

Introduction

The Annual Report of a Director of Public Health (DPH) is always a document steeped in history. The first Medical Officers of Health, over 150 years ago, were required to present a statement on the health of their district and this tradition has continued through many changes in health care in England.

Over recent years, the DPH Annual Reports have concentrated more and more on national and local targets for health improvement. This change reflects a new emphasis in the work of Public Health in not only documenting the need for action, but also in measuring progress.

Since the election in 1997, the present government has co-ordinated the overall targets for health improvement through the targets outlined in the White Paper *Saving Lives: Our Healthier Nation* (Department of Health, 1999). More recently, the High Level Performance Indicators have been used to highlight areas for improvement in health and social care services.

Specific targets have been set for key disease areas through the National Service Frameworks (NSFs) for Coronary Heart Disease and for Mental Health as well as within the National Cancer Plan. In the coming months, we expect two further NSFs (Older People and Diabetes).

With so many targets it is vital that the local Health Improvement Programmes (HImPs) take account of these different initiatives when outlining the development plans of the health community. The advent of Primary Care Groups and Trusts (PCGs/PCTs) means that more local planning is also required and it is important to realise that the national and local targets included in the HImP can only be achieved through the work of these new organisations.

In the year 2000, it is clear that the role of health authorities is changing. Future health authorities will need to be more strategic and work at a 'higher level'. There is an argument for doing the same with the DPH Annual Report.

Barnsley, Doncaster and Rotherham Health Authorities have been working together since the formation of the South Yorkshire Coalfields Health Action Zone (SYCHAZ). Part of this work included the creation of the HAZ database and Profile (South Yorkshire Coalfields HAZ, 2000) which brought together information about the three authorities for the first time. The success of this joint working made it clear that working together, the public health research and information departments of the three health authorities can produce a greater quantity of high quality work.

Out of this joint working came the decision to create a Joint Report of the three Directors of Public Health. This report aims to present routinely available data as they relate to the targets identified nationally and locally in the Health Improvement Programmes of the three health communities.

The primary purpose of this report is not to define the 'needs' of the people of the South Yorkshire Coalfields. Rather it is to benchmark the targets and identify those in most need of attention.

For this reason, this report focuses on trends: how the values have changed over time. Where possible and appropriate the values have been given not only for health authority areas, but also for PCG/PCT areas.

When presenting PCG/PCT information there are two ways to define the population. One is to look at those people registered with GPs in each PCG/PCT. The other is to look at the geographical area assigned to each PCG and attribute values to the PCG/PCT on that basis (see Appendix 2). For a number of reasons, the second option has been chosen for this report, with the exception of the prescribing analysis which uses the patients registered with GPs in each PCG/PCT. As information sources improve, future joint reports may be able to present data using the other method.

It is difficult to draw conclusions about PCG/PCT performance since each Group or Trust is different. In future, joint reports will look at the differences between wards and between enumeration districts across the South Yorkshire Coalfields. Inequalities identified in this way will be useful for guiding the targeting of action to improve health.

Much of the analysis in this report looks at use of services rather than need for services. Future reports will look at measured need through commissioned research and the findings of local health needs assessments.

About this Report

The first stage in the production of this Report was to review the targets set out in the three HImPs. Some of the HImP targets are not measurable at present and these have been omitted. The measurable targets shared by all three health communities were given priority in this document, but where a target existed in one or two HImPs only, data are presented for all areas if they are available.

As a first stage in this process we have combined the three sets of data in the three health authorities. Individuals in the three public health departments have led on different parts of the report to avoid duplication of work. The report represents a major step in the continuing process of increased collaboration by the three public health research and information departments in the South Yorkshire Coalfields.

The data analysed here come from many sources; Appendix 1 explains where they come from and the processes undertaken. The methods used to create the rates, forecasts and confidence intervals seen in the graphs are described in Appendix 2.

Finally, a glossary has been included (Appendix 3) to help explain some of the jargon.

References

Department of Health (1999). *Saving Lives: Our Healthier Nation*. London: The Stationery Office.

South Yorkshire Coalfields HAZ (2000). *HAZ Profile*. Doncaster: Doncaster Health Authority.