

Protecting investment in prevention

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Risk and current context

- Preventing ill health and disease before it starts is vital to supporting a thriving population, reducing health inequalities, and delaying the need for health and social care services
- System efforts are being increasingly focused on short term-crisis intervention because of a triple deficit: growing population health deficit, performance and quality deficit and underlying financial deficit
- To protect the residents of Trafford from health harms and support an improvement in health outcomes, Trafford Council must safeguard the current budget for prevention of ill health and early intervention.



What do we mean by prevention? GM Prevention and Early Intervention Framework: *A comprehensive and whole system approach*



Greater Manchester

A comprehensive, whole system approach to population health, prevention and early detection, consisting of a system-wide approach to health creation and delivery of a person-centred upstream social model of care											
Shaping GM as a place conducive to good health by working together to address the root causes of ill health		o by mobilising comprehensive r approaches to t tackling		Scaling up secondary prevention across all parts of the NHS to allow the early detection of risk and early diagnosis of illness		Supporting people to live well by optimising the treatment and management of health conditions		Leading to			
									Healthy Life Expectancy and Life Expectancy		Everybody to li
								Inequalities and variation in health outcomes and experiences		has ve a	
					Avoidal			an oppo good life			
Tackling inequalities and reducing unwarranted variation GM Fairer Health for All Framework and CORE20PLUS5							Increased economic & social productivity due to better health		opportunity od life		
Harnessing the following system characteristics											
Person and community centred approaches	Strategic Intelligence / PH Management Collaboration		Public Service Reform / Integration	A highly skilled and prevention focused workforce		Clinical Excellence an Leadership	d rebala preven	contracting and ountability nced towards tion and early etection	Evider resea technolo innova	rch, gy and	

Why invest in Public Health and Prevention?

"Local and national public health interventions are highly cost-saving. Cuts to public health budgets in high income countries therefore represent a <u>false</u> <u>economy</u>, and are <u>likely to generate billions of pounds of additional costs</u> to health and social care services and the wider economy...

"If we take the lower, conservative CBR [cost-benefit ratio] figure of 8.3, this would suggest that the opportunity cost of the recent £200 million cuts to public health funding in England is likely to be eightfold higher, in the region of **<u>£1.6 billion</u>**."

Masters et al, 2017



Prevention pays - for every **£1** invested in...





Alcohol and Drug treatment

Alcohol- a SROI of **£3**, increasing to **£21** over 10 years. (Source)

Drugs - SROI of **£4**. Increasing to **£26** over 10 years. (Source)

Smoking cessation

Every person who stops smoking saves the Trafford system £557 per year. The cost of smoking to social care is £49.6m per year.

For every £1 spent, **£10** is saved in future health care costs and health gains (Source) Mental Health/ Suicide prevention SROI of £39.11 after 10 years.

A narrower health, local authority and police perspective still finds a ROI of **£2.93** over 10 years (<u>Source</u>)



£5.55 saving to the local authority in social care costs and economic benefit of additional employment after 3 years.

Increases to **£12.68** over 10 years.

Sexual health

Long-acting reversible contraception gives system wide savings of £48; **Stopping LARC** would result in 106 more unplanned pregnancies p/y STI online kits save £2.07 for every £1 spent

C-cards and condoms in schools return **£11.3** and **£6.70** respectively (Source)

Health inequalities

in Public Health interventions, **£14** will be returned to the wider health and social care economy

Prevention pays - for every **£1** invested in...



Dementia

Home exercise and community referrals for people with early dementia have a social return on investment (SROI) between £3.46 to £5.94 (Source)



Falls

Home assessment and modification interventions and falls management exercises have a SROI of **£7.34** and **£2.28** respectively in terms of health/social care savings and quality of life gains (Source)



Domestic abuse

Refuge services, community outreach and independent domestic violence advocacy services, return **£8.24** and outreach services **£26.35** in SROI. (Source)



Physical

activity

Sport and

physical activity

shows £3.28

worth of social,

economic and

health impacts

over a year.

(Source)



Oral health

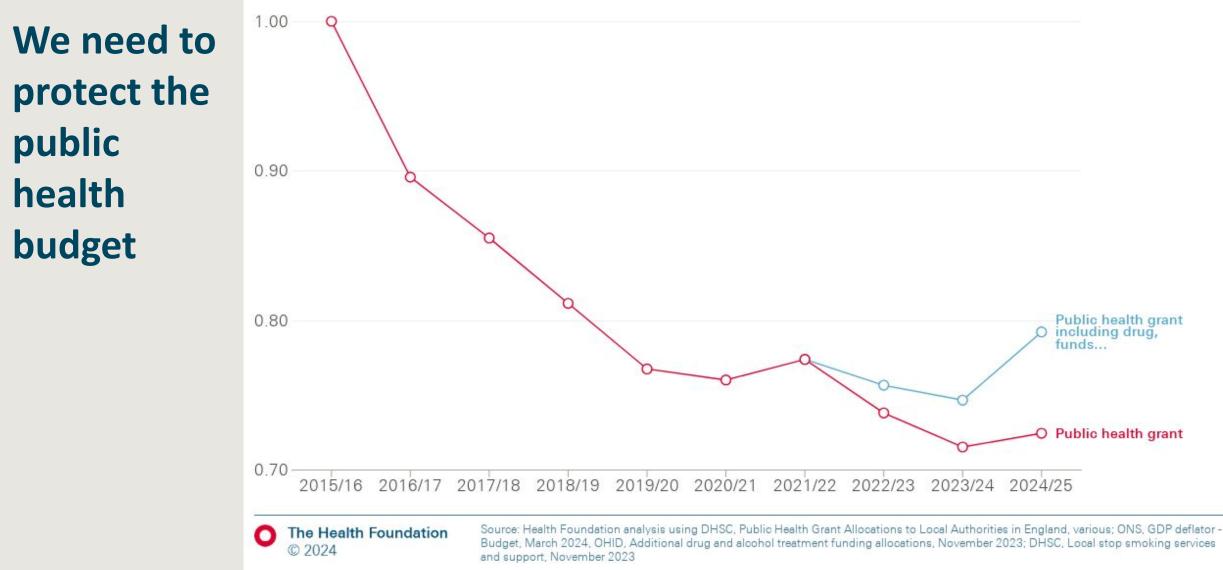
Targeted supervised tooth brushing returns **£3.06** after 5 years. (Every £1 on water fluoride returns **£12.71** after 5 years). (Source)

Examples of local impact of prevention

- National Child Measurement Programme shows that the slope of inequality in reception children for prevalence of both overweight and obesity has narrowed over the past five years.
- Vaccination uptake in North Trafford improved significantly following targeted work by Public Health and Voice of BME
- Sexual health Without services to prevent and treat STIs, we would have more cases of HIV, more infertility, stillbirths, ectopic pregnancies, pelvic inflammatory disease, depression and neurological and cardiovascular disease. At least 1,369 infections could be missed per year without services.



The public health grant has been cut by almost a quarter since 2015/16 Change in public health allocations 2015/16–2024/25, England, real terms per person (GDP deflator)





Protecting Public Health budget

Duty

Grant

Routine Council services

Local Authorities in GM receive a notional public health grant annually. This grant must be used to discharge public health functions¹. <u>Public health ring-fenced grant 2023 to 2024</u>: <u>local authority circular - GOV.UK (www.gov.uk)</u>.

Public health duty: 'each local authority must take such steps as it considers appropriate for improving the health of the people in its area' (s2B National Health Service Act 2006)

Local authorities are required to have regard to guidance from the Secretary of State when exercising their public health functions; in particular the Department of Health's Public Health Outcomes Framework (PHOF) (S31 Health & Social Care 2012 Act)

Ring-fenced grant was provided where the 'main and primary purpose of all spend from the grant is public health' against criteria (Public health grants to local authorities: 2021 to 2022)

Not eligible	Fully eligible			
Statutory duties including aspects of:	Prescribed services including:			
ASC CSC Housing	Sexual health services Health Check			
Planning Waste DSVA	Health protection NCMP 0-5 services			
Non-statutory services including:	Non-prescribed services including:			
Leisure centres Parks Falls prevention	Obesity Physical Activity Substance Misuse			
HENRY Parenting skills	5-19 services Mental Health Dental Health			
Potentially eligible, where additional activity				

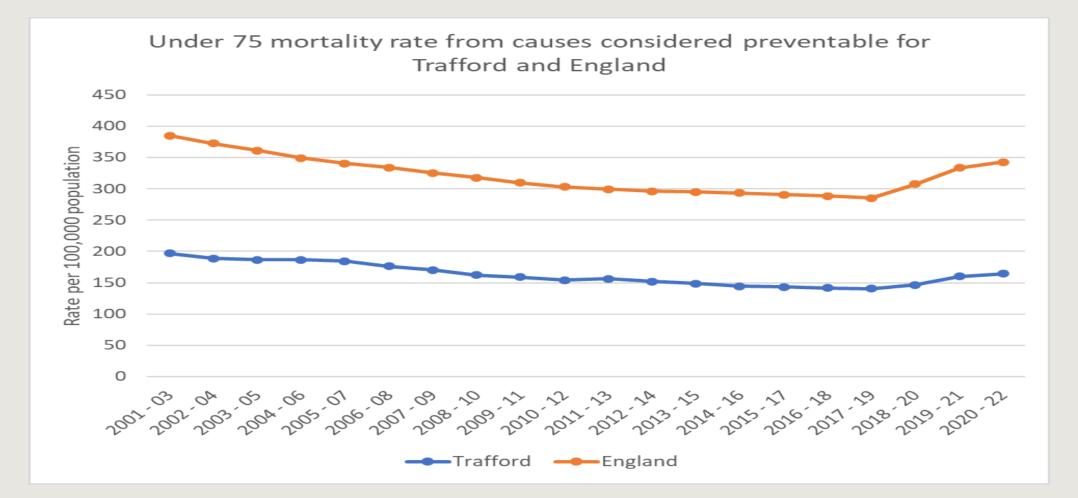
Public Health funding per head of population by GM LA

Local authority name	Revised FY 2024 to 2025 PHG allocation	FY 2024 to 2025 allocation per head (£)
Manchester	58,312,714	103.9
Salford	23,841,209	88.1
Wigan	28,538,068	85.6
Bolton	24,052,030	83.1
Rochdale	19,023,927	83.0
Oldham	18,625,284	76.5
Tameside	17,009,818	73.4
Bury	12,990,675	66.7
Stockport	17,666,661	59.2
Trafford	13,935,891	57.3

NB: With corporate deductions and corporate contributions, Trafford's allocation per head equates to £52.80.



How is Trafford performing?





Prevention is a core pillar within the GM Sustainability Plan

The Pillars of Sustainability and the phases of work

In order to achieve a sustainable system, we need to act on:

NHS

Greater Manchester

Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs) These cover each NHS Provider and the ICB as statutory organisations with duties to achieve financial balance	System Produ Multi-provider/syst activities to improv financial position For example: • System-wide p maximising the use of the system estate; and drivit transformation	em ve the Maintair in good avoiding through lans - effective m's ng digital • Thro	ing prevalence ing the population health and future costs prevention c across full range of ention to tackle the r determinants of ill h ugh the Multi-Year ention Plan	Proactive care Addressing the top modifiable risk factors, and delivering evidence based, cost effective interventions • Year 1 focus on CVD and Diabetes - as a significant driver of morbidity, mortality, demand and cost • Through the Multi-Year Prevention Plan	Optimising care Transforming the model of care through system actions For example: • Health and Care Service review - priorities include Dermatology, Ophthalmology, and Neurorehabilitation • Strategic commissioning plans	
Build the infrastructure for a whole system preventative approach	Work with partners to shape GM as a place conducive to good health	Tackle the key modifiable behavioural rist factors that influence healt	evidence a	n, system d by capability to and scale and spread	Develop the financial mechanism for left shift of investment, supported by ROI analysis	continuous

improvement

Local mitigations we are taking to protect prevention spend

- 1. Effective use of resource-ensuring PH budget is spent appropriately
- 2. Development of system wide prevention strategy and business case to
 - Consolidate current offer
 - Align to Adult Social Care and Children's services demand to support sustainability of services
 - Position prevention strategically so that it has profile and prominence alongside care services
 - Demonstrate effectiveness through monitoring and sharing outcomes



Summary key messages

- Prevention pays dividends stemming demand over longer term for acute services, accruing return on investment across the system (not just health)
- In current fiscal challenges need to safeguard against budget cuts to prevention. Ringfencing Public Health grant for early intervention and prevention is important
- We need to work as a system (Local authority, ICB, VCFSE) to protect investment in, and delivery and evaluation of, cross cutting functions that enable prevention and early intervention such as community engagement, social prescribing, neighbourhood networks

