# The Role of the NHS in Prevention: A view from 2024

## Discussion paper

### About this discussion paper

In 2018, the Faculty of Public Health (FPH) received a grant from the Health Foundation to undertake a policy development and research project examining the role of the NHS in ill health prevention. The project finished in 2019.

A discussion paper[1] published by the FPH in 2019 presented the key themes that had emerged from the project. It also identified further ideas to explore, issues to resolve, and steps to take to achieve the project's objectives.

Given the significant changes that have occurred within the NHS and wider society since 2019, the supplementary paper presented below has been developed to build upon the original discussion paper. The aim is to review the themes identified in 2019 in relation to the role of the NHS in prevention, within the context of today's healthcare system and wider society.

Whilst the FPH membership includes all four devolved nations within the United Kingdom, the NHS exists within England, Scotland and Wales. In Northern Ireland, publicly funded healthcare is delivered by the Health and Social Care system. This paper explores prevention within the NHS, and therefore is directly applicable to England, Scotland and Wales. However, many of the principles and suggestions presented may also have relevance to the Health and Social Care system within Northern Ireland.

The paper deliberately does not try to provide definitive solutions to the complex challenges that it identifies. Instead, it aims to stimulate discussion and to develop our understanding of prevention in the NHS. Our hope is that this will move the conversation about prevention forward in a way that is helpful to those working within public health and within the NHS.

## Audience

This paper is aimed at:

- FPH members and other public health professionals working within or in partnership with the NHS
- NHS staff, especially those with an interest in prevention
- Regional and national teams within NHS England, NHS Scotland and NHS Wales
- Policymakers within local and national government
- Leaders and policymakers within NHS Trusts, Integrated Care Boards and primary care organisations
- Organisations representing the NHS, such as the NHS Confederation and NHS Providers

## What evidence informs this paper?

Sources of evidence for the 2019 discussion paper included a rapid evidence review,[2] policy workshops, opinion polling of NHS leaders,[3] a survey of FPH members, feedback from the project's first discussion paper,[4] a focus group with the FPH's Primary Care & Public Health Special Interest Group and views from the FPH Health Services Committee. Details of the sources of evidence that informed the 2019 discussion paper can found here.

To develop the supplementary paper in 2024, two additional sources of evidence were sought:

### 1. Feedback from public health professionals

A request for feedback was sent to a wide range of public health professionals, including those with close links to the NHS. Feedback was requested on achievements within the NHS in the last five years in relation to prevention, on the prevention priorities that had been identified in 2019, on facilitating factors and barriers for prevention in the NHS and on the roles of the NHS in prevention. Feedback was sought from the following groups:

- FPH Special Interest Groups with relevance to the NHS and prevention
- FPH Committees with relevance to the NHS and prevention
- FPH Specialty Registrars Committee
- NHS Provider Public Health Network
- Public Health in the NHS Professional Network
- NHS England Public Health Practitioner Forum

The request for feedback was also forwarded beyond the above groups. Over 45 responses were received, many of which were provided on behalf of a wider group.

### 2. A rapid scoping review of literature

A search of academic and grey literature was undertaken to identify articles, reports, discussion papers and other output published from 2019 onwards, with relevance to the role of the NHS in prevention. In addition, those who provided feedback were asked to suggest

any additional articles, reports or papers that were relevant. In total, approximately 150 articles, reports and papers were identified.

Themes from both the feedback and the literature review informed the development of this supplementary paper.

# Introduction

## What do we mean by 'prevention' within the NHS?

Within an NHS context, 'prevention' refers to actions taken by NHS organisations that will directly or indirectly contribute to prevention of ill health and/or premature mortality within the population. Prevention actions should occur at all levels within the NHS: from preventing a health problem or condition from developing in the first place, to early detection of disease to facilitate early intervention and treatment, and to actions taken to minimise adverse consequences from an existing health problem.[5] Prevention of ill health benefits individuals of all ages, through improved quality of life and/or increased life expectancy. Prevention of ill health is also crucial to alleviating the long-term economic burden on the NHS associated with treating late-presenting, complicated diseases. Arguably, the greatest opportunity for prevention of ill health and premature mortality, and for return on investment, lies with more 'upstream' prevention actions at policy or population level, but all are important.

Whilst the NHS plays an important role in helping prevent ill health and/or premature mortality, it does not do so alone. Across all levels of prevention, NHS organisations can and should work in partnership with other sectors to deliver evidence-based prevention activities. The principle of detecting problems early and facilitating early intervention to reduce impact, improve outcomes and reduce costs in the future applies not just to healthcare, but to other sectors too, such as social care and education. Given the substantial influence of wider determinants on health, there is likely to be mutual benefit across sectors from applying a principle of prevention.

As we seek to further embed prevention within the NHS, it is important that reduction of health inequalities and an increase in equity of access, experience and outcomes are placed at the centre of efforts to deliver prevention. Unfortunately, without careful planning and delivery, many prevention interventions can widen health inequalities, as uptake often tends to be lowest amongst those who already face poorer health outcomes and greater challenges in accessing healthcare. NHS prevention activities should therefore be tailored to proportionately target those in greatest need, alongside universal population prevention efforts, to ensure that existing health inequalities are not simply widened further. This message was highlighted recently by the four Chief Medical Officers of the UK, who emphasized the growing need to extend secondary prevention efforts to groups with historically low uptake.[6]

## What would an NHS that prioritised prevention look like?

In the 2019 paper,[1] it was reported that the team routinely heard from those working within or in partnership with NHS organisations that, while the NHS is playing an important role in delivering prevention, the NHS at national and local level is grappling with a vision for a future NHS that is even more health-promoting and balanced far more in favour of prevention than it currently is.

In 2024, it seems again a timely moment to be considering NHS prevention activity. Within the last five years, there has been an increasing focus on prevention. In 2019, a green paper on prevention in the 2020s was presented to the UK parliament.[7] In 2020, Public Health Scotland was established, which is an NHS board with prevention and early intervention at the heart of its vision.[5] In 2022, the new Health and Care Act set a 'Triple Aim' for NHS

organisations of striving for better health and wellbeing for everyone and sustainable use of NHS resources, as well as better care for all patients. In 2023, the Association of Directors of Public Health published recommendations for how the NHS should deliver prevention in England,[8] and Public Health Scotland published guidance on the role of NHS Scotland in a public health approach to prevention.[5] In 2024, the Department of Health and Social Care produced a report presenting a vision for a national, personalised, prevention service that makes prevention 'everyone's business'.[9] Also in 2024, work is being undertaken by Public Health Wales to produce a 'Prevention-Based Health and Care Framework', which will advocate for the key components needed to embed prevention in the NHS.[10]

In 2024, the Government-commissioned Independent Investigation of the NHS in England, led by Lord Darzi, outlined in stark detail the challenges currently facing the NHS.[11] In response, the UK Government has promised to publish a new, ten-year plan for the NHS in England, in which there will be three major shifts – one of which is a shift towards prevention. The King's Fund organisation identifies reorientating the NHS to focus on prevention as one of seven areas for action for this new ten-year plan, as part of a mission to tackle health inequalities and the worst health outcomes.[12] In addition, work recently undertaken by the NHS Confederation has highlighted the role of Integrated Care Systems in 'unlocking' prevention within the NHS and has identified barriers that will need to be overcome to do so[13] – many of which align with the barriers presented in this paper.

Prevention is also considered important by NHS staff, patients and partners, as reported by the 2023 'NHS @75' engagement project, undertaken by the NHS Assembly.[14] Amongst the NHS patients, staff and partners who took part, there was a consensus for a need to focus more on preventing ill health, by shifting funding to evidence-based interventions for prevention, by working more effectively in partnership to target those at greatest risk of ill health and by advocating for action to tackle wider determinants of health.

It seems widely accepted that the NHS must further shift its focus to prevention, to a greater extent than previously. As public health professionals, it is our duty to support the NHS to achieve this shift. With the Government's ten-year plan for the NHS in England due for publication in 2025, the public health community has an opportunity to make our case for what prevention-led public services look like, reaching far beyond the NHS and into our communities.

This is also a timely moment for the FPH to reflect upon the role that public health professionals can play in supporting the NHS to embed prevention. This year, the FPH published its 'Vision for the Public's Health', in which prevention is a central theme within its four priorities and fifty evidence-based recommendations.[15] The vision calls for bold action, led by the UK Government, the devolved administrations, the NHS and local government, to invest in good public health that will make a profound and rapid difference to our society.

The FPH and the wider public health community have an important role to play in supporting and facilitating cross-partnership working between government, the NHS and local organisations, to ensure that prevention can be embedded within the NHS at all levels. With a curriculum review due in 2025, it is important that the FPH also considers what more it can do as an organisation to ensure the public health workforce of the future has the analytical and influencing skills it needs to deliver prevention aspirations within the NHS.

In this supplementary paper, we firstly consider what has been achieved by the NHS in the last five years in relation to prevention. We then consider the priorities for prevention identified in 2019 and how these may have evolved. We discuss public health professionals'

perceptions of facilitating factors and barriers to embedding prevention within the NHS. We reflect upon the prevention roles for the NHS identified in 2019 and consider their relevance today. Finally, we consider how the FPH can support prevention within the NHS. It is our hope that this supplementary paper will lead to lots of additional conversations with our members, partner organisations, and with those interested in helping the NHS become more prevention-led.

Please do offer your thoughts via email to policy@fph.org.uk. Thank you in advance for reading, and we look forward to hearing from you soon.

# 1. Achievements over the past five years

To facilitate meaningful discussion about the future role of the NHS in prevention, it is helpful to reflect on progress made since publication of the 2019 FPH discussion paper.[1]

## Organisational structure

Within England, there have been structural changes to national and local healthcare systems, which were intended to encourage a whole system approach to prevention. For example, in England in 2022, all Integrated Care Systems were put on a statutory footing, reflecting a shift to a whole system approach to health and social care, and helping to increase the focus on prevention of ill health within local populations. The 2023 Hewitt review of Integrated Care Systems advocates for even greater investment and focus on prevention.[16]

In Wales, the creation of the NHS Wales Executive in 2023, bringing together four departments (Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative) includes improvements in population health as part of its purpose and reflects greater collaboration between different areas and sectors.

## Visibility of prevention within national strategies and plans

Over the last five years, prevention has become more visible within national strategies and plans that relate to the NHS. The UK Government's 2022 plan for health and social care ('Build Back Better: Our plan for health and social care')[17] focused on prevention as a key theme. In 2023, the Health and Social Care Select Committee in the UK Parliament began an inquiry into prevention in health and social care. While its work was interrupted by the election, and it is unclear whether it will be completed, the initial reports made important conclusions.[18]

The 2019 NHS Long Term Plan set out a ten-year plan for improving and reforming the NHS, which included actions for the NHS on prevention and reducing health inequalities.[19] A new ten-year plan for the NHS in England is expected to be published by the Government in 2025.

In England, the interim Department of Health and Social Care Major Conditions Strategy, published in 2023, highlighted the importance of tackling the principal lifestyle drivers of ill health and disease, such as obesity and smoking, and advocated for a greater focus on primary prevention.[20] Of note, this work is currently paused. Within Scotland, a 2023 report by Public Health Scotland outlined the role of NHS Scotland within the public health approach to prevention.[5] Within Wales, Public Health Wales is developing a 'Prevention-based health and care framework' for NHS Wales.[10]

## NHS organisations as anchor institutions

As anchor institutions, NHS organisations play an important role in employment, sustainability, procurement, health and housing, estates and land use.[21] This role has been increasingly recognised over recent years, as, through their anchor institution role, NHS organisations can significantly influence wider determinants of health for their local populations, economy and environment.

Through sustainability commitments, NHS organisations can help prevent ill health by helping to mitigate climate change and associated adverse health effects. In 2020, NHS England pledged to reach net zero by 2040 for carbon emissions over which it has direct control. The Greener NHS 'Delivering a Net Zero NHS' plan, which is now issued as statutory guidance, focuses on work in a variety of areas, including models of care, workforce, medicines, estates and facilities, travel and transport, supply chain, and food and nutrition.[22]

## Delivery of prevention activities within frontline NHS practice

Specific initiatives have been developed to embed prevention within routine clinical practice. Examples include the 'Making Every Contact Count (MECC)' approach and efforts to integrate smoking cessation into all clinical pathways. The Covid-19 pandemic provided an opportunity to raise awareness amongst both the public and amongst healthcare staff of the importance of basic infection control measures to prevent the spread of infectious disease, such as hand hygiene, enhanced cleaning and use of personal protective equipment.

There are also many examples of specific prevention programmes that have been launched over the past five years. Examples include, but are not limited to, the All Wales Diabetes Prevention Programme, the NHS Wales Stop a Stroke Programme, the NHS England Tobacco Dependence Programme and the Public Health Wales Designed to Smile programme. Work has progressed to address common risk factors such as smoking and alcohol use, for example improvements made to inpatient smoking cessation pathways and to smoke-free pregnancy pathways, and the launch of Alcohol Care Teams within secondary care.

## Screening and immunisation

Within England, the new Lung Health Check Programme was launched in 2019 and is being gradually expanded across England. However, it is important to acknowledge the disruption to screening programmes caused by the Covid-19 pandemic, which led to a reduction in uptake and a creation of backlogs.

The NHS immunisation programme now includes the Covid-19 vaccination, which is offered to at-risk groups within the population. This programme was able to be rolled out rapidly by the NHS, in response to the pandemic. The rollout of the Covid-19 vaccination provided opportunities to learn about optimising vaccination uptake and addressing inequalities in uptake. However, the Covid-19 pandemic led to a decline in uptake of routine vaccinations, particularly childhood vaccinations, from which recovery is still taking place.

## Awareness of health inequalities

The Covid-19 pandemic shone a stark spotlight on health inequalities, raising awareness of the urgent need to address these and leading to changes in national policy. For example, in 2021, a requirement was introduced for Integrated Care Systems and NHS Trust Boards to appoint a board level executive lead for health inequalities,[23] to increase NHS organisations' accountability and oversight of activity to reduce health inequalities. In 2022, NHS England published a practical guide for NHS systems on how to tackle inequalities in healthcare access, experience, and outcomes.[24] In 2023, an annual NHS health inequalities statement process was introduced by NHS England,[25] which aimed to help Integrated Care Boards and NHS Trusts better understand their duties, powers and accountability measures for addressing inequalities in health access, experience and outcomes amongst their populations.

There are also examples of work being undertaken to target interventions at specific groups of the population who may face greater barriers in accessing healthcare. Examples include the NHS England Core20PLUS5 initiative, the framework for action on inclusion health launched by NHS England in 2023,[26] and NHS programmes that target specific groups, e.g. the NHS Homeless Health Services or the Learning Disabilities Health Check Scheme.

Nevertheless, as the recent 'Health Equity in England: The Marmot Review 10 Years On' report[27] has shown, health inequalities have deepened further over recent years, leaving much work still to be done, by both the NHS and by wider partners. In addition, although awareness of health inequalities may be greater post-pandemic, the ability to embed learning within NHS practice has likely been hampered by the understandable focus on recovery.

## Digital progress

There has been a rapid increase in the availability of digital tools through the NHS to support prevention. Within primary care, examples include digital tools to support weight loss and smoking cessation. Within secondary care, there are examples of digital tools being used to support care planning, such as pre/post-operative risk factor optimisation. Digital enablers have been fundamental to supporting screening and vaccination programmes, although there is work to be done to leverage these fully.

There remains huge opportunity to further expand the use of digital technology and artificial intelligence to support NHS prevention activities,[28] although such expansion must be based upon evidence of clinical and cost-effectiveness where possible. In his report, Lord Darzi advocates for the NHS to make much greater use of the opportunities presented by digital technology.[11]

# 2. Prevention priorities for the NHS

In 2019, the NHS Long Term Plan for England explicitly situated prevention at the heart of NHS business and recognised for the first time in recent years that the NHS has a responsibility for reducing health inequalities.[19] The 2019 FPH discussion paper[1] described the process undertaken to explore NHS and public health professionals' opinions on prevention priorities for the NHS in 2019. In total, nine prevention priorities were identified in 2019. Full details of the process and findings are available in the 2019 discussion paper.[1]

During the 2024 FPH consultation, public health professionals, including those working within the NHS, were asked for their feedback on the relevance of the 2019 FPH priorities for prevention in the NHS as we move into 2025, and were asked to suggest any additional priorities.

## Reflections from the 2024 consultation on the 2019 FPH prevention priorities for the NHS

There was broad agreement that the priorities identified in 2019 remain important and relevant today, albeit with amendments.

Although smoking and alcohol remain significant drivers of ill health and mortality, it is important that the priority to address common risk factors also adequately incorporates other important risk factors. These include gambling, physical inactivity, poor diet (including the role of ultra-processed foods) and drug misuse (including consideration of harm reduction approaches where appropriate).

Whilst delivery of universal prevention programmes such as screening and immunisation remains an essential prevention activity, there should be a greater focus on increasing uptake in groups whose uptake and/or health outcomes tend to be poorer.

Embedding primary and secondary prevention into clinical and/or patient pathways remains important, but it is essential to ensure that these prevention activities are evidence-based and cost-effective, and that potential harms are considered. Focus tends to be on physical health, and so greater effort needs to be taken to embed prevention within mental health and dental care pathways as well. Initiatives taken to embed prevention into routine practice (e.g. 'Making Every Contact Count') tend to focus predominantly on individual behaviours. We need to be clear that prevention is much broader than individual behaviour and requires structural change as well.

The 2019 priorities include targeting specific populations. When delivering targeted prevention activities, clarity should be provided on which groups are being targeted, the reason(s) for this and how this will be achieved. The 2024 consultation highlighted the importance of prioritising inclusion health groups and of 'poverty proofing' the NHS to optimise access to healthcare for the poorest in our society. Given the recent rise in the number of children living in poverty, it is particularly important to focus on improving the health of children living in poverty, including physical health, mental health and dental health. When considering the priority of reducing health inequalities, it is important to be specific about what we mean. For example, we should specify the magnitude of the inequalities, the scale of ambition, the groups affected and the nature of the inequalities.

In 2019, it was reported that NHS leaders overwhelmingly thought that the NHS should be prioritising a systems approach to prevention over other approaches. Public health professionals in 2024 reflected that it is important to acknowledge the boundaries of the role of the NHS in a whole system approach. Rather than having a responsibility to 'deliver' a systems approach to prevention, the role of the NHS should be to 'contribute' to a whole system approach, working in collaboration with other partners. In addition, the NHS can play a wider role in the system through advocacy for prevention at local, regional and national levels.

As an employer, the NHS needs to prioritise being 'good, fair and equitable', rather than just 'good'. The NHS should continue to focus on its role in mediating the relationship between work and health, by promoting health and wellbeing of its staff, and creating employment pathways for specific groups, such as those with disabilities and long-term conditions. Being a 'good' employer also means providing high quality training for the workforce, including on prevention and behaviour change.

Addressing the wider determinants of health remains an important role for the NHS. At individual level, the NHS needs to shift from being seen as an 'ill health treatment service' towards proactively treating the whole person, seeking to address both clinical and non-clinical (wider) determinants of health. It is not necessarily the role of NHS clinicians to directly address wider factors affecting an individual's health, but clinicians can play a vital role in acknowledging these wider factors and utilising local partnerships to signpost an individual to agencies who may be best placed to help. A good example of this is the role of social prescribers within primary care.

At societal level, we need to be pragmatic about the role of the NHS in prevention. It may be most sensible for the NHS to first focus predominantly on the aspects of prevention over which it has direct influence. Examples of these include (but are not limited to) screening, immunisation, smoking cessation, alcohol care and staff wellbeing. However, NHS organisations can still help to drive improvements in wider determinants that affect health, but which are outside the direct remit of the NHS, by working in partnership with other sectors and advocating for change. The roles of NHS organisations as anchor institutions within their local communities provide opportunities to create healthier communities, for example through inclusive employments, using assets for co-location, ensuring sustainability of services and providing opportunities for young people such as mentoring, work experience and apprenticeships.

## New priorities identified in 2024

Three additional priorities for prevention have been identified. They are:

- Harnessing opportunity for utilising digital tools and artificial intelligence
- Climate change – mitigation and adaptation
- Preventing and responding to outbreaks of infectious disease

### Harnessing opportunity for utilising digital tools and artificial intelligence

Digital technology and artificial intelligence offer new, innovative solutions to providing healthcare, including prevention activity. Examples include personalised prevention (including genomic sequencing), risk factor stratification within primary care and the use of

apps to support behaviour change. In his recent report, Lord Darzi advocates for the need to expand use of digital technology, particularly to primary and community services, and highlights the potential for artificial intelligence to transform care.[11] However, measures must be taken to ensure that advances in the use of digital technology and artificial intelligence do not widen health inequalities, for example due to digital exclusion of some groups.

## Climate change – mitigation and adaptation

Mitigation against climate change and adaptation to existing and predicted climate change are important aspects of prevention of ill health, and the NHS has an essential role to play here.

The impacts of climate change on human health are extensive and unequal. Examples include adverse effects on health associated with extreme weather events such as flooding and heatwaves, deterioration in air quality, altered supply of food and water, and increasing risk of new and emerging infectious diseases. Impacts on human health are already being witnessed, and mitigation is essential to reduce morbidity and mortality. The NHS must take significant action to reduce its own carbon emissions and those it directly influences, in its path to Net Zero, for example via action on estates and facilities, travel and transport, and by developing more efficient models of care. As anchor institutions, NHS organisations can work with partners to influence sustainable practices amongst providers, the public and other stakeholders. Many of the drivers of climate change are also the drivers of ill health. As well as contributing to prevention of disease via mitigation of climate change, many actions taken to reduce carbon emissions can also have direct co-benefits for health, for example improved health associated with reduced air pollution.

It is equally important that the NHS continues to develop adaptation strategies to minimise or prevent adverse effects of climate change on health. The NHS can also be an advocate for consideration of health within adaptation strategies in other sectors, for example planning, housing and transport.

Prevention of disease or disease progression can itself lead to reduced carbon emissions through reduced requirements for healthcare service input. Preventative medicine is a core component of the NHS path to Net Zero. However, this area has so far been under-prioritised in Greener NHS's work to date. There is limited evidence on which preventative interventions (from vaccinations to statins to prevent cardiovascular disease) result in the biggest carbon saving and how to quantify the contribution of prevention to the NHS's Net Zero plans. More detailed research is needed in this area.

## Preventing and responding to outbreaks of infectious disease

During the Covid-19 pandemic, a spotlight was shone upon the importance of effective measures to prevent and control spread of infectious disease within healthcare settings and beyond. Lessons learnt from the Covid-19 pandemic, including from the ongoing Covid-19 inquiry, need to inform NHS practice in the future. This will enable to NHS to effectively prepare for and respond to future epidemics or pandemics.

## Proposed FPH 2025 prevention priorities for the NHS

Figure 1 below shows the prevention priorities proposed by the FPH for the NHS in 2025, which reflect the 2019 priorities and the feedback gathered during the consultation in 2024. When addressing any of the priorities, it is essential that actions are taken to ensure that prevention activities do not widen health inequalities.


***Figure 1. Prevention priorities proposed by the FPH for the NHS in 2025***

# 3. Facilitating factors for embedding prevention within the NHS

Public health professionals who engaged with the consultation in 2024 were asked for their views on key factors that will help embed prevention into the NHS. Five broad themes emerged from this consultation: information, communication and technology; funding; governance and oversight; NHS organisational culture, and a whole system approach. Facilitating factors identified within the 2024 consultation are presented below and summarised in Figure 2.

## Information, communication and technology

### Digital tools and artificial intelligence

The use of digital technology should be expanded, in an evidence-based manner. Examples include use of apps to support behaviour change; better use of alerts and case-finding in primary care using digital solutions, and optimising prevention opportunities in all elective care pathways. We also need to harness opportunities presented by artificial intelligence. It is, however, also important to ensure that progress with use of digital technology and artificial intelligence in the NHS does not exclude or disadvantage those less able to engage with digital healthcare.

*Better use of data*

Better use of data should be made, for example using data to inform prevention strategies and to target population groups. There needs to be an increased focus on improving interoperability of data systems to enable more effective information sharing between systems. For example, more effective sharing of information between the NHS and local authorities would facilitate planning of local services based upon risk stratification and factors contributing to patient outcomes.

*Better use of evidence*

As public health and NHS communities, we need to use evidence more effectively to make the case for prevention, particularly utilising evidence from health economic analyses and considering population health management approaches to quantify the effects of prevention. We need to better capture and evaluate the impact of prevention through measurement of patient outcomes, rather than focusing predominantly on processes and outcomes. Actions are needed to improve the representativeness of data and evidence, and to develop our understanding of individual factors that influence engagement with prevention activity. The economic cost of not investing in prevention needs to be clearly presented, for example using data on healthcare use. We need to advocate for the use of evidence and data to inform decision-making for healthcare strategy, policy, planning and delivery.

*Media and communications with the public*

Communication with the public to raise awareness of the importance for prevention is key. The public have their own opinions on how money should be spent within the NHS, for example whether to prioritise primary care or hospitals.[29] Public and patient interest in prevention could be a powerful tool to help drive NHS strategy and policy towards prevention and to facilitate engagement with prevention activities.

## NHS organisational culture

*Learning from the past*

Being able to learn from the past is essential to improving how prevention is delivered in the future. The ongoing Covid-19 Inquiry, the recent Infected Blood Inquiry and the recent Darzi report[11] all provide important lessons for the NHS, to help prevent ill health in the future. It is important that time is taken to embed this learning and that the NHS fosters a culture of being open to change based upon lessons learnt.

*NHS cultural values*

Cultural values at the centre of the NHS are key to determining how prevention is viewed and addressed. The NHS should identify itself as an organisation that promotes the health of the population, rather than being solely an organisation that treats ill people. Developing a culture of value-based healthcare,[30] which focuses on how resources can be best used to achieve optimal patient outcomes (rather than outputs), may also help facilitate greater investment in prevention activities.

*Leadership*

Leadership at all levels is vital for embedding prevention within the NHS. Clinical leadership is required to drive transformation, and effective leadership and governance arrangements at board level are necessary to support transformation. Simply creating leadership positions is not enough: leaders need protected time to develop relationships within the system and to develop the competencies required.

*Workforce development*

To embed prevention within the NHS, the workforce needs to have the necessary knowledge, skills and capability. Clinical curricula should include a focus on prevention, and training competencies and frameworks should support clinical staff to develop knowledge and skills in prevention and public health approaches.

Developing specialist public health skills within the NHS will also support prevention work. Examples of recent workforce development in prevention and public health skills include the 2019 – 2024 UK Allied Health Professions Public Health Strategic Framework, which is being implemented separately by the four devolved nations.[31] Another example is the development by the Royal College of General Practitioners of ‘GPs with Extended Roles in Population Health and Health Inequalities’. It is also important that medical deaneries and

Royal Colleges revise clinical curricula where appropriate, to include a greater focus on prevention.

## Governance and oversight

*Legislation and policy*

Legislation can be a powerful driver of prevention within the NHS. Existing examples are the legal requirements for NHS England commissioners in relation to health inequalities. However, opportunities for new legislative drivers of prevention could be considered.

Strong policy direction within the NHS and government can raise expectations about prevention within the NHS. An existing national example is the Public Health Wales 'Prevention-Based Health and Care Framework'.[10] Policy changes that shift focus to prevention need to occur within government and within the NHS, at national, regional and local levels.

The Greener NHS Net Zero commitments,[22] within which preventative medicine and reducing health inequalities represent a significant component, could also be a powerful lever for strengthening the focus on prevention in the NHS.

*Contracts and monitoring*

Prevention should be embedded within NHS contracts and monitoring arrangements, to ensure accountability for scale and quality of prevention activity at all levels. At individual level, job specifications should include a prevention element. At organisational level, commissioning policies should ensure that NHS providers embed prevention within the delivery of their care, and prevention should be embedded within provider organisations' performance metrics. Existing examples of monitoring arrangements include the NHS England system oversight metrics for Integrated Care Boards, which include metrics relating to preventing ill health and reducing inequalities, and the requirement for NHS Boards in Scotland to report on their work as anchor institutions. Monitoring bodies such as the Care Quality Commission can support prevention work by ensuring that links are made between prevention and care quality.

## Funding

Delivery of prevention activities requires financial investment, and investment needs to be protected and sustained over time to allow implementation and sustained delivery of projects. The FPH Primary Care and Public Health Special Interest Group believe that investment in primary care will have the greatest impact on the NHS contribution to prevention, and the recent Darzi report[11] also calls for greater investment into primary care and community services. Spending should be reviewed in context of the whole patient pathway, from prevention to tertiary care, and a value-based approach[30] utilised to determine the optimal allocation of resources to generate the best outcomes for patients.

Financial incentives can be a powerful lever for change and could be expanded to increase delivery of prevention activities. For example, at individual level, elements of medical pay such as Clinical Excellence Awards (England and Wales) and Discretionary Points

(Scotland) could be linked to prevention activities; at provider level, for example, dental contracts could be reviewed to consider embedding prevention into payment to dental teams.

## Whole system approach

Development of a whole system approach to prevention and effective cross-partnership collaborations is important. Closer working at national and regional levels between the Department of Health and Social Care and NHS England/NHS Scotland/NHS Wales could help better align the development of programmes and the funding of prevention priorities. Within the NHS itself, the potential of population health to contribute to prevention needs to be realised. This could include strengthening population health links with local authority public health teams and with local healthcare teams, such as Integrated Neighbourhood Teams in England.

Joined up work between the NHS and social care organisations is essential for delivering prevention activities. Partnerships between the NHS and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, including those with lived experience of particular health issues, can also be highly effective in delivering a whole system approach to prevention. Although many examples of VCFSE partnerships with NHS organisations exist, there are relatively few partnerships within NHS dental care, and this is an area for potential development.

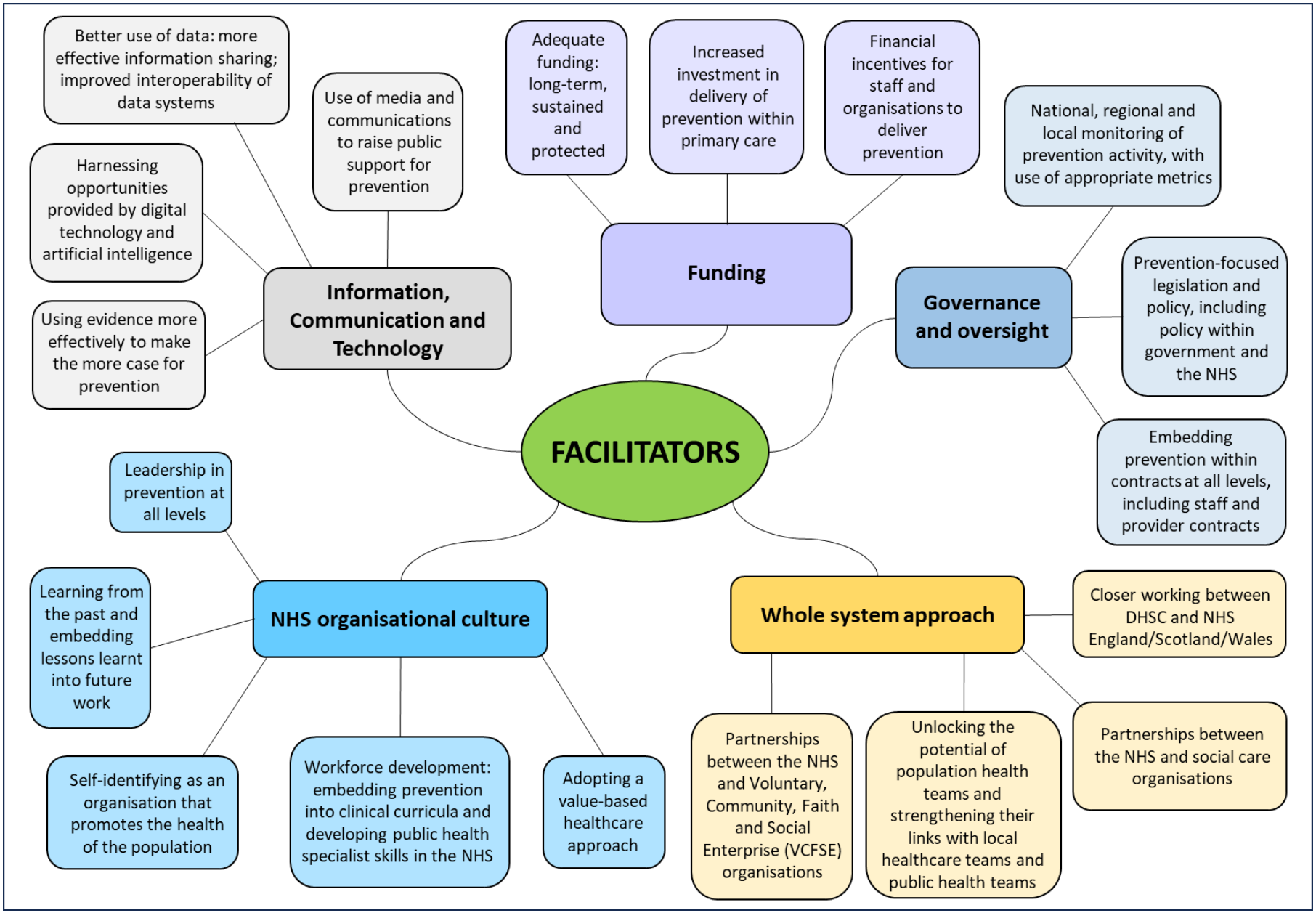


***Figure 2. Factors to facilitate embedding prevention within the NHS***

# 4. Barriers to embedding prevention within the NHS

## What did NHS leaders think were the main barriers to prevention in 2019?

Through an evidence review[2] and opinion polling of NHS leaders,[3] the 2019 project identified factors considered to be barriers to delivering prevention in the NHS. The major barrier identified was funding. Other main barriers identified included a lack of integration of prevention into core services, system capacity issues and the perception that prevention isn't seen as part of the delivery organisation's remit. Full details of the process and the barriers identified are available in the 2019 discussion paper.[1]

## What did public health professionals think were the main barriers to prevention in 2024?

Within the 2024 consultation, public health professionals were asked to consider what challenges or barriers the NHS faces in addressing prevention priorities. Similarly to NHS leaders in 2019, system level issues were often identified by public health professionals in 2024 as significant barriers. Barriers identified within the 2024 consultation are presented below and summarised in Figure 3.

*Funding for prevention*

Funding of prevention programmes can often be short-term and non-recurring. This can make it difficult to align prevention activities with related programmes and plan for medium to longer term sustainability. It can also lead to high turnover of staff. Prevention should be adopted within core business models rather than being reliant upon ongoing investment.

In the 2019 paper, it was acknowledged that it can be challenging to determine the amount of funding allocated to prevention, not least because there is no agreed definition of what constitutes 'preventive spend'. Using the Office for National Statistics definition of 'preventive care',[32] we can see that, in 2019, 4.5% of total UK Government healthcare expenditure was attributed to 'preventive healthcare'.[33] This rose to 14.1% in 2021, primarily because of the establishment of programmes responding to the Covid-19 pandemic, followed by a decrease to 8.2% in 2022.[33] However, we know that estimates of spend on preventive care probably do not include a wide range of broader activity across the system, such as secondary prevention within NHS settings and prevention work undertaken in collaboration with community partners. The result is that we do not actually know how much the whole health and care system spends on prevention. Given the considerable fluctuation of preventive healthcare spend over recent years and the lack of clarity around the total amount spent on preventive healthcare, it is important that plans for the NHS include realistic and transparent discussion of the amount and length of funding for prevention programmes.

*System pressures: Increasing treatment demands on the NHS*

Increasing treatment demands on NHS services can make it very challenging for the NHS to shift its focus towards prevention. Compared to 2019, this is even more apparent now, with a

backlog of care still being felt due to the Covid-19 pandemic. The pressure of increasing treatment demands on the NHS is likely to increase, with predictions that in the future more people in the population will be living with major illness and living for longer.[34,35] Finite financial resources needed to manage ever increasing treatment demands create budget pressures that make investment in upstream prevention activities very difficult.

For individual clinicians, the pressure to meet treatment demands can make engagement in prevention activity difficult. Demands of the clinical environment can compromise the ability of staff to engage in training and development around prevention. Morale of staff can also affect willingness to engage in prevention activities that are additional to the treatment activities, and the recent Darzi report identified that NHS staff are feeling increasingly tired, frustrated, disempowered, and disengaged.[11]

Media coverage often highlights indicators of poor NHS care, such as long waiting times in Emergency Departments, shortages of hospital beds and difficulties in accessing GP appointments. This can lead to a public perception that indicators of acute NHS care are the sole performance window for the NHS, which can in turn create political pressure to focus on NHS treatment activity, rather than on prevention.

*Data and technology*

Poor data quality, underinvestment in digital technology, challenges in data sharing and a lack of interoperability between different systems are all barriers to delivery of prevention activities by the NHS. This is particularly apparent within programmes delivered in collaboration with other partners. Improving data quality and interoperability could accelerate implementation of prevention programmes that require patient record integration and sharing, e.g. collation of risk factor information at different timepoints during a patient's care pathway. The Darzi report and subsequent Government response have highlighted moving towards a digital NHS as a key priority for the NHS.[11]

*Defining and making the case for prevention*

There is no standardised, agreed framework for what 'prevention' means for the NHS. The 2019 NHS Long Term Plan provides definitions of primary and secondary prevention.[19] More recently, the Chief Medical Officer for England and colleagues have provided a definition for secondary prevention measures, and explained how these should be distinguished from primary prevention measures.[6] However, 'prevention' can include a wide range of activities, that may extend beyond the existing available definitions. The Hewitt report calls for a clear and agreed framework to set out what we mean by 'prevention'.[16] Without such a framework, it is more challenging to articulate the role that the NHS can take in delivering 'prevention'.

Making the case for investment in prevention activity can be challenging. It can be difficult to demonstrate the clinical impact of prevention activities, particularly in the short term, and the economic benefits, such as return on investment. As public health and NHS communities, we need to develop the evidence base for prevention activities, including economic impact. Given budget pressures within the NHS, it more important than ever to be able to present a convincing case for investment in prevention.

*Impact of events in wider society*

It would be remiss not to reflect upon the impact that wider events in society have had on the ability of the NHS to deliver prevention activities. The Covid-19 pandemic has led to increased pressures within NHS services due to backlogs that developed during the pandemic and has led to lower staff morale and greater financial pressures. The current cost-of-living crisis is also likely adversely impacting the ability of the public to engage with prevention activities and is placing greater demands on VCFSE sector organisations, which play a key role in prevention.

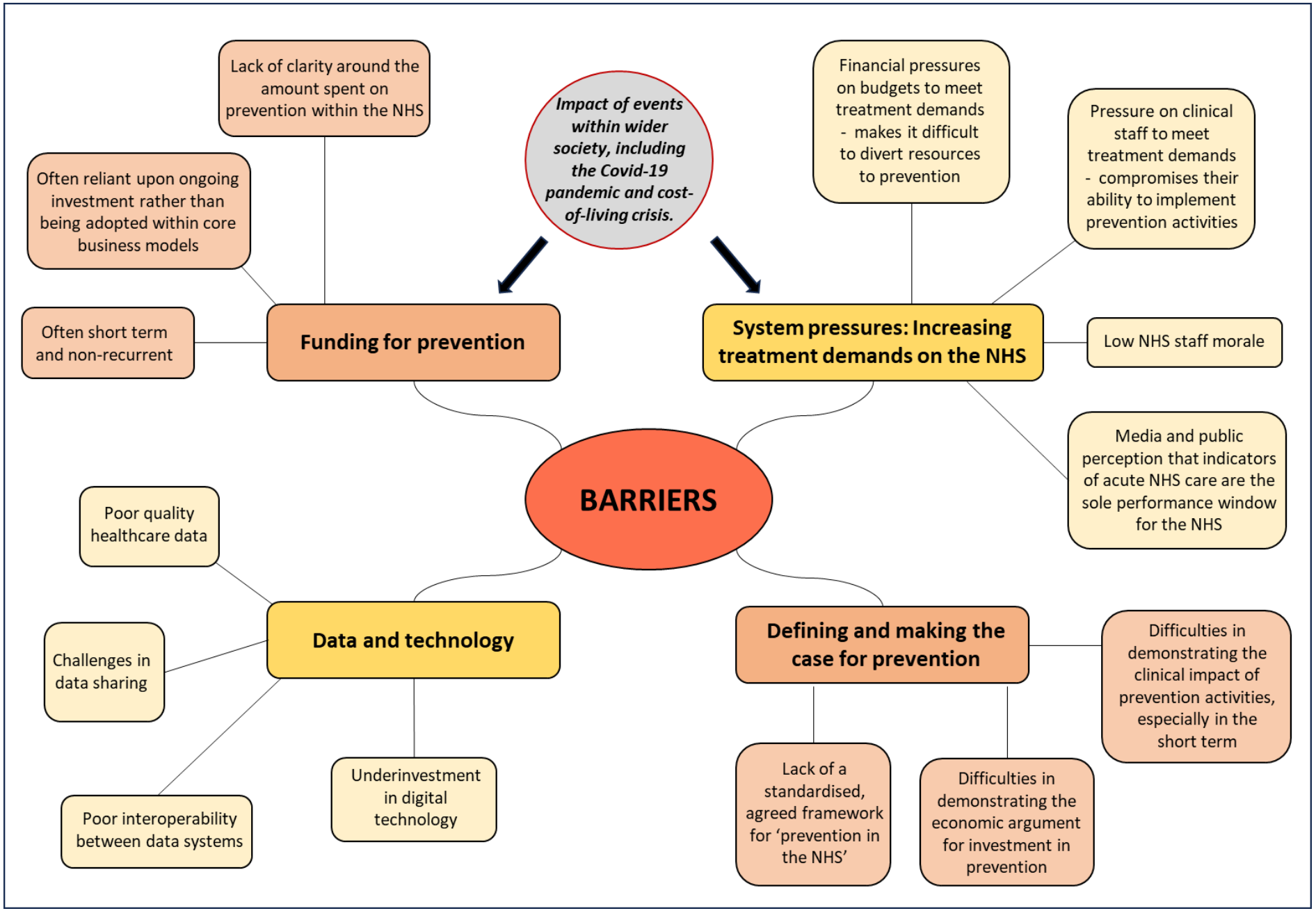


***Figure 3. Barriers to embedding prevention within the NHS***

# 5. The roles of the NHS in prevention

The 2019 discussion paper[1] proposed five roles that the NHS is playing in prevention: leader, partner, employer, advocate and researcher. These roles had been preliminarily developed during a previous discussion paper, and stakeholder feedback had been sought to refine the roles further.

During the 2024 consultation, public health professionals were asked whether they believed these roles to still be relevant today, and whether they would add or change any roles. There was broad agreement amongst those who responded that the roles are still relevant today. Respondents particularly emphasized the importance of the '**partner**' role, as part of a whole system approach to prevention. The role of an '**advocate'** was also highlighted: the NHS can provide a vision for prevention and can be a strong advocate for the needs of those who are at greatest risk of ill health. During the Covid-19 pandemic, the NHS also demonstrated its role in advocating for effective infection prevention and control measures. The 'advocate' role also includes ways in which the NHS can influence those with decision-making power to steer health policy towards prevention and steer other sectors towards 'health in all' policies.

Additional roles for the NHS in prevention were suggested. These included:

- As an **implementer/deliverer**, the NHS plays an essential role in implementing prevention policies and plans in practice.
- As an **educator**, the NHS develops the knowledge and skills of staff to be able to deliver prevention activities.
- As a **reviewer**, the NHS can review the importance, relevance and feasibility of national prevention plans and policies developed for the NHS.
- As a **monitor**, the NHS has a responsibility for ensuring high quality of prevention activities and ensuring adequate systems for workforce development are in place to support prevention activities.
- As a **purchaser**, the NHS can contribute to prevention of ill health associated with climate change by ensuring that sustainability is central to its procurement processes.

Figure 4 shows the different roles that the NHS can play in prevention, based upon the 2019 and 2024 feedback.

There are many roles for the NHS to consider in its drive to embed prevention. Some roles will be more relevant to some NHS organisations than others. What is important is that NHS organisations consider the range of avenues through which they can help shift focus to prevention, and that the public health community supports NHS organisations to adopt these different roles.

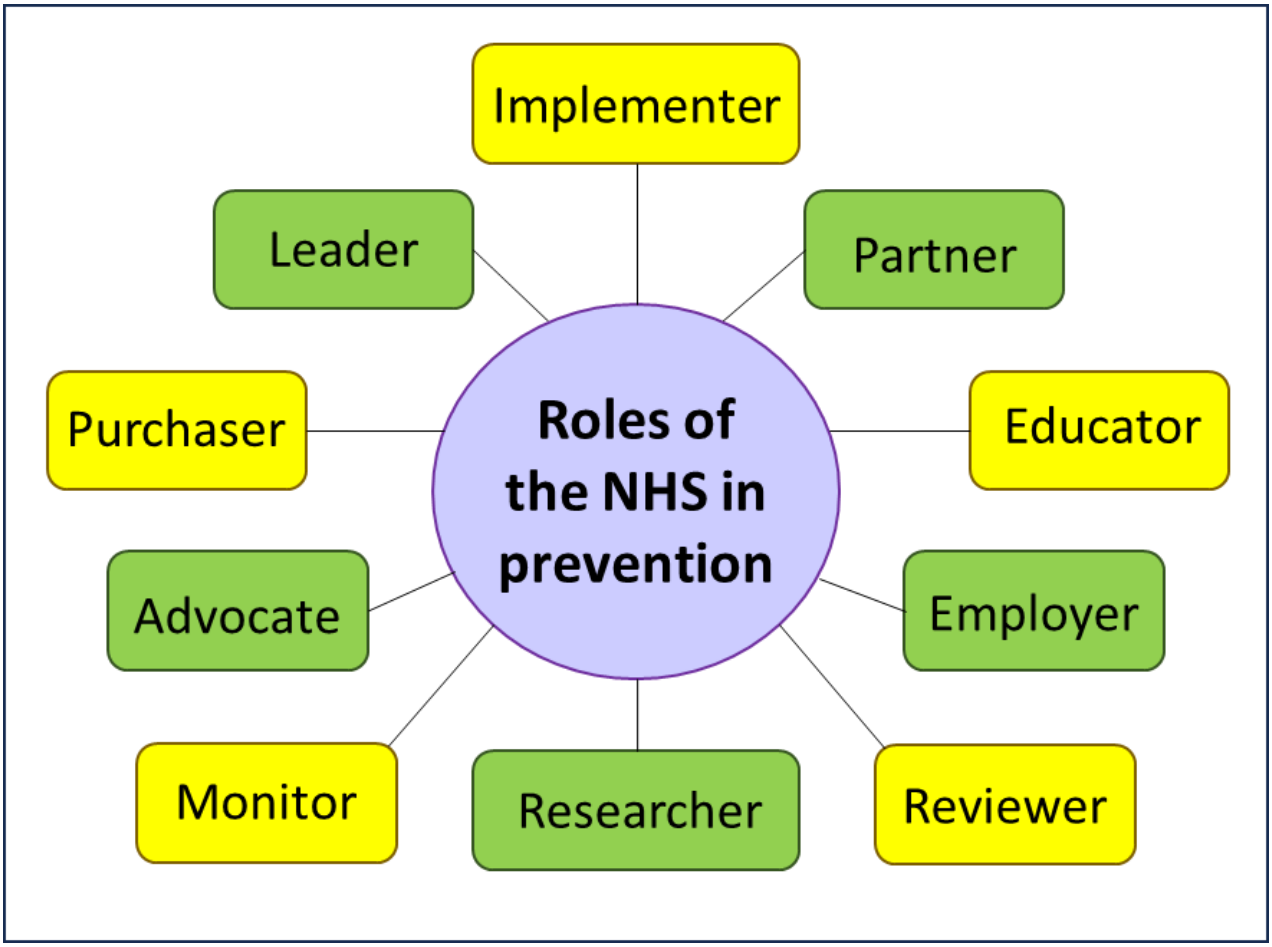


***Figure 4. Proposed prevention roles for the NHS, based upon feedback in 2019 (green) and 2024 (yellow)***

# 6. FPH and the NHS

The 2019 discussion paper was written against the backdrop of the development of the NHS Long Term Plan in England in 2019.[19] This supplementary paper was written in 2024, during the first few months of the new UK Government, in which Lord Darzi undertook a rapid review of the NHS[11] and in which the Government pledged to develop a new ten-year plan for the NHS in England. One of three big shifts promised by the Government is a shift from treating ill health to preventing it. The FPH – as the training and standard setting body for the public health workforce and the voice of the specialist public health community – has a distinct role in supporting the prevention aspirations within plans made by governments for the NHS. We believe that the shift to prevention requires expert public health skills at every level of the NHS and within frontline healthcare practice.

## Initial thoughts on what the FPH can do

The FPH has recently published its vision, 'A Vision for the Public's Health'.[15] Prevention is central to all four priorities, considered in different ways. Within the evidence-informed recommendations proposed to improve health and tackle inequalities in the UK, there is a focus on investing in the specialist public health workforce. 'Workforce' is also one of the eight strategic priorities of the Faculty of Public Health Strategy 2020–2025.[36] We think it's vital that the FPH's training curriculum embeds healthcare public health as a core function of specialists in public health. The next curriculum review, in 2025, presents an opportunity to consider whether the key curriculum area of 'Health and Care Public Health' could be strengthened to ensure that public health specialists have the necessary skills to support the forthcoming shift to prevention within the NHS.

This isn't just about FPH trying to increase the footprint of the core public health workforce. This is also about ensuring that clinicians in other specialties have the public health skills they need to help deliver the prevention agenda. Although progress has been made in this area over recent years (for example the development of GPs with Extended Roles in Population Health and Health Inequalities), more can still be done. The FPH could advocate for a review of public health skills in clinical practice and could work with Royal Colleges and medical deaneries to increase the focus on prevention within clinical curricula. The FPH could also advocate for inclusion of public health specialists, as both participants and contributors, in systematic training programmes for senior clinical leaders.

Finally, one of the eight strategic priorities of the Faculty of Public Health Strategy 2020–2025 is 'Advocacy'.[36] At this time of change within the NHS, it is vitally important that the FPH and its members continue to advocate for prevention of ill health and reduction in health inequalities to be central to the NHS in terms of how it is organised, how it prioritises resources and how it delivers care. In the 2019 FPH paper, it was reported that Specialist Registrars in Public Health felt that advocacy does not feature enough within the public health curriculum and is rarely taught directly. Since then, it has been agreed for the FPH Specialty Registrars Committee to work with the FPH to develop guidance around advocacy, and for advocacy to remain a priority for the upcoming curriculum review in 2025.

# Concluding remarks and next steps

This paper explores themes that have emerged from our extended consultations in 2019 and 2024 with specialist public health and NHS communities about prevention in the NHS. Although some progress has been made with regards to delivering prevention activity in the NHS, substantial change is required to truly embed prevention within the NHS at all levels, and across all areas of practice. There are significant barriers that will need to be overcome to embed prevention, but this paper highlights a range of facilitating factors that can be harnessed to enable this change.

Our hope is that this paper can be used as a tool for change by those working within or in partnership with the NHS. We hope that this paper can stimulate further meaningful dialogue between public health professionals, the NHS and the Department of Health and Social Care, to bring about a much-needed shift to prevention within the NHS.

We would like to thank you for taking the time to engage with our paper. Please do send us any feedback on the topics discussed by emailing policy@fph.org.uk or by visiting our website.

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