Policy Briefing

Preventative spend

Public Services and Governance

While there is a current emphasis on shifting spend on public services towards prevention, it is increasingly being noted that progress is slow and challenging. This policy briefing looks at:

Why is there such as gap between our expectations for prevention policy and the actual result?

Rather than providing a "how-to" guide on preventative spend and specific policies, if offers evidence on the common reasons why initiatives do not gain traction and offers a range of possible solutions.

Key points

- Preventative spend is seen as a key way for governments to use their resources more efficiently and effectively
- While a lot of emphasis is placed on it as a policy approach, there has been limited success in implementation
- The concept of preventative spend can be vague and used imprecisely which makes implementation more difficult
- Shifting resources toward prevention requires difficult political choices that may impact negatively on existing services
- The evidence base for preventative spend is patchy, and even "gold standard" evidence-based policies may not be replicable in different contexts
- While preventative spend tends to focus on human services, there is also evidence that, as an approach, it is applicable in a wider range of public service areas.

What is prevention policy?

Prevention policy refers broadly to government actions to intervene early in people's lives, to reduce their need for acute and reactive services. Prevention can take many forms, across a notional spectrum, from the preemption of issues appearing in the first place, to efforts aimed at preventing further harm from occurring. Primary prevention aims to stop problems from emerging. Seat-belt laws and population-wide vaccination campaigns, are common examples of primary prevention policy.

Secondary prevention refers to early interventions aimed at stopping problems getting worse. Breast cancer screening protocols fall into this category. Lastly, tertiary prevention, such as chronic disease management for individuals living with diabetes or arthritis, aims to soften the impact of problems with long-term consequences that have already emerged.

In the UK, prevention policy has become a widely supported solution to the three major crises of British politics:

- That current services focused on crisis-management (e.g. large acute hospitals) are unaffordable and financially unsustainable;
- Prevention can be a way to reduce major inequalities within society by addressing the 'root causes' of social problems, such as poverty, social exclusion, and poor accommodation.
- Prevention can be a solution to a governance crisis in that it can develop 'holistic' government that encourages a common aim for departments, public bodies and stakeholders; fostering the capacity of local communities by focusing on their 'assets' and encouraging them to 'co-produce' their services.

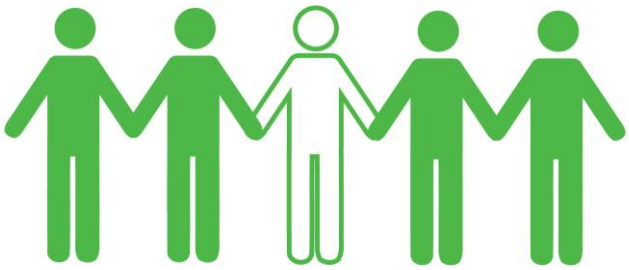
Because of this, prevention policy is widely supported across the political spectrum.

The challenge of delivering prevention policy

Policies can be a vague idiom: prevention is better than cure. When its definition is so broad, policymakers can redefine most of their existing tasks as preventative

The scale of the task is overwhelming: The approach involves complicated policy aims and fundamental public service reform and the full effects of interventions may still take place over a generation.

There is competition for resources such as attention and money. Prevention is a broad, long term, low key aspiration which suffers in competition with highly salient short term problems that policymakers feel they have to solve first. Prevention projects are long term investments with only a promise of spending reductions in the future.



Prevention involves redistribution: Prevention may generate consensus when designed on a blank sheet of paper, but not when mapped onto an existing public service there can be profound choices about the reduction of current services for one generation to benefit the next. As a result, investment tends to be in small steps.

The benefits are difficult to measure: Policy interventions are favoured if their effects can be easily understood – such as in relation to the impact per pound spent in a financial year. In prevention, it is difficult to measure the short term impact of an intervention or demonstrate clearly that it caused

Performance management is not conducive to prevention: Performance management systems for public sector managers encourage them to focus on short term and measurable targets within their own service more than their shared aims with public service partners or the wellbeing of their local populations.

Problems are 'wicked': Getting to the 'root causes' of problems is not straightforward. Policymakers are often faced with no clear sense of the cause of problems and effect of solutions.

The evidence of success is patchy and contested: Public services may want to learn from the success of particular programmes only to find a surprisingly small amount of reliable information. Further, they have to make a choice about the kinds of information they will accept, from the randomised control trials favoured by health scientists to the practice based evidence (from professional experience and service user-based feedback) favoured by several other professions.

One strand of prevention may undermine the other: For example, we could still identify a tension between prevention aims. The 'localism' agenda raises new issues about how to turn evidence of 'best practice' into 'scaled up' activity. Central governments want to encourage other services to learn from each other's successes in reducing inequalities or costs, but also recognise the need to adapt programmes to local circumstances. Can they simultaneously pursue a prevention strategy strongly but also services and leaders the freedom to adopt their own preferred interventions

Potential solutions

A central database of success for local authorities and their partners. The most straightforward solution is to develop the resources to support policy innovation and emulation. Local 'ownership', and a need to adapt policies to local circumstances, are important. However, public services do not need to reinvent the wheel. To demonstrate that a programme works, it should be backed by a large amount of evidence in a form that policymakers can understand.

The Public Services and Governance research group and School of Social Sciences at the University of Stirling provide one source for this evidence in our *Policy Briefings* series and the expertise of research staff.

Other sources are the Early Intervention Foundation - which maintains databases of well-evidenced programmes.

Learning from attempts to provide financial incentives: initiatives that provide payment by results may offer examples of good practice. These might pay an organisation for delivering result or transfer money to from one public service to another if they can prove they have saved money.

Make a convincing political case for prevention. Advocates of prevention policies should recognise that politicians will support the policy in principle but will not pursue a strategy that cannot be defended well in an election manifesto. They need to identify what the 'currency' is in government to learn how to make a good argument for a good programme, particularly during a period of 'austerity' in which local authorities must find cost savings quickly. For example, many programmes are now sold as a way to generate a return: every pound spent on this programme will save ten. Yet, they struggle to prove if and when the savings will take place, and policymakers will be sceptical of the ability of a programme to help them, say, close an entire hospital wing, prison, or local authority department. A better argument is made in terms of value for money and with reference to 'opportunity cost': what greater benefit does this programme provide than the benefit from spending elsewhere? The alternative is to justify a programme in terms of key government principles – for example, a project that encourages meaningful service user involvement – and, therefore, as the 'right thing to do'.

Example of preventative policy – Family Nurse Partnership

The Family Nurse Partnership (FNP) is the frequently referenced when describing early intervention, and it receives a four rating by the Early Intervention Foundation. The FNP is an evidence-based targeted programme aimed at improving the health and life opportunities of first time teenage mothers and their children.

The programme was introduced in the England in 2006, and in Scotland in 2010. The programme's perceived strong evidence base, which has featured extensive use of randomised controlled trials to measure impact, has been significant in building support for its uptake, expansion, and continued funding.

One of the challenges in the UK has been on the findings of the evaluation. The measured benefits of the FNP have not been as clear as in other RCTs. This has highlighted:

- The challenges around understanding the evidence for early intervention;
- And resource allocation, especially compared to mainstream midwifery and health visiting services.

See http://fnp.nhs.uk/randomised-control-trial

Example of preventative policy – environmental services

There is good evidence that preventative spend can work in other areas, but it faces the same challenges. Research by the University of Glasgow and Heriot-Watt University demonstrated this in terms of environmental services – street cleaning for example.

This showed that strategically allocating extra cleaning resources to more deprived neighbourhoods saved money as local services providers had to provide less "reactive" services, such as responding to fly-tipping incidents.

However, research by the University of Stirling and University of Glasgow suggests a key challenge to delivering this is the "sharp-elbowed" middle classes. These are people who demand a certain level of service delivery and outcomes in terms of local environmental quality.

Further, they also have: skills in terms of knowledge and confidence; social networks with people who have influence; they are also more likely to join groups like Parish or Community Councils. This makes shifting to a preventative approach politically challenging.

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See also: http://bit.ly/cairneyprevent1 and http://bit.ly/cairneyprevent2 for more information