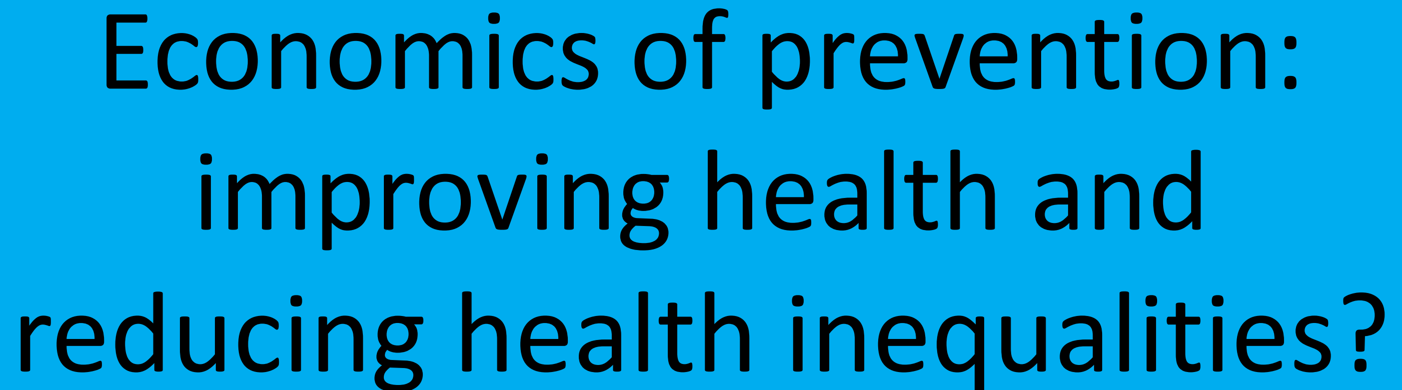

Neil Craig
Principal Public Health Advisor
NHS Health Scotland

What Works Scotland & NHS Health Scotland CPP Event
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Outline

- Context
- Economics of prevention
- Evidence
- Knowledge into practice
- Conclusions

What is NHS Health Scotland?

- NHS Special Health Board
- Role: national agency for health improvement
- Priority: reducing health inequalities
- Aim: to improve Scotland's overall health record by *focusing on the persistent inequalities* that prevent health being improved for all

Context

- Health inequalities
- Social determinants of health
- Non-health sector action
- Financial sustainability
- Community planning

Context 2: CPP strategic priorities

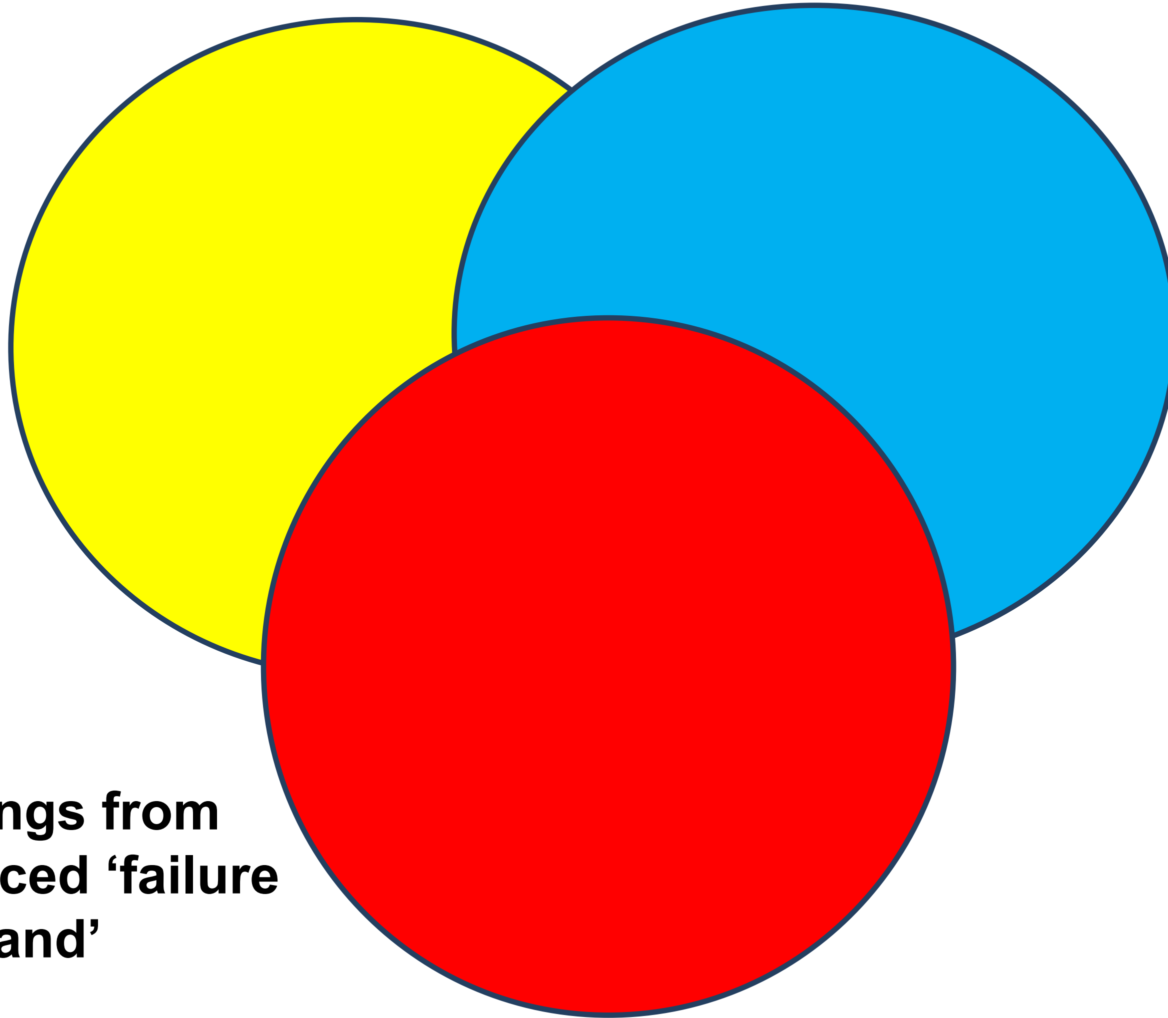
- Faster shift to prevention
- More joint resourcing
- Co-production and assets-based approaches

Context 3: Specific priorities

- Early Years
- Outcomes for Older People (including health and social care)
- Safer Communities and Offending
- ***Health Inequalities*** (including physical activity opportunities)
- Economic Growth and Recovery
- Employment (especially youth employment)

Economics of prevention

- Better health – cost-effective?
- Reduced health inequalities – trade-off with cost-effectiveness?
- Savings from reduced ‘failure demand’?


Cost-effective
Likely to reduce health inequalities
Savings from reduced ‘failure demand’

Evidence – limitations…

- “need to improve both the evidence of public health interventions and how these data can be fed into the reality of local decision-making processes.” (Owen et al, 2012)
- “Economic evaluations of LBCIs … are characterised by a number of weaknesses” (Adrienne et al, 2014)
- “There are currently far fewer examples of good studies [of] the social determinants of health than for behaviour change” (PHE, 2014)

....but enough to act?

- NICE
- ACE
- Marmot
- WHO
- Inequalities Policy Review, NHS Health Scotland
- Macintyre
- Kings Fund, PHE and IHE
- Expert opinion

So what does the evidence say?

- Most cost-effective - societal perspective, fiscal/regulation/legislation-based
- Many *potentially* cost-saving
- Individual-based prevention – often cost-effective
- But the evidence is more mixed…
- …and less likely to reduce HIs

Health improvement and reduceded inequalities

“there are efficient policies that can lead to equitable outcomes, and interventions based on equity arguments that lead to increased efficiency.”

(WHO, 2013)

An example: early years

- “investing in disadvantaged young children is a rare public policy with no equity–efficiency trade-off. It reduces the inequality associated with the accident of birth and at the same time raises the productivity of society at large”

(WHO, 2013)

Best preventative programmes

- ensure adequate incomes and reduce income inequalities
- reduce unemployment in vulnerable groups or areas
- improve physical environments
- target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision
- early years programmes
- policies that use regulation and price (Minimum Unit Price or taxes) to reduce risky behaviours

Cost savings?

- There is limited evidence on actual savings

Hard to quantify, depends on:

- Use of freed resources?
- Management of freed resources?
- What counts as ‘savings’ from prevention?
- How will demand and supply change in future?

Savings from prevention?

- “Improving health ***may*** in some cases lead to short- or medium term cost savings although in many cases such savings will ***not*** occur. However, there is ***reason to think*** that improving health does generally result in cost savings in the very long term, as a result of improved health reducing disability in later life and therefore social care spending.”

I&DeA, Valuing Health: developing a business case for health improvement, 2009.

What needs to happen to translate this evidence into practice?

- Is it accessible?
- Is it specific enough?
- Is it relevant?
- Does it generalise?
- Do we need more and, if so, what kind?
- How can we all support its creation, synthesis and use?

Challenges

- Community planning: a work in progress
- National steer vs local freedoms: is the balance right?
- Multiple objectives of prevention:
  - are they shared?
  - are they mutually compatible?

Conclusions

- Prevention can be very cost-effective
- Some forms of prevention also likely to be effective in reducing health inequalities
- There is less strong evidence on savings from prevention
- More evidence needed, but enough to act now
- Action needs to involve dialogue with local partners