NHS Health Scotland

HS Paper 14/19

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GOVERNANCE OF THE EVALUATION OF MINIMUM UNIT PRICING

Recommendation/action required:

The Board is asked to:

- Confirm that the update on minimum unit pricing (MUP) evaluation delivery commitment provides sufficient assurance
- Approve the process for engaging with the alcohol industry in the evaluation of MUP
- Note the update on progress with Principles for Engagement with other industries.

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14.03.19

GOVERNANCE OF THE EVALUATION OF MINIMUM UNIT PRICING

Purpose

1. This paper provides the board with an update on the minimum unit pricing (MUP) evaluation, an overview of the process for engaging with the alcohol industry in the evaluation of MUP and an update on progress with developing Principles for Engagement with other industries.

Background

2. This paper refers to NHS Health Scotland (NHSHS) as the body responsible for developing and delivering the evaluation of MUP for alcohol. It is proposed that Public Health Scotland will take over this function when established.

3. NHSHS has been tasked by Scottish Government with leading the evaluation of MUP that will form the basis of the Review Report required by legislation after 5 years of introduction of the measure. The Board have been provided with details on the Review Report requirements in previous papers.

4. The NHSHS evaluation consists of a portfolio of commissioned and in-house studies. We are also working with researchers to secure grant funding for separately funded studies. The Review Report draws on both NHSHS and separately funded studies. A list of all the studies is provided in Appendix 1. The remainder of this paper concerns the NHSHS led studies.

Update

5. The alcohol work is part of Strategic Priority (SP) 1: Fairer and Healthier Policy. This SP was last considered by the Health Governance Committee (HGC) at their meeting on 4 July 2018. Further to discussion with the Scottish Government (SG) sponsor division in relation to our Self-Assessment at the 23 November 2018 Board meeting, we discussed the priority we are placing on our alcohol work both in previous years and going forward. This paper aims to provide the Board with an update on governance arrangements for the MUP evaluation.

6. The MUP evaluation governance structure is outlined in Appendix 2. The MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) Governance Board (MGB) advised on the design of the evaluation and now provides oversight of progress, specific issues and exceptions. There is a running list of issues and risks – these, and corresponding controls, are described later in the Corporate Risk section.

7. Evaluation Advisory Groups (EAGs) oversee the individual studies, or groups of related studies.

8. A Memorandum of Agreement (MoA) with Scottish Government sets out the way of working and the relationship between Health Scotland and Scottish Government. A quarterly progress report is provided to Scottish Government and forms the basis

of a quarterly meeting covering progress, issues and decisions, communication and engagement, expenditure, risks and governance.

Engagement with the alcohol industry in the evaluation on MUP

9. The main cross-portfolio issue requiring active management at the moment concerns appropriate engagement with the alcohol industry. It relates specifically to the Economic Impact and Price EAG, which includes industry members. It concerns engagement with this stakeholder group more generally and the sharing of draft finding reports with this group in particular. This was discussed at the Board Seminar on 1 Feb 2019.

10. Following the advice offered at this meeting, engagement with Principal Investigators, EAG Chairs, a subset of the MGB and internal colleagues, the final considered view is now presented.

11. The overarching purpose of the EAG evaluation is to ensure scientific robustness, impartiality, credibility and transparency. For the purposes of transparency and credibility it is considered important to treat all EAGs, the constituent members and those in attendance consistently.

12. The Terms of Reference (ToR) of all EAGs make clear that EAGs are advisory only, advice is offered by EAG members in line with their expertise, and decision making ultimately sits with the Research Team.

13. A process for Declaration of Interests to be applied to all EAG members and those in attendance (including research teams) is being developed, drawing on other examples of good practice from other research funders,[1] a journal publication[2] and Scottish Government short-life working groups.

14. The ToR make clear that any materials shared with EAGs must not be shared in the public domain. Members will be reminded that should material be disclosed, the individual responsible will be removed from the EAG if identifiable, or no further sharing within the EAG will take place if not.

15. All members of all EAGs will be given the opportunity to review draft finding reports. Those with scientific expertise will review the scientific methods to provide assurance that the methods and findings are robust. Those with strategic context expertise will provide contextual understanding that may assist the interpretation. Both scientific and contextual review are important to reduce the risk that findings reports will not be considered credible. EAG members will be briefed as to the primary purpose of their review (scientific or context).

16. Scientific and contextual review will happen either sequentially (in either order) or concurrently depending on the preference of the research team in light of the needs of the study (e.g. complexity of the methods). This will enable researchers who wish

[1] https://mrc.ukri.org/documents/pdf/mrc-declaration-of-interest-guidance/
[2] http://www.icmje.org/conflicts-of-interest/

to subject their work to scientific peer review before it is circulated round the full EAG to do so.

17. For reasons of transparency, all comments received and the response of the research team will be recorded. To protect impartiality, decision making rests with the research team.

18. A final draft will be submitted to NHSHS for final review and comment before sign off. Commissioned reports will be published by the lead organisation where the facility to publish on the organisation's website exists. Where this is not possible, the report will be published on the NHSHS website but not branded as such. This process should ensure that NHSHS are not perceived to have unreasonably influenced externally commissioned reports and has been agreed with research services and Marketing and Digital Services. It removes the need for commissioned studies to reflect NHSHS interpretation of the findings.

19. NHSHS will publish plain English summaries of reports to increase accessibility. For commissioned reports this will also provide us with the opportunity to offer our interpretations of the findings, which may differ from the research team.

20. We suggest that this process ensures the appropriate and timely use of the scientific and context expertise on the EAGs to inform the MUP study findings reports in a way that maximises the benefits while managing the risks.

21. We will also publish separate updates as appropriate in order to provide briefing on any other published studies or data being reported in the media within the context of our evaluation.

Principles for Engagement with industry

22. The draft Principles for Engagement with industry (Appendix 3) were discussed with the Board at the February Seminar. We recognize the much broader issues, and heterogeneous business and industry landscape that will influence the setting and application of principles.

23. These are progressing. We are meeting British Isles counterparts later this month and are consulting further.

24. The final principles will be in line with those discussed previously and will be shared with the Board on completion.

Finance and Resource Implications

25. The current total study costs (for commissioned studies and the purchase of data) within the MUP evaluation portfolio is £1,119,230 over the financial years 2017/18-2022/23 with agreement that NHSHS will contribute £261,301 towards the total. Scottish Government is funding most of the study costs in 2018/19 using the

recovered court costs. Taking account of the £130k contribution from NHSHS so far and the £42,777 contribution to study costs from NHSHS in 2019/20, the contribution from the new public health body over the 3 year period 2020/21-2023/24 is currently anticipated to be £88,524, with phasing to be agreed (Appendix 4).

26. In addition to the study costs outlined above NHSHS will provide a small amount of funding each year to cover non-study costs (e.g. consultancy, open access publication, venue and travel costs etc.). It is anticipated that this will be no more than £10k per year.

27. The work is being delivered by a project team from across Public Health Science, responsible for managing the commissioned studies, undertaking the in-house studies, engaging with other researchers and stakeholders and ultimately bringing together the findings from the MESAS and non-MESAS funded studies into a final report on the impact of MUP. The project team are supported by staff from Research Services, Knowledge Services, Communication and Engagement and Marketing and Digital Services. With one month to go in 2018/19, an estimated total of over 450 days (2.1WTE) across 16 staff has been recorded against the MUP evaluation deliverable. Planning for 2019/20 indicates a contribution of 826 (3.75WTE), the majority (700 days) from 10 PHS staff with the remainder from MDS staff.

Staff Partnership

28. This work adheres to and is consistent with the NHS internal Partnership approach.

Communication and engagement

29. Communication and engagement with a range of stakeholders is important for both the delivery, dissemination and use of the evaluation of MUP. The requirement to consult with specified stakeholders in preparation of the final report is also stipulated in legislation.

30. A Communication and Engagement plan is in place and is being developed as the project progresses. One of the first and central communication channels established has been a webpage on the Health Scotland website. This is currently being updated to accommodate the expanding programme of work as we prepare for the timely publication of findings reports from the various studies. We will also publish briefing papers such as that on 6 months post-implementation sales data, as appropriate. The sales data briefing has proved very timely and useful, and still forms a standard part of First Minister’s Briefing.

31. The Scottish Parliament is our ultimate primary user and it is important we understand and manage their expectations of the evaluation. We are meeting with the Convenor of the Health and Sport Committee on 1 April 2019 to discuss the evaluation. We are working with the Scottish Parliament Information Centre (SPICe) to write a guest blog and contribute to an FAQ briefing on MUP and the evaluation, for SPICe to circulate to MSPs and their researchers. We will continue to work with

SPICe to identify opportunities to engage with the Scottish Parliament as we enter the reporting phase.

Corporate Risk

32. A risk register (Appendix 5) is in place for the MUP evaluation. This is considered quarterly with SG and 6 monthly by the MGB.

33. Current status and controls on the risks identified are as follows:

    R1: Organisational Transition. No specific issues. Appropriate parties are aware of the NHSHS commitments that will transfer to the new public health body and/or shared services.

    R2: Project Management. NHS Health Scotland has funded a Project Support Officer, who started at the end of Jan 2019 to facilitate good project management.

    R3: Governance. Some work was required to refine the TOR to be fit for purpose. Final ToR now agreed. Process for appropriate engagement of EAGs in the development of reports in place. No further issues.

    R4: Strategic Behaviour. No issues.

    R5: Non-NHSHS Studies. No issues.

    R6: Complexity. No issues.

    R7: Staffing. Staff turnover being actively managed.

    R8: Access to data. Some issues with access to some data, being actively managed. Overall impact on the portfolio as a whole is low.

Promoting Fairness

34. Alcohol-related harm is a major contributor to health inequalities. Rates of alcohol-related death and alcohol-related hospital stays are more than twice as high in men as in women and are highest in the 55–64 year age group. Inequalities by area deprivation are stark: the most recent data show that in the most deprived areas of Scotland rates of alcohol-specific death were seven times higher than in the least deprived areas, while rates of alcohol-related hospital stays were nearly eight times higher.

35. Where possible, the evaluation will assess differential effects by age, gender, deprivation and drinking status.

Sustainability and Environmental Management

36. The evaluation of MUP will adhere to the digital first approach in order to contribute to sustainability and environmental management.

Issues Associated with Transition

37. There are no particular issues associated with transition, but given the high profile of the work and the legislative requirement to deliver the Review Report on the impact of MUP in five years' time, it is important that the work continues to be adequately resourced and managed through the period of transition and once Public Health Scotland is established.

Action/Recommendations

37. The Board is asked to:
    - Confirm that the update on minimum unit pricing (MUP) evaluation delivery commitment provides sufficient assurance
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Clare Beeston & Neil Craig

Public Health Intelligence Principals

14.03.19

Appendix 1: Overview of the MUP Evaluation

There are two overarching evaluation questions:

1. To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?
2. Are some people and businesses more affected (positively or negatively) than others?

The primary purpose of the work is to meet the needs of the legislation, set out here. Other funding sources have more potential to answer questions beyond that.

There are several studies in the portfolio which all serve different purposes. Taken together they will provide a robust picture of the impact of MUP. Individually, the quantitative studies with a control area will provide the strongest evidence that observed changes in outcomes are attributable to MUP. Other studies are equally important for providing an understanding of mechanisms of change, lived experience, or where the potential for quantitative analysis is limited for methodological reasons.

The following studies make up the complete MUP evaluation package.

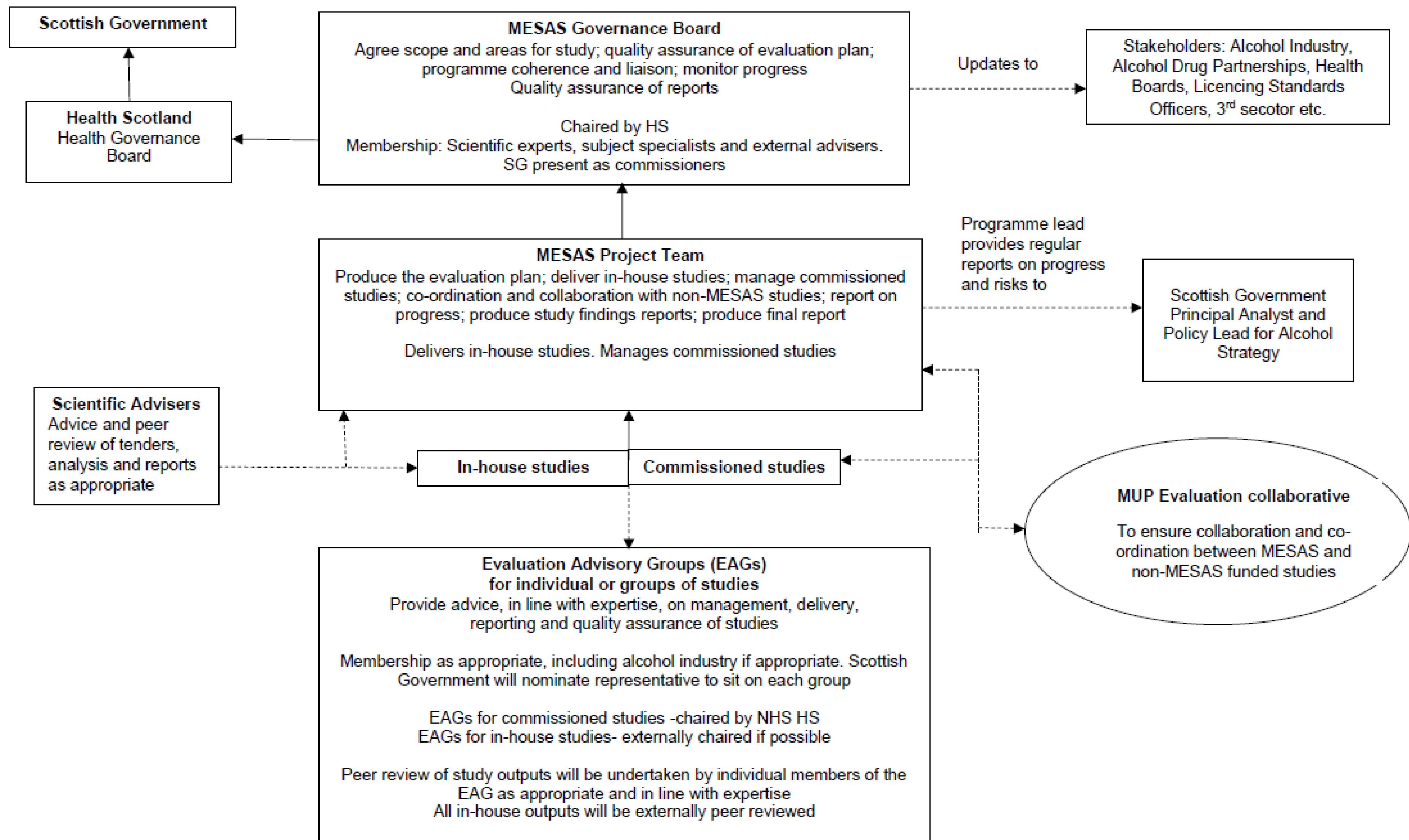
MESAS led

1. Compliance. NHSHS
2. Economic impact. Frontier Economics
3. Small retailers. University of Stirling
4. Alcohol price distribution. NHSHS
5. Products and prices in retailers and wholesalers. NHSHS
6. Sales-based consumption. NHSHS
7. Drinking at harmful levels. University of Sheffield and Figure 8
8. Children + young people response. Iconic
9. Hospital admissions and deaths. NHSHS
10. Crime, safety and public nuisance. TBC
11. Children + young people: harm from others. NHSHS
12. Economic Evaluation. TBC
13. Public attitudes to MUP. NHSHS

Separately funded studies

14. MUP study in A+E, sexual health services and communities. MRC Social and Public Health Science Unit (SPHSU), University of Glasgow
15. Analysis of SHeS. SPHSU
16. Text message survey (N of 1). SPHSU
17. Impact on the Homeless. Glasgow Caledonian University
18. Ambulance call outs. University of Stirling
19. Household expenditure (at application stage). University of Aberdeen
20. Prescribing for alcohol dependence. University of Glasgow

Appendix 2: MUP Evaluation Governance Structure



Appendix 3: NHS Health Scotland Principles for engagement with Industry

Purpose

The purpose of these Principles is to assist NHS Health Scotland in developing robust strategic arrangements that clarify our position in relation to organisations that supply products and services that potentially cause public health harm.

1. Background

There is potential for numerous and wide-ranging engagement with the alcohol industry and with other industries as NHSHS (and subsequently Public Health Scotland) advances its health improvement goals. It is impossible to define and provide guidance for every possible scenario. Rather, drawing on the UKPRP guidance, the aim is to bring some clarity and robust interrogation to this complex and contentious area in order to:

- support collaboration between NHSHS and industry when there are potential benefits to public health from doing so;
- ensure that collaboration(s) with an industry partner or partners is/are conducted with integrity, that interests are open and transparent, and conflicts are managed appropriately; and
- ensure research collaborations conform to EU and UK regulations.

The proposed principles cover four key overlapping areas of integrity, clarity of purpose, independence, and openness and transparency

4.1 Integrity

• Engagement with industry must benefit public health by helping NHSHS to deliver its strategic objectives to reduce health inequalities and improve health.
• NHSHS will not endorse a commercial product, service or organisation, and companies should not use their engagement with NHSHS for promotional activities.
• All potential conflicts of interest must be declared and effectively managed to ensure the integrity of our work and the confidence of the public.
• NHSHS will not accept any funding or other gifts from industry stakeholders. This includes travel or accommodation reimbursement when presenting at events.
• Successful collaboration with industry may contribute to the development of a new product or access to a service that benefits the health of the population. However, commercial gain should never be the primary objective when NHSHS engages with industry and companies will be expected to make an appropriate contribution to the work.
• Exclusive arrangements for commercial exploitation of knowledge generated from collaborative working can be acceptable for a time-limited period should this arise to ensure effective translation of the outcomes of research into health benefits.

4.2 Clarity of purpose

• Engagement with industry stakeholders will have a clear purpose and all parties will be transparent as to their expectations and obligations.
• That purpose must clearly link to population health benefits.

• All collaborative activities will be specified in written Terms of Reference (and/or a Memorandum of Agreement) setting out roles and responsibilities.

4.3 Independence
• NHSHS will determine and implement its strategy or priorities without influence from industry.
• Decision making on activities, research and interpretation rests with NHSHS, and commissioned research teams where applicable.

4.4 Openness and transparency
• NHSHS will be open and transparent about when, how and why it engages with industry.
• NHSHS will be clear about the potential benefits for the public as well as for the companies involved.
• NHSHS will publish details of all MESAS-funded studies
• NHSHS is committed to ensuring findings from any research funded by us are reported. This includes positive, negative and inconclusive results.

2. Governance

An effective system to identify, communicate, apply and uphold principles for engagement with the alcohol and other industries is required. This will also require a commitment to monitor and report. It is suggested that early notification of any issues should be reported to the NHSHS Board.

We are proposing that we should remind any staff working in this area of their obligation to register and declare any conflict of interests. This applies to NHSHS Board members routinely at the beginning of each Board or Committee meeting. NHSHS employees are required to complete a Declaration of Interest form annually.

Appendix 4: REVISED ANNEX E OF MoA: ALCOHOL MINIMUM UNIT PRICING – EVALUATION – COSTS (AS OF JANUARY 2019)

Study	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Price and product range Product level Additional price band Wholesaler Discounter	 £10,000k £8,000k 	 £17,500 £2,000	 £10,000 £8,000 £17,500 £2,000					 £20,000 £16,000 £35,000 £4,000
Harmful drinking study	£180,000	£60,000	£30,000	£90,000	£240,000	-		£600,000
Small retailers study	£45,000	£30,000	£75,000	-	-	-		£150,000
Routine mortality and morbidity data	-	-	£7500	-	£7500			£15,000
Routine crime data[3]	-	-	£25,000	£25,000	£50,000			£100,000
Economic impact study Additional interviews		£31,250 £5000	£25,000 £5000	-	£18,750	£50,000		£125,000 £10,000
Children and young people: own responses		£18,000	£18,000					£36,000
Attitudes[4]			£8230	-	-	-		£8,230
Total	**£243,000**	**£163,750**	**£231,230**	**£115,000**	**£316,250**	**£50,000**		**£1,119,230**
SG vs. NHS HS split SG total = £857,929k; NHS HS total = £261,301k	£121,600 from SG and £121,400 from HS	SG fund £155,150 £8,600 from NHS HS	SG fund £188,453 £42,777 from NHSHS	Phasing for 2020/21 onwards to be agreed. Currently, over 2019/20 – 2022-23 the total cost is projected to be £712,480, of which SG will pay £581,179 and HS £131,301.				-

[3] Best estimate. May vary when contract agreed.
[4] Assumes 2019 Scottish Social Attitudes Survey will go ahead. Cost in 2019 will be £8230 (2.5% inflationary increase on figure quoted for 2018).

Appendix 5. MUP Evaluation Risk Register.

ID	Risk title	Risk descriptor	Controls	Mitigated Likelihood	Mitigated Impact	Mitigated Score
R1	Transition	As a result of the transition to the new organisation, business continuity and resourcing of the MUP Evaluation Portfolio are compromised.	Memorandum of Agreement with SG agreeing that work will be sufficiently resourced and responsibility will transfer to the new organisation Advocacy of the importance of the programme to key stakeholders. Ensure programme is prominent in key strategy documents and recognised in Due Diligence processes. Ensure there is clarity on where responsibility for delivery for the different necessary functions in the new public health landscape and that adequately resourced	Rare: 1	Low: 2	Low: 2
R2	Project Management	As a result of poor project management we fail to deliver robust findings that can be used in the sunset process on time, scope and budget, thereby damaging our reputation and limiting our scope to influence evidence-informed decision making.	Use project management tools Adequately resource Progress reporting to SG and Governance Board MoA with partner orgs	Rare: 1	Low: 2	Low: 2

R3	Governance	As a result of inadequate governance we fail to deliver an evaluation that is recognised to be robust, credible, impartial and ethical, thereby damaging our reputation and limiting our scope to influence evidence-informed decision making.	Governance Board Evaluation Advisory Groups MoA with SG All research protocols to be reviewed by the NHS Health Scotland Research Development Group and other research ethics groups as necessary. Communication and engagement plan that promotes transparency	Rare: 1	Low: 2	Low: 2
R4	Strategic Behaviour	As a result of stakeholder strategic behaviour the evaluation is not recognised to be robust, credible and independent, thereby damaging our reputation and limiting our scope to influence evidence-informed decision making.	Communication and engagement plan Governance Structure	Medium: 3	Neglible: 1	Low: 3
R5	Non-NHS studies	As a result of our reliance on studies funded and managed through non-NHS HS routes, we are unable to deliver a comprehensive assessment of the impact of MUP if those studies fail to deliver robust findings on time, thereby limiting our ability to influence evidence-informed decision making.	Sitting on advisory groups for grant funded studies Keep track of progress and consider appropriate action if necessary	Low: 2	Neglible: 1	Low: 2

R6	Complexity	As a result of failure to use appropriate research, engagement and dissemination methodologies our evaluation does not adequately consider the different legitimate perspectives, the process for synthesising findings is not seen to be transparent or reasonable, or the findings are not effectively communicated risking the credibility of the evaluation and thereby damaging our reputation and limiting our ability to influence evidence-informed decision making.	Communication and engagement plan Support from the NHSHS Practice Improvement team Peer review by experts in the field of planned studies and draft reports on completed work Seek appropriate scientific advice on appropriate methodology when designing and managing studies.	Low: 2	Negligible: 1	Low: 2
R7	Staffing	As a result of inadequate staffing levels due to staff sickness, vacancies or competing priorities the quality and/or delivery of the evaluation is compromised, thereby damaging our reputation.	MOA with SG to ensure adequate resourcing. Ensuring work remains a HS priority; mini teams for all work to ensure contingency in place in case of prolonged absence; All documentation stored in shared folders	Rare: 1	Low: 2	Low: 2

R8	Access to data	As a result of our reliance on data provided by third parties, if those data are not made available we are unable to deliver comprehensive assessment of the impact of MUP, thereby limiting the evaluation	Memorandum of Agreement with public sector organisations providing data (currently Police and ISD - MOAs to be developed). Contracts with other data providers. Seek advice from EAG members on how to best approach industry. Provide data owners with additional information on how data will be used and reassurance of confidentiality of commercially sensitive information.	Low: 2	Low: 2	medium: 4