

SCOTTISH GOVERNMENT DRAFT HEALTH RESEARCH STRATEGY

Response to Consultation from the Institute for Research and Innovation in Social Services (IRISS)

I am responding on behalf of IRISS to the invitation from the Chief Scientist Office to provide comments on the draft Health Research Strategy published in June 2014. Our comments relate less to the detailed focus of the individual questions that are posed and more to the current context within which this Research Strategy is being developed.

After reading the document we were somewhat taken aback to find no recognition at all that Scotland is supposedly moving towards a new world of integrated working across health and social care in the wake of the Public Bodies (Joint Working) (Scotland) Act 2014. Although there is the occasional genuflection to including the word 'social' this is not borne out in the tone of the document as a whole which gives no sense of a supposedly different word of integration and partnerships ahead.

It may be that CSO now see themselves focusing purely on clinical research, although this does not mesh with the focus outlined on their website which embraces health services research. Moreover this would be difficult to sustain in a climate of health and social care integration and a focus on the 'whole person'; nonetheless if this is what they wish to do they should specify why this narrower focus is being adopted. As currently presented the approach appears at odds with the policy direction and can only lead to confusion.

CSO seems to have gone backwards from some years ago when at least there was some attempt to include recognition of social services in the grants awarded. Compared to the strategies in England and in Wales it leaves Scotland looking as though they are not just inconsistent in terms of integration policy but heading in the wrong direction. We would cite for example as good practice the School for Social Care Research funded by the National Institute for Health Research in England led by Martin Knapp which recently received a further five years of funding (www.sscr.nihr.ac.uk) and the collaborative approach of the Welsh NISCHR (National Institute for Social Care and Health Research).

A further area for key consideration in the context of a research strategy should be the implications of integration for research ethics procedures. The Research Strategy would be an ideal opportunity to clarify the appropriate route for the increasing number of research proposals which involve consideration of ethics across both health and social care. Explanation of the relationship with IRAS and the role in Scotland of the NHS Health Research Authority National Social Care Research Ethics Committee would also be useful.

More detailed comments:

- Preface para 2 - this refers to the 2020 Vision Route Map which, however inadequately, does speak of 'health and social care services'; the rest of the draft Strategy belies this reference
- Preface para 3, point 2 - a reference to exploiting health and social care data yet no acknowledgement through the rest of the Strategy of the integrated environment
- p9 discussion of research ethics - no reference to the new landscape and the implications for seeking approval of work addressing issues which span health and social care (one might see a particular irony in calling the somewhat different proposal outlined here, 'NRS Integrated Support Services')
- p11 Chapter on partnership with Scottish patients and the public – one of the key aspirations for integration is the delivery of seamless services and many with long-term conditions and multi-morbidity will receive a range of health and social care supports; recognition of this in the design of public involvement would be welcome
- p17 - notwithstanding all the above, much of the work from the six CSO Units is multi-disciplinary and involves researchers from a wide range of backgrounds; the strength for example of the Social and Public Health Sciences Unit should offer a beacon for a more inclusive approach
- p18/19-21 - one of the 'six guiding principles' is collaboration - with anyone but social services it would seem! This submission as a whole can be read as a response to Q13.

We very much hope that the CSO will take time to reflect on the implications of producing a Health Research Strategy which appears to have no cognisance of a major policy directive.

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Director

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