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Assembly

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Preventative Expenditure

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This Research Paper examines Preventative Expenditure initiatives in the United Kingdom, with particular emphasis on Scotland and its 'Budgeting for Prevention' programme.

Key Points

- The evidence examined in this Research Paper indicates that “Preventative Expenditure” is a vague term with current definitions tending to be broad and conceptual. Such ambiguity can lead to confusion, with people’s understanding of the concept differing; and can result in criticism when diverging expectations of outcomes are not fulfilled;
- The 2011 Scottish Government commissioned review by Dr Campbell Christie estimated that around 40 per cent of public sector expenditure in Scotland was directed at problems that could have been avoided through preventative interventions;
- As a result of the Christie Commission’s review into the Future Delivery of Public Services, the Scottish Government pledged to make ‘*preventative spending a top priority*,’ and allocated £500m from the 2011 Spending Review to preventative strategies;
- Academics have categorised Scotland’s prevention policy as a general direction formulated by the government, coupled with local activity plans. Furthermore, they have identified that “*each area appears to pursue its own projects with minimal reference to learning from other areas*”;
- From the evidence examined by RalSe, the following have been identified as key obstacles to the implementation to the Scottish Government’s ‘Prevention Agenda’:
 - A lack of robust evidence, to support outcomes;
 - Limited resources to fund both acute services and preventative strategies;
 - Five-year political lifecycles;
 - Silo budgets; and,
 - The complex nature of some of the problems, e.g. homelessness or addiction.
- When addressing whether to introduce a prevention policy in Northern Ireland, the Assembly should consider:
 - Definition of the term “prevention”;
 - Design of prevention interventions;
 - Evidence collection and evaluation methods;
 - Prevention expenditure separately classified within departmental budgets; and,
 - Introduction of cross-cutting budgets.

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1 Introduction

“Preventative Expenditure” has been used as a broad term in government reports since the 1950s. It seeks to reduce public spending by investing early – before problems become too severe and relatively expensive to address:

Forestalling problems, rather than coping with the consequence, [which] is a socially and financially smart thing to do from cradle to grave.¹

This Research Paper has been prepared for the Committee of Finance and Personnel (CFP) to facilitate its scrutiny of the 2015-16 budget.

The Paper examines preventative expenditure initiatives, with particular emphasis on Scotland and its “Budgeting for Prevention” programme. It aims to build on a previous RaISe Research Paper [NIAR 19-11](#) dated 19 January 2011, which set out evidence for CFP on early intervention strategies, detailing various types of intervention and specific case studies related to them. Seeking to add value, this Paper identifies issues for CFP that have arisen in Scotland and elsewhere, which merit consideration prior to the introduction of a “Prevention Agenda”. It further discusses potential implications of adopting similar initiatives in Northern Ireland.

This Research Paper is laid out as follows:

- Section 2 discusses the issues involved in defining “Preventative Expenditure”;
- Section 3 reviews the Scottish approach to Prevention;
- Section 4 discusses some obstacles to the implementation of a “Prevention Agenda”; and,
- Section 5 details key issues for Northern Ireland. In light of research undertaken by RaISe to compile this Paper.

¹ Community Links (2011) ‘The Triple Dividend: The first report of the Early Action Task Force’

2 Definitions of Preventative Expenditure

“Preventative Expenditure” has been used as a broad term in United Kingdom (UK) government reports by successive Labour and Conservative governments since the 1950s.² It is a term that has gained a high degree of political consensus; at least partly because of its vagueness. Political groups on the ‘left’ view it as a way to reduce poverty; while those on the ‘right’ view it as a way to reduce economic inactivity, and ultimately the cost of public services.³

It is relatively straightforward to provide a broad meaning for the term; describing a goal to reduce public service costs (and demand) by addressing problems at an early stage.⁴ This vagueness is what makes the concept so popular. However, it is also what makes it difficult to actually implement. This can lead to difficulties in:

*secur[ing] stakeholder ownership, [since] support may only be for particular aspects of policy.*⁵

One academic has commented that prevention:

*As a unifying slogan...is difficult to upstage; as a tool for action in the world of social problems it has proved decidedly inadequate.*³

New Philanthropy Capital⁶ (NPC) in its 2012 report noted that there was no strict definition for prevention; definitions currently in use tend to be broad and conceptual.⁷ For instance, the Scottish Parliament’s 2010 Finance Committee *Inquiry into Preventative Spending* defined it as:

*Public spending over the longer term that aims to prevent rather than deal with negative social outcomes.*⁸

This definition has received criticism most notably from a MSP in May 2012 who stated that:

We need a tighter definition of preventative spending because just about every agency or department that has given evidence to any parliamentary committee claims that what it does is preventative spend and that by investing more money into that department and its policy area money is

² Billis (1981) ‘At risk of prevention’, Journal of Social Policy, (Page 368,367)

³ Billis (1981) ‘At risk of prevention’, Journal of Social Policy, (Page 368,367)

⁴ Cairney & St Denny (2014) ‘A Framework to Decide ‘What Works’ in Prevention Policy’
<http://www.futureukandscotland.ac.uk/...StDennyPreventionPaper21.2.14.pdf> (accessed on 2 April 14).

⁵ Cairney (2013) ‘Preventative Spending and the Scottish Policy Style’
<http://paulcairney.wordpress.com/2013/11/15/preventative-spending-and-the-scottish-policy-style/> accessed on 10 March 2014).

⁶ NPC is a respected consultancy and think tank, working with both charities and funders, and spanning the whole charity sector. <http://www.thinknpc.org/>

⁷ Plimmer & Poortvliet (2012) ‘Prevention and early intervention: Scoping study for the Big Lottery Fund’
http://www.biglotteryfund.org.uk/-/me...er_prevention_early_intervention.pdf (accessed on 27 March 2014)

⁸ SPICe The Information Centre ‘Preventative spend’
http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014)

saved in the longer run....If as a Parliament and as a country, we are to focus our resources properly, we must be robust about what we consider and do not consider to be preventative spend.⁹

The New Economics Foundation¹⁰ (Nef) is more precise when defining prevention. It has adopted an approach that defines prevention according to the policy area to which it relates:

In a social policy context the aim is to prevent harm or disadvantage that undermines or diminishes well-being for all and sustainable social justice.

In an environmental context the aim is to prevent damage and safeguard natural resources so that the environment can continue to support human well-being, not just now but for future generations.

Economically, the aim is to prevent the kinds of dysfunction that have brought on the slump ... turn the economy around so that it is geared to encouraging things that are good for people and the planet...and penalising things that are bad.¹¹

It appears from the research undertaken by RaISe that in recent years there has been a move away from the use of terms such as “prevention” and “early intervention”. Some commentators argue that such terms have a ‘negative’ focus. Instead the public and voluntary sectors have moved toward terminology focussing on readiness and promotion of resilience, rather than simply stopping harm.¹² Since people do not live in a world where they will never lose their job or experience bereavement, it is important that they have the skills to adapt to adversity when they encounter it.¹²

The problems around defining prevention are exacerbated when it is viewed on a continuous scale; from successful prevention where problems do not arise in the first place, to a system that seeks to prevent further harm.¹³ To try and address the issues around defining prevention which are noted above, academics have identified three different kinds of prevention policy:

- Primary prevention – stop a problem occurring by investing early and/or modifying the social or physical environment. The focus is therefore on the whole population;
- Secondary prevention - identify a problem at a very early stage to minimise harm. Identify and focus on at-risk groups;

⁹ SPICe The Information Centre ‘Preventative spend’

http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014).

¹⁰ Nef is a UK think tank promoting social, economic and environmental justice. <http://www.neweconomics.org/>

¹¹ The Early Action Taskforce (2012) ‘Classifying early and late spending across the sectors’ <http://www.community-links.org/linksuk/wp-content/PDF/ClassifyingSpending.pdf> (accessed on 28 March 2014).

¹² Plimmer & Poortvliet (2012) ‘Prevention and early intervention: Scoping study for the Big Lottery Fund’ (Page 9) http://www.biglotteryfund.org.uk/-/me...er_prevention_early_intervention.pdf (accessed on 27 March 2014).

¹³ Gough (2013) ‘Understanding prevention policy: a theoretical approach’ (London: NEF) [http://eprints.lse.ac.uk/47951/1/Understanding%20prevention%20policy%20\(Isero\).pdf](http://eprints.lse.ac.uk/47951/1/Understanding%20prevention%20policy%20(Isero).pdf) (accessed on 28 March 2014).

- Tertiary prevention - stops a problem getting worse. Identify and focus on affected groups.¹⁴

Negative outcomes can never entirely be predicted and prevented - for example, depression caused by ill health. In such a case, intervening promptly is preferable and potentially more cost effective, to tackling the consequences.

Appendix A maps a number of definitions of preventative expenditure against the spectrum detailed above.

3 Scottish Government Approach

In 2010, in the face of a real term decline in public expenditure, which saw spending in Scotland reduce to 2005 levels,¹⁵ the Scottish Government appointed Dr Campbell Christie CBE to lead a Commission into the 'Future Delivery of Public Services.' The Christie Commission reported in June 2011, stating:

*Tackling fundamental inequalities and focusing resources on preventative measures must be a key objective of public sector reform.*¹⁶

The Commission identified that 40 per cent of public service expenditure was directed at problems that could have been avoided through preventative interventions. The Scottish Government response – published in September of the same year - broadly accepted the Commission's report, and led to the Government pledging to make 'preventative spending a top priority.'¹⁷ Its response built on the following key themes identified by the Commission:

- A decisive shift towards prevention;
- Greater integration of public services at a local level driven by better partnership, collaboration and effective delivery;
- Greater investment in the people who deliver services through enhanced workforce development and effective leadership; and,
- A sharp focus on improving performance, through greater transparency, innovation and use of digital technology.¹⁸

To further its commitment, the Scottish Government allocated £500m to preventative expenditure in the 2011 Spending Review for the following three years. Although the

¹⁴ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy

<http://www.futureukandscotland.ac.uk/...StDennyPreventionPaper21.2.14.pdf> (accessed on 2 April 14).

¹⁵ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee.

¹⁶ 2010 Commission on the Future Delivery of Public Service

¹⁷ Learning link Scotland (2011) Briefing on the Scottish Government's response to the Christie Commission

[http://www.learninglinkscotland.org.u...sponse to the christie commission.pdf](http://www.learninglinkscotland.org.u...sponse%20to%20the%20christie%20commission.pdf) (accessed on 1 April 14)

¹⁸ Scottish Government (2011) Renewing Scotland's Public Services – Priorities for Reform in Response to the Christie Commission.

£500m represented only 0.5 per cent of projected Scottish Government spending during the period.¹⁹ The NPC comment in its 2012 report that it:

Represent[ed] a significant step in shifting the culture of sending, particularly considering the 9.2 per cent reduction in funding from Whitehall.¹⁹

As part of its response to the Christie Commission, the Scottish Government sought to detail specific aims and projects, which signalled the Government's '*decisive shift to preventative spending*'²⁰ by:

- Listing its existing prevention-led projects for example the focus on early years investment and tobacco, drug and alcohol control;
- Announcing three new funds which accounted for the £500m investment in preventative spending. These focussed on older people's services, early years and reducing reoffending;
- Outlining its specific priorities up to 2016, for instance – expansion of nursery education, reduction of class sizes, and, minimum unit price on alcohol; and,
- Reviewing current and future activities and describing how these fit into the prevention agenda.²¹

Academics have commented that the Scottish Government introduced a prevention policy which had:

A very broad definition applied across the public sector, combined with relatively-developed public health measures and a smaller number of identified priorities.²¹

3.1 Prevention as Government Policy within Scotland

Academics assert that the Scottish Government has '*a clear approach to prevention*,'²¹ which it measures through the mechanisms detailed within this sub-section.

The Scottish Government set up the National Performance Framework (NPF) in 2007, through which it articulated the Government's core purpose:

to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.²²

¹⁹Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 13) http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 27 March 14)

²⁰ Scottish Government (2011) Renewing Scotland's Public Services – Priorities for Reform in Response to the Christie Commission.

²¹ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy

http://www.futureukandscotland.ac.uk/...St_Denny_Prevention_Paper_21.2.14.pdf (accessed on 2 April 14).

²² Scotland's National Performance Framework (2011) <http://www.scotland.gov.uk/Resource/0038/00387872.pdf> (accessed on 8 April 14).

The broad purpose, which is set down within the NPF, was then refined into specific aims and projects *via*:

- A 'purpose framework' and 5 strategic objectives' - with targets gauging economic growth, productivity, labour market participation, population, income inequality, regional inequality and (emissions based) sustainability. The targets are linked to the objectives of wealthier and fairer, healthier, safer and stronger, smarter, and greener; and,
- 'Single Outcome Agreements (SOAs)²³ - these are produced in line with the NPF's overall vision and strategic objectives, by local authorities. The local authorities have considerable discretion in deciding how they balance the range of priorities and how they will meet these objectives.²⁴

Rather than an add-on to this framework, prevention is seen in this context as underpinning many of the objectives.²⁴

Public bodies (both inside and outside government) have considerable discretion in the manner they pursue their specific aims. The Scottish Government encourages local authorities to:

- Cooperate with a range of bodies in the public sector *via* Community Planning Partnerships (CPP);
- Encourage community engagement; and,
- Produce a shared vision with meaningful long-term outcomes.

This system allows bodies to set their own priorities for their area, and then map the activity to the NPF.²⁵

3.1.1 Prevention Policy as a General Direction

Prevention policy in Scotland results from a general direction formulated by the Scottish Government, coupled with local activity plans.²⁶ Analysis conducted on the 27 SOAs for 2013 identified that:

[Although SOAs] demonstrate a broad commitment to the NPF and prevention... Each area appears to pursue its own projects with minimal reference to learning from other areas – although these projects may differ more in name than aim.²⁶

²³ Single Outcome Agreements are produced by local authorities.

²⁴ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy <http://www.futureukandscotland.ac.uk/...StDennyPreventionPaper21.2.14.pdf> (accessed on 2 April 14).

²⁵ Keating (2010) *The Government of Scotland* (Edinburgh: Edinburgh University Press).

²⁶ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy <http://www.futureukandscotland.ac.uk/...StDennyPreventionPaper21.2.14.pdf> (accessed on 2 April 14).

This appears to indicate that projects learn from their own experience and from the Scottish Government; but that local authorities pursue their own projects in isolation from neighbouring areas. The analysis also identified that a:

Lack of agreement over the meaning of prevention and early intervention allows CPPs to fit much of their current services under that heading.²⁶

The Scottish Government has tried to promote learning with SOAs adopting a four stage approach, as outlined below:



The Royal Society of Edinburgh²⁷ (RSE) in its 2011 advice paper concluded that in order to best target preventative activity and justify the upfront expenditure involved in prevention schemes:

It is imperative the Scottish Government makes available all existing evidence on preventative interventions and that it places on agencies an obligation to gather and share evidence on new and on-going initiatives.²⁸

4 Obstacles to the Implementation of a “Prevention Agenda”

While the idea that prevention is better than cure is generally accepted, the funding of services has rarely followed the maxim. Commentators agree that ‘*spending on preventative measures remains persistently low.*²⁹ This is partly due to the following:

- *It is not clear how prevention should be funded;*
- *It is not obvious what interventions to target;*
- *It is easier to cut preventative measures when funding is limited; and,*
- *There is a lack of strong leadership to challenge and transform the culture of late reaction by government.³⁰*

²⁷ The RSE are a Scottish educational charity, operating on an independent basis undertaking inquiries of national and global significance and promoting their recommendations. http://www.royalsoced.org.uk/76_AboutUs.html

²⁸ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament’s Finance Committee.

²⁹ Plimmer & Poortvliet (2012) ‘Prevention and early intervention: Scoping study for the Big Lottery Fund’ (Page 11) http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014).

³⁰ <http://www.biglotteryfund.org.uk/research/making-the-most-of-funding/prevention-and-early-intervention> (accessed on 27 March 2014)

Part of the issue may be because spending is not classified as ‘preventative’ within UK public sector accounts. The Early Action Taskforce³¹ has acknowledged that most officials ‘*won’t hazard a guess about the balance – [between preventative and acute services] in their own service.*’³²

There appear to be a number of obstacles to the UK Government implementing a “Prevention Agenda”. Recent reports³³ in the UK have identified various interconnected barriers to the implementation of prevention approaches: some of these are detailed in subsequent sub-sections of this Paper.

4.1 Negative Expenditure

In his report to the Scottish Government, Dr Campbell Christie classified 40 per cent of Scottish public spending as ‘negative’ - used to deal with the consequences of social problems, rather than prevent them. Although the figure was widely accepted, research undertaken by the Early Action Taskforce into how the figure was calculated revealed that:

*No-one knew how it had been arrived at and some digging revealed it was a back-of-the-envelope attempt by some local authority managers [to assess the proportion of expenditure on acute services].*³⁴

Due to the limitations of the calculation, and the need to further inform the debate, the Early Action Taskforce set out to identify the total amount of public expenditure that dealt with ‘negative outcomes retrospectively.’ The results of the exercise identified that around 38 per cent of expenditure was spent on acute services. This was consistent with the figures reported by the Christie Commission. Although the Taskforce used a more systematic approach to the identification of expenditure, limitations in the format of the raw data held by HM Treasury meant that they considered the process largely unsuccessful.³³

In light of the Early Action Taskforce’s experience at a UK level, it would appear that meaningful information is not readily available for the allocation of expenditure against budget lines for each public sector body. RalSe is therefore unlikely to be in a position to calculate the level of expenditure within Northern Ireland allocated to either acute services or preventative approaches.

³¹ The Early Action Taskforce brings together charity, business and government leaders to promote preventative strategies, it is linked to the English charity Community Links <http://www.community-links.org/news/pr/early-action-taskforce-launches/>

³² The Early Action Taskforce (2012) ‘Classifying early and late spending across the sectors’ <http://www.community-links.org/linksuk/wp-content/PDF/ClassifyingSpending.pdf> (accessed on 28 March 2014).

³³ Allen (2011) ‘Early Intervention: Smart Investment, massive Savings. The Second Independent Report to Her Majesty’s Government’; Early Action Taskforce (2011) ‘The Triple Dividend: Thriving lives. Costing Less Contributing more’; NEF (2012) ‘The Wisdom of Prevention’.

³⁴ The Early Action Taskforce (2012) ‘Classifying early and late spending across the sectors’ <http://www.community-links.org/linksuk/wp-content/PDF/ClassifyingSpending.pdf> (accessed on 28 March 2014).

CFP may wish to ask the Department of Finance and Personnel (DFP) whether departments use a system that classifies expenditure between acute services and preventative measures.

If such a classification system is currently in place, then CFP may wish to ask DFP to calculate the proportion of public expenditure spent in Northern Ireland on:

- **acute services – i.e. to deal with negative outcomes retrospectively; and,**
- **preventative measures - i.e. to deal with issues proactively.**

If such a classification system is not currently in place, then CFP may wish to request that DFP introduce one across the public sector in Northern Ireland.

Then if such a classification system is put in place, CFP may wish to ask DFP to undertake the calculation stated above.

4.2 Lack of Robust Evidence Base

Commentators³⁵ agree that one of the main obstacles to preventative strategies is a 'lack of a robust evidence base'³⁶. This may, however, be overstating the case and Community Links notes that confusion between the legitimacy of a high-level strategy, and the evidence for a particular targeted intervention may be at the root of the issue.³⁷ Community Links further comments that:

Precise information on the effectiveness of that specific action and the likely savings are often required. This evaluation is not just important for funders; it is also valuable for any organisation to maintain a clear 'feedback loop' of information on what works so that practice can be constantly improved.³⁸

The RSE³⁹ recommends that:

All existing evidence on particular interventions is mined and understood, and that it is easily available to those who make service-related decisions⁴⁰

³⁵ Allen (2011) 'Early Intervention: Smart Investment, massive Savings. The Second Independent Report to Her Majesty's Government'; Early Action Taskforce (2011) 'The Triple Dividend: Thriving lives. Costing Less Contributing more'; NEF (2012) 'The Wisdom of Prevention'.

³⁶ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 19) http://www.biglotteryfund.org.uk/~me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014)

³⁷ Community Links (2011) 'The Triple Dividend: The first report of the Early Action Task Force'

³⁸ Community Links (2011) 'The Triple Dividend: The first report of the Early Action Task Force'

³⁹ The RSE are a Scottish educational charity, operating on an independent basis undertaking inquiries of national and global significance and promoting their recommendations. http://www.royalsoced.org.uk/76_AboutUs.html

⁴⁰ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee

It is only through this type of robust evidence that impacts can be monitored and interventions modified to better accommodate the needs of service users. RSE comments that in any:

*Budget decision, money can be used most beneficially when prioritising initiatives and actions that are proven to be most effective.*⁴¹

To address the issue, it recommends that all initiatives are designed and funded in the same manner to enable the monitoring of their resultant impact.

NPC commented in its 2012 report that a lack of evidence:

*Seems to be a particular barrier to developing prevention and early intervention approaches in Northern Ireland. For example Sure Start⁴² was not evaluated in Northern Ireland.*⁴³

4.3 Funding of Prevention Strategies

Community Care Providers Scotland (CCPS) identifies funding as a significant barrier to early intervention. Since public funding is a limited resource, the allocation of funding to preventative approaches may require a disinvestment/release of funding from acute services.⁴⁴ This change of emphasis; and the subsequent shift of funding from reactive expenditure is, however, contrary to how many view the role of the state as the 'safety net'. It also contravenes:

*The 'rescue principle' which underlies much of the charity sector and health services – helping the most needy.*⁴⁵

Governments are therefore likely to face opposition from the public if they divert money into services with a less visible profile and measureable outcomes,⁴⁶ for example - health promotion at the expense of hospital waiting lists. CCPS suggests that in order to address this issue, Government could take the following actions:

- Front-loading of funding – to enable preventative and acute services to run in parallel for a short time; and,
- Greater clarity around the impact of preventative services, to prove they lessen the need for acute service over the longer term.⁴⁷

⁴¹ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee

⁴² The Sure Start scheme aimed to give children under four from the most disadvantaged areas the best possible start in life.

⁴³ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 13) http://www.biglotteryfund.org.uk/-/media/er_prevention_early_intervention.pdf (accessed on 27 March 14)

⁴⁴ Community Care Provider Scotland (2010) Scottish Parliament Finance Committee – Inquiry into preventative spending Response from Community Care Provider Scotland

⁴⁵ NEF (2012) The Wisdom of Prevention

⁴⁶ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy

http://www.futureukandscotland.ac.uk/...St_Denny_Prevention_Paper_21.2.14.pdf (accessed on 2 April 14).

⁴⁷ Community Care Provider Scotland (2010) Scottish Parliament Finance Committee – Inquiry into preventative spending Response from Community Care Provider Scotland.

These types of action, however, may require additional expenditure, which may not always be possible in times of economic hardship.

4.4 Structural Issues

From the evidence examined by RaSe about Preventative Expenditure, it appears that government-related structural issues arising in this context can be broken down into the following two sub-sections.

4.4.1 Short Political Timescales

The political cycle currently operates over five years, which works as an incentive for governments to invest primarily in initiatives that show short-term measures of success or failure.⁴⁸

Preventative expenditure often has a long-term focus with any savings accruing outside the current political cycle. There is therefore little incentive for governments to develop strategies that may benefit future incumbents of their job.

4.4.2 Misalignment between Costs and Benefits

Governments split individuals into component parts – one department deals with a person's health, while another deals with education to 16 years, while a third deals with their job, etc. However, people are by nature complex and the issues that affect them are often interrelated.

Currently public bodies have little incentive to work collaboratively and implement preventative approaches when cost savings often accrue to another department's budget.⁴⁹ For example, providing local, targeted, family-focused healthy eating programmes have been proven to have a positive effect on obesity levels. The money therefore is an expense to the local authority budget, and results in a benefit to the Department of Health's budget.⁵⁰

Due to the cross-cutting nature of most preventative activity, it is likely only to be achievable if there is real integration of budgets. Government therefore has a role to play in highlighting flexibilities in budgets and considering the impact of a particular intervention on budgets.⁵¹

⁴⁸ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 17) http://www.biglotteryfund.org.uk/-/me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014)

⁴⁹ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 17) http://www.biglotteryfund.org.uk/-/me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014)

⁵⁰ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 22) http://www.biglotteryfund.org.uk/-/me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014)

⁵¹ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 22) http://www.biglotteryfund.org.uk/-/me.../er_prevention_early_intervention.pdf (accessed on 27 March 2014)

Additionally, budget holders do not necessarily benefit from cashable savings related to one less hospital patient or prisoner. The overheads involved with running a hospital or prison remain, and the place that was freed up by the intervention is simply filled by the next person on the list. While this is a positive outcome in the case of the hospital patient, it nonetheless does not release any money to be used in the funding of the preventative initiative.

4.5 Targeting Interventions

It can be easier to identify and deal with the results of a problem rather than isolate the cause of the issue in the first place. One academic has identified some problems as 'wicked' in that they seem intractable, or too big and interconnected to be accessible to simple, straightforward solutions.⁵² Additionally:

*Given the multitude interconnected factors it is extremely difficult to demonstrate linear paths between preventative measures and positive social outcomes.*⁵³

Moreover, preventative approaches can be costly when they are directed at large populations; but it can be difficult to identify individuals most at risk of developing problems in the future. There can be an issue with people receiving an intervention when they did not necessarily need it.⁵⁴

4.6 Leadership

Strong leadership is required to change the culture of late reaction across government. One academic argues that:

*Strong leadership at a national and local level is the single most critical factor in extending Early Intervention to all those who would benefit.*⁵⁵

As noted above in Section 4.3, the re-directing of expenditure away from measureable outcomes to less quantifiable approaches could lead to opposition from the public. In Scotland the RSE have commented that this may require the Scottish Government to implement a major shift in priorities and reset its goals, since up to now:

*Popular support has led to the protection of the NHS budget but this ring-fencing has been implemented without clearly linking it to a much wider set of impacts on society and to the wider goal of health improvement.*⁵⁶

⁵² Cairney (2013) 'Preventative Spending and the Scottish Policy Style'

<http://paulcairney.wordpress.com/2013/11/15/preventative-spending-and-the-scottish-policy-style/> (accessed on 10 March 14).

⁵³ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee

⁵⁴ Plimmer & Poortvliet (2012) 'Prevention and early intervention: Scoping study for the Big Lottery Fund' (Page 13)

http://www.biglotteryfund.org.uk/-/me.../er_prevention_early_intervention.pdf (accessed on 27 March 14)

⁵⁵ Allen (2011) *Early Intervention: Next Steps* Page 109.

The Scottish Parliament's Finance Committee noted that in order to overcome challenges:

Will require 'national leadership' with the Scottish Government providing 'greater direction and guidance...on how the preventative spending agenda should be taken forward.'⁵⁷

5 Key Issues for Northern Ireland

The argument for a preventative approach to expenditure has been made repeatedly, and convincingly, across a number of policy areas. However, it is also true that preventative approaches are not effective in every situation.

This section suggests some actions which Northern Ireland would need to consider prior to implementing a preventative expenditure approach.

5.1 Define Prevention

If CFP was to decide to promote a prevention strategy, a first step in the process would be to define what is meant by prevention. As identified within Section 2, a vague definition for preventative spend could allow:

Existing service providers to rebrand their activities as preventative without shifting their priorities.⁵⁸

This situation has already arisen in Scotland and one MSP has commented that:

I have yet to meet a single department or agency that will stand up and admit that what it does is not really preventative.⁵⁹

To ensure that this situation does not arise in Northern Ireland, it may be beneficial to define prevention differently depending on the policy area to which it relates. This is similar to the approach adopted by Nef, detailed in Section 2.

5.2 Targeting of Prevention Expenditure

The RSE comment that the:

Starting point for the development of appropriate preventative interventions is to have a clear vision of the negative social outcomes we want to avoid.⁶⁰

⁵⁶ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee

⁵⁷ SPICe The Information Centre 'Preventative spend'

http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014)

⁵⁸ Cairney & St Denny (2014) 'A Framework to Decide 'What Works' in Prevention Policy

http://www.futureukandscotland.ac.uk/...St_Denny_Prevention_Paper_21.2.14.pdf (accessed on 2 April 14).

⁵⁹ SPICe The Information Centre 'Preventative spend'

http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014)

It is also worth noting that not all prevention strategies require significant expenditure of public funds. These include regulatory options: for example, the smoking ban implemented in Northern Ireland in 2006; the electronic cigarette ban currently being debated in Wales; and, the minimum unit price of alcohol in Scotland, which was passed in 2012.

As noted in Section 4.2 above:

*Money can be used most beneficially when prioritising initiatives and actions that are proven to be most effective.*⁵⁹

To this end, it is important that gathering evidence and monitoring impacts is built into any scheme at the outset. This is particularly important for new schemes that have been designed based on theory and principle, and where there is no existing evidence in place.

To ensure consistency across schemes, evidence collection and the methods of evaluation should be built into the design of schemes, and where applicable included within any funding agreements. Otherwise issues may arise with delivery companies “*claiming commercial confidentiality and withholding crucial information.*”⁶¹ However, the impact of initiatives should be viewed in as wide a context as possible, rather than simply savings. In these circumstances it may be useful to consider ‘*what kind of society do we want to live in?*’⁶²

To ensure limited funding is spent on the most appropriate schemes, it is important that: schemes are well documented; impacts are measured progressively; and, learning across all initiatives is shared. It is also important that programmes from other jurisdictions are considered: details of a number of such schemes are found within NIAR 19-11.

5.3 Classification of Expenditure

*Pearson's Law: "That which is measured improves. That which is measured and reported improves exponentially." - Karl Pearson*⁶³

Currently there is no system throughout the UK which classifies expenditure according to the timeliness of the intervention. The Early Action Taskforce carried out an exercise using HM Treasury's data on public spending, broken down by sub-function.⁶⁴

⁶⁰ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee.

⁶¹ Early Action Taskforce (2012) The Deciding Time (London: Community Links) http://www.community-links.org/uploads/documents/Deciding_Timefinal.pdf (accessed on 4 April 2014)

⁶² The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee.

⁶³ <http://english.stackexchange.com/questions/14952/that-which-is-measured-improves>

⁶⁴ The Early Action Taskforce (2012) 'Classifying early and late spending across the sectors' <http://www.community-links.org/linksuk/wp-content/PDF/ClassifyingSpending.pdf> (accessed on 28 March 2014)

However, the detailed data underpinning the figures was not available, which led to the Early Action Taskforce classifying the exercise as largely unsuccessful.⁶³

In order to inform debate on a preventative approach in Northern Ireland, CFP may wish to enquire from DFP whether there is merit in departments indicating on funding bids whether they include an element of preventative expenditure.

5.4 Cross-cutting Budgets

As noted in Section 4.4.2, preventative approaches tend to be cross-cutting in nature. To counteract the budget silos that currently prevail across government departments and agencies,⁶⁵ the RSE recommend that when setting budgets the impact on prevention should be considered.⁶⁶

Prior to adopting a preventative approach, the Assembly could introduce a system of cross-cutting budgets. This would allow scheme outcomes to be considered and documented prior to scheme implementation, which would in turn enable its mapping to departmental budgets. This would ensure that prior to the launch of any scheme, the risks and benefits would be shared equitably.

5.5 Leadership

As noted in Section 4.6, the Scottish Parliament's Finance Committee has agreed that overcoming the challenges inherent with any preventative approach requires 'national leadership' with:

*The Scottish Government providing 'greater direction and guidance... on how the preventative spending agenda should be taken forward.'*⁶⁷

In order to ensure that the Assembly learns from Scotland and the steps the Scottish Government has already taken on its preventative approach journey, it is important that this type of leadership is put in place in Northern Ireland at the outset.

A current example of such leadership in Northern Ireland is happening within the Rivers Agency. Officials, are aware of criticisms from members of the public in receipt of multiple £1,000 payments due to the regular flooding of their homes; and are developing a business case to provide individual property protection in the form of flood guards. In this way they hope to '*help people before such situations occur and not make a token gesture afterwards.*'⁶⁸

⁶⁵ Community Links (2011) 'The Triple Dividend: The first report of the Early Action Task Force'

⁶⁶ The Royal Society of Edinburgh (2011) Advice Paper 11-12 Preventative Spending in the 2012-13 Draft Budget and Spending Review: a response to the Scottish Parliament's Finance Committee.

⁶⁷ SPICe The Information Centre 'Preventative spend'

http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014)

⁶⁸ Official Report (Hansard) Tuesday 04 March 2014 Committee for Agriculture and Rural Development Page 8

6. Conclusion

There appears to be universal agreement that prevention is better than cure; that a little effort early on prevents a big problem later.⁶⁹

However, difficulties arise around what exactly a prevention agenda actually is, with vague definitions of the term exacerbating the situation. There is little clarity on what exactly a shift of emphasis from acute services to preventative strategies would look like or how it would be funded. There remain therefore fundamental barriers to the implementation of a prevention agenda. As highlighted in this Paper, these include:

- Lack of robust evidence, see sub-section 4.2;
- Reallocation of funding from front line services, see sub-section 4.3;
- Short political timeframes, see sub-section 4.4.1;
- Budgets which are not reflective of where the costs and benefits lie, see sub-section 4.4.2; and,
- Difficulties in isolating the root cause of some problems, see sub-section 4.5.

Although these issues are difficult to overcome, it is important that they are recognised at the outset, in order to ensure that any prevention strategy that is formulated can address them going forward.

In response to the 2010 Christie Commission's review of Future Delivery of Public Service, the Scottish Government pledged to make preventative spending a top priority. However, this has not been without its problems as highlighted by the MSP who stated in May 2012:

If, as a Parliament and as a country, we are to focus our resources properly, we must be quite robust about what we consider to be preventative spend.⁷⁰

If CFP decides to move forward with promoting a prevention strategy it is important that it looks at the:

- Obstacles encountered by; and,
- Recent experiences of the Scottish Government.

In this way any system implemented within Northern Ireland will learn from and can build upon Scotland's experiences.

⁶⁹ Allen (2011) 'Early Intervention: Smart Investment, massive Savings. The Second Independent Report to Her Majesty's Government'; Early Action Taskforce (2011) 'The Triple Dividend: Thriving lives. Costing Less Contributing more'; NEF (2012) 'The Wisdom of Prevention'.

⁷⁰ SPICe The Information Centre 'Preventative spend' http://www.scottish.parliament.uk/ima...ce_briefing_on_Preventative_spend.pdf (accessed on 27 March 2014)

Classifications of Prevention⁷¹

Appendix A

This table collates preventative classifications used by the bodies on the left on a continuous scale from early to late intervention strategies, describing the effect each of these interventions would have on the population.

Bodies Promoting Prevention Strategies	Early-----Late		
OECD	Primary – the reduction of risks before they generate some effect.	Secondary - specific interventions aimed at the detection of disease and then therapy as early as possible.	Tertiary – reducing the negative impact of an already established disease or injury by an attempt to avoid worsening and complications.
New Economics Foundation	Upstream: measures aim to prevent harm before it occurs and usually focus on whole populations and systems.	Midstream: measures aim to mitigate the effects of harm that has already happened and focus on groups and other things considered ‘at risk’ or ‘vulnerable’.	Downstream: measures to cope with the consequences of harm and focus on specific cases to stop things getting worse.
Early Action Taskforce First Report	Enabling services and clear rules equip us to flourish, protect us from harm and prepare us for change.	Prompt interventions to identify the first signs of difficulty and respond to them targeting services at individuals, families and communities with identified problems which if not forestalled, could, in many cases, lead to more serious difficulties.	Acute services kick in once the problem has tipped over the edge of the cliff.
NSPCC	Activities which prevent children entering the child protection system.		
World Bank	Prevention: strategies that re implemented before a risk event occurs... to reduce the probability of it occurring Mitigation: strategies that help individuals to reduce the impact of a future risk.	Coping: strategies designed to relieve the impact of the risk once it has occurred.	
Halton Borough Council & NHS Halton & St Helens	Primary prevention – promoting wellbeing – this is aimed at people who have no particular social or health care needs. The focus is on maintaining independence, good health and promoting wellbeing.	Secondary intervention: This is aimed at identifying people at risk and to halt or slow down any deterioration, and actively seek to improve their situation.	Tertiary intervention: This is aimed at minimising disability or deterioration from established health conditions or complex social needs. The focus is on maximising people’s functioning and independence.
The Future Vision Coalition (in relation to mental health)	Universal interventions ... build resilience in people of all ages.	Targeted prevention work with at-risk individuals, for example in schools, workplaces, the armed forces, prisons, hospitals and care homes, and for those with complex needs.	

⁷¹ The Early Action Taskforce (2012) ‘Classifying early and late spending across the sectors’ <http://www.community-links.org/linksuk/wp-content/PDF/ClassifyingSpending.pdf> (accessed on 28 March 2014)