

Summary of SCPHRP Stakeholder “Reflections and Next Steps” Event (21st November 2011)

A. Purpose and Format of Event

On November 21, 2011, the SCPHRP hosted a “REFLECTIONS AND NEXT STEPS” meeting of our Working Group members, grantees and other collaborators, in Edinburgh. This meeting was planned as an opportunity to collectively reflect on the first three years of the Collaboration’s operations, and to plan our future. Attached is the agenda for the day. About 80 persons attended, representing a wide range of stakeholder organizations, professions, and roles in Scotland’s public health system and research communities.

The occasion was intended to serve two related purposes. First, we wanted attendees to provide input on specific future objectives for the Collaboration, and on how best to organize itself and its Working Groups to achieve them. This input has since been utilized to help SCPHRP staff draft a Renewal Bid to our funders MRC and CSO, for a second half-decade of funding, 2013-18. Secondly, November 21st was viewed as a special opportunity for creative interaction between SCPHRP stakeholders who come from policy, programme and practice backgrounds, and those from the applied public health research community, across Scotland, to discuss mutual topics of interest and potential future collaborations.

B. Summary of Discussions

1) Optimum future plan for SCPHRP Working Groups

The general consensus in all of the breakout groups was that the life course Working Groups, should remain; there was discussion of the following issues:

- An additional, overarching group (or some other vehicle) could be created to provide better links between the Working Groups (for example, around health inequalities)
- Smaller more topic-focused groups could be set up in addition to the main WGs, in line with emerging new SG policies.
- The merits were discussed of short-term topic-focused WGs, versus groups that maintain a focus on the longer-term issues. The consensus was that a balance was needed.

Recommendations

- 1) Continue existing Working Group model but broaden membership to include relevant stakeholders from third sector and local authorities, perhaps encouraging WG members to contribute to discussions on-line.
- 2) Focus on over-arching “big questions” rather than working purely inside stages of the life-course per se (e.g. the underlying reasons behind the ‘Scottish effect’ mortality gap, and the persisting large inequalities in health by SES in Scotland).

2) Importance of continuing seed and pilot/demonstration grants.

There was consensus that soliciting and funding seed and pilot/demonstration grants from WG members and their colleagues has been one of the key roles of the SCPHRP. [Subsequent discussions with SCPHRP funders, CSO and MRC, have revealed that they would strongly prefer future seed/pilot grants to be applied for and issued via established CSO

granting procedures, but that SCPHRP and its WGs should have a key role in nurturing such CSO grant applications.] SCPHRP successfully performs a facilitator role, bringing together people from research, practice and policy, and promoting more interdisciplinary/trans-disciplinary evaluative research.

Recommendations

- 1) Continue with facilitating the funding by external agencies (e.g. CSO) of seed and pilot demonstration grants, ensuring that project collaborators come from policy and practice, as well as from researcher communities.

3) Best model for post-doctoral training

Stakeholder opinions varied over the new SCPHRP outline-proposal, presented on November 21st, for a new programme of *part-time CPD* (Continuing Professional Development) training of selected NHS public health professional staff to improve research literacy skills. Questions were raised over who exactly should be eligible /targeted for this training. It was felt that training needed to be at the “front line” operational level as well as the managerial level, engaging public health practitioners in organisations broader than just the NHS. SCPHRP’s added value was thought to focus on the knowledge translation component of CPD, rather than all elements of research literacy. However, SCPHRP resource levels and the preference of its funders (MRC and CSO) -- to focus instead on training for future full-time researchers -- will mean that expanding this role will rely on partnership with other organisations.

Recommendations

- 1) Further discussion is required to determine SCPHRP’s a role – likely as a partner rather than major player - in offering CPD-type or part-time Fellowships training.

4) Definitions of the SCPHRP niche

The unique role of SCPHRP was discussed, in terms of how it should clearly define its niche. For example, in terms of data linkage activities, In a difficult resource climate, NHS-Scotland’s Information and Statistics Division (ISD) has concentrated its efforts recently on minimising the impact of forthcoming cuts and writing large-scale grant applications in house, such as the current ‘Burden of Disease’ study application. SCPHRP, on the other hand, has deliberately played a largely facilitative role, linking existing record-linkage expertise, such as SHIP/ISD, with a broader set of interested researchers and policy-makers.

Groups discussed potential overlap between SCPHRP activities and those of other organisations such as NHS Health Scotland, which is particularly strong in knowledge synthesis and programme/policy evaluation. However, it was commented that SCPHRP was currently the only venue which provided academic researchers with easy contact with policy makers and service providers, and vice-versa.

Suggestions for positioning SCPHRP in the future included:

- Support change of culture in local public health settings where evidence-based practises have not always been part of their original training.
- Use WGs to bring people from different organisations together to generate new ideas for interventions.

- Apply knowledge transfer and exchange principles to improve implementation and evaluation of evidence- based policies.

Recommendations

- 1) SCPHRP needs to further develop and refine its precise niche in Scotland. Some overlap with other organisations is inevitable, but there need to be some distinct and unique features of this role, based on SCPHRP success to date.

5) Partnering with other key stakeholders

- The Research Development Groups of the DECIPHer Centre in Wales, as described by Laurence Moore, were thought to be a good model, although the 90 such groups which are apparently active there implied much greater resources than are currently available to SCPHRP.
- Additional partnerships, e.g. with Public Health Network in Scotland, could better connect SCPHRP with various other stakeholder groups.
- A need to widen membership was discussed, for example, to include relevant staff in Local Authorities and Third Sector organisations. [Although current SCPHRP resources could not cope with such a major expansion of role, perhaps partnering with other organizations could help build these links.]

Recommendations

- 1) SCPHRP needs to seek partnerships and resources to include more NHS and non-NHS partners involved in development or delivery of public health services and interventions.

APPENDIX -- PROGRAMME FOR:

“SCPHRP REFLECTIONS and NEXT STEPS” Event,

Noon – 6 pm Monday,

November 21, The Roxburghe Hotel, Edinburgh

Noon: Catered Lunch

12:30 pm Plenary Session:

Keynote Speaker – Prof. Laurence Moore, Director, “DECIPHer” (Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement) UK CRC Centre of Public Health Research Excellence, Cardiff and Swansea Universities and University of Bristol: “New Approaches to Integrating Research into Public Health Policy, Programmes and Practice”

- **Presentation by SCPHRP:** *“Highlights of Collaboration’s Activities in 2008-11 and Ideas for 2013-18 Renewal Bid”*
- **Panel Discussion** (representatives from both Scottish public health decision-makers and academics): *“How Can Scotland Best Address the Intervention Research and Knowledge Transfer Agenda in Public Health?”*

2:15 pm Coffee and Thematically-Based Breakout Groups (by pre-registration: Themes TBA):

Participant discussion of:

- Current and *future* challenges in Scotland to: 1) public health decision-makers’ effective use of evidence; and 2) building further capacity to: a) carry out high-quality, relevant intervention research, as well as b) perform novel record-linkage for monitoring population health and health disparities, needs assessment and intervention evaluation.
- How the Collaboration can best help address those challenges in 2013-18, in terms of: 1) setting new objectives for its renewal bid to CSO/MRC; 2) organizing its activities during the next five years; 3) partnering with other key stakeholders.

4:00 pm Plenary Session:

- **Synthesis of Break-Out Group Discussions by Leads**
- **Final Remarks and Next Steps**

5:00 pm Drinks and Canapés Reception (including poster session)