Health & Sport Committee: Inquiry into the Preventative Agenda

Response from Audit Scotland, February 2017

1. Audit Scotland welcomes the opportunity to provide evidence to the Health and Sport Committee to help inform its inquiry into preventative spending in specific health-related areas.

2. There are many social determinants which affect health and wellbeing. A public health improvement focus on prevention attempts to address the factors that have an impact on or prevent positive health choices such as lifestyle behaviours, wider social-cultural factors and environmental factors. All expenditure can be preventative; the challenge is to target services to the right people, tailored to their individual needs, and taking a lifetime-wide approach to prevention and early intervention treatment.

3. In our reports *Community planning: Turning ambition into action*, November 2014, available [here](#), and *Community Planning: An Update*, March 2016, available [here](#), we found that the way in which public bodies report performance and are held to account does not always reflect the Scottish Government’s policy of promoting outcomes, prevention and reducing inequalities. In particular, some short-term national performance targets are making it difficult to reform services to deliver more preventative service models. We also found that reaching agreement on shifts in resources can be difficult as it may involve moving resources away from short-term targets towards longer-term preventative work, which may not return gains directly to the organisations that have invested resources.

4. Prevention activity among community planning partners is often prompted by national funding or initiatives such as the Change Fund or the Early Years Collaborative. Where there is recognition of the need for organisations involved in Community Planning Partnerships (CPPs) to work together in different ways to meet challenges, CPPs are starting to do this through relatively small-scale projects, which often focus on specific themes or within particular targeted communities.

5. The Auditor General and the Chair of the Accounts Commission provided oral evidence on *Community planning: Turning ambition into action* to the Finance Committee on 4 March 2015 as part of the committee’s inquiry into preventative spending (Official Report [here](#)). In our Community Planning report, we highlighted initiatives such as *What Works Scotland* as enabling public bodies to develop their approaches. *What Works Scotland* has a number of resources, available [here](#), on the prevention agenda in Scotland, including an [evidence submission](#) to the Finance Committee in March 2015.

6. Audit Scotland published *Changing Models of Health and Social Care and Supplement 1: Case Studies and Supplementary Materials* in March 2016, available [here](#). The audit focused on how NHS boards, councils and partnerships might deliver services differently in the future to meet the changing needs of the population. The report includes a number of findings and recommendations that are relevant to the Scottish Government, NHS boards, councils and integration authorities.
7. In addition, we published *Health and Social Care Integration* in December 2015, available [here](#). In this report, we described how the Scottish Government will provide more than £500 million over the three years from 2015/16 to 2017/18 to help partnerships establish new ways of working that focus on prevention and early intervention. In our *NHS in Scotland 2016* overview report in October 2016, available [here](#), we described how 11 funding streams have been combined into one single source of funding of £161.2 million as part of an overall outcomes framework, focused on prevention and reducing health inequalities. The committee may wish to understand how this money has been used to date.

8. It may also be useful to note that our continuing interest in this area is reflected in our work programme. We plan to publish a report on the *NHS workforce: Clinical workforce in acute hospitals* in summer 2017; to publish our annual overview of the *NHS in Scotland* towards the end of 2017; to undertake a performance audit of *Child and Adolescent Mental Health Services* in 2017/18; and a second audit of *Health and Social Care Integration* in 2018/19. All of this work will consider the implications of the policy goal of shifting the balance of care from the acute sector to the community sector through prevention and integrated primary and social care services.

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

9. The committee may wish to focus on where the need for investment in prevention has been managed within a context of rising demand. Examples of prevention activity within a wider public health context, that consider approaches that align policy on, for example, poverty, housing, transport, skills and education and early years would be particularly interesting. Many of the examples we share in the *Changing Models* report focus on preventative work designed to avoid the admission of frail and elderly people into acute care. However, the prevention journey is not restricted to this life stage and the committee may wish to consider other activity, diet and lifestyle approaches aimed at reducing avoidable health problems for people of all ages.

10. In our *Housing in Scotland* report, July 2013, available [here](#), we recognised that good housing can make a positive contribution to many government priorities, including economic growth, community empowerment and improved health. The government's 2020 Vision for health and social care sets out its commitment of people remaining in their homes and care to be provided in the home or a homely setting and has significant implications for housing. The number of people aged 75 and over is projected to increase by 75 per cent from 421,000 in 2012 to 738,000 in 2035. This will result in significant challenges for the housing sector as more people will live for longer, often alone. Demand is also expected to increase for supported living and sheltered housing. The number of older people requiring an adaptation to make their home more accessible is estimated to increase by 60 per cent between 2008 and 2033.

11. Housing can also contribute to sustainable, strong local communities. In our *Housing in Scotland* report, we highlighted an example in Castlemilk and Govan, where two housing associations are working to reduce the loneliness and isolation of older people through a
community arts project. This has improved the mental and physical health of participants and allowed them to live independently for longer. An evaluation of the project found that for every £1 spent there was an £8 return on investment. The committee may be interested in investigating similar examples of preventative activity.

Question 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?

12. In our *Changing Models* report, we found that the challenges around funding and shifting the balance of care are a major barrier to developing more preventative services. Demands on health and social care services have been increasing because of demographic changes. People are living longer with multiple long-term conditions and increasingly complex needs. At the same time, NHS boards and councils are facing increasingly difficult financial challenges. There is general recognition that changes are needed and that NHS boards and councils need to support more people in the community but the shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and are not widespread.

13. In our *Changing Models* report, we found some examples of where this shift has been achieved despite funding pressures (p34 of our main report and case studies 8 and 9 in the case study supplement). The Canterbury, New Zealand case study (case study 10) is another good example of how investment in the community and preventative services has reduced demand on hospital services, allowing further investment to be focused on preventative measures rather than reactive care.

14. We recommended that the Scottish Government identify longer-term funding to allow local bodies to develop new care models they can sustain in the future so that NHS boards, councils and integration authorities can move away from short-term, small-scale approaches.

Question 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'?

15. In our *Health Inequalities* report, December 2012, available [here](#), we found that many initiatives to reduce health inequalities have lacked a clear focus from the outset on cost effectiveness and outcome measures, so assessing value for money is difficult. We set out the factors that can improve the effectiveness of initiatives in Exhibit 19 on page 29.

16. In our March 2016 report *Community Planning: An update*, available [here](#), we identified that the Scottish Government is strengthening its focus on outcomes in some policy areas. But the way in which public bodies report performance and are held to account, does not always reflect the Scottish Government’s policy of promoting outcomes, prevention and reducing inequalities. There is a need to streamline national performance management frameworks and create a better balance between short-term measures of individual service performance and the delivery of longer-term local outcomes. This should involve placing the views of local communities at the heart of measuring success in public service delivery.
17. In our *Changing Models* report, we emphasised the importance of clear evaluation of the local delivery of new models of care (pages 6 and 29), including:

- identification of the timescales, costs and resources required to implement new models, including staff training and development
- evaluation of the impact and outcomes
- how funding was secured
- key success factors, including how models have been scaled up and made sustainable.

18. The Scottish Government’s report *Designing and Evaluating Interventions to Reduce Crime and Reoffending*, March 2015, available [here](#), provides a useful framework to plan for and report on outcomes. The committee may wish to investigate the extent to which this approach has been or is being used in other policy areas.

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

19. In the *Changing Models* report, we highlighted the need for effective national leadership in consolidating evidence and sharing good practice, including:

- identifying longer-term funding to allow local bodies to develop new care models they can sustain in the future
- identifying a mechanism for shifting resources, including money and staff, from hospital to community settings
- being clearer about the appropriate balance of care between acute and community-based care and what this will look like in practice to support local areas to implement the Scottish Government’s 2020 Vision for health and social care
- taking a lead on increasing public awareness about why services need to change
- addressing the gap in robust cost information and evidence of impact for new models.

20. Reliance on short-term funding is a barrier to sustained shift towards preventative approaches. In our *Reshaping Care for Older People* report, February 2014, available [here](#), we considered the impact of the £300 million Change Fund over four years, introduced by government in 2011/12 to support its policy. We found that the Change Fund had led to the development of a number of small-scale initiatives, but that they were not always evidence-based or monitored on an ongoing basis. It was unclear how successful projects would be sustained and expanded. We also found that few partnerships could demonstrate how the Change Fund had reduced institutional care, for example in a hospital or care home, or increased community-based services such as care at home.

21. We have set out recommendations in both our *Changing Models* report and the *NHS in Scotland 2016* overview report about the need for further detail on how the Scottish Government expects the policy to shift the balance of care to be achieved, including the importance of a clear financial plan. Our recommendations include:

- identifying immediate and longer-term priorities, including a public health strategy to help NHS boards focus on preventing ill health and tackle health inequalities
• supporting for new ways of working and learning at a national level
• developing long-term funding plans for implementing the policies
• developing a workforce plan outlining the workforce required, and how it will be developed
• ongoing discussion with the public about the way services will be provided in the future to manage expectations
• setting measures of success by which progress in delivering national strategies can be monitored.