



FACULTY OF  
PUBLIC HEALTH

# Guidance on DPH Annual Reports 2016

## Introduction

This document is written to support Directors of Public Health in the development and delivery of their public health annual reports. It builds on previous guidance and sets suggested standards for the who, how and what of the report.

## Context

The core purpose of the DPH is as independent advocate for the health of the population and system leadership for its improvement and protection.

The independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available (eg health profiles; JSNA etc).

In England DsPH are now embedded in Local Authorities which provides an opportunity for greater influence over the policies defining the wider determinants of health. However the more complex environment spanning health including NHS, CCGs and PH England has increased the importance of the population overview that the DPH should have.

In Wales, the DPH holds the unique local view with other PH services being covered centrally in PH Wales. The DPH report can provide their local partners in both NHS and LA with the priorities and concerns that affect the local population.

In Scotland, PH sits in an integrated NHS system including primary care and is therefore well-placed again to provide that prioritisation and recommendations for their partners.

The one central PH Agency in Northern Ireland is able to provide a complete overview of health across the territory. Similarly in the Islands where the DPH (Medical Officer of Health) is also the Chief Medical Officer the picture that the annual report paints is important to signpost action and progress.

## Purpose of an independent DPH Annual Report

The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public.

However it is not just the annual review of public health outcomes and activity. The annual report is an important vehicle by which DsPH can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

It will be a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.

## **Project team**

Although the report is the responsibility of the DPH and provides a vehicle for their advocacy it should be a collaborative publication with input from colleagues from within the LA, NHS, relevant PH Service and across agencies and organisations. This will enable wider ownership of any recommendations but will require considerable co-ordination.

Producing an Annual Report is a major undertaking and will require strong project management. Assigning a dedicated project manager and developing a realistic project plan with clear responsibilities and deadlines is highly recommended. The alternative will be outsourcing design and / or production expertise – more costly but less stressful perhaps.

Both solutions will require significant resource and it is therefore important that value for money and impact are kept in mind.

## **Design**

A coherent design is important. This is one report on the health of a population even though it is probably made up from sections written by different people from different backgrounds. The use of a common template of headings and style points can ease the final editing burden.

The report should be both well-written and easy to read. Avoiding jargon and highly technical content is a high priority with the aim being clarity of purpose and recommendations.

Data should be presented in a user-friendly and relevant way using a wide variety of tables, graphs, infographics and diagrams as appropriate.

Case studies and quotations can be helpful in adding the ‘human face’ to what could otherwise seem formal and dry. Similarly photographs can be used to brighten up the look but only where they add to the other content. Where possible they should be locally based rather than stock images.

The whole look should be professional and workmanlike without seeming to be over-extravagant or ‘expensive’. At the same time it should be user-friendly and welcoming to encourage both the public and professionals to read and use it to inform and as a resource throughout the year.

## **Content**

The report should typically contain the following elements.

- A foreword giving the intended audience for the report and an explanation for the chosen theme(s). Written by the DPH this is also a chance for them to state the main messages.
- Progress on past recommendations and priorities.
- Sufficient and reliable epidemiological information to inform local strategies for health. Use should be made of all available sources of information. This should not only include information on health and well-being, healthy lifestyles, access to services and health outcomes; but also social, economic and environmental factors which influence well-being.
- Analysis by different geographical and social groupings including equity audit in order to identify health and social inequalities. Cutting the data in less usual ways in order to bring out the particular characteristics of the population is recommended.
- Sections covering health improvement, health protection and health care services even if one major topic has been chosen as the central theme. Most topics will have elements from each of the domains.

- It should promote action by providing a highlighted set of clear, measurable and achievable recommendations to all relevant sectors. Case studies can be used to illustrate potential impact.
- Links to further sources of information, support, relevant local initiatives and organisations.
- Access to further data and information so that interested professionals and public can understand the evidence base for the priorities stated. This can be in the form of a CD or even better a web link which can easily be updated throughout the year to provide an on-going and up to date resource.

## **Standards**

**Content and design** as above. It is good to have input from a variety of sources including NHS LA and third sector. The separate parts should however form a coherent and comprehensive whole.

**Leadership** should be shown through the content and style. This is not just a written report of the available data. It is one means by which the DPH can show their added value and advocacy role – their system leadership. It is the vehicle through which the DPH is accountable to their population.

**Partnerships and collaborative working** can be highlighted and promoted within the report encouraging different sectors and agencies to work together to improve and protect health. Case studies can support this and highlight particular successes.

**Timeliness** is important. The production of the DPH Annual Report is resource intensive and ensuring the content is timely will maximise its usefulness.

**Accessibility** will be improved by producing the report in a variety of formats including providing a fully searchable version on relevant websites.

**Dissemination** through a variety of outlets will ensure the widest possible audience.

**Evaluation** is key to improving the report's impact and reach year on year.