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Written submission to the Finance Committee of the National Assembly for Wales: Welsh Government's Draft Budget 2017-2018

PREVENTATIVE SPENDING AND PREPARING FOR AN AGEING POPULATION

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Introduction

Thank you for the opportunity to submit written evidence. This focuses on how the Budget might most usefully address preventative challenges across Welsh Government expenditure, and particularly what this might mean for health and social care. I highlighted six key areas where there is potential to achieve (or fail to achieve) a lot, and would be happy to expand on any of the brief points made here, if that is helpful. It is, of course, written before the publication of the Budget proposals.

1. Prevention is both primary and secondary

It is common to regard prevention as being about 'stopping bad things ever happening' – preventing chronic conditions like diabetes from developing – primary prevention. This is clearly important, but probably of equal importance is secondary prevention - minimising the harmful consequences of those bad things once they have already set in (helping people to reduce the side effects of their diabetes, for example). Preventing diabetes in the first place is great, but will never be 100% successful; so secondary prevention is vital. What is more, most of the efforts of health and social care are – and will for a long time be – focused on secondary prevention rather than primary, for two reasons – it's easier for clinical services to achieve good results, and its urgent for those already with the conditions. Such expenditure is less visible - it often does not appear as a programme in its own right, but is woven into much of the activity in every area of health and social care.

So one crucial test for the budget is:

- how does it facilitate and enhance *secondary* prevention in mainstream services?

2. Integration of health and social care

Recent data and analysis, for example from the Kings Fund and Nuffield Trust[1], has highlighted once again the mutual dependence between health and social care, and the need to consider the two as one item. This is equally true for prevention activity, where both health and social care have the potential to achieve much in combination. There are considerable challenges for both these services – and particularly social care – in simply keeping services from reaching crisis point, and this is likely to make preventative work less urgent for local politicians and managers who are struggling to keep service afloat. Effective integration of effort and budget between these services is one vital building block to ensure maximum value from the Welsh £, but progress has been slow.

Two further tests for the budget, therefore, are:

- How will it incentivise integrated working?
- How will it ensure that services, and social services in particular, are able to meet demand over the next few years?

3. Health Inequalities

Health inequalities in Wales – and elsewhere in the UK - appear to be widening[2]. Prevention strategies need to tackle this, otherwise they risk failing to respond to the different needs of Wales' different communities, and thereby being less effective overall. It has been unclear how health and social care in particular have allocated their resources *on existing services* to tackle health inequalities – for instance, how should expenditure on primary health care be allocated to reflect different levels of need? The result has sometimes been a lack of explicit focus on this issue, and a perpetuation of perverse effects such as the 'Inverse Care Law', which actually describes *poorer* services in those communities at greatest need.

One question, therefore, is:

- How does the Budget envisage expenditure on existing preventative activity changing to reflect the differential needs of different communities?

4. Prudence and Co-production

In addition to considering the *quantum* of expenditure, it is important to consider what such expenditure provides. The NHS in Wales has been pursuing the goals of 'Prudent' healthcare[3] (crudely: greater partnership working with patients; only doing what is necessary to achieve agreed outcomes; staff working at the top of their licence; and reducing waste, harm and unwarranted variation) for almost three years, and there is now some interest in applying

[1] http://www.nuffieldtrust.org.uk/publications/social-care-older-people-home-truths

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthylifeexpectancyatbirthandage65byuppertierlocalauthorityandareadeprivation/england2012to2014
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/lifeexpectancyatbirthandatage65bylocalareasinenglandandwales/2014-11-19

[3] http://www.prudenthealthcare.org.uk/

such approaches in social care and elsewhere. I am currently leading some work (supported by the Health Foundation) on the impact of this approach in NHS Wales. Many would argue that Prudence is inherently about prevention, and therefore has the potential to make services more effective at both primary and secondary prevention. Crucial to its success, though, is the ability of services to work *in partnership with* individual service users and communities – 'co-production'. Only when the paternalistic and professional-led approaches of the past are balanced with greater regard for the capacity of service users, and a focus on the outcomes that *they* want, can prevention really work.

Another question, therefore, is:

- How does the budget encourage services to be more 'Prudent'?

5. Early Years

There has been considerable international interest for some time in the importance of the early years of our lives in affecting life-long levels of health and wellbeing. A recent publication from Public Health Wales[4], for example, highlighted how a relatively small number of 'adverse childhood experiences' (ACEs) can affect subsequent risks of harmful behaviour and poor health. A serious, coordinated investment of time, imagination and resource in tackling these ACEs, across all public services, might offer substantial long-term gain.

Another question, therefore, is:

- How does the budget encourage a coordinated focus on early years' prevention?

6. Shifting resources

Finally, the Government is clear in its forward Programme that it intends 'move more care and services from hospitals into communities' (Welsh Government, 2016, *Taking Wales Forward 2016-2021*, chapter 2). This should have the net effect of enhancing the preventative impact of the NHS.

The question, therefore, might be:

- To what extent will the budget contribute to the movement of care and services into the community?

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[4] http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

Committee, the Royal Pharmaceutical Society of Great Britain, the Older People's Commissioner for Wales, and others. He was elected a Fellow of the Faculty of Public Health in 2008, and in 2013 was appointed Vice Chair of Cardiff and the Vale University Health Board. He is a Senior Associate of the Nuffield Trust and is the Lead Partner for Wales, WHO European Observatory on Health Systems and Policies. He has no political affiliations.