Dear Heather,

Re: Preventative Agenda

Thank you for inviting NHS Orkney to partake in the call for views for the Preventative Agenda. Please find below answers to the questions previously provided.

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

Need to have a clear definition of preventative spend. Would be interesting to review integration authority role in prevention agenda. Also with the potential changes to the public health function it would be interesting to identify spend associated with particular subsections e.g. screening or health protection. Effectiveness of legislation, policies, activities and spend on major risk factors – smoking, healthy diet and exercise.

**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?**

Ring-fencing of monies helps although Boards can still work around this, change should be targeted to things that do not drive spend on acute care. Ability to financially plan in the medium (3-5 years) to long term (10-20 years) rather than relying on an annual planning and financial planning round. Clarity on definition of preventative spend would be helpful. Ensuring public health advice is incorporated in to discussions particularly at the strategic level from Government through to boards and integration authorities.

**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’?**

Clear definitions and ring-fenced long term funding. Tracking proactively rather than retrospectively trying to work out where the monies were spent.
Consideration of the social return on investment may be an appropriate way of looking at preventative programmes, with careful consideration of the stakeholder and the counterfactual in considering the intervention.

I hope that you find these comments useful.

Yours sincerely

Cathie Cowan
Chief Executive