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Scottish Public Health Network (ScotPHN)

Annual Report (2010-11)

Introduction

This annual report provides an update on the work of the Scottish Public Health Network (ScotPHN) and its continued development. In addition to an overview of the projects undertaken from April 2008 to March 2011, the report also considers the main issues that have been identified as priorities for the ScotPHN in the next financial year (2011-12).

The Remit of ScotPHN

The ScotPHN was launched in November 2006. It is hosted by NHS Health Scotland[1] and is accountable to the Scottish Directors of Public Health Group (SDsPH). The relationship with the SDsPH is key to ScotPHN's continued success and is a key area to ensure ongoing development.

The consultation process which supported the establishment of ScotPHN in 2006, set three specific functions as its remit. These are that ScotPHN:

- 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; and
- create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity.

In 2008, when ScotPHN formally agreed to provide the secretariat for the SDsPH Group. A further function was added to the remit that ScotPHN would:

- support and enhance the capabilities and functionality of the Scottish Directors of Public Health Group.

Most recently, the first element of ScotPHN's remit, that of undertaking nationally prioritised projects, has been extended to ensure any issues identified as

[1] A Memorandum of Understanding between ScotPHN and NHS Health Scotland is in place which defines the hosting arrangement and outlines each organisation's mutual and individual responsibilities.

nationally important by NHS Boards, Scottish Government and the National Planning Forum are undertaken and that these national priorities are undertaken in a co-ordinated manner across Scotland.

The Governance of ScotPHN

The governance of ScotPHN is undertaken by an Executive Board. This is chaired by a DPH elected from within the SDsPH Group. The Executive Board also comprises a further DPH, nominated by the SDsPH. The chair of the SDsPH Group is an ex-officio member. NHS Health Scotland has two direct appointments to the Executive Board: the Director of Public Health Sciences and a second member drawn from its own Executive Management Team.

In addition to these nominees, the Executive Board includes representatives from the wide range of organisations and multi-disciplinary and multi-professional group(s) of stakeholders that were consulted upon the formation of ScotPHN. These members to the Executive Board are normally appointed on the basis of the positions which they hold, or as the formal nominees of public health organisations. Further details on representation can be found in Appendix 1.

As well as providing expert advice to guide the work of ScotPHN, the Executive Board provides one of the key ways by which the work of ScotPHN is quality assured.

NHS Health Scotland provides the necessary management structure(s) around ScotPHN. Figure 1 illustrates the relationship between ScotPHN and its governance and management arrangements.

The governance process includes the continued requirement to seek the very wide professional public health view point on ScotPHN's work. There is no defined means of doing this and professional engagement is now reviewed by the Executive Board on an annual basis. A series of visits is planned for 2011-12.

ScotPHN continues to review and develop its management and governance arrangements to ensure it can fulfill its remit.

Figure 1: ScotPHN Governance and Management

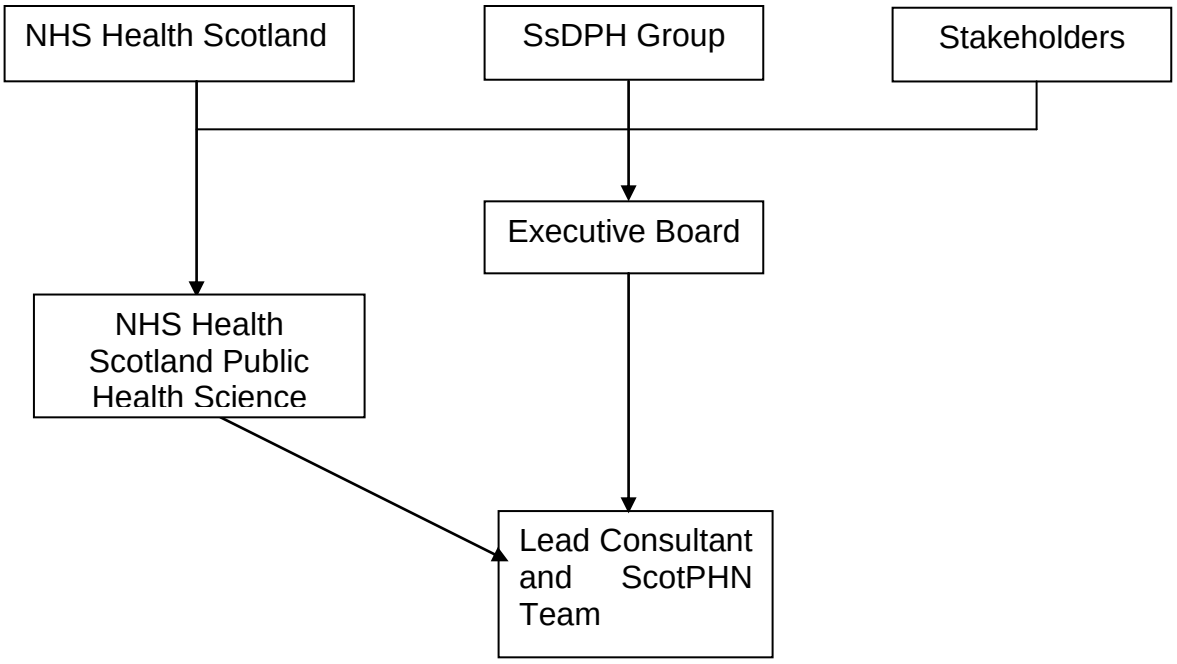

Table 1: The ScoPHN Team in 2010-11

Role	Commitment	Base	Comment	Main responsibilities
Lead consultant	4 sessions/week	No base	Increase to 7 sessions from June 2011 to June 2012.	Public health leadership, negotiation, communication with key stakeholders and resource development Manage co-ordinator and researcher
Researcher	1 WTE	Elphinstone House	Secondment to March 2012	Support projects and work of DsPH group
Senior Administration	1.5 WTE	Elphinstone House	Permanent	Project admin Secretariat to national groups
Co-ordinator	1 WTE	Elphinstone House	Permanent	Project management Point of contact on ScotPHN work Manage admin staff

The Infrastructure of ScotPHN

The infrastructure includes a small team (lead consultant, researcher, coordinator and administration). This is shown in Table 1 above.

The support provided by the ScotPHN team to projects includes public health leadership, access to public health expertise, project management, administration and qualitative and quantitative research.

ScotPHN Quality Assurance

ScotPHN uses a quality assurance process based on the European Foundation for Quality Management Excellence Model[1]. This will be revised in 2011-12 to ensure that it incorporates the relevant aspects of the NHSScotland Quality Strategy[2]. In undertaking this revision, ScotPHN will formalise its current, interim equality process as a priority.

ScotPHN's engagement with public and patients was subject to a project in 2010-11; this identified a series of options for their inclusion in both the network and individual projects, which will be progressed in 2011-12.

As part of ScotPHN's quality control, a DPH is appointed to each project to chair its project steering group and to sign off the final output on behalf of the Scottish Directors of Public Health Group.

Budget and Resource

The budget for ScotPHN in 2010-11 is set out in Appendix 2. The budget is derived from two sources. The first is provided by the Scottish Government to NHS Health Scotland as is based on the funding that was allocated to the Scottish Needs Assessment Programme. This is augmented by funding provided by NHS Health Scotland. The budget covers both project and salary costs.

In 2010-11 additional funding to support the Obesity Route Map engagement process was received from the Scottish Government following competitive application.

Support for ScotPHN from NHS Boards across Scotland

Any network operates on the basis of the contributions which are made by NHS Boards and other public health organisations to the work of the network.

In 2010-11 the training slot within ScotPHN was increasingly used and several of the lead authors for ScotPHN's projects were trainees. The projects undertaken by trainees or registrars were the development of the health improvement outcomes framework; the update of the Public Health Institute for Scotland report on rheumatoid arthritis; the public focus and patient involvement in ScotPHN report.

Consultants in Public Health Medicine have provided the other main resource to lead authorship (NHS Greater Glasgow and Clyde; ISD).

A variety of NHS Board and special board staff, academics and voluntary sector staff have supported ScotPHN through participation on project groups, project steering groups, responding to questionnaires, providing data or responding to consultations.

Whilst ScotPHN welcomes this support, there remains a continued problem in identifying lead authors from within NHS Boards. It is felt that the reimbursement of costs for lead authors to NHS Boards continues to be insufficient incentive to secure the additional resource ScotPHN requires to undertake projects. As pressures on public health departments and resource continue to grow, it is predicted that this problem will continue.

However, in an effort to alleviate this situation, in 2011-12 the SDsPHG will have an opportunity to improve their support to ScotPHN by discussing its work programme in order to identify who lead authors for projects should be and matching to local resource. Lead authorship will be seen as a training opportunity or one for revalidation.

The use of trainees and the ScotPHN team combined with little use of other NHS Board resource meant that ScotPHN's project budget was not fully allocated to replacement costs for lead authors to NHS Boards. ScotPHN was therefore able to fund additional project work eg an economic assessment of screening of type 2 diabetes. (This was commissioned externally.)

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The work of ScotPHN 2008-11

The Projects undertaken

ScotPHN has undertaken a range of projects on health improvement and improvement in health services from a range of sources since 2008. Table 2 outlines the projects undertaken by ScotPHN between 2008 and 2011. Further details of projects undertaken since 2008 and their aims, can be found in Appendix 3.

Table 2: ScotPHN Projects 2008-2011

Project	Source	Period of activity
Update of SNAP report (1999) on type 2 Diabetes Needs Assessment – Prevention and Screening	Academia/CMO	Dec 08 to present
Overview of Specialist Public Health	DsPH Group/CMO	July 09 to May 10
New ways of working	DsPH Group	Feb 11 to present
Health improvement outcomes for prisoners	Health Promotion Managers	May 10 to present
Mental health needs assessment of looked after children in residential special schools, care homes and secure care	NHS Board	Feb 10 to present
Needs assessment of home oxygen service	NHS NSS (for Chief Execs. & NPF)	Feb to Nov 10
Surge capacity – H1N1	ScotPHN / CMO	May to Sep 2009
Survival, mortality and life expectancy analysis of national HIV cohort in Scotland	ScotPHN	
Public focus and patient involvement	ScotPHN	Sep 10 to present
Obesity Route Map – Process of engagement	Scottish Government	May to July 2010
Needs assessment of services for people living with ME-CFS	Scottish Government	Oct 07 to Nov 10
Health care needs assessment of rheumatoid arthritis	Scottish Government	March 10 to present

ScotPHN receives project commissions from several sources. In 2010-11 requests were received from Scottish Government, the SDsPH Group and NHS Boards. ScotPHN continues to encourage the input of NHS Boards and in 2011-

12 will align its work programme with that of the SDsPHG and individual NHS Boards in order that this can be improved further. The Scottish Government and increasingly the National Planning Forum are inputting to the ScotPHN's work programme.

All requests are prioritised using ScotPHN's selection criteria and agreed by both the Executive Board and the SDsPH Group.

Impact assessment

One of the key lessons that ScotPHN has learnt from undertaking projects, is that the landscape in which a project is undertaken should be fully investigated so that its potential impact in terms of policy, practice and equality is fully understood.

In so doing, potential risks should be minimised and a clear understanding of the project timescale gained.

Formal impact assessment for each new ScotPHN project was introduced in 2010-11. It includes a situational assessment, equality and diversity analysis and risk assessment. The assessment is revisited at regular intervals during the project. Assessments were undertaken for the looked after children, rheumatoid arthritis and prison projects currently underway.

Project timescales

At inception, it was required that ScotPHN complete projects within a 6 month timescale to ensure that its work remained timely. Given that the nature and complexity of projects that have been commissioned is different from that envisaged originally and a review of the products offered is required.

In addition, the process of development is time consuming; even when developed proposals are received for projects, time is required to identify a lead author, a DPH sponsor and key stakeholder involvement in project group. As described in the previous section, proposals are now fully investigated to understand better the timescale required for implementation.

It has been found that projects which include public and patient involvement require a greater allocation of time to include obtaining their views. ScotPHN has therefore revised the timescales to which it works. As a general approach, the Executive Board as agree that three timescales need to be considered:

- work limited to public health staff involvement– 6 month timescale;

- Scottish Government commissioned work – 9 month timescale with review at 3 months; and
- work requiring specific public and patient involvement – 12 month timescale.

Project review

ScotPHN's governance requires that it reviews the impact of its projects on policy and practice after a period of time. It is felt that the needs assessments of ME-CFS, type 2 diabetes and home oxygen services have already influenced policy. However, a formal review of these projects is being planned and will be undertaken at 6 and 12 months post publication.

Communication and Engagement

Ensuring effective communication is part of the ScotPHN remit. However, this area is one which has continued to prove difficult for ScotPHN to implement.

Developing communications

As part of the work programme during 2010-11 was an initiative to develop a specific Communications Strategy for ScotPHN. This work is in its final draft and will be completed in 2011-12. At present, ScotPHN is supported by communications specialists in NHS Health Scotland in this and this will be further enhanced in 2011-12.

Website development

ScotPHN developed a website in 2009-10 which all practitioners in public health are able to join; there are currently 64 members. ScotPHN wishes to improve the visibility of the website and its use in supporting – for example - its discussion forums. ScotPHN is currently rolling out a web-based register in specialist public health which was piloted by the Public Health Directorate in NHS Ayrshire and Arran; it is hoped that this will encourage use of the ScotPHN website and improve cross NHS Board communication and engagement.

Events and meetings

Given that attendance at a range of events related to public health have not proven valuable, in 2010-11, ScotPHN limited its attendance and presentation to

the Scottish Public Health Faculty annual conference as it was felt that concentrating its resource here would have greater impact.

The Executive Board has agreed that direct contact undertaken in relation to projects or input to national groups has proven more beneficial in terms of increasing the profile of ScotPHN. The team has liaised with a variety of personnel within NHS Health Scotland, the Scottish Government and other organisations in relation to projects. However, there are some groups (eg Consultants in Public Health Medicine) with whom ScotPHN would like to improve its engagement.

Public Health support to wider organisations and networks

In addition to the Scottish Directors of Public Health Group, ScotPHN has contributed to national groups on public health issues through the Lead Consultant. This has included to the National Planning Forum (bariatric surgery, TAVI); to the Clinical Quality Indicators for Specialist Children's Services Group (in conjunction with NoSPHN); and to the Scottish Medical and Scientific Advisory Committee (SMASAC) (polio).

The ScotPHN provides the secretariat to the Scottish Directors of Public Health Group and the Consultant in Dental Public Health and Chief Administrative Dental Officers Group.

In addition, it is represented on the Scottish Directors of Public Health Group, and the Health Promotion Managers Group. It also liaises with the North of Scotland Public Health Network (NoSPHN), the Health Protection Network (HPN), and ScotPHO through mutual representation and discrete projects.

In 2010-11 the relationship with the Scottish Health Impact Assessment Network (SHIAN) was developed and SHIAN will become an associate network to ScotPHN in 2011-12. During 2011-12 ScotPHN will also begin to explore how best to enhance links to Academic Public Health Departments in Scotland and with local authority collegues via the Convention of Scottish Local Authorities (CoSLA).

ScotPHN self assessment

Whilst not a national managed clinical network, ScotPHN has developed an approach to self assessment based on the formal self assessment outlined by NHS Quality Improvement Scotland. Two self-assessments have been undertaken by ScotPHN's Executive Board (08-09 and 09-11) to establish how

well ScotPHN continues to meet its aims. Details of these assessments can be found in Appendix 4.

In both self-assessments it was found that ScotPHN has achieved the necessary structure and processes to implement its current function. Its achievement of outcomes has increased since the first audit in 2007-08. Both self-assessments have highlighted the areas that require more attention – the same over both periods. These have been discussed previously and are ScotPHN's ability to facilitate knowledge exchange and communication between public health practitioners; the development of processes for public and patient involvement and equality and diversity assessment for the network. In summary, ScotPHN's priorities and associated actions are set out in Table 3.:

Table 3: ScotPHN Self assessment – priorities for action

Priority	Action
Awareness and engagement of public health community of ScotPHN	Visits to NHS Boards Continued representation on national and regional groups/networks
NHS Board involvement and lead authorship in ScotPHN projects (Associated budget implications)	Align ScotPHN work programme to that of public health departments; identify training / revalidation opportunities for practitioners
Awareness and use of ScotPHN website	Register of specialist public health Secretariat areas for national groups
Continued development of ScotPHN quality system	Review extant procedures Revise quality assurance to include equality and diversity of network Develop formal procedure for public involvement and patient focus
Public involvement and patient focus in ScotPHN and its projects	Identify actions to implement options agreed as a result of PFPI report
Project timescales	Continue to undertake impact assessments for each project and identify realistic timescale

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Conclusion

This Annual Report has set out the work undertaken by ScotPHN between 2008-2011 and the emerging priorities for 2011-12 onwards.

It also highlights ScotPHN's achievements to date, on which it should continue to develop. It is anticipated that its role will continue to change to meet the demands of the future public health function in Scotland. This role will be developed in conjunction with the active support of all NHS Boards through the Directors of Public Health.

The recent self assessment has highlighted the areas ScotPHN should develop in the immediate future as a network.

Ann Conacher
Coordinator ScotPHN

Phil Mackie
Lead Consultant ScotPHN

July 2011

References

1. EFQM – www.efqm.org/
2. Scottish Government, NHSScotland Quality Strategy, 2010

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Appendix 1: Executive Board Membership

Organisation	Name	Details	Membership status
DPH	Drew Walker	Director of Public Health, NHS Tayside	Current (Chair)
DPH	Eric Baijal	Director of Public Health, NHS Highland	Current
DPH / NoSPHN	Leslie Wilkie	Director of Public Health, NHS Grampian	Current
Specialist/Speciality Trainee	Jennifer Champion	NHS Forth Valley	Oct07 to Nov09
	Virginia Paul-Ebhohimhen	NHS Highland	Nov09 to Mar10
	Jessica Smith	NHS Greater Glasgow & Clyde	Current (from Mar10)
Health Scotland	Laurence Gruer	Director of Public Health Science	Current
Health Scotland	Mary Allison	Director of Programme Design and Delivery	From Apr09 to Dec10
Local Authority Health Improvement Officers	Runima Kakati	Local Authority Health Improvement Officer, North Lanarkshire Council	To Mar11
Health Protection Network	Alex Sanchez Vivar	Co-ordinator	Current (from Apr09)
Health Promotion Manager Group	Cathy Steer	NHS Highland	Current (from Oct07)
Scottish Government	Malcolm McWhirter	Senior Medical Officer	Current (from Apr09)
ScotPHO	Colin Fischbacher	ISD Lead	Current
Voluntary Sector	Helen Tyrrell	Director, Voluntary Health Scotland	Current (from Apr09)
		ScotPHN Team	
Lead Consultant	Phil Mackie	Senior Specialist in Public Health Medicine, NHS Lothian	Current (from Feb08)
Co-ordinator	Ann Conacher	Co-ordinator	Current
Administration	Lisa Tyrrell	Senior Administrator	Current (from Nov09)
Administration	Marie Kerrigan	Senior Administrator	Current (from Nov09)
Researcher	Andrew Millard		Current (from Jan09)

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Appendix 2: Financial statement 2010-11

Core funding - £58K

	£
Communication	
Website maintenance	1,100
Development of specialist register	2,830
Teleconferencing (estimate)	n/a
Stakeholder event	n/a
Secretariat	
CDPH/CADO	2,500
DsPH	0
Projects	
Obesity (Margaret Hannah/6 months)	8,532.85
LAC (Lead author replacement costs; expenses; sundries)	13,500
Rheumatoid arthritis (sundries)	1,000
RA Health economic analysis	3,000
Home Oxygen	6,200
Prison (Lead author salary costs, event, transcription)	5,350
Prison Health economic analysis	4,000
ME-CFS short report and printing	2,000
HIA scoping	7,000
Total committed as at March 2011	**57,000**
Actual spend	**53,675**

Non-core funding - £10K for Obesity Route Map work Revised £7,000

	£
3 regional events and 1 video conference, May/June 10	6,482.50
TOTAL	6,482.50

Salary costs

Lead Consultant (4 sessions/week; secondment)	40,461.60
Co-ordinator (WTE)	39,996.91
Senior Admin (WTE)	24,361.97
Senior Admin (0.5 WTE)	12,180.99
Researcher (WTE; secondment)	44,220.08
TOTAL	**161,221.55**

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Appendix 3: Project details 2008-11

Project	Aim	Policy lead / SG contact	Chair Lead author
Type 2 Diabetes Needs Assessment	To undertake a needs assessment of Type 2 diabetes, updating the 1999 SNAP report.	Will Scott (Tom Pilcher) Jennifer Armstrong Mini Mishra Sara Davies	Helen Colhoun, Professor of Public Health, University of Dundee (Project Sponsor – Alison McCallum) Norman Waugh, Professor of Public Health, University of Aberdeen
Looked after children	To assess levels of need for residential education provision in young people and specifically the mental health support needs of looked after young people.	Moray Paterson	Anne Maree Wallace, DPH, NHS Forth Valley Margaret Lachlan, CPHM, NHS GGC
Health improvement outcomes for prisoners	To develop a framework for health improvement outcomes for prisoners	Kay Barton Hilary Smith Molly Robertson Mini Mishra Via Andrew Fraser, SPS to National Programme Board	Andrew Fraser, SPS Liz Brutus, SpR, SPS
Rheumatoid Arthritis	To update / annotate the PHIS report on rheumatoid arthritis (2002).	Will Scott	Carol Davidson, DPH, NHS Ayrshire and Arran Martin Perry, Specialist Registrar in Rheumatology and General Internal Medicine (Inverclyde Hospital)

ME-CFS	To provide a patient friendly version of HCNA of services for people living with ME-CFS full report.	Will Scott (Craig Bell)	
Establishing new ways of working: public health function	To explore how public health departments can work more collaboratively in times of constrained resources. Including disinvestment work in conjunction with Margaret Sommerville, DPH, NHS Highland.	Kay Barton	Phil Mackie

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Appendix 4: Self Assessment (2009-11)

December 2009 – March 2011

Scoring:
(Translated from NHS QIS Standards)

1.	Not yet developed: ▪ Not started ▪ Not achieved	Score 1
2.	Developed but not yet implemented: ▪ Started but still in development.	Score 2
3.	Implemented but not everywhere: ▪ Projects: Work clearly underway but not yet completed ▪ Network: developed and partially achieved	Score 3
4.	Fully implemented across all areas: ▪ Network: fully completed / achieved ▪ Projects: fully completed and widely available	Score 4

	Progress at March 09 Scoring	Progress at March 11 Scoring	Evidence
Structure			
➢ Establish comprehensive database of key stakeholder contacts.	3	3	• Web based register for specialist public health developed and piloted by ScotPHN. Maintain DsPH Group contact database. Maintain contact details of chairs of public health groups.
➢ Establish way of communicating with a wide range of individuals.	3	3	• Dissemination agreed via Directors of Public Health. Attend meetings; provide updates on project work; attend conferences; flyers, posters. Continued development and promotion of website (launched November 2009).

Process Issues

Process			
➢ On-going clarity of purpose, aims and objectives			
▪ ScotPHN Team.	4	4	• Induction process for ScotPHN team members and collaborators agreed; overall Terms of Reference in existence.
▪ ScotPHN Executive Board.	4	4	• Agreed Terms of Reference; MoU in place with NHS Health Scotland.
➢ On-going engagement and commitment from across Scotland			
▪ Presence at events (poster, flyers etc)	2	2	Scottish Public Health Faculty Conference – Nov10 (ScotPHN presented on 5 projects)
▪ Visits to all NHS Boards inc Special HBs	3	3	Next round of visits to NHS Boards planned for 2011-12 To special health boards via DsPH Group membership NHS Health Scotland – MoU Attendance at joint update meetings between NES and NHS Health Scotland ISD – via link with ScotPHO NHS QIS – no formal link / Healthcare Improvement Scotland – no formal link HPS – via link with HPN
▪ Link with a range of other partners	3	3	ScotPHO - (representation on ScotPHN Executive Board) NHS Health Scotland – update meetings lead consultant Scottish Government – meetings with CMO and various parts of Public Health and Sport Directorate

			Scottish Collaboration for Public Health Research and Policy in 2010 re obesity research Academic departments – dissemination of project/event information; project involvement Project Working Groups – multi-disciplinary, multi-organisational National Planning Forum Regional planners
▪ Link with Health Promotion Managers	3	4	Regular meeting attendance and Executive Board representation New evidence – Collaboration on project of joint interest (health improvement for prisoners)
▪ Link with NoSPHN	4	4	Attend steering group meetings; Executive Board representation; project collaboration
▪ Link with Health Protection Network	3	3	Attend steering group meetings; Executive Board representation
▪ Stakeholder engagement	2	2	No widespread stakeholder engagement since disbandment of Stakeholder Group, Nov 08. New ToR stipulate an annual event for all stakeholders – now planned to achieve via visits to NHS Boards (existing events).
▪ Advocacy role	2	3	Some advocacy through CPG on Obesity for which ScotPHN provides secretariat; and through DPH subgroup on obesity link regarding the development of a strategy. New evidence – through greater support of DsPH Group; issue specific advice to National Planning Forum.
➢ On-going engagement with Scottish Government (CMO and PH Directorate)	3	3	Scottish Government representation on Executive Board. ScotPHN requested input re project areas (10-11)

			Meeting with CMO (2010) Meetings with Kay Barton and Mike Palmer (2010 / 11) Meetings re projects with various government leads (eg Jennifer Armstrong, Mini Mishra)
➢ On-going engagement with: ▪ CsPHM	1	1	Maggie Lachlan, lead author for looked after children project. Some contact with individual CsPHM eg request re whether any board looking at a certain area.
▪ Specialist Trainees	3	4	Specialist trainee on Executive Board Specialist trainees allocated to prison and rheumatoid arthritis projects and trainee undertaking project on patient and public engagement.
➢ Agree local arrangements for staff to participate	3	3	Mechanism to recruit lead authors through DsPH Replacement costs for lead author Partnership agreement Lead author informed of ScotPHN project process
➢ On-going development of quality assurance for ScotPHN ▪ Quality of network	1	1	Review of existing QA processes ongoing, inclusion of DsPH as part of quality control of outputs now in place. No formal, documented QA approach identified at present. Identified in 09/10 work plan for action. Executive Board in place to govern ScotPHN processes. New evidence – paper being drafted
▪ Quality of product	3	3	Each project steered and monitored by a project group of specialists in given project area. Impact assessment (including equality and diversity) and risk assessment undertaken at outset of project and reviewed throughout. ScotPHN project reports are reviewed by ScotPHN Team

			and project group. All reports are then signed off by DPH project sponsor.
➢ Ensure appropriate and effective patient and public involvement			
▪ Network	1	2	Voluntary sector representation on Executive Board. New evidence - Action undertaken in 09/10 work plan; a project looking at public and patient engagement undertaken in 2010-11 – conclusions to be available 2011.
▪ Projects	3	4	Extensive voluntary sector and patient/carer involvement in projects: ME-CFS – voluntary sector representation on project group; focus groups; scrutiny panel review of report. HIV - voluntary sector representation on project group; focus groups; scrutiny panel review of report. (Documented procedure for scrutiny panel involvement.) New evidence – looked after children, rheumatoid arthritis, health improvement in prisons have included patient group or patient involvement in project or wider stakeholder groups or form of stakeholder consultation (eg focus groups with prisoners on health improvement).
➢ Ensure an Equality and Diversity Impact Assessment on work carried out as appropriate			
▪ Network	1	1	The equality and diversity assessment of network will be developed as part of its overall quality assurance process (currently being developed).
▪ Projects	4	4	Impact assessment undertaken for each project.
➢ Ensure proactive support from DsPH			

▪ Pro-active support from Scottish DsPH Group	3	3	Increased support in dissemination of information; requests for project input. Lead author availability not improved. New evidence - Specific projects undertaken on behalf of DsPH group to feed into development of and support public health departments eg contribution to overview of specialist public health work, disinvestment etc
Participation and support from:			
▪ individual DsPH	3	3	Project sponsorship, including chairing of project groups, and facilitation of projects.
▪ Public Health Medical Directors	3	3	NHS Health Scotland – Executive Board representation ISD – project involvement SPS – project involvement Healthcare Improvement Scotland – no input NES – no input HPS – ad hoc
➢ Development and monitoring of annual work programme			
▪ generation of proposals	3	3	Formal call for proposals via Executive Board and stakeholders carried out on an annual basis. Ad-hoc requests dealt with in year.
▪ support national groups	4	4	SFPH – no longer exists, but historical material held on ScotPHN website DsPH – secretariat and research support CDPH/CADO - secretariat Clinical Quality Indicators for Specialist Children's Services – representation through 10-11 Scottish Bariatric Group – representation through 10-11 CPG on Obesity – secretariat National Planning Forum – lead consultant input

▪ corporate function	3	3	SDsPH Group
➢ Scoping proposals to develop project ➢ Management of projects ▪ Meeting agreed timescale	3 1	3 2	Several projects have gone over initial timescales set. Now try to allocate a more appropriate timescale for projects dependent on stakeholder involvement and political climate – both of which impact significantly on timelines. Also lead author availability – there is a lack of resource available, also constrained by other work commitments of lead authors that we do have. Formalisation of risks within project management now undertaken. Very focussed projects without wide stakeholder engagement have been completed within timescale (less than 6 months) (home oxygen services; specialist public health function).
▪ Tight project management	3	3	Documentation adhered to Process adhered to Regular project group meetings; actions noted Consideration of risks to meeting time, cost and quality reviewed on-going basis
➢ Use of remote communication eg tele/videoconferencing ▪ Network	4	4	Continue to use extensively. Use best means widely ie teleconferencing. Video conferencing is used but not considered reliable. Web streaming is expensive so can only be justified in rare cases. New evidence - Continue to consider new means and to fit with new function.
▪ Project	4	4	All projects – email; teleconference; video

Outcome Issues

Outcome	Progress at March 09 Score	Progress at March 11 Score	Evidence
➢ Effectiveness of infrastructure			
▪ Multi-disciplinary Steering Group (now Executive Board)	3	3	Membership includes: DsPH (remote and rural; NoSPHN) HPMs Specialist Trainees Local Authority Health Improvement Officers Voluntary Health Scotland NHS Health Scotland ISD/ScotPHO HPN Scottish Government
▪ Multi-disciplinary Stakeholder Group			Disbanded and alternative arrangements made
▪ ScotPHN team	2	4	Lead Consultant Co-ordinator Researcher Administration New evidence – current configuration meets current function and continues to be developed.
▪ hosting arrangement with Health Scotland including budget management	3	3	ScotPHN staff employed or seconded and developed by NHS Health Scotland Memorandum of Understanding
▪ Link with DPH Group	4	4	3 DsPH on Executive Board

			DPH input to projects and dissemination of information Project sponsor and project chair (ME-CFS; Obesity Route Map engagement; Looked after children; rheumatoid arthritis) Lead Consultant attends DsPH Group meetings Co-ordinator provides updates on ScotPHN New evidence – ScotPHN has increasingly provided support to DsPH group function and has undertaken pieces of work in its support.
➢ Uptake of SpR slot	2	4	SpR slot used HIV healthcare needs assessment New evidence – greater involvement in projects and undertake discreet pieces of work
➢ Use of ScotPHN branding	4	4	Used widely – all literature; pens; banner
➢ Website	2	2	Independent site developed but not visible.
➢ 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.	4	4	Mental Health Pathway for Prisoners Overview of Specialist Public Health Engagement on Obesity Route Map Survival, mortality and life expectancy national HIV cohort in Scotland Health care needs assessment of ME-CFS Needs assessment of Home oxygen services Needs assessment of Type 2 Diabetes (Screening and prevention) Mental health needs assessment of looked after children in residential care Health improvement for prisoners Needs assessment of rheumatoid arthritis New evidence – discussion at various levels now

			undertaken (Scottish Government, National Planning Forum and DsPH) as to what national priorities are and will be. This communication will continue to be developed.
➢ Take advantage of skills, knowledge and expertise from over Scotland ▪ Work of network	3	3	Multi-disciplinary, multi-organisational membership on Executive Board Undertook a process of engagement on Obesity Route Map on behalf of the Scottish Government (3 regional and 1 VC event) Secretariat to Cross Party Group on Obesity (multi disciplinary/multi organisational)
▪ Work of projects: - leads coming from boards	2	2	Mental Health Pathway for Prisoners (University) Overview of Specialist Public Health (ScotPHN) Engagement on Obesity Route Map (Board) Survival, mortality and life expectancy national HIV cohort in Scotland (ScotPHN) Health care needs assessment of ME-CFS (Board) Needs assessment of Home oxygen services (Board) Needs assessment of Type 2 Diabetes (Screening and prevention) (University) Mental health needs assessment of looked after children in residential care (Board) Health improvement for prisoners (Trainee) Needs assessment of rheumatoid arthritis (Board)
- chairs coming from boards	3	3	Mental Health Pathway for Prisoners (Board) Overview of Specialist Public Health (Special Board

			Director) Engagement on Obesity Route Map (Board) Health care needs assessment of ME-CFS (Board) Needs assessment of Home oxygen services (Special Board Medical Director) Needs assessment of Type 2 Diabetes (Screening and prevention) (University) Mental health needs assessment of looked after children in residential care (Board) Health improvement for prisoners (SPS Medical Director) Needs assessment of rheumatoid arthritis (Board)
▪ Use of budget to pay for lead authors' time / NHS Boards	2	2	LAC (board); Prison (contribution to trainee costs to NES); obesity (board)
➢ Oversee roll-out of national policy at local level	1	1	
▪ Influence local policy			
▪ Influence regional policy	1	1	
▪ Influence national policy	2	2	Overview Specialist Public Health Home oxygen services Obesity Route Map
➢ Bring added value			
▪ Provide leadership for work done that would not have been done	4	4	Mental health patient pathway in prisons; ME-CFS; home oxygen services; LAC (brought together); rheumatoid arthritis
▪ Provide leadership to undertake work that otherwise would be replicated across multiple health boards	4	4	Health improvement in prisons
➢ Facilitate information exchange, joint			

working and improved communications			
▪ Work of network	2	2	Website (discussion fora); updates to stakeholders; national events; CPG on Obesity.
▪ Work of projects	3	3	Round projects, brought people together. Events (obesity; LAC; rheumatoid arthritis; both prison projects)
➢ Advise on functions, ways of working and best practice	1	3	New evidence - Co-ordinated public health input to various national, groups, committees etc - National Planning Forum (bariatric surgery, TAVI); Clinical Quality Indicators for Specialist Children's Services (in conjunction with NoSPHN); SMASAC (polio). Through work undertaken on behalf of DsPH Group. In development of national support during H1N1 in conjunction with NHS Health Scotland.
➢ Develop a high profile nationally	2	3	New evidence - Public health input as above Through ScotPHN projects and associated events Through Mutual Aid during H1N1 Through CPG on Obesity Update Chief Executive Regional Planners' Group quarterly
➢ Establishing a culture of collaboration across NHS Boards	2	3	New evidence – Through raising profile Through national projects
➢ Routine use of quality system			Follow processes established. Refined in light of changing circumstances.
▪ Work of network	3	3	
▪ Work of projects	3	3	Follow processes established. Refined in light of changing circumstances.