ScotPHN report

Scottish Public Health Network (ScotPHN)

Update Report (2014-17)

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January 2017

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Introduction

This report provides an update on the work of the Scottish Public Health Network (ScotPHN) and its continued development for the financial years 2014-2017; it fulfills governance requirements to inform its key partners, NHS Health Scotland, the Scottish Directors of Public Health (SDsPH) and the ScotPHN Advisory Board, of its work. It is the first report provided since the external review of ScotPHN undertaken in 2013. As such, it reflects progress against the recommendations of the review in support of ScotPHN's development.

In addition, it provides an overview of the projects undertaken from 2014 to 2017.

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.

Its remit is to:

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

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

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

The Infrastructure of ScotPHN

The infrastructure includes a small team (lead consultant, network manager, researcher, network officer, and administration). 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. Please see Table 1 for further details.

Table 1: The ScotPHN Team (as at January 2017)

Role	Commitment	Currently Based	Comment	Main responsibilities
Lead consultant (Phil Mackie)	7 sessions/week	Edinburgh	Other management responsibilities within NHS Health Scotland.	Public health leadership, negotiation, communication with key stakeholders and resource development
Researcher (Alison McCann)	1 WTE	Edinburgh	Permanent	Support projects and discreet projects.
Senior Administration* (Emma Scarlett & vacant post)	1.5 WTE	Glasgow	Permanent	Project administration Secretariat to national groups, special interest groups and networks
Network Officer (Gillian McCartney)	1 WTE	Glasgow	Permanent; created / appointed in 2016	Co-ordination of national leadership groups
Manager (Ann Conacher)	1 WTE	Glasgow	Permanent	Project management Point of contact on ScotPHN work Manage administrative and research staff

*1 WTE vacant at time of drafting.

ScotPHN External Audit

ScotPHN undertook an external audit in 2013-14.   The main findings and recommendations were:

- ScotPHN is a small but effective resource that could be better used through stronger engagement and ownership by the public health community it seeks to support;

- ScotPHN has the potential to maximise everybody's contribution to public health by making essential links and disseminating information.   Its resource and approach should be strengthened;

- ScotPHN should seek to clarify its focus so it is not spread too thinly with a risk of reduced impact and to consider its role in the new public health community to emerge from integration;

- ScotPHN's position and governance arrangements should be considered to ensure appropriate direction and ownership by the users of its work, while maintaining its advantageous way of working and flexibility.

An action plan was developed to support implementation of the recommendations focusing on governance; stakeholder stability and increased capability; and knowledge management and impact. The full action plan can be found in Appendix 1. This action plan has guided the development of the ScotPHN for the last 3 years. The Executive Board (EB) has agreed that the work on this plan will conclude in 2016-17 and it will look to the next stages of development through discussion with the Advisory Board (AB). This would be particularly timely as the current chair of the AB and EB will stand down in March 2017. It will also allow ScotPHN to focus on the Scottish Government's announcement concerning the formation of a public health body for Scotland which has implications for the public health community in Scotland and ScotPHN.

The main results from implementing the action plan are:

Governance

The governance of ScotPHN was changed in 2014 to include a small Executive and an Advisory Board both chaired by the same Director of Public Health:

- the ScotPHN Advisory Board provides multi-agency input and guidance, and advice on the setting and prioritisation of ScotPHN's work programme;

- the ScotPHN Executive Board is responsible for the progression of ScotPHN's work programme, governance, and the quality assurance of ScotPHN's outputs;
- NHS Health Scotland provides the necessary management structure and corporate governance around ScotPHN. A Memorandum of Understanding between ScotPHN and NHS Health Scotland is in place (it is reviewed regularly); and
- the Scottish Directors of Public Health provides quality control of individual projects and oversight of the ScotPHN work programme.

Greater detail of ScotPHN's revised governance is contained within Appendix 2.

This format has worked well, providing good links to and working relationships with NHS Health Scotland and the Scottish Directors of Public Health as well as the ability to address broader stakeholder interests through AB members. There is a continued requirement to strengthen the relationships and input from AB members and their constituencies to ensure that they feel ownership of ScotPHN and its outputs.

Stability and increased capability

The ScotPHN network operates on the basis of the contributions which are made by NHS Boards and other public health organisations to its work. Securing lead author input to ScotPHN's work has and, although improving, continues to take significant effort. The ambition to have ScotPHN time routinely allocated in practitioner job plans has been not been realised. Having said that, greater capacity and capability has been achieved through greater interest from the public health community to undertake and be involved in ScotPHN projects. The greatest success has been in terms of input from the Specialist Registrars and the inclusion of ScotPHN in training arrangements; this relationship will be strengthened further with ScotPHN providing administrative support to the group from 2017-18. The input from public health consultants and specialists has remained relatively steady in this period. There have been greater contributions from health promotion specialists (e.g. the work on sustainable health behaviours).

The contribution from NHS Health Scotland staff has also increased significantly in this period; this has come from Knowledge Services either providing support to literature and systematic reviews or synthesising material for ScotPHN projects. More generally, NHS Health Scotland staff have contributed more to ScotPHN reports (e.g. the health and homelessness and fuel poverty projects).

In addition, increased input from special boards and academia has not become routine, although has been achieved for some projects and continues to be pursued.

ScotPHN cannot become complacent about its ability to attract lead authors as the pressures on NHS Boards will continue to tighten. ScotPHN must continue to promote its work and review the best means of attracting staff. To date ScotPHN has attracted participation and authorship by providing replacement costs to employers, providing support from the team and providing an opportunity to undertake national work.   The support of the SDsPH is vital to the release of local resource and consequently to the feasibility of much of ScotPHN's work.

The external audit raised the issue of ScotPHN's engagement beyond NHS Board public health departments recommending that it should be extended to include local authorities, CPPs and IJBs in order to meet the demands of the changing public health landscape. An action to improve the relationship between ScotPHN and local authorities and CPPs and IJBs has only partially been achieved.   CoSLA is represented on the Advisory Board and discussions to improve relationships have taken place.   Some initial thinking, discussion and supporting work has been undertaken.   However, a formal programme of work has not been put in place nor does regular communication take place.   These issues have not been progressed due, in part, to limited resource but also to a lack of understanding as to what ScotPHN could contribute, given its remit to undertake national work for which no other national capacity exists.   This should be discussed further with CoSLA.

An action to increase ScotPHN team's capacity to react has been difficult to achieve consistently throughout this period, with the team and individual team members being stretched at times when unplanned, high priority pieces of work come to the fore e.g. engagement as part of the Public Health Review in 2016.

Further details of colleagues involved in ScotPHN projects can be found in Appendix 3.

Knowledge Management and Impact

The impact of ScotPHN's work has increased, in turn generating more interest in being involved. An analysis undertaken in 2015 of impact and reach suggested that ScotPHN has impacted beyond Scotland's specialist public health function, with particular interest received from the voluntary sector.   The full report can be found in Appendix 4.

To ensure the greatest 'impact' of a ScotPHN project, and in line with 'knowledge into action', ScotPHN has developed its process to ensure that project outputs have a suitable home, so that any recommendations a report includes can be progressed. Successful examples of projects which have galvanized the work of the SDsPH, NHS Health Scotland, and which have been picked up by Scottish Government, local authorities and the third sector, include the work on mitigating the impact of welfare reform, which has led to development of Scottish

Government sponsored work programme, and the health and homelessness, fuel poverty, and adverse childhood experiences which have led to NHS Health Scotland work programmes.

Summary

In summary, ScotPHN has become stronger, but its resilience is still not deep rooted. Its governance has become more streamlined and consequently more effective. The ScotPHN team is well resourced within NHS Health Scotland and links with the public health community continue to strengthen; however, these could improve further. The potential for ScotPHN to develop into a resource for local authorities, CPPs and IJBs has not been realised; whether it needs to is something that the EB and AB should consider in the next stage of ScotPHN's development within the context of the new landscape for public health in Scotland. However, whilst ScotPHN has maintained its flexibility, it remains a small resource and, as such, cannot respond to all the issues likely to emanate from this changing public health landscape.

ScotPHN Update

The work of ScotPHN 2014-17

The Projects undertaken

ScotPHN receives project commissions from several sources and requests to stakeholders for project ideas are made regularly. In 2014-17 requests were received from Scottish Government, the SDsPH Group and NHS Boards. The Scottish Health Technologies Group has also sought public health input to its work e.g. mesh implants. The Quality, Efficiency and Support Team (QUEST) within Scottish Government requested ScotPHN to establish the Health Economics Network for Scotland (HENS).

All project requests are prioritised using ScotPHN's selection criteria and through discussion with the Advisory Board, being finally agreed for implementation by the Executive Board.

The timescale for a project is considered fully at outset and ScotPHN aims to undertake these within 6, 9 or 12 months depending on the complexity of the issue, and stakeholders involved eg public and patients and so forth. Additional time is required to develop projects, and ScotPHN seeks to undertake this well in advance of commencing a project.

ScotPHN has undertaken a range of projects on health improvement and improvement in health services. The nature of work undertaken by ScotPHN has continued to be varied and has included needs assessment, guidance for public health and national engagement. For certain projects, ScotPHN has on completion continued to engage and develop work strands emanating from projects to ensure that a report's recommendations are implemented and that a 'home is found'; this has particularly resulted in the establishment of special interest groups e.g. violence prevention.

Case Study: Health and Homelessness

How it came about? The idea came from NHS Boards (multiple sources) and was discussed/prioritised by the ScotPHN Executive and Advisory Boards as being a national priority and therefore a project for ScotPHN.

What was involved? Lead authors from NHS Board and NHS Health Scotland were identified. To identify the most useful project output, a significant part of the project involved engaging with stakeholders. This turned out to be one of the most important elements of the project i.e. it was about reconnecting the different sectors, as well as producing a piece of guidance. Having a contribution from NHS Health Scotland ensured that the progression of recommendations was easily transferred into a work programme for NHS Health Scotland.

What was output/outcome? Guidance for public health key actions re homelessness; a programme of work within NHS Health Scotland; homelessness seen as an important issue for public health.

Further details of projects undertaken and their aims can be found in Appendix 3.

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 and Manager. For example, the lead consultant contributed to the National Patient, Public and Professional Reference Group. Given the lead consultant's wider role within NHS Health Scotland, this has led to enhanced liaison between ScotPHN and its host organisation.

ScotPHN is represented on and provides secretariat and administrative support to the SDsPH and the Health Promotion Managers. It provides secretariat support for the Consultants in Dental Public Health / Chief Administrative Dental Officers Group. It also liaises with the North of Scotland Public Health Network (NoSPHN) with a formal Memorandum of Collaboration being put in place between the two networks in 2012.

Networks

ScotPHN has continued to support the development of national, public health networks through public health input and administration and reciprocal representation on steering groups:

Scottish Health and Inequalities Impact Assessment Network (SHIIAN)

Margaret Douglas, CPH, NHS Lothian is the lead for SHIIAN, and Martin Higgins, Senior Health Policy Officer, NHS Lothian is its co-ordinator. The relationship has continued to develop through joint working. For example, SHIIAN provided expertise to a public health impact assessment of unconventional gas extraction for Scottish Government led by Health Protection Scotland in 2016 for which ScotPHN also provided public health input. SHIIAN is also undertaking an impact assessment of proposed 50,000 new homes in support of ScotPHN's work on health and housing (report to be published early 2017).

SHIIAN is funded through ScotPHN providing replacement costs for its NHS Lothian based co-ordinator.

Scottish Managed Sustainable Health Network (SMaSH)

ScotPHN has continued to support the development of the SMaSH created to drive forward sustainable health in Scotland through co-ordination, administration, and leading and funding its projects. Ellie Hothersall, CHPM, NHS Tayside has chaired SMaSH for most of this period, stepping down in 2016 and yet to be replaced. A co-chair from the specialist registrars has been instigated in recent years, firstly through Jessica Baker (until early 2016) and currently Emily Stevenson. The registrars have also contributed greatly to the work programme in the last 2 years. There is interest in arranging a permanent, training slot for specialist registrars.

The work programme has included continued work on carbon calculation in conjunction with the University of Exeter; a systematic review of health behaviour change and sustainable health behaviour change; and the initiation of a project on scope 3 emissions[2]. Current work is also focused on developing the training needs of the public health workforce, promoting sustainability into everyday agendas and providing training. For example, the Sustainable Development Unit leadership course was brought to Scotland and will be repeated in 2017-18.

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[2] Scope 3 emissions refers to availability and quality of data on Greenhouse Gas emissions (GHGs).

There is no allocated funding for SMaSH and budget is requested from NHS Health Scotland on a project by project basis.

Health Economics Network for Scotland (HENS)

The HENS was launched in 2013 to increase the health economics capability and capacity within Scotland. It has built links between academia and public health providing training and development opportunities, arranged events and sponsored research into how health economics can be used in practice by the NHS. ScotPHN has provided consultant and administrative support over the last three years.

It is chaired is Neil Craig, NHS Health Scotland. HENS was originally funded by QUEST, funding which has now been transferred to Health Improvement Scotland.

Further details about each network can be found on the ScotPHN website (www.scotphn.net).

National Leadership Groups

The ScotPHN continues to support the Scottish Directors of Public Health (SDsPH), the Consultants in Dental Public Health and Chief Administrative Dental Officers (CDPH/CADO) and the Scottish Health Promotion Managers (SHPM). This support includes public health input, secretariat and administration. The desire to better co-ordinate the work of these groups led to the creation of a new post within the ScotPHN team in 2016 to provide resource to improve links and connect respective work programmes more effectively.

Special Interest Groups

The SDsPH have created several special interest groups since 2015. The groups have various aims, but overall have been created to highlight and advocate on particular issues and progress the agendas currently of high importance to public health. These groups are supported by ScotPHN and some have undertaken projects through ScotPHN:

- Public Health Service Improvement Group (SIIG)
- Scottish Public Health Obesity Special Interest Group (SPHOSIG)
- Violence Prevention
- Pharmacy Special Interest Group
- Public Mental Health

Stakeholder input and engagement

A key element of ScotPHN's remit is to link various parts of the public health community and to understand what issues of national public health importance are arising.

The main route into the public health community remains via the Scottish Directors of Public Health, Scottish Health Promotion Managers and the Consultants in Dental Public Health. The Executive and Advisory Boards have reinforced these links as well as providing links to other constituencies. (See membership/organisations represented in Appendix 2.)

In addition, reach has been increased through support to other national public health networks (HENS, SMaSH, SHIIAN) and more recently special interest groups (obesity, service improvement, pharmaceutical public health, public mental health). Additional engagement with stakeholders has been undertaken specific to projects or input to national groups. The team has liaised with a variety of personnel within NHS Health Scotland, the Scottish Government and other organisations in relation to projects.

Also, ScotPHN has been requested to engage in support of national initiatives (Scottish Government to review the Obesity Route Map in 2014; Scottish Government for Public Health Review in 2015; NSS Shared Services on the Public Health Portfolio in 2016).

Communication

ScotPHN communicates in various ways but mainly through its website and social media.

Website

ScotPHN re-developed its website in 2015. It includes areas for all the networks it supports as well as private areas to hold documents for the national groups it supports.

Its purpose is primarily to provide a repository for ScotPHN's outputs. However, further development of discussion areas for various groups will be investigated in 2017-18.

Social media

ScotPHN has had a Linked-in and twitter account since 2015. As at start of January 2017, ScotPHN had 279 Twitter followers and 42 Linked-in connections.

Twitter is primarily used to promote ScotPHN outputs or position statements of SDsPH and SHPM.

Events and meetings

For several years ScotPHN has focused its attendance and presentation at events on the Scottish Public Health Faculty annual conference to ensure best use of resource. ScotPHN has contributed annually to the conference through representation on the organising committee, sponsoring the poster competition and presentation (oral and poster): 2014 (3 oral); 2015 (1 oral and 2 poster); and 2016 (5 oral and 1 poster, plus a lunchtime break out on the Shared Services Portfolio – Public Health Programme).

ScotPHN has presented at other events e.g. on sustainability at the NHS Scotland Sustainability Day event in 2016.

ScotPHN Quality Assurance and Control

As part of ScotPHN's quality control, a DPH or nominee 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.   Details of project and sponsors in 2013-14 can be found in Appendix 2.

ScotPHN's quality assurance remains based on the European Foundation for Quality Management Excellence Model.

Budget and Resource

The budget and spend for ScotPHN in 2014-15, 2015-16 and 2016-17 is set out in Appendix 5. The budget is derived from two sources. The first is provided by the Scottish Government to NHS Health Scotland and 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 terms of core funding received from NHS Health Scotland, there is a continued challenge managing requested and actual spend. There are potentially two reasons why it continues to be difficult for ScotPHN to spend money on projects. The first is that more work has been undertaken recently by specialist registrars and therefore the anticipated project budget has not been required. The second is that, because ScotPHN relies on external resource, it is often difficult to know project budget requirements at the time of NHS Health Scotland business planning ie the business planning cycles of NHS Health Scotland and ScotPHN are not as well aligned as they could be. This could be resolved by not requesting budget at the business planning stage but then this poses the risk of not obtaining budget when it is required.

In these years, non-core funding was received to fund input to the Impact of Welfare Reform work programme, the engagement undertaken on behalf of the Scottish Government (Obesity Route Map; Public Health Review) and HENS.

Conclusion

This report has set out the work undertaken by ScotPHN between 2014-17 including how it has developed since the external audit of 2013.

It is not a comprehensive record of ScotPHN outputs over this period but highlights ScotPHN's achievements, upon which it is hoped that ScotPHN will continue to build. 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 SDsPH and through improved engagement with the ScotPHN Advisory Board. A first discussion with the Advisory Board took place at a workshop in January 2017 and the outputs from that discussion will inform immediate actions in this area.

Appendices

Appendix 1 – External Audit Action Plan

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External Audit Action l

Appendix 2: Governance and Executive Board Membership

The governance of ScotPHN is undertaken by its 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 the table below.

Executive & Advisory Board Membership - Current

Representation	Name	Designation & Organisation	Membership status
Executive			
SDsPH	Harpreet Kohli	DPH, NHS Lanarkshire	Chair
NHS Health Scotland / SDsPH (Chair)	Andrew Fraser	Director, Public Health Sciences	
Information Services Division	Colin Fischbacher	Clinical Director for Information Services	
Advisory			
Public Health Intelligence	Mahmood Adil	Medical Director, PHI, NSS	
Health Economics Network for Scotland (Chair)	Neil Craig	Principal Public Health Adviser, NHS Health Scotland	
NHS Health Scotland	George Dodds	Director of Delivery, NHS Health Scotland	
Scottish Health and Inequalities Impact Assessment Network (Chair)	Margaret Douglas	Consultant in Public Health Medicine, NHS Lothian	

Scottish Government	Roddy Duncan	Public Health Division Improving Population Health Directorate	
North of Scotland Public Health Network	Pip Farman	Public Health Specialist, NHS Highland / NoSPHN Network Co-ordinator	NoSPHN Deputy
Joint Improvement Team	Peter Knight	National Programme lead for Partnership Information, JIT	
CoSLA	Paula McLeay	Chief Officer – Health and Social Care	
Improvement Service	Colin Mair	Chief Executive, IS for Scottish Local Government	
Scottish Managed Sustainable Health Network (Co-chair)	Emily Stevenson	Specialist Registrar, NHS Grampian	
Consultants in Dental Public Health/Chief Administrative Dental Officers	Jennifer Rodgers	Consultant in Dental Public Health, NHS Forth Valley	CDPH/CADO deputy
Specialist Registrars	Lynne Rush	Specialist Registrar, NHS Greater Glasgow & Clyde	
Scottish Health Promotion Managers	Cathy Steer	Head of Health Improvement, NHS Highland	
3rd Sector	Claire Stevens	Chief Officer, Voluntary Health Scotland	
CDPH/CADO (Chair)	Valerie White	CDPH, NHS Dumfries & Galloway	
NoSPHN (Chair)	Louise Wilson	DPH, NHS Orkney	
ScotPHN Team			
Lead Consultant (7 sessions / week)	Phil Mackie		
Researcher (F/T)	Alison McCann		
Manager (F/T)	Ann Conacher		
Network Officer (F/T)	Gillian McCartney		
Senior Administrator (F/T)	Vacant		
Senior Administrator (P/T)	Emma Scarlett		

Recent Membership

Representation	Name	Designation & Organisation	Member until
SMaSH	Ellie Hothersall	Consultant in Public Health Medicine	November 2016
Specialist Registrars	Rebecca Devine	SpR	December 2015
SDsPH (Chair)	Alison McCallum	DPH, NHS Lothian	April 2016
Scottish Government	Duncan McCormick	Senior Medical Officer	January 2016

Appendix 3: Project details 2014-17

Project	Aim	DPH Sponsor	Lead author (Organisation at time of authorship)	Publication date
Impact of Welfare Reform	To mitigate the impact of welfare reform	Phil Mackie	Kate Burton	On-going
New Ways of Working – Assets based approach		Drew Walker	SCDC	March 2014
Prisoner Throughcare	Review of health care needs of prisoners in relation to throughcare		Phil Mackie / Allison Thorpe, ScotPHN	September 2014
Health and homelessness guidance	Produce guidance for public health based on current policy, initiatives and evidence	Linda de Caestecker	Neil Hamlet, NHS Fife Katy Hetherington, NHS Health Scotland	June 2015
Public Health Review Engagement	Undertake national engagement to inform the Scottish Government's Public Health Review	N/A	Ann Conacher, ScotPHN	July 2015
Review of the obesity route map	Scottish Public Health Obesity Special Interest Group undertook a review of the ORM on behalf of the SDsPH	Drew Walker, NHS Tayside	Ann Kerr, ScotPHN	November 2015
Mesh Implants	Provided public health input to Independent Review and undertook review of public health literature supporting evidence to Parliamentary Committee	N/A	Phil Mackie, ScotPHN	November 2015
Long term conditions – Acquired Brain Injury	Development of guidance for service planning for ABIs. Part of wider ScotPHN initiative to produce LTC guidance	N/A	Brian O'Suilleabhean, NHS Lanarkshire	December 2015

Project	Aim	DPH Sponsor	Lead author (Organisation at time of authorship)	Publication date
Skin Cancer	Guidance for public health	N/A	Rebecca Walton, Independent consultant	December 2015
Palliative and End of Life Care	Report for public health on current PELC and how it should be developed in the future	Andrew Carnon	Michelle Gillies, NHS GGC/University of Glasgow	February 2016
Migrant Health	Update public health guidance on migrant health and the ScotPHN resource	Andrew Fraser	Alison McCann / Phil Mackie, ScotPHN	March 2016
Adverse Childhood Events	Overview for public health of ACE	Andrew Fraser	Sarah Couper, NHS Forth Valley/HIS	May 2016 Support development of NHS Health Scotland work programme
Gambling related harm	Further to literature review on gambling, report considering potential contribution of public health to addressing this issue	Phil Mackie	Michelle Gillies	August 2016
Sustainable health behaviour change	A systematic review to establish what are the similarities and differences between Health Behaviour Change and Sustainability Behaviour Change	Phil Mackie	Elizabeth Oldcorn, NHS Lothian / Gillian Armour, NHS Health Scotland	August 2016
Fuel Poverty	Various reports and guidance for public health	N/A	Julie Arnot / Phil Mackie / Donna Burnett / Martin Taulbut / Rebecca Walton, NHS Health Scotland / ScotPHN	November 2016
Shared Services Portfolio – Public Health Programme	Facilitated the first stage of this programme which involved national engagement, developing a 'SBAR' to Board Chief Executives and identifying workstreams for short and long term priorities on aspects of	Mahmood Adil	Phil Mackie / Ann Conacher / Gillian McCartney / Alison McCann, ScotPHN Ruth Mellor / Jenny Wares, Specialist Registrars	November 2016

Project	Aim	DPH Sponsor	Lead author (Organisation at time of authorship)	Publication date
	the public health function.			
Health and Housing	Provide guidance for public health and housing on respective role in housing	Tim Patterson	Emily Tweed, NHS GGC	March 2017
Podiatry	Health care needs assessment of specialist footcare	Phil Mackie	Rebecca Walton, ScotPHN	March 2017

Appendix 4 – Impact and reach

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Appendix 5: Financial statement: 2014-15, 2015-16, and 2016-17

Year	Core funding	Non-core funding	Actual Spend (including non-core)
2014-15	£64,600	£83,000	£95,200
2015-16	£41,100	£76,500	£98,400
2016-17	£99,000	£70,000	TBC

Approx salary costs for ScotPHN Team - £235,000 – as at November 2016 – including on costs; this has now increased with the addition of the Band 5 post.