
AN ECONOMIC CASE FOR PUBLIC HEALTH

SUMMARY REPORT**Purpose of the Report**

1. To inform Members and introduce the concepts of using evidence on cost effectiveness and return on investment to shape public health commissioning from 2013

Summary

2. "All professional activity involves making choices. This can be particularly challenging in protecting and promoting health and preventing disease since:
 - (a) the outcome is quality of life (or life itself);
 - (b) the resources are limited;
 - (c) the evidence base on outcomes and resources is seldom perfect."

(P. Brambleby and J. Appleby, Public Health Practice, 2011)

3. There is a growing demand for methods and evidence to support the case for investing in public health interventions by demonstrating the potential return on that investment. A range of tools are available to decision makers to assist with prioritisation including economic evaluations which deal with the relationships between costs and outcomes when choices have to be made between competing options.
4. Public Health in Darlington Borough Council after 1 April 2013 will be focused on making population level changes to improve health. The team will work with elected Members and Officers in applying a range of tools, e.g. health impact assessment, health needs assessment and economic appraisals to inform investment decisions.

Recommendations

5. It is recommended that Members of the Health and Partnership Scrutiny Committee note the contents of the paper and receive notification of a workshop in February 2013 to explore the concepts further.

M. E. Davidson, Director of Public Health

S17 Crime and Disorder	This report has no implications for Crime & Disorder.
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Emissions	This report has no implications for Carbon Emissions.
Diversity	There are no issues relating to Diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected Members contributing to the Healthy Darlington Theme Group.
Efficiency	There are no issues relating to Efficiency which this report needs to address.

MAIN REPORT

Information and Analysis

6. Measuring effective health improvement is a complex process. Health improvement strategies range from behaviour change, targeted at an individual level, to change at a community and national level. An example may be individual counselling on drinking alcohol at harmful levels, community based action to reduce alcohol promotions or events and national legislation on minimum unit pricing. A strength of moving a range of public health duties into the Local Authority from April 2013 is that successful community based interventions involves actively engaging and mobilising communities.
7. Public Health interventions should be based on the best available research evidence and on the findings in the Darlington Single Needs Assessment which takes into account population demographics, health and social care related data sets and data about the wider determinants of health and wellbeing. (*Single Needs Assessment for Darlington 2011/12*)
8. A specialist public health team will be supporting the public health function within the Council and bring the following skills to evaluating evidence and conducting cost benefit analysis:
 - (a) analysis of health related data sets;
 - (b) health equity audits;
 - (c) health needs assessments;
 - (d) health impact assessments;
 - (e) public health recommendations on commissioning for vulnerable and target populations;
 - (f) critical appraisal of evidence;
 - (g) advice on prioritisation processes;
 - (h) advice on quality indicators.
9. The Improvement and Development Agency conducted a review in 2009 of the relevant evidence available to local authority decision-makers to assess the value of health improvement work. It identified three types of benefits:
 - (a) the health benefits in the population at large which can be produced by local authority interventions;
 - (b) the efficiency savings which local authorities and their partners make, either by reducing the costs of current activity or by preventing costs increasing in the future;
 - (c) the further impacts of improved health, including the potential for improved outcomes in education, employment and stronger communities. (*Valuing Health: developing a business case for health Improvement. IDEA, 2009*).
10. The review noted that local authorities may not realise efficiency savings because of the following factors:
 - (a) evidence based effective preventive interventions may not be available locally;

- (b) the benefits gained from the interventions may not be realised for a long time, many years, limiting their relevance to the current Medium Term Financial Plan;
 - (c) local authorities may bear more of the costs of preventive interventions or programmes than other public sector partners;
 - (d) health treatment costs are largely NHS costs however there is huge potential in health and local authority working together (the integration agenda) e.g. on older peoples' health and supporting independence.
11. The National Institute for Health and Clinical Excellence (NICE) carried out a project to develop potential methods for determining the returns on investment from public health interventions. NICE found that multiple sources of data and tools are used to help determine priorities e.g.:
- (a) programme budgeting marginal analysis;
 - (b) multi-criteria decision analysis;
 - (c) Help England Local Prioritisation tool;
 - (d) score cards;
 - (e) historical approach.
12. The review mapped which criteria provided the most useful basis for making a decision on public health investment. The following criteria were ranked among the most useful:
- (a) effectiveness;
 - (b) cost effectiveness;
 - (c) health inequalities;
 - (d) burden of disease;
 - (e) affordability.
13. Public Health in Darlington Borough Council after 1 April 2013 will be focused on making population level changes to improve health. The team will work with elected members and officers in applying a range of tools, e.g. health impact assessment, health needs assessment and economic appraisals to inform investment decisions.