



2 L'Agència de Salut Pública de Catalunya

Document de bases per a la seva creació

La Agencia de Salud Pública de Cataluña
Documento de bases para su creación

*The Public Health Agency of Catalonia
Document of the bases for its creation*

Informe del Consell Consultiu per a la creació de l'Agència de Salut Pública de Catalunya

The Public Health Agency of Catalonia

Document of the bases
for its creation



Generalitat de Catalunya
Departament de Salut

Direcció General de la Salut Pública

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Presentation by the Minister of Health, Marina Geli, of the report of the Consultative Council for the organizational reform of public health services in Catalonia

The reform of public health in Catalonia is one of the priorities of the Government's policy. Completing the whole range of structural reforms to the main axes of the health system will allow us to provide public healthcare with the conditions necessary for it to be effective and efficient. As a service offered by the healthcare system, it will be able to take effective action on aspects related to the management of health risks and the development of policies of health promotion and illness prevention.

The process began with the report of the Scientific Committee to give support to the project to reorganize the public healthcare system in Catalonia. The recommendations of that report have enabled the Consultative Council, including representatives from institutions which, for various reasons, have well-founded opinions to contribute to the organizational design of public health, to produce the present document.

The organizational proposal includes the key elements necessary to guarantee the effectiveness of interventions in public health. Its foundation lies in its proximity to the territory and to the population. This proximity, customary in municipal involvement, will allow the development of activities designed to create the optimum conditions to improve population's health. Interventions on the determining factors for health and lifestyles must offer elements which, on one hand, promote individual and collective self-responsibility, and on the other hand provide elements of safety and security in the face of the threats, often silent threats, which exist to the health of the people.

Many of the elements that are mentioned here in terms of organizational recommendations will also be represented in the draft bill for Public Health. Probably the most important element is the proposal for an organizational design in the form of an agency, the future Public Health Agency of Catalonia, as the institution that technically provides the services of public healthcare by order of the government, and that gives guarantees to the citizens by way of the service charter.

To all of those who have worked on the drawing up of this document, I would like to offer my thanks for their dedication and effort. I hope that these recommendations contribute, from the least visible but the most essential part of the healthcare system, to the improvement of the health and the quality of life of our citizens.

Marina Geli i Fàbrega
Minister of Health

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INTRODUCTION

Vicenç Navarro

Co-president of the Consultative Council

The functions of public health

The World Health Organization defines health not only as the absence of illness but as the social well-being of the individual and of the community, understanding by well-being the quality of life of the collective and of its components. Needless to say that health is determined by social, economic or cultural interventions and factors, to name but a few, which configure the level of health of the individual and of the population. It is for this reason that a fundamental objective of public health – defining as such those interventions, both public and private, which are designed to improve the health and the quality of life of the population – is to create and facilitate the conditions that determine the aforementioned health and quality of life. In fact, all sectors and agencies of society should take responsibility for this function of public health, since the optimization of health and the quality of life should be the prime objective of all society. The thing which citizens value most is health and quality of life. It is no coincidence that in many countries the usual, everyday formula for greeting, whether between friends or strangers, is the word “health”, something which reflects this personal value.

Although all sectors and agencies of society should hold themselves responsible for creating the conditions that determine health and the quality of life, the agents that have the most responsibility when it comes to creating the aforesaid conditions are the public authorities, who represent the interests of the population and who, via the various politico-administrative levels, work to guarantee the optimum situation for the population from a Public Health viewpoint. These interventions may be designed to optimize the level of the population’s resistance to the risk or harm that disease may create.

The public health is destined to improve the quality of life of the population. The functions of the public health have four levels of intervention: health protection, public health surveillance, promoting health and disease prevention.

Interventions of this type, which include everything from vaccination campaigns to interventions to guarantee the healthiness of the water, air and food products or to prevent social exclusion (which in scientific language are defined as primary attention), are of great importance in our developed societies, the complexity of which implies an enormous increase in opportunities but also in risks to health. These kinds of interventions are the most important determining factors in order to explain the health level of a population.

Among these preventive interventions we must also include those which are aimed at avoiding that the harm or illness present in one patient or in the community develops further, and those designed to bring about the reduction and elimination of harm or illness (known as secondary attention), as is the case of screening campaigns aimed at discovering precancerous or cancerous lesions, in order to prevent and reduce the harm they may cause. These secondary prevention campaigns are also very important and are often carried out in collaboration with the healthcare attention services, which are those who most attend the population in order to reduce the dimensions and consequences of illness.

Finally, another kind of intervention of growing importance in our society, where the majority of illnesses are chronic, is that which is designed to improve the quality of life of the sufferer and of the population with chronic morbidity (this is known as tertiary attention or rehabilitation). This kind of intervention requires a very significant collaboration with the healthcare attention services and the social services.

These are the three main types of public health interventions and are the components of the public health services, services which are very often associated with healthcare attention services and also with social services but which are in fact different from these, with their own specific character and autonomy, since the

level of health of a population depends on many other factors besides the healthcare attention services. Without detracting from the enormous importance that these healthcare attention services have (whose greatest effectiveness lies in curing and caring for patients who, being for the most part chronic, require a continuous intervention), the undisputable fact is that the level of health of a population depends primordially on the interventions of public health which include – among other public responsibilities – the public health services. Therefore, the objective of this legislature is to make known this reality and to assign a leading role to these services that they have not so far enjoyed via the setting up of the Public Health Agency of Catalonia or ASPCAT.

Components of the public health services

These services can have many dimensions. Among the most important dimensions, however, may be considered three types of public intervention. The first are structural interventions that influence working, environmental, economic, social and cultural conditions and that have a huge influence when it comes to determining the level of health of the population- They include measures regarding working environment (as one of the most decisive factors influencing the health and ill-health of our societies), the physical environment (eg. water sources, the air, pollution, including noise pollution), cultural conditions (eg. the contamination of values such as violence and aggressiveness), economic conditions (eg insecurity and unemployment) and social conditions (eg. social exclusion). These interventions can include the establishment of norm, regulations, stimuli and sanctions, services of consultation and provision n of information, among others. The scientific evidence demonstrates that this type of intervention on work, the environment (whether physical, psychological, cultural or social), consumption, etc., are enormously important indetermining the level of health of a population.

Public healths services are based on structural interventions over population as environment, including occupational health, environmental health individual and collective interventions as smoking, alcoholism, obesity and others.

Another type of public health service is that which seeks to produce changes in the behaviour of individuals and collectives, which include elements such as the reduction of tobacco use, alcoholism, drug use and unwanted pregnancies, a decrease in obesity and sedentary lifestyles and may other public health problems and which require not only interventions that discourage pathological behaviours but also some interventions on the agencies, companies and collectives responsible for the aforementioned consumption habits, as well as the mobilization of public resources to resolve or lessen these problems. Public health services include, therefore, measures of regulation, enforcement, incentive and sanction that affect a large number of agents in society. Given the considerable importance that the population places on staying healthy, the regulating, motivating and sanctioning functions of the public authorities must respond to this importance, acquiring significant regulatory and legal power. These public services include, therefore, a large part of the services of health promotion designed to change the individual and collective behaviour of people and the population.

For the best development of these services an active civic participation is required, not only through their political representatives – which is of great importance – but also via the associations and entities of civil society that contribute with their knowledge and experience to the resolution of public health problems. This is a key philosophy at ASPCAT.

ASPCAT will have responsibility in every one of these functions, and will need to have the backing of a political will in which collaboration between the Government of Catalonia and local governments will become essential and fundamental. It is of maximum importance that in the resolution of problems of public health in Catalonia, the city councils, which already have considerable responsibility in areas of public health, can count on

the technical support of the Agency and can be co-participants and share responsibility for their management. From this point of view it is regrettable that the city councils –the level of government closest to the citizen– have been the public entities with the least resources to resolve the problems of public health with which they are faced; poverty of resources which is even further accentuated as a consequence of the small percentage of public healthcare funds that has historically been allocated to public health. This situation requires a significant change. According to data from the Institute of Healthcare Information of the Ministry of Healthcare and Consumption, only 0.1% of public healthcare expenditure in Catalonia was allocated to public services in 2001. The average figure in the 15 members of the EU is around 3%. This deficiency is being rectified at the present time.

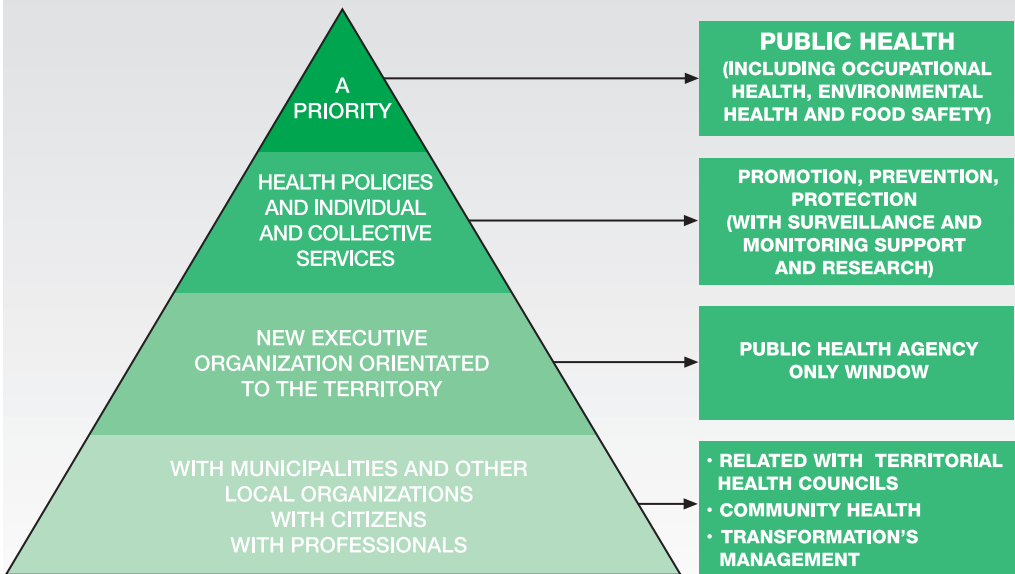
In response to this preoccupation, the Department of Health nominated a consultative council which, under the coordination of the Operative Group of the Consultative Council, has prepared this report, the product of numerous meetings and deliberations in which practically all of its recommendations have been agreed. The groups consulted are the most important groups in the development of public health. Their contribution, with regard to the starting up of ASPCAT, will prove to be a very important step to improve the health of the population of Catalonia.

1. JUSTIFICATION

The Public Health Agency of Catalonia (ASPCAT) responds, fundamentally, to the widely shared need to carry out an organizational reform of the public health services of Catalonia in a way which is similar to that which, in its moment, took place in Primary Health Attention (PHA).

The essential function of ASPCAT consists of the provision of services and the administration of the healthcare authority in matters of public health as one more service within the National Health System of which the Department of Health, and also the city

PUBLIC HEALTH REFORM



councils, are guarantors. Thus, ASPCAT will give support to the exercising of authority of the public administrations in matters of public health. Furthermore, ASPCAT will also be able to give support to the Department of Health in matters of planning and other areas such as management, definition of health policies and the strategic direction of public health.

Other aspects of the reform of public health include greater presence of public health policies in the planning processes of the Department of Health and the production of the portfolio of public health services. This portfolio of services is expressed in terms of health protection and vigilance of the state of health, and of the provision of activities of health promotion and the prevention of illnesses. The ambits of coordination of these activities are related with municipal public health responsibilities and those of CatSalut, to which is delegated by the Department of Health the purchase of the services¹ mentioned, fundamentally, through PHA and via the corresponding instruments of deployment.

ASPCAT must be an executive organization, with a broad decentralization via its regional² and territorial³ structure, which responds to the necessities in matters of public health and which guarantees equity in the management of health risks throughout the country. It also incorporates elements of territorial decentralization, with instruments ranging from collaboration with local organizations to their effective participation in the leadership of ASPCAT. Its immediate point of reference, and predecessor, is the Health Protection Agency created by Law 7/2003, 25th April, of health protection, which is reaching the end of its deployment.

Public Health services Reform in Catalonia is an innovator process, inclusive and participative, dynamical and openend that aspires to consolidate a fundamental piece of the system of health, supporting the municipalities, productive sectors, entities and citizens across quality, efficiency and proximity.

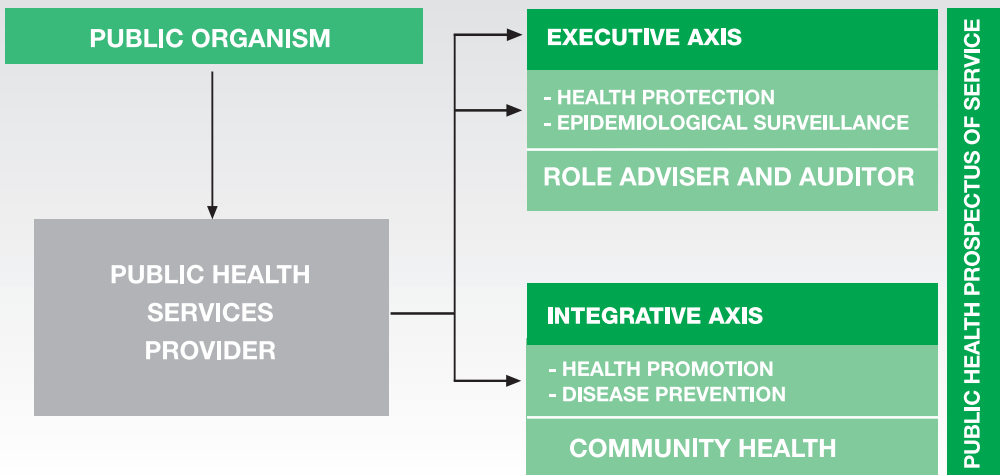
- ASPCAT must be the organizational response in the reform of public health in Catalonia
- The essential function of ASPCAT will be the provision of a portfolio of public health services and the exercising of healthcare authority, with special attention to the management of health risks, the promotion of health and the prevention of illness, and vigilance of the state of health.
- It will also have a portfolio of service aimed at the internal client, principally represented by the Department of Health, through support in the definition of public health policies and planning.
- ASPCAT will be strongly linked to local organizations through their participation in the organs of government, the exercise of their authority in public health and the possibility of inscribing their personnel.
- It will be an executive, de-centralized organization that responds to the needs of public health and that guarantees equity in the management of health risks.
- Its immediate point of reference is the Health Protection Agency, which is coming to the end of its deployment.

2. GENERAL CHARACTERISTICS

ASPCAT will be an autonomous administrative organism (either a public company or an agency when these are regulated) ascribed to the Department of Health the principal objective of which will be the provision of the portfolio of public health services, as a service of the health system, as dictated in the Law of Healthcare Ordinance of Catalonia⁴ and the Law of Cohesion and Quality of the National Health System⁵. In this sense it seeks to elevate activities and services of public health as a whole to the same level of consideration enjoyed by PHA services or those of specialized attention within the health system.

This service⁶ has the specific characteristics that correspond to public health services, the essential nature of which lies in that they are addressed more to the population, or to its subgroups, and that they are considered globally and in relation to health risks, rather

WHAT WILL BE THE ASPCAT?



The main health ideas of the organizational reform of the public health services:

1. Separation of the regulatory and planning function of the provision of services.
2. De-centralization and de-centralization.
3. Participation of the municipalities, external suppliers and citizens.
4. Coordination of public resources.
5. Facilitator of the healthcare continuity
6. Anticipate, decisive and based on the best evidence available services.
7. Guarantors of the fulfillment of the law.
8. Close to the territory and citizens.
9. Transparent in communication.
10. Transformation and renovation of human resources.
11. Related with research and innovation.

Safety generators and confidence.

than individuals. Other characteristics of this service are common to those of the rest of the health system: it belongs to a public service which is integral and integrated, universal, belonging to the citizen, free⁷, equitable, rational, effective and efficient, oriented to the reduction of inequalities, which must be performed with quality, with the participation of the citizen and which promotes training, research, innovation and evaluation in the ambit of public health.

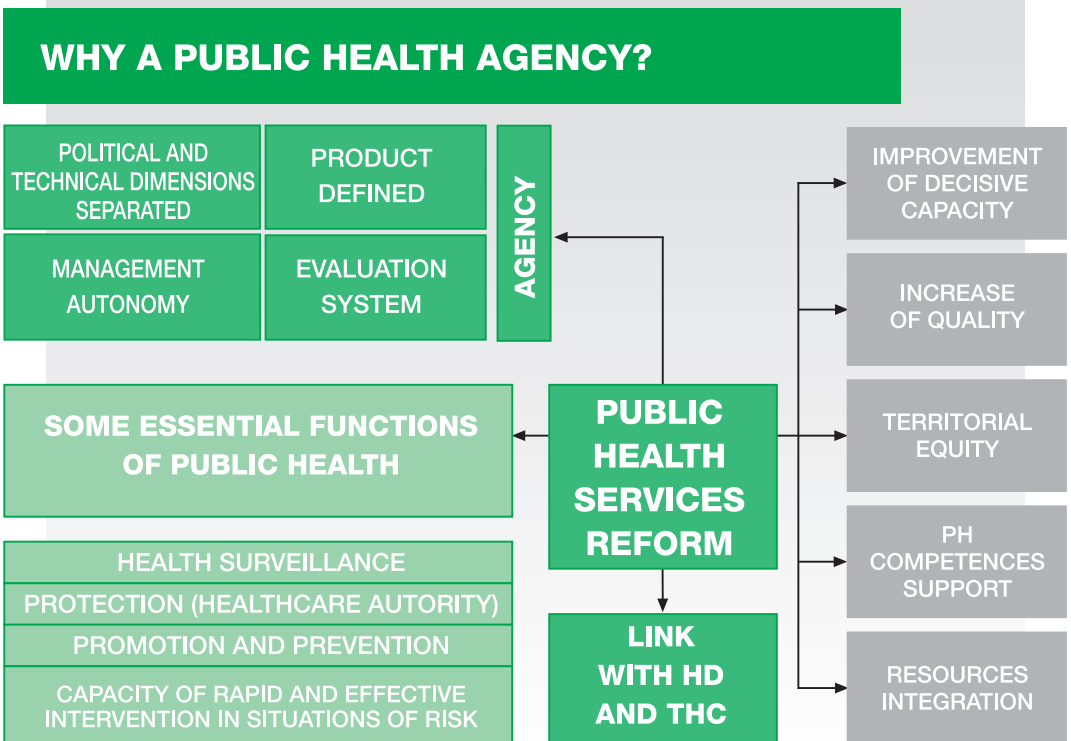
ASPCAT will offer in a general way whatever collection of public health services that may be required of it by those responsible (provision of the portfolio of public health services). This provision will be carried out directly, with its own resources, since it is essentially an executive agency, however it could also be done via organisms created or participated in by ASPCAT itself⁸ or delegating some activities to other accredited providers. It is understood that these delegations of activities will occur in cases in which ASPCAT does not have the human resources in the territory to carry them out.

In any case, the provision of public health services on the part of other non-institutional providers will be performed in accordance with the directives of the Department of Health as far as regards their approval or accreditation⁹. The activities that these institutions will have to carry out will be defined contractually and their ambit of activity will be limited territorially. The contractual relation implies automatically the assessment of the provider. Activities for which they are engaged may come from parts of the portfolio of services and/or from the territories. Among these there would be, fundamentally, those of activities of health protection related with the assessment of risks and activities of health promotion.

The activities of public health in the ambit of the exercising of healthcare authority are, by their very nature, impossible to delegate to an external provider. These must be carried out by functionaries and those who have the necessary authority.

The choice of agency as an organizational model, despite the fact that there is no specific legislation on this model of administrative organization, is due to the need to find the type of public entity which best represents the function which the future ASPCAT will have to perform. The basic characteristics which make the model of agency the appropriate framework for the performance of public health activities are the four following points:

- 1) Clear definition of the organization's products represented by the portfolio of services.
- 2) Need for the maximum administrative autonomy given the type of activity to be carried out, which must incorporate a business culture to public affairs to improve their efficiency.



3) Need to separate, in the performance of the functions of public health, the political and technical dimensions.

4) And the possibility to have an objective control of results or system of assessment.

In the ambit of the Catalan healthcare system, where the separation of functions between that of financing and that of provision is evident, the administrative structure of ASPCAT permits a suitable liaison with the rest of the providers in the health system and allows the setting up of the appropriate mechanisms of coordination in order to achieve maximum efficacy, efficiency and quality in their activities. From this perspective, both functionally and formally, a visibility is given of the continuity of services within the system as a whole and allows the completion of the organizational design of the health system.

- ASPCAT will be an autonomous administrative organization, or a public company, ascribed to the Department of Health.
- Its objective will be the provision of the portfolio of public health services as a service within the health system. The portfolio of services is principally aimed at the management of risks to health and to the population, or its subgroups, as a whole.
- The provision of the portfolio of services will generally be performed directly with the agency's own resources which include those of other institutions that participate in ASPCAT, or through other accredited providers, in the event that the agency does not have its own resources to dispose of.
- The model of agency which has been opted for corresponds to other characteristics of an organization: a clearly defined product (portfolio of services), autonomy of administration, necessity to separate the political dimension of public health from the technical and possibility of monitoring results.
- With the creation of ASPCAT the continuity of services is completed and given visibility within the health system as a whole.

3. PORTFOLIO OF SERVICES

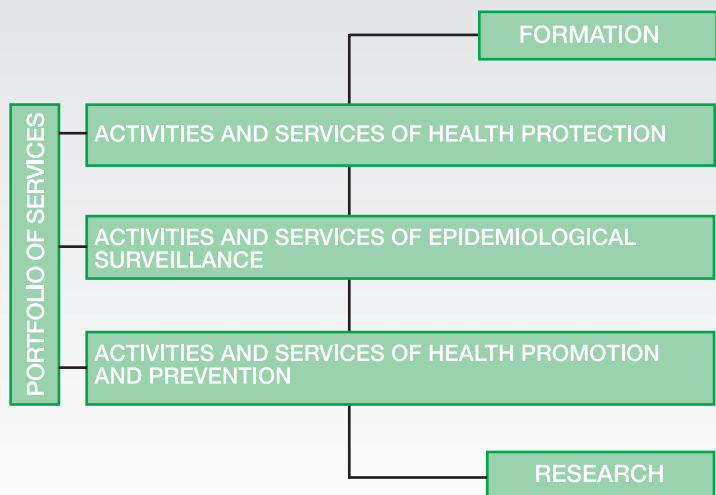
Before tackling the matter of the portfolio of services it is necessary to make some initial observations which allow us to comprehend the scope of the concepts which will be employed when speaking of the service portfolio. These refer to the basic concepts of the activities of public health and the functions to which they correspond.

By public health we understand the concerted effort by public authorities and by society as a whole, through which personal and

WHAT WILL INTEGRATE THE PORTFOLIO OF SERVICES?

PH DEFINICION

THE EFFORT OF THE PUBLIC POWER AND OF THE SOCIETY TO FOMENT, TO PROTECT AND TO PROMOTE THE HEALTH OF THE PERSONS, TO PREVENT THE DISEASES AND TO GUARD OVER THE EPIDEMIOLOGIC SURVEILLANCE



material resources are mobilized in order to foment, protect and promote the health of people, in the individual and collective sphere, to prevent illness and to carry out epidemiological vigilance.

In this context, the functions of public health¹⁰ are focussed on three main areas: to evaluate the health needs of the population, to develop health policies in order to improve them and to guarantee certain services. It is in the development of these functions and their materialization in a way that produces an effectively realized activity which is perceived both by the citizen and collectively, that the concept of the portfolio of services is inscribed.

The portfolio of ASPCAT's services has to be to the service of three basic functions of the public health:

1. To value the needs health of the population.
2. To develop the political ones of public health and
3. To guarantee the provision of certain services.

With this in mind, ASPCAT will dispose of a catalogue of services and products which will be the complete collection of services and products (activities, programmes, coordination, systems, etc.) which, in matters of public health, it will be capable of providing. Each one of these services and products must have the characteristic of being an effective tool, based on the best available evidence, on best practice or in accordance with existing regulations, and with the capacity to be directed to the chosen ambits of intervention.

The realization of these activities, to whatever degree of intensity and exhaustiveness that may be determined in the territory, for each client¹¹, is what will be known as the portfolio of services.

ASPCAT will be de-centralized in territorial ambits. The extension of these must be the optimum for the effective tackling of the prime health needs of the population and for the management of existing risks to health via the provision of the agreed portfolio of services. The territories must be of sufficient magnitude for the deployment of the activities of the portfolio of services to be effective and for the functioning of ASPCAT to be efficient.

In this sense the territories of the healthcare sectors, defined in the preliminary stages of the project, or those featured in the reform of territorial manageability of health through the future Territorial Health Councils (THC) (the official project that regulates these is awaiting approval¹²), can be the appropriate framework for the territorial deployment of ASPCAT. The future ASPCAT will be able to use the territorial divisions or not, for reasons of scale economy or critical mass, for the realization of its activities, but it will only be able to organize them and provide their results when the basic territorial unit (sector or THC) has the status of basic public health unit.

The portfolio of public health services of ASPCAT, decided by the Department of Health, will be made up of a collection of activities and services classified in three main areas. (1. monitoring of the state of health¹³ and epidemiological surveillance, 2. health protection and 3. prevention of illness and promotion of health¹⁴) which will be deployed in various programmes and ambits of intervention among which will be included health in the workplace or food safety¹⁵. Within each of these areas a collection of products and services will be determined.

Planning support, the exercising of healthcare authority, contributions to strategies and tactics which may be of use in the definition of health policies, applied research, the analysis of the concepts of public health and of the organizational designs of public health derived from the assessments and reflections on its practices, and any other functions which may specifically be commended to it, are also elements of the portfolio of services which must be considered specifically as, besides occupying a significant proportion of the working time of public health, they respond to the demands of the internal client and they serve the institutional dimension of ASPCAT

4. THE SURVEILLANCE OF THE PUBLIC HEALTH

The monitoring of the state of health of the population and of its determinants will include all those activities which keep up to date the information and analysis of the frequency and distribution of the results on health and its determinants with differing degrees of separation (territory, age, sex, etc) in such a way that this permits the rapid detection of changes in the indicators of health that might force the realization of activities to control emerging situations. These activities do not substitute those of planning for health, carried out by the corresponding elements of the Department of Health, but are also a further support to planning. Epidemiological vigilance will include all those activities aimed at the gathering, analysis and interpretation of data related to the apparition and spread of illnesses in order to achieve an effective control of them. This, therefore, is a key element for the management of those circumstances which require interventions of an urgent nature, including the communication of risks to the population's health. At ASPCAT this activity is not limited to communicable diseases but to all acute or chronic health conditions that, due to their magnitude, transcendence or evolution represent a threat to the health of the population.

The portfolio of services of health protection is offered, in the first instance, through the Health Protection Agency of Catalonia. It is determined by the management of risk of the productive and commercial structures related, fundamentally, with food and environmental risks, especially air and water. These activities have a specific regulatory framework which, through risk analysis, allows us to determine with great accuracy the volume of their activity.

The promotion of health and the prevention of illness have a defined and limited portfolio, product of an explicit prioritization process, aimed at implementing individual and community activities to tackle the principal health problems of the population with their participation. These interventions must be performed according to the best evidence available regarding their efficacy, effectiveness and good practices in public health, they must be aimed at the population as a whole or its subgroups, and they must be feasible and sustainable. The definition of the portfolio of services of promotion of health and prevention of illness will depend on the decisions of the Department of Health via the General Directorate of Public Health and the General Directorate of Planning and Assessment which, according to the analysis of the health situation at territorial level or condition related to health (age, sex, other conditions), will determine its functions. In this sense, the role of the THC, which will be the fundamental organ of participation via its interventions in the establishment of priorities for fixing the portfolio of service of health promotion, and that of CatSalut, which will set out the terms for collaboration with ASPCAT and for contracts for the purchase of services with PHA, will be crucial. The Health Plan of Catalonia and the consequences of the activities to monitor the state of health and epidemiological vigilance, according to the terms previously expressed, will determine the scope of the portfolio of services of promotion of health and prevention of illness. It may be, then, that this portfolio is expressed heterogeneously in the territory, depending on its characteristics, but, as a whole, it will have to have the same intensity of use of resources, so that equality is guaranteed regardless of the specific nature of the intervention. A key element for guaranteeing the realization of activities of health promotion is the role that PHA will have to play, with whom ASPCAT will have to establish the corresponding links for a reciprocal collaboration. In this sense the role of all of the Primary Attention Teams (PAT), and in particular that of their directors, in

each territorial ambit will be fundamental to guaranteeing the appropriate coordination between the local public health teams, those of ASPCAT and/or the city councils and the PAT, especially in the development of the portfolio of services of health promotion via a model of community health.

The portfolio of services of ASPCAT will include the exercise of authority on public health of other administrations (city councils, other departments of the Government of Catalonia). The way to connect them and to provide them might consist of the specific contracting of these services and also the desirable participation in the management and administration of ASPCAT. This responds to the vocation of ASPCAT as an interdepartmental and inter-institutional instrument as far as concerns the exercise of responsibilities in public health.

ASPCAT will integrate food safety as well, and will also maintain its interdepartmental dimension in its specific function of risk assessment.

Health in the workplace will be present in the portfolio of services of ASPCAT, along the lines of coordinator of all of the agents, institutions and organisms with competence in matters of health at work, in order to promote activities of protection, promotion and improvement of health and the prevention of risk factors in this ambit.

In relation to teaching ASPCAT must represent a point of reference for all health professionals and will provide information on public health, which is important for their training.

In the field of research this will have a dimension that is clearly oriented towards applied research and the study of new interventions in matters of public health, in coordination with the Agency

for Technological Assessment and Medical Research, the academic ambit and the research networks.

The portfolio of services of public health must be periodically revised. A period of 4 years, except in the case of some contingency, would seem advisable.

- Public health is understood as being the activities organized by public powers and by society in order to foment, protect and promote the health of the people, at individual and collective level, to prevent illness and to undertake vigilance for health.
- The service portfolio of ASPCAT will consist of products and services for monitoring the state of health, epidemiological vigilance, protection of health, promotion of health, prevention of illness and health in the workplace and environmental health. It will be defined by the Department of Health.
- The protection of health will have the service portfolio of the Health Protection Agency of Catalonia.
- The monitoring of the state of health form part of the service portfolio which permits efficacious action in the face of the apparition and spread of illnesses.
- The monitoring of the state of health of the population is the strategy that permits the analysis of the situation to be kept up to date with the minimum of territorial separation, a fact which must enable the best decisions to be taken in the management of health risks.
- The service portfolio for promotion of health and prevention of illness will be suited to the social and epidemiological situation of each territory, in accordance with the best available evidence and with criteria of feasibility, o the understanding that ASPCAT has an important role to play.
- Food safety, via the function of assessment and communication of risk, will form part of the service portfolio for public health through the Catalan Agency for Food Safety.
- Also incorporated into the ASPCAT service portfolio will be those services which correspond to health in the workplace to promote activities of health protection and promotion and the prevention of risk factors in the ambit of work.

5. HEALTHCARE AUTHORITY

Before tackling the concept and applications of healthcare authority it must be remembered that under present regulations, individual and entities, owners of installations, establishments, services and industries susceptible to generating risks to health are responsible for their own hygiene and healthcare safety. This is known as self-government. The autonomous and municipal administration have the responsibility of guaranteeing the compliance to this self-government via the establishment of adequate systems of vigilance and supervision.

The concept of healthcare authority is applied to the organism and the persons who can carry out public acts that may have an affect on private individuals, on their person or property, and can

HEALTHCARE AUTHORITY IN ASPCAT

BASED ON THE
RESPONSABILITY OF EXPIRING
AND MAKING FULFILL THE
LAWS THE REGULATIONS THAT
CONCERN THE PUBLIC HEALTH

IMMOBILIZATION AND CONFISCATION
CLOSING TO PROTECT
DISCIPLINARY MEASURES
DETERMINATION OF
PREVIOUS CONDITIONS
CORRECTION OF DEFICIENCIES

HEALTHCARE AUTHORIZATIONS

REGISTERS

INSPECTIONS

ANALYSIS CONTROL

DISCIPLINARY MEASURES

PRECAUTIONARY MEASURES

impose them imperatively. The characteristics of such acts are; unilateral imperative and coercive. This disposition of authority is produced by virtue of legal or *de facto* circumstances which permit it to proceed, at the same time executing a public decree which dictates an obligatory resolution for the parties concerned . In order for this to be possible, ASPCAT will have to have the powers of decision and execution necessary to carry out acts of a judicial nature that affect private individuals. These powers must be awarded to ASPCAT by the law that regulates its creation.

The most important areas of expression of the healthcare authority are: Healthcare authorizations, disciplinary and precautionary.

Healthcare authority is exercised by the political representatives, even though on the basis of technical criteria, it is administered by civil servants and is based on the regulatory instruments that govern the control of risks to health, on the Law of special measures in matters of public health¹⁶ and on the very law that governs the reform to public health and the creation of ASPCAT.

The function of exercising healthcare authority on the part of ASPCAT, through delegation from the Department of Health or from the Directorate General of Public Health, as well as the city councils who agree to it, is based on the responsibility to comply with and ensure compliance with the laws and regulations of every one of the institutions in those aspects that affect public health. This healthcare authority, when exercising its powers, must be effective. The main ambits of the exercise of healthcare authority are focussed on healthcare authorizations, precautionary measures and disciplinary measures¹⁷.

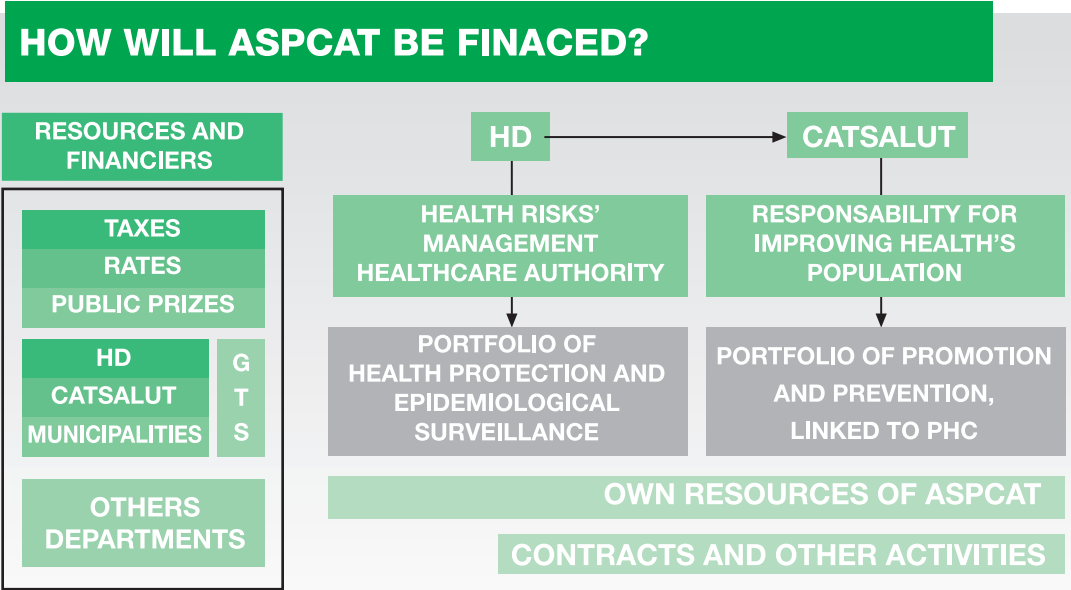
Healthcare authority must therefore be specifically regulated. Its ambits of intervention must be defined, as must the conditions in which this delegation of authority is exercised. The Law of Public Health of Catalonia or that of the creation of ASPCAT will have to conceive this function derived from the autonomous and municipal authorities.

In this sense, it is important to recommend the separation of the functions of the Regional Directorate of ASPCAT, which would administer the totality of the resources of public health in the ambit of a region, which would exercise healthcare authority in the territory and would be involved with the application of regulations, the functions of direction of the territorial services of the Department of Health and those of the director of the Healthcare Region of CatSalut, these two functions being habitually grouped together.

- Healthcare authority in public health is the legally constituted instrumental tool for the protection of the population from risks related to health problems that affect the population as a whole. It is not the authority over the health system.
- ASPCAT will have to exercise healthcare authority with power at autonomous level according to the terms of the law that creates it.
- ASPCAT will be able to exercise healthcare authority related with municipal competences, if the agreements on relations with city councils so specify.
- The most important areas of expression of healthcare authority which ASPCAT will exercise relate to healthcare authorizations, precautionary measures and disciplinary measures.

6. FINANCE

Before commenting on the aspects related to the financing of public health it is necessary to refer to the present situation of public spending on public health. The data from the year 2004 indicate that public spending on public health was 1.1% of the total expenditure of the public healthcare sector in Catalonia. This figure was very similar to the figure for expenditure on public health in all of the autonomous communities of Spain (1.09%)¹⁸ and 2.5 times less, in percentage terms, than those from the least well-off system (France, 2.5%) among those countries that have undertaken reforms to public health or that are in the process of carrying them out¹⁹.



This situation obliges us to consider the necessity for an adequate financing for public health, and to articulate this in a stable and consistent model inserted within the scheme of financing of public health services²⁰. It is not only comparative analysis that reveals deficits in the financing of public health, in our reality; internal analysis also shows public health services with structural deficiencies, lacking in capital and unevenly administered, especially at territorial level, with extremely varied expressions of the activities of public health that are understood to be services of the health system. The construction of the model of provision of public health services shows the need to advance in a model of administration of which the creation of ASPCAT could be the most visible manifestation. But the dedication of resources is also necessary to establish the structure which will represent the platform upon which this will become possible.

This stable and consistent finance model, which must allow the viability of ASPCAT, will be determined by the fact that it guarantees contributions from the various agents in public health, converted, in part, into financiers. The separation of functions represented by the proposed creation of ASPCAT led by the Directorate General of Public Health, distinguishing the function of direction and regulation from the executive function represented by ASPCAT, as well as the notion of the service of public health as one more within the public health system, justifies the appearance of the function of financing represented by the Department of Health itself and, in a different role, by CatSalut.

Based on this reasoning, the Department of Health, through the relevant budgetary transfers, must allow the fundamental financing of all of the activities connected to the portfolio of services of public health (monitoring of the health situation, epidemiological surveillance and the protection of health, as well as the area corresponding to food safety²¹) since, in the end, it is the guarantor of these services and is creating and using ASPCAT to carry them

out. This financing, according to the present budgetary structure, principally affects the Secretariat General of the Department of Health, the Directorate General of Public Health, the Directorate of Services and the Health Protection Agency. The first three²² contribute a significant part of their operational activities and the fourth practically all of its activities. These transfers will materialize in the form of a collaboration agreement or a programme contract, or in any other instrument of relation, and the financing criteria of this portfolio will be carried out on the basis of the budget drawn up in the initial stages of the deployment of ASPCAT. This budget must include current aspects related to sites, technical structure, public health laboratories, vaccinations, staff, goods and running costs.

The Department of Health, through CatSalut, also via the corresponding collaboration agreement²³, will provide the resources for the provision of the portfolio of services which includes activities of health promotion and the prevention of illness. These activities are aimed at the population as a whole within a defined territory (healthcare sector or THC) and will be carried out by means of a project in which many of the activities are performed in coordination with PHA. This portfolio of services may be different in every territory, while adjusting themselves to the social and epidemiological characteristics of each situation, but must be homogeneous as far as concerns the resources made available in order to maintain equity in territorial allocations.

The allocation of the budget in public health should remain apart from the allocation of capital to the territories because of the risk of being displaced by pressure from the mechanisms of attention. Definitively, public health should not compete for resources destined to attention. It must be born in mind that it is the population as a whole, not just the users of the service, who are the target of the portfolio of services of health promotion, a consideration that reinforces the argument set out in a document drawn up by

the Working Group for the rationalization and financing of health-care expenditure.

The participation of CatSalut in the establishment of the agreement on collaboration with ASPCAT regarding the portfolio of health promotion is fundamental for the articulation and coordination of those activities which are carried out in this field, in the same territorial ambits, from the attention facilities which it contracts, most particularly from PHA. As has been said already, this portfolio needs to be formally defined and, considering the feasibility of its implementation in the present scenario, it must be reduced and selective, and the THC must play a part in its formulation.

Taxes and public funds derived from the activity of ASPCAT will form part of its sources of income²⁴, as well as those incomes, derived from disciplinary administrative actions and those arising from judicial resolutions. ASPCAT will be able to apply judicial constraint in order to collect such funds.

Taxes on hydrocarbons and the retail sales of hydrocarbons, beer, and alcoholic beverages, and on tobacco, basically intended to finance the health system, should contribute to the financing of ASPCAT, given that its sphere of action is produced by the consequences of their consumption, with the evident exception of taxes on hydrocarbons. However this decision is a matter for the Department of Health.

ASPCAT will also receive financing from resources proceeding from city councils and other organisms at local level, from other departments of the Government of Catalonia and institutions with which it signs the corresponding contracts to exercise the powers over public health allocated to them or with which they are entrusted. Also ASPCAT will be able to conduct such contracted activities as it is capable of carrying out without prejudice to those previously mentioned.

The rates and the public prices derived from the activity of the ASPCAT have to form a part of its economic income, as well as that income proceeding from the fines and from the judicial resolutions.

ASPCAT is born with the intention of being an interdepartmental and inter-institutional agency. This dimension affects those organizations that have powers in matters of public health. ASPCAT is created in order to exercise such powers and is open to incorporating the resources of every one of these organizations. In exchange, the integrated institutions which have these powers and resources and which are incorporated into ASPCAT will share a leading role and be represented in the organs of government. The strategy that guides this co-financing is the same one that directs the process of the creation of ASPCAT at the Department of Health, the transfer of resources in order to carry out the activities incorporated into ASPCAT under the principal of executing those tasks for which resources are available and in order to guarantee the sustainability of ASPCAT and its activities, within a culture of assessment of processes and results.

In order to achieve this inter-institutional dimension of ASPCAT which, in the end, will make more effective and efficient the services in the portfolio of public health, a strategy of institutional communication and political commitment is required, with actions at the highest levels. Participating in this process will be: the Department of Health, the parliamentary groups of the political parties, municipal entities (The Catalan Federation of Municipal Councils, the Catalan Association of Regions and Municipalities), the Provincial Council of Barcelona, the Public Health Agency of Barcelona, CatSalut and such other organizations as are deemed opportune.

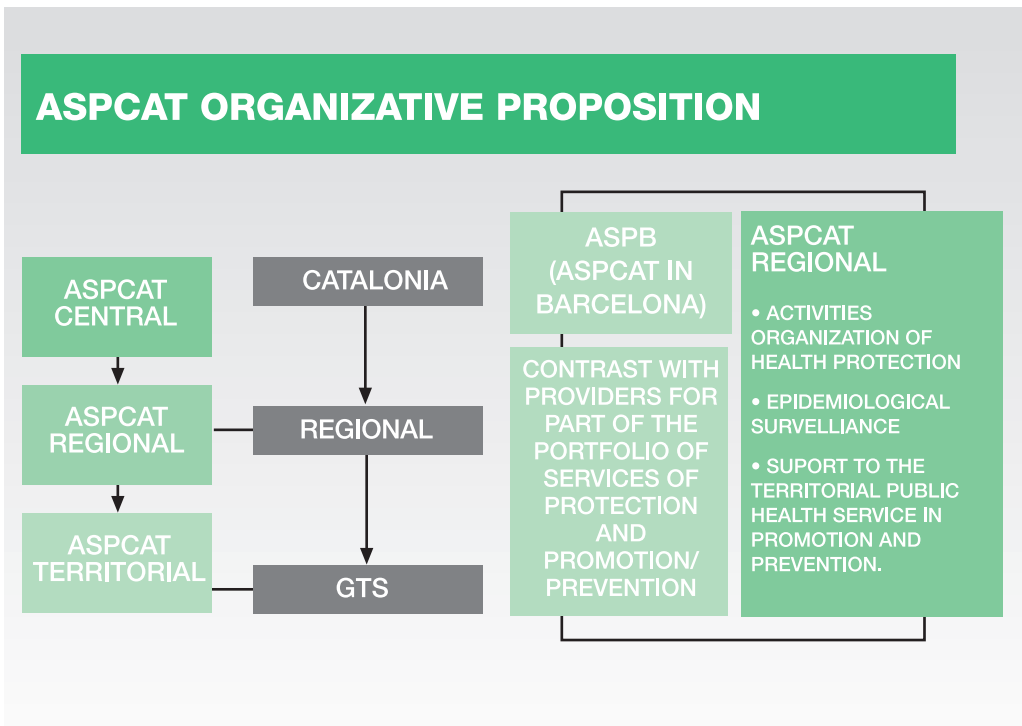
The model of the city of Barcelona offers some ideas on the co-participation of those involved in the financing of ASPCAT and must be based on the dual relationship of the Government of Catalonia and the municipal councils. However, it is necessary to define and institutionalize the model of management of organization, finance and administration.

- Taxes and public funds derived from its activities will also be sources of finance for ASPCAT.
- Participation in the collection of funds from taxes on hydrocarbons, alcoholic beverages and tobacco must constitute sources of finance from the health system and, eventually, may have a repercussion on public health activities.
- The operational activities that are the object of financing are those of the service's portfolio, and the guarantee of initial development and the later functioning of the technical structure, according to a budget which permits the financing of a plan of progressive deployment of ASPCAT based on a programme-contract.
- A progressive strategy will need to be developed to incorporate the municipal public health services, in cases where they exist, and to find new resources if we are to have a network of local public health teams in each territorial ambit, according to the possibilities of the portfolio of services of public health.
- In this sense, it will be necessary to define the role of the municipal councils, through the two organizations for municipalities in Catalonia, and the Provincial Council of Barcelona on the basis of an institutional agreement on their role in the reform of public health.
- A progressive strategy will need to be developed to incorporate the municipal public health services, in cases where they exist, and to find new resources if we are to have a network of local public health teams in each territorial ambit, according to the possibilities of the portfolio of services of public health.
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7. ORGANIZATION

The model of organization of ASPCAT proposes, as basic principles, proximity in the territory and a de-centralized structure²⁵, in a context of an integrated task of support in the provision of the portfolio of public health services to the population.

The model proposed for public health must respect the organizational form of the national model for health. That means considering (1) a central structure, (2) regional structures and (3) territorial structures, being healthcare regions or the future THC. Furthermore, the model should preferably be the successor to that which is currently being deployed by the Health Protection Agency of Catalonia.



Thus, ASPCAT will have three levels of organization:

- a) A central level which has the function of directing and generating the principal products that make up the portfolio of services, both external and internal, of ASPCAT led by a director. The possible divisions of this central level correspond to the units that would carry out the functions of direction of ASPCAT, management of healthcare authority and of risks to health, design of services and activities, management of resources, information, research and quality, and legal advice.
- b) An intermediate structure, regional agencies, broadly de-centralized, which facilitates support to the territorial structures and serves as a link with the central structure (Figure 1). The regional agencies will be led by a regional director, the highest authority in public health in each region, in coordination with the director of Territorial Services of the Department of Health. The essential functions would be those related to the exercising of the delegated healthcare authority, management of the resources of the territory, monitoring and epidemiological vigilance, organization, running, support and assessment of the territorial public health teams.
- c) A territorial structure, sector, UTR²⁶ or future THC, to be the entity that provides the services to the end user, with efficacy and quality. These teams, which will be provisionally known as Local Public Health Teams (LPHT), work in the most peripheral structure of ASPCAT, in the ambit of a group of Basic Health Areas, set within a structure that can be superimposed upon that of the THC. These are multidisciplinary teams, competent in a range of functions, which provide the most immediate services in public health in the territory. They will be led by a team leader who will direct their functions and activities, as well as facilitating coordination with all of the structures existing in each territory, related directly

The model proposed for the public health is coherent with the model of health of the country. It has a central structure, seven regional structures, as well as territorial structures.

or indirectly with public health. Among these, special attention must be paid to municipal councils and PHA. In certain situations, ASPCAT will be able to create structures with the legal capacity appropriate to attend this level, possibly with the participation of other agents. At territorial level the following could be facilities that could be integrated into the functional organization of ASPCAT²⁷: Primary Attention Centres, municipal public health services, pharmacies, work-related health units, educational resource centres of the Department of Education, centres of attention and continued care, etc. In short, it is a matter of guaranteeing an organizational/functional structure that establishes a network of resources with a working model that allows the adequate execution of the greatest possible number of public health functions in the territory.

- ASPCAT will have a central level that will exercise functions of direction, delegated healthcare authority and the generation of products and services of public health. This level gives support to the whole of the territorial structure.
- It will have a regional level which ASPCAT will direct in the territory and exercise the healthcare authority delegated to it. This is also the link between the central structure and the LPHTs, being a facilitator and coordinator for them.
- LASPCAT will have a local level at which the LHPTs will work, in a territorial ambit that corresponds to the THCs. The actions of this team will be very close to the territory, working with efficacy and quality in the protection of health and on the determinants of the health of the community, the lessening of inequalities and the lifestyles of people, coordinated with all of the resources existing in the territory and, most particularly, with municipal councils and PHA.

8. DE-CENTRALIZATION AND DE-CONCENTRATION

In the last point we mentioned the concept of de-centralization. This was in relation to the organizational structure of ASPCAT. Now we will go into more detail about the meaning and significance of de-centralization and de-concentration. We will also refer to the functional aspects of these concepts related to the organizational model of public health that we seek to develop and some of their practical implications.

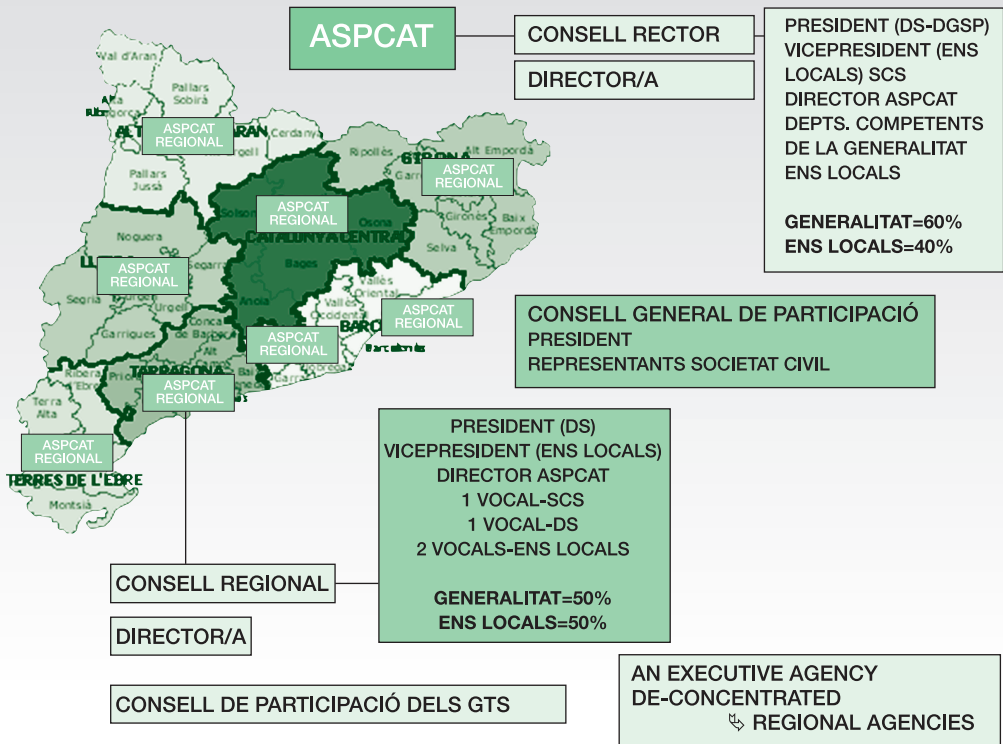
We understand by de-centralization the transfer of decision-making power from a central agency to peripheral agencies or sub-units, and of functions previously carried out by central administrations to organizations other than the central government. De-concentration is a form of de-centralization that deals with transfers of specific functions to peripheral agencies from the central organization itself.

ASPCAT will have, then, a de-concentrated structure based on the regions that follow the territorial structure of the Department of Health and of CatSalut and also that of the territorial structures (healthcare sectors and/or the future THCs) insofar as that one region will be the conglomeration of all of the healthcare sectors and, obviously, the Basic Health Areas.

These territorial structure must permit the relationships between ASPCAT and the various public health agents in the territory to become closer. It will also preserve the exercise of healthcare authority that will be delegated to it, it will optimize the organization of activities in health protection and epidemiological vigilance and it will make more efficient the activities of support to the territorial public health teams in promotion and prevention.

It will be necessary to conduct a study of the optimization of spaces in order to have a structure of public services in the territory that offers the possibility of a professional operation which is safe, efficacious, and worthy at local level^{28, 29}. This means the highly desirable possibility that ASPCAT, in the territorial ambit, should dispose of sites within existing health facilities or municipal properties, establishing the corresponding agreements.

TERRITORIAL ORGANIZATION (*): ORGANS OF DIRECTION AND COMMUNITY PARTICIPATION



(*): TERRITORIALITZACIÓ SEGONS REGIONS SANITÀRIES

The execution of activities related to the service portfolio could be commended to other institutions that have the capacity and are equipped to carry out such responsibility. The extent of this de-centralization may vary not only as regards territorial ambits but also functions or services. There will be various instruments, such as purchase contracts for public health services, collaboration agreements and even the creation of instrumental organizations with other agents in order to effectively carry out the services of the public health portfolio.

One point of reference which must be born in mind, because it was obviously created before the future ASPCAT, is the case of the ASPB (Public Health Agency of Barcelona). This organization carries out the portfolio of public health services in Barcelona (and also other services that have been entrusted to it) and in fact assumes the role of ASPCAT in the territorial ambit of the city of Barcelona.

The development of the future THC's will determine in part the organizational model of ASPCAT, with a view not only to organizing its own presence in the territory but also to designing new models for the delivery of services of the public health portfolio through other providers.

This does not mean that ASPCAT be organized mimetically regarding all of its activities, according to the structure of the healthcare sectors or future THC's, if the critical masses of population or of establishments that govern the management of health risks indicate otherwise, for reasons of effectiveness, efficacy or quality.

On the other hand, ASPCAT will render accounts of its activities via information systems in which the healthcare sectors or future THC's will be a unit of division. In any case, it is important

to guarantee the preservation of the policies, functions and activities of public health in the THC's, in such a way that they are present in the models of manageability and in a way that promotes and guarantees the fulfilment of the portfolio of public health services.

- ASPCAT will have a de-concentrated structure based on the regions and sectors.
- The regional structures will exercise healthcare authority, they will optimize the organization of activities of protection and promotion of health, and of epidemiological vigilance, and they will make more efficient the activities of support to the territorial public health teams in the provision of the services of the public health portfolio.
- There will be a network of structures and facilities that must allow a professional, worthy and safe operation in the territory.
- The execution of activities from the service portfolio may be commended to other institutions that are competent to perform them. This commission may be for the whole or for specific parts of the service portfolio, in a particular territory, as in the case of the ASPB.
- The development of the future THC's will partly determine the organizational model of ASPCAT. In this sense, it is important to guarantee the preservation of the policies, functions and activities of public health in the THC's, in a way that they are present in the models of manageability and in a way that promotes and guarantees the fulfilment of the portfolio of public health services.

9. PARTICIPATION

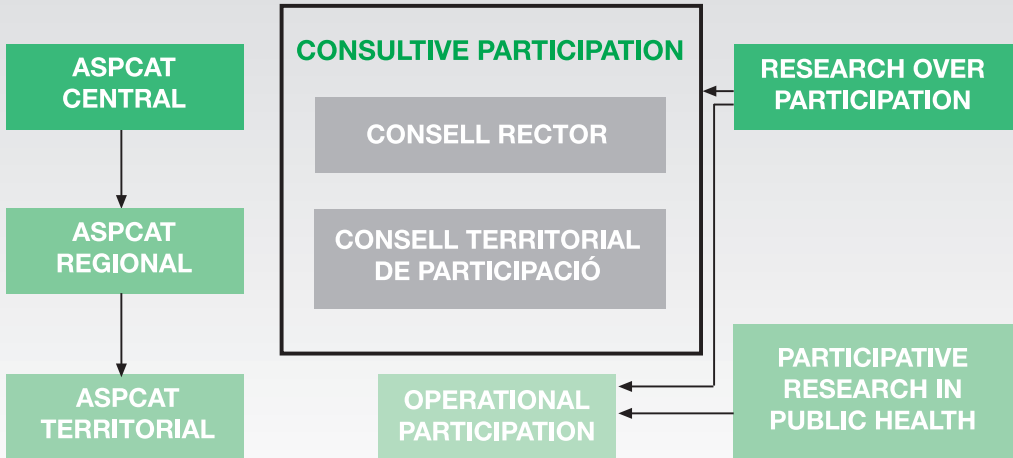
Participation, in all of its dimensions (community, institutional, intersectorial, professional), must be a defining trait of ASPCAT in order to carry out its mission with efficacy and quality. This will be the case not only from the perspective of achieving social legitimacy but also that of acting with the sectors that have responsibilities in the factors that determine the health of the population, in the reduction of inequalities and in people's lifestyles.

Participation must be planned in an effective way, and one which allows significant intervention in management, administration and access to information in order to take decisions and to guarantee transparency in its activities and accountability. This participation must also avoid stereotyped administrative models, whose efficacy is dubious and which, behind a mask of cooperation, merely reproduce a bureaucratic model with an increase in tasks that are of little or no value to the health of the community, or else a model of a misunderstood cooption.

There are some areas which are particularly sensitive for participation: (1) the relationship between ASPCAT and the future THC's, or to put it another way, with the municipal councils, will be crucial to establishing the ambits of intervention for activities of health promotion; (2) the future THC's constitute an institutional structure for participation in the territory which must be taken advantage of by ASPCAT at territorial level; (3) with PHA, which will act as an operative arm in many of the interventions of health promotion in the community; (4) with the health system as a whole in order to increase the visibility, excellence and opportunities of public health; (5) with organizations, governmental or otherwise, present in the territory, with close links to health or its determinants and (6) with the population as a whole or one of its sections.

Formal structures proposed for participation take the form of a general council of participation of ASPCAT and equivalent organs at territorial level, in the sectors of future THC's not specifically dedicated to public health.

THE PARTICIPATION IN ASPCAT



The formal structures proposed for participation take the form of a general council of participation of ASPCAT and of the equivalent organs at territorial level, in the healthcare sectors or future THCs not specifically dedicated to public health, but having the ability to incorporate into matters of public health their discussions. It does not seem necessary to have a formal regional structure of participation for public health. Its aspects can be discussed in non-specific participation processes.

Actions in those ambits of work that have responsibilities over the health of the population will be carried out in accordance with the formal execution of the functions of public health and will strive

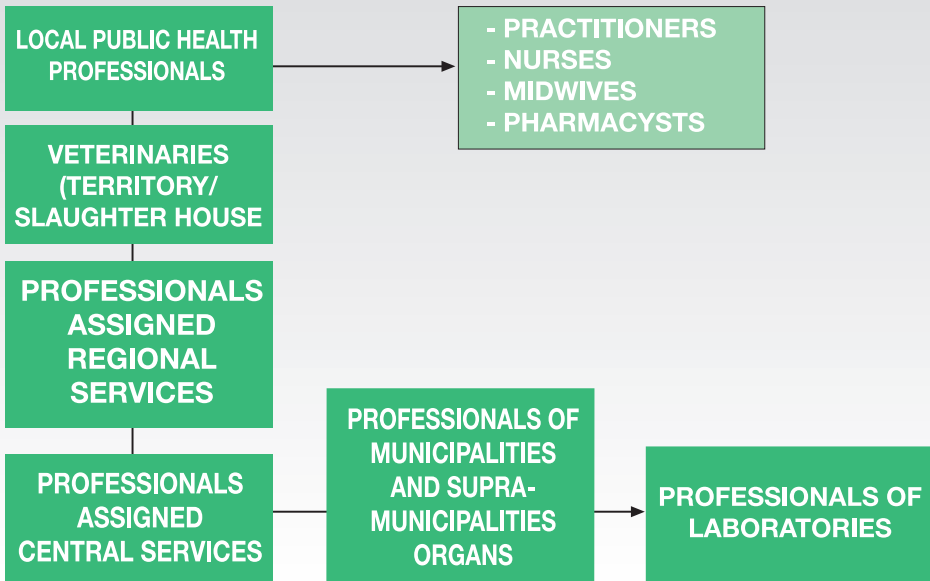
for a shared vision and common action, while establishing the necessary relationships of cooperation, coordination and integration of activities. The agents in this participation are the institutions, organizations of civil society, the health services, the social services, and any other organization considered to be of importance.

- Participation must be a significant element in ASPCAT, especially in the local world, not only at institutional level, but also at organizational, intersectorial, professional and community levels.
- ASPCAT will put this participation in operation via the formal structures for participation predicted in the future regulations: General Participation Council at central level and the existing organs of participation at territorial level (health councils), linked to the future THCs.
- In the most operational tasks participation must be understood as a fundamental strategy to implement actions on public health, overcoming rhetorical formulations, which must extend from participatory research based on the community to the development of plans of intervention.

10. PROFESSIONALS

The collective of public health professionals is the most important asset of the organization. The professionals who work for it will be, basically, those coming from the transfer of the operational structures of the Directorate General of Public Health, not only central but also those of the territorial services and local healthcare that belong to the different local healthcare bodies and have taken the decision to be integrated into ASPCAT or those who have opted for a functional integration, while maintaining their principal activity in the field of PHA. For the latter, ASPCAT will establish the criteria for their effective administration. Also forming part of it will be all those who are incorporated through the formal processes established to give an adequate organizational structure.

HUMAN RESOURCES



Because of its special characteristics, public health implies a multidisciplinary area of work. The implication of this is that in the local ambit ASPCAT will have a multidisciplinary public health team, with competence to carry out various functions and with areas of specialization, under the responsibility of a coordinator. This team may incorporate staff from other institutions, especially from local organizations.

The professionals who will be employed at the ASPCAT will be, basically, those who come from the transference of the operative structures of the public health.

The professionals of PHA and of the Programme of Attention to Sexual Health and Reproduction (PASSIR) will also have to be taken into account in the execution of activities of community health as a resource in coordination with ASPCAT.

Owing to their competence, accessibility and territorial distribution, professionals working in pharmacies, in coordination with the Primary Health Care Centres and the Public Health teams, will constitute a resource within ASPCAT with the objective of carrying out of those activities that have been agreed for the promotion and protection of health, the prevention of illness and the health education of the citizens, and for which an integrated and interdisciplinary action is decided, in conjunction with the organs representing the pharmaceutical world. It will also be necessary to establish the mechanisms that permit this to be developed operationally.

A prior process of operational planning, which may include carrying out some pilot test, according to the effects of the portfolio of public health services provided by ASPCAT, will help to define the structure of human, physical and economic resources, and the administrative model that the Local Public Health Teams need to have. At the same time, it will also delimit the ambits of administration and support in which the professionals of the central and regional units of ASPCAT will have to operate.

The restructuring of public health must represent the creation of a new professional profile and a new training process in public health that must affect the constitution of new public health teams in all areas of the organization. It is clear that we stand before the apparition of a new public health professional that represents a clear departure from the present organization of professional bodies. In order to make progress in this clearly complex and by no means immediate process, it will be necessary to design and implement an intense training process that guarantees the development of the new model of competences, skills and attitudes of the professionals that take on these responsibilities. The teaching of a new organizational framework and the creation of a sense of belonging to ASPCAT would not be out of place in this process, as an element of motivation.

Also key to this process of professional-centred work will be those aspects derived from attention to continuous training and professional development. It is a matter of making advances so that the working conditions in the ambit of public health are not different in terms of training, recognition, salary, possibilities for promotion (vertical or horizontal), among others, from those of professionals working in PHA or specialized attention, in the context of the National Health System.

As regards the training model for public health professionals, it will be necessary to take some steps to respond to the strategies which, in their moment, were formulated by the Scientific Committee for reform in public health. This training will have to be reconciled with professional practices in public health, both for training new professionals and for bringing up to date the competences of active professionals.

The establishment of the Local Public Health Teams in the territory will make necessary, in the very short term, the definition

of programmes of continuous training according to the needs and problems which the professionals face. Furthermore, these programmes must be accessible and it is advisable that senior professionals involved in the provision of services participate in their development. Distance learning or courses combining distance learning and attendance can play an important role in this stage of the process of the constitution of public health teams.

- The professionals who work for ASPCAT can be administrative staff and technical staff.
- They will come from the local healthcare bodies (pharmacists, practitioners, doctors, veterinarians) but tending towards a professional profile of public health that preserves the necessary areas of specialization. Other professionals such as those from the Primary Healthcare Teams, those from PASSIR, dispensing chemists or those who manage environmental risks, will have an important role in the activities of ASPCAT and their insertion will have to be defined.
- Public health is a multidisciplinary field of work. This means that the future ASPCAT must have a multidisciplinary team, active in many fields, with specialized elements depending on the task to be realized, in order to perform its activities with efficacy and quality.
- This diversity of functions implies continuous training with an element that refreshes the professional profile of public health, a profile that must be reinterpreted in the light of the functions and organization of ASPCAT. It will be necessary, then, to design a specific and continuous training programme that equips personnel to excel in the execution of the tasks commended to them.
- The professional conditions of those working in public health will need to be harmonized with those of the rest of the professionals of the National Health System.

11. THE HEALTH PROTECTION AGENCY OF CATALONIA AND THE PUBLIC HEALTH AGENCY OF CATALONIA

ASPCAT will be created through a law that establishes the frame of reference of public health in Catalonia. This law must represent a step forward in the integration and development of the principles contained in the Law of healthcare regulation of Catalonia (LOSC), the Food Safety Law and the Law of health protection and in other legal texts related to public health in Catalonia.

The process of the creation of ASPCAT will be followed by that of the deployment of the Health Protection Agency. This will be integrated in the Public Health Agency. The Health Protection Agency, due to the intensity of its use of resources, represents a very important organization; Therefore, it is necessary to support its deployment and to take the maximum advantage of its technical, structural and organizational elements.

In this sense, it would be desirable to progressively incorporate into ASPCAT the functions of the line of services of epidemiological vigilance, in the first instance, and, immediately, those of health promotion, in order to configure the final organizational model. The recommendations of the Consultative Committee can be of interest in the progressive deployment of ASPCAT and, at the same time, the tasks of deployment will provide an important experience in the organizational design stage and the deployment of ASPCAT.

Both processes have numerous synergies and, in time, will tend to merge. In this manner, the adaptation to the changes will take place gradually but progressively and will be coherent with the processes of restructuring of human resources that

must come and that will principally affect the line of services of prevention and promotion at territorial level.

Also, regarding the integration of the functions of food safety (assessment and communication of food risk), we recommend the incorporation of the staff and resources of the Catalan Food Safety Agency (ACSA), while preserving the singularity and specific nature of the functions of food safety.

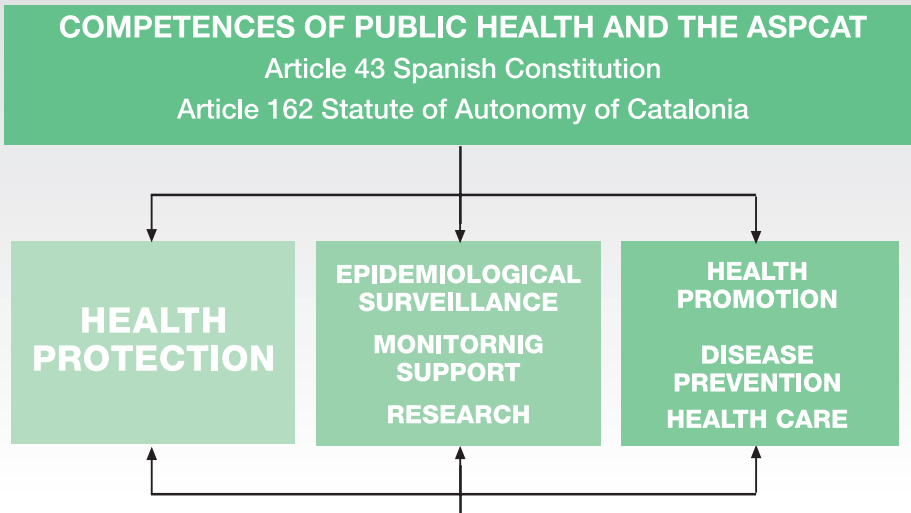
- ASPCAT will be the natural evolution of the Health Protection Agency of Catalonia to which will be added, in the first stage, epidemiological vigilance, health promotion, food safety, and later, other areas such as health at work.
- ASPCAT will take advantage of the elements of the technical structure and organization of the Health Protection Agency. Therefore, in the present phase both work processes, that of the deployment of the Health Protection Agency and that of the creation of ASPCAT, will have to be very closely coordinated.

12. DIRECTORATE GENERAL OF PUBLIC HEALTH (DGSP)

It is not the function of this Consultative Council to determine the nature of the DGSP after the process of the creation of ASPCAT, but it seems inevitable that we should contribute some reflections both in the light of the drawing up of proposals of the council, and for the role that the DGSP must play in the provision of services of public health in Catalonia.

It is evident that the separation of functions, determined by the process of the creation of ASPCAT, between functions of leadership, which clearly belong to the DGSP and executive functions, which correspond to ASPCAT, presents a conceptual and organizational design challenge to the DGSP.

COMPETENCES OF PUBLIC HEALTH AND THE ASPCAT



COMPETITIONS OF PUBLIC HEALTH OF THE MUNICIPALITIES

In this sense, it is clear that the process will imply a significant reduction in staff at the DGSP, since the majority of these people, especially those in positions of command, will take on operational functions. These operational functions will be carried out in conjunction with other functions, equally important in the area of the realization of proposals, which help to define health policies, to effect regulatory proposals, to determine the structure of spending on public health, to tactical and strategic planning, which includes assessment, and other functions of support to the task of management.

A part of the service portfolio of ASPCAT will be aimed at the internal client: the Department of Health, particularly through the Directorate General of Public Health, but also through the Directorate of Planning and Assessment and CatSalut. These contributions, stemming from the knowledge gained through the provision of public services, will count towards the execution of the role of management.

Thus, we understand that the functions of the DGSP, once ASPCAT is deployed, will be those related to the execution of leadership at the highest level of public health as a specific part of the global policies of the Department of Health. This leadership will manifest itself through the design of specific public health policies based on the strictest scientific criteria, of strategic planning in public health exercising the defence of health promotion and prevention as essential elements that must be maintained by the health system while promoting the regulatory frame necessary for the efficacious implementation of actions in public health, defining the lines of action that have a bearing on the organization of services and orienting the priorities of assessment of the impact on health and of research in public health. Finally, it will also be the point of reference and the representation of public health in the ambit of all organizations, institutions and media. In order to carry out these functions the DGSP will have to have a sufficient structure to be able to excel in the performance of all of the activities deriving from them.

The DGSP will direct services through the presidency of ASPCAT. The instruments of relation linked to the financing of ASPCAT will specify the direction and intensity of the public health policies to be executed by the agency and will guarantee the necessary elements of coordination between those who define policies and those who execute them. Furthermore, ASPCAT will contribute to the DGSP, and by extension, to the Department of Health as a whole, all the elements of information, analysis, experience and knowledge of the territory related with the provision of the portfolio of public health services.

This relationship also extends to the consequences of the exercising of healthcare authority, of which the most important figures will be the Director General of Public Health and the councillor, while guaranteeing the maximum of elements of information and analysis in order to manage adequately the situations that arise, especially crisis situations.

- ASPCAT will be an operational arm of the DGSP, to which it will supply all information and analysis related with the whole range of services that make up the portfolio.
- The DGSP will keep the function of leadership, management, definition of public health policies, strategic design of the public health system and their deployment within the health system as a whole.
- The DGSP will form a part of the organs of government of ASPCAT, preferably occupying the presidency of the Management Council and defining its fundamental strategies, and will work in close coordination with them.
- This close coordination will be the object of special care in the management of the consequences derived from the exercising of healthcare authority and in crisis situations.

NOTES

- 1 In accordance with the Law of Healthcare Ordinance of Catalonia (Law15/1990, 9th July) (LOSC)
- 2 By regional structure we understand the present structure of health care regions or the future divisions
- 3 By territorial structure, we understand that which corresponds to the healthcare sector or that of the territorial ambits of the future THCs when these are deployed
- 4 LOSC. Creation of the Catalan Health Service
- 5 Law 16/2003, 28th May, of cohesion and quality in the National Health System
- 6 Definition of service: that which a citizen is entitled to as a result of a legislative resolution
- 7 Except for those in which the regulation prescribes the payment of the corresponding taxes
- 8 One precedent in the creation of organizations of this kind is the Public Health Agency of Barcelona (ASPB), created by the Healthcare Consortium of Barcelona (clear antecedent of the THCs in the city) and which assumes the functions of public health commended to it by the Department of Health and the City Council, together with its financing. In fact, since its creation pre-dates that of ASPCAT itself, it will be necessary to revise its relationship with the Healthcare Consortium of Barcelona and with ASPCAT
- 9 Accreditation will not be from the institution, but that part of it that carries out operational functions of PH
- 10 The essential functions of Public Health (IOM): (1) To monitor the state of health of the population, (2) to diagnose and research problems and risks to health, (3) to inform, educate and enable the population, (4) to mobilize alliances, (5) to develop plans and policies that benefit health, (6) to ensure compliance with the laws and regulations, (7) to reach the people with the services they need, while guaranteeing assistance in cases of inaccessibility, (8) to guarantee the professional

competence of Public Health personnel, (9) to assess the effectiveness, accessibility and quality of services and (10) to investigate new visions and innovative solutions

- 11 The term client in this context refers to the Autonomous Community itself, a Municipal Council or a group of them or any other institutions that require activities or services within the ambit of knowledge and practices that ASPCAT is competent to provide
- 12 Official Project by which will be regulated the creation of THCs as instruments of de-centralization, collaboration and participation between the Government of Catalonia and the local administrations in the area of the manageability of health.
- 13 Information in Public Health is of considerable importance in the planning, monitoring and assessment of health problems and their determinants, the decision on alternatives regarding interventions and the assessment of health interventions in a community. One of its products must be the drawing up of an annual Health Report for Catalonia. Furthermore, a right to epidemiological information is established: citizens have the right to have adequate knowledge of the health problems of the community that represent a risk to health, and that this information be disseminated in terms that are truthful, comprehensible and sufficient for the protection of health. (Law 21/2000, 29th December, on rights to information concerning health and the autonomy of the patient, and clinical documentation. Article 4).
- 14 The *Law of Cohesion and Quality in the National Health System* lists the services of Public Health (Chap.1 Section 1, Article 8, 2) as: a) information and epidemiological vigilance, b) health protection, c) health promotion, d) prevention of illnesses, e) vigilance and control of possible risks to health derived from the importation, exportation or transport of merchandise and from international passenger travel, f) assessment, prevention and control of the effects of environmental factors on human health, g) promotion and protection of health at work and h) promotion of food safety.
- 15 Within the concept of food safety, we consider the provision of those services that belong to ambits that are the province of other departments (eg DARP (Agriculture, Horticulture and Fisheries),

Commerce, Tourism and Consumption) and also those functions and activities related to the component of risk assessment within the risk analysis process

- 16 Organic law 3/1986 14th April, of special measures in matters of public health
- 17 The most immediate instance of this delegation of authority to a Public Health agency is represented by the Public Health Agency of Barcelona
- 18 Work group for analysis of spending on healthcare, Ministry of Finance
- 19 Allin S, Mossialos E, McKee M, Holland W. Making decisions on public health: a review of eight countries. European Observatory on Health Systems and Policies. WHO, 2004
<http://www.euro.who.int/document/E84884.pdf>
- 20 Document for the Work group for the rationalization and financing of healthcare expenditure. Department of Health. 3rd February 2005 (p.23)
- 21 The Catalan Food Safety Agency does not have a technical structure that gives autonomy to its operation. Integrated within the future ASPCAT it will optimize the resources of a joint management
- 22 Department of Health Budget 2005
- 23 CatSalut acts as purchaser of services of health promotion and prevention of illnesses for people in order to complete the service "continuum". Promotion activities are addressed towards the population as a whole, especially when they are not users of the attention services and it is from this perspective that it makes sense to have a structure of services to meet this demand. These activities must be performed in coordination with PHA.
- 24 Tax rates of the Department of Health. Law 11/2004, 27th December, of budgets of the Government of Catalonia, and Law 12/2004, of 27th December, of fiscal and administrative measures.
- 25 See point 7 of this document.

- 26 In the present terminology of the preparation of the healthcare, sociosanitary and public health map: Unitat Territorial de Referència (Territorial Reference Unit)
- 27 In relation to ASPCAT these centres can act within the network at a variable level of integration in ASPCAT: as resource thereof, collaborator, associate, connected... The formalization of a document in which are described the levels of responsibilities will determine the scope length of the association, the assessment mechanisms, etc.
- 28 Baker EL, Potter MA, Jones DL et al. The Public Health Infrastructure and Our Nation's Health. Annual Review Public Health, 2005, 26:303-18.
- 29 www.phppo.cdc.gov/owpp/docs/library/2000/PH%20Infrastructure.pdf