

28th February 2017

Health and Sport Committee call for views on preventative spending

RCPCH Scotland welcomes the Health and Sports committees' undertaking to seek evidence on and analyse preventative spending on health.

A preventative agenda has focused in all of the RCPCH's Scottish specific publications from [Why Children Die \(2014\)](#), [Vision 2016](#) and our recently published [State of child health – Scotland report](#) in which 7 of the 12 recommendations are directly relevant to the preventative agenda.

- Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?
 - Reduce the number of deaths
 - Reduce child poverty and inequality
 - Maximise women's health before, during and after pregnancy
 - Introduce statutory sex and relationships education in all schools
 - Strengthen tobacco control
 - Tackle childhood obesity effectively
 - Maximise mental health and well-being throughout childhood
- How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?
 - One method is to focus spending on preventative initiatives, where the benefits may not be apparent for some years, is to agree on intermediate and long term targets with health boards, local authorities and our children and young people. These agreements should be made in the understanding that the political landscape (i.e. health boards and local authorities) will almost certainly change during the life of the initiative but that the needs of the Scottish people would remain constant. The link between poverty and ill health is highlighted throughout the RCPCH's State of Child Health – Scotland report. The estimated 210,000 children in Scotland living in poverty are more likely to have negative health outcomes. Focusing spending on providing good quality, safe and effective prevention and care throughout the healthcare service with a particular focus on primary care would mediate the adverse health effects of poverty.
- How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing 'best value for money'?

- The committee seeks opinions on how preventative spending can be identified and tracked more effectively. The RCPCH argues that the **impact** of preventative spending on outcomes should also be described; Our State of Child Health – Scotland report recommends that integrated health and care statistics are developed. The reduction in child asthma admissions following the 2006 smoking ban is one example of how public health spending can deliver benefits to the Scottish population
- How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?
 - Spending on primary/preventative services can be accelerated by ensuring there is a strong strategy in place. Our State of Child Health – Scotland report has as its first recommendation that the Scottish Government should “Publish and Implement the Child and Adolescent Health and Wellbeing Strategy”. The strategy should include a clear accountability framework setting out responsibilities for professionals, the public and civil society as well as details about resources and funding to implement it.

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