Appendix 1:

Programme, List of Participants & Workshop Group Membership

Inaugural Workshop

BMA, 14 Queen Street, Edinburgh
27/28 January 2009

PROGRAMME

DAY ONE			
12.30	**Registration and Lunch**		
	Chair: Sir David Carter		
1.30	Welcome	*Plenary*	Dr Harry Burns
1.45	Introduction to the SCPHRP Inaugural Research Planning Workshop		Professor John Frank
2.10	Ground rules for the workshop		Sir David Carter
2.15	Early Child Development Programmes		Professor Ted Melhuish
2.55	Taking a Systems Approach to Obesity		Dr Susan Jebb
3.35	**Tea and Group Networking**		
4.15	Promising Interventions: Summary of results prioritisation survey	*Plenary*	Sally Haw
	Criteria for Prioritising Interventions		Professor John Frank
5.10	Closing Comments		Sir David Carter
5.15	**Close**		
7.30	**Dinner**		

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PROGRAMME

DAY TWO			
8.45	**Registration and Coffee**		
	Chair: Sir David Carter		
9.15	Welcome	*Plenary*	Sir David Carter
9.30	Overview of Plans for SCPHRP & Working Groups & Workshop Group Process		Professor John Frank
9.45	Q&A Session		
9.55	Workshop Groups – Session 1	*Groups*	Group Facilitators Professor John Frank Sally Haw Dr Peter Craig Ms Jennifer Waterton Professor Sally Wyke
11.10	**Coffee**		
11.30	Workshop Groups – Session 2		
1.15	**Lunch**		
2.15	Feedback from Workshop Groups and Discussion	*Plenary*	Group Facilitators
3.30	**Tea**		
4.00	Setting Up SCPHRP Working Groups and Taking Them Forward	*Plenary*	Panel Professor John Frank and Sir David Carter
5.15	**Close**		

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DELEGATE LIST

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University of Edinburgh

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Professor of Food Choice
University of Dundee

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Professor of Mental Health Policy
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Dowd Joe Mr
Workforce Plus Team
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(Sexual Health and Wellbeing)
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Inaugural Workshop

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DELEGATE LIST

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Director MRC SPHSU
University of Glasgow

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Professor of Human Development at Birkbeck,
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Fellow at the Institute of Education.

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Morgan Antony
Associate Director
National Institute for Health and Clinical
Excellence

Morris George Professor
Scientific Policy Adviser Scottish Government
Chief Medical Officer Directorate

Mutrie Nanette Professor
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DELEGATE LIST

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University of Glasgow

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Professor & Head, Community Health Sciences,
School of Clinical Sciences & Community Health
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Ritson Bruce Dr
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Research Ethics and Methodology

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Watt Graham Professor
Professor General Practice University of Glasow

Weller David Professor
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Whittle Pam Ms
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Wyatt Jeremy Professor
Director of Health Informatics
Centre & eHealth Research Group
University of Dundee

Wyke Sally Professor
Director Alliance for Self Care Research
University of Stirling

Workshop Group Membership

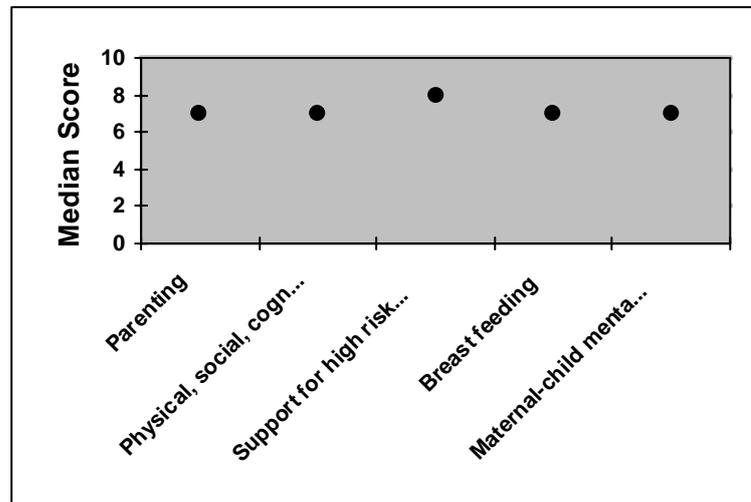| EARLY LIFE 1	TEENAGE/EARLY ADULTHOOD 2	EARLY TO MID-WORKING-LIFE 3	LATER LIFE 4
Facilitator: Peter Craig	Facilitator: Sally Haw	Facilitator: Jennifer Waterton	Facilitator: John Frank
Scribe:Phil Eaglesham	Scribe: Catherine Nixon	Scribe: Katherine Skivington	Scribe Lynda Brown
Andy Carver	Amanda Amos	Kay Barton	Jacqueline Atkinson
Sarah Cunningham-Burley	Paul Ballard	Raj Bhopal	Marion Bain
Marlie Ferenczi	Lyndal Bond	Fiona Crawford	Paul Boyle
John Froggatt	Cameron Cavin	Joe Dowd	David Butler Jones
Laurence Gruer	William Cairns Smith	Gerard Hastings (1st session)	Nancy Edwards
Karen MacNee	Iain Crombie	Martyn Jones	Elizabeth Fenwick
Geraldine McNeil	Candace Currie	Anne Ludbrook	Jane Kellock
George Morris	Peter Donnelly	Ewan McDonald	Allyson Pollock
Christine Puckering	Andrew Fraser	Sally Macintyre	Alison Spaull
Robert Stevenson	Lesley Graham	Rich Mitchell	Margaret Shotter
Edwin van Teijlingen	Gerard Hasting (2nd session)	Nanette Mutrie	Graham Watt
Danny Wight	Alastair Leyland	Kate O'Donnell	
Erica Wimbush	Dona Milne	Jill Pell	
	Anthony Morgan	Anne Scoular	
	Mike Palmer	Frank Sullivan	
	Bruce Ritson	Andrew Tannahill	
	David Weller	Jeremy Wyatt	
	Pam Whittle		

Appendix 2

Matrix of Interventions & Summary of Pre-workshop ratings

A2.1 Promising Interventions & Areas of Focus for Public Health Interventions (Revised Matrix)
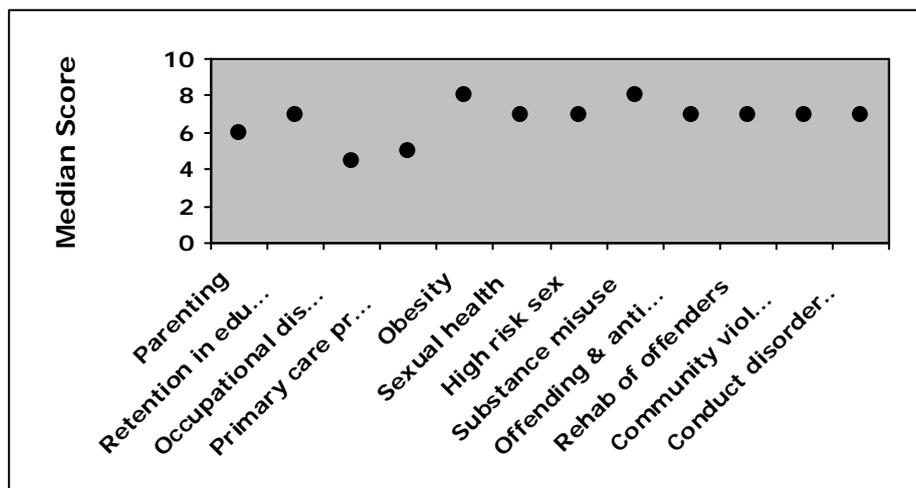
Risks to Health	Early Life	Adolescence & Young Adulthood	Working Life	Later Life
Socio-economic	Actions on poverty & deprivation (see also lack of cognitive stimulation in early and late life)			
Environmental	Housing & community regeneration			
	Prevention of harmful environmental (physical, chemical and biological) exposures by air, water, food			
	Reduction in obesogenic aspects of the built environment			
Education & training	Development of effective parenting skills	Preparation for successful parenthood		
	Promotion of physical, social & cognitive development (readiness to learn pre-school)	Retention in education & training for labour force success	Retention in education & training for labour force success	Cognitive stimulation/training programmes to retain function
	Health literacy, empowerment, participation and community engagement			
Occupational risks		Prevention & management of occupational disability including trauma and musculo-skeletal disorders such as RSI, LBP (see also mental health, below)	Prevention & management of occupational disability including trauma and musculo-skeletal disorders such as RSI, LBP (see also mental health, below)	
Inadequate social capital	Promotion of social-connectedness and support for high-risk parents and children	Promotion of social-connectedness and support		Promotion of social-connectedness and support
				Maintenance of capacity for independent living
Sub-optimal health care practices	Optimal delivery and utilization of effective primary care preventive measures	Optimal delivery and utilization of effective primary care preventive measures		Specifically adverse consequences of medical care (e.g. drug side-effects)
Nutrition and diet	Promotion of breast feeding and good early nutrition	Prevention and treatment of obesity and sub-optimal nutrition		Maintenance of good nutrition during senescence
Physical activity	Promotion of physical activity			Prevention of sarcopenia
				Promotion of physical activity
High risk & deviant behaviours		Promotion of good sexual and reproductive health and reduction in prevalence high risk sexual behaviour		
		Prevention of substance misuse	Treatment of substance misuse Address tobacco, alcohol, drugs separately	Treatment of substance misuse. Address tobacco, alcohol, drugs separately
		Address tobacco, alcohol, drugs separately		
		Prevention of offending & anti-social behaviour		
		Rehabilitation of offenders		
		Prevention of community violence and domestic abuse		
Mental health	Prevention, early identification & management of poor maternal-child mental health	Prevention & management of conduct disorder & depression	Management of mild to moderate depression, including disability management	Prevention & management of depression
Injury	Prevention of childhood injury	Prevention occupational injury (see above)		Falls prevention

25

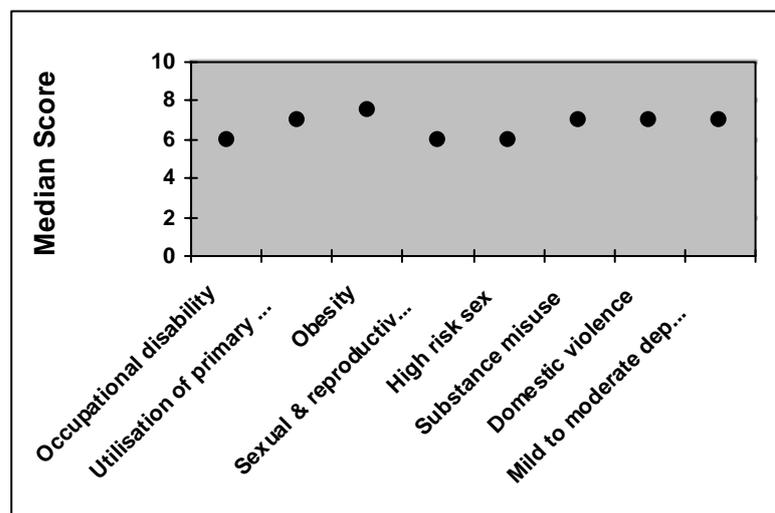## A2.2 Pre-workshop Median Priority Scores for Intervention Categories
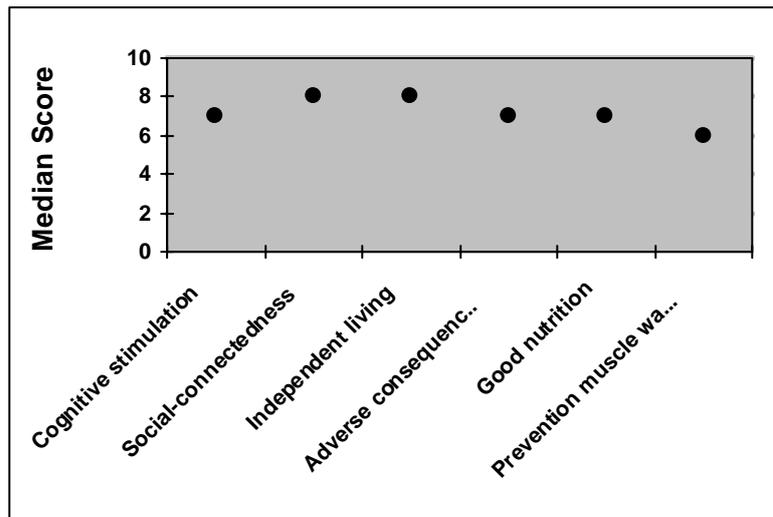
Early Life Interventions

Median Score (y-axis: 0, 2, 4, 6, 8, 10)

Data points (approximate median scores):
- Parenting: 7
- Physical, social, cogn...: 7
- Support for high risk...: 8
- Breast feeding: 7
- Maternal-child menta...: 7

Adolescence and Early Adulthood Interventions

Median Score (y-axis: 0, 2, 4, 6, 8, 10)

Data points (approximate median scores):
- Parenting: 6
- Retention in edu...: 7
- Occupational dis...: 4.5
- Primary care pr...: 5
- Obesity: 8
- Sexual health: 7
- High risk sex: 7
- Substance misuse: 8
- Offending & anti...: 7
- Rehab of offenders: 7
- Community viol...: 7
- Conduct disorder...: 7

Early to Mid-working Life Interventions

Median Score (y-axis: 0, 2, 4, 6, 8, 10)

Data points (approximate median scores):
- Occupational disability: 6
- Utilisation of primary ...: 7
- Obesity: 7.5
- Sexual & reproductiv...: 6
- High risk sex: 6
- Substance misuse: 7
- Domestic violence: 7
- Mild to moderate dep...: 7

Later Life Interventions

Universal Interventions
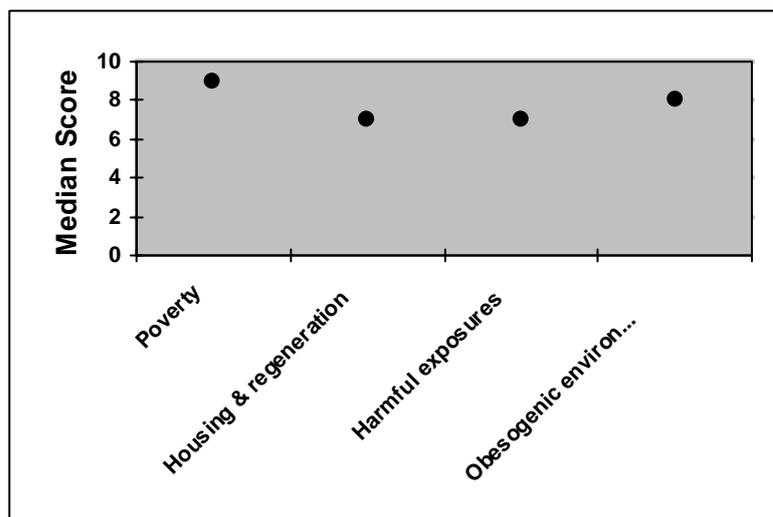
Summary of High Priority & Lowest Priority Interventions (median)

	High Priority Interventions (Median >7)	Lowest Priority Interventions (Median <7)
Early Life	• Support for high risk parents and children (8)	
Adolescence & Early Adult	• Obesity (8) • Substance misuse (8)	• *Parenting (6)* • Occupational disability (4.5) • *Primary care prevention (5)*
Early to Mid-working Life	• Obesity (7.5)	• Occupational disability (6) • Reproductive health (6) • High risk sex (6)
Later Life	• Social connectedness (8) • Independent Living (8)	• Prevention sarcopenia (6)
Universal	• Poverty (9) • Obesogenic environment (8)	

Appendix 3:

Evaluation of Workshop

A3.1 Evaluation of SCPHRP Workshop: Results Summary

How would you describe your current role in public health?

	Response Percent	Response Count
Policy maker	14.3%	4
Senior manager	7.1%	2
Academic	60.7%	17
Other	17.9%	5

1. On which day(s) did you attend the SCPHRP Workshop?

	Response Percent	Response Count
27th January only	9.7%	3
28th January only	0.0%	0
Both days	90.3%	28

2. Which workshop group did you participate in (if more than one, select the group you spent most time in)?

	Response Percent	Response Count
Early life	17.9%	5
Adolescence & young adulthood	35.7%	10
Early to mid-working life	28.6%	8
Later life	17.9%	5

3. Please rate how interesting and relevant you found the individual components of the workshop.

	1 Not interesting/ relevant	2	3	4	5	6 Very interesting/ relevant	Response Count
Day 1 - Introduction to Inaugural Workshop (John Frank)	0.0% (0)	0.0% (0)	6.9% (2)	20.7% (6)	51.7% (15)	20.7% (6)	29
Day 1 - Early Child Development Programmes (Ted Melhuish)	0.0% (0)	3.6% (1)	17.9% (5)	0.0% (0)	32.1% (9)	46.4% (13)	28
Day 1 - Taking a Systems Approach to Obesity (Susan Jebb)	0.0% (0)	0.0% (0)	10.7% (3)	10.7% (3)	21.4% (6)	57.1% (16)	28
Day 1 - Results of Prioritisation Task (Sally Haw)	0.0% (0)	10.0% (3)	20.0% (6)	36.7% (11)	20.0% (6)	13.3% (4)	30
Day 2 - Plans for SCPHRP and Working Groups (John Frank)	0.0% (0)	7.7% (2)	19.2% (5)	30.8% (8)	30.8% (8)	11.5% (3)	26
Day 2 - Workshop Group Sessions	0.0% (0)	15.4% (4)	3.8% (1)	19.2% (5)	34.6% (9)	26.9% (7)	26
Day 2 - Feedback session on Workshop Groups & discussion	0.0% (0)	12.0% (3)	12.0% (3)	28.0% (7)	32.0% (8)	16.0% (4)	25
Day 2 - Panel session - Taking Working Groups Forward	0.0% (0)	24.0% (6)	12.0% (3)	40.0% (10)	20.0% (5)	4.0% (1)	25

4. Listed below are the set of objectives for the Inaugural Workshop. Please rate how successful you think the Workshop was in achieving each of these.

	1 Not successful	2	3	4	5	6 Very successful	Response Count
To bring together public health experts from policy, practice & research and facilitate networking	0.0% (0)	0.0% (0)	9.7% (3)	16.1% (5)	45.2% (14)	29.0% (9)	31
To familiarise Workshop participants with the nature of and engage them in the work of SCPHRP	0.0% (0)	3.2% (1)	3.2% (1)	29.0% (9)	41.9% (13)	22.6% (7)	31
To provide information on SCPHRP organisational structure and funding mechanisms for the Working Groups	0.0% (0)	3.2% (1)	3.2% (1)	29.0% (9)	41.9% (13)	22.6% (7)	31
To identify and prioritise promising categories of intervention	6.7% (2)	16.7% (5)	33.3% (10)	26.7% (8)	16.7% (5)	0.0% (0)	30
To identify potential Working Group members	3.3% (1)	13.3% (4)	26.7% (8)	43.3% (13)	13.3% (4)	0.0% (0)	30
To consider potential ways of taking the Working Groups forward	3.6% (1)	28.6% (8)	17.9% (5)	39.3% (11)	7.1% (2)	3.6% (1)	28
To promote future participation by Workshop members in the Working Groups	0.0% (0)	17.9% (5)	17.9% (5)	32.1% (9)	32.1% (9)	0.0% (0)	28

5. Overall, how successful was the workshop?

	Response Percent	Response Count
1 Not successful	0.0%	0
2	3.3%	1
3	10.0%	3
4	46.7%	14
5	33.3%	10
6 Very successful	6.7%	2

answered question	31
skipped question	0

6. How would you rate the following aspects of the workshop?

	1 Not Good	2	3	4	5	6 Very Good	Response Count
Workshop organisation	0.0% (0)	3.2% (1)	3.2% (1)	16.1% (5)	35.5% (11)	41.9% (13)	31
Workshop catering	0.0% (0)	0.0% (0)	3.3% (1)	16.7% (5)	23.3% (7)	56.7% (17)	30
Hotel accommodation	0.0% (0)	0.0% (0)	0.0% (0)	7.7% (1)	38.5% (5)	53.8% (7)	13
Evening dinner	5.6% (1)	0.0% (0)	11.1% (2)	11.1% (2)	61.1% (11)	11.1% (2)	18

7. Please use the space below to comment further on any aspect(s) of the workshop.

The aims rated as unsuccessful are largely because there was insufficient time to develop these.

There were too few policy makers/ Health Board people present. This led to the workshops being imbalanced.

Need to include some of the people who could make workshop or were not invited

Think it is important to keep people informed of where this work goes next.

I felt too much attention was paid to the analysis of the prioritisation exercise - the time could have been better spent in more participative discussion

In our work shop time was wasted discussing all options systematically when could have rejected most quickly and then focused on what form the most promising should take.

There was a very positive atmosphere and good mix of participants. I think many people, particularly academics, were unclear whether the proposed model would work given the pressure we are under to get individual credit for research within our universities - supporting research in another organisation has to offer something over and above what we do already for it to be possible to devote time and energy to it.

Thank you for the opportunity to comment. It was very good for networking. I had been out of touch with public health colleagues and there were at least two divorces I had not heard about. The life course groupings served to get us into groups but I was not persuaded that we were a coherent grouping. If these groups continued, the challenge would be to develop a programme round the members, which seems back to front. The main value was to get me thinking about what was possible, and how it could be done - early stages, and not near jumping into bed with colleagues

My comments are limited because I could only attend the first day so did not really see the working group in action - but I feel positive about what I did see!

What needs to be made clear for academics is what they can potentially get out of this. Post RAE2008 institutions will not allow people to give altruistically of their time without some hint of benefit that might follow.

It was interesting to try the high level approach, however it was not productive. May be better to focus on more specific research questions.

I did find the lack of an agreed framework for discussion of PH interventions and agreement on the meaning of terms slowed down the discussion and reduced the chances of identifying both high priority interventions for study and the target behaviours against which to direct them. However, given the very wide range of disciplines & sectors represented, agreeing on such a framework would probably have been tricky!