

# Paving a new pathway to prevention: leveraging increased returns on our collective investment

Michael Wood - Head of Health Economic Partnerships  
NHS Confederation

February 2025

[Michael.Wood@nhsconfed.org](mailto:Michael.Wood@nhsconfed.org)

# The Value in Health series – NHS Confederation and Carnall Farrar working together

*From safety net to springboard:  
putting health at the heart of  
economic growth*

October 2022

- The first of our 'Value in Health' series was published revealing that £1 spent in the NHS had a return value of £4
- Coincided with the 2022 mini budget - 'Trussnomics'
- The report was referenced in the Hewitt review

*Creating better health value:  
understanding the economic  
impact of NHS spending  
by care setting*

August 2023

- The second of our 'Value in Health Series' dived into how changes in areas of spend impact economic growth
- This report correlated with a rise in economic inactivity
- It was unveiled at the 1ry care conference

*Unlocking the power of  
health beyond the hospital:  
supporting communities to  
prosper*

September 2023

- The third instalment explored how primary and community spending support system productivity
- The work was distributed at the first national health beyond the hospital conference

*Paving a new pathway to  
prevention: leveraging  
increased returns on our  
collective investment*

October 2024

- This report deep dived into preventions and those with the highest ROI's
- Referencing key areas from the highly coveted 2024 Darzi report
- As part of this work, we developed a six-step framework to practically apply insights

## Media / other coverage:

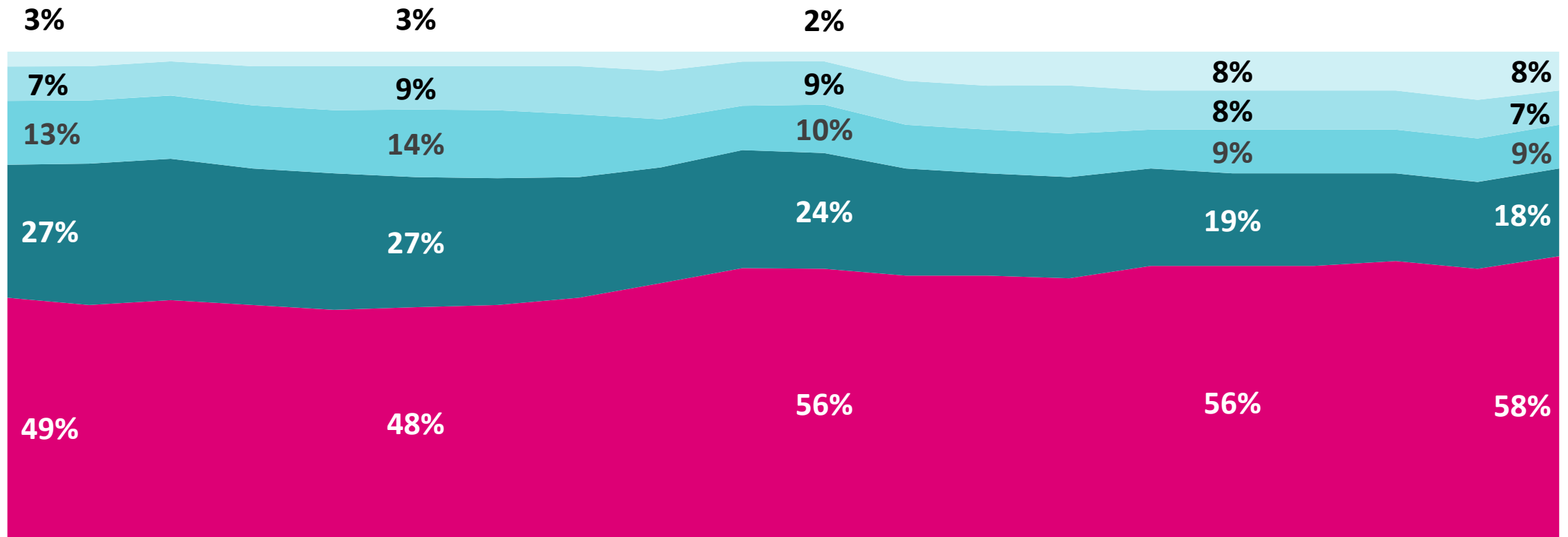


# Prevention has been at the core of the new government's pledges on the NHS, however, as Darzi pointed out, the NHS has not succeeded in reversing spend

## Estimate of NHS spend by healthcare service

Percentage, 2002 - 2021

Acute services Primary care Mental Health Community Other



2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

# Paving a new pathway to prevention: *leveraging increased returns on our collective investment*

- The response to previous work on investment of NHS spending on economic growth highlighted that it **would add additional insight to elucidate the economic benefit of primary and secondary preventative initiatives and Social Determinants of Health.**
- Therefore, following on from the previous work, we sought to answer the questions: **What is the return on investment from primary interventions, secondary interventions and Social Determinants of Health? Which provides the greatest return on investment? Which 10 interventions provide the highest return on investment?**
- To answer this question, we undertook a **systematic literature review and expansive evidence review to identify prevention initiatives** that impact on clinical and social determinants of health to generate the best return on investment through impacts on inequalities.
- We found 96 papers, with 146 unique ROIs across Primary Interventions, Secondary Interventions & Social Determinants of Health. All interventions except one returned a positive ROI, showing that these interventions are cost effective. **On average Social Determinants of Health returned the greatest ROIs, however certain primary interventions & secondary interventions were also seen to return high return on investment**, with two and three interventions seen in the Top 10 respectively.

# This work has classified interventions into three areas and consider the relevant budgets

## Social Determinants of Health

Interventions aimed at addressing broader social, economic, and environmental factors that influence population health

- Housing
- Substance abuse
- Education
- Food insecurity
- Reducing worklessness
- Travel

## Primary Prevention

Interventions that aim to prevent the onset of illness or injury before the disease process begins

- Smoking cessation
- Weight/ obesity management
- Exercise
- Diet
- Alcohol dependency
- Vaccines

## Secondary Prevention

Interventions that focus on early detection and prompt treatment of diseases or health conditions

- CVD
- Diabetes
- Respiratory conditions
- Serious mental illness
- Frailty
- Sexual health
- Early years

## Local authority budget

- **Local authorities** receive the **public health grant** from the Department for Health and Social Care (DHSC) which spans both social determinants and primary prevention interventions
- The grant is used to provide vital preventative services that help to support health, including smoking cessation, drug and alcohol services, children's health services and sexual health services

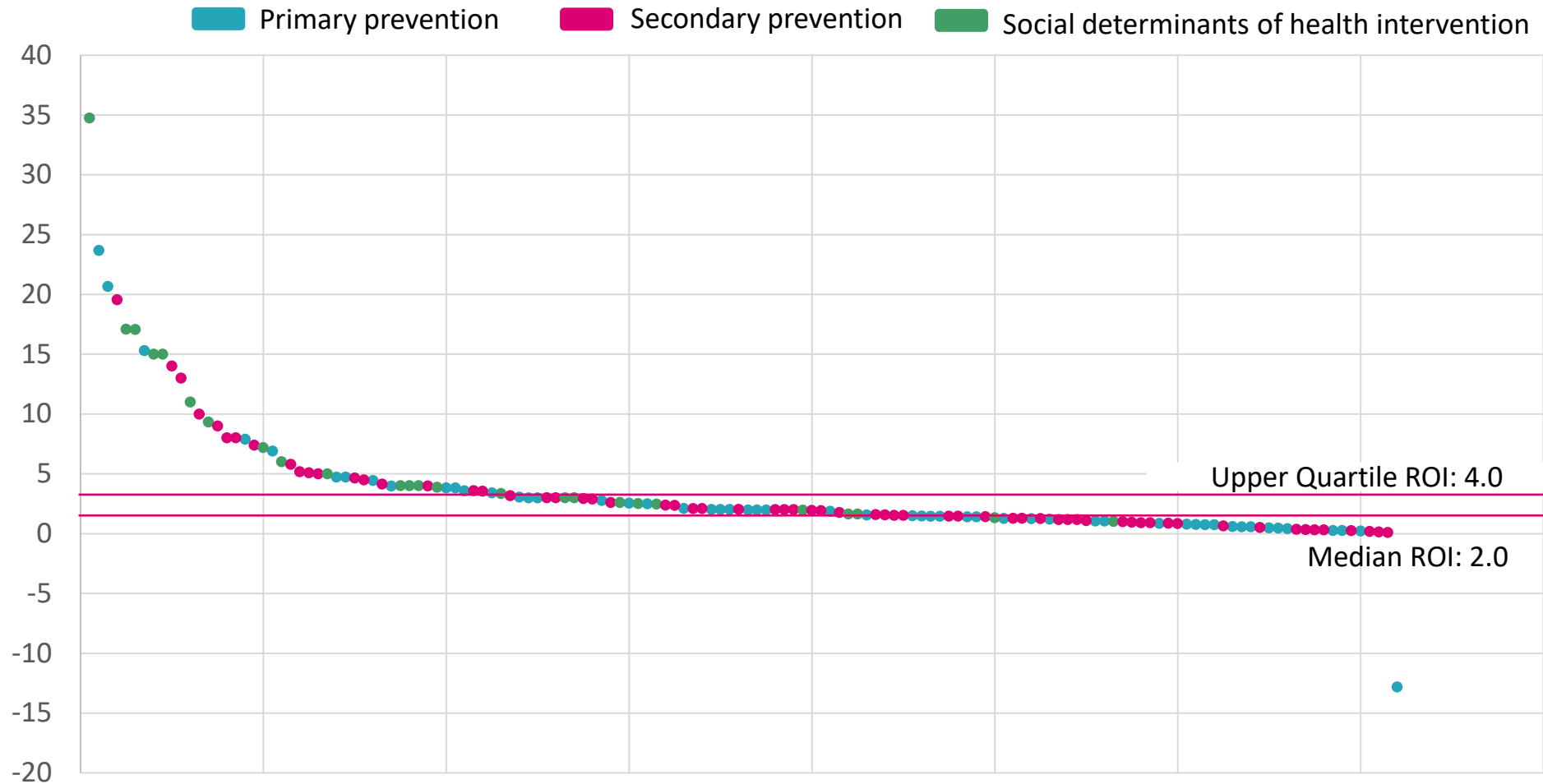
## NHS budget

The **NHS budget** for prevention spans 1ry and 2ry prevention:

- **Health inequalities funding** made available specifically for ICSs to tackle health inequalities
- **Section 7A** of the NHS Act 2006 that requires health and justice services to meet national targets and unique indicators
- **Other** funding embedded in NHS budgets

# Half of all interventions deliver less than 2x ROI with upper quartile being double this and some delivering more than 10x ROI

Return on investment for each intervention category



- **Social Determinants of Health** returned the **highest ROIs** with five intervention types (travel, Food Insecurity, Substance Abuse, Reducing Worklessness & Education) in the Top 10
- Interventions that comprised of **both behavioural and pharmacological** components returned the highest ROI
- Primary Interventions displayed the lowest return on investments, although all interventions returned a positive ROI
- One exercise intervention returned a negative ROI

There was a range of median ROIs across the 19 intervention categories from £1.00 to £6.60



	Median	Max
Housing	£2.50	£34.7
Reducing Worklessness	£4.00	£17.1
Education	£6.60	£15.0
Substance Abuse	£4.00	£9.30
Travel	£3.30	£4.00
Food Insecurity	£3.90	£3.90

	Median	Max
Exercise	£1.30	£23.7
Smoking Cessation	£1.70	£15.3
Vaccines	£4.00	£6.90
Diet	£2.00	£4.80
Alcohol Dependency	£3.50	£3.90
Obesity	£1.40	£2.00

	Median	Max
Serious Mental Illness	£2.50	£19.6
Diabetes	£1.10	£9.00
Early Years	£2.00	£8.00
Cardiovascular Disease	£1.50	£7.50
Sexual Health	£3.10	£4.70
Respiratory Conditions	£2.80	£3.60
Frailty	£1.00	£3.20

# The top 20 interventions achieve 7x to 35x ROI across range of settings

Local authority  
NHS

Rank	Category	Care Setting	Intervention	ROI
1	Housing	Homes	Adapting 100,000 homes where a serious fall is otherwise likely to occur	34.8
2	Exercise	Community	By training healthcare professionals, via clinical champions, to provide physical activity brief advice	23.7
3	Exercise	Community	Birmingham City Council's scheme to provide free leisure services to its residents.	20.7
4	SMI	Mental health	Suicide / self-harm prevention (restrict access to means, making transport safer & reduce harmful drinking)	19.6
5	Housing	Homes	Adapting 100,000 homes where residents are likely to require treatment due to the excess cold	17.1
6	Employment	Community	Tower Hamlets 'work it out' scheme (employment support, work experience, CV help, interview prep)*	17.1
7	Smoking	Primary Care	NHS Stop smoking service + Text-message (TMB) based interventions**	15.3
8	Education	Schools	Anti-bullying programmes*	15.0
9	Education	Schools	Smoking prevention in schools**	15.0
10	Diabetes	Primary Care	Digital behavioural counselling to promote a healthful diet and physical activity for CVD prevention in adults with prediabetes and CVD risk factors	15.0
11	Education	Schools	Contraception in schools*	11.0
12	Substance Abuse	Primary Care	GPs identify patients with repeat prescription for medicines liable to dependence, review effectiveness and patient need for prescription	9.3
13	CVD	Community	Tailored pharmacy interventions to improve medication adherence for CVD prevention and management*	7.5
14	Diabetes	Primary Care	Diabetes foot care clinical pathway (DFCCP)	7.4
15	Education	Schools	Additional 4 years of education	7.2
16	Exercise	Community	Glasgow Health Walks consisted of open walking groups that were delivered on a weekly basis and closed walking groups that met at frequent intervals	7.0
17	Vaccines	Primary Care	Global Plan with vaccines – modelling	6.7
18	Early Years	Community	The best start to life	6.7
19	Education	Community	Place2Be: counselling support services to children in school**	6.0
20	Diabetes	Primary Care	Face-to-face pharmacist consult with patients meeting the OPCS criteria	5.8

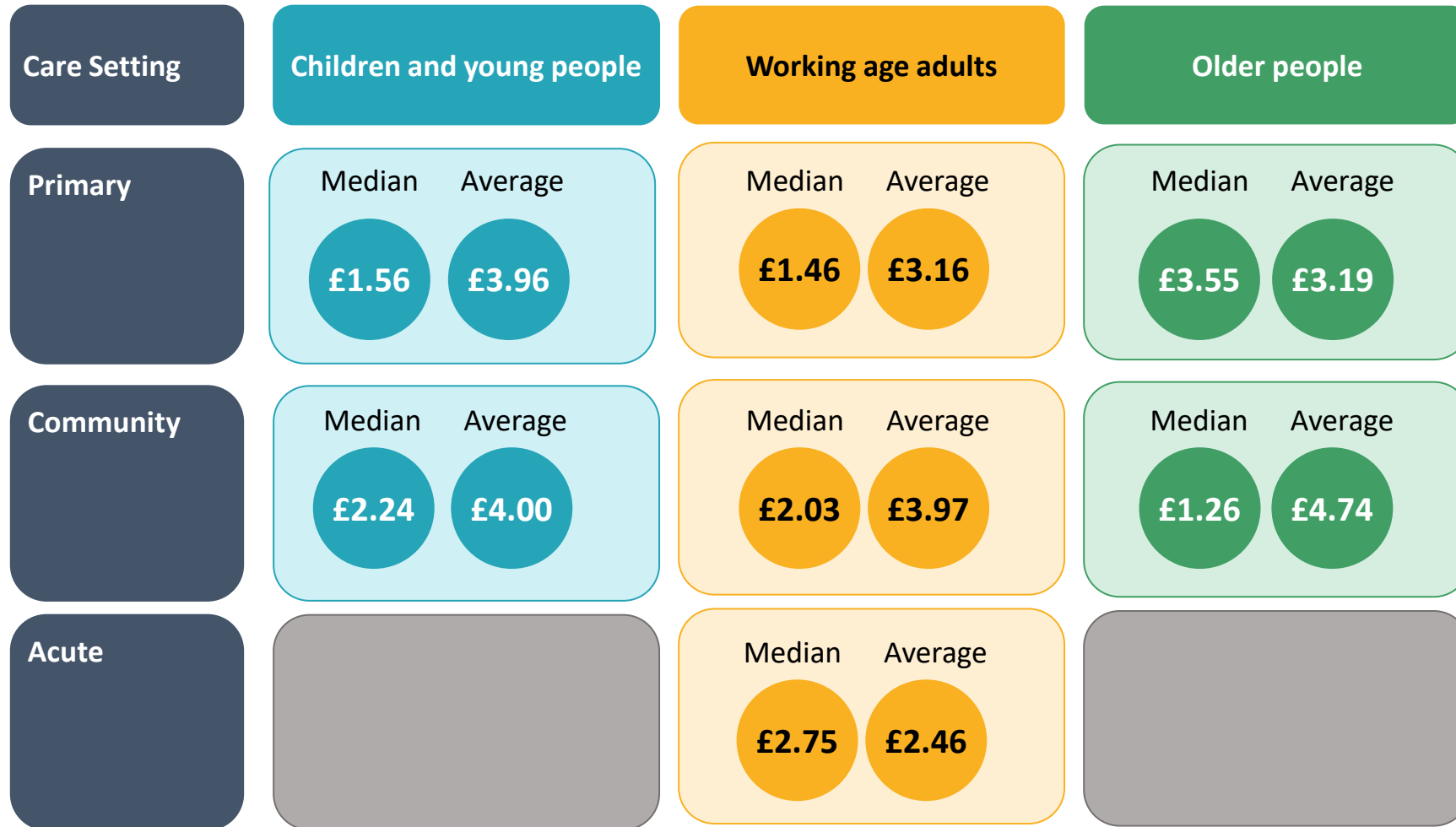
\*The timeline used to calculate the ROIs for these interventions were not provided

\*\*The ROI for these interventions are calculated over a lifetime horizon



# Taking the life course and setting analysis together, we found primary and community interventions had the most significant return on investment with no variance by age

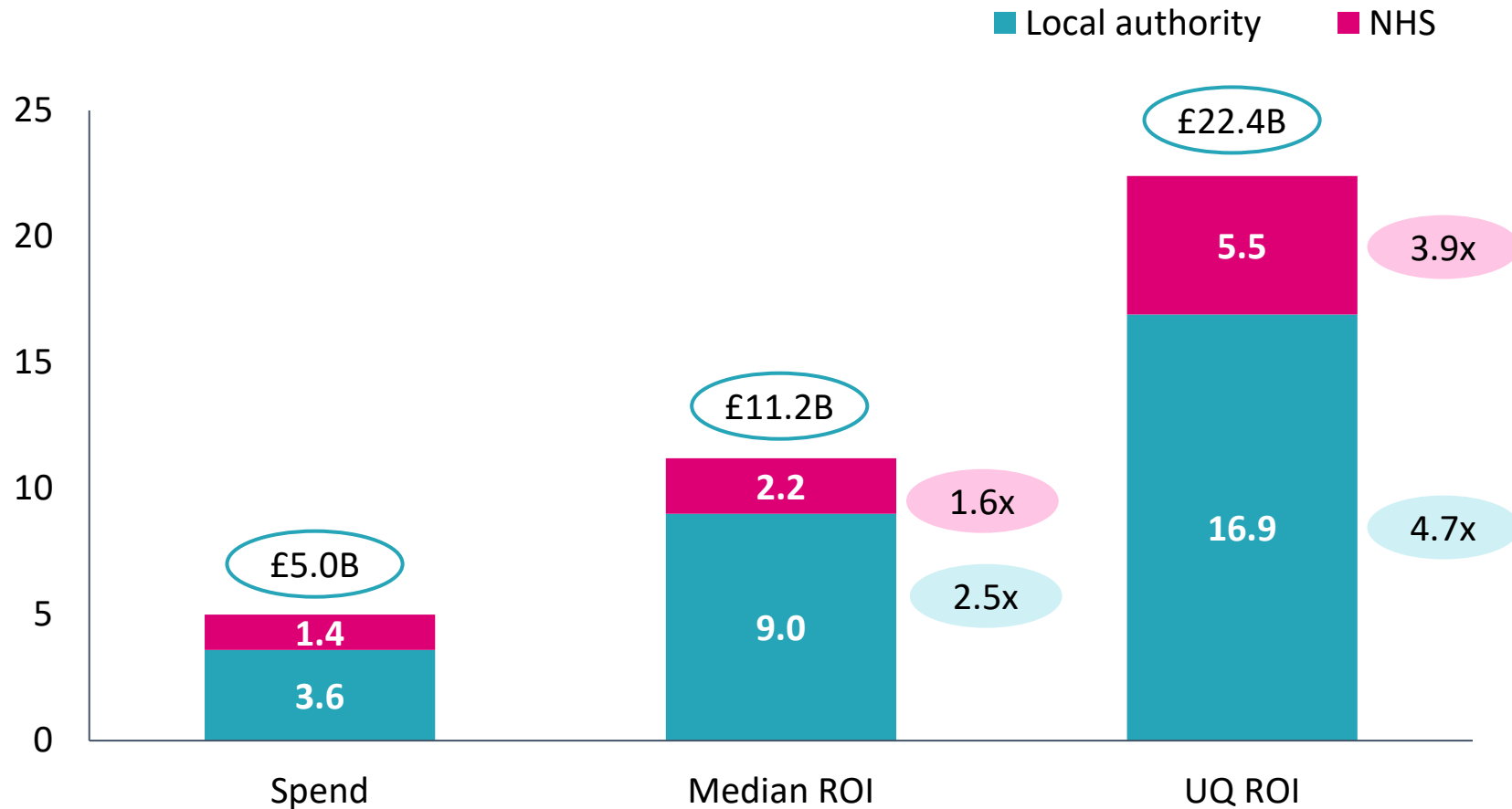
Median and average return on investment by life course and setting



# Combined NHS and Local authority could have an impact of £11bn if they achieved the upper quartile ROI rather than median value

Impact from investment in prevention, £billion

*NHS and Local authority opportunity targeting median and upper quartile return on investment*



- The local authority public health grant given nationally was **£3.6 billion** in 2024/25
- A total of **£1.4 billion** was allocated as the NHS budget, which is made up of the health inequalities funding and the budget for NHS Section 7A
  - **£200 million** was allocated as the NHS health inequalities funding for ICSs to specifically address health inequalities in their areas
  - **£1.2 billion** was allocated under the Section 7A of the NHS Act 2006 that requires health and justice services to meet national targets and unique indicators

# We need to look more closely at the economics of health and create more evidence



## What measures will be used?

- How will capture them using routinely collected data?
- How will this be fed back ?

**6. How are you going to measure and capture the ROI?**

## What is currently being done, and at what cost?

- What else have you considered doing?
- What evidence base do you have either in local impact or other evidence?

**5. How does this compare relative to other things you are doing?**

## What benefits are expected, and in what time frame?

- What is the financial benefit?
- What is the expected cost of delivery?

**4. What is the intended impact and ROI?**

**1. Who is the target group?**

## How are we defining the cohort to target?

- What are their characteristics in demographics and context: *age, gender, ethnicity, deprivation, inclusion/exclusion*

**2. What is the planned intervention?**

## What is the nature of the intervention?

- Is it a 1ry, 2ry prevention or SDOH?
- What is the trigger for intervention?
- What is the intended mechanism by which its done

**3. How will it be implemented**

## Who needs to be involved in its delivery?

- Where will it be delivered?
- What is the mode of delivery?

# Embedding the Value in Health series in practice

The Get Britain Working White Paper

The Devolution White Paper

Health and Wellbeing boards (HWBs)

Mayoral Combined Authorities (MCAs)

The anchors agenda

Integrated Care Partnerships (ICPs)

Place and neighbourhood working

Institutional (in)stability

WorkWell

Get Britain Working Plans

Long-term workforce plan

Health and growth accelerators

10-Year Plan for Health

Trailblazers

Public service reform

Connect to Work

Local government reorganisation

Local Growth Plans

National Industrial Strategy

Mission-based governance

Mayoral Strategic Authorities (MSAs)

Waiting beneath the iceberg are several developments that will affect the future of health and care services for decades to come.

Download the series:  
<https://www.nhs.uk/sconfed.org/topic/health-economic-partnerships/value-health>