

Towards a
new model of
prevention

Policy roundtable

Towards a new model of prevention

Reform was delighted to host a roundtable in late November 2020 entitled 'Towards a New Model of Prevention', with the generous support of Sanofi. The discussion was introduced by Professor Brian Ferguson, the Public Health Research Programme Director at the National Institute for Health Research and Hugo Fry, the Managing Director of Sanofi UK.

The changing context of public health

The Covid-19 pandemic has placed health and social care at the top of the Government's policy agenda. Yet as policy makers and health care professionals rush to shore up capacity in hospitals, tackle the backlog, and brace for a difficult Winter ahead, it is important not to lose sight of long-term health planning. As successive governments have stressed, managing the health care challenges of the future requires a proactive approach in the present.

If prevention is better than cure, public health must be at the heart of any long-term health strategy, and that means ensuring that the right structures and funding are in place. Yet despite the commitment to preventive health, embodied in the 2019 Prevention Green Paper, resources and funding have often been slow to follow from the announcement of bold plans.

The Government's decision to replace Public Health England with a new National Institute for Health

Protection offers an opportunity to rethink the ways in which preventative health care is organised. As the immediate challenges posed by responding to the pandemic recede, greater attention can be paid to longer term challenges posed by an ageing society, high rates of childhood obesity and persistent health inequalities.

The economics of prevention

The economic case for a preventative approach to health has been clearly made. An ageing population means increased health and social care demand, and the associated increase in co-morbidities and complex needs is squeezing the healthcare budget.

Increased rates of obesity, particularly amongst children and in deprived communities, and worsening statistics on the prevalence of mental health disorder will provide additional long-run financial challenges to the health sector.



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"If prevention is better than cure, public health must be at the heart of any long-term health strategy"

Policy roundtable summary

Putting health finances on a sustainable footing will depend on reducing demand for expensive services and minimising expenditure on acute and emergency care. One of the most cost-effective ways of doing so is to upscale prevention.

Public health interventions to reduce rates of smoking, encourage healthy eating and exercise habits, and provide high-quality vaccinations, pay dividends in the long-term, reducing expenditure on lengthy hospital stays, advanced care and medication. In addition, society reaps the benefits of increased productivity, longer working lives, and decreased expenditure on benefit payments.

Recognising the value of prevention

Governments often fail to recognise this broad economic value. Only 5 per cent of the total health system budget is spent on prevention and, in real terms, public health grants to local authorities have been cut by nearly one quarter since 2013-14.

The public perceives spending on long-term prevention as less pressing than short-term management of health conditions, and policy makers demand a far higher degree of evidence of the efficacy of public health measures than is the case with other medical interventions. Perhaps most importantly, governments facing pressure to deal with present demands on the system lack incentives to think long term.

Solving this misalignment between short-term interests in focusing on acute care and a long-term imperative to reduce service demand will require discussions on new funding models. It will also mean building incentives in the private and public sectors to make population health a priority. Most importantly the public will have to be engaged in a meaningful and informed debate on the negative impacts of prevention falling by the wayside.

The structure of public health provision

Driving an effective preventative health agenda will not only require a greater allocation of resources, it will also rely on having adequate structures in place to ensure its prioritisation at the national, regional and local level. The health sector and general public must keep pressure on the Department of Health and Social Care to ensure that prevention remains central to the remit of the National Institute for Health Protection. Yet while a centralised public health agency can help drive flagship national campaigns for health improvement, many of the most effective interventions to promote population health occur at the regional and local levels.

As the planning and provision of health services becomes more regionalised through Integrated Care Systems, preventative health must be at the forefront of discussions about health and social care integration. At the local level, general practitioners, directors of public health and local institutions such as schools and community centres must be empowered to deliver preventative health initiatives tailored to their communities. Where preventative campaigns rely on collaboration between different levels of the public health system, structures to foster communication and joined-up working between central, regional and local public health professionals are vital.

The strategy-delivery gap

Developing effective public health institutions and allocating adequate resources are necessary preconditions for reorienting health care provision in a more preventative direction. Yet discussions of preventative health care often focus disproportionately on government strategy and agenda setting, while placing insufficient attention on evaluating the effectiveness of interventions.

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Government commitments to ensuring universal access to high-quality vaccinations and public health campaigns to educate the public on unhealthy lifestyle habits must be assessed on their ability to instigate behavioural change.

This calls for the collection of more quantitative data to assess overall population level impacts of public health interventions, as well as their impacts on specific socio-demographic groups. It also requires paying greater attention to extant qualitative research explaining why public health messaging often fails to connect with vulnerable groups and the commissioning of more in-depth studies on why this is the case. Insights from this research can be fed back into the public health system, helping improve preventative health campaigns through more accurate community targeting and personalisation.

Personalising and incentivising prevention

Bridging the gap between strategy and delivery in public health will involve both increasing the personalisation of preventative interventions and

developing individual and collective incentives for making prevention a priority.

Building a more personalised approach to preventative health has been aided in recent years by the development of advanced diagnostic technologies which allow individuals to more accurately monitor, and take steps to self-manage their health.

Data-driven approaches to preventative health interventions will help policymakers ensure that programmes and messaging are more targeted and audience specific, helping iron out inequalities that result from one-size-fits all approaches to public health.

A new model of prevention must also recognise that incentivising proactive approaches to health management is far more effective than simply providing warnings about the risks of inaction. Providing incentives to individuals, employers and health care providers to make preventative health care a priority will help ease the burden on government and the NHS and ensure that prevention becomes everyone's business.

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