EXAMPLE

Commentary 1: Health Profiles

Standards claimed	
2.	**Recognise and act within the limits of own competence seeking advice when needed**
3.	**Act in ways that:**
3b	promote the ability of others to make informed decisions
3c	promote equality and value diversity
3f	are consistent with legislation, policies, governance frameworks and systems
5.	**Promote the value of health and wellbeing and the reduction of health inequalities - demonstrating:**
5a	how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and the health and wellbeing of groups
5b	knowledge of the determinants of health and their effect on populations, communities, groups and individuals
5d	knowledge of the nature of health inequalities and how they might be monitored
6.	**Obtain, verify, analyse and interpret data and/or information to improve the health and wellbeing outcomes of a population / community / group - demonstrating:**
6a	knowledge of the importance of accurate and reliable data / information and the anomalies that might occur
6b	knowledge of the main terms and concepts used in epidemiology and the routinely used methods for analysing quantitative and qualitative data
6c	ability to make valid interpretations of the data and/or information and communicate these clearly to a variety of audiences
9.	**Deliver programmes to improve health and wellbeing outcomes for populations / communities / groups / families / individuals – demonstrating:**
9a	how the programme has been influenced by: i. the health and wellbeing of a population ii. the determinants of health and wellbeing iii. inequalities in health and wellbeing iv. the availability of resources
9c	the priorities within, and the target population for, the programme
9d	how the public / populations / communities / groups / families / individuals have

(part)	been supported to make informed decisions about improving their health and wellbeing
9e	awareness of the effect the media has on public perception
9g	how quality and risk management principles and policies are applied.
9h	how the prevention, amelioration or control of risks has been communicated
10.	**Support the implementation of policies and strategies to improve health and wellbeing outcomes – demonstrating:**
10d	the ability to prioritise and manage projects and/or services in own area of work.
11.	**Work collaboratively with people from teams and agencies other than one's own to improve health and wellbeing outcomes – demonstrating:**
11b	constructive relationships with a range of people who contribute to population health and wellbeing
11c	awareness of: i. principles of effective partnership working ii. the ways in which organisations, teams and individuals work together to improve health and wellbeing outcomes iii. the different forms that teams might take
12.	**Communicate effectively with a range of different people using different methods.**

Context and background

This commentary describes my role in managing elements of the production and delivery of the 2012 Local Authority Health Profiles.

Due to internal reorganisation within my own organisation (SPH) I was brought into the health profiles central team in November 2011 to provide project management support to the health profiles programme of work, specifically leading on two key elements of delivery (email distribution and web presence).

As an established public health project manager within SPH, working mainly on public health workforce development programmes, I was able to utilise my public health project management knowledge and skills and apply these to the health profiles programme of work. I was also able to draw on my experience of multi-disciplinary / multi-professional public health partnership working and on my knowledge and skills of website development through my lead role in developing and administering a UK-wide public health careers website - PHORCaST (Public Health Online Resource for Careers, Skills and Training).

My role within the health profiles central team presented me with an opportunity to broaden my public health knowledge within the area of public health intelligence. Concurrently I continued my public health workforce development programme of work.

The Health Profiles programme

Health Profiles are designed to help local government and health services identify problems in their areas and decide how to tackle them. They provide a snapshot of the overall health of the local population, and highlight potential problems through comparison with other areas and with the national average. The profiles are produced at local authority level for relevance to their key audiences, including local councillors, Directors of Public Health, and local authority officers, who use them to identify priorities and challenge plans. They are now an established part of planning for health improvements and are becoming established as a prioritisation and planning tool accessible to the public as well as health professionals.

The Health Profiles programme has been commissioned by the Department of Health and delivered annually by the Public Health Observatories (PHOs) in England since 2005. Input from the PHOs is supported by core funding, and co-ordination and management of the programme is achieved through a separately funded central team based at the South East Public Health Observatory (SEPHO). SEPHO is part of Solutions for Public Health (SPH), an NHS business unit hosted by Milton Keynes PCT.

The Health Profiles have evolved rapidly since being commissioned in 2005, expanding to include interactive web atlases, regional profiles and improved communication with users.

In 2008/09, representatives of local government and public health joined the Project Board to provide user input to the development of the profiles. Until the end of March 2011, the programme was delivered through and represented the Association of Public Health Observatories (APHO). When APHO formally ceased to exist on 31st March 2011, governance continued through the decision-making Programme and Project Board structures and Department of Health lead.

The Programme Board, chaired by the Department of Health lead, provide strategic and overall direction for the programme. The Project Board are responsible for agreeing the content and presentation of the profiles. A national team, which includes representatives from each of the PHOs in England, provide technical expertise for indicator selection, undertake creation and quality assurance of indicators and other profile content, and provide links to the PHOs for project co-ordination. Management of the programme is undertaken by the central team based at SEPHO.

The health profiles programme became part of Public Health England from 1st April 2013.

Project Aim

The aim of the 2012 Health Profiles (HP12) project was to produce updated local authority and county profiles (and their associated products including interactive maps and indicator guide) for release in June 2012.

My Objectives

1. manage the production and delivery of HP12 project to agreed plans and outputs within project tolerance and to budget
2. monitor project risks and issues
3. manage quality assurance processes
4. manage the health profiles enquiries mailbox
5. manage the HP contacts database and HP12 email distribution process
6. ensure a user-friendly and up to date interactive web presence
7. develop user engagement

Standards claimed	Approach	Evidence
10d	1. **Managing the project to agreed plans and outputs within project tolerance and to budget** I undertook this work in accordance with good practice guidance (PRINCE2 – Projects in Controlled Environments). I was able to prioritise and manage this project using my knowledge and application of working to PRINCE2 methodology. The HP12 technical project plan consists of four stages (A-D). This allows review of progress and benefits at key points in the delivery process. I produced an outline of timescales for the technical tasks required for the production of the 2012 Health Profiles using a project and resource management tool (ASTA Teamplan). This enabled complete visibility and control over resource planning. I presented an outline of the proposed timescales to the HP Project Board for their comments.	E1.1 PRINCE2 Cert. E1.2a HP12 Timeline E1.2b Project Bd Paper 14
9ai	<u>Stage A</u> of the HP12 project plan referred to the project planning and indicator selection phase. I worked in partnership with the PHOs across England on the production of the 2012 health profiles.	E1.3 Input gathering

3b (part)	Each of the PHOs in England is responsible for the creation of the data and the metadata for specific indicators. These data are presented in the health profiles PDFs in the spine chart and in the charts and maps. The selection of indicators requires balancing several factors including the need to highlight important public health topics, focus on problems that can be addressed by local services, and the availability of data. Health Profiles need to reflect health for a diverse population throughout all stages of life, and so there is a limit to the number of indicators that can be provided for any one issue. Where possible, an indicator is selected that will draw attention to potential problems, so that these can be discussed. The Health Profiles are used to help prioritise and plan services. They are designed to help show the differences in health (or factors that affect health) between different places within England, so that the right services can be put in place for each area.	E1.4a Health profile PDF E1.4b spine chart
3b (part)	The 2012 Health Profiles included an indicator showing the percentage of people on GP registers diagnosed with diabetes. This can only tell users whether the percentage is similar to the rest of England – it cannot show why it might be different, or whether particular groups of people are affected, or whether individuals diagnosed are well cared for. This information will come from further discussions between local organisations and may require the use of additional information sources. There are more specific PHO profiling tools that provide further indicators focused on specific issues, and these can be used to help understand an area or problem in more detail – for example the Local Alcohol Profiles or Community Mental Health Profiles. I ensure that these are accessible through the links section of the HP website.	E1.5 HP website Links page
5a 9a ii	Through my K311 studies and completion of my end of module assessment I learned how individual and population health and wellbeing differ and the possible tensions between promoting the health and wellbeing of individuals and of groups. I used a community health profile as the basis for developing a public health intervention. This approach helped me to identify the health challenges of the community and determine the public health issue and population group that I wanted the intervention to address. Studying K311 has broadened my public health	E1.6 K311 EMA E1.7 K311 TMA1

9c (part)		knowledge of how health determinants lead to various perceptions of health and well being. In my K311 assignment on 'Thinking about health' I explored the concepts of health and wellbeing and the wider determinants of health (Dahlgren an Whitehead 1991 model) and how each of the layers can influence health. The selection of health profiles content requires balancing several factors including the need to highlight important public health topics. The Health Profiles need to reflect health for a diverse population throughout all stages of life, and so there is a limit to the number of indicators that can be provided for any one issue. Where possible, an indicator is selected that will draw attention to problems that can be addressed by local services. Methods for prioritising indicators included obtaining views from users in relation to the selection of indicators for presentation. I distributed the survey to the Health Profiles User Group via the CRM system and members of the HP National Team for further circulation. I presented a summary of responses from the user consultation to the Project Board for discussion in support of indicator selection. Assessment of current indicators was undertaken by the central team. From discussions with the national team and project board I produced a summary of recommendations to inform the programme board in the decision making process for final indicator selection. The final list of indicators to be included in the 2012 Health Profiles was agreed with the Programme Board within Stage A. New indicators for HP12 included Indicator 10 – Alcohol specific hospital stays (under 18) and Indicator 23 – Acute sexually transmitted infections. The alcohol specific hospital stays (under 18) indicator was included in place of physically active children indicator. This decision was based on discontinuation of the School Sport Survey (TELUS) and if synthetic estimates were calculated based on the Health Survey for England, this would not have been suitable for monitoring trends over time or target setting.	Parts 1 & 3 E1.43 HP12 Project Board Paper 11 Summary response from user consultation E1.8a Programme Board, Paper 12.1 Indicator assessment summary E1.8b Final List of Indicators
9c (part)			

9c		Acute sexually transmitted infections (STIs) indicator replaced children's tooth decay indicator. This decision was based on intelligence provided by the Health Protection Agency (HPA) and South West PHO. STIs are an established public health issue within England and the UK. HPA data shows that there is a significant burden of STIs within the population. The HPA and PHOs in England wanted to provide measures that would enable each local authority to see a 'snapshot' of the importance of STIs within their area. Acute STI rates provide a more complete picture of STI burden. Symptomatic infections will result in referrals to GUM clinics. Whether GUM clinic accessibility may contribute to an urban bias perhaps remains open to debate.	
9c		The decision to include the Acute STIs indicator met the selection criteria of the need to highlight important public health topics. It was representative of the burden of STIs within the general population, could already be generated at LA and PCT level and easily understood. The relationship between interventions, transmission of infections and the outcome indicator are relatively straightforward.	
5d		Evidence-based local information and knowledge is critical for local government planning. Understanding the variations of people living in other local authority areas and comparison to the national average is crucial when making resource decisions for improving the health of the whole population and in particular for those communities where there is the greatest need.	E1.9 K311 Cert.
		Studying K311 has given me a good understanding of the basic principles, models and approaches for reducing risks to health, how strategies for improving health and well being contribute to reducing inequalities and increased my awareness of how services are commissioned and the effect they can have on population health and reducing inequalities.	E1.4b spine chart
9a iii		Through my role within the South East PHO supporting the production of health profiles I have developed an understanding of health inequalities of the various local authority areas and how these compare to the England average. Health profiles indicators monitor health inequalities which are presented to users as RAG ratings against the England average on a spine chart.	E1.10 Slope index graph
		In the key messages for most health profiles, the life expectancy gap between the most and least deprived in the local authority is described using the Slope	E1.11 Key indicator

9a iv 11b 11c iii	Index of Inequality. This is also displayed in the form of a graph at the bottom of page 2 of the profiles. The Slope Index provides a measure of inequality based on the relationship between life expectancy and deprivation across the whole of the local authority. I worked collaboratively with members of the HP national team within the nine individual PHOs to plan indicator production and QA timescales. I set up phone calls with the individual PHOs to discuss and agree their individual work assignments to ensure the availability of appropriate resources was secured for the project's duration. I created and maintained a log of key indicator dates. In agreeing the work assignment with the individual PHOs/PHO Directors I was aware of my personal impact on their time demands required for indicator creation. In agreeing key indicator dates I formed constructive relationships with a range of people within the lead PHOs, partner QA PHOs and PHO Directors, as well as project board members during the decision-making process of indicator selection. My role in the development of constructive relationships included: • referring queries relating to local interpretation issues and further local information to regional PHOs; • working in partnership with lead PHOs (as indicator creator organisations) and partner QA PHOs to agree key indicator dates; • working with an external stakeholder contacts data supplier to ensure access to stakeholder contacts data via an on-line gateway subscription portal; • working in partnership with both internal and external ICT technical support leads to ensure effective management of the import of stakeholder contacts into the CRM system; • working in close communication with the South West PHO web team on key decision points/deliverables for the effective delivery of the 2012 health profiles web presence; • presentation of papers to Project and Programme Boards including plans for communications relating to the release of the 2012 health profiles and plans for the email distribution and developments on the website in preparation for the release of the 2012 health profiles. I was aware of the different forms that representatives	dates log E1.12a Email 1 E1.13a HP Gov Structure **E1.13b (i), (ii), (iii)** Responses to enquiry emails E1.13c Contacts data supplier email E1.13d HP12 post launch report E1.13e SWPHO email E1.13f Project Bd paper 12 – (Comms plan) E1.19 Prog Bd Paper 12 (Comms Plan) E1.13g Project Bd paper 8 – distribution/ website update E1.14 MSc Leadership Module – Learning Outcomes

12 (part) 12 (part)	from each of the PHOs in England took. Each PHO had different sized teams and resources available to them to undertake this national work programme. I gained knowledge of personal leadership skills, self awareness and team leadership through my recent studies and completion of an MSc module in Leadership in Health and Social Care. I understood that some of the PHO national teams were self-managed and others matrix managed and that each team had different expectations of how they managed their national work programme priorities. I learned this from my phone calls with the individual PHOs to discuss and agree their individual work assignments. I have vast experience of matrix working within my own organisation working within two very different teams - public health workforce development team and health profiles central team. <u>Stage B</u> of the HP12 plan referred to indicator creation and QA. My key task within this phase was to agree proposed indicator production and internal QA timescales within individual PHOs. I presented End Stage B report to the Project Board. I gained knowledge of how to effectively communicate with a range of people from completing a "Writing for Success" course run by the NHS Institute for Innovation and Improvement. I have also been able to utilise my proof reading skills acquired from my father who worked for many years as a publishing editing. <u>Stage C</u> of the HP12 plan referred to draft profile production and QA. Data are presented in the Health Profiles PDFs in the spine chart and in the charts and maps. The metadata is incorporated into the Health Profiles Indicator Guide. My role within this phase was to collect Quality Assurance confirmation records for each indicator along with the final QA'd data and metadata. I revised the QA confirmation record and made it available via the ftp HP Exchange folder. <u>Stage D</u> of the HP12 plan referred to distribution and launch preparation. I undertook distribution of the 2012 Health Profiles by email using Microsoft Dynamics CRM system. I presented to the Programme Board an outline communications plan for the release of the 2012 Health Profiles. Throughout the delivery of the HP programme, I communicated effectively with a range of different	E1.15 Table 2 Indicators 2012 E1.16 End Stage B report E1.17 Writing for Success attendance list/course material E1.18 QA Record Email E1.19 Prog Bd Paper 12 (Comms Plan) E1.20 Prog Bd f2f mtg

	people using different methods. This included communicating: 1) with members of the HP Central Team on operational matters via regular team meetings / email; 2) with members of the HP national team within the individual PHOs and HP Project and Programme Board members via regular teleconference and occasional face to face meetings including presentation of written papers, telephone / email; 3) with HP user panel members for consultation on HP presentation and content via CRM e-distribution system; 4) with HP users via HP enquiries mailbox, telephone, media including HP Twitter account, HP web presence; 5) with HP Web Technical Support Manager based at South West PHO via telephone and email; 6) with Keystroke Knowledge (external contacts data provider) via email and telephone;	Paper 11.1 E1.21 HP enquiry email
11c i 11c ii	7) with Finance team within my own organisation in relation to programme budget, procurement and invoicing issues verbally and by email.	E1.9 K311 Cert.
	Health Profiles are produced by the PHOs in England working in partnership. I acquired an awareness of the principles of effective partnership working and the ways in which organisations, teams and individuals work together to improve health and wellbeing	E1.22 K311 TMA 5
9c (part)	outcomes through studying the K311 module Promoting public health. I successfully completed a reflective commentary on the principles for effective partnership working, processes for sharing organisational learning and how goals and values were explored.	E1.23 Health Profile for Oxfordshire (key messages)
6b	The profiles are produced at local authority level for relevance to their key audiences, including elected councillors, Directors of Public Health, council officers, and other members of the JSNA process, who use them to identify priorities and challenge plans. Priorities for each local authority areas are presented on page 1 of the PDF profiles in bullet point 6 of the key messages. For example, 2012 priorities in Oxfordshire include obesity, increasing physical activity levels, reducing high risk alcohol behaviour and improving older people's physical activity programmes to reduce hip fractures. They are now an established part of planning for health improvements and are becoming established as a prioritisation and planning tool accessible to the public as well as health professionals.	E1.9 K311 Cert. E1. 45

6c 5b	I learned through my K311 studies that epidemiology is the basic science that underpins public health and is a crucial discipline for improving public health and promoting evidence based health care. It provides a set of skills, and methods which can be used to describe the health of groups of people, explain patterns of health and disease, evaluate interventions and health services, and provide evidence for planning health care. Describing the health of groups of people and providing evidence for planning health care are wholly relevant to my health profiles work. The Health Profiles for England provide a snapshot of health for council areas, using key health indicators. This overview of the health of a population provides comparisons, locally, regionally and over time to help decision-makers with difficult choices. This information can help with local needs assessment, policy planning, performance management, surveillance and practice. Through completing K311 (including an assignment on 'Thinking about health') I acquired knowledge and understanding of the determinants of health and their effect on populations, communities, groups and individuals, and knowledge of the competing definitions and concepts of health and wellbeing. A collection of these was required within the HP programme. I collated a glossary of terms included in or relating to the profiles for work to create an online glossary of terms. I also gained knowledge and understanding of health trends and wider determinants through OU K311 Learning sequence 1.	Use Consultation Draft Email E1.4a Health profile PDF E1.7 K311 TMA 1 Part 1 & 3 E1.44 Glossary of terms E1.24 Learning seq. 1
9g (part)	**2. Monitoring project risks and issues** The complex and high profile nature of the Health Profiles programme requires comprehensive and transparent risk management. There are three main roles within HP12 relating to risk management – reporting, managing and owning risks. I monitored project risks and issues in accordance with the principles and protocols implemented to manage risk within the HP12 programme as outlined in the Health Profiles 2012 Risk Management Policy and Plan.	E1.25 HP12 Risk Management Policy & Plan

2 (part)	I maintained an issue log and managed low/medium impact issues. For example, I raised the issue of delayed receipt of indicator data in Stage C which caused a revision of deadlines within Stage D, as the originally proposed date for production could not be achieved. This was resolved within Stage D tolerance. I referred high/critical issues to the Programme Manager to ensure investigation and reporting of issues. For instance, within Stage C, it was necessary to edit some profiles due to the auto-generated key messages overflowing the space available. A protocol was developed to ensure consistent editing, which was undertaken by the central team. A full Risk Register was maintained throughout the project and ratings appropriately adjusted over time.	E1.26a Issue Log E1.26b Risk Register
9h (part) 9g (part)	3. **Management of quality assurance processes** Quality of information presented in Health Profiles is critical to the reputation of the project. Health Profiles obtained 'Official Statistics' status in 2011. Therefore, Health Profiles are required to conform to the Official Statistics Code of Practice. Each PHO is responsible for a set of indicators. The Health Profiles quality assurance process ensures that for each type of output, two separate PHOs have quality assured the output prior to publication. Quality assurance checklists designed to ensure a minimum standard of quality assurance across the project and to provide a method of audit trail are presented in the HP12 Quality Assurance Plan. The HP Quality Assurance Policy shows the overall approach for quality assurance within the Health Profiles programme. I reflected this as part of my management practices. It was my responsibility to distribute and collect completed Quality Assurance Confirmation records along with the final QA'd data and metadata duly signed by the appropriate staff within each PHO. Within my health profiles central team role I have gained an understanding of how health data is collected, collated, analysed and presented.	E1.27 QA Process E1.28 QA Plan E1.29 QA confirmation record

6a 9h (part)	Indicator metadata is presented in the Indicator Guide which details how each indicator was created, where the data comes from and what the public health and policy rationale is. It is the task of the central team analyst(s) to apply any changes to the metadata and rectify any errors found by the national team as part of the QA process. I was responsible for keeping a record of all final metadata. I have become wholly aware of the importance of accurate and reliable data / information and the anomalies that might occur. Discussions on indicator selection highlight issues in reliability and interpretation. Examples of data anomalies that occurred for HP12 include: • Minor modification to year 6 childhood obesity data for Rother and Hastings found to be incorrect because some of the data was attributed to the wrong schools at sources. • A problem with NI39 quarterly updates for hospital stays for alcohol related harm data that required recalculation by North West PHO. • Two data submissions for TB data – an unrounded version to allow the correct significance to be calculated in the HP tool and a rounded version with an indicator value displayed rounded to 1 decimal point to appear on the HP website data tables. Health profiles include an indicator if it meets the following criteria: • It is important for the health of the local population • It can support local government and NHS management processes • It is valid in that it measures what it tries to measure • It is primarily based on existing indicators consistently available across England • It is available at Local Authority level • It allows meaningful comparisons to be made between places • It can be communicated easily to a wide audience.	E1.30a Email 1 E1.30b Email 2 E1.30c Email 3 E1.31 Project Bd Paper 14

	I made a recommendation that I send notification emails directing users to the website, allowing them to select the profiles they wish to see. This recommendation was accepted by the Programme Board for email distribution of the 2011 and 2012 Health Profiles. This decision has reduced the risk to timely delivery of the project, since it removes the requirement for matching contacts to their profiles with the associated QA and also the QA of emails generated with the matched profiles. With regard to website publishing, I was responsible for verifying links and files download (including the Indicator Guide and data tables) and for checking correct files were uploaded.	
3f(part) 2(part) 9e	**4. Management of health profiles enquiries mailbox** The Health Profiles e-mail address has its own in-box. I am responsible for managing enquiries to the Health Profiles enquiries mailbox in accordance with guidance I developed with input from members of the Central Team. I regularly check the messages contained within the mailbox. As appropriate, this may involve me replying directly to individual enquiries or forwarding them onto a health profiles team members including members of the national team. I log all enquiries on an access database which is used to monitor the type of enquiry and to inform frequently asked questions which I make available on the HP website. The peak period of enquiries are received and responded to following the annual release of the health profiles. This includes support for any media enquiries relating to the profiles. <u>Media handling</u> The central team contact the Dept of Health Media Centre in advance of the health profiles release to identify what preparations are likely to be required for launch, and when input may be required. Advance input to a press notice is limited due to the confidentiality required by the Code of Practice for Official Statistics. I kept a record of press and social media coverage post-launch which was presented to the Project and Programme Boards in an End Stage (Communications) Report. Health Profiles data was used in the Guardian DataBlog and over 100 local	E1.32 HP mailbox guidance E1.33 email reply to enquiry E1.34 enquiries database screen shot E1.35 FAQs E1.36 End Stage (Comms) Report

9d (part)	media articles. The HSJ Editor 'Twitter' account with just under 9,000 followers represented the most significant exposure on social media. I gained knowledge on how to use the media from completing a media training course. I gained knowledge on how to communicate with the media, how to provide them with with what they need and how to use media effectively as a means of communicating important messages both locally and nationally. I was able to apply my acquired knowledge and understanding of media handling for the launch of the HP12 profiles which required two kinds of media relations – pro-active and reactive. Heath profiles intended audiences include elected councillors, local government officers, and the public as well as health service professionals. I reviewed and developed the Health Profiles web pages to support user engagement. I set up a Twitter account to enable users to follow health profiles on Twitter and I created a new 'user engagement' web page to provide information about opportunities to engage with users and find out how we can support them. It is very helpful to have direct input from people who use health profiles in their decisions and discussions including feedback from user consultation. Positive feedback following the release of the 2012 Health Profiles was received from Department of Health leads and the Public Health Minister. Media coverage included a piece from Channel 4 news which looked at the profiles in quite a detailed way and the Nottingham Evening Post published stories on child obesity, smoking, teen pregnancy rates and sexually transmitted infections (STIs). The Nottingham Evening Post article highlighted that although teen pregnancy rates in Nottingham are higher than the England average, the 2012 profile shows a reduction in teen pregnancy rates.	E1.37a Media training Certificate E1.42c Project Bd Paper 12 (Changes to HP website) E1.37b HP user engagement web page E1.43 HP12 Project Board Paper 11 Summary response from user consultation E1.38 4 News article E1.39 Nott EP press articles
	5. Management of health profiles distribution and contacts database The 2012 Health Profiles was scheduled for release on 26th June 2012, the first day of the Local	

	Government Association (LGA) annual conference. Official Statistics Code of Practice requires that the profiles must be released in the month originally scheduled. Health Profiles are government documents and are therefore protected by Crown copyright under the terms of the Open Government Licence.	
3f 3c 12(part)	I acted in ways that are consistent with legislation, polices, governance frameworks and systems through working to defined governance structures, NHS Policy, Department of Health guidelines, Official Statistics guidelines, UK Government Licensing Framework, compliance with Web Content Accessibility Guidelines (WCAG) including paying due regard to the *disability equality duty codes of practice* and by following the basic principles of Plain English and good practice in data visualisation. In response to a colour blind user finding the RAG (red, amber, green) ratings used on the spine chart, we adapted the RAG colour shades to allow better distinction between the colours. I undertook distribution of the 2012 Health Profiles by email, using Microsoft Dynamics CRM System. I downloaded stakeholder contacts data for local councillors (following early May elections) and health service organisations via an on-line gateway subscription portal. I produced regional distribution lists in excel format for local PHOs to check health service contacts. I made change requests from the PHOs to the health service data. I worked with external and internal IT personnel to import the live data into the CRM System. I generated test emails in advance of the release date. I generated a standard text email to inform users of the 2012 health profiles release. Post launch, I wrote and presented a summary report to the Project Board on the distribution of the 2012 health profiles. This included a PDF download count.	E1.13a HP Gov Structure E 1.40 Project Bd Paper 15 E1.41 Project Bd Paper 8 (HP12 distribution)
12 (part)	**6. Ensuring a user-friendly and up to date interactive web presence** The Health Profiles website is the key source of information supporting the release of the Health Profiles, as it provides access to the interactive maps and documentation including the Indicator Guide.	

	Delivery of the Health Profiles website involves three distinct deliverables: • Editing and release of Health Profiles web pages • Upload of new PDF's • Addition of new atlases I liaised with the South West PHO web team on major decision points / deliverables for the delivery of the Health Profiles 2012 web presence. I was responsible for revisions to and maintenance of the Health Profiles website content.	E1.42a Web edits checklist E1.42b Email exchange with SWPHO E1.42c Project Bd Paper 12 (Changes to HP website)
12 (part) 3b(part) 6b (part)	**7. User engagement** Release of the 2012 Health Profiles on the first day of the Local Government Association (LGA) annual conference provided an opportunity to engage with users and promote most recent profiles. <u>User panel</u> I maintain a database of people who are interested in the profiles and helping with future development by giving us their feedback. For example, when we have to make decisions about which indicators to include, we may email the user panel and ask for their thoughts. We have also asked user panel members to comment on potential design changes. They may be asked to complete an online survey or participate in a focus group session. For example, a user group consultation survey was undertaken in relation to the selection of indicators for presentation in 2012 health profiles. Feedback was presented to the Project and Programme Boards which forms part of the supporting information for their decision-making. <u>Glossary of terms</u> I have been working to create a 'glossary' of terms included in or relating to the profiles. I have collated terms for inclusion from several sources e.g. PDF profiles, interactive maps, APHO Good Indicators Guide and Technical briefings and drafted definitions where these exist. This work has increased my knowledge of the main terms and concepts used in epidemiology. This work is ongoing. Next stages include user consultation for their suggestions on words they think	E1.43 HP12 Project Board Paper 11 Summary response from user consultation E1.44 Glossary of terms

6c	would be useful for inclusion and any useful sources of relevant terms for inclusion. I will do this by email via the CRM system. I will then summarise feedback and present this in a paper to the national team and DH Communications Forum for further comment before presenting to the project and programme boards for final approval. When complete the glossary will provide an easily accessible source of information and will provide further engagement with users.	E1.45 User consultation Draft email

Outcomes

- I successfully managed the production and delivery of the 2012 health profiles to agreed plans and outputs.
- I ensured that all products were completed to adequate quality and all scheduled tasks completed to timescale and within budget.
- I ensured that a full Risk Register was completed at the beginning of the project; that it was maintained throughout the project and ratings appropriately adjusted over time. A new dashboard display was also developed for presentation to the Project and Programme Boards.
- I revised the health profiles website content to improve layout and clarity of information for users.
- I ensured that the 2012 Health Profiles launch campaign went as planned and the atlases, PDF profiles, data tables and web pages were all publically live at 09.30 am on Tuesday 26th June.
- I generated a total of 33,978 email notifications from the Health Profiles email address via the CRM system from 10.00 am on Tuesday 26th June following the press release.
- I generated an offload report to show that from 09.30 am on 26th June until 12.45pm on 11th July, that a total of 23,446 PDF profiles had been downloaded from the Health Profiles website.
- Following release of the 2012 profiles, I received 9 email requests from new users (mostly from local government from across six regions) to join the user panel. I entered these new user group contacts onto the CRM system for future use.
- Positive feedback following the release of the 2012 Health Profiles was received from the Public Health Minister and media coverage including Chanel 4 News and local press articles.

Personal reflection

I found the health profiles programme of work interesting but very different to what I was used to in working on public health workforce development programmes. The public health intelligence area of public health is focused on working with data rather than a focus on working with individuals and public health workforces. Project management of the programme was complex and somewhat (technically) challenging. Working to PRINCE2 methodology was key to keeping the project delivery on track, within tolerance and on budget. Although very necessary, I found the decision-making process could be frustrating and time-consuming particularly when the project and programme boards did not agree during the indicator selection stage.

Positive feedback and media coverage following release of the 2012 profiles raised my awareness of the national recognition and value of producing updated annual local authority health profiles. Positive feedback from health profiles users via the HP enquiries mailbox and user consultation showed me how profiles are used as part of

planning for health improvement and how local health profiles can support local decision-making.

I now have a greater insight into what and where there are health inequalities across England, e.g. better/worse/similar to England average and also where services need to be targeted. I have been struck by the range of challenges faced in different geographies.

I have gained an understanding of how health data is collected, collated, analysed and presented. Through management of indicator data/metadata collection and quality assurance processes I have learned of the importance of accurate and reliable data / information and the anomalies that might occur.

A lesson learned from production of the 2012 profiles was that the automatically generated key messages cannot always reflect the full variability of patterns identified by human input. This is being reviewed for 2013 health profiles to determine whether improvements are possible.

The process of importing the stakeholder contacts data into the CRM system for email distribution of the profiles proved challenging. For HP12 email distribution it was a new process to update the previous year's stakeholder contacts on the CRM system. This created an unexpectedly high workload of an external contractor undertaking import of the distribution data. This impacted on the project schedule and caused a delay in me being able to build the mailing lists ready for launch. With a few longer working days I was able to claw this time back and get back on schedule.

The 2012 Health Profiles launch campaign went as planned and went publically live at 09.30 am on Tuesday 26th June.

The 2012 health profiles programme was successfully delivered within overall project tolerance and to budget.

There was very positive feedback following the release of the 2012 health profiles, not only from users but a personal letter to the health profiles team from the Health Minister, Anne Milton. I feel proud that the health profiles received ministerial recognition.

List of evidence	
E1.1	PRINCE2 Certificate
E1.2a	HP12 Timeline / Technical project plan (Stages A-D)
E1.2b	HP Project Board Paper 14
E1.3	Input gathering
E1.4a	2012 Health Profile PDF
E1.4b	Spine chart
E1.5	HP website ‘Links’ page
E1.6	K311 End Module Assessment
E1.7	K311 TMA1 Parts 1 & 3
E1.8a	Programme Board, Paper 12.1 Indicator assessment summary
E1.8b	Final list of indicators
E1.9	Open University K311 Certificate in Promoting Public Health
E1.10	Slope Index graph
E1.11	Key Indicator dates log
E1.12a	Email 1
E1.12b	Email 2
E1.13a	HP Governance Structure
E1.13b (i), (ii), (iii)	Responses to enquiry emails
E1.13c	Contacts data supplier email
E1.13d	HP12 post launch report
E1.13e	SWPHO email
E1.13f	Project Board paper 12 (Comms plan)
E1.13g	Project Board Paper 8 (distribution/ website update)
E1.14	MSc Leadership in Health & Social Care module description/learning outcomes and external examination confirmation of 70% DIST pass mark
E1.15	Table 2. Indicators 2012: Production and review of data & metadata by PHO
E1.16	HP Project Board Paper 9: End Stage B report
E1.17	Writing for Success attendance list / course material
E1.18	QA Confirmation Record email
E1.19	HP Programme Board Paper 12 (Communications Plan)

E1.20	HP Programme Board face to face meeting – Paper 11.1
E1.21	HP enquiries mailbox email
E1.22	K311 TMA5: Working in partnership
E1.23	2012 Health Profiles for Oxfordshire (key messages)
E1.24	OU K311 Learning sequence 1: Health trends and wider determinants
E1.25	HP12 Risk Management Policy & Plan
E1.26a	Issue Log
E1.26b	Risk Register
E1.27	QA Process
E1.28	QA Plan
E1.29	QA Confirmation Record
E1.30a	Email 1: Modification to Year 6 childhood obesity data for Rother & Hastings
E1.30b	Email 2: Recalculation of hospital stays for alcohol related harm data
E1.30c	Email 3: Rounding of TB data
E1.31	HP Project Board Paper 14: Stakeholder database system
E1.32	HP Mailbox Guidance
E1.33	Email reply to enquiry
E1.34	Enquiries database screen shot
E1.35	HP FAQs
E1.36	End Stage (Communications) Report
E1.37	Media Training Course Certificate
E1.38	Chanel 4 News press article
E1.39	Nottingham Evening Post press articles
E1.40	HP Project Board Paper 15
E1.41	HP12 Project Board Paper 8 (HP 2012 distribution)
E1.42a	HP web edits checklist
E1.42b	Email
E1.42c	HP Project Board Paper 12 (Changes to HP website)
E1.43	HP12 Project Board Paper 11 (Summary response from user consultation)
E1.44	Glossary of terms
E1.45	User consultation Draft email