Submission from NHS Forth Valley

Scottish Parliament Finance Committee - Call for Evidence: Prevention

The Finance Committee agreed at the start of this session of the parliament to monitor the progress being made in delivering the decisive shift to prevention. While there is some evidence of progress, the Committee has been continually frustrated by the lack of evidence of any large-scale shift towards prevention. Despite a political consensus in support of a preventative approach, the progress delivered change across the public services has been extremely slow. Audit Scotland have questioned whether the prevention work being carried out by Community Planning Partnerships (CPPs) will deliver the radical change called for by the Christie Commission.

The Scottish Government has also recognised that the pace of public sector reform needs to be faster. Responding to the Committee’s report on Draft Budget 2015-16, the Deputy First Minister stated that while there is some evidence of change at a local level “we need to see this replicated more quickly and at a greater scale.” He suggested that a “culture change is necessary” which “will only be achieved through greater levels of integration between public service partners.” In particular, the pace of progress being made by CPPs “needs to increase markedly.”

The Committee is interested in hearing views on the progress being made in reforming Scotland’s public services and delivering the decisive shift towards prevention including:

- Why has the progress of reform proposed by the Christie Commission been so slow?
- What are the main barriers to change and how do we address them in order to accelerate the rate of progress?
- How do we ensure that the necessary culture change and greater levels of integration takes place?
- How do we create a culture of innovation?
- What opportunities does digital technology provide in reforming the delivery of public services towards prevention?
- How should community planning be developed to support service integration and the focus on prevention?
- What lessons can we learn from other countries in delivering a preventative approach?
- What are the implications for the provision of public services if the decisive shift to prevention does not take place?

NHS Forth Valley Response - Draft

Why has the progress of reform proposed by the Christie Commission been so slow?

- NHS Forth Valley has strongly supported the conclusions and recommendations of the Christie Commission. Although there is recognition of a need to address health inequalities and reduce the costs of “failure demand”, and that this provides a rationale for shifting the balance of care towards prevention, this has proven challenging, especially in the context of austerity, reducing financial resources and competing priorities.
- The fundamental causes of inequalities and ill health that are identified in the Christie Commission Report are deep rooted and inter generational. The action that is required to address these challenges must be sustained over many years and many parliaments if we are to break the self perpetuating cycles of poverty and disadvantage which fuel “failure demand”.
- There appears to be a high level of confusion between short term health promotion activity targeted at lifestyles such as promoting exercise or healthy diet and long term, population
level public health improvement work which is about creating the changes and opportunities at the whole population level which address inequality and disadvantage and will ultimately reduce “failure demand”.

- The focus on short term performance targets has made it difficult to dis-invest in health care in order to increase investment in prevention – in a representational democracy the focus will always be on short term measurable outcomes, e.g. waiting times, delayed discharges, new high cost drugs.

- Similarly there is confusion between services which are labelled as public health but are actually occupied with supporting individuals and communities with issues such as addiction or homelessness (and therefore to address the consequences of “failure demand”) and true public health services which are focussed on addressing the fundamental causes of health inequalities at a population level. Examples of true public health services would include the Early Years collaborate, education services, child protection services and the support of asset based community development projects building stronger communities and reducing crime and fear of crime.

- There has at times been a perceived lack of central support for inequalities programmes which might have helped bring about radical change such as Keep Well. These programmes do not deliver quick wins but require long term sustained commitment. This is in contrast to a very high level of central push and close focus on issues such as waiting times, cancer drugs, health promoting health service, infection control and ED performance.

- This is in contrast to the focus on initiatives which support short term, measurable, quick wins that help individuals but do not support long term population wide changes that will break cycles of deprivation and inequality. These initiatives do deliver prevention for individuals but do not achieve significant long term changes in public health.

- Financial support for inequalities and preventative work has tended to be short term (at most three yearly) with timescales related to government funding rounds, these timescales are unhelpful for long term public health projects where positive outcomes will require sustained commitment for twenty or more years.

- There is a need for greater integration of academic research activity related to addressing inequalities with CPP planning and delivery. Where an intervention is clearly evidence based it should not also be subject to inappropriate short term expectations.

- CPPs are not recognised as legal entities and are largely seen as an extra activity which is in addition to each partner organisations key functions. There is therefore wide variability in approach and in the effectiveness of CPPs as delivery mechanisms.

- It has proved challenging to gain wide understanding that people should be seen holistically and in their context. The idea that we should not set out to treat every ailment and that we should consider “what matters to you” rather than the traditional focus on “what’s the matter with you” is gradually gaining acceptance. With an aging and increasingly complex population it will be important to embrace the concept that better medicine might also be less intensive medicine.

**What are the main barriers to change and how do we address them in order to accelerate the rate of progress?**

- The actions required to break the repeating cycles of inequality and disadvantage are now well understood. Public Health research has clearly set out the action that will be required over many years. The greatest challenge is not to identify what treatment is required but rather to secure a sufficient dose and a length of treatment which will deliver the changes we seek and to do so without requiring substantial dis-investment in existing health and social care services. A true public health approach needs to deliver fundamental changes in opportunity and life circumstances from pre-birth, through the early years, pre-school then
securing school engagement and educational attainment leading into positive destinations after school and ultimately to worthwhile work.

- NHS Boards and services are not designed to prioritise long term public health objectives over immediate challenges such as waiting times, performance targets and annual financial balance. Faced with immediate service delivery challenges even the most committed public health organisation will accept a delay in long term improvements over a disinvestment in life saving health care services today.
- To address ‘failure demand’ requires a very significant and sustained allocation of resources towards early intervention and prevention.
- The Early Years Collaborative for example is an essential first step in giving children the best possible start in life. To break intergenerational cycles of deprivation however it will be necessary to continue to support this cohort of children throughout their childhood years and into early adulthood up to when they themselves become parents, a sustained commitment for at least twenty years. Yet interest in the Early Years Collaborative already appears to be declining when the project is not yet four years old.
- A key challenge is the need for improved policy integration at national and local level. The transition from education to worthwhile work is a vital step and a stage at which many young people are lost to alcohol misuse leading to criminal behaviour and ultimately long term un-employability and ongoing substance misuse. An increased focus on youth and adolescent health will soon be needed to ensure the benefits achieved in the current cohort of early years children are not lost in the secondary school years and the transition to adulthood.
- There is continuing evidence that not all health care services accept the evidence base for reducing health inequalities and this is reflected in ‘lifestyle drift’ i.e. the continual focus on mitigation of poor lifestyle choices (smoking, alcohol, obesity) associated with social inequalities rather than tackling the underlying causes themselves (early years, school engagement, educational attainment and access to worthwhile work);

How do we ensure that the necessary culture change and greater levels of integration takes place?

- Health Improvement and Health Inequalities activity needs to be a sustained and well resourced programme with long term cross party support that is distinct from day to day health and social care funding challenges in order that the programme can be sustained over the necessary time period to deliver real change.
- A fundamental culture change which sees prevention and improvement work recognised as critical to secure our future and protects an appropriate level of investment in long term improvement projects from the inevitable competition with day to day service pressures and the needs of the ageing population.

How do we create a culture of innovation?

- Holographic leadership – intent, integrity, integration
- Celebrate existing successes and promote the value of developing individuals and building communities
- Integrate ‘Innovation’ as a core dimension of personal and professional development planning
- Create holographic organisations – learning to learn, corporate DNA / organisational memetics, redundancy of function, minimal critical specification
- A healthy culture encourages discussion and values each person’s unique qualities and contributions at all and between all levels.
The NHS is increasingly reliant on line training modules which do not provide the same opportunity as face to face training to challenge attitudes e.g. in relation to child protection being every person's responsibility at all times. Neither does it make learning accessible for those who may find reading or online learning a challenge. Does this one size fits all create the necessary culture and facilitate integration?

What opportunities does digital technology provide in reforming the delivery of public services towards prevention?

- Whilst the digital technology might be usefully employed to support some elements of prevention activity for example promoting healthy diet or encouraging exercise our feeling is that this may be overstated and that a clear focus on long term improvement activity to support improvement across the life course would be more important.
- Enhancing the role of IT through intergenerational work within communities and multiagency learning to support this by bedding in to the implementation of quality standards for community engagement.
- Some but it is not the solution, people and animals may be human contact and pet therapy may be more effective.

How should community planning be developed to support service integration and the focus on prevention?

- The strong focus on developing health and social care partnerships is currently leading to a lack of focus on the potential of CPPs
- There could be very real opportunities to build capacity through improved integration of H&SCP and CPP particularly linked to effective engagement with communities and enhancing the role of the third sector through joint planning and delivery however there is also a significant risk that H&SCP focus on short term targets and immediate financial pressures to the detriment of sustained long term improvement activity.
- Strengthening of the public health capacity to develop leadership roles and functions within the CPP structures
- Improved rigor in our application of evidence where this is available and building joint commitment address gaps in evidence through CPP action planning delivery and evaluation.
- At Community Planning level there needs to be true partnership working and a shared understanding of what should be worked towards. A critically appraised evidence base should be used as part of all decisions and actions, e.g. what are the Health Impacts of building on Green belt land? This should take account of work by CRESH. However there is pressure put on Councils by the Government.
- Ensure leaders have the right skills and attitude.
- Again there should be closer monitoring of prevention spend and performance.

What lessons can we learn from other countries in delivering a preventative approach?

- International research clearly shows that the greatest health and wellbeing is to be found where equalities gaps are least. Rather than reverting to the option of a focus on lifestyle factors Scotland must make a real and continued investment in health inequality reduction (best possible start, school engagement, educational attainment, worthwhile work). This will take a whole generation but if sustained will ultimately break the recurring intergenerational cycle of inequalities and the costs of “failure demand”.
What are the implications for the provision of public services if the decisive shift to prevention does not take place?

- Eventually reactive services will be overwhelmed
- The Health Inequalities gap will continue to grow with obvious consequences.

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