HEALTH NEWS Briefing

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CHCs AND PUBLIC HEALTH REPORTS

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C O N T E N T S

BACKGROUND - REPORTS OF DIRECTORS OF PUBLIC HEALTH AND CHCs

This briefing sets out to examine the role of annual reports of Directors of Public Health (referred to in this paper as annual reports or public health reports) and how Community Health Councils (CHCs) may make use of them. The first sections look at the origins, purpose and scope of annual reports and also examines the evidence on the effectiveness of annual reports so far. It goes on to consider what types of issues, from a consumer perspective, are useful and should be included in annual reports. Finally, it draws together some examples of CHCs working with Directors of Public Health and using annual reports and discusses the potential benefits of this.

The Acheson Report (1988) re-introduced the principle of annual reports on the health of the population which were to be produced by each Health Authority. This was part and parcel of its recommendations for the clarification of District Health Authorities' public health responsibilities, which were implemented in full by the Government. District Health Authorities (DHAs) took on a specific duty to review the health of their population and to relate this to their use of resources for health care.

It also put a greater emphasis on health promotion and on the control of communicable diseases. In order to carry out this new role Directors of Public Health are now required to produce an annual report to assess health needs, to examine the effectiveness of existing health services, to set priorities for health authorities and to monitor progress.

In the context of the purchasing role of health authorities, annual reports are intended to play a significant role in commissioning by setting priorities between different services, assessing the costs and benefits of particular services and identifying unmet needs. Annual reports also have a wider role in looking at public health issues in general and promoting collaboration between other relevant agencies.

Many of these issues are very relevant to the work of CHCs. Indeed, as this report will show, many CHCs have already started to make use of annual reports in various ways and to provide them with a consumer input. Annual reports are supposed to contribute to the accountability of the District Health Authority and in this respect CHCs have also found it useful to take up the issues discussed in annual reports and, just as importantly, those issues that have been neglected. The Greater London Association of CHCs organised a seminar for CHCs to discuss how they might make use of annual reports and what types of issues and perspectives they would like to see included in them. This briefing develops many of the ideas discussed at the seminar and ACHCEW would like to acknowledge the work of GLACHC in this area.

THE ACHESON REPORT AND ANNUAL REPORTS ON HEALTH

Annual reports on public health were produced by 'Medical Officers of Health' of local boroughs for almost a hundred years prior to 1974 when the NHS was reorganised and the post of Medical Officer of Health in local authorities was abolished.

The NHS reorganisation established Departments of Community Medicine within health authorities although community physicians were stripped of the responsibilities of the Medical Officer of Health to manage social workers, district nurses, health visitors and environmental health officers and had relatively little influence. Some Departments of Community Medicine continued to produce annual reports on the health of the local population but they were largely peripheral to the work of health authorities.

Concern at the relegation of the management of public health culminated in the Acheson Report, published in 1988, the result of the Committee of Inquiry into the Management of Public Health.

The main recommendations of the report were:

* Clarification of public health role of DHAs;

* A greater role for community physicians (renamed public health doctors) in planning and management of health services;

* A higher priority for prevention of disease and health promotion in the NHS;

* A greater emphasis on collaboration between health authorities, Family Health Services, local authorities and other agencies;

* To create role of Director of Public Health with overall responsibility to co-ordinate policy and action to improve health of the population;

* For Directors of Public Health to produce an annual report on the health of the population.

The purpose of the annual report is to enable health authorities to carry out their responsibilities in relation to the health of the population. This is outlined in the circular HC(88)64. The report should inform the DHA, the FHSA, the RHA and the local authority about the health of the population, areas of progress, areas for improvement and to make practical recommendations. The relevant guidance to Directors of Public Health (DsPH) on the purpose and content of annual reports is contained in the DoH circulars EL(89)P113, EL(89)130 and PL/CMO(90)12.

Annual reports should also promote collaboration with other bodies with public health responsibilities. Indeed, the Acheson Report recommended that annual reports "should be produced in collaboration with the relevant departments of the local authority and the FPC". However, in practice, most annual

reports have tended to be aimed at the DHA without any over-arching view of public health issues and consideration of other bodies with public health functions.

CRITICISM OF THE ACHESON REPORT

The Acheson Report has been criticised because it further shifted the management of public health towards health authorities and the NHS which does not reflect the intersectoral nature of public health issues. This also compounds the misconception that public health needs to be dealt with by the medical profession. It has also been argued that the Acheson Report could have gone much further on the issue of intersectoral collaboration, for example, by proposing models for effective collaboration between DHAs and local authorities.

The Public Health Alliance argued (After Acheson, PHA, 1988) that the role of local authorities in the management of public health was vastly undervalued by the Report considering local authority responsibilities for housing, planning, environmental health, social services and local amenities. Voluntary organisations providing health and social services were also largely overlooked, they argued.

One could well make the same criticisms of the Green Paper, 'The Health of the Nation', which makes many references to collaboration with local authorities and other bodies but the thrust of the document is very NHS oriented and takes a rather narrow view of public health.

HEALTH NEEDS ASSESSMENT AND PURCHASING

In the context of DHAs' role as purchasers, annual reports should be an "integral part of the planning and contracting cycle, informing priorities and service specifications". Thus, in theory, there is a rational process within DHAs for identifying, prioritising and commissioning health services which will benefit the health of the population. It is also significant that DsPH are now executive members of the new-style health authorities which will allow them a direct input into the contracting process.

This last point, however, needs some qualification. While the Acheson Report has clarified the role and raised the profile of public health doctors and public health medicine they are, arguably, still subject to a significant degree of marginalisation. Despite the new emphasis given to DHAs assessing health needs and taking a more fundamental look at health service priorities the acute sector still undoubtedly dominates the health service.

Feedback from a few CHCs suggests that they do not feel that DsPH and Departments of Public Health are sufficiently influential to be a worthwhile focus and point of contact for the CHC. For example, one CHC commented that "public health doctors are one of

the most marginalised groups in the Health Service, perhaps e en the most peripheral. Compared to them CHCs are mainstream." Other CHCs indicate that their Health Authority ignores the DPH and the annual report when their advice has significant resource implications.

It is certainly questionable whether, thus far, annual reports of DsPH are really having a significant influence on health authorities' contracting plans and in securing greater resources for health promotion, for example. However, as health authorities develop their role of assessing health needs and evaluating services objectively then DsPH and public health advice will become increasingly important.

It is significant that in many health authorities Departments of Public Health are now closely linked or synonymous with the Contracting Department. In many cases, the Director of Public Health has overall responsibility for purchasing.

INDEPENDENCE OF ANNUAL REPORTS

If annual reports are to be effective tools for setting health priorities and possibly redirecting resources then it is crucial that they have a large degree of independence.

The Chief Medical Officer, Sir Donald Acheson, has stated that the annual report is the DPH's "independent professional assessment of the health of the population". There is, however, concern that the DPH is not sufficiently independent to make contentious recommendations or to speak out on important issues if he/she is critical of the DHA. Recent cases of conflict between health authorities and public health doctors employed by them demonstrate that health authorities may not always be tolerant of criticism (Dyer, C, The law on doctors speaking out, BMJ, 1988, No 296, pp348-9).

In their evidence to the Acheson enquiry the AMA reported that community physicians often seemed reluctant to undertake detailed assessments of health needs of local populations and suggested that this was because DHAs would not have the capacity to respond to the needs uncovered. However, the increased status of Directors of Public Health as a result of the Acheson Report may mean that DsPH can act with more independence and authority.

The Acheson Committee of Inquiry also heard evidence from community physicians themselves that their lack of independence limited their effectiveness. However, while the Acheson Report raised the status of public health doctors, the Committee decided not to recommend that public health doctors could advocate and pursue policies independently of their line of accountability. Their precursors, Medical Officers of Health, had a considerable degree of independence to criticise in cases where the public health was in danger. Instead, the Acheson Inquiry decided to recommend that annual reports serve as an opportunity to comment on DHA policy in public.

EVALUATIONS OF ANNUAL REPORTS

There are a number of studies that have been carried out to examine the content and effectiveness of annual reports produced so far by Directors of Public Health. These evaluations highlight areas of strengths and weaknesses in annual reports mainly in relation to the Department of Health guidelines for annual reports contained in HC(88)64.

The DoH commissioned Bristol University Health Care Evaluation Unit to carry out an assessment of a large sample of annual reports. This was completed in Spring 1990, after many DsPH had produced two annual reports.

Other studies have been carried out by Chambers and Bevan (Health Education Journal, Vol 49: 1, 1990) who looked at a sample of 28 reports available at an earlier date to the Bristol University study and a study carried out by Pencheon, Jewell and Smith (unpublished report) which analysed annual reports from seven District Health Authorities in one RHA. A summary of some of the main criticisms of the reports surveyed is contained in the table below. The table is by no means a comprehensive list of the points made in the evaluations of reports and is intended just to indicate the main areas of criticism.

The studies, particularly those done by Chambers and Bevan and Pencheon et al, made considerable criticisms of the annual reports they surveyed. The summary of their findings in the table on page 7 reflects this, although it is important to bear in mind that these were only the first or second reports done by the new Departments of Public Health Medicine. There does seem to have been some improvement in the content and style of annual reports since these early reports and this is supported by the Bristol University study, which is a little more positive on various aspects of the reports surveyed than the other studies.

In many annual reports there is a welcome emphasis on health promotion, some analysis of issues important to public health outside the Health Service, topics related to health inequalities, use of WHO targets and consideration of the aims of 'Health For All by the Year 2000'. However, there are issues which, according to the Bristol study, continue to have a low priority:

* physical handicap
* primary care
* mental illness
* learning difficulties

There is also criticism of the content of annual reports on the following points:

* lack of proposals for joint working with other bodies;
* lack of specific recommendations for the DHA;
* weak approach to assessment of health needs;
* little analysis of outcomes of health care;
* concentration on NHS statistics and patterns of service utilisation.

The following table summarises some of the findings of the three evaluations of annual reports mentioned (Bristol University, Chambers & Bevan and Pencheon et al).

SUMMARY OF 3 EVALUATIONS OF ANNUAL REPORTS ON HEALTH

Topics covered in Annual Reports	Bristol University (75 reports)	Chambers & Bevan (28)	Pencheon et al (7)
Description of health of vulnerable groups, eg, elderly mentally infirm, homeless.	Weak, eg, only 1 in 5 gave any info on prevalence of mental illness	Poor, only one report looked at disability	-
Specific recommendations for DHA planning	Notable for absence	Only 2 reports sufficient in this area	4 made none at all
Assessment of health care needs for district	Lack of attention to this area	Bias against qualitative research	None tackled this fully
Assessment of outcomes of health care	Lack of attention to this area	-	None took systematic approach
Use of WHO targets	Well-covered	-	-
Proposals for working with other agencies	Over half gave some proposals	Lack of data relevant to other agencies	Proposals limited to FHSAs and research bodies
Presentation of reports	High standards but not produced for various audiences	-	Most "difficult to read" or worse

On the positive side, recent reports seem to have a more economical use of general health indicator statistics. There seems to be a consensus between the Department of Health, public health doctors, and the Faculty of PHM that health statistics should not be used for the sake of it in annual reports. More emphasis is being placed on analysing relevant local needs and more weight given to qualitative survey techniques rather than quantitative data.

The guidance issued by the Chief Medical Officer on the content of reports leaves the bulk of reports up to DsPH, although there is a prescribed core of health status indicators that will allow comparisons of health status across the country. The relevant guidance to DsPH on the use of the Common Data Set is in EL(89)130 (see Annex).

The targets proposed in the Green Paper, 'The Health of the Nation', are also likely to form a central aspect of annual reports. DHAs will be expected to set appropriate local targets and will monitor these using the indicators suggested in the Green Paper. Whether this will complement the work already being done by some health authorities on the World Health Organisation's 'Health For All by the Year 2000' is not clear.

Firstly, the primary principle of HFA 2000 is 'equity', a concept which is completely absent from The Health of the Nation. Secondly, some health authorities began some years ago to develop relevant local targets based on the WHO 38 targets. Thus, there does seem to be some confusion on the issue of targets and agreed national priorities for health but this is bound to be an increasingly important aspect of annual reports.

It may be useful to give a few examples of reports which, in our opinion, are of a high standard. A few points of interest are listed to give an idea of the content and the views of the local CHC:

Brighton Health Authority - Public Health Report 1990

* Lists progress made on the recommendations in 1989 report;

* Useful recommendations relating to most topics in report including discussion of different options and costs, eg, on organisation of cervical screening.

* Detailed proposals for applying principles of "Greening the NHS" to Brighton DHA.

* Review of mental illness services;

Brighton CHC are satisfied that the DPH has identified largely the same agenda as the CHC. They strongly welcome the review of progress between reports and targets for future reference.

Walsall Health Authority - Public Health Report 1990

* Progress report on all previous recommendations;

* Detailed recommendations on all aspects of report including implications for commissioning;

* Analysis of access to health services in comparison to other districts;

* Sections on informal carers, alcohol misuse and mental handicap.

Walsall CHC gave their full support to the public health report and praised it particularly for the recommendations for action. The CHC submitted a detailed response to the DHA and asked the authority to consider, for example, the fact that access for cardiology services locally is poor although the prevalence of coronary heart disease is relatively high. Possibly partly becasue of these problems, Walsall GPs do not seem to be referring people with CHD early enough. They suggested that more provision at a regional or sub-regional level be made for this specialty.

Cambridge Health Authority - Public Health Report 1990

* Progress report on previous topics in annual report: prevention of heart disease, head injuries, improving services for mentally ill, children and elderly.

* Spotlight on various public health issues: diabetes, alcohol misuse, dementia in elderly people, road accidents.

* Environmental health issues, eg, water supplies.

Cambridge CHC commended the annual report for its high quality although they point to certain gaps, for example, identifying geographical areas of need.

Bristol and Weston Health Authority - Public Health Report 1990

* List of specific objectives for health needs assessment;

* Use of 'Nottingham Health Profile' to measure 'quality of life';

* Section on teenage behaviour, quality of life for disabled people;

* Review of community health initiatives in a very deprived area of Bristol.

Bristol CHC were very supportive of the open and positive approach of the DPH and the annual report. Community groups are encouraged to influence HA policy.

A CHECKLIST FOR ANNUAL REPORTS OF DIRECTORS OF PUBLIC HEALTH

It may be useful to consider what issues, from a CHC viewpoint, should be in an annual report. Obviously, it would be extremely difficult, not to say pointless, to list every health issue, every type of health service or every health indicator that could be a worthy topic in an annual report. However, it may be useful to set out some principles for the purpose, content and style of annual reports. These issues were considered at a seminar organised by the Greater London Association of CHCs in April 1991. The seminar, attended mainly by CHC staff and members, was looking specifically at the type of issues in annual reports and how CHCs could make use of the information. The following checklist is based on the discussion at the seminar.

Assessment of Health Needs

* Unmet health needs - this cannot be dealt with in one annual report. There should be a long-term strategy to assess health needs and demands for services that are not currently being met. This might involve looking at geographical areas, defined groups within the population or particular health problems.

* Reports should have a 'population health' focus rather than concentration on NHS services and patterns of utilisation.

* More emphasis on the 'quality of life' in the locality - "the way people live rather than the way they die". Due weight to be given to 'qualitative' rather than 'quantitive' research. For example, what are the concerns of physically handicapped adults?

* No artificial barrier between social need and medical need. For example, what would improve the lives of those people cared for at home and those who care for them?

* Address health inequalities and health issues related to poverty, social differences, ethnic minorities. Examine geographical/ social variations in health status, equality of access to health services, transport, equality of care.

Health Promotion Approach

* Emphasis on health promotion and prevention of causes of ill-health. This should not only concentrate on major causes of mortality but also on common causes of ill-health such as stress & depression, back problems, or home accidents.

* Identify health problems where health promotion, preventive screening and better health education would be effective.

* Identify all agencies that could have a role in health education and health promotion, eg, community organisations, public spaces and amenities, schools, employers, retailers.

Assessment of outcome of health services

* Should look at the efficacy of medical interventions and other health services in terms of reductions in morbidity or mortality, and cost-effectiveness.

* Use of medical audit systems to develop outcome measures as far as possible for all hospital and community health services.

* Use of patient satisfaction surveys.

Working with other organisations

* Identify important public health issues outisde DHA control. Focus the report on local issues with health impact rather than on DHA responsibilities and NHS services.

* Pinpoint areas of potential health promotion/health prevention in work of other bodies.

* Put forward issues for joint working with other bodies such as local authorities, FHSAs and voluntary organisations. The contribution that voluntary organisations make to health care should be fully recognised.

Proposals for action

* Make specific, practical and diplomatic recommendations for action relating to all issues surveyed in the annual report. This should ideally include a discussion of resource and organisational implications, other agencies that need to be involved and a rough timetable that could be adopted.

* Identify the specific implications of the annual report for the commissioning side of the Health Authority.

* Keep 'vital statistics' in annual reports to a minimum. The 'health profile' of the district should be recognised as distinct from an annual report which should set priorities, suggest targets of attainment, assess progress since last year and prompt action.

* There is, however, a case for a section devoted to health status indicators which are directly comparable across the country, as the Chief Medical Officer has suggested (EL(89)P/130).

* An independent perspective is essential if the report is to be a useful tool in improving public health and if it is to avoid simply being an "accounting for stewardship" report. Crucially, the Director of Public Health must also have the freedom to make constructive criticism of existing DHA policies.

PUBLIC HEALTH REPORTS AND CHCs

John Ashton, author of 'the yellow report' on public health in Merseyside, praised "the more imaginative and effective Community Health Councils" for filling the gap left by the "disorientation of Community Medicine". Although Community Medicine has been shaken up and given more authority in the form of Departments of Public Health, there is no reason why CHCs should not continue to have a potentially influential role in setting local public health priorities.

Annual reports should be increasingly important in setting the agenda for health care from the purchasing side. Therefore, it is important that consumer viewpoints are taken on board by Directors of Public Health and that they become an integral part of the planning and review of DHA management. The Acheson Report states that "annual reports should contribute to the accountability of the health authority to the people they serve" (page 20, Acheson Report). Therefore, there is arguably a role for CHCs to play in relation to the priorities, and the proposals for action that annual reports generate. The Faculty of Public Health Medicine puts the CHC at the top of the list of bodies the annual report is aimed at. It also suggests that evaluation of layout, literacy and relevance of the report could be judged by an organisation such as the CHC.

ACHCEW has collected a number of useful examples of the ways that CHCs use annual reports. Clearly, some CHCs have found it useful to develop good links with their Director of Public Health and worked closely with the Department in a number of ways. Annual Reports have evidently been an extremely useful tool in some cases for CHCs to register their priorities with the Health Authority and to initiate CHC work.

Some CHCs have reported disappointment at the standard of their DPH's annual report. A number have been critical of the lack of continuity between reports and the absence of a long-term strategy to carry out health needs assessment. In some instances 'health priorities' emerge as a result of work done in the annual report, yet there does not seem to have been a logical process for identifying such priorities. CHCs have also criticised the lack of specific recommendations, 'low-key' and descriptive content, and the lack of consultation with the public and CHC pre- and post-publication. That said, some CHCs making criticisms such as these still found useful material in annual reports.

Bath Community Health Council

* Submitted independent sections on the role of the CHC and of voluntary organisations in health care. Published unedited in Annual Report.

* Produced critique of report, including detailed list of items suggested for next year's report.

Leeds Community Health Council

* Contributed to forthcoming report for section on services for people with learning difficulties. Annual report will use the results of a survey on this issue carried out by the CHC.

Isle of Wight Community Health Council

* CHC/DHA/FHSA joint seminar to discuss implications of annual report and implications of Director of Public Health's strategy.

* CHC keen to co-operate with DPH in looking at high rate of infant mortality, an area of particular CHC concern. Plan to look at possible causes of infant mortality rate and preventive measures.

* Results of CHC survey on maternity services to be examined together with Director of Public Health.

* CHC involved in DHA survey of 'Health & Lifestyle' following Annual Report.

Medway Community Health Council

* Closely consulted on agenda for annual report and DPH willing to accommodate CHC views of relevant topics;

* Use report as a way of identifying issues for CHC work.

Dewsbury Community Health Council

* Responded to DPH on annual report with views on priority areas of unmet need, potential improvements to NHS services, and areas of low priority and possible waste.

Montgomery Community Health Council

* Detailed critique of annual report, with many suggestions for improvements and issues not covered. Annual review of Health Authorities in Wales specifically includes CHCs' views on annual reports.

Wakefield Community Health Council

* Meeting with DPH to discuss annual report has resulted in some issues being taken up by the CHC, eg, survey of smoking habits of pregnant women.

West Birmingham Community Health Council

* CHC plans to use results of its recent research projects as submission for forthcoming public health report.

Cambridge Community Health Council

* Requested to DHA to be involved in annual report at a stage when they can have some input into health priorities. Each of the CHC working groups has set out objectives and put these to the DHA.

Merton & Sutton Community Health Council

* CHC and voluntary organisations involved in work for forthcoming public health report, especially survey of health needs of ethnic minorities in District. Responding to and monitoring annual report is one the major objectives of the CHC and is included on the agenda of every Committee and CHC meeting.

Darlington Community Health Council

* CHC invited to contribute to forthcoming annual report. Secretary and Chair writing sections on maintaining quality of health for elderly people and deprivation and disadvantage in the locality.

Central Manchester Community Health Council

* Annual reports over last 3 years have stimulated CHC to carry out work on the issues highlighted by the DPH.

* CHC currently organising consultation with voluntary sector and community groups to give feedback to DHA on their priorities for health and health care.

Great Yarmouth and Waveney Community Health Council

* Close working relationship with the Director of Public Health, looking at issues of common concern.

* Submitted an article to be included in the forthcoming annual report.

SUMMARY - HOW CAN CHCs USE ANNUAL REPORTS

The following is a summary of ideas for CHCs to use annual reports. It is based mainly on the discussion at the GLACHC seminar (April 1991) which considered the various ways that CHCs might utilise annual reports. This produced a very useful discussion of the various forums where CHCs could make use of annual reports and the possibilities for CHCs to become involved in setting the agenda for annual reports. It also draws on the discussion at a workshop at the 1991 ACHCEW AGM on 'Health Needs Assessment' which examined how CHCs and DsPH could co-operate and includes some of the ideas that have arisen out of the above examples of CHC work.

Analysis of reports

* Does the report contain arguments for the DHA to provide particular services by highlighting gaps in existing services, or by drawing attention to larger areas of unmet need?

* Which vulnerable or 'hidden' groups in the population have not been covered?

* What important local health issues have not been considered?

* Does the report have a coherent strategy or methodology for ongoing health needs assessment?

* Does it set appropriate targets for improvement of health locally for the performance and outcome of district health services?

* Does it review progress toward previous objectives and targets set?

* How does the annual report compare to the CHC's experience of the issues covered - especially areas where the CHC has carried out a specific survey.

* Does the annual report highlight NHS or other issues where there has been a lack of consumer involvement or consultation?

* What local consultation has there been on the content of the report itself?

* It may be worth looking closely at statistics presented and to re-interpret them if necessary. Data used in annual reports, is often 'weak', ie, it may be out of date, inappropriate, or may have been originally collected for a different purpose and so often it needs a lot of 'interpretation'.

Action

The annual report may be a useful basis for discussion with the Regional and District Health Authorities, the Family Health Services Authority and the local authority. The following questions may be useful in this respect:

* How are the recommendations proposed in the report to be implemented and on what timescale?

* How will the priorities in the report be translated into contracts for health services? Will it, for example, result in areas such as health promotion, health education and preventive screening receiving more resources?

It may also form a focus for discussion with local voluntary organisations and other groups with interest in health service. The following questions may be useful in this respect:

* Has it recognised the importance of work done by voluntary organisations?

* Has it examined gaps in services between the NHS and the voluntary sector?

* Has it attempted to include viewpoints of different groups of consumers/ users of services?

The annual report may identify areas for further work. This may be useful in the following ways:

* The CHC may want to suggest further research as priorities for the DPH or the CHC may wish to take up such issues independently.

* CHC involvement with the annual report pre-publication could be useful in order to have an input into health agenda.

* A CHC research project could possibly be submitted.

* Statistics collected by the CHC may be relevant to aspects of an annual report. For example, the volume of complaints could form one measure of outcome of NHS services for annual report to monitor.

Communication with DPH

Good CHC links with the HA Department of Public Health is of obvious benefit to work on issues of common concern. CHCs may want to consider the following points:

* Does the CHC meet regularly with the DPH?

* Do the CHC and DPH work together on specific issues, sharing information?

* Does the DPH attend CHC meetings?

* Is the DPH involved in the production of the CHC annual report? and vice versa?

* Do the CHC and the DPH have easy access to each other?

CONCLUSION - THE ROLE FOR CHCs

The extent to which CHCs are already working closely with Directors of Public Health in addressing public health issues demonstrates that they have a role to play in this field. The report shows a wide variety of initiatives that CHCs are pursuing as a result of annual reports on health, issues such as research on infant mortality rates, health among ethnic minorities and facilitating public feedback on health priorities.

CHCs are using annual reports as a tool to highlight gaps in service provision and issues of low Health Authority priority and as a pointer to issues for the CHC to work on. Annual reports are also proving to be a vehicle for CHCs' views and concerns and a way of raising the profile of CHCs.

As Health Authorities develop their role as 'health needs assessors' and commissioners of health services the work of CHCs will need to take account of this change of emphasis. The process of identifying health priorities and determining the effectiveness of services will become central to the work of Health Authorities. CHC involvement in this field will be increasingly important if the consumers' voice is to be heard in the determination of health needs.

The wide variety of ways in which CHCs are being invited to contribute to the public health agenda shows that they are already seen as a valuable channel of consumer views and independent criticism.