Dr Patricia D. Jackson

Responses should be sent, wherever possible, electronically and in MS Word format to:

- healthandsport@parliament.scot

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

As a neuro-developmental Paediatrician much of my clinical work has been to identify, diagnose and advise parents and carers about the cause of and degree of disability in their children and with colleagues in other statutory agencies social work and education and other voluntary sector colleagues ensure that the skills that their children have are optimised. However this is only helping once a problem is present and a preferable approach would be working towards prevention of initial damage to the child if possible. I would therefore like to see resources channelled towards preventative work related to the causative factors. Much work has been directed towards the identification of severe life threatening genetic disorders, but there are many more common pre-birth factors which adversely affect the child’s life chances. Poverty, parental diet, stress effects of exposure in utero to domestic violence and the one that I have a very active current interest in, the affects of alcohol on the unborn child. This affects many aspects of a child’s learning and development and is lifelong and not reversible, often resulting in the child following an addiction pattern in the future to drugs or alcohol, thus affecting the next generation.

Pre-natal alcohol exposure causes:

- Learning disabilities
- Attention problems
- Mental health issues including addiction and suicide

The cost to the affected children and their parents is severe but the effects, and costs to our communities are also great. Many of these children do not succeed in the education system and become dependent on government support. They are high users of health, particularly mental health, services, and sadly often become involved in the criminal justice system, and are vulnerable to succumbing to addiction to drugs and/or alcohol.

So although there are many ways to work in a preventative way to improve parental health pre-conception, I would strongly advocate early action to protect the child in utero from exposure to alcohol.

- 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?

I feel the only way to do this is to have ring fenced funding for preventative care, and clear targets to assess the success of preventative measures. One of the difficulties is that preventative health care targets need to be carefully designed and also need to be longer term than measures for acute health targets. This requires sustained support from government over a period of time, and should not be
party dependent. Another issue is that preventative care in the health sector often leads to benefits out with the health sector. Using children affected by alcohol in utero as a model, prevention of this leads to reduction in pressure on the education, social, and criminal justice systems that is greater than the reduction in pressure on health services. So targets need to be designed across services and not just within one statutory sector. Any savings made need to be reinvested using a similar model back into the prevention cycle.

- 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’?

As above there need to be clearly identified targets that are able to be tracked across agencies. Again using FASD (Foetal Alcohol Syndrome Disorder) children as an example. To demonstrate success we need to know how many children across Scotland are affected. This requires good early diagnosis of affected children within health services (Scottish Government and the Royal College of Paediatrics and Child Health are already working hard to train paediatricians across Scotland in these techniques) A national recording system exists to keep diagnostic data. Intervention and support to women to prevent a subsequent affected pregnancy can be actioned. The child and his parents can be supported in the education and social sector if appropriate transfer of information can be agreed across agencies. Improvement in the child’s educational and social functioning could be measured, reduction in involvement in criminal justice system quantified. Reduced use of mental health services because of early support can be monitored. As with all preventative aims this involves tracking a child’s progress in all areas of their life.

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

This is a very challenging area. I think this has to be by separation of funding streams, and agreement by the public that this is a reasonable approach. At this time when budgets are constrained I cannot see how service providers who are responsible for maintaining acute services be that in health or social care or education can resist the need to provide funding for an acute crisis intervention at the expense of a longer term prevention budget if the two are not distinct from each other. Within the separate funding stream for prevention, there need to be clear targets and realistic markers that are able to show that there is some progress happening. Again, to use FASD as an example, targets might include:

- Reduction in teenage alcohol consumption
- Reduction in alcohol consumption in women of child bearing age
- Reduced number of mothers recorded as taking alcohol at antenatal booking appointments
- Age of diagnosis for the child with FASD.
- Successful non affected subsequent pregnancy.
- Child successfully supported by differentiated curriculum in mainstream school. Less exclusion
- Reduced need for child to access support for secondary mental health problems
- Long term reduction in the number of children diagnosed with FASD
This shows that for any preventative aim the measurements need to be made in many different parts of the system, and the benefits and cost savings will likewise be in different systems. The challenge is to report the changes across agencies, to enable assessment of total financial savings.

Summary Statement

Investing in a preventative approach to reduce exposure of the foetus to alcohol in utero would be a highly cost effective exercise, that would be able to be monitored successfully with well defined targets, and I commend it for prioritisation by the Health and Sport Committee.

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