

Terms of Reference

Leadership for Public Health Research, Innovation and Applied Evidence Commission Short Life Working Group



Author: ScotPHN
Contact: ann.conacher@nhs.net
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1. Name of Group
Leadership for Public Health Research, Innovation and Applied Evidence
2. Purpose of group
On behalf of the Scottish Public Health Network (ScotPHN) to oversee and deliver the “Leadership for Public Health Research, Innovation and Applied Evidence” issued by the Scottish Government and COSLA by undertaking work to plan for a public health research, innovation and applied evidence function at national level within the new public health body; and in turn, describe how this will support and enable activities at the regional and local level across the wider Scottish public health system and engagement with the UK research funding and public health research landscape.
3. Role and Remit of group
<p>The Short Life Working Group is the decision making body responsible for the delivery of this commission. It will work with a Wider Stakeholder Group (WSG) comprising key stakeholder representatives and which will be the main mechanism to facilitate appropriate stakeholder engagement across the very wide range of interests relevant to this commission. The WSG will be a virtual group where members only meet in person to develop ‘proposition’ papers and at the workshops required by the commission.</p> <p>The Short Life Working Group will identify and engage with the WSG throughout the development of deliverables and before submitting them to the Scottish Government and COSLA Public Health Reform Team.</p> <p>The SLWG is responsible for the tasks listed below:</p> <ol style="list-style-type: none"> 1. Leadership of the commission including setting and oversight of the nature and scope of the work required to respond to the commission and the time required to achieve the desired objectives; 2. Ensure that the objectives set for the commission are achieved in a collaborative and transparent manner; 3. Develop all deliverables documentation, via a mechanism that ensures genuine and appropriate consultation takes place and to respond responsibly to feedback received; 4. Take into account all relevant supporting work including the blueprint for Public Health Reform and the public health priorities; 5. Ensure that the deliverables are achieved in a timely manner; 6. Report progress on a monthly basis to the Public Health Body Programme Board, the Scottish Government and COSLA Public Health Reform Team, and the WSG; 7. Develop and agree a project plan and seek approval for any deviations from the SG PHR team; 8. Ensure that the risks are being tracked and managed effectively; and 9. Authorise submission of the deliverables and project closure.

4. Membership

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Name	Role	Responsibilities
TBC	Independent Chair	<ul style="list-style-type: none"> • Chair Short Life Working Group • Provide independent arbitration to the range of views likely to be received by the commission • With the ScotPHN Lead, responsible owner for commission and accountable for all deliverables • Maintain momentum on project • Identify risks/issues/exceptions in a timely manner and mitigate them • Share successes/learning • Report progress to the Programme Board and the PHR project team • Accountable for the delivery of the PHR project objectives and deliverables • Ensure engagement with WSG takes place
Phil Mackie	ScotPHN Lead	<ul style="list-style-type: none"> • With independent chair, responsible owner for the commission and accountable for all deliverables • Maintain momentum on project • Identify risks/issues/exceptions in a timely manner and mitigate them • Share successes/learning • Report progress to the Programme Board and the PHR project team • Accountable for the delivery of the PHR project objectives and deliverables • Enable the Project Board's work, through collating advice and representing colleagues • Engages with the WSG as required
Andrew Fraser	NHS Health Scotland Chair Scottish Directors of Public Health	<ul style="list-style-type: none"> • Represent constituency • Provides expertise • Supports independent chair and ScotPHN Lead to deliver the commission • Provide information on existing arrangements • Participate in engagement events, co-ordinating constructive input. • Ensure strong linkages with PH professional groups of several disciplines • Enable the group's work, through collating advice and representing colleagues.
Tom Barlow	Senior Research Manager, CS Office (Health Improvement, Protection and Services Research, Bio-repositories, Health Informatics Research, Research Units), Scottish Government Scottish Government	As above

Laurence Moore	University of Glasgow / MRC/CSO Social and Public Health Sciences Unit	As above
Mahmood Adil	Public Health & Intelligence, NHS National Services Scotland	As above
Alison MacCallum	Director of Public Health, NHS Lothian /SDsPH lead for academic PH	As above
TBC		<ul style="list-style-type: none"> Information governance for research
TBC		<ul style="list-style-type: none"> Third sector / lay representative
TBC		<ul style="list-style-type: none"> Knowledge mobilisations
TBC		<ul style="list-style-type: none"> Clinical research
Ann Conacher	Operational lead for ScotPHN	<ul style="list-style-type: none"> Support independent chair and ScotPHN lead to deliver Commission Provide project management Support members of the Short Life Working Group to deliver its objectives Supports the programme's vision To manage delivery of engagement events Engage with members of the WSG as required
TBC, Project Support Officer	Programme Support	<ul style="list-style-type: none"> Supports the Project Manager in the delivery of the project

Representatives from HR, staffside, finance, IT will be asked to attend the engagement events meetings as required.

Group membership may be modified during the course of the project as appropriate. Other relevant organisations and groups will be consulted, or co-opted, as the work of the Group progresses.

Membership of the WSG is listed separately.

5. Timeline for Protecting Health Commission

Deliverable	First draft for review	Final deadline
Documentation setting out membership of the working group, definitions of what will be considered within 'research', 'innovation' and 'applied evidence' and a timeline for draft and final deliverables.		22 May 2018

Documentation outlining proposals for wider stakeholder involvement in designing proposals for the new body.		15 June 2018
Stakeholder engagement events		August 2018 (date TBC) Sep/Oct 2018 (date TBC)
Documentation outlining options/ proposal for how the leadership in public health research should be delivered in the new body and any associated timescales, costs and resources required.		Interim 19 December 2018 Final 31 March 2018

5. Decision Making

The Short Life Working Group is the decision making body for this commission and all decisions made by the group will be documented appropriately by the project manager. In circumstances where the group are unable to come to a consensus, the independent chair has the authority to make the final decision.

7. Governance

The governance structure for this commission is as follows:

- The Short Life Working Group has responsible decision making in relation to the commission's deliverables and the development and execution of the strategies, direction and management needed to achieve them; and
- The WSG will provide advice and give guidance to the Short Life Working Group within their area of expertise. Members will contribute to proposition papers and workshops.

The Short Life Working Group will report: (1) via their own internal governance structures; and (2) to the programme board via the programme team. Monthly progress reports will be submitted to Amanda Trolland in the programme team.

8. Meetings

Meetings will occur on a regular basis, probably 4-6 weekly, to meet the needs of the commission's deliverables.

The location of the meetings will be alternate between Glasgow and Edinburgh. Teleconferencing and VC facilities will be available.

9. Minutes / Action Notes, Agendas and Papers

Agenda, papers and Action Logs will be distributed in advance of each meeting. Action notes will be drafted by the ScotPHN and agreed by the group. All minutes and action notes will be circulated no later than five working days after each meeting.

10. Confidentiality

Papers, unless otherwise stated, from these meetings are available for review upon request and will be held in a shared folder accessible through a password control microsite. Please contact

the Programme Manager / Project Support Officer if access is required.

11. Lifespan

The lifespan of the Short Life Working Group will be determined in deliverable 1.

12. Review

The Short Life Working Group will review its Terms of Reference half way through the commission.

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Version:	Date:	Summary of Changes:	Name:	Changes Marked:
v0.0	11.5.18	To outline role of Short Life Working Group		
V1.1	22.5.18	Updated in line with SLWG revisions		

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Leadership for Public Health Research, Innovation and Applied Evidence

Definitions to be used by the Commission's Short-life Working Group and Wider Stakeholder Group.

Background

The Leadership for Public Health Research, Innovation and Applied Evidence Commission requires – as part of its first deliverable – an indication of the definitions to be used by the Commission's Short-life Working and Wider Stakeholder Groups. In seeking to establish such definitions, the Short-life Working Group (SLWT) agreed that the Commission should adopt those definitions that were already in existence that can help clarify its scope and remit. The SLWT also noted that it should also ensure that any definition adopted is consistent with the underlying values of the Public Health Reform Programme.

Deliverable 1 requires that three definitions of what will be considered within the context of "research", "innovation", and "applied evidence" are proposed. In this document, the proposed definition is presented alongside comments on its source and rationale for inclusion. Finally a number of specific clarifications on scope that have already been identified are outlined.

Research

- **Proposed definition**

"Health of the public research is transdisciplinary: it works across traditional discipline boundaries, integrating aspects of natural, social and health sciences, as well as the arts and humanities, which directly or indirectly influence the health of the public."

In this context the term 'transdisciplinary' is taken to mean that it is:

"A 'holistic' approach; integrates the natural, social and health sciences in a humanities context, working across traditional discipline boundaries."

- **Source & Rationale**

This definition has been taken from the 2016 Academy of Royal Medical Colleges report '[Improving the Health of the Public 2040](#)'. It was selected as it is a widely recognised UK-wide definition, from an authoritative body, that is inclusive in its scope of what research can and should underpin the new public health system in Scotland. This breadth of scope also complements the vision for evidence and knowledge application set out in the recent Scottish Government [Digital Health and Care Strategy](#).

It has the added benefit of being able to accommodate more specific definitions of research undertaken in support of public or population health activities (such as the [STEPS](#) definition), as well as those which focus on [ecological public health](#) or [planetary health](#).

Innovation

- **Proposed Definition**

“Innovation is the invention, development, production and use of approaches, interventions, technologies, and supporting services which create the opportunity to make major improvements to public health practice and delivery for health and care.”

- **Source and Rationale**

This definition has been adapted from the definition used by the [Scottish Health Innovations Ltd.](#) This is because there is no generally accepted definition of innovation in Public Health.

The UK National Horizon Scanning Centre sponsored research that provided a definition that could be used to identify innovation in public health interventions ([Fung et al, 2011](#)). This research did however conclude that innovation in public health had a close relationship to broader approaches to health technology assessment and innovation.

Applied Evidence

- **Proposed Definition**

Applied evidence for Public Health is:

“An iterative sequence of activities and support which together bridge the gap between knowledge and practice, by converting knowledge into decisions and actions to deliver safer, more effective practice and delivery.”

- **Source and Rationale**

The definition proposed is adapted from the definition of [Knowledge into Action](#) used within NHS Education Scotland’s Knowledge network. In this regard it provides an effective link to the elements of the Digital Health and Care Strategy for Scotland that is concerned with effective knowledge mobilisation.

As with Innovation, there is no universally agreed definition of applied evidence in Public Health. Within the public health literatures two competing themes are clear: that of ‘evidence based public health’; and of ‘translational public health’.

Evidence based public health has been most recent defined by [Brownson et al](#) (2017) as.

“The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.”

Whilst a working definition of translational public health can be derived from the work of [Ogilvie et al](#) (2009) who described a framework in which:

“All types of public health evidence, 'from epidemiology to evaluation', may contribute to the shaping of policy, practice and future research, particularly when combined using thoughtful approaches to evidence synthesis... It is not simply a matter of applying what we already know; the 'basic sciences' of public health still have much to contribute throughout the framework. At the same time, rigorous evaluative and implementation research is increasingly required and should not be regarded as inferior to the more traditional public health sciences.”

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Overall, the definition proposed was felt to be more useful as it was felt to capture the essence of both evidence based public health and translational public health approaches in a manner more in keeping with the inclusive definition of public health research proposed.

Scoping Issues

The SLWT have so far identified two specific scoping issues that required clarification. These are:

1. The relationship between research, innovation, applied evidence and surveillance

For the purposes of the Commission, it was agreed that surveillance as a part of public health practice was most properly covered within the context of the Data and Intelligence Commission. Clearly, there will be circumstances where surveillance systems may be used

for research purposes, or where innovation in data science may improve population health surveillance, or where surveillance evidence is used to support public health intervention; however, surveillance of itself is out of scope of the Commission.

2. The role of Research, Information and Knowledge Governance

In meeting the requirements of the Commission it will be necessary to consider aspects of governance relating to research, information and knowledge/evidence. The SLWT explored this and agreed that it was only appropriate to consider these governance issues in the context of how the new Public Health Agency for Scotland would operate as an organisation of itself, or in collaboration with other organisations.

Phil Mackie

Ann Conacher

May 2018



Leadership for Public Health Research, Innovation and Applied Evidence

Draft Membership of the Wider Stakeholder Group

This is a preliminary list of those who the SLWG will seek to ensure they can engage with this Commission.

- Academy of Medical Sciences, notably the team who are now working on the implementation of the Health of the Public 2040 (Lead: Anne Johnson).
- Academy of Social Sciences, active in this area, with a recent report complementary to HoP2040 (Lead: Susan Michie).
- Research funders, including UKRI, MRC, ESRC, Wellcome and/or the OSCHR SCHOPR group - Strategic Co-ordination of Health of the Public Research.
- Academic Public Health
 - Identify the lead for (public) health related research in each of Scotland's Universities. There are groups in Stirling (e.g. Linda Bauld), GCU (e.g. Cam Donaldson), Strathclyde (e.g. Harry Burns), St Andrews (e.g. Jo Inchley);), West of Scotland (e.g. Jean Rankin), amongst others;
 - Leads from universities with specific population health teaching Glasgow, Edinburgh, Dundee, Aberdeen, St Andrews, UHI etc.
 - Leads for specific areas of public health research – e.g. dental (e.g. David Conway in Glasgow), health economics (e.g. Anne Ludbrook in Aberdeen), nutrition (e.g. Annie Anderson in Dundee), and others.
 - Special academic units - MRC/CSO Social and Public Health Sciences Unit (Glasgow), SCPHRP (Edinburgh); CRESH (Edinburgh & Glasgow), Farr Institute, etc.
- Wider “academic”/ applied evidence units - e.g. GCPH, SCOTPHO, What Works Scotland, Public Health Evidence Network, Health Economic Network for Scotland, Evaluation Support Scotland etc. (These will include a number of Government, NHS, Local Government, Third Sector, and University organisations/individuals as members, but have their own specific perspective).
- Major Third Sector organisations involved in, and funding for, (public) health research – e.g. Cancer Research UK, British Heart Foundation, RNIB, etc.

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Wider stakeholders from the Communication and Engagement strategy, with an emphasis on those who are innovators and those that use applied research.

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