FINANCE COMMITTEE

PREVENTION

Submission from NHS Ayrshire and Arran

Response

NHS Ayrshire and Arran welcomes the opportunity to respond to the questions raised by the Finance Committee regarding progress being made in reforming Scotland's public services and delivering a decisive shift towards prevention.

There is now a compelling body of evidence demonstrating that persisting inequalities and poor health can only be addressed by ensuring that prevention is a mainstream element of our approach by shifting our collective efforts further upstream to improve the fundamental causes and distribution of environmental resources which determine health outcomes.

Public Health has a history of involvement in partnership working and it is central to achieving the dual outcomes of improving population health and tackling health inequalities. Within that, working with our partners to prevent ill health and foster good health is also fundamental to achieving these outcomes.

We have worked with partners within the framework of community planning since its inception and, within this context, are now working within Health and Social Care Partnerships (and other CPP thematic partnerships) to bring a focus to improving population health which includes, amongst many other important determinants, the need to improve public services.

Whilst we have direct knowledge and experience of many instances where joint working with services and communities to prevent ill health and promote good health has resulted in encouraging outcomes, prevention may not be the mainstream business of services and partnerships. Shifting resource from acute hospital services to integrated community based services with a view to creating opportunity for earlier intervention remains a significant challenge for partners at a local level due to the focus of targets still being acute hospital focussed. As a result, the more aspirational goals of shifting efforts even further upstream to tackle the environmental and fundamental causes of health inequality and creating the conditions which foster good health in communities feels even further removed from the agendas and priorities of partnerships.

We offer the following views in relation to the eight key questions posed by the Finance Committee:

Why has the progress of reform proposed by the Christie Commission been so slow?

The aspirational objective of the Christie Commission which states that 'public sector organisations should prioritise prevention, reduce inequalities and promote equality' remains sound. However, it is our view that, currently, the focus of the Christie Commission work is not on prevention and reducing inequality but rather on achieving structural change. Given the lack of robust evidence linking changes in structures to positive improvements in population health or health inequalities it is unlikely that we will see any significant step change in achieving these outcomes whilst this remains the focus of local partnerships.

There is *good* evidence, however to suggest that shifting further upstream to tackle fundamental causes and improve the social, environmental and economic conditions in which people live will have a positive impact on outcomes and public sector spend through removing some of the downstream demand on the system. This, in our view, will only be achieved by creating the conditions for innovation, relationships and knowledge to grow and develop and through a fundamental shift in how prevention is understood, viewed and valued by the public, politicians and decision makers.

It is also our view that the reforms proposed in Christie are complex and ambitious and, therefore, even with the most favourable conditions for implementation, will take some time to reach fruition. Therefore, attempts to accelerate the process are unlikely to deliver outcomes any faster or more effectively.

What are the main barriers to change and how do we address them in order to accelerate the rate of progress?

In our experience, the programme of reform currently being implemented, which includes strengthening community planning, health and social care integration and the review of the criminal justice system is beginning to create some of the conditions for services and communities to come together to discuss, plan and innovate. However, in our view, there are two fundamental barriers to change which, it could be argued, cannot be addressed through structural reform. The first is that culture and practices have not yet changed sufficiently which may result from a fundamental truth that there remains a lack of belief that prevention works. An example of this at government level is the ring fencing of budgets for prevention which perhaps suggest an unwillingness to

commit mainstream spend to prevention, exacerbated by short-term budget cycles at odds with the long term goals of prevention. This is also evidence at a local level, where preventative approaches, often demonstrating evidence of effectiveness, are often peripheral projects, reliant on external, short-term funding, struggling to find a way into mainstream practice. This short-term approach to prevention is accompanied by a lack of evaluation studies which illustrate the longer-term outcomes and savings in real terms at a local level. The second is a dominance within public sector service planning and delivery to focus on analysing and addressing problems. Although it is necessary to understand causal pathways in order to inform where best to invest and intervene to prevent, there is a growing body of knowledge suggesting that more can perhaps be gained by thinking about how we create the conditions to enable societies, communities and individuals to flourish. Within this there requires to be a reframing of outcomes and indicators of success which is not in keeping with the dominance of downstream targets (in Acute hospitals) we are currently required to report on in the public sector. In addition to this there is a lack of joint governance and accountability across public sector agencies which act as a barrier to collective priority setting and reporting. For example the NHS requires to report on HEAT targets which will take predominance over joint community planning priorities. In addition within the NHS, there is currently much greater emphasis and political scrutiny on meeting short term Access targets rather than long term health improvement targets.

How do we ensure the necessary culture change and greater levels of integration takes place?

As stated above, in our view, the predominant focus on structural reform, although able to remove some of the beaurocratic barriers to change, is not enough to bring about the cultural change that the Scottish Government and public sector providers desire. Culture change and natural interdependency are more likely to be achieved through: greater investment in education and learning; creating opportunities and providing support to enable a creative dialogue around prevention to occur; and enabling relationships to develop.

How do we create a culture of innovation?

Despite the increasing pressures on staff as a result of shrinking resources and increasing demand, there exists a willingness and drive to innovate, some of which is focused around prevention. As stated above, this could be maximised by investment in learning and allowing the space, time and support to innovate.

What opportunities does digital technology provide in reforming the delivery of public services towards prevention?

It is our view that technology has a place in communication, engagement and education, all of which are important to taking preventative approach. However, we are not aware of any evidence which describes the positive impact of digital technology on health or health inequalities. We would suggest that any significant proposals for digital technology use in public service reform towards prevention are subject to Health Inequalities Impact Assessment as there may be a risk that the more affluent, digitally literate in society benefit most.

How should community planning be developed to support service integration and the focus on prevention?

Community planning, from our perspective, currently has some of the correct ingredients to bring about greater integration of services around common priorities and challenges such as integrated care for older people or alcohol and drugs. As stated above, legislation and structural reform can go some way in creating the conditions for this collaboration. This might include creating joint governance and accountability with shared priorities and outcomes.

However, in our view, Community Planning has an even greater opportunity to create the conditions for partners to come together with communities around cross-cutting issues or aspirations which are much further upstream than the problems or effects which currently dominate CPP agendas. These are likely to be goals that no one service provider or community has all the power, knowledge, skills or resources to achieve the improvement required but, together, could make a significant impact (across a number of outcomes). This might include: protecting and preserving the natural environment; growing a thriving economy; and creating healthy places which support healthy ageing and the best start for children. A more positive framing of common goals away from problems traditionally 'fixed' by services may provide the space to focus more on relationally integrated networks focused on prevention rather than structurally integrated partnerships focused on downstream problem solving.

What lessons can we learn from other countries in delivering a preventative approach?

In terms of preventing and undoing inequality, the more equal societies offer the best insights into how tackling the fundamental distribution of power, wealth and resources in society can positively impact across the board in terms of the equal distribution of

social, economic and environmental assets and, ultimately, positive health outcomes. The evidence which demonstrates the positive impact that prevention at this level can have across society i.e. not only on those at the lower end of the social gradient, is potentially a powerful educational message as it frames the problem differently creating a sense of relevance for everyone in society. For example, more equal societies have lower crime rates and higher levels of trust at community level, from which everyone benefits.

What are the implications for the provision of public services if the decisive shift to prevention does not take place?

There is a considerable risk that unless a demonstrable shift occurs in our belief in, understanding of, investment in and mainstreaming of prevention, the already evident 'failure-demand' described by the Christie Commission will rise inexorably. This is likely to mean that we will be faced with even greater pressure to 'fire-fight' downstream effects of upstream causes with limited resources. Although this has always been a challenge, the current climate of cuts and austerity means that there is a very real risk that inequalities will increase due to a lack of attention to tackling the fundamental causes and an emergence of new cheaper models of service provision.