



## **Preventative Agenda Inquiry – Scottish Parliament Health and Sport Committee**

### **We suggest the Committee could track:**

- **Progress of the 10 year Mental Health Strategy** in relation to the priority of 'prevention and early intervention for infants, children and young people'.
- Monitor the **spend on the implementation** of the Mental Health Strategy.
- Consider the **Children's Services Plans** submitted by Local Authorities and what steps are being taken to 'prevent need arising' for children and young people.
- A focus on the **cost to the public purse of late intervention** rather than trying to **evidence the benefits of early intervention**.

We welcome the opportunity to respond to the Health and Sport Committee Inquiry into the Preventative Agenda. Barnardo's Scotland works with over 26,000 children, young people and their families every year. We work in local communities across Scotland and we see the damage that can be caused by not intervening early in a child's life to support them and their family and prevent them from reaching crisis point.

Of particular concern to Barnardo's Scotland is the growing prevalence of mental health problems among the children and young people we work with. A recent survey of our services in Scotland found that over 50% of the children and young people we work with have an issue with their mental health, either diagnosed or undiagnosed.

We have therefore focused our response to this inquiry primarily on the issue of children and young people's mental health and emotional wellbeing, and the benefits of preventative spend in this area.

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

In our response to the Scottish Government's consultation on 'Mental Health in Scotland – a 10 year vision' we said:

*"We recognise that setting out a 10 year strategy that seeks to transform mental health in Scotland is ambitious and challenging. It will require not only significant resources but a shift in culture, attitudes and, in many instances, a sharing of power and decision making between public bodies, third sector organisations and individuals. In short, for the strategy to be successful there will need to be a 'whole system' change"*<sup>1</sup>

We therefore suggest that it might be worthwhile for the Committee, and any successor Committee to track the progress of the new 10 year Mental Health Strategy in relation to how well the Strategy is achieving on one of its key priorities of "prevention and early intervention for infants, children and young people"<sup>2</sup>

The draft Mental Health Strategy talked about the need for evidence based programmes which would run for 3 years from implementation. We expressed concern that it would then be 2019 before any assessment of how successful these programmes have been and if they actually work in practice.

Given that the Committee has made representations to the Scottish Government and the Minister for Mental Health in relation to the inclusion of early intervention and prevention in the Strategy it would seem desirable that the Committee also monitored the spend on the implementation of the strategy. We know from answers to parliamentary questions that the majority of the extra £150 million for mental health has already been allocated, before the publication of the final Strategy, and this funding has largely gone into primary care.<sup>3</sup>

We know that half of mental health problems start before the age of 15 and the benefits of supporting children to develop emotional resilience are well documented. In our services we find that children and young people can often find it difficult to label and regulate their feelings and can often lack coping mechanisms and emotional literacy. These are the children, who, without proper support may end up in acute care or adult services further down the line.

- **- 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?**

There are two key points in relation to this question:

The first is that statutory duties exist in relation to preventative spend.

In 2015, Audit Scotland recommended that Integrated Authorities make clear links between their work, the Community Empowerment (Scotland) Act 2015, and the Children and Young People (Scotland) Act 2014.<sup>4</sup>

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<sup>1</sup> [http://www.barnardos.org.uk/mental\\_health\\_strategy\\_response\\_150916\\_final.pdf](http://www.barnardos.org.uk/mental_health_strategy_response_150916_final.pdf)

<sup>2</sup> <http://www.gov.scot/Publications/2016/12/1634/3>

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<http://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-03842>

<sup>4</sup> [http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr\\_151203\\_health\\_socialcare.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151203_health_socialcare.pdf)

This is an important recommendation and highlights the need for there not only to be a focus on what health and IAs can do to initiate and maintain preventative spend but what they must do to meet the statutory duties they have to act in a preventative way. Part 3, section 9 of the Children and Young People (Scotland) Act 2014 requires that a Children's Services Plan is to be prepared by the Local Authority and relevant health board with a view to ensuring that any action taken in relation to meeting the needs of children and young people is taken at the earliest appropriate time and that action is taken to prevent need arising.

These children's services plans have to be submitted to the Scottish Government by April 2017 which should give an indication of what steps are being taken. The Committee may want to consider whether it is able to look at the extent to which each Local Authority is exercising its duty in relation to prevention.

The second point is that there needs to be a better balance between investment in acute services and preventative community-based services. Health and social care integration is an important part of the Scottish Government's 2020 vision and requires NHS boards and councils to redirect resources towards more community-based and preventative care.<sup>5</sup>

In relation to mental health we believe that until there is a thorough restructuring of commissioning, the incentive for Health Boards will always be to focus spend on reactive/acute services rather than on prevention of mental ill health. A system-wide approach is needed which doesn't see budgets for prevention and budgets for treatment as two different things. As noted above, of the extra £150 million funding for mental health, a majority has already been spent on primary care before the Strategy has been published.

We have argued for a mixed-model of delivery for children and young people's mental health services. Community-based models of delivery which involve health, education, social work and the third sector are undoubtedly more cost-effective than institutional based care and medical interventions. This approach fits with recommendations from the Christie Commission as well as the ethos for health and social care integration.

Policy makers, both local and national must be bold and invest in preventative activity which has been proven to be cost-effective even if the results of this investment are not immediately apparent. New resources for mental health must not be funnelled into dealing with acute sector pressures; we need to see a discernible shift in the pattern of investment.

- **- 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'?**

We would agree with the submission from CCPS, of which we are a member, which notes that:

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<sup>5</sup> [http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr\\_151022\\_nhs\\_overview.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151022_nhs_overview.pdf)

*"We need to have better recognition of the added value the third sector brings to the table: our additional financial resources, the direct and indirect benefit of our work on the wider community and the increased 'social capital' outcomes."*

CCPS also state that:

*"In some areas of work, our members have succeeded in identifying quite specifically what impact their work has had on individuals and how that impact has reduced demand on statutory services"*

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

A report by the Early Intervention Foundation in 2016 highlighted the very real cost of late intervention in England and Wales, a cost of £16.6 billion annually, with £3.7 billion of this falling on the NHS. <sup>6</sup> The report states that:

*"Spending on late intervention is an indicator of demand for acute services, such as hospitalisation and incarceration, which tend to be more expensive. EIF aims to increase the use of effective early intervention to help reduce this demand"*

The Committee may want to consider this approach as it moves ahead with its inquiry. A focus on the **cost to the public purse of late intervention** rather than trying to **evidence the benefits of early intervention** within an electoral cycle might be beneficial. The political nature of having to be seen to have made a difference could be tempered by strong, local evidence of what happens if we don't invest in prevention.

There may be a role for Integration Authorities in auditing and analysing their own preventative activity in order to generate the kind of data collated by the Early Intervention Foundation.

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<sup>6</sup> <http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/>