# Chapter 4

## Investing in Public Health – Can our prevention investments contain and reduce the costs of demand on our health and social care?

We are living through a period of escalating demand for health and social care services in Britain, whilst at the same time local councils are having to manage this growing demand within the new reality of sustained austerity. This is creating major concerns about the capacity of the system to cope, with almost daily news reports of services creaking and straining under the pressure.

It is generally agreed that maintaining the status quo is not sustainable and local authorities and NHS organisations across the country are facing hard choices and being forced to make difficult decisions about how they can best allocate their limited resources. Barking and Dagenham is no different in having to face and deal with this unprecedented position, but it also has its own individual social and economic challenges to meet in doing so as detailed in Chapters 1 and 2 of my 2015-16 Report[85].

Prevention programmes play a key role in providing part of the solution to these challenges. 'Prevention is better than cure' is an old saying and it would be equally true, if less catchy, to say that 'prevention is more cost effective than cure'.

Population level approaches are estimated to cost on average five times less than individual interventions and WHO[86] evidence shows that 'a wide range of preventive approaches are cost-effective, including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours, as well as vaccination and screening'.

Investing in evidence based, well targeted preventative interventions can significantly reduce the financial impact on health and social care


85 https://www.lbbd.gov.uk/wp-content/uploads/2016/08/Barking-and-Dagenham-Annual-Health-Report-2016-WEB.pdf
86 The Case for Investing in Public Health: A public health summary report for EPHO 8. World health Organisation 2014

organisations, wider society and individuals themselves for example, increasing physical activity and healthy eating and promoting ways to help people stay mentally well are largely cost-effective and can help create sustainable health systems and economies for the future.

The ongoing evaluation of current Public Health programmes in the borough outlined in this chapter continues to highlight the challenges encountered in changing long held attitudes and entrenched behaviours across many of the adult population. This, in turn, has thrown into sharper focus the issue of how we prevent harmful behaviours from developing in the first place, particularly with children and young people.

'Lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life.' For example, up to 79% of obese adolescents remain obese in adulthood, and adolescents who binge drink are 50% more likely to be dependent on alcohol or misusing other substances when they reach the age of 30 . For Barking and Dagenham intervening early in infancy, childhood and young adulthood are critical stages in the development of habits that will affect people's health in later years.

Whilst work should, and will, continue to challenge health inequalities in the adult population through the provision of high quality, well targeted interventions. However, the longer-term health of the borough lies with ensuring that children and young people, growing up today, do not acquire harmful lifestyle habits and that we don't continue to store up problems for the future.

## The Public Health Grant

The Public Health Grant (Grant) is central government funding provided by the Department of Health to Local Authorities in England. The purpose of the Grant is to provide local authorities with the resources required to discharge their public health functions and to reduce inequalities between the people in its area.

In June 2015, it was announced by the Chancellor of the Exchequer that Local Authorities' funding for public health would be reduced by an average of 3.9% in real terms per annum (an annual saving of £200 million) until 2020. This equates to a total reduction in cash terms of 9.6% over this period. The impact on Barking and Dagenham in 2015-16, with the final quarter payment of the Grant being reduced by £1.035m. However, additional Grant funding was provided from 1st October 2015 to allow for the transfer of responsibility for commissioning health visiting, and other children's public health services, from NHS England to local authorities - see Table 1. There will be a further reduction in the total Grant of 2.2% in 2016-17 and another reduction of 2.5% in 2017-18.

## How has the Grant been spent?

Public health activity is usually divided into three domains – health improvement, health protection and preventative health services.

The Grant is spent on key health initiatives across these three areas, covering the whole life course – from ensuring that our children have the best start in life to making sure that adults have the knowledge, skills and opportunities to live and age well.

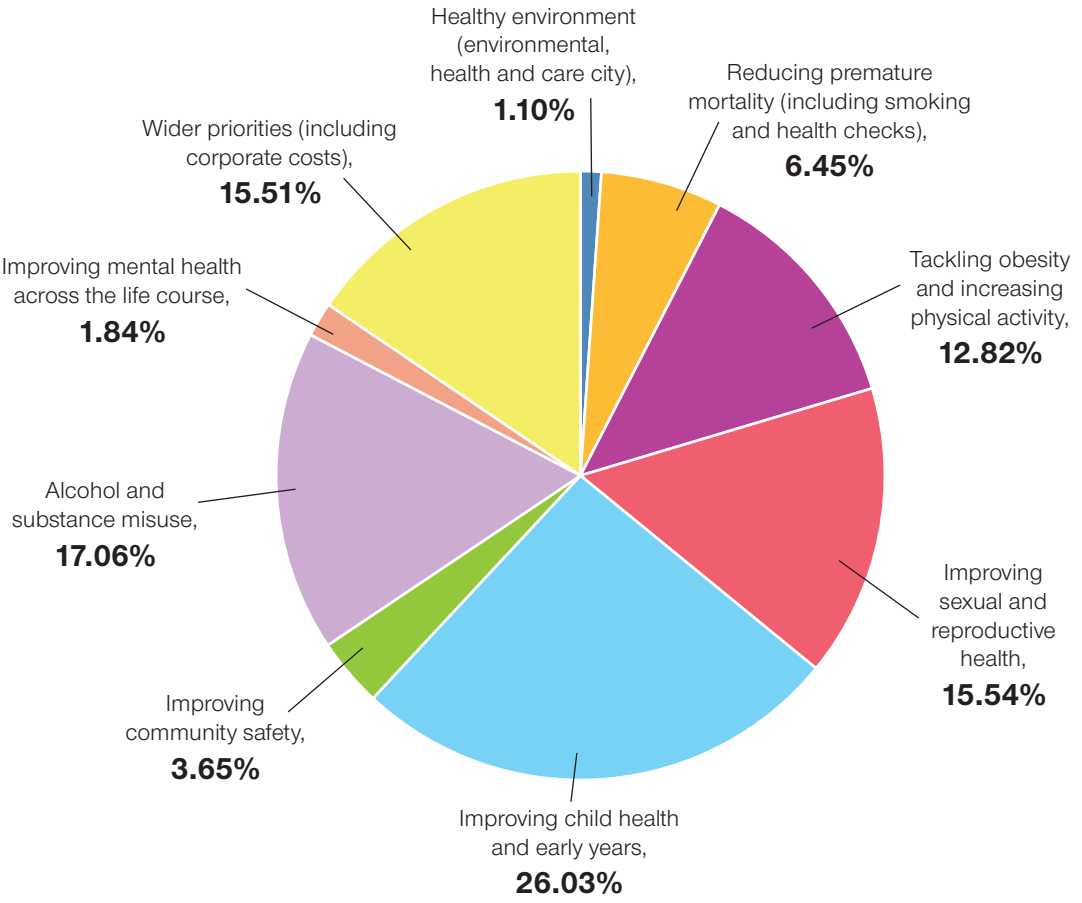
This includes providing programmes to tackle some of the more long-term public health issues such as child and adult obesity, smoking, reducing teenage conception, supporting those with multiple complex illnesses and improving the health of our ageing population. Figure 1. shows how we allocated the funding in Barking and Dagenham in 2015/16.

### Table 1: Barking and Dagenham Public Health Grant 2015/16 allocation

| **B&D Public Health Grant 2015-16 Allocation** | **£** | **£** | |
|---|---|---|---|
| 2015-16 Original Allocation | 14.213m | | %change on 2015-16 baseline = 5.4% |
| Reduction in funding announced in June 2015 | -1.035m | | |
| | **13.178m** | | |
| Children's 0 to 5 Services (health visitors) – part-year Oct15 to Mar16 | 2.512m | | |
| **Total Grant** | | **15.690m** | |

87 Healthy Child Programme: From 5–19 years old
88 Chief Medical Officer's Annual Report 2007

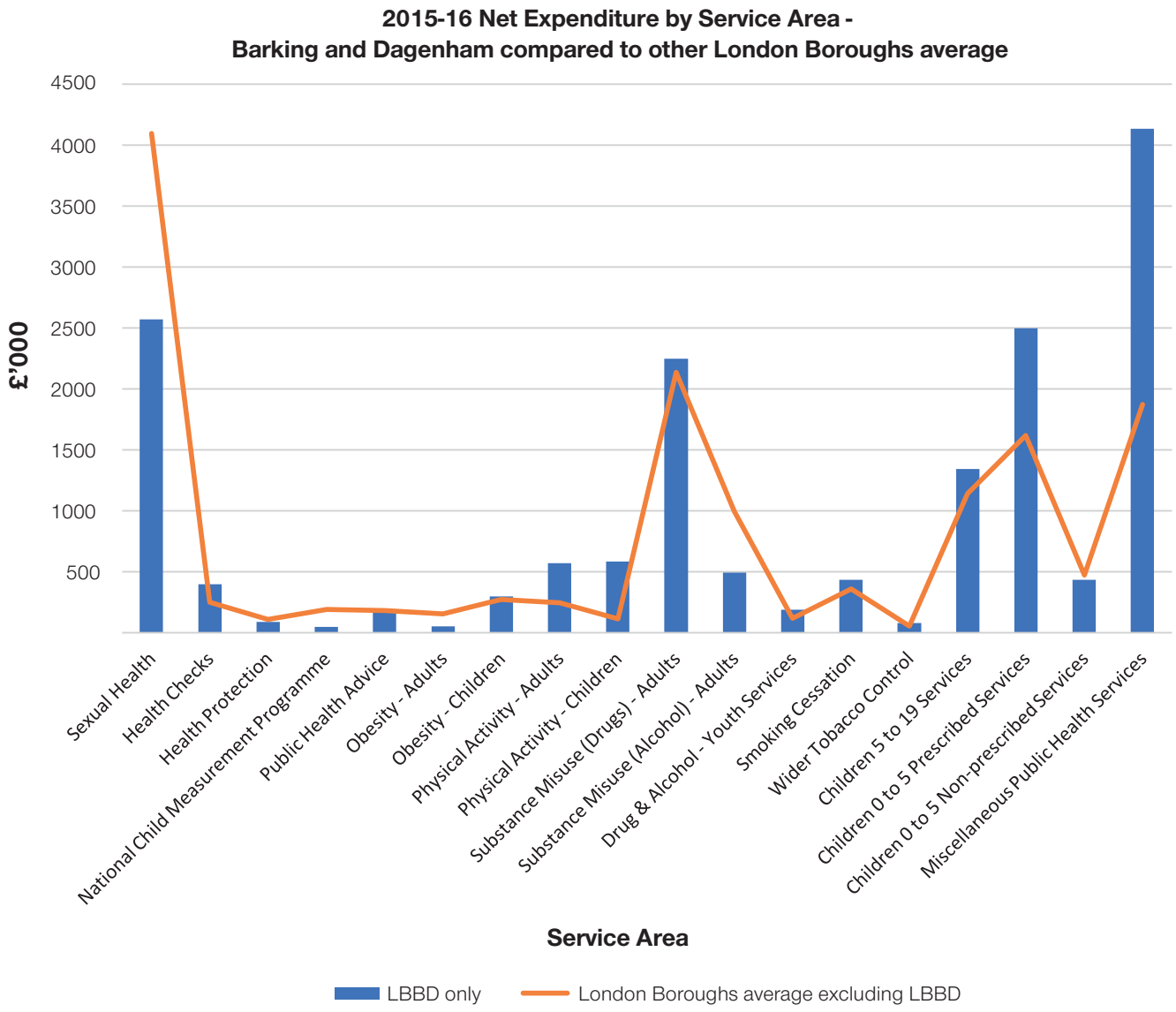
**Figure 1: Distribution of Public Health Grant by service area 2015-16**




There are a number of these programmes that we have a legal duty to provide. These are: sexual health services (sexually transmitted infections and contraception); NHS Health Check Programme; National Child Measurement Programme; and providing public health advice to NHS commissioners and ensuring plans are in place to protect the health of the public. In addition, the commissioning responsibilities for children aged 0 to 5 transferred from NHS England to local authorities on 1 October 2015. This service is also mandated and marks the final part of the overall public health transfer which saw wider public health functions successfully transfer to local government on 1st April 2013. It is also expected, although not mandated, that the Grant be used to provide drug and alcohol misuse treatment services and a Healthy Child Programme 5 to 19 school nursing programme. Other programmes and associated spend are decided and agreed locally based on need and prevalence.

Figure 2 illustrates how our distribution of spend compares with London as a whole. It shows that Barking and Dagenham spends a greater proportion of the Grant on children aged 0 to 5 years and on physical activity for adults and children and less on some areas such as sexual health services than the London average. This reflects the high proportion of children in the borough (the highest in London) and our concerns about weight management, diet and the low levels of physical activity amongst both children and adults across our population.

**Figure 2: Distribution of Public Health Grant compared with London averages**




The Grant funds a wide range of services, as well as providing technical expertise in analysing health and wellbeing needs and evaluating evidence to maximise impact of what we commission. Table 2 also shows the service areas that are resourced through the Grant and details some of the programmes commissioned to meet local needs.

## Table 2: Public Health Services resourced through the Public Health Grant 2015-16

| **Healthy environment** | **£million** |
|---|---|
| Care City | 0.082 |
| Environmental health | 0.100 |
| **Reducing premature mortality** | |
| Smoking cessation | 0.663 |
| NHS Health Check Programme | 0.405 |
| **Tackling obesity and improving physical activity** | |
| Active age centres | 0.327 |
| Exercise on referral | 0.368 |
| Active Age offer for the over 60s | 0.132 |
| Get Active programmes | 0.521 |
| Weight management – adults & children | 0.350 |
| Other | 0.423 |
| **Improving sexual and reproductive health** | |
| Genitourinary medicine and family planning – STI testing etc. treatment | 2.306 |
| Other | 0.264 |
| **Improving child health and early years** | |
| Healthy Child Programme 0-5 | 2.500 |
| Healthy Child Programme 5-19 | 1.150 |
| National Child Measurement Programme | 0.050 |
| Early years prevention – Family Nurse Partnership | 0.150 |
| Early years prevention – Baby FIP | 0.183 |
| Integrated youth service | 0.090 |
| Other | 0.182 |
| **Improving community safety** | |
| Domestic violence – public health and crime | 0.205 |
| Children's domestic violence service | 0.172 |
| Summerfield House - mother and baby unit | 0.140 |
| Health protection | 0.087 |
| Alcohol and substance misuse | 2.822 |
| Improving mental health across the life course | 0.304 |
| Wider priorities (incl. corporate costs and public health team) | 2.567 |
| **TOTAL** | **16.544** |
| Funded from: | |
| Public Health Grant 2015-16 (including £37,300 Health Premium Incentive payment) | 15.727 |
| Public Health Grant Reserve (unspent grant from previous years) | 0.817 |

These programmes are all designed to help our residents make healthier lifestyle choices, improve their physical and mental wellbeing and to minimise the risk and impact of illness.

A number of new Grant funded initiatives were introduced in 2015-16 to tackle identified areas of need. These included introducing the BabyClear service (see Box1), raising awareness of mental health issues by investing in Mental Health First Aid training across the council and increasing support for breastfeeding through funding a new specialist infant feeding lead with Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) to instill Baby Friendly best practice standards. This latter initiative has resulted in BHRUT achieving Stage 1 of the Baby Friendly Initiative process in 2016 (now working towards Stage 2) and a significant improvement in reported patient experience.

Box 1

**Example – 'BabyClear'**

**The BabyClear programme introduced in 2015 has been very successful and is having a considerable impact on the number of pregnant smokers in the borough. The service provides intensive support and is currently achieving a 57% conversion rate (number setting a quit date against the number achieving a CO verified 4 week quit). This is much higher than the national rate and because of this Barking & Dagenham has been nationally recognised as an area of good practice.**

## Getting value for money from public health interventions

Although the above has concentrated on how we used the Grant in the last financial year (2015-16) it is worth noting the review activity we are currently undertaking to ensure that the programmes listed in the previous section are providing the most effective and efficient interventions possible.

A cultural shift is taking place in public service delivery, with an increasing focus on outcomes and impact. The reductions in public-sector funding caused by austerity measures and future financial uncertainty means that commissioners now need to see real, demonstrable results from the services they fund.

In the past, commissioning generally focused on outputs. This gives no indication of how effective an intervention has been and does not provide evidence of the longer-term financial benefits for the public purse.

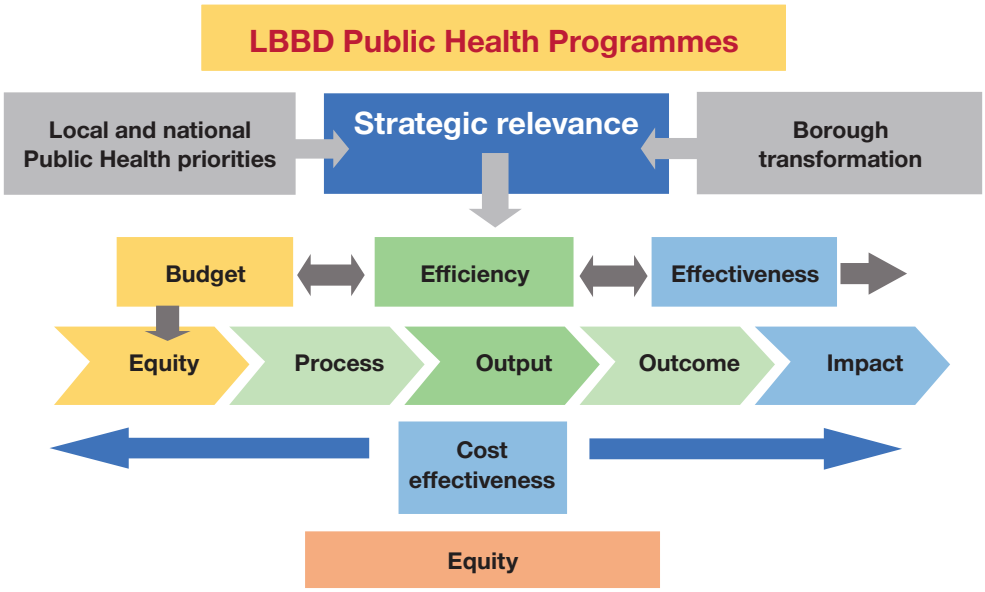
For the council, as for any organisation providing public services, undertaking a regular and systematic programme of service evaluations is therefore essential in determining the effectiveness of specific interventions and, in turn, in deciding how to allocate resources to projects and programmes so that they have the greatest positive impact in achieving the outcomes of our joint Health and Wellbeing Strategy.

The council has a co-ordinated approach to delivering its vision and priorities. It is clear in its' aim of wanting to make the best use of all the resources available to support residents to take responsibility for themselves, their homes and their community, by ensuring programmes promote greater self-reliance and focus on the root causes of demand not servicing the symptoms.

The first step is to look closely at 'why we provide programmes, who we provide them for and how we can manage demand to ensure that we deliver statutory and other services for residents, with capacity for the future'. This includes evaluating the whole range of Public Health funded programmes being delivered by the council.

The process for doing this is outlined in Figure 3.

**Figure 3: Evaluation process**




Services have changed and evolved considerably over the last few years and (irrespective of the new financial constraints) there is now a need to undertake a systematic review of these programmes to ensure that they remain relevant and that the priorities are aligned with the wider council's vision whilst focussing on the greatest health inequalities and the most urgent needs in the borough. As well as ensuring they are relevant and targeting need, the evaluations we are undertaking are also looking at the efficiency of these programmes.

Efficiency can mean different things to different people but is often viewed with a degree of cynicism as being synonymous with 'cutting services to cut costs'. Whilst it is true that being more efficient can sometimes involve cutting both costs and services this is not an automatic result and decisions need to take the long view into account when assessing the benefits of a given intervention. Whilst they

should be based on delivering the outcomes people want in the best way and at least cost this sometimes means that a greater investment is needed in certain areas to prevent more debilitating and costlier conditions developing.

Assessing efficiency is also about making sure that services are keeping pace with change and innovation and have the right tools and support to do the job required of them.

Clearly though the effectiveness of programmes is key to their success and services need to be able to demonstrate that they are making a positive difference to the health and wellbeing of individuals and the community as a whole. Measuring effectiveness is not just about producing rows of numbers and percentages – whilst important these are only one form of indicator of how well things are going but have often been used as the sole measure. Showing that services are making a real difference and assessing effectiveness is a more qualitative and, in truth, more difficult exercise. This is particularly the case in the field of public health where the benefits of specific interventions may not be realised for many years. Through our evaluation we are working with providers to ensure that services are able to assess and report outcomes in a meaningful way – enabling us to shape services and use our resources most effectively.

Services also need to be available to everyone that would benefit from them. Whilst public health programmes are evidence based people's experiences of life are very different across the population which means that the way services are delivered needs to reflect this. What works in one area or with one group may not be the best fit in another. Barking and Dagenham is a very diverse borough with many social and economic factors leading to inequalities in wellbeing. Services need to be relevant and fit in with the way people live their lives, they also need to provide an attractive offer to differing groups and individuals, and be accessible to all. Our evaluations are showing that this is not always the case and that whilst we are reaching many people there is more we can do to fully engage with all groups and all communities.

In general, the evaluations completed to date do show that the services provided through use of the Grant are valuable and do provide many people with the impetus and tools to make significant life changes.

However, we live in a dynamic and continually evolving borough and reviewing services to ensure we are getting best value will often result in challenges to the way we do things. This is healthy – programmes should be adaptive to the pace of change and innovative in approach. The evaluations have shown that there are areas where we could make changes to improve outcomes for people by ensuring that the Grant is used to deliver real outcomes and provide a stronger focus on preventative interventions and a more effective reach into all areas of the borough and all communities.

## Evaluation outcomes

We are only part way through our evaluation programme but as a result we have already identified a number of ways to help improve the effectiveness and efficiency of some of the services we commission and fund, including: the NHS Health Check programme; child and adult weight management; smoking cessation and prevention and sexual health services. We have also ended some programmes where the evaluation has demonstrated that there are more effective ways of using the funding.

## Conclusions

It is recognised that a comprehensive strategy needs to include a combination of population and targeted individual preventive approaches, but it should be noted that, on average, individual-level approaches were found to cost five times more than interventions at the population level[89]. In general, evidence also shows that investing in upstream population-based prevention is more effective at reducing health inequalities than more downstream prevention. The National Institute for Health and Care Excellence in the United Kingdom found that many public health interventions were a lot more cost effective than clinical interventions (using cost per QALY), and many were even cost-saving[90].

Investment in prevention reduces health costs and lowers welfare benefits[91]. Therefore, there may be an opportunity that efficiencies can be further increased by clustering a variety of cost-effective approaches in the design and delivery of programmes in our new Community Solutions service to enhance the effectiveness and efficiency of overall services.

89 WHO (2011a).From burden to "best buys": reducing the economic impact of non-communicable diseases in low- and middle-income countries. Geneva: World Economic Forum (http://apps.who.int/medicinedocs/en/d/Js18804en/, accessed 2 September 2014).

90 Kelly MP (2012). Public health at National Institute for Health and Clinical Excellence (NICE) from 2012. Perspect Public Health. 132(3):111–113.

91 http://www.euro.who.int/__data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf