Introduction

The Argyll and Bute HSCP welcome the opportunity to provide a response to the call for information on the areas identified.

Our response is aligned with that provided by the NHS Highland Board but we have looked at the response from the perspective of the vision (People in Argyll and Bute will live longer, healthier, happier, independent lives) aims and objectives of our 3 year strategic plan.

In our Strategic plan we have: identified the following 6 areas of focus

1. Reduce avoidable emergency admissions to hospital and minimise the time people are delayed
2. Support people to live fulfilling lives in their own homes for as long as possible
3. Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing
4. Implement a continuous improvement approach to enhance the quality of our service
5. Support staff to continuously improve the information, support and care they deliver
6. Efficiently and effectively manage all resources to deliver Best Value

It is from this perspective that we offer the following response.

1. Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

The evidence for prevention securing the best outcomes for people and having the greatest impact on reducing health inequalities is well researched and documented. The tension in achieving this is the urgent and pressing need for services to respond to crisis and the “what if” emergency scenario.

The impact of the smoking ban is one area where preventative cause and effect has been quickly realised. From this type of positive legislative and multiagency intervention the opportunity regarding alcohol misuse, healthy diet and sugar content of food etc with physical activity and healthy weight management could see a dramatic shift to reduce Scotland’s image of the ill man/woman of Europe.

There is also a very strong case for investing in the early years, with evidence citing benefits in terms of both health (physical and mental) and financial returns. Similarly evidence on the ‘cost’ of adverse childhood experiences suggests that preventative activity in this area is likely to reduce demand for interventions later in life.

There is a clear opportunity within older people services to maximise the potential for early intervention and prevention. This is the area of the population which we know is
increasing, has specific and well known age related trajectories for developing illness (physical and mental), social, emotional, relationship impacts and changes. Our older population is the highest consumer of health and care resources and it is clear if we do not focus and enhance resource on prevention we will witness significantly poorer outcomes and increasing inequalities for people within the next 5 years.

It is our view that the elderly would be the most pressing area for the committee to examine equally continuing to actively examine the impact of legislation re “sugar tax” and pursuing alcohol minimum pricing.

2. **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?**

Integration Authorities were established and directed to be transformation organisations within health and social care, to rapidly progress the findings of the Christie report (Commission on the future delivery of public services. 2011)

The legislation and guidance directed Integration Authorities (IA) to service plan for 3 years developing commissioning, workforce plans and service arrangements, supported by a 3 year financial budget to enact this transformational change (storming, forming and norming) to deliver health and well being outcomes.

In practice the framework used to support IAs is not yet fully developed to take account of the pace of this change- with the political focus on targets (inputs and outputs) and current service demand (both national and local level) encouraging a continued investment in reactive responses, defaulting to the current state and maintaining the status quo. This when aligned with the absence of a 3 year financial planning and budgeting process for IAs has limited any meaningful shift to initiate and maintain preventative spend.

For the IA to overcome these challenges the framework within which IAs operate needs to take a system wide view- with a review of targets that better support the prevention agenda and a review of the budget setting timeframe key influencing factors.

Alongside this there needs to be a material change in the content of the communication and engagement message we (IAs, Local and National Government) have with the public and health and care professionals and stakeholders. This message must be an open and honest discussion on the immediate and future models of delivery to ensure safety and sustainability of health and social care services, stating the status quo is not an option. The message needs to quantify and manage expectations about this shift not being achieved in 1 year but will be planned and resourced through transition over a 3 to 5 year period.

The HSCP is still developing the tools to achieve this (we are still storming and forming), however critical to this success is political buy in and support. In addition mobilising community planning resource to accelerate the Christie report transformation is also key.

3. **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 HSCP concur with the content of NHSS Highland Board submission.

4. **How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?**

The actions outlined in 2 directly relate here:
• Aligned and confirmed financial and strategic planning and resources over a 3 to 5 year period. This to inform:
  o Realistic and politically supported communication and engagement message with the public that change is happening but will be supported through transition over this period.
• Mobilising and aligning community planning partners within a similar framework-accelerating Christie report transformation
• Using the above to support sustainability of third sector services.
• Utilise the opportunity within the new GP contract negotiation to incentivise health improvement by “social prescribing” which would see primary care helping drive community co-production and third sector capacity, thereby redirecting resource into prevention.
• Main streaming health improvement resource within operational service delivery

The longer term goal remains working towards a fairer and prosperous Scotland as evidence clearly demonstrates increasing incomes of the worst off in society has the most health gain.

References


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