motivating and creating a reputation of quality and service in the new environment.

It will be critical to show that the service is of the highest quality and meets user requirements. A primary aim will be to build up the reputation of the KPHO as a provider of a cutting edge, technically robust and appropriate service. An overseeing panel representing stakeholders and service users will agree an annual programme of work. The panel would include members from the Public Health Board, Kent County Council, PCTs, other service users and senior KPHO staff. The panel will have the role of performance management of the service and would expect to receive regular performance information from the KPHO. It would constitute a sub group of the Public Health Board. The suggested membership of the panel could include: The DPH, one PCT DDPH, one PCT DCE, one KCC DAS, one LA CE, one Academic Epidemiologist.

Declan O'Neill  
21<sup>st</sup> November 2007

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## APPENDIX 1

Report of the Public Health Information & Intelligence (I&I) Task Force  
**Project plan for the Workforce sub-group on:  
Increasing the I&I capabilities & capacity of the public health workforce**

### Background

This Strategy aims to guide and develop a vision for the Public Health Information and Intelligence skills in England over the period 2006-9 for the three categories defined in the Chief Medical Officer's Report: To Strengthen the PH function<sup>1</sup>. The Strategy outlines in detail the detail of what can be achieved in the three years to enable and support public health capacity and capability and better equip staff in the decision making process about the health and social care of the population.

*"The public health agenda originally set out in 'Saving Lives: Our Healthier Nation' is huge, challenging and complex. The NHS plan affirms its place in the mainstream of NHS activity and, at the same time, acknowledges that it is everyone's business and is a corporate responsibility, not just the province of specialists". (Foreword from Liam Donaldson<sup>1</sup>)*

The Chief Medical Officer's (CMO) report<sup>1</sup> on the public health function, recommends action under six headings:

- Increasing workforce capacity
- Strengthening multidisciplinary public health
- Strengthening capabilities
- Education, training and organisation development
- Leadership and management development
- Strengthening academic public health.

*'Choosing Health: making healthier choices easier'*<sup>2</sup> states that the key to national health improvement is more people making healthier choices more of the time. The paper also indicates that the changes set out will only occur if the right people, with the right skills, are in place to deliver them at all levels.

The overall strategy of *'Choosing Health'* is *'to develop and build capacity for health improvement at all levels of the system, with the backing of a national competency framework for health to support the development of the necessary education and skills'*.

The most recently published White Paper *'Our Health, our care, our say: a new direction for community services'*<sup>3</sup>, continues the Government's drive to reduce health inequalities, which they say:

*"remain too stark – across social class and income groups, between different parts of the country and within communities. The new emphasis on prevention will help close the health gap".*

Building public health capability and capacity is fundamental to closing the health gaps. The aim of this Strategy is to ensure that the social and health care workforce is equipped to deliver improved health by providing basic information and intelligence skills and knowledge, and to support the development of effective specialist public health practice and leadership.

## Partnerships

Nationally there are many providers of skills for a variety of audiences, this initiative will scope all current providers, e.g. Learning and Skills Council, Public Health Observatories, Health Knowledge, Colleges of Further Education and work with these providers to ensure a joined-up approach. The Canadian Enhanced Surveillance training resource is mentioned in the task section, in addition to this a scoping exercise will identify what resources are available from other international bodies and universities to ensure duplication of effort is minimised.

## Aim

To improve public health information and intelligence skills and capacity throughout England for the three levels of the public health workforce as defined by the "Report of the Chief Medical Officer's Project to Strengthen the Public Health Function" published in 2001 (see appendix 1). This will be overseen by the Public Health I&I Workforce Steering Group.

## Objectives

The objectives have been defined to support the delivery of "Choosing Health: making healthier choices easier", the "NHS fully engaged scenario" as defined by Derek Wanless and the Teaching Public Health Networks initiative.

1. **Career Pathways:** To improve recruitment and retention of high quality specialist public health I&I staff by developing career pathways and peer support networks as well as nationally approved job descriptions and person specifications.

### 2. Training Strategy:

a) To support the personal and professional development of public health I&I workforce.

b) To support the personal and professional development of the public health workforce in England through the availability of increased access to public health I&I and general public health training resources.

c) To support the provision of public health skills in undergraduate and post graduate curricula.

3. **On-line Training Resources:** To increase access to training resources for public health information, intelligence and general public health knowledge and skills in England, making them readily available in a central on-line repository.

## Outputs/Deliverables

1. **I&I Career Pathways:** work with the DH PH workforce planning directorate and Skills for Health to support current and future specialist I&I staff and ensure they can deliver the requisite support to the NHS.

This will be achieved by:

a. Developing career pathways for I&I specialists that are both vertical and horizontal

b. Exploring with the IDeA common skills bases and career pathways.

c. Identifying the skill and knowledge levels required to move within a defined career framework

d. Developing model job descriptions and person specifications in line with Agenda for Change

e. Ensuring that the salary grades at each level are explicit, justified and competitive in line with agenda for change

f. Oversee a census of public health I&I staff conducted by APHO.

2. **Training strategy:** develop a training strategy that will support the development of public health skills for all staff.

This will be achieved by:

a. Supporting the personal and professional development of the I&I

- workforce through robust induction and developmental training programmes
- b. Supporting the personal and professional development of the public health workforce in England.
  - c. Identifying current resources and commissioning new training resources to meet the needs of the I&I workforce, public health workforce and academic curricula
  - d. Work with the Teaching Public Health Networks who will be working with WDDs, Universities and Colleges, professional bodies and monospecialist societies (e.g. Royal Colleges) regarding their curricula and identifying new areas to be included in undergraduate and post graduate training
  - e. Piloting and evaluating I&I training using identified resources across all sectors, disciplines and organisations
  - f. Setting up training the trainers to enable local training cascades

**3. On-line Training resources:** identify a repository to contain toolkits and courses to support those aiming to improve their skills and general public health knowledge in public health information and intelligence (this will cover the widest range of public health skills such as health needs assessment, health equity audit, health scrutiny, critical appraisal, evaluation and health impact assessment for 3 levels of CMO PH workforce).

This will be achieved by:

- a. Identifying current materials to support public health intelligence skills development
- b. Organising focus groups to establish what I&I tools are required to support training needs
- c. Identifying gaps between existing materials and the results of users' needs assessment
- d. QA and adapt existing materials to include teacher notes
- e. Commissioning of appropriate new materials and training courses
- f. Working with the defined repository to define cataloging system
- g. Identifying how QA, evaluation & updating of repository will be done.
- h. Ensuring that the outputs of this project link into the knowledge management strategies of PheNet and the National Library for Public Health and IDeA.

The workplan below outlines the operational side of the strategy, identifying expected timescales and costs, as well as the lead person responsible for delivery of each area.

<sup>1</sup> Department of Health. The Report of the Chief Medical Officer's Project to Strengthen the Public Health Function. 2001

<sup>2</sup> Department of Health. Choosing Health: Making healthy choices easier: 2004  
Work force sub group: Katie Enock 2  
20 February 2006

<sup>3</sup> Department of Health. Our Health, Our Care, Our Say: a new direction for community services. 2006  
Work force sub group: Katie Enock 3  
20 February 2006  
Work force sub group: Katie Enock 4  
20 February 2006

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