

PREVENTION 2010 – THE ROLE OF NHS HEALTH SCOTLAND

Working collaboratively with NHS Boards, Community Health Partnerships (CHP), pilots and others, Health Scotland (HS) will play the following parts in the provision of national level support. These cover all stages from the planning and design of the pilots through to their delivery, evaluation and ensuring that the learning from the pilots informs the intended rollout of anticipatory care across Scotland.

Logic modelling

An important early input by HS, in collaboration with the Managed Public Health Network (MPHN) and Information and Statistics Division (ISD), will be to develop a logic model to guide planning, monitoring and evaluation of the Prevention 2010 programme. This will cover local service delivery by GP practices and infrastructure support from CHPs, NHS Boards and national agencies. Ultimately, this process will help ensure success by testing out the overall ‘logic’ of the programme and thinking through the linkages between resource inputs, activities (national, local) and expected outcomes (short-, medium- and long-term). The logic model will provide a basis for assessing the plausibility (in terms of evidence), do-ability (in terms of capacity to deliver) and testability (in terms of evaluability) of the programme, and for making any necessary adjustments.

Evidence base

HS, jointly with the MPHN, will provide rapid overviews of existing evidence and guidance relating to effective interventions and effective engagement with target groups. This will feed into the logic modelling and inform the design and delivery of the pilot phases.

In the longer term, HS will have a lead role in translating evidence – both from evaluation of the pilots and from elsewhere – into practical guidance for the nationwide rollout of anticipatory care. An early step in this will be to identify and prioritise, in collaboration with NHS Boards, CHPs, pilots and the MPHN, needs for more in-depth evidence reviewing and for the development of infrastructures for, and approaches to, evidence-related dissemination and learning.

Evaluation

Working closely with ISD, HS will commission a national level evaluation of the Prevention 2010 pilots at an early stage, so that the appointed team can contribute an evaluation perspective to the development of plans and help to develop a monitoring and evaluation framework. There may be a case for splitting the evaluation funding and contract into two stages, in recognition of the different requirements of the initial developmental stage and a later research stage once the pilot interventions are determined and an overarching evaluation design agreed. HS would therefore need to consider the case for having the same team for both stages, a re-arranged grouping of a single evaluation team, or two completely different teams.

A case can be made for adopting a capacity-building approach whereby the funding for evaluation is used to appoint people with monitoring and evaluation expertise and capability at NHS board or CHP level. These postholders would work to a Principal Investigator who

would be responsible for developing an overarching evaluation framework, providing professional supervision, and coordinating data collection, analysis and reporting.

An Evaluation Advisory Group would be set up and chaired by HS to oversee the evaluation, identify and solve problems, and ensure quality and progress.

Quality assurance

HS will set up an external group that can provide relevant expertise and technical assistance at key stages. The group's role will include:

- reviewing the draft plans for the pilots developed by NHS Boards/CHPs, to maximise their evidence-fit, feasibility and potential to achieve the desired health outcomes
- reviewing the evidence-based guidance provided by HS and the MPHNS
- reviewing and advising on evaluation plans.

Programme management

It is clear from the Prevention 2010 specification that, while there will be some defined scope for local context and expertise to influence the specific details of each project, there is expected to be a significant degree of commonality of objectives and delivery across pilots, with strong links to national policy and strategy. There will thus be a need for an overall programme management resource for Prevention 2010. This will be provided by HS, and will:

- link with the pilot projects, Have a Heart Paisley (HaHP), SEHD, ISD and the MPHNS
- support the pilots through the planning, implementation and evaluation stages, and coordinate the support available to the pilots from HS, ISD, the MPHNS, HaHP, the external quality assurance group (see under 'Quality assurance') and others
- help ensure an appropriate degree of consistency of management across pilots
- enable effective performance management
- facilitate sharing of information and learning across the pilots and more widely in NHSScotland.

Options for organisational structures for the purposes of accountability, strategic direction and operational functioning will be presented and discussed with pilots on 21 February 2006.

Capacity building

Delivering for Health calls for an innovative culture that promotes redesign whilst remaining focused on the delivery of better care for patients. Key to achieving such a culture is building the capacity of NHS staff to develop understanding and skills related to the planning, implementation and evaluation of health improvement activity.

Capacity building support will be made available to the pilot CHPs. Links with the HaHP work on competencies for health coaches will be important. More generally, the Public Health Workforce Development Group is the primary vehicle for collaboration between the key national players in workforce development for health improvement: SEHD, NHS Education Scotland (NES), the Convention of Scottish Local Authorities (COSLA), Health Protection Scotland, the Community Health Exchange (CHEX) Voluntary Health Scotland

(VHS). Focused on the practitioner and wider workforce, that work will support all HS's learning and workforce development activity for capacity building in CHPs and Community Planning Partnerships. The main output for 2006/07 will be to implement the workforce development action plan agreed in March 2006. It will be essential to ensure that capacity building for the Prevention 2010 pilots is given specific priority within the overall work.

Communications strategy

HS will:

- define a framework for the delivery of a social marketing and communications approach, in collaboration with SEHD and others
- deliver a marketing and communications strategy in accordance with the agreed framework.

The framework and strategy will reflect the need to engage effectively both with local GPs and other health professionals and with the target population, with the aim of securing the support and participation of all concerned and promoting concordance as regards interventions, referrals and follow-ups.

Practical support for delivery

Information about, and access to, a wide range of existing practical health improvement resources will be made available to the pilots in order to support delivery of the pilot projects. These resources will cover the range of relevant priority topics and will include:

- national campaigns, helplines, websites and printed materials
- local training, guidelines, referral pathway support and printed materials
- practice networks
- links to other health improvement partners and initiatives, including HaHP.

This work should have the added benefit of helping HS to enhance its ability, more generally, to deploy resources such that they reach and help disadvantaged and at-risk populations.

Learning for rollout

As referred to under 'Evidence base', HS will have key parts to play in disseminating lessons, and promoting learning, from the Prevention 2010 pilots, and in developing practical guidance for the rollout of anticipatory care across Scotland.

