Joint response from Val de Souza (Director, Health and Social Care for South Lanarkshire) and Harpreet Kholi (Director Of Public Health NHS Lanarkshire)

Preventative Agenda

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

- Focusing on interventions targeting early years and other specific topics such as childhood obesity and in particular multi-agency and CPP responses where all partners contribute
- Interventions that enhance population Mental Health with a particular focus on young people
- Risk factors that contribute to LTCs given the changing demography – interventions to enhance healthy life expectancy
- Interventions at a Governmental level that address health inequalities and do most to address poverty (see recent SCOTPHO DATA)
- Focus on strengths based approaches in communities.

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?

- Ensure that preventative spending is ring fenced and incentivised based on evaluation of services and outcomes delivered
- Mobilise capacity and resources to have a synergistic effect using innovative approaches i.e. deliver person centred approach perhaps by having combined smoking cessation, healthy weight and harm reduction and / or substance misuse services delivered in the community; there is ample evidence around health coaches, worthwhile to investigate their role in improving the health of those in SIMD areas 1 and 2.
- Could every service be encouraged to allocate a preventative budget e.g. 5% and invest to save for the future
- Increase and ensure co production and collective decision making with and for communities as then it becomes very much harder to be reactive and not be held to local account

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’?

- Using Return of Investment tools developed by NICE e.g. smoking, physical activity
- Nationally coordinated resources to collate data, evidence and support for interventions to help implement a “once and best for Scotland” approach, this will also eliminate duplication
• A better definition of prevention may also help as it should include early intervention and also secondary prevention

• Better use of tools such as contribution analysis
• More focus on HSCI in relation to Community Empowerment Act

How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?
• Disinvesting in low value, ineffective and inefficient services – consistent nationalised approach
• Reinvesting in effective services
• Ask the key stakeholders – users and providers of services to identify approaches
• Protecting the funds such as the integrated care fund or at least some of it to help as a change fund so that we can move to a proactive early intervention model
• Learning from other models of service delivery