



Report of: Director of Public Health

Health and Wellbeing Board	Date: 26 April 2017	Ward(s): All
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## **SUBJECT: Annual Public Health Report 2016/17: The Economics of Prevention and the Role of the NHS**

### **1. Synopsis**

1.1 This is the Annual Public Health Report for 2016/17 of the Joint Director of Public Health for Camden and Islington. It is a statutory requirement that each Director of Public Health provides an independent report of health and wellbeing in their area. The focus of this year's Annual Public Health Report is on the economics of prevention and on those prevention interventions that will help the NHS save money in the short term.

### **2. Recommendations**

2.1 The Health and Wellbeing Board is asked to:

- note the content of the report; and
- consider the recommendations and issues raised within the report.

### 3. Background

- 3.1 The 2017 Annual Public Health Report seeks to demonstrate that, as the old adage says, “prevention is better than cure.” The simple rationale for prevention is that it is better and cheaper to prevent problems before they arise. There is a strong evidence base which demonstrates this to be the case. Across the public sector, not just in health, there is an increasing interest in and emphasis on investing in prevention and early intervention. In health, a fundamental re-orientation of the system towards prevention in order to improve health outcomes, keep people independent and well, and reduce demand for reactive high cost services, is an essential part of the answer to the current challenges facing the health and care system and to its future sustainability
- 3.2 The NHS has a key and distinct role in prevention. Indeed, the case for the NHS to ‘*get serious about prevention*’ was powerfully articulated in the NHS Five Year Forward View<sup>1</sup>, published in 2014. The same case was set out in the Wanless Report 15 years ago<sup>2</sup>, yet we have not seen a substantial rebalancing of the NHS away from ‘health care’ and its focus on sickness, towards health over the past decade. There are a range of factors, incentives and constraints in the current system which account for this failure to achieve a radical shift towards prevention. Not least is the short-term timescales for NHS planning, which the Five Year Forward View attempts to address, and a common perception that investment in prevention only delivers a financial return in the longer term.
- 3.3 The focus of this year’s Annual Public Health Report is on the economics of prevention and on those prevention interventions that will help the NHS save money in the short term. This will not only reduce demand for more expensive, particularly acute, hospital care, but will make the system more sustainable, and when delivered at scale, will have a demonstrable impact on the health and wellbeing of residents, their families and wider communities. However, embedding prevention truly requires a whole system approach and should not be seen as something that any one part of that system can do alone. Local government, through its statutory responsibilities for improving the health of residents, has a crucial role to play, including but in no way limited to its public health responsibilities and programmes. The role of the voluntary and community sector in supporting people to live healthy, fulfilling lives and preventing demand for statutory services should also not be underestimated.
- 3.4 However, this report specifically focuses on those preventative interventions that are supported by evidence of delivering a return on investment to the NHS over the short term (within 5 years). It aims to create a shared understanding across the local health and care system about why, at a national level, Department of Health expenditure on prevention should be wider than the public health budget, and to build the case for a wider NHS role and investment in prevention. Many of these interventions described within this report are already being funded across Camden and Islington through the councils’ public health grants, and with additional funding from NHS commissioners and providers in some cases. To achieve the significant up-scaling of programmes required across the whole system, in order to have a demonstrable impact, further investment into these preventative interventions, alongside organisational, cultural and behavioural change, is required.
- 3.5 What is presented here is in no way intended to be a comprehensive overview of all effective and cost effective prevention interventions that are or could be delivered by the NHS locally or by the wider system. We hope, however, that the evidence presented is the start of developing a more sophisticated understanding of return on investment to different parts of the health and care system, which is particularly relevant to the accountable care arrangements that are emerging locally across our health and care systems.
- **Chapter 1** explains the background to the economic modelling presented within the rest of the report, its strengths and limitations, and describes some of the challenges in using evidence, and specifically return on investment, across the health and care system.

<sup>1</sup> NHS. *Five Year Forward View*. NHS: October 2014.

<sup>2</sup> Wanless, D. *Securing Good Health for the Whole Population*. Department of Health: February 2004.

- **Chapter 2** looks at how investing in up-skilling our workforce in Making Every Contact Count (MECC) enables us to cost-effectively capitalise on the opportunities to support people to improve their health and is vital to embedding a culture of prevention and early intervention across the system.
- **Chapter 3** describes the return on investment for a selection of key evidence-based preventative interventions. Investing in these interventions and supporting residents to live healthier, independent lives will prevent the development or progression of long-term conditions, improve quality of life and deliver a clear return on investment to the NHS in the short term. These interventions include:
  - supporting people to quit smoking;
  - reducing falls;
  - supporting people to reduce their alcohol consumption;
  - supporting people to lose weight through weight management programmes;
  - reducing unwanted pregnancies through the use of long-acting reversible contraceptives.
- **Chapter 4** describes how promoting and protecting health and wellbeing within the workplace can reduce sickness absence and presentism, as well as improving staff engagement and wellbeing, resulting in a return on investment from increased productivity.

3.6 While most of the cashable savings to the NHS associated with the interventions covered in this report come from a reduction in hospital admissions over the short term, the impact will be more wide-reaching and longer term. Other societal and broader economic impacts of these interventions are important too, which are not captured and costed within the traditional health economics models, but will have a positive impact on residents' health and wellbeing. These wider impacts include, for example, households saving money on cigarettes or alcohol; preventing social isolation in older people resulting from a fall; and over time, reducing the significant wider social costs associated with unwanted pregnancies.

While this report focuses on the financial benefits from investing in prevention, value is not simply about money. Other key dimensions that need to be considered are quality, patient or resident experience, and particularly important from a public health perspective and directly aligned to each Health and Wellbeing Boards' priorities, is the targeting of inequalities. Above all, value represents the ability within available resources to meet the goals of local health services in improving the health and wellbeing of the population, and of local people and communities in managing and improving their own health.

## 4. Implications

### Financial implications:

4.1 Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or partner organisations.

### Legal Implications:

4.2 Section 3 of the Care Act 2014 is concerned with the promotion of integration with health services. Local authorities have duties under section 1 of the Care Act 2014 to promote well-being, and further duties in relation to prevention under the section 2 of the Act.

### Environmental Implications

4.3 Some aspects of improving health and wellbeing will also lead to reduced environmental impacts. A reduction in smoking rates will lead to less cigarette litter, which has negative environmental impacts including toxic leachate. Reducing obesity and encouraging active travel may lead to increased rates of walking or cycling and reduced car usage. Scaling up access to contraceptives could have a long-term positive impact on the environment due to the potential reduction in population growth.

**Resident Impact Assessment:**

- 4.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding

A Resident Impact Assessment has not been completed because it is not required in this instance. This report is presenting the evidence for why we should invest more in prevention. If the investment can be found to further invest in any of the interventions proposed, then resident impact assessments would need to be undertaken on a case-by-case basis.

**5. Reasons for the recommendations:**

- 5.1 The Health and Wellbeing Board is asked to consider the findings and recommendations of this report and to advise on how these can be taken forward to help ensure a radical upgrade in prevention, improve health and wellbeing, and reduce health inequalities.

**Appendices:** Annual Public Health Report 2017

**Background papers:** None.

**Signed by:**



5 April 2017

Director Public Health

Date

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