Midlothian Integration Joint Board

Introduction

Midlothian IJB welcomes the Committee’s interest in the prevention agenda. Prevention is an attractive notion. For instance, during October and November 2016 Midlothian Council ran a survey called *Choices for Change* and received 484 responses. Nearly 84% of respondents agreed that we should reduce the demand on social care by developing preventative approaches within communities, to support people to live independently for as long as possible.¹ The [Midlothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in Midlothian. This document outlines the challenges Midlothian faces and our key priorities.

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

This is a difficult question to answer from our perspective. It might be valuable to explore how coherent the approach to this agenda is across organisations.

Has the use of allocations that are ‘badged’ explicitly as prevention (ringfenced) such as elements of the Outcomes Framework enabled a focus on prevention? Have the use of transition funds also contributed to this change in focus? One key question that lurks behind a lot of health and social care work is how far organisations like Health and Social Care Partnerships prevent the social determinants of ill health and inequality. A focus on behaviours that lead to ill health alone is widely regarded as a trap to be avoided. We need evidence based smoking cessation services for instance, but we cannot rely on such services to singlehandedly wind back the health inequalities within and between our communities.

2. *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?*

One of the pressures that maintains the current level of reactive spending is simply the weight of history. Large parts of many services have a preventative side (whether primary, secondary or tertiary prevention) but in most cases the model has been reactive, to await patients or clients turning up or being referred. The prevailing view used perhaps to see prevention as a discrete activity, separate from the general response to expressed need. Increasingly people view it more as a spectrum with all activities having or potentially having some preventative element. There is a perception that even within the short lifetime of the Health and Care Partnership there has been a shift in mindset. If you take the definition of preventative spend as being “public spending over the long term that aims to prevent rather than deal with negative social outcomes” (SPIce 2010: 10/57) it is likely that a large proportion of the IJB spend is not preventative. The challenge for IJBs is to

¹ Shaping our future choices for change paper A: summary findings of the public consultation on service changes and savings options 2016 [www.midlothian.gov.uk/shapingourfuture](http://www.midlothian.gov.uk/shapingourfuture)
deal with current pressures in a way that prevents further problems. The recovery focus for people experiencing mental ill-health and/or problems with substances is a good example of this. These services are looking to provide services through an easy access ‘hub’ that addresses people’s current health and social issues but with an ethos of hope and aspiration.

In terms of financial pressures, there is a clear imperative to spend less. Midlothian IJB inherited a budget deficit/overspend in parts of the budget that are not easily amenable to quick reduction. The ability to shift funding has been difficult due to the need to simply save money to breakeven. So the question arises as to whether to cut spending that is not seen as directly delivering a service in response to need. However, Midlothian has protected a number of services.

To tackle the pressure on general practice ML IJB/ H&SCP has developed the CHIT team and the Wellbeing team. Currently this is not funded from the core budget but has been maintained by the final year of Keep Well funding and money from other areas within the Outcomes framework. However, the team is central to the vision of the IJB and needs to be put on a more secure footing.

In Midlothian we have sought to use external funding to put more explicitly preventative initiatives in place. For instance in the field of learning disabilities we have been looking to provide training via an online game to promote personal safety. The need was seen as those with borderline learning disabilities putting themselves at inadvertent risk online. Midlothian received funding from health inequality funds from NHS and some grant funding for the development of a game that would ultimately deliver social media training for people with learning disabilities to reduce their vulnerability.

Midlothian IJB is looking to use the Directions it issues to both the Health Board and the Local Authority to shift the balance of care with a particular emphasis on seeking to address inequalities. The Midlothian Strategic Plan 2016-19 outlines the direction of travel for the development of health and social care services in Midlothian i.e. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services. There has been considerable work done on the redesign of redesign of care at home and the development of the MERRIT/Hospital at home service.

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’?**

Others will have a more expert view of these issues, but it is clear to the Partnership that a shared definition of prevention (or preventative elements) is required as well as continued investment in evaluation and improvement science. As the documents that the Committee reference in its call for evidence outline very well, prevention can be characterised many ways but it would be a pity if it was then viewed as meaningless. It is likely that if staff were asked what prevention meant to them, there would be a variety of views: the importance of a good start in life, preventing illness or further ill-health (primary, secondary and tertiary prevention), promoting mental wellbeing and recovery from mental ill health or substance misuse, and preventing inefficient and poor quality service use
such as emergency admissions or delayed discharges. These are all visions of prevention that are being pursued as strategic aims.

Midlothian Health and Social Care Partnership has recently begun working on improving the efficiency of services using the Institute for Healthcare Improvement’s model for improvement as a basis. Prevention is one of the themes of this work. The Institute’s *Triple Aim* is a framework that is being used within NHS Lothian’s quality improvement programme.²

The Scottish Government currently gives Health Boards funding for the Outcomes Framework which includes more clearly preventative programmes such as smoking cessation and child healthy weight. Last year this was subject to a 7% efficiency saving by the Scottish government as the price of being able to be more flexible with the funding between different programmes within the framework. Previously NHS Lothian Finance had imposed a 10% efficiency cut on some of these allocations as part of their financial plan for breakeven. So the advantage of clearly labelled extra funds is that they are easy to track, but it may still not make them that easily defendable in the face of financial pressures.

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

There is something of a false distinction in the question. Acute services can be preventative and many primary care services are reactive. Put simply the only way we can speed this up is with large scale investment in the community, while at the same time tackling overreliance on acute reactive care. Midlothian IJB has given serious consideration to its directions to the Health Board and Local Authority with this in mind as mentioned above.

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² The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement in the United States that describes an approach to optimizing health system performance. IHI argues that health systems need to develop along three dimensions, which they call the “Triple Aim”:
- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.