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

NHS Dumfries & Galloway has identified key areas around the preventative agenda that would benefit from further investigation.

**Creating environments conducive to health improvement**

In order to gain the best outcomes for public health, it is vital that the right environment is created. This means ensuring positive partnership working with Local Authorities, the Third Sector and the business sector. There is strong evidence that the most effective approaches lie in the area of addressing the wider determinants of health at a strategic level, such as working with partners in planning, housing, environmental health, education and welfare provision. Investigating further as to how partnerships function best and where public health and other agencies should be putting their resources to effect the greatest change and build on the work undertaken by NHS Health Scotland⁴.

**Preventable ill health and behaviour change**

NHS Dumfries & Galloway is prioritizing action to support positive health behaviour change. A significant portion of available resource is being placed to address individual behaviours, such as reducing smoking, alcohol and drug misuse, obesity and increasing physical activity along with improving mental wellbeing. Many of the underlying issues are common to all areas of health behaviour, and might be addressed more effectively from a more integrated approach.

Learning from the services currently in situ across Dumfries and Galloway, along with the emerging evidence base for effective practice in behaviour change, suggests that a ‘generic health and wellbeing service’ might be most effective in addressing need. Rather than addressing a single issue, this is a holistic approach to addressing the mental and physical health needs of individuals. The aim is to better support improved outcomes for the individual, particularly the most vulnerable members of our population. Evidence indicates that a coaching approach to health improvement would be the most effective way of doing this. Such a service would aim to change the relationship between service users and the health service by empowering individuals to maintain and improve their own health, through using an asset based approach. A greater understanding of this approach would prove helpful.

Taking a holistic approach requires the service to address lifestyle behaviour within the context of socio-economic determinants of health, particularly linking this with reducing inequalities.

**Preconception Health**

---

There is a clear link between a mother’s health before pregnancy and her baby’s health. We know that healthy women and men are more likely to have healthy babies who grow into healthy children\(^2\). Improving health and wellbeing before conception increases the chances of a safe pregnancy, a thriving baby and a rewarding parenthood. Preconception is the safest and most effective time to prevent harm, promote health and reduce inequalities (pregnancy and birth outcomes are not as good for people living in the highest deprivation).

Currently, most people only consider two stages: avoiding pregnancy or being pregnant. With around 40% of all pregnancies being unplanned, the middle stage of preparing for the best possible pregnancy continues to be overlooked; in terms of policy, professional practice and individual thinking across Scotland. Where delaying pregnancy is the norm in Scotland (the average age of giving birth is 29.5 years, and 28 years for first time mothers), taking action to avoid pregnancy is not the same as preparing well for pregnancy. Further investigation into what are the most effective approaches would be beneficial.

The concept that “every contact is a health improvement opportunity”\(^3\) demonstrates that all health and social care service providers who have contact with women and men of reproductive age can make a significant impact on optimising the preconception health of their service users. By utilising every opportunity to promote preconception health and to support women and men to make healthy lifestyle choices, the health and wellbeing of those who either plan a pregnancy, or find themselves with an unintended pregnancy, can be maximised.

In Dumfries and Galloway a new Preconcept Health Toolkit has been designed, tested and refined using Early Years Improvement Methodology to support staff across all agencies to raise the issue of preconception health with their service users. The Toolkit includes information on risk indicators for adverse pregnancy outcome, health enhancing behaviours, tips for raising the issue and other suggestions for raising awareness. Support to evaluate this further would be advantageous.

**Mental health**

Further work with community based services to address mental health and wellbeing as well as physical health would be beneficial. This includes addressing mental health within health screening checks as well as improving mechanisms for primary care practitioners to mitigate against the underlying social causes that may be influencing a person’s mental wellbeing. Social Prescribing as a mechanism to support this needs further embedding.

---

2 Royal College of Obstetricians and Gynaecology (2008) *Standards for Maternity Care* Royal College of Obstetricians and Gynaecologists; London
Action that seeks to improve population mental wellbeing, such as community and individual resilience, should be considered. Interventions such as time banking, volunteering and access to social activities all have a place in promoting social connections and alleviating loneliness. This might benefit from an intergenerational approach.

Stigma and discrimination continues to be a key issue for individuals experiencing mental ill-health. Action is required to address a culture change which ensures parity between mental and physical health and a wider understanding of mental health across the population.

Mindfulness
The strong and growing evidence base for the health and wellbeing benefits of Mindfulness in children, young people and adults provides a clear case for large scale development of this capacity within the population. It has the potential to build individual and community resilience and capacity. Mindfulness is a life skill and therefore early access to skill development opportunities would be of benefit. Whilst the delivery of courses (normally over eight weeks for adults) and programmes of learning in schools is gradually happening over time, to date there is no equity of access. To achieve such equity requires long term investment. Embedding skills for mental wellbeing as a day to day practice in schools will require investigating and also evaluating a range of flexible approaches and skills development methods which also needs long term sustained commitment, coordination and support.

Early Years
The importance of the first five years of life in child development is now well established. There is a growing evidence base which demonstrates that the period before birth and the early months and years of life has a profound impact on a child’s physical, mental and emotional development and in turn, their life chances. The first five years of life in child development are key to improving the chances of children being able to make the most of school and achieve greater educational attainment. They are also important in developing physical and psychological health and wellbeing.

The Early Years Framework, published in December 2008, highlighted the need to shift from dealing with the ‘problem’ to preventing the ‘problem’ occurring or anticipating that it might happen and intervening to limit the negative impact. By providing appropriate support from conception through the early years of life it is possible to increase the capacity and capability of families and help all children to realise their potential. For many years, intervention has focused on the deficits, on the “what has gone wrong” in a particular situation and this approach has led to a sense of hopelessness. What is needed is to build the confidence of individuals, families and communities. This is complex and long term. Further understanding of how best to achieve the desired outcome is worthy of investigation.

Adolescent health and wellbeing
Whilst the first few years of life are recognised as a crucial stage in child development, adolescence is a further time of significant growth and change. From the evidence, we know that this development happens on a number of fronts - biological, cognitive, emotional, and social. Health during the adolescence stage of the life course can have an impact on a young person’s educational achievement, employability, relationships and contribution to society; can influence how successful a young person will be as a future adult, parent, employer/employee, leader and individual; can affect health outcomes in adulthood and later life; and can shape the health of the next generation. The current commitment to addressing health and wellbeing in the early years should be extended to include adolescence. Achieving best possible outcome should be fully investigated.

Scottish policy to optimise the health of adolescents would benefit from a co-ordinated and holistic approach which seeks to create positive health and wellbeing outcomes without simply focusing on health risk behaviours.

**Digital health interventions**  
Young people (including disadvantaged young people) are digital natives, using the internet and mobile technology for all aspects of their learning and socialising. The national commitment to encourage self-care for the prevention and management of health conditions could be enhanced through the national development of digital health and wellbeing interventions. In Dumfries and Galloway, we are taking a multi-agency approach to the implementation of the ‘Cool2talk’ service, first developed by NHS Tayside in 2004. The service provides an opportunity for young people to have an anonymously posted health and wellbeing related question responded to by a health or youth work professional within 24 hours. ‘Cool2talk’ has been identified as a cost-effective approach to accessing a large audience for health improvement in a way which appeals to young people. Even if only a few Sexually Transmitted Infections, unintended pregnancies or escalation of mental health conditions are prevented, this digital intervention will save significant costs in the long term. Research into this whole area would be of benefit to ensure the most effective approaches.

**Workplace**  
The workplace is an important setting for addressing population health and wellbeing. There is a requirement to create environments which support health and wellbeing at work. With a significant number of the Scottish population working in the public sector there is benefit in ensuring all possible evidence based action is being progressed across the system.

**Physical Activity**  
Health and Social Care Integration (HSCI) provides an opportunity to embed physical activity for health improvement and disease prevention firmly in the forefront of Public Sector decision-making in Scotland. Whilst the benefits of physical activity are recognised, the public sector does not always prioritise physical activity on a system-wide basis. This requires action across the life course with interventions that support easy access to walking and other physical activity opportunities.
Food and Physical Literacy (Health literacy)
With current levels of investment the population profile for overweight and obesity is not decreasing sufficient to lead to improvement and while physical activity levels remain low. Programmes and interventions are often weighted towards the teaching of knowledge and skills and on individual behaviour change, not always taking into account the wider social and cultural influences that impact on health and wellbeing. Also, those who cannot cook or who are not physically active are sometimes seen as problematic, lacking in knowledge or that they should know better.

There is a need to fully test a new approach (grounded in theory) to reduce energy consumption and increase activity within local communities. Food and physical literacy (FPL) offers an inclusive approach that focuses on building the potential each person has to be physically active and responsible for their diet quality throughout their lives. Being literate enables us to interact in a way that allows us to be productive in the world. There are among many literacies required to function within today’s world (e.g. financial, media, computer, health…). Literacy therefore can be conceptualised as much as a social practice as ability or a technical skill (e.g. being able to read/cook/catch a ball).

The development of any literacy is influenced by the environment and individuals experience, and includes three distinct but equally important factors – physical, cognitive and affective. Most approaches to improving health and wellbeing primarily focus on the physical and cognitive aspects of making lifestyle changes. However, making progress is unique to each individual and therefore there needs to be greater focus on what can be described as the affective/holistic aspects as illustrated in figure 1.

Food and Physical Literacy (Health literacy) understood this way should be considered as a key component in health improvement/health behavior change. This will require engagement, development and evaluation/research, but could provide a person centered, asset based platform for working with the enablers/barriers to health behavior change.
2. 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?

Ring fencing public health money would seem to be an obvious way of ensuring money is not siphoned from population health and wellbeing programmes into other areas.

For example, addressing the pressure on acute NHS service provision often takes priority over preventative initiatives. Although understandable in the short term, without sufficient action to prevent ill health the demand will continue to increase at a level which is way beyond what services are able to address. In principle the vast majority of people, including the public, agree that ‘prevention is better than cure’, but resourcing levels do not always reflect this.

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’?

Identify the best investments from evidence and implement at scale with monitoring of expected outputs which lead to outcomes. A ‘package’ of evidence based interventions is required as there is no one solution to fit all. There is a need for both quantitative and qualitative evaluation.

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

Again, ring fencing and separate funding stream for agreed interventions would support the required shift to prevention. Some of the recent government political drivers have potential to push the agendas of shifting spend to primary/preventative services, such as Health and Social Care and the associated national outcomes, and Community Empowerment Bill. Monitoring would help to provide reassurance of action.