

## North of Scotland Public Health Network (NoSPHN) Briefing Sheet 1 – March 2006 Evaluation Summary

### **Remit of NoSPHN**

The remit of the North of Scotland Public Health Network is to improve health and reduce health inequalities across the North of Scotland. To achieve this those involved work collaboratively, where this adds value, to plan and deliver equitable, high quality and effective public health services / activities for the benefit of the population of the North of Scotland.

### **Evaluation of NoSPHN (September 2005) and the NoSPHN Steering Group's plans to respond to the issues you have raised**

NoSPHN has been established since the autumn of 2002. In the latter half of 2005 it was agreed to evaluate progress to feedback to key stakeholders on development, review lessons learned and to inform the future direction of the Network.

Three approaches to the evaluation were agreed:

- A telephone interview of key people involved in the Network (completed)
- An e-mail survey for those who have, to date, had limited / no involvement (completed)
- Self-assessment of documentary evidence with peer review (external) to validate the findings (ongoing).

All those identified for telephone interview were e-mailed with an invitation to participate and sent a copy of the questionnaire. Those identified for survey by self-completion of the questionnaire by e-mail were contacted using locally produced mailing lists provided by each of the NHS Board Public Health Departments. The same questionnaire was used for both surveys. Confidentiality and anonymity were assured.

The telephone interviews were conducted by a medical student within NHS Shetland and a Clinical Effectiveness Assistant (NHS Highland). Analysis of the data was carried out by a Public Health Specialist Registrar (NHS Shetland).

Of a total of 213 people targeted for telephone or e-mail survey 24 (60%) responded to the telephone survey and 48 (29%) responded to the e-mail survey (9 of these did not complete the survey but gave explanatory comments). The overall response rate was 30%. All the telephone interviewees had heard of NoSPHN, of the 39 who completed the e-mail survey 69% had heard of the NoSPHN. Thank-you to all those who responded.

### **A number of common themes arose in the analysis of the results:**

*What were respondent's expectations of NoSPHN? - the main themes were to:*

- Add value / improve effectiveness
- Share information and best practice
- Networking and peer support
- Education, training and CPD
- Enable specific projects to be carried out
- Provide leadership and develop a strategic approach
- Have more influence than individual organisations alone
- Focus on issues specific to the region in particular remote and rural issues
- Those currently not involved in the Network suggested communication between staff, joint working, sharing of good practice and dissemination of information as examples of how the Network might support them.

*What did respondents say is working well?*

- In general the Network is seen as useful, fulfilling an important function and with great potential
- The most frequently mentioned successes and areas of added value of the Network were CPD / training events and information sharing, communication, networking with other colleagues from other Health Boards and involvement with / working on specific projects
- The Network work plan was seen as a strength by a number of respondents
- 64% of those who responded felt the Network did add value
- 71% of those who responded said they valued the Network personally – the most common reasons cited for this included contact with other colleagues, reducing professional isolation, providing support and training
- Those more involved in the Network were generally more positive about the effectiveness than those who had not been involved.

A full copy of the report of the NoSPHN telephone and e-mail evaluation survey report is attached / available on the NHS Grampian HI-NET website at [www.hi-netgrampian.org](http://www.hi-netgrampian.org) on the NoSPHN page.

*What did respondents say needed to be improved?*

- A number of responses talked of the great 'potential' of the Network but were unclear if this had been achieved to date
- Limited time, commitment and staffing were identified as a problem for the Network and a concern that regional working / the Network were not seen as high enough priority for NHS Boards
- There was concern that the Network had not completed any projects yet and it was therefore difficult to assess how effective it had been
- The main reason given for not valuing the Network personally was because it did not impact on respondents own area of work
- Increasing publicity, a greater focus on deliverable outcomes, becoming more multi-professional, embedding activities in local work and more engagement with other Networks are examples of improvements that were highlighted
- Workforce development (capacity and training), more communication, a stronger focus on remote and rural issues, wider involvement of the public health community and a number of specific projects were proposed
- At the same time a focus on the current work plan / not taking on anything new was advocated by 17% of respondents.

***Recommendations – the following recommendations were proposed by the author of the evaluation report and supported by the NoSPHN Steering Group.***

- Publicise the work of the Network to a wider public health community and encourage more individuals to become involved (and use the results of the survey to publicise the activities of the Network)
- Consider how the Network can work more closely with local NHS Boards to ensure both that individuals have the capacity to take on Network activities and the work of the Network reflects the priorities of the Boards
- Continue with CPD and training activities: this is seen as a particular strength
- Consider how the Network can influence at a national level
- Consider workforce issues (capacity and development)
- Concentrate on completing pieces of work currently underway and delivering measurable outcomes before taking on new areas of work
- Repeat the survey to identify where progress has been made.

***As a result of what respondents have told us, the NoSPHN Steering Group will:***

- Ensure that information on NoSPHN is readily available on the NHS Grampian Hi-NET website (see below)
- Expand the Network Steering Group to better reflect the wider public health community in the North (to include academic, CHP, local authority and non-medical representatives)
- Create a stakeholder group / reference group to reflect the wider public health community in the North
- Send a briefing note on the Network twice a year by e-mail, direct to public health staff across the North
- Organise a minimum of two CPD events for the Network per year
- Ensure the NoSPHN is a regular / substantive item on relevant public health / health improvement meetings across the North NHS Boards
- Ensure that NoSPHN objectives are negotiated and incorporated into Board, Departmental and personal objectives of staff across the North
- Develop links / work with the National Public Health Network
- Take forward a piece of work to fully scope the public health workforce in the North
- Deliver this years 2005 / 06 work plan (see page 4 of briefing note) and negotiate with key stakeholders and those not currently involved re work proposals for the 06/07 workplan
- Conduct a further review work / of the Network by March 2007 and report the findings widely.

***We wish to hear your views / ideas.....***

NoSPHN aims to progress pieces of work where it is agreed there is added value in working together across the North. Do you:

- have a piece of work you are working on at the moment?
- feel isolated in an area of work?
- feel your capacity to deliver on a piece on work in your area is stretched?
- have specialist skills in an area of work that you think could be shared eg training skills?
- have identified gaps in training needs that could be addressed on a NoS basis?

If you feel there would be a benefit of looking at the above from a regional perspective please discuss them with your manager and/or get in touch.

*The North of Scotland Public Health Network (NoSPHN) is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles. The Network aims to link groups of public health / health improvement professionals, to work in a coordinated manner across organisations with a common strategic agenda to promote health improvement and reduce inequalities, thus maximising shared resources'.*

Want to know more?

<p><b>Who is on the NoSPHN Steering Group?</b></p> <p>The NoSPHN Steering Group oversees the development and delivery of the NoSPHN workplan and ensures appropriate governance arrangements are in place. The Chair (Lead Clinician) of the Steering Group is rotated every 2 years between each of the North NHS Boards.</p> <p>Eric Baijal – Lead Clinician, DPH NHS Highland          Sarah Taylor – DPH NHS Shetland and Orkney / represents NoSPHN on the NoSPG          Sheila Scott – DPH Western Isles          Susan Jappy – Acting DPH NHS Grampian          Ken Black – CPHM NHS Orkney          Karen Crichton – Health Promotion Manager NHS Orkney and NoSPHN Health Improvement Sub Group Lead          Jillian Evans, Health Intelligence Manger NHS Grampian and NoSPHN Health Intelligence Sub Group Lead          Ken Oates – CPHM NHS Highland and Lead for NoSPHN Surge Capacity work          Annie Ingram, NoSPG          Pip Farman – NoSPHN Coordinator          Roseann Cameron – minute secretary NHS Highland</p> <p>Other representatives attend meetings in relation to specific pieces of work. The Group meets every 2 months – virtually all meetings are conducted with members videoconferencing from 5 sites across the North.</p>	<p><b>Why do we need a public health network for the North?</b></p> <p>The initial drivers to the Network included:</p> <ul style="list-style-type: none"> <li>• Recognition of scarce public health resource</li> <li>• Professional isolation</li> <li>• Growing demand for public health input at regional and CHP levels</li> <li>• Recruitment and retention issues</li> <li>• Economies of effort – reducing duplication across the North</li> <li>• Sparsity of populations and the sustainability of services</li> <li>• Delivery of core functions eg Health Protection</li> <li>• Difficulties with travel and transport</li> <li>• Remote and rural perspectives.</li> </ul> <p>Above all, progress in developing the Network has highlighted the need to reduce duplication of effort, maximise the public health / health improvement skills and resources and sharing of best practice particularly in the context of the remote and rural nature of the area.</p>
<p><b>Who does the NoSPHN report to?</b></p> <p>The NoSPHN is accountable to the Chief Executives of each of the North of Scotland Boards through the North of Scotland Planning Group (NoSPG).</p>	<p><b>How can I get involved in NoSPHN?</b></p> <ul style="list-style-type: none"> <li>• Talk to your manager / one of the NoSPHN Steering Group to determine work in which you might be involved. North DPHs regularly receive requests for staff to come forward for pieces of work / to contribute to e-mail discussions.</li> <li>• Identify work which might be progressed across the North – are you part of a group or progressing work which you think might benefit from a regional input? If so please let your manager know / contact Eric Baijal or Pip Farman (see contacts below)</li> <li>• Attend one of the NoSPHN CPD events – most will have a focus to consider regional working and to seek your views.</li> </ul>
<p><b>How can I access more information on NoSPHN?</b></p> <p>Copies of the main documents referred to in this report and copies of minutes / agendas of the NoSPHN Steering Group are in the process of being made available at <a href="http://www.hi-netgrampian.org">www.hi-netgrampian.org</a> on the NoSPHN page. This is provided through the NHS Grampian Hi-NET website – no password is needed to access the information.</p> <p>The website page is under development – if you have suggestions for the type of information you would like to see available please let us know.</p>	<p><b>For more information or to discuss NoSPHN and its work contact:</b></p> <p>Dr Eric Baijal, North of Scotland Public Health Network Clinical Lead or</p> <p>Pip Farman, North of Scotland Public Health Network Co-ordinator</p> <p>NHS Highland          Assynt House Beechwood Park          Inverness, IV2 3HG          (01463) 704894  <a href="mailto:eric.baijal@hnb.scot.nhs.uk">eric.baijal@hnb.scot.nhs.uk</a>  <a href="mailto:pip.farman@hnb.scot.nhs.uk">pip.farman@hnb.scot.nhs.uk</a></p>

### **The NoSPHN workplan – the current and future work of the Network.**

The current NoSPHN workplan was established in 05/06 and much of the 06/07 work of NoSPHN will be to deliver the work started during 2005.

Proposals for new work are however being sought and reviewed to ensure we address national, regional and local imperatives. Some examples of current work are given below – a full copy of the 06/07 draft workplan is available from Pip Farman and when approved will be available on the Hi-Net website.

**Health Intelligence** - work is being lead by Jillian Evans (NHS Grampian) to determine health intelligence users and their needs in the North. This is being further explored through the work of 4 subgroups looking at (leads in brackets):

- ✓ Population inequalities (Paddy Hopkins, NHS Highland) – examining the use of the slope index of inequality to draw comparisons between inequality indicators across the North of Scotland as a whole, and between local areas within the NoS geographical boundary.
- ✓ Qualitative assessment of inequalities (Emma Perring, NHS Shetland / Shetland Islands Council) – developing an understanding of deprivation and social exclusion in Shetland: the scale and extent of need, and the causes and consequences of being deprived and/or socially excluded.
- ✓ Cancer and inequalities (Martin Malcolm, NHS Western Isles) – to provide intelligence on the size and geographical distribution of inequality in relation to access to early diagnosis to assist planners to decide where to target their interventions. The indicators selected to represent this are premature cancer mortality, disease staging at diagnosis and uptake of national breast and cervical cancer screening programmes.
- ✓ Regional diagnostics (Jillian Evans, NHS Grampian) – intelligence to support a NoSPG project looking at capacity and demand in relation to diagnostics.

**Health Improvement** – work is being lead by Karen Crichton (NHS Orkney) to determine the added value of regional health improvement activities. This is being progressed by exploring 5 areas of work (leads in brackets):

- ✓ Sexual health (Karen Crichton, NHS Orkney) – exploring mechanisms to maximise sexual health activities across the North

- ✓ Workforce development (Pip Farman, NoSPHN) – mapping current health improvement / public health training opportunities in the North which will be matched to needs arising from local Knowledge Skills Framework assessments. The group is also looking at how to commission courses facilitating remote access to learning.
- ✓ Tobacco (Cathy Steer, NHS Highland) – exploring opportunities to maximise tobacco activities across the North (specifically the smoking ban
- ✓ Inequalities (Colin Gilmour, NHS Western Isles) – exploring opportunities to share practice / develop work tackling inequalities in health
- ✓ CHP developments (Gillian Lewis, NHS Grampian) – this project aims to identify the regional added value of looking at CHP and health improvement activities across the North.

**North of Scotland Planning Group (NoSPG)** – a range of activities are being progressed to determine and support the delivery of NoSPG priorities eg regional workforce planning, transport, rural general hospitals and cancer. ‘Delivering for Health’ – is also being reviewed to assess the regional public health implications.

**Scoping of Public Health Workforce Capacity in the North** – a project is being progressed to scope the public health workforce in the North to inform future workforce developments.

**Delivering a CPD programme for the North** – NoSPHN has committed to organising at least two CPD events for the North per year – building on the success of previous CPD events.

**NoSPHN infrastructure** – this work ensures the NoSPHN is fit for purpose and can deliver a sustainable public health response to the agreed public health needs of the region including, information sharing, communication and governance arrangements.

### **Who's Who in the North?**

Often wondered who does what in neighbouring Boards or needed to make contact with someone progressing similar work? Each of the DPHs across the North has agreed to compile (and will seek your permission to include you in) a 'Who's Who' of staff working on public health / health improvement issues across the North. The Who's Who will be accessible shortly via the NoSPHN page on the HI-Net website ([www.hi-netgrampian.org](http://www.hi-netgrampian.org)).

**For more information or to discuss NoSPHN and its work contact:**

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