

MRC/CSO Social and Public Health Sciences Unit Consultation Response

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| **Title of consultation** |
| A consultation on a new National Public Health body: 'Public Health Scotland' |
| **Name of the consulting body** |
| Scottish Government |
| **Link to consultation** |
| <https://consult.gov.scot/public-health/public-health-scotland/> |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
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| **Our consultation response** |
| We are responding to this consultation from the perspective of a university-based research unit. The MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow conducts world-leading research to understand the determinants of population health and health inequalities, and to develop and test interventions to improve health and reduce inequalities. The Unit’s research uses a wide variety of methods including qualitative research, the collection, linkage and analysis of social survey and routinely collected data, evidence synthesis, randomised controlled trials, natural experimental studies, modelling and simulation studies. We restrict our response to those questions where we have the greatest interest and knowledge.**Question 1: Do you have any general comments on this overview of the new arrangements for public health?**We welcome the proposed high level responsibilities and design principles for Public Health Scotland (PHS) and the emphasis on the wider public health system. We support the inclusion of the responsibility to offer independent expert advice. Independence and transparency will be key principles to facilitate PHS achieving leadership of, and buy-in from, the wider public health system. Such independence will require careful management and protection given the proposed organisational and governance model. From our perspective, the following text is particularly important, since an emphasis on science and evidence is a key component of a ‘trusted and impartial’, independent, expert organisation:*Ch3 8. “It is important that Public Health Scotland acts as a trusted and impartial champion for the improvement and protection of the health and wellbeing of the nation, free to provide advice based firmly on the science and evidence.”*However, more needs to be said about how this evidence will be obtained and used. There is very little consideration given to how research and evaluation and the use of evidence will be salient in the culture and operation of the new public health body and the wider public health system. |

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| We are also concerned that little attention is paid to the relationship between the new public health body and its academic partners. Chapter 2, para 21 says that “*Other partners, such as colleges and universities, will also be involved according to local needs and circumstances.”* We believe there is scope for a much more strategic partnership covering public health research, evaluation and workforce development. The report on Leadership for Public Health Research, Innovation & Applied Evidence commissioned by the public health reform programme ([https://www.scotphn.net/projects/public-health-reform/commissions-](https://www.scotphn.net/projects/public-health-reform/commissions-lphriae/) [lphriae/](https://www.scotphn.net/projects/public-health-reform/commissions-lphriae/)) made detailed proposals for such a partnership, conceived as a Scottish ‘hub of engagement’ linking with other such hubs around the UK. We believe that these proposals should be implemented within the first phase of work to establish the new arrangements for public health.In addition to independence and the importance of science and evidence, further key principles that are a little underplayed in the document are environmental sustainability, health inequalities and equity more generally, and engaging with UK and international influences on Scotland’s population health.**Question 4: What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?**We strongly support the aspiration that *‘Public Health Scotland will aim to increase community participation in decisions that impact on community health and wellbeing, as well as supporting communities to develop innovative solutions to significant challenges.’* However, there is a risk that this approach is ineffective and potentially harmful if the ‘locally innovative solutions’ are developed entirely independent of past experience as embodied in evidence and expert knowledge; i.e. the risk of substantial community resources, without access to evidence, repeating past mistakes and reinventing square wheels. Community participation and locally relevant solutions are key to innovation, but there needs to be a spirit of coproduction and clear mechanisms and resources to support access to evidence and to learn and evaluate.**Question 6: (a) What are your views on the information governance arrangements? (b) How might the data and intelligence function be strengthened?**It is very important that existing information governance arrangements are not simply transferred to the new organisation without a thorough review of whether they are fit for purpose in terms of maximising opportunities to use routinely collected data for research that seeks to improve population health. We are concerned that there are no practical proposals for achieving ‘the ultimate, long-term aim [of enabling] the effective and efficient sharing of data wherever and whenever it is required for direct clinical care, population health management, and intelligence and research.’ We fully respect the need to maintain confidentiality, but current procedures for obtaining cross-sectoral linked data are so cumbersome and slow that they serve as a deterrent to research and evaluation that adopts the kind of whole systems approach to population health envisaged by the consultation document. The review should cover all of the agencies involved in data linkage and sharing in Scotland, not just those that will form part of PHS. It should assess how current arrangements for facilitating access can be streamlined, and what level of programming and information governance capacity will be required to facilitate timely processing of requests for data access.Data, intelligence and innovation are key to driving forward improvement, yet these terms are not well defined and the current language suggests a very narrow conception. Many of Scotland’s public health priorities will require *innovation* in cross-sectoral actions that will involve social, economic and cross- departmental interventions and policies and whole systems approaches. The *intelligence* required to design and implement such actions will be diverse forms of evidence and knowledge and involve understandings of how communities, societies, networks and systems can effectively deliver improvementand change. Existing practice needs to be evaluated as well as innovative policy and practice, and the *data* |

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| required to do so will be diverse and not just routine quantitative data.1. **What are your views on the functions to be delivered by Public Health Scotland?**
	* *Support innovation by identifying and promoting national and international best practice, including within the fields of data science and behavioural science;*
	* *support the delivery of effective, efficient and high quality health and social care services.*

PHS should support the evaluation of *existing policy and practice* across the *wider population health system*, ensure that practice is informed by the best evidence from *diverse disciplines* and that appropriate *evaluation of innovation across the system* is conducted in terms of their impact on population health.**15. What are your views on the arrangements for data science and innovation?**The emphasis in this section of the consultation document is on opportunities provided by new technology, and how these might be used to develop behavioural interventions. We are concerned first, that no practical arrangements to support such work are laid out, and second, that other key areas of research in public health, such as the impacts of structural, regulatory and legislative measures which have been used to good effect in Scotland, are overlooked. The emphasis in the document on digital and technological innovation, individual level intervention and personalised prevention is contrary to the Public Health Priorities that emphasise inequalities, place based interventions and the improvement of public health through the organised efforts of society. The mis-framing of ‘innovation’ is associated with lifestyle drift in this section, which is at odds with much of the rest of the document.Without efficient, proportionate information governance arrangements the opportunities provided by new technology (and many others that do not rely on new technology) cannot be exploited. Clarity is required about the new organisation’s role in information governance and in facilitating access to routinely collected data, and about its strategy for working with other key organisations, such as HDRUK and the Administrative Data Research Centre – Scotland. As we noted in relation to Question 1, the report on Leadership for Public Health Research, Innovation & Applied Evidence has already made detailed proposals for how the new public health organisation should support research and innovation, and we are concerned that these proposals have not been taken forward in the consultation document. |
| **When was the response submitted?** |
| 8th July 2019 |
| **Find out more about our research in this area** |
| [https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciences](https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/complexity/)[unit/programmes/complexity/](https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/complexity/) |
| **Who to contact about this response** |
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