Health and Sport Committee: Call for views. A joint response from Physical Activity for Health Research Centre (PAHRC) at the University of Edinburgh and the Dumfries and Galloway Health and Wellbeing (DGHW)

On Friday 3 February the Committee issued a general Call for Views from any interested organisations or individuals, with 4 specified questions. The following is a joint response from the Physical Activity for Health Research Centre (PAHRC) at the University of Edinburgh and the Dumfries and Galloway Health and Wellbeing (DGHW). PAHRC and DGHW have been collaborating on these same issues since summer 2014, and feel we have valuable insight and experiences to contribute to the debate. We have chosen to focus on questions 1 and 3.

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

Lack of physical activity is a major challenge in the UK, and places substantial burden on the healthcare system. A 2011 report estimated that physical inactivity is costing Scotland £91 million annually¹. This figure is likely to be an underestimate given the way it was calculated and when the estimate was made (now 6 years old). The onset of health and social care integration (HSCI) provides an undoubted opportunity to embed physical activity for health improvement and disease prevention firmly in the forefront of Public Sector decision-making in Scotland.

We therefore strongly recommend that the preventive spending and preventive agenda set reducing physical inactivity as a key focus. We have good evidence of what works to promote physical activity². We believe The Health and Sport Committee should investigate how to implement physical activity promotion at scale across the communities and regions of Scotland. This will lead to economic benefits in Scotland, and a reduction of pressure on the NHS and HSCI resources.

The Christie Commission recommended seeking ways to move from costly treatment models to more cost-effective preventive approaches. Concrete actions for how to direct resources from treatment to prevention remain elusive. Promotion of physical activity is both preventive and cost-effective and will help align our health systems with preventive outlooks.

PAHRC recently published a study showing that adults in Scotland participate in a wide variety of physical activities for travel, during leisure, at home, in the garden, and at work³. Therefore, physical activity promotion in Scotland should be responsive to these findings and offer choice and variety of activity that is equitable and accessible. Of note, we showed that walking (for travel and leisure) was the most consistent contributor to activity levels across age and gender spectra. As such it should be at the forefront of any preventive agenda.

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’?

PAHRC and DGHW have been collaborating to address this exact question in the context of physical activity promotion. There was identified a need in Dumfries and Galloway to understand what is currently working locally across sectors and settings for each life-course stage. Understanding what was offering worthwhile return on investment was seen as critical to improving provision and justifying spending. This is challenging to assess due to a broad and complex array of strategies and interventions.

Understanding what was working, for who, and in which localities was seen as critical for adapting and improving strategy in the region. This is where the need for High Quality Pragmatic Evaluation was identified; specifically work to identify process, implementation and impact at a large scale.

¹ http://www.healthscotland.com/documents/6262.aspx
PAHRC and DGHW developed a 3 point plan to address this issue:

1. To map current implementation and spend on physical activity across sectors, age groups and settings;
2. To collect participation (and where available) health behaviour change data to assess impact of interventions and projects against HSCI national outcomes and Scottish Government’s Active Scotland Outcome Framework;
3. To identify programmes with potential for scale-up and embedding within organisation culture.

PAHRC and DGHW have been working to develop a method to try and achieve these aims. It was piloted in autumn 2016, and we are currently planning the next phase of this work. We would be happy to share our method and approach if the Committee would like further details.

Initial results were considered highly valuable at the local level. DGHW were able to identify fifty local projects, reporting attendances totalling >700,000 and with a total spend of £2.1million to implement. These were mapped against specified criteria to assess how equitable focus and provision were for the people of Dumfries and Galloway. A number of best investments for physical activity were identified plus 17 recommendations for future action. Focusing on these best investments and scaling up successful interventions is planned to facilitate increases in physical activity and improve community or population levels of physical activity.

In conclusion, it is possible to pragmatically identify and track physical activity interventions across sectors and settings and highlight best investments. This will support the identification of best practice work-streams within the preventive agenda. We would encourage other health and well-being boards across Scotland to adopt this approach to monitoring and evaluation. Having strong local and contextually relevant evidence of successful implementation will help inform and improve future investment decisions. If physical activity is to achieve greater prioritisation locally, public sector leaders require better local evidence of which actions they can implement to improve health and wellbeing.

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