Scottish Public Health Network (ScotPHN)

Annual Report (2007-2008)

Introduction

The ScotPHN was launched in November 2006. It continues to develop its infrastructure and work methodology in order to fulfill its remit:

- Undertake prioritised national pieces of work where there is a clearly identified need
- Facilitate information exchange between public health practitioners, link with other networks and share learning.
- Create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity.

This annual report provides a brief update on the development of the ScotPHN, an overview of the projects undertaken to March 2008 and the main issues that have been identified for the ScotPHN to address in the next financial year.

Infrastructure

The work of ScotPHN is undertaken by a lead consultant and a co-ordinator. A steering group is responsible for guiding its work programme and a stakeholder group is responsible for its governance.

The co-ordinator is Ann Conacher and Phil Mackie is the lead consultant; he provided cover from January to March 2008, and took up post officially in April 2008. The lead consultant to December 2007 was Anne Maree Wallace.

In addition, a professional support officer (Julie McGahan) took up a joint post between the ScotPHN and the Directors of Public Health Group in January 2008.

The recruitment for a researcher to support project lead authors was begun in 2008.

The ScotPHN's annual budget is £159,000. The final expenditure was £115,314.60. The majority of this expenditure was on core salary and researcher salary costs. However, not all posts were filled for the whole financial year, contributing to the underspend. In addition, some of the underspend can be attributed to fewer projects being undertaken than had been anticipated.

Additional money was received through successful business case applications to the Scottish Government (for the Neurosurgery Needs Assessment and the HIV Services Needs Assessment). However, ScotPHN did not spend this money (as lead author costs were not required) and it was returned to the Scottish Government.

<u>Steering Group (Chaired by Drew Walker, DPH, NHS Tayside)</u>
(See Appendix 1 for full membership.)

This group continues to meet by teleconference and a total of eight meetings were held in 2007-08.

<u>Stakeholder Group (Chaired by Colwyn Jones, Consultant in Dental Public Health, NHS Lothian)</u>
(See Appendix 2 for full membership.)

This group met three times face to face in this financial year.

Additional representation (senior medical officer, local authority) was achieved.

It is felt that the level of attendance at meetings and the level of response and feedback to requests could be improved.

Self audit

An audit of how well the initial aims in setting up the ScotPHN had been achieved was undertaken in July 2007 (Appendix 3). It was concluded that much had been achieved in setting up a structure and processes and that achievement of outcomes was in line with the life stage of the ScotPHN. However, it is important that ScotPHN focuses on outcomes not yet achieved, namely ScotPHN's ability to facilitate knowledge exchange and communication between public health practitioners. Also the development of processes for public and patient involvement and equality and diversity assessment for projects should be developed as a priority. These are reflected in the work programme 2008-09.

Communication and engagement with stakeholders

ScotPHN attended and presented at a range of events and meetings of relevant stakeholders (including the Association of CHPs annual conference, the local

authority health improvement officers, the Scottish Public Health Faculty annual conference).

Visits to NHS Boards were undertaken in conjunction with ScotPHO and Scottish Neighbourhood Statistics / Scottish Index of Multiple Deprivation. The purpose of these visits were to raise the profile of ScotPHN and to identify local issues and the best means of communicating with NHS Boards and CHPs.

The lead consultant and co-ordinator liaised with a variety of personnel within NHS Health Scotland, the Scottish Government and other organisations in relation to projects.

Projects

Numerous ideas for projects have come to the ScotPHN since its launch in 2006 and much effort has been undertaken:

- to investigate whether it was appropriate for the ScotPHN to undertake a project in this area;
- to identify a specific project and develop a protocol
- to identify lead authors and project group members

The time required for this should not be underestimated. It is hoped that as time progresses, more fully formed proposals will be submitted to ScotPHN.

Two projects were completed in 2007. The Scottish Obesity Action Resource and a needs assessment of neurosurgical services in Scotland.

Scottish Obesity Action Resource

The aim of this project was to create a resource of good practice in the prevention and treatment of obesity happening at local level to stimulate action at nationally. Nutrition Communications undertook this project and the main components were:

- the mapping of prevention and treatment activity by NHS Boards and local authorities;
- survey of GPs and community pharmacists by questionnaire
- collection local strategies and policies
- preparation of local and a national reports

A project group, chaired by Sarah Taylor (DPH, NHS Shetland) supported the work. Each NHS Board provided a local liaison point.

The project lasted longer than first planned as additional work (an overall report) including a wide consultation on outputs, was undertaken. The project was completed within budget.

The launch of the SOAR national report was successful and achieved moderate publicity for the ScotPHN.

Neurosurgery needs assessment

The Scottish Government requested a needs assessment to inform the wider work of the Neurosciences Implementation Group.

The lead author was Graham Foster (Consultant in Public Health Medicine, NHS Forth Valley). The project group was chaired by Harpreet Kohli (Medical Director, NHS QIS).

The project was completed within a very tight timescale and considered the views of clinicians from the four neurosurgery centres and associated services and a vast amount of information. It was felt by the project group members additional data analysis was impossible due to time constraints.

Lessons learnt

A post project review for each project was undertaken and the following important points were identified:

- the project commissioner and project group should fully understand aims of project.
- the communication at all levels should be robust eg with local contacts.
- the scope of the project should be achievable within time allocated and with available resource.
- The lead author should be fully supported, should be able to work flexibly and should have protected time arranged with his/her employer.
- The impact of projects should be assessed at an appropriate time interval.

Two additional projects were started in 2007-08 – a needs assessment of services for patients with CFS/ME and a needs assessment of treatment and care services for people with HIV. Both were requested by the Scottish Government.

Discussion papers were written on migrant workers and environment and health activity within NHS Boards. Potential projects in these areas are yet to be identified.

Several other suggestions for projects have been and continue to be considered for further development.

Conclusion

Given the absence of a lead consultant, the focus of work has been on the completion and progression of identified projects in the final trimester of the financial year. The ScotPHN has achieved much in a relatively small space of time. However, there are clear areas for future development; the development of the means to facilitate communication and knowledge sharing and the encouragement of public health practitioners to participate in ScotPHN; the continued refinement of project methodology to ensure continued success of projects undertaken; the development of processes for inclusion of public and patients in ScotPHN's work and equality and diversity review; the improvement of the stakeholder group input.

Appendix 1

Steering Group Membership

Chair	Drew Walker	Director of Public Health, NHS Tayside	Current
	Eric Baijal	Director of Public Health, NHS Highland	Current
	Marion Bain	Medical Director, ISD	To April 2008
	Jennifer Champion	Specialist Registrar, NHS Forth Valley	Current (from October 2007)
	Ann Conacher	ScotPHN Co-ordinator	Current
	Laurence Gruer	Director of Public Health Science, NHS Health Scotland	Current
	Simon Hilton	Specialist Registrar, NHS Tayside	To September 2007
	Runima Kakati	Local Authority Health Improvement Officer, North Lanarkshire Council	Current
	Gillian Lewis	Health Promotion Manager, NHS Grampian	To September 2007
	Phil Mackie	Senior Specialist in Public Health Medicine, NHS Lothian	Current (from February 2008)
	Julie McGahan	ScotPHN Professional Support Officer	Current (from January 2008)
	Cathy Steer	Health Promotion Manager, NHS Highland	Current (from October 2007)
	Anne Maree Wallace	Consultant in Public Health Medicine, NHS Lothian	To December 2008

Appendix 2

Stakeholder Group Membership

Name	Title and Organisation	Remit within Group
Brian Beacom	Chairman	Scottish Health Council
Cori Black	Specialist Registrar	SpR Group (to October 2007)
Oliver Blatchford	CPHM, NHS Greater Glasgow and Clyde	Chair of Health Protection Network
John Boswell	Health Promotion Strategy Advisor, NHS Lanarkshire	Scottish Forum for Public Health
Ruth Campbell	Public Health Nutritionist, NHS Lanarkshire	Public Health, Nutritionists (to April 2008)
Eleanor Clark		Communities Scotland
Ann Conacher	ScotPHN Co-ordinator	Co-ordinator / Note taker
Iain Crombie	Dept of Public Health, University of Dundee	Academia (to April 2008)
Anne Currie	Public Health Practitioner, NHS Forth Valley	Public Health Practitioners
Michael Fuller	Unite	Scottish Partnership Network
Bill Gray	National Project Officer	Scottish Consumer Council
Norma Greenwood	Programme Manager, Public Health Resource Unit, NHS Greater Glasgow and Clyde	Health Promotion Managers Group
Margaret Hannah	Consultant in Public Health Medicine	CPHMs (to October 2007)
Oliver Harding	CPHM, NHS Forth Valley	Faculty of Public Health / SAC
Andrena Hunter	Public Health Practitioner, NHS Greater Glasgow and Clyde	PHPs (to August 2007)
Colwyn Jones	Consultant in Dental Public Health, NHS Lothian and NHS Lothian	Dental Public Health / Chair
Runima Kakati	Service Manager, Health Improvement, North Lanarkshire Council	SOLACE/Local Authorities
Malcolm McWhirter	Senior Medical Officer, Scottish Government	Scottish Government
Phil Mackie	Senior Specialist in Public Health, NHS Lothian	Lead Consultant (from January 2008 – acting)
Maxine Moy	Nurse Consultant, NHS Fife	Public Health Nursing (to April 2008)
Janet Muir	Manager, CHEX	CHEX
Andy Patrick		Scottish Partnership Network
David Pfleger	Consultant in Public Health Pharmacy, NHS Grampian	Pharmaceutical Public Health
David Pattison	Senior Medical Officer, Scottish Government	Scottish Government (to April 2008)
Graham Robertson	Chief Executive, NHS Health Scotland	NHS CEO
Helen Tyrrell	VHScotland	Voluntary sector
Alex Sanchez Vivar	Health Protection Scotland	Co-ordinator of Health Protection Network
Anne Maree Wallace	Consultant in Public Health Medicine, NHS Lothian	Lead Consultant (to December 2007)
Drew Walker	Director of Public Health, NHS Tayside	Chair of ScotPHN Steering Group

Appendix 3

Self Assessment Audit of the Public Health Network (ScotPHN)

Introduction

ScotPHN was formally launched in November 2006 at the first stakeholder meeting, but only truly got underway when the full-time coordinator came into post at the end of December 2006. In July 2007, to ensure the network was accomplishing what it had set out to do, it was agreed by the steering group to undertake a self assessment audit of progress so far. This would include developing the audit tool, that is a structure for the audit, criteria to audit against and scoring parameters.

Once the audit tool had been developed and tested, it was proposed that regular self assessment should take place, e.g. annually, with an external assessment in 2-3 years time.

Development of the Audit tool

Structure for the audit: The validated framework of Donabedian was used. This involves dividing up the elements of the audit into groupings under the headings of Structure, Process and Outcome.

Criteria to Audit against: The criteria to audit against were developed from the original papers setting out what a Scottish public health network would hope to achieve. The 2 papers used were the paper from the original working group and the paper describing the outcome of the consultation undertaken in 2005.

Scoring parameters: The QIS standards were used and adapted for the audit. These are: Not yet developed (Score 1)
            Developed but not yet implemented (Score 2)
            Implemented, but not yet everywhere (Score 3)
            Fully implemented across all areas (Score 4)

An assessment using these parameters was not always possible, or did not make sense, so further description, for example, considering the network as a whole or individual projects, was also developed. In other cases, different words were used e.g. *achieved* was sometimes substituted for *implemented*.

In all cases, evidence of achievement or implementation was looked for.

Undertaking the Self Assessment

The lead clinician, the chair of the Steering Group and the coordinator undertook the self assessment audit as a group. The results were then discussed at the steering group and the stakeholder group.

Results

Structure	Progress at June 07 Scoring	Evidence
➢ Establish infrastructure ▪ Recruit permanent staff	4	Lead consultant seconded 2 days / week (Job description); Co-ordinator employed 5 days / week (Job description)
▪ Establish uni-disciplinary Steering Group to start project	4	▪ Documentation pertaining to the establishment of ScotPHN ▪ Notes of meetings ▪ Terms of Reference
▪ Establish multi-disciplinary Steering group	4	▪ Partnership Agreement ▪ Meeting agendas and notes ▪ Terms of Reference
▪ Establish multi-disciplinary and multi-agency Stakeholder group	4	▪ Partnership Agreement ▪ Meeting agendas and notes ▪ Email correspondence re invitation to participate (eg Scottish Executive re Senior Medical Officer participation)
▪ Establish hosting arrangement with Health Scotland including budget management	4	▪ Secondment of lead consultant and employment of co-ordinator by Health Scotland ▪ Lead consultant line managed by Health Scotland Director; Co-ordinator line managed by Professional Support Manager ▪ Co-ordinator inputs to HS project planning tool including updates on budget.
▪ Link with DPH Group	4	▪ Lead consultant attends DsPH Group meetings ▪ DPH (NHS Board and special board) representation on Steering Group ▪ Dissemination of project information to DsPH ▪ DPH chair of several project groups

➢ Develop an identity		
▪ Branding including logo	4	▪ Always referred to as ScotPHN to resemble ScotPHO ▪ Logo obtained that mirrors ScotPHO's logo ▪ Logo applied to all documentation
▪ Establish link with ScotPHO	4	▪ Meetings between Lead Consultant, Co-ordinator and ScotPHO lead ▪ Joint visits to NHS Boards ▪ Support of ScotPHO on projects eg Neuro ▪ ScotPHO present at Stakeholder Group meeting
▪ Website	2	▪ On-going discussion with Health Scotland web team re site ▪ Co-ordinator attended Health Scotland content management training
➢ Arrange SpR slot for network	4	▪ Documented approval from Faculty Advisor of Public Health
➢ Establish comprehensive database/way of communicating with a wide range of individuals	2	▪ Existing distribution lists obtained and approved for use (Scottish Faculty of Public Health; Health Scotland)

Process	Progress at June 07 Scoring	Evidence
➢ Get engagement and commitment from across Scotland	2 overall	▪ Awareness at public health directorate level; within special boards; Scottish Executive etc
▪ Consultation exercise and poster	4	▪ Results of consultation ▪ Poster at Scottish Faculty Conference (2006)
▪ Visits to all NHS Boards inc Special HBs,	4	▪ All NHS Boards (except Western Isles) ▪ Health Protection Scotland ▪ Health Scotland ▪ ISD ▪ NHS QIS (meeting with Medical Director) ▪ NES (raised with Health Improvement Cross Cutting Work Stream)
▪ Link with a range of other partners	3	▪ ScotPHO – update meetings and development of link ▪ Health Scotland – update meetings ▪ Scottish Executive – updates as required ▪ Health Promotion Managers – attend meetings ▪ Scottish Public Health Forum – attend meetings ▪ Health Protection Network – attend meetings ▪ Glasgow Centre for Population Health – present on ScotPHN ▪ Academic departments – dissemination of information on projects ▪ Link via Stakeholder Group members ▪ Project Working Groups: SOAR – liaison with and input from local stakeholders; Neurosurgery on behalf of Neurosciences Implementation Group; HIV Services needs assessment links with SHIVAG, Health Protection Scotland, Blood-borne Virus Network

▪ Link with NoSPHN	4	▪ Attend video-conferences (Lead Consultant and Co-ordinator) ▪ Meetings between co-ordinators on network development ▪ Arranged SOAR regional workshops in conjunction with NoSPH ▪ Use NoSPHN as dissemination route for project information ▪ Pilot I-meeting via NoSPHN
▪ Participation of evaluation of NoSPHN	4	▪ Lead consultant participated in evaluation and chaired peer review process ▪ Evaluation documentation
▪ Link with Health Protection Network	4	▪ Lead consultant and co-ordinator attend meetings ▪ HPN chair and co-ordinator attend Stakeholder Group meetings ▪ Meetings between co-ordinators on network development
▪ Stakeholder engagement	2	▪ Stakeholder event (November 2006) (Attendance list, proposals developed) Lack of evidence of buy-in
➢ Agree local arrangements for staff to participate	4	▪ Replacement costs for lead author ▪ Partnership Agreement ▪ Disseminated to DsPH ▪ Each lead author approached is informed of process
➢ Develop a sound QA system including MCN criteria		
▪ Quality of network	4	▪ Quality Assurance Framework ▪ Stakeholder Group
▪ Quality of product	4	▪ Project documentation ▪ Steering Group
➢ Ensure appropriate and effective patient and public involvement		
		▪ As inclusive as possible
▪ Network	3	▪ Stakeholder Group – Scottish Health Council
▪ Projects	2	Thinking, but not embedded in process

➢ Ensure an Equality and Diversity Impact Assessment on work carried out as appropriate		
▪ Network	1	▪ Not developed
▪ Projects	1	▪ Not developed
➢ Ensure proactive support from DsPH		
▪ Pro-active support from Scottish DsPH Group	2	▪ Dissemination of information re projects; requests for lead authors
▪ Participation and support from Individual DsPH / Public Health Medical Directors	3	▪ Chairing of projects and facilitation of project work as required
➢ Develop work programme	4	▪ Work plan for set up of ScotPHN (2006-07)
		▪ Work plan (2007-08) agreed with Stakeholder and Steering Groups
▪ selection criteria for prioritising work	4	▪ Document prepared and agreed at Stakeholder Group
▪ generation of proposals	2	▪ Stakeholder event (November 2006)
		▪ SE requests to undertake projects
		▪ Steering Group
		▪ Minutes of DsPH Group
➢ Scoping proposals to develop project	3	▪ Contacting those with interest and / or specialism (Some email)
		▪ Contacting all relevant agencies (Some email)
		▪ Referring proposals to the Steering Group for comment and approval (meeting notes, discussion papers)
➢ Management of projects		
▪ Six month time scale	SOAR = 1 Neuro	▪ Original end date Feb 07
▪ Tight project management	2	▪ Project documentation
		▪ Monitoring of project plan
		▪ Regular Project Group meetings; minutes
		▪ Consideration of risks to meeting time, cost and quality specified on-going

➢ Use of remote communication eg tele/videoconferencing
  ▪ Network
  ▪ Project
	2
	
	3
	
	3
		▪ Email
		▪ Teleconference
		SOAR – email; teleconference; video conference for regional workshops
		Neuro – email; teleconference	

Outcome	Progress at June 07 Score	Evidence
➢ Carry out prioritised national pieces of work where there is a clearly identified need, which will impact on planning and decision making at national and local levels.	2	▪ SOAR mapping ▪ Neurosurgery Needs Assessment (inform work of Neurosciences Implementation Group) ▪ HIV services
➢ Take advantage of skills, knowledge and expertise from over Scotland		
▪ Work of network	2	▪ Stakeholder and Steering Groups; membership lists ▪ Project involvement, in the main, restricted to public health directorates
▪ Steering Group	4	▪ Membership from range of organisations; Scotland-wide membership; membership lists
▪ Stakeholder Group	3	▪ Membership from wide range of organisations; mainly central belt; membership lists ▪ Not all members attend.
▪ Work of projects (leads and chairs coming from boards)	2	SOAR – Chair of working group is NHS Shetland DPH; working group members (CPHM, health promotion, nutrition) from NHS Orkney, Western Isles, Grampian and Lothian. Neuro – o Lead author is CPHM from NHS Forth Valley o Chair of working group is from special health board (NHS QIS); working group members include representation from Aberdeen University.
▪ Use of budget to pay lead authors	1	▪ Only payment to private organisation – no use for backfill so far.

➤ Oversee roll-out of national policy at local level	1		
▪ Influence local policy	1	▪ SOAR local reports will be published nationally	
▪ Influence regional policy	1		
▪ Influence national policy	1	▪ SOAR report will be published nationally	
		▪ Meetings with Kay Barton (notes)	
➤ Bring added value			
▪ Provide leadership for work done that would not have been done	2	▪ SOAR project identified what being undertaken locally in terms of prevention and treatment of obesity and will provide a national resource	
▪ Provide leadership to undertake once that would have been undertaken up to 14 times	2	▪ Development of project proposals; meeting re prison work initiated by ScotPHN	
➤ Facilitate information exchange, joint working and improved communications			
▪ Work of network	2	▪ Lead consultant and co-ordinator, and Steering and Stakeholder Group chairs focus of communication re ScotPHN.	
		▪ Stakeholder Group meetings	
		▪ Steering Group meetings	
		▪ Representation on other groups	
		▪ Develop website and e-learning space	
▪ Work of projects	2	▪ Development of project proposals involves relevant stakeholder organisations	
		▪ Working group membership from stakeholder organisations	
		▪ Develop website and e-learning space	
➤ Advise on functions, ways of working and best practice	1		

➤ Develop a high profile nationally	2	▪ Events – presentations, posters ▪ Visits to NHS Boards, Special Boards and other relevant organisations ▪ Stakeholder event (November 2006) ▪ Representation at meetings of NoSPHN, Scottish Public Health Forum, Health Promotion Managers, Health Protection Network ▪ Wide representation on Steering and Stakeholder Groups ▪ Correspondence re projects disseminated via DsPH, Specialist Registrar group, Health Promotion Managers group, CsPHM, Public Health Pharmacy ▪ Invites to participate on Working Groups to public health, academia, general practice, general dental practice, public health pharmacy
➤ Establishing a culture of collaboration across NHS Boards ➤ Routine use of quality system	2	▪ Input to DsPH Group ▪ Inclusiveness of membership of various groups
▪ Work of network	2	▪ Stakeholder Group ▪ Self-assessment of ScotPHN
▪ Work of projects	SOAR = 3 Neuro	▪ Use of project documentation ▪ Review of local reports by Working and Steering Groups

Discussion

Structure
Much of the effort and energy of the Lead Clinician and the coordinator over the first 6 months went into establishing the structure and processes to support the ScotPHN. Most of the structural criteria had therefore been achieved with the exception of the website, which was held up due to lack of technical support and establishing a good mechanism for communicating with a wide range of individuals which is an on-going issue.

Process
Some elements of the process had been achieved or were well on the way to being implemented or achieved. In terms of engagement and commitment to the ScotPHN from across Scotland, while some activities to try and achieve this had been undertaken successfully, it was felt that overall there was still some way to go to achieving the level of engagement and commitment we would aspire to. This is reflected in the overall score of 2.

The ScotPHN had put some thought into the local arrangements for people to participate with the development of a partnership agreement and also developed a quality assurance framework. There was also a work programme and selection criteria for prioritizing work, which had been agreed by the Stakeholder Group. Less well developed were aspects of patient and public involvement, particularly in the projects, and ensuring an equality and diversity impact assessment was carried out on the work was not yet developed at all. In terms of support from the DsPH Group, while there was good support from individual DsPH, overall pro-active support and using the ScotPHN to undertake pieces of work across Scotland had not been fully achieved. Management of projects to achieve them within a 6 month time scale had not been achieved with the first projects and could be improved. The use of remote technologies was under development and a lot of progress had been made.

Outcomes
Not surprisingly given the short time the network has had to develop, many of the outcome criteria were only given scores of 1 or 2. Only 2 clear projects had been started so far, with a number in different stages of development so only a limited number of people from across Scotland had so far been involved and added value is not possible to assess over such a short time.

The other proposed functions of the ScotPHN in terms of roll-out of national policy, facilitating information exchange, advising on ways of working and establishing a culture of collaboration are aspects which will develop over time. The low scores do not represent failure in any way, but rather the stage of development of the ScotPHN. Visits to NHS Boards suggest that information

exchange will become an increasingly important aspect of the work of the ScotPHN.

The ScotPHN was underspent on its budget for 2006/07. Early indicators for 2007/08 (to June 2007), suggest that this will occur again in this financial year. This is attributable to low costs for NHS lead authors, the lengthy lead in times in developing projects and the inability to secure lead authors, resulting in costs being pushed into the latter half of the financial year. This is of concern to the ScotPHN's hosting organisation.

The Audit Tool
The audit tool itself worked well. It was easy to complete and covered the important aspects of the network with no obvious gaps.

Conclusions
Overall good progress has been made over the first 6 months of the ScotPHN. This partially reflects the preparation work of the previous year. The areas to concentrate on in the next 6 months should mainly be against the outcome criteria. In addition, work should continue to embed good patient and public involvement in all the appropriate projects and equality and diversity impact assessments should be carried out. Work should also continue to involve a range of expertise from across Scotland in projects and raise the profile of the ScotPHN across the public health community.

The audit tool should be used again on at least one further occasion, but the criteria should be reviewed in a year or so as the ScotPHN develops to ensure it is still fulfilling the desired function. This function may change and evolve over time.

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October 2007