

**NORTH OF SCOTLAND  
PUBLIC HEALTH NETWORK**

**NETWORK AND CONTINUING  
PROFESSIONAL DEVELOPMENT**

**Wednesday 26 May 2010  
Newton Hotel, Nairn**

**SUMMARY REPORT AND EVALUATION**

The aim of this event was to provide an opportunity to:

- Understand and maximise the opportunities for Public Health to impact on Planning (health services, health improvement and other planning systems)
- Provide CPD on a North of Scotland basis
- Provide a forum to share and discuss practice across the North of Scotland

*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 where this adds value, to contribute to improving health and reducing inequalities, thus maximising shared resources'.*

## **North of Scotland Public Health Network**

Network and Continuing Professional Development Event  
Wednesday 26<sup>th</sup> May 2010, Newton Hotel Nairn.

### **1. Introduction**

The North of Scotland Public Health Network aims to hold at least one Network and Continuing Professional Development event each year. This year the Event was held on 26<sup>th</sup> May 2010 at the Newton Hotel, Nairn (programme as Appendix 1) and had a focus on Public Health and Planning. 43 people attended the event and a further 17 remotely accessed the event through videoconference or teleconferencing facilities (Appendix 2).

Representatives attended from:

- NHS Grampian
- NHS Highland
- NHS Orkney
- NHS Shetland
- NHS Western Isles
- NHS Health Scotland
- The Highland Council
- National Services Division
- North of Scotland Planning Group and
- The Scottish Ambulance Service

The aim of this event was to provide an opportunity to:

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- Provide CPD on a North of Scotland basis
- Provide a forum to share and discuss practice across the North of Scotland

The event addressed issues highlighted through regional consultation mechanisms and suggestions highlighted through NoSPHN related work and workstreams.

### **2. Presentations and Workshops**

The format for the event included presentations by key speakers in the morning (all available presentations can be viewed and downloaded from the NoSPHN website under the CPD event page [www.nosphn.scot.nhs.uk](http://www.nosphn.scot.nhs.uk)). The main presentations were followed by discussion groups and further a sharing of practice across a range of issues in the afternoon in parallel session workshops.

#### **2.1 Summary of morning discussions.**

The morning speakers offered perspectives on Public Health and Planning from Public Health, Regional Planning and Community Planning perspectives.

**Dr Sarah Taylor** - NoSPHN Lead and Director of Public Health and Planning, NHS Shetland

Sarah highlighted the purpose of and role of Public Health particularly within the health service – with a focus on health protection, health services and health promotion. Sarah noted the range of activities and tools available or used within Public Health to support planning including a focus on population health, epidemiology, health intelligence, health service management, needs assessment, health impact assessment, health technology

assessment, assessing the evidence, service evaluation, equity audits and a focus on organisational culture and politics.

Sarah gave examples of public health issues where Public Health might have an impact on Planning, noting also the dilemmas in planning of health services such as costs, competing resources, opportunity costs and therefore a need to focus on value for money. Sarah further explored through a number of examples drawn from across Scotland of how Public Health supports planning work in particular the Public Health contribution through:

- Leading or engaging in service redesign, service assessment, planning and delivery eg conducting needs assessment, promoting evidence informed care, considering the evidence for change and service modelling.
- Strategic planning (clinical and other strategies).
- Planning and prioritising services (or approaches to disinvestment) and supporting ethical decision making.
- Specialist commissioning of services including out of area services and with staff designated as commissioners of services e.g. for Child Health or Sexual Health.
- Policy development e.g. for tobacco, alcohol, infertility and medicines management.
- A focus on quality to ensure improvements in access to services, the development of services relevant to needs, the effectiveness, equity, social acceptability and efficiency and economy of services and their developments. All maintaining a focus on inequalities in health.

Concluding, Sarah highlighted that service planning should not be focused only on treating illness and recognised the wider agendas that also had to be pursued and on which public health and planning needed to work together 'upstream' to reduce the numbers of people becoming ill eg

- Healthy Public Policy
- Re-orientating services
- Strengthening individuals
- Strengthening community action and
- Creating healthy environments.

**Dr Annie Ingram** - Director of Regional Planning & Workforce Development, North of Scotland Planning Group (NoSPG)

Annie described the North of Scotland Planning Group structure and the types of activities and work programmes that were being progressed at a regional level with a key focus on Boards working collaboratively to plan and deliver health services for the benefit of the North of Scotland population. To achieve this Annie noted that planners 'wanted':

- Precise numbers
- Quick responses
- Evidence (but not too much and translated)
- An assessment of what was needed.

Annie further recognised the problems with this included:

- Language – what is a needs assessment?
- Timing and deadlines
- Understanding methodologies – is it a needs assessment I need?
- Clarity of expectation – what do you want the information for?
- Different professional perspectives
- Planning
- Involving & engaging

Annie worked through a number of examples of previous work activities and explored where things had worked well and where they had worked less well and the challenges of this.

Concluding, Annie emphasised the need for:

- Early and ongoing engagement (a common understanding, professional respect and recognition that we were all in it for the long haul)
- Timing (the need to identify requirements early, plan and agree and meet timescales)
- Communication and dialogue (learning a common language and trust)
- Methodologies (clear expectations and quality control).

but highlighted that Planners recognised that they might get what they needed but it might not be what they thought they wanted.

**Moira Paton** - Head of Community and Health Improvement Planning, NHS Highland

Moira spoke to her paper and outlined her understanding and experience of Community Planning and Single Outcome Agreements (SOA's). Moira noted the legislation setting out the purpose of Community Planning and the duties of public bodies including the NHS, but in reality, Moira noted it was simply about working in partnership with other agencies and community and voluntary groups to address the needs and priorities of our population and communities. Moira highlighted that SOA's offered a mechanism and framework for efficient and effective partnership working to improve health and wellbeing. Moira further outlined key aspects of the current climate in which we are working (outcomes focussed, the financial climate and the widening inequalities gap) and the impacts for Public Health and Planners.

Moira noted the usefulness of tools for example logic modelling that had helped focus attention on outcomes and provided a useful performance framework but highlighted gaps in data, intelligence, assessments of the evidence base and health economics particularly when working across agencies and the impacts and trade offs that were required in decision making.

Moira highlighted the need to understand how best to manage these gaps eg the development of processes to commission work, promoting the skills that are on offer, ensuring the delivery of work, where the range of Public Health skills might be found within an organisation and who can use them, how others might be up-skilled and the opportunities presented by the new equalities legislation in particular for work on socio economic circumstances in developing strategies and setting priorities.

## **2.2 Open discussion**

Following the key presentations, open discussion followed which noted that:

- Public Health colleagues need to create and sustain a situation where there was a validity to Public Health being at the planning table – this requires us to ensure we build the professional credibility needed to be there (eg evidence of having made a helpful contribution, timely contributions etc)
- Public Health have a key role to play in translating complex issues into something more manageable and play an advocacy role
- Public Health need to be more proactive and take and shape opportunities
- Public Health could usefully be the ones to both ask key and difficult questions and offer support skills to answer some of the difficult issues around planning.
- Planners and others have a role to act as a good 'public health servant' – not just Public Health colleagues. In this sense action should also focus on developing Public Health skills within the health service (and wider) and not focus on Public Health departments.

- Work is further required to understand how best to engage with wider eg Local Authority agendas.

## 2.3 Discussion groups

In discussion groups participants were invited to discuss the following:

- Whether the presentations given reflected the experiences of those in the groups?
- To agree one or two of the main challenges faced in maximising the impact of Public Health on planning?
- To identify 1 or 2 key actions that we might as individuals or collectively do to improve things (and anything for NoSPHN to do to support this?).
- Consider any further questions for the presenters.

Feedback highlighted the following from discussions:

- In order for Public Health to maintain credibility / have a validity to be at the Planning table we need to be at the table, add value and deliver what is required at the right time.
- We should aim to:
  - Be more tactical and proactive – we need to take and share opportunities.
  - Promote sharing of Public Health skills and tools across the wider workforce.
  - Adopt stratified level of evidence to inform planning.
  - Public Health leadership to take forward planning when there is a lack of evidence (help people through process).
  - Partnership working – build up the different contributions from different agencies.
  - Need to focus evidence of cost effectiveness and health economics (to demonstrate how focussing upstream can be cost effective and reduce costs in short / medium and long term).
  - Use health impact assessment as part of the initial planning process.
  - Gain clarity on where the duty of responsibility starts and stops.
  - Support Public Health to be included in the Planning agenda.
  - Important to continue to discuss and plan.
  - Go to the top.
- Challenges recognised included:
  - Language / communicating effectively.
  - Trade off of advocacy and management roles.
  - Difficulty of balancing in depth academic analysis with ‘quick and dirty’ approaches.
  - Difficulties with prioritisation.
  - Translating and managing national directives so they are met but also reflect local priorities/practicalities.
  - Cross cutting planning eg GIRFEC and LDW were seen as more productive than single topic / disease / service approaches.
  - Immediate versus important issues.
  - Financial constraints and potential impacts on upstream approaches.
  - How to make decisions in face of poor quality evidence.
  - Financial restrictions impacting upon capacity building activity at community planning levels, collaborative working particularly in terms of inequalities and potential impacts on upstream approaches.
- Further questions asked:
  - How best to bring Local Authorities to the table?

### **3. Parallel sessions**

Participants were offered the opportunity to attend two of eight parallel sessions over the course of the afternoon led by a number of North of Scotland colleagues and focussing on:

- Community Health Needs Profiling for the Review of Nursing in the Community (RONC).
- The Long Term Condition Juggernaut and the Critical Role of Public Health.
- Progressing integrated and outcome focussed planning, examples from Aberdeenshire CHP.
- Making Difficult Decisions in Health Boards.
- Public Health and Planning in Scotland – what can we learn from the English Commissioning Process?
- Getting in early, health provision in new developments.
- Supporting Healthfit (the NHS Grampian Health Plan) – utilising consistent data sources.
- The use of the logic model as a planning and evaluation tool – developments with the North of Scotland Specialist Children's Services

Facilitators were asked to give feedback on each of these sessions only where they thought necessary. General notes were recorded for some sessions which are available on request from [pip.farman@nhs.net](mailto:pip.farman@nhs.net).

### **4. Summary of issues – Dr Sarah Taylor**

Sarah in drawing the event to a close highlighted the key issues that she was taking away from the event – the need for Public Health to be tactical, proactive, eternally optimistic, flexible, committed to developing and using our toolkit, being outcomes focussed and recognising the need for community intelligence to sit alongside health intelligence.

Sarah noted issues that had not been given particular attention during the day including sustainability, equity, inequalities and on how to ensure public participation in planning (and the key role for Public Health in this) and noted that these should be key to further developments.

Sarah thanked all presenters and participants and noted the wealth of talent and skills amongst both Planners and Public Health colleagues and she challenged all to ensure that we constantly developed our skills, passed them on and continued to listen and learn from each other.

### **4. Key evaluation themes**

43 people attended the event and a further 17 remotely accessed the event through videoconference or teleconferencing facilities (this represented close to 100% attendance from those booking to attend). Participants were invited to complete and return an evaluation form for the event (Appendix 3).

#### **Feedback**

- 47% (28) of participants returned evaluation forms (an e-mail reminder was sent) of these:
  - The majority felt that the event partially achieved or achieved its aims
  - Participants had a range of expectations of the event – 78% of those completing evaluation forms felt their expectations were very well or well met.
  - Many indicated that they intend to change practice / follow up issues as a result of the event.

- Feedback was specifically sought from videoconferencing delegates (2 evaluation forms were received).
- The event and workshops were well received.
- The facilities, catering and event management were well received.

The cost to NoSPHN of the hosting the event was £2,572.

A number of suggestions have been made for further CPD events / further work within NoSPHN – which are being reviewed as part of the development of the NoSPHN 10/11 workplan. Feedback on the event will be used to guide the development of further NoSPHN events.

**North of Scotland Public Health Network (NoSPHN)**

**NETWORK AND CONTINUING  
PROFESSIONAL DEVELOPMENT EVENT 2010**

Wednesday 26<sup>th</sup> May 2010, 10:30 am to 4:15pm

The Newton Hotel, Inverness Road, Nairn IV12 4RX  
(with video conferencing and teleconference access)

**PUBLIC HEALTH AND PLANNING**

The **AIM** of this event is to provide an opportunity to:

- Understand and maximise the opportunities for Public Health to impact on Planning (health services, health improvement and other planning systems)
- Provide CPD on a North of Scotland basis
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**Programme**

		<b>Room</b>
10:00	Coffee / registration / networking opportunity	Highland Lounge
10:30	<b>Welcome and overview – Dr Margaret Somerville</b> , Director of Public Health, NHS Highland	Cawdor
10:35	<b>Dr Sarah Taylor</b> - NoSPHN Lead and Director of Public Health and Planning, NHS Shetland	
	<b><i>A Public Health Perspective</i></b>	
11:00	<b>Dr Annie Ingram</b> - Director of Regional Planning & Workforce Development, North of Scotland Planning Group (NoSPG)	
	<b><i>A Regional Planning perspective – or what do we need for Planning?</i></b>	
11:25	<b>Moir Paton</b> - Head of Community and Health Improvement Planning, NHS Highland	
	<b><i>A Community Planning Perspective</i></b>	
11.50	<b>Table discussion groups</b> (facilitated)	Cawdor
	<b>Feedback and top table discussion</b>	
12:45	<b>Lunch and networking opportunity</b>	Highland Lounge



	<b>Parallel sessions 1 &amp; 2:</b> Participants are asked to sign up at reception on the day for one workshop as part of the parallel session 1 and one workshop as part of parallel session 2. Descriptions of the sessions are in the delegate pack.	<b>Room</b>
1:45	<b>Parallel Session 1</b>	
1.	<b>Community Health Needs Profiling for the Review of Nursing in the Community (RONC).</b> Susan Vaughan, Epidemiologist, NHS Highland.	Cawdor
2.	<b>The Long Term Condition Juggernaut and the Critical Role of Public Health.</b> Martin Malcolm, Head of Public Health Intelligence & Information Services, Phil Tilley, Deputy Head of Planning and Development NHS Western Isles and Pam Gowans Long Term Conditions Manager, NHS Grampian.	Darnaway
3.	<b>Progressing integrated and outcome focussed planning, examples from Aberdeenshire CHP.</b> Jennifer Hall, Public Health Lead and Mary McCallum, Health Improvement Officer, Aberdeenshire CHP, NHS Grampian.	Brodie 1
4.	<b>Making Difficult Decisions in Health Boards.</b> David Pflieger, Consultant in Pharmaceutical Public Health, NHS Grampian.	Brodie 2
2:45	<b>Tea / coffee</b>	Highland Lounge
3:00	<b>Parallel session 2</b>	
5.	<b>Public Health and Planning in Scotland – what can we learn from the English Commissioning Process?</b> Margaret Somerville, Director of Public Health, NHS Highland.	Cawdor
6.	<b>Getting in early, health provision in new developments.</b> Simon Hindson, Graduate Planner, The Highland Council.	Darnaway
7.	<b>Supporting Healthfit (the NHS Grampian Health Plan) – utilising consistent data sources.</b> Peter Maclean, Health Intelligence Sector Lead and Nelson Kennedy, Health Intelligence Sector Lead, NHS Grampian.	Brodie 1
8.	<b>The use of the logic model as a planning and evaluation tool – developments with the North of Scotland Specialist Children’s Services.</b> Ken Mitchell, Project Manager NoSPG and Pip Farman, NoSPHN Coordinator.	Brodie 2
4:00	<b>Review of event and closing comments – Dr Sarah Taylor</b>	Cawdor
4.15	<b>Close</b>	

## **APPENDIX 2**

### **Attendees List (# delegates linking by Videoconference)**

#### **NHS GRAMPIAN**

Bruce Archibald	Service Planning Lead for Oral Health and Dentistry
Elaine Brown	Service Planning Lead
Jillian Evans #	Head of Health Intelligence
Susan Forbes	Health Improvement Officer, Strategy, Aberdeenshire CHP
Tracey Gervaise	Public Health Lead, Moray CHP
Jennifer Hall	Public Health Lead, Aberdeenshire CHP
Simon Hilton #	Consultant in Public Health Medicine / Screening Co-ordinator
Nelson Kennedy	Health Intelligence Sector Lead
Linda Leighton-Beck #	Head of Social Inclusion
Chris Littlejohn	StR Public Health
Peter Maclean	Health Intelligence Sector Lead
Mary McCallum	Health Improvement Officer, Strategy
Julie Morrison #	Public Health Co-ordinator, North
Emmanuel Okpo #	Acting Consultant in Public Health Medicine
David Pflieger	Consultant in Pharmaceutical Public Health
Barbara Smith #	Business Development Manager
Linda Smith	Public Health Lead, Aberdeen CHP
Dawn Tuckwood	Health Improvement Officer, Education, Aberdeenshire CHP
Marlene Westland #	Public Health Co-ordinator
Anne Whitcombe #	Health Improvement Knowledge and Learning Co-ordinator
Lesley Wilkie #	Director of Public Health and Planning

#### **NHS HEALTH SCOTLAND**

Emma Witney #	Head of Healthy Sectors and Partnership Management
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#### **NHS HIGHLAND**

Sally Amor	Child Health Commissioner / Public Health Specialist
Margaret Brown	Policy Officer
Fiona Clarke	Health Promotion Specialist
Ian Douglas	Health Intelligence Specialist
Jane Groves	Public Health Network Co-ordinator
Sandra Harrington	Midwife Consultant
Rob Henderson	Consultant in Public Health Medicine
Angus MacKiggan	Well North Regional Co-ordinator
Mairi Milne	Business Manager
Moira Paton	Head of Community and Health Improvement Planning
Sharon Pflieger	Consultant in Pharmaceutical Public Health
Margaret Somerville	Director of Public Health and Health Policy
Cathy Steer	Head of Health Improvement
Dennis Tracey	Consultant in Public Health Medicine
Roseanne Urquhart	Head of Healthcare Strategy
Susan Vaughan	Epidemiologist

#### **NHS ORKNEY**

Ken Black #	Consultant in Public Health Medicine
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#### **NORTH OF SCOTLAND PLANNING GROUP (NoSPG)**

Michael Bisset	Child Health Clinical Lead
Annie Ingram	Director of Regional Planning and Workforce Development
Fiona MacDonald	Regional Cardiac Service Improvement Manager
Ken Mitchell	Regional Programme Manager for Child Health

**NHS SHETLAND**

David Kerr #  
Susan Laidlaw #  
Peter Ratter #  
Sarah Taylor

Senior Planning and Information Officer  
Consultant in Public Health Medicine  
Health Improvement Resource Officer  
Director of Public Health and Planning

**NHS WESTERN ISLES**

Sara Bartram #  
Martin Malcolm  
Phil Tilley

Acting Immunisation and Screening Co-ordinator  
Head of Public Health Intelligence and Information Services  
Deputy Head of Planning and Development

**NORTH OF SCOTLAND  
PUBLIC  
HEALTH NETWORK  
(NoSPHN)**

Pip Farman  
Alex Medcalf  
Sharon Duncan

NoSPHN Co-ordinator  
Public Health Secretary / NoSPHN Secretary  
Public Health Deputy Office Manager (NHS Highland)

**NATIONAL SERVICES  
DIVISION**

Mike Winter

Medical Director

**SCOTTISH AMBULANCE  
SERVICE**

Ian Donald

Strategy Implementation Manager

**THE HIGHLAND  
COUNCIL**

Simon Hindson  
Keith Walker

Planning Officer  
Health Improvement Officer

**North of Scotland Public Health Network (NoSPHN)  
Network and CPD Event, Wednesday 26 May 2010**

**EVALUATION SUMMARY**

Number of people attending:           In person                   43  
  By videoconference   17

Number of evaluations returned   28 (47%)

	Not at all familiar	Familiar	Very familiar	Total
<b>1. How familiar were you with the NoSPHN prior to this event?</b>	1 (3.6 %)	15 (53.6%)	12 (42.8%)	28
	Did not achieve	Partially achieved	Achieved	Total
<b>2. How well did the event achieve its aims to:</b>				
Understand and maximise the opportunities for Public Health to impact on Planning (health services, health improvement and other planning systems)	0	11 (40.7%)	16 (59.3%)	27
Provide CPD on a North of Scotland basis	1 (4.0%)	2 (8.0%)	22 (88.0%)	25
Provide a forum to share and discuss practice across the North of Scotland	0	5 (19.2%)	21 (80.8%)	26
<b>3. How did you participate in the event? (please indicate) (1 form gave no indication)</b>	Attendance at the Newton Hotel 25		By videoconference 2	
<b>4. What were your expectations of the event?</b>	<ul style="list-style-type: none"> <li>• Networking (7)</li> <li>• An opportunity to share experiences, debate and learn from colleagues in other areas (5)</li> <li>• To gain insight into current tools / ways of working and innovative ways to plan or be applied in Public Health and Planning (4)</li> <li>• To learn of work across the North in service delivery / planning supported by Public Health (3)</li> <li>• Understand similarity / difference / opportunities re planning and public health and discuss with planning and public health colleagues how to work together more effectively (3)</li> <li>• Opportunity to increase my knowledge of NoSPHN (2)</li> <li>• Opportunity to better understand Public Health</li> <li>• To participate as appropriate and enjoy the event</li> <li>• To learn more about planning processes outwith the NHS that have a health impact</li> <li>• Understand more about ways to maximise Public Health thinking / approaches across variety of planning systems and how to harness these as a non-Public Health person</li> <li>• Did not really have any</li> <li>• Highlight need for public health to participate in planning at various levels</li> <li>• Food for thought in terms of how my role works with others to achieve common goals</li> <li>• As a parallel session presenter to obtain feedback of my individual work in relation to others experience in the same area and for their views on the particular piece of work.</li> </ul>			

## **5. How well were your expectations met?**

- Very well (10)
- Well (11)
- Partially (4)
- Reasonably well (2)

### **Examples of comments made**

- In part, though could have heard more of a showcase / examples of how done successfully
- Very well, good to see so much agreement between Public Health and Planning speakers
- Partially met – now have lot more understanding of possibilities
- Some ideas gained from lots of discussion – “Decision Making” within NHS Grampian laid out an interesting way to plan for issues
- Partially, it seems so complex and multilayered it is difficult to know where to act
- Due to low numbers attending, was not able to accomplish a meaningful workshop activity, but confirmed that it would be worthwhile pursuing at CHP level locally
- Good opportunity to network with Public Health colleagues - significant improvement in understanding of similarities / differences in planning and public health

## **6. Do you intend to change any practice / follow anything up as a result of the event?**

- Follow up ideas / issues raised (6)
- Communicate and strengthen links with Public Health (6)
- Maximise opportunities for Public Health to impact on Planning / embed on local regional and national level (5)
- Be more proactive (4) – engaging with Public Health / putting Public Health on the agenda
- Use logic modelling (4)
- Improve communications and information sharing (3)
- Focus on principles of practice and capacity building (1)
- Need to reflect more / do more reading (2)
- No / not sure (2)
- Make use of ScotPHO (1)
- Discuss issues with NoSPHN (1)

### **Examples of comments made**

- Review implications for Public Health in own Board
- Intend to take a more active interest in what is happening in other Board areas, as we are all working towards the same end
- Engage with planning more. Find out who the key people are in groups which Public Health can influence
- Compass seems to be pointing in the right direction
- Currently looking at links with planning colleagues and how to strengthen these and implications for public health dept priorities
- Keep on looking at ways to effect real change
- Follow up on health impact assessments of our planning activity
- Recognise added value of Public Health input
- Awareness is more likely to result in change of practice – will try to put in a public health aspect whenever the opportunity arises with more confidence that it is very much “legitimate”
- Intend to obtain more information on RONC Needs Assessment tool with Susan Vaughan with a view to local implementation.

## **7. Suggestions for further public health CPD / networking opportunities in the North.**

- Public Health role in time of reducing resources – prioritisation, evaluation
- Travel to the event from remote and rural boards is difficult – distance, time and cost – videoconferencing / teleconferencing is a boon, but not the ideal medium for workshops or group discussion
- Sharing work experience, re reducing inequalities in health

- Share learning on the “how” of public health inputs
- Decision making framework – how to translate individual request processes into something which can be used for macro level planning around investment / disinvestment. Strategic framework and Quality strategy
- Virtual network and forum – more events like this one
- Public health – workforce planning and development and capacity – core and wider workforce?
- Outcome based planning underpinned by evidence
- Environmental planning for change
- Area of service quality, particularly acute, DGH level

#### **8. Suggestions for further work within the NoSPHN?**

- Decision making framework (2)
- Health economics for public health workers
- Tele-health
- Exchange visits
- Working with voluntary sector / community groups could be beneficial to them
- Redefining what is needed to create environments which support change – planning cities / communities
- Community development and engagement
- Inequalities

#### **9. Further suggestions or comments about the event?**

- Enjoyable and informative / well received event (7)
- Good food (2)
- Well organised / well co-ordinated (2)
- Opportunity to meet with colleagues across the North of Scotland / network (2)
- Timing for group work needs to be extended
- Well attended lots of enthusiasm good to see people from a range of agencies
- Guidance for workshop leaders to ensure that it is a workshop rather than another presentation
- Less power point presentations
- Opportunity to videoconference very helpful and well organised, including discussion group in the morning – keen to have this opportunity in the future (would not have been unable to attend otherwise)
- Allow more time for discussion – maybe a board for folk to stick up suggestions to take forward as it’s often difficult to squeeze ideas out of the Q&A session.

<b>10. Programme:</b> please comment on / rate those aspects of the programme at which you were present	<b>Please rate from 1-5 where 1 is poor / not useful, 5 is very good / very useful</b>		
<b>Morning programme</b>	<b>Responses</b>	<b>Average</b>	<b>Range</b>
Welcome and overview – Dr Margaret Somerville	21	4	3-5
Dr Sarah Taylor - <i>NoSPHN Lead and Director of Public Health and Planning, NHS Shetland - A Public Health perspective</i>	26	4	3-5
Dr Annie Ingram - Director of Regional Planning & Workforce Development, North of Scotland Planning Group (NoSPG) - <i>A regional planning / NHS perspective</i>	25	4	3-5
Moira Paton - Head of Community and Health Improvement Planning, NHS Highland - <i>A Community Planning Perspective</i>	24	4	2-5
Discussion groups and discussion in open forum	22	4	2-5
<b>Parallel session 1</b>			
Community Health Needs Profiling for the Review of Nursing in the Community (RONC). Susan Vaughan, Epidemiologist, NHS Highland.	4	4	4-5
The Long Term Condition Juggernaut and the Critical Role of Public Health. Martin Malcolm, Head of Public Health Intelligence & Information Services, Phil Tilley, Deputy Head of Planning and Development NHS Western Isles and Pam Gowans Long Term Conditions Manager, NHS Grampian.	7	3	2-4
Progressing integrated and outcome focussed planning, examples from Aberdeenshire CHP. Jennifer Hall, Public Health Lead and Mary McCallum, Health Improvement Officer, Aberdeenshire CHP, NHS Grampian.	3	4	4-5
Making Difficult Decisions in Health Boards. David Pflieger, Consultant in Pharmaceutical Public Health, NHS Grampian.	4	5	4-5
<b>Parallel session 2</b>			
Public Health and Planning in Scotland – what can we learn from the English Commissioning Process? Margaret Somerville, Director of Public Health, NHS Highland.	4	4	3-4
Getting in early, health provision in new developments. Simon Hindson, Graduate Planner, The Highland Council.	4	5	4-5
Supporting Healthfit (the NHS Grampian Health Plan) – utilising consistent data sources. Peter Maclean, Health Intelligence Sector Lead and Nelson Kennedy, Health Intelligence Sector Lead, NHS Grampian.	1	3	3
The use of the logic model as a planning and evaluation tool – developments with the North of Scotland Specialist Children's Services. Ken Mitchell, Project Manager NoSPG and Pip Farman, NoSPHN Coordinator.	6	4	4-5

<b>Newton Hotel</b>			
Facilities	25	4	3-5
Catering	25	5	3-5
Access (by road / airport etc)	24	5	3-5
<b>Event organisation</b> (please note any comments on the organisation of the event and how it might have been improved for another occasion)	20	5	4-5