Scottish Policy Forum

Focus on the future

STAGE 2 CONSULTATION PAPER

Preventative health care

Scottish Labour

1. Background

Preventative healthcare focuses on ameliorating and stopping diseases before they develop, rather than just treating them after they occur. Early intervention focusses on providing timely, community based support to achieve positive outcomes. Not only will this reduce demand on the NHS but it is also a social good.

In Scotland, this is particularly important for the following reasons:

- Prevention and early intervention lead to better outcomes for people.

- We have high rates of chronic conditions such as heart disease, lung disease, diabetes, and cancer and it is important to tackle the root causes of these diseases so that people have a better quality of life and people do not lose their loved ones prematurely.

- In the medium to long-term it will reduce pressure on health and wider budgets.

- Without a robust approach to prevention and early intervention health and related budgets are highly likely to become unsustainable.

2. High rate of chronic conditions

Scotland's rate of chronic conditions arise due to a combination of socioeconomic inequalities, environmental influences, lifestyle factors, and an ageing population:

- Scotland faces stark health inequalities, with life expectancy significantly longer in some areas than in others. Men in deprived areas (based on Scottish Index of Multiple Deprivation – SIMD) have a shorter life expectancy of 25.8 years compared to men in affluent areas. For women this is 25.7[1].

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[1] Public Health Scotland 'How large are health inequalities in Scotland' https://publichealthscotland.scot/population-health/social-and-economic-impacts-on-health/equity-and-justice/health-inequalities/how-large-are-health-inequalities-in-scotland/ [accessed 21/03/25]

- Health inequalities can have a significant impact on health over the entire course of a person's life, with people in more deprived communities often having limited access to healthy food, obesity being a closely linked determinant, exercise spaces, and health provision, as well as the complex impacts of long-term stress, unemployment, and social isolation.

- The factors that impact on health as a result of social inequality are often referred to as the 'Social Determinants of Health'.

- The WHO describes the Social Determinants of Health as:

The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems[2].

3. Environmental influences

Air pollution, poor housing, social inequalities and smoking are significant contributing factors, as well as Scotland's industrial past with the prevalence of heavy industry leaving lasting health legacies.

4. Ageing Population

Over 20% of the Scottish population is over the age of 65 and set to grow at a rate which far outstrips the population under the age of 18[3]. With an increasing number of older adults, prevention helps people stay healthier for longer, retaining quality of life, whilst reducing demands on the NHS and social care services.

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[2] WHO 'Social Determinants of Health' https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 [accessed 21/03/25]
[3] Scotland for the future: opportunities and challenges of Scotland's changing population

5. Purpose

- A preventative approach to health and social care seeks to address these social determinants of health.

- A preventative approach requires change at a system level. However, preventative policies can also be adopted at an issue level in order to bring about change.

- Delays in access to treatment or care can exacerbate existing conditions resulting in poorer outcomes. A preventative agenda can address these issues before they become a crisis.

- The Christie Commission Report in 2011 called for 'Prioritising preventative measures to reduce demand and lessen inequalities'[4].

- Preventing illness reduces the long-term costs of treating advanced diseases.

- A healthier workforce means better outcomes for workers with less sick days and higher productivity.

6. Whole society health creation

- The state taking a more strategic role: signalling priorities, creating the basis for partnership, crowding-in other actors with the means to contribute to shared goals, and pulling levers to achieve progress as an innovator and risk-taker in its own right[5].

- Between 2000 and 2019, the UK added c0.1 years of healthy life expectancy at birth per year, on average. The worldwide average was 0.3 extra years in healthy life expectancy at birth per year.

- Setting a **long term, specific goal to improve healthy life expectancy**, as well as a specific, targeted reduction in the inequality of health life

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[4] Christie (2011) 'Christie Commission on the future delivery of public services' Scottish Government. https://www.gov.scot/publications/commission-future-delivery-public-services/pages/2/ [accessed 21/03/25]

[5] IPPR The final report of the IPPR Commission on Health and Prosperity

expectancy based on geography would bring considerable long-term health benefits.

- All policy to have **health creation at its core**, such as economic, social, environmental, justice, infrastructure, food security etc, to prioritise health when individuals are well. This will prevent ill health rather than waiting until there is a health need for the NHS to address.

- Policy which promotes **equitable access to healthy living** through access to affordable, healthier food; safe and accessible spaces to exercise and/or participate in the community. This takes interventions at a national and local government level to stop the erosion of community based facilities, improve education outcomes in this area and in doing so, will reduce health inequality.

- Providing **evidenced-based resources for schools and parents** promoting healthy eating and exercise, social media literacy, emotional literacy and personal resilience. This supports healthy living in general and can also raise awareness of the signs and risk factors associated with mental health issues[6].

- **Engaging with industry** to focus on harm reduction in areas such as food content, tobacco, vaping and alcohol, such as through advertising.

- Workplace well-being to support keeping people in work, reducing job insecurity anxiety, supporting people into work and producing and promoting healthy lifestyles.

- A more collaborative approach with the third sector when commissioning services, as community based support is often delivered by specialist, third sector organisations, but these organisations are often funded on a year by year basis which is not conducive to delivering lasting change.

- **Acting on evaluations and learning** to roll out effective measures to achieve systemic change. The SNP Scottish Government carry out pilots but even those which are evaluated as effective are often not

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[6] Beat Submission to the Scottish Labour Policy Forum

rolled out. A shift to a community based, preventative agenda requires acting on what works.

7. Policy areas in which preventative action could have impact

Social care

- Demand for **social care at a community level,** and cuts to local government budgets have resulted in reduced access to social care. Since the pandemic, social care is generally only available to those experiencing a 'crisis'.

- Disabled people's groups argue that earlier access to social care through SDS could result in fewer crises, reducing pressure on the health service.

- Earlier access to social care, and proactive policies such as **support to develop strength and balance in later life** could reduce falls, and therefore reduce the number of hospital stays.

- Access to social care could enable more disabled people to access work, benefitting the economy.

- Virtual care can also reduce demand on hospital beds, and enable people who need hospital level care to get support in a homely environment. This can be particularly impactful in remote and rural areas.

Mental health

- Adverse childhood experiences can result in a range of health challenges for individuals, including poor mental health, substance misuse, homelessness and financial exclusion. These result in poor health outcomes for individuals, but also impact on the public purse. Preventative action could address some of these issues at an earlier stage resulting in better health outcomes for the individuals affected.

- There is a significant demand for the specialist child and adolescent mental health services (CAMHS) and there needs to be **quicker access** to it.

- There is also a need for good mental health workers at primary/community care level to support patients with mild to moderate mental health concerns.

- There has been a significant increase in eating disorders since the pandemic, especially among under 18s, with referrals up 183% between 2018-2021[7]. **Early identification of eating disorders** targeted training for front-line staff and Education Services would support earlier identification, and therefore earlier intervention. A health strategy that includes training to improve early identification and utilises a more holistic, inclusive, and evidence-based approach is required.

- GPs have limited time to see patients and are not always able to address the complexity of challenges that can lead to poor mental health. **Community based workers** based in GP practices can reduce repeat GP appointments and lead to better individual health outcomes[8].

- **Supporting people with mental health issues to remain in the workplace** as well as supporting people back to work requires a holistic approach to support individual well-being and workplace adjustments.

Dementia

- There are currently approximately 90,000 people living with dementia in Scotland today. This is expected to double by 2050.

- About 40% of dementia risk is 'modifiable'. This includes both individual factors such as smoking, diet and exercise, as well as social determinants of health such as experience of poverty, pollution, loneliness and isolation.

- There is growing evidence that **addressing social isolation** and remaining cognitively active in the early stages of dementia can delay it.

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[7] Beat Submission to the Scottish Labour Policy Forum

[8] Spice (2025) 'Community Link Workers in Scotland' https://spice-spotlight.scot/2025/03/20/community-link-workers-in-scotland/ [accessed 21/03/25]

- Key to this is early diagnosis together with **support to remain active and connected** through groups such as Dementia Friendly Communities and Meeting Centres[9].

Carers

- There are approximately 800,000 unpaid carers in Scotland.

- Unpaid carers in Scotland save the economy £15.9 billion each year[10].

- Carers face poor mental health and financial precarity as a result of their caring roles.

- 20% of carers in Scotland do not have an Adult Carer Support Plan and 65% had unmet needs as a result of their roles[11].

- **Earlier intervention to support carers** would enable them to continue to provide unpaid care in a sustainable manner and reduce the need for crisis support.

- **Providing respite care** is essential in ensuring unpaid carers get much-needed breaks from their caring responsibilities.

Prevention of drug and alcohol misuse

- Reducing poverty and inequality is the best preventative action, but it is not a substitute for frontline services.

- The third sector is vital to the provision of **holistic, person-centred and trauma informed services** to those affected and their families.

- Racism impacts on services to BAME populations and more targeted support is needed to address inequality, as well as front-line support for people from these communities affected by drugs and alcohol.

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[9] Scottish Government (2023) 'Dementia in Scotland: Everyone's Story' https://www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/ [accessed 21/03/25]
[10] Carers Scotland (2024) 'New figures show the staggering value of unpaid carers in Scotland' Press Release https://www.carersuk.org/press-releases/new-figures-show-the-staggering-value-of-unpaid-carers-in-scotland/ [accessed 21/03/25]
[11] Carers Scotland (2024) 'State of Caring in Scotland 2024: Health and Social Care Support for Unpaid Carers' https://www.carersuk.org/media/j1bnykxm/state-of-caring-health-and-social-care-2024.pdf [accessed 21/03/25]

8. Enablers of preventative approach

Enhancement of primary care

- **Early detection** is critical to the success of a preventative care model.

- **Enhanced integration of preventative care into primary care** using tools to assess risk factors and/or lifestyle factors which provide structured health risk assessments and lead to appropriate screening, including for common conditions such as heart disease, diabetes, and cancer, will improve early identification and prevention.

- Incorporate l**ifestyle change discussions** about diet, exercise, smoking cessation and alcohol consumption during routine GP visits.

- **Expansion of multidisciplinary teams (MDTs):** increasing the use of MDTs in primary care to include GPs, nurses, dietitians/nutritionists, physiotherapists, mental health specialists, pharmacists, social workers and community health workers, to address broader health determinants. In addition, this provides a multi-pronged approach to complex health needs.

- **Proper integration of MDTs into GP surgeries**, allowing all staff to work together in a collaborative and supportive environment to maximise patient care and satisfaction.

- Nurses, including practice nurses, community nurses, advanced nurse practitioners can be the shop front to medical care for patients conducting common screenings such as blood pressure and cholesterol, and providing care management. Providing an opportunity for early identification and referral to other members of the MDT.

- **Expanded MDT provision** provides a bridge between individuals and access to tailored advice on a variety of support:

  - Diet advice to support lifestyle changes and access to medical health professions to address mental health concerns which often contribute to physical health problems.

- Early detection of mental health issues though the integration of mental health provision in primary care, managing stress-related conditions and improving coping mechanisms, can mitigate the risk of developing physical diseases like heart disease, as well as supporting the individual's well-being, ability to continue to work and quality of life.

- Managing medication interventions to ensure safe and appropriate use of medications, appropriate dispensing of medication and medication management, which can prescribe preventative medicine as well as manage lifestyle changes.

- Addressing social determinants of health, such as housing, financial instability, and access to care, providing support to individuals facing barriers to health services though social services.

- Community health workers providing outreach, education and support in underserved populations.

- Inclusion of expertise on medical issues such as eating disorders in primary care settings to improve early identification and intervention.

- **Flexible Appointments** - offering evening and weekend appointments for individuals who cannot take time off work or have caring responsibilities, as well as providing accessibility through face to face and digital access which would ensure greater access.

- Flexibility also needs to be considered about where healthcare is delivered, for example for people who have dementia, learning disabilities or autism, it may be more effective to deliver elements of health and mental health care in community hubs.

- Research has shown that over 40% of patients in a rural setting do not have public transport provision to attend oral health facilities[12]. **Integrating health care provision with broader services** such as transport are essential to the provision of consistent, accessible health

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[12] Jo,O., E. Kruger & M. Tennant (2021) Public transport access to NHS dental care in Great Britain. British Dental Journal.

care provision, coupled with technological solutions where appropriate.

Technology

- **Creative application of digital technology** to provide services, and particularly specialist services which can provide early interventions where those resources are not available in rural settings.

- Leverage digital **tools to monitor** chronic conditions like diabetes, hypertension, and asthma, track blood pressure, glucose levels, and physical activity, helping patients and GPs monitor risks remotely.

- This can include **remote consultations**, health apps, and wearable devices that help track patients' health metrics, supporting tailored medical interventions whilst improving data analysis.

- Rural health care settings to be included in **digital health research** and pilot programmes to promote inclusive technological advancement supporting the provision of health care in urban and rural areas.

- **Integrated digital health records** providing a single source of medical records would support targeted preventive care services, monitor screening uptake and feed into Primary Care interventions. For example, integrated records would allow a GP to see whether a patient visiting for one issue had missed screening or a vaccination.

Screening

- **Access to screenings** and early detection: access to preventative screenings could raise levels of early detection, addressing health issues in primary care before they escalate and require more material intervention. Key areas such as cancer, diabetes and cardiovascular disease would significantly contribute to higher detection rates whilst ensuring that everyone, regardless of income or location, has access to these services.

- Implementing targeted interventions to increase participation rates particularly in areas of deprivation.

- **Mobile health services serving underserved populations,** particularly in island or rural areas. Mobile health clinics and telemedicine services could be expanded, providing access to screening, health checks, vaccinations, and educational resources.

- This would require investment in **improving digital infrastructure**, particularly broadband and mobile network coverage, in rural and island areas providing the necessary basis for the expansion of telehealth and telecare, as well as enabling staff access to systems and training, enhance service delivery, and make rural healthcare roles more attractive.

Data Use

- **Improve data on health inequalities**: to better understand the effectiveness of preventative measures investing in more granular data collection regarding health inequalities could allow more tailored interventions based on the specific needs of different populations. This would allow for targeting resources more efficiently and effectively.

- **Improve data gathering on the impact of early health interventions** to ensure evidence led targeting of resources and monitoring of policy impacts. Continuously test access thresholds to services, for example, the entry age for certain screening programmes and provide a feedback loop to improve and develop preventative measures.

- Develop more **evidence led, targeted public health campaigns**, as well as measuring success which provides qualitative input to future public health policy development.

- **Improved use of data analytics** to provide integrated analysis across the NHS, including primary and secondary care, to feedback immediate pressure points, predict future health care demands and workforce requirements, to provide accurate and sustainable workforce planning.

Workforce planning

- Establish a **clear accurate workforce baseline** to support an integrated, long-term workforce planning approach across the NHS

and care provision, coupled with the improved data gathering to provide accurate need based service planning.

- Cross departmental approach to **tailor a workforce strategy** required for rural communities which acknowledges the unique recruitment, retention, and training challenges in rural areas to develop a long-term sustainable workforce.

- Long-term sustainable **workforce planning starts with education** in schools. Equipping young people with the foundational skills and knowledge needed to meet future workforce demands.

- Note that cross-party support has been received to introduce the Wellbeing and Sustainable Development Bill, which would require the Scottish Government and public sector bodies to deliver joined up thinking and action to deliver the Wellbeing and Sustainable Development, ensuring a higher priority to keep people well and healthy.

9. Key issues

- There is plenty of evidence to show what steps can be taken to adopt a preventative agenda in health and social care in Scotland.

- Prevention needs to start outside health and social care to tackle the root causes of the nation's health challenges.

- Our NHS is facing unprecedented challenges, and issues like delayed discharge, staff burnout, treatment delays and waiting times all take significant resource to manage.

- A long-term, sustainable workforce planning strategy is required, which is integrated into education provision to build the future health care workforce.

- A preventative agenda would assist with these issues in the longer term, but is incredibly difficult to address in the shorter term when resources are focused on crisis care.

QUESTIONS

1. How do we achieve a shift towards preventative approaches when acute needs remain so high?

2. How can a shift to prevention be institutionalised within the NHS and government?

3. Given it would take years, perhaps decades, to see the benefits of a shift to prevention, how can the public be taken on that journey when they are faced with long waiting lists, corridor care etc in the here and now?

4. How do we meaningfully involve people with lived experience in identifying solutions to some of these problems?

SUBMISSIONS

This paper draws out areas that we wish to seek specific evidence and opinions on and we hope to encourage submissions that focus on these questions. However, we welcome responses that are not raised explicitly in the paper.

Submissions should be sent to: **scottishpolicyforum@labour.org.uk**

Please give your name, organisation name (if relevant) and a contact email address.

The deadline for submissions is Saturday 28 June 2025.

Thank you.

Scottish Labour