Scottish Parliament Health and Sport Committee
Inquiry into Preventative Agenda
February 2017

Background

In the last session of the Scottish Parliament the RCN responded to the Finance Committee’s 2010 inquiry into preventative spend, its work on the 2012/13 Draft Budget and Spending Review, and its scrutiny of the 2015/16 Draft Budget – prevention. Many of the issues raised in the RCN’s previous evidence, such as the siloed nature of the Scottish Budget, are still relevant.

The RCN’s Manifesto for the 2016 Scottish Parliament elections called on MSPs to work to make sure that decisions are made to shape health and care for generations to come, rather than focusing on short term goals. In 2016 RCN Scotland published reports which looked at health care in prisons and mental health nursing.

The Committee’s future work on prisons, health and social care integration, and technology and modernisation in the NHS will also be important in building a greater understanding of how these work streams are inextricably linked to the wider preventative agenda.

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

RCN Scotland believes that it would be valuable for the committee to consider the impact that community health and care services, and the health and social care professionals who deliver them, have on prevention. This work could be used to inform how future investment in prevention provides best outcomes and best value. Part of this work may include exploring the barriers which exist in taking pilots, which have shown positive outcomes, to scale.

The impact that nursing services delivered in the community or a homely setting have on prevention are twofold. They deliver immediate preventative action – that is to say that they provide anticipatory care and prevent admission to acute settings – but their work also supports long term, primary prevention which is in line with the Scottish Government’s public health agenda. There is evidence to demonstrate the value that nursing interventions delivered by health visitors, alcohol and drug addiction nurses, mental health nurses, learning disability nurses and occupational health nurses as well as district nurses have in prevention. It is important that the role that health professionals have in early years intervention, public health prevention, and the prevention of poor health in individuals is valued in order to ensure that appropriate resources are allocated to them, particularly when budgets are tight.

The preventative agenda and health inequalities are inextricably linked, and the latter remain a significant problem in Scotland as statistics published during February 2017 on the variation on outcome by areas of deprivation for conditions like stroke and heart disease showed. Nurses are confronted daily with the consequences of social conditions on the
health and wellbeing of the communities they care for. In many circumstances nurses are not only addressing the direct health needs of patients, but trying to promote long term positive physical and mental health and wellbeing where a person’s social and physical environment may include poor housing, high unemployment, high crime, a lack of opportunity and an absence of green space.

RCN Scotland’s *Nursing at the Edge* report gave practical examples of positive interventions being made by nursing teams for some of the most marginalised people in Scotland’s communities.

The access that members of community health and social care teams have to individuals and communities, and the breadth of services across which they work means that with the right investment and support there has the potential to alleviate pressure on acute services, prevent ill health and reduce health inequalities in some of Scotland’s most vulnerable communities.

**How can health boards and integration 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?**

At a strategic level the current approach to setting and reporting on national targets and measures, while having initially delivered some real improvements, is now often skewing clinical priorities, wasting resources and focussing energy on too many of the wrong things. In spite of commitments to invest in prevention and shift the balance of care to community settings, the most high profile HEAT targets continue to focus attention on hospital services, and boards are under huge pressure to meet these core targets and standards. Without a new approach to measuring success, which is robust and open to scrutiny and based on health outcomes it is going to be difficult to invest in health services which focus on prevention, rather than cure. The RCN produced a comprehensive report *‘Measuring Success’* which suggested a new way to approach targets in 2016 and is a member of the Scottish Government’s Review of Health and Social Care Targets and Indicators group, which is expected to conclude this Spring.

To reduce the political pressure, and to understand the financial pressure, there needs to be a public discussion around the expectation that people have of the NHS and what it can deliver. Without the ability to double fund services, taxpayers have to be clear that spending on prevention may mean redistribution, service redesign and investment in the benefits of primary prevention which may take years to come to fruition.

At present, the pressure on budgets, staff and resources are unsustainable across both acute and community health services. Demand is at such a level that health boards and integration authorities are often fire-fighting which, understandably, reduces the ability to focus on prevention, and particularly long term preventative strategies.

Community capacity to deliver increased interventions is a significant concern. A recent review the RCN undertook of Integration Authority board papers and minutes showed that many areas are struggling to recruit community nursing staff and/or are holding nursing vacancies open, often using this salary saving to fund other overspends such as equipment costs. In some areas there are proposals to cut registered nursing posts. The community nursing workforce is also facing significant issues with retirals, with around one in two community nurses aged 50 or over at 2016 (compared to one in three acute sector nurses).
Scotland faces this loss of nurses and their nursing experience, at the point when the demand for increased decision making capacity in the community is increasing.

In its response to the Scottish Government’s consultation on ‘The Modern Outpatient: A Collaborative Approach 2017-2020’ the RCN has raised concern that without adequate planning, aspirations to free up money from the acute sector to re-focus on community services will not be possible without first investing up-front in community capacity and capability at scale.

To ensure that there is the nursing workforce required in the community in the face of increasing, and increasingly complex, demand and ongoing health inequalities, it will be helpful to extend work already undertaken in health visiting to develop caseload waiting tools for nursing teams. This would give a more ‘real time’ picture of demand and how it is able to be met.

**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’?**

There is a significant evidence base to support the argument that investment in, for example, nursing interventions or provision of targeted training to healthcare professionals, prevents negative ‘downstream’ outcomes, saving money in the longer term.

A 2010 report by the NHS Confederation and Macmillan Cancer Support found that as much as 10% can be saved from the cost of cancer services if there is clinical nurse specialist involvement in care. An independent evaluation of a British Heart Foundation and Big Lottery Fund partnership, which supported nearly 80 heart failure clinical nurse specialists across the UK, also in 2010, found that their involvement reduced hospital admissions by an average of 35%.

RCN therefore believes that in many instances, pilot projects have fulfilled the ‘best value’ test. The challenge is for the barriers around investment to be tackled so that these small projects can be rolled out to see what effect they could have nationally and over a longer period of time. In addition, preventative spends needs to allow for innovation so that new services, and new means of delivering those services, can be explored.

RCN is confident that the evaluation and improvement skills exist within Scotland to map investment against outcomes if the funding and workforce challenges are resolved.

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

If there is to be a meaningful shift in the balance of care, within the limitations of current public spending, there must be a redistributed of funding from acute services to those being delivered in the community. The RCN has repeatedly raised concerns about the unintended consequences of insisting that NHS boards balance their books and make significant savings on an annual basis, without consideration of the long term picture. Lifting this need to balance the books annually would give some flexibility for health boards to invest to save.

Moving away from HEAT targets to measure health outcomes would incentivise a more preventative approach, and demonstrate political prioritisation of public health and prevention. This shift is needed if publicly accountable bodies are to change their practice.
RCN recognises that the Scottish Government last year committed an additional £500million to primary care by the end of the Parliament, but would question how many times this funding has been committed, if it is sufficient to meet ever increasing demand, and whether it is being spent in a coordinated and focused manner. In terms of speeding up, and incentivising preventative spend then there needs to be a very clear set of funding principles against which decisions are taken. This was an approach which the RCN called for in its manifesto ahead of the 2016 Scottish Parliament elections.

The integration of health and social care is still in its infancy. But it has started the process, in theory at least, of budgeting without identity across traditional health and social care barriers. This is a key step in funding prevention in the long term. As Scotland moves forward with integration, and in tackling the preventative agenda, it will be important to be able to scrutinise the annual performance reports of Integration Authorities to determine how integration is supporting preventative care.

If you require any further information please contact Sarah Atherton, Parliamentary Officer, by email at sarah.atherton@rcn.org.uk or by telephone on 0131 662 6172.