

The Case for Prevention

Annual Director of Public Health Report 2024

Executive Summary

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What is prevention?

Prevention aims to stop illness before it starts, or, in some cases, to slow its progress. Prevention is the core role of our public health team, as outlined in our strategy.¹

The building blocks of health

Although treating illness consumes more than £9 out of every £10 spent on health, healthcare services only account for about 30% of our health.²

Most of what makes us healthy comes down to the building blocks of health. As Figure 1 shows, these building blocks are money and resources, good housing, work, education and skills, access to good food, transport, the quality of our surroundings and our friends, family and communities.

Figure 1: Building Blocks of Health ³



(Interestingly, our genes play only a relatively minor role in our health, roughly 10%).

These building blocks have a profound influence on how we behave, which in turn has a huge impact on how healthy we are.

For example, if we have a decent job that pays enough money, a comfortable home and we live in an area where we can easily find affordable healthy food, it is easier to be healthy. But if our housing is cramped, damp and expensive, our work insecure and poorly paid and our local shops sell mostly crisps, biscuits, cigarettes and alcohol, it is much harder to be healthy.

For this reason, almost all the work we do on prevention is collaborative, because these building blocks of health are the business of many different government departments, community organisations and businesses.

A summary of prevention activities

The aim of much of prevention work is to:

- Help create conditions where it is easier to be healthy, like making sure nutritious food is

widely available, wherever you live and regardless of how much money you earn.

- Support those who want to behave more healthily, for example by stopping smoking.
- Provide evidence-based interventions that we know prevent illness, like vaccination and screening programmes.

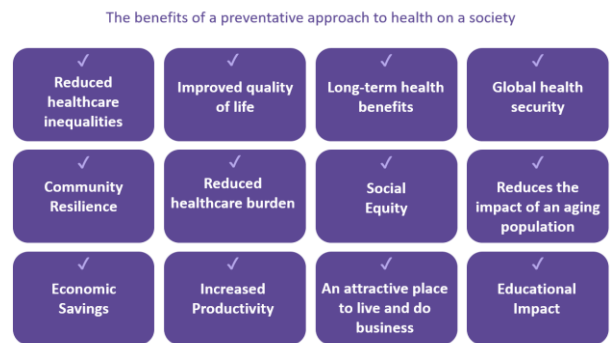
Differences in health

In all our work, we aim to reduce avoidable differences in health between different communities. As an Island community, we rely on each other every day. Good health enables us to work and contribute to our communities, so it is in all our interests to invest in prevention.

The benefits of prevention

Prevention is proven to have many benefits. These are summarised in Figure 2 below.

Figure 2: Benefits of Prevention



A summary of why prevention is important

Much of the poor health that afflicts our modern societies is not inevitable, especially the long-term illnesses that place such significant demands on hospitals and GPs. This illness is *preventable*.

There are several compelling arguments for investing in prevention:

- Preventing illness is cheaper than treating it. This preserves resources for other things.
- Enabling people to stay healthy for longer helps people continue to contribute to their work, families and communities. As an Island community, this benefits us all.

When we prevent illness, we reduce the suffering of our friends and families. By investing in prevention, we can keep each other healthy for longer, making Jersey a more enjoyable and attractive place to live, visit and do business, now and in the future.

An overall view of health

Life expectancy

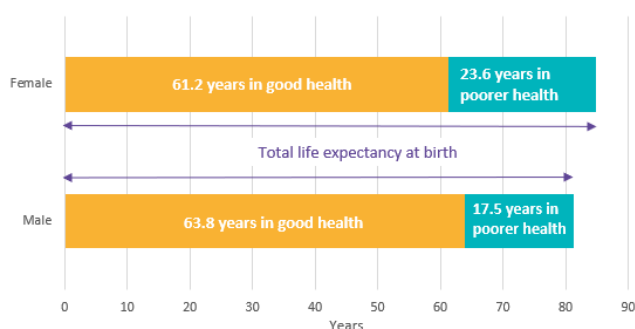
A child born in Jersey today can expect to live for 83 years, on average. This is roughly a year longer than in the UK and about two years less than the most long-lived countries like Japan. Women (85 years) generally live longer than men (just over 81 years), although the difference between the sexes has fallen in recent years.⁴

Healthy life expectancy

Healthy life expectancy refers to how many years we can expect to live in good health, not just how long we live. In other words, the age at which people, on average, become unwell.

As Figure 3 shows, women in Jersey tend to live longer than men, but spend a greater proportion of their lifetime in poor health. On the other hand, men have a shorter life span but become unwell at a slightly older age than women, meaning a smaller proportion of their total years is spent in poor health.⁴

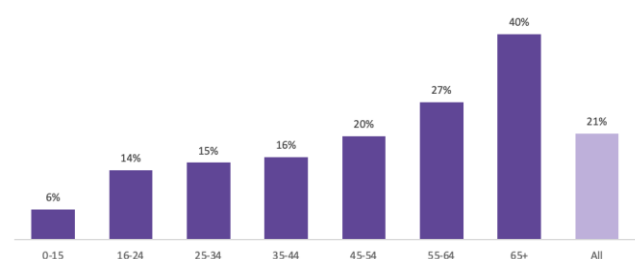
Figure 3: (Healthy) Life Expectancy⁴



Health and aging

Health generally declines with age. Figure 4 shows that although the average age people become unwell is over 60 years old, a significant percentage of people become unwell much younger; one in five people aged 45 and over report having a long-term physical or mental health condition.⁵ Data on self-reported health shows a similar pattern. 94% of Islanders aged 16-24 report having good or very good health, compared with 66% of Islanders aged 65 years or older.⁶

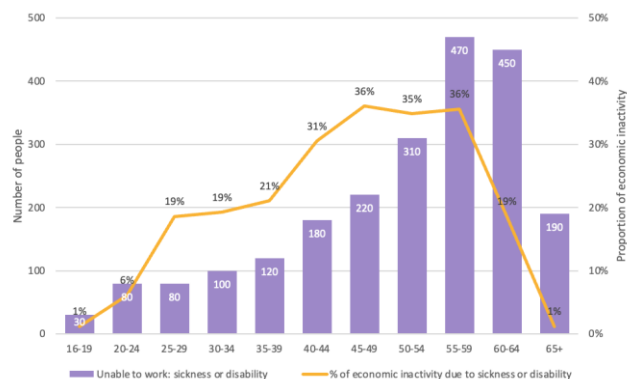
Figure 4: % of population with long-term conditions, by age⁶



Health and productivity

Figure 5 shows the effect this trend has on the workforce. Just 6% of economic inactivity for Islanders aged 20-24 is due to sickness or disability. Whereas, for people aged 45-59 more than a third of economic inactivity is due to sickness or disability.⁷

Figure 5: % of economic inactivity due to illness or disability, by age⁷



Health and prevention

Preventable deaths

Many of the conditions that cause illness and early death in Jersey are preventable. Data show that around 100 of the 800 deaths/year in Jersey could be prevented with better public health interventions.⁸

Preventable illness

Table 1 below shows what proportion of the most common long-term illnesses in Jersey could be prevented. Using this data, a significant amount of long-term illness on the Island could be prevented by helping people be more active, eat better, stop smoking and drink less.

Table 1: Preventable long-term illness^{5, 9, 10}

	Number of patients on GP disease register	Proportion considered preventable	Number considered preventable
Heart disease	2,925	80%	2,340
Stroke	2,015	80%	1,610
Type 2 diabetes*	4,600	80%	3,680
Cancer	4,720	40%	1,890
Dementia	820	45%	370

Summary

Although people in Jersey live slightly longer than in the UK, many people acquire serious, long-term illnesses in middle age, well before they retire. Much of this illness is preventable. If the Government of Jersey were able to successfully implement a systematic programme of prevention, the projected increase in demand for healthcare and social support related to poor health would reduce.

Why unequal health matters

Good average health in Jersey hides lots of variation in things like housing tenure, household composition, income and job type. But why does unequal health matter?

Our collective health is the shared resource on which our Island's culture and prosperity depend. Avoidable poor health harms us all. It means fewer people can do the jobs - many of them not especially well paid - on which we all depend. It means more Islanders struggling to contribute fully to the lives of their friends, families and communities. It means more costs and less income for government.

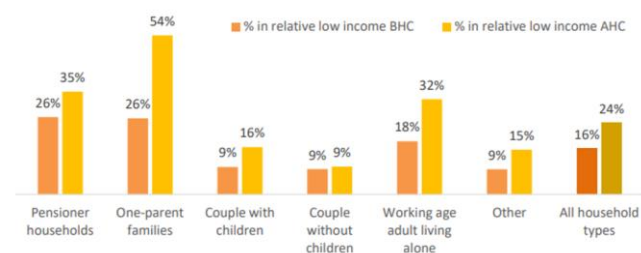
Unequal determinants of health

Unequal household income

Income is one of the most powerful determinants of health. If you have enough money for the essentials and a bit more, life is less stressful and it is easier to be healthy.¹¹

Jersey has significant and rising income inequality. One in four (24%) of all families in Jersey live in relative low income after housing costs. Household income varies a great deal by household composition and housing tenure. For example, more than one in two (54%) of one-parent families have low income after housing costs (Figure 6).¹²

Figure 6: Relative income and household type¹²



Unequal health risks

Physical activity

The more money you earn, the more likely you are to be physically active. Figure 7 shows this very clearly.¹³

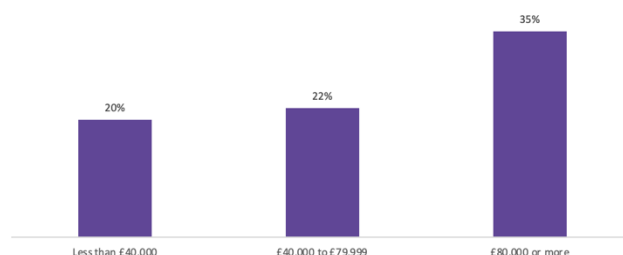
Figure 7: Physical activity and household income¹³



Alcohol

Inequalities in risk from alcohol show an interesting pattern. Normally, risks are higher in people of lower socio-economic status. But for alcohol, the reverse is true: Figure 8 shows people with higher incomes are more likely to drink to dangerous levels. We also know Jersey is a "nation of drinkers", consuming more alcohol per head than almost every other European nation.¹⁴

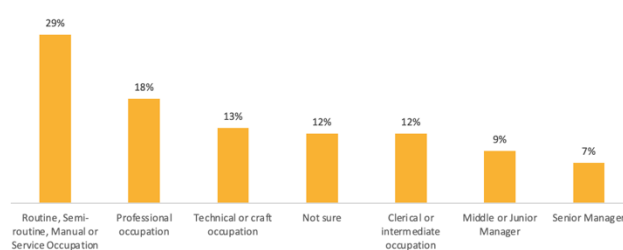
Figure 8: % population with high risk alcohol consumption and income¹⁴



Smoking

Risks for poor health from smoking are also unequally distributed in Jersey. Figure 9 shows that one in three (29%) of people working in routine, manual and service occupations smoke, compared to just one in 14 (7%) in senior manager roles.¹⁵

Figure 9: Smoking and occupation¹⁵



Obesity

Excess body weight raises the risk of long-term conditions like diabetes, cardiovascular disease, musculoskeletal conditions and some cancers. It is also linked to poor mental health. While there is limited data on inequalities related to obesity in adults, we know that children in urban areas or who attend non fee-paying schools are much more likely to be overweight or obese than their wealthier counterparts (Figure 10), although the differences may be reducing.¹⁶

Figure 10: Overweight and obesity in children by school type



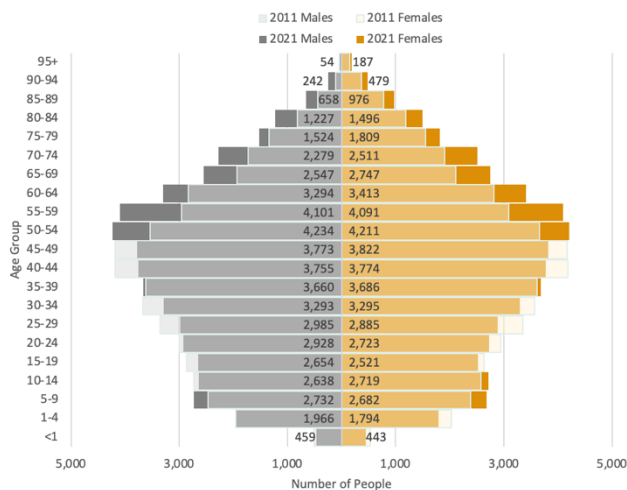
Summary

Good health is not enjoyed equally by all Islanders. This matters because, as a small Island community, we rely on each other. Much of the illness is caused by a set of common risks relating to the food we eat, physical activity levels, smoking and drinking. For a whole host of reasons – many of them outside of any individual’s control – people with fewer resources tend to be less healthy.

Demography

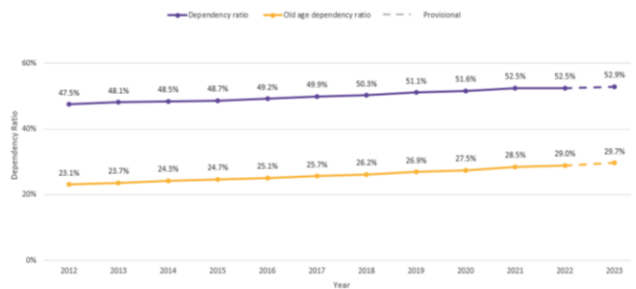
Jersey’s population has almost doubled since the 1950’s. Islanders are also, on average, seven years older than they were seven decades ago.⁷ Figure 11 shows the population in 2021. You can clearly see the biggest group is Islanders in their fifties.

Figure 11: Jersey's population pyramid, 2021⁷



This aging population will create a greater demand for healthcare and social support in the future. It will also mean there are fewer working-age people paying taxes to help government pay for those services. Figure 12 shows how the dependency ratio (the ratio of those outside working age to those of working age) has risen over time.¹⁷

Figure 12: Dependency ratio over time¹⁷



Living standards

The challenges to public finances of an aging population are exaggerated by falling productivity. Income is one way of measuring productivity. Figure 13 shows earnings have been roughly static (in real terms) for the last 10 years.¹²

Figure 13: Change to earnings over time¹⁸

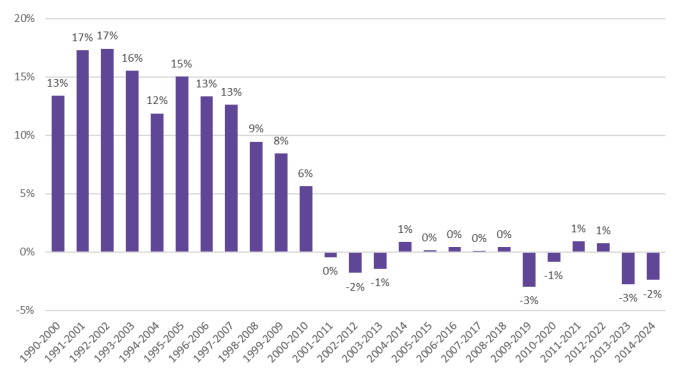
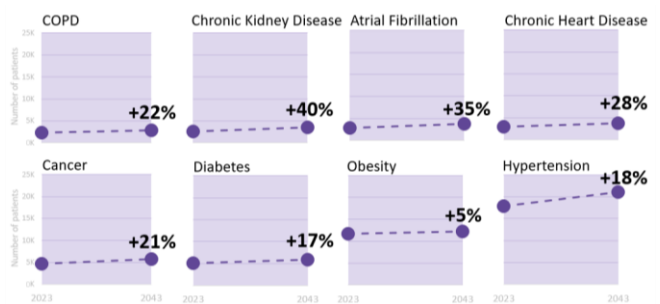


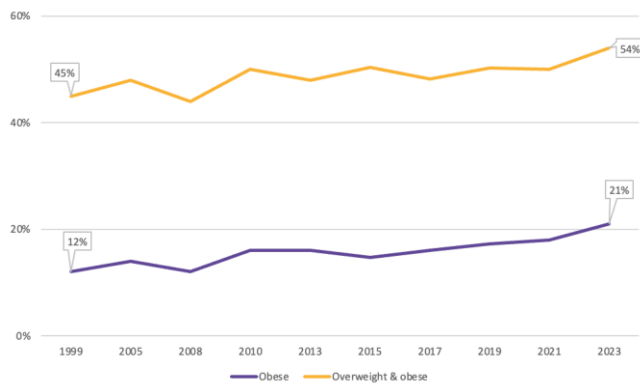
Figure 14 shows the expected impact of an aging population on the number of cases of eight long-term conditions.

Figure 14: Projected rise in long-term illness⁵



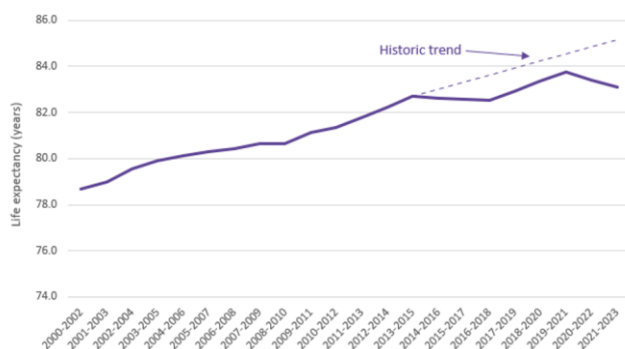
Even without the effects of an aging population, Islanders seem to be getting less healthy. Figure 15 shows that obesity rates have been steadily rising since 1999.¹³ Obesity increases the risk of a range of conditions including diabetes, heart disease, musculoskeletal disorders and some cancers.

Figure 15: Self-reported adult obesity over time ¹³



This might help to explain why improvements in life expectancy have begun to stall in recent years, even before the Covid-19 pandemic (Figure 16).⁴

Figure 16: Life expectancy over time



Summary

Jersey’s population is set to age in coming decades. This will increase demand for healthcare and social support. In addition, our existing population appears to be becoming less healthy, as evidenced by rising rates of obesity and a stalling in improvements in life expectancy. These demographic trends will put pressure on public finances. Improved prevention can help ease these pressures.

Future cost of (preventable) illness

We can estimate how much extra money an aging population might cost government through its use of healthcare services and health-related social support.

We’ve made the following assumptions:

- Assumed net inward migration of +325 people/year (government’s ‘central’ estimate)
- Rates of illness stay the same
- Use of healthcare and social support remains the same for reach age group
- Current patterns of use will remain the same, i.e. if 50 year-olds see their GP once a year in

2023, we’ve assumed they will still see their GP once a year in 2053

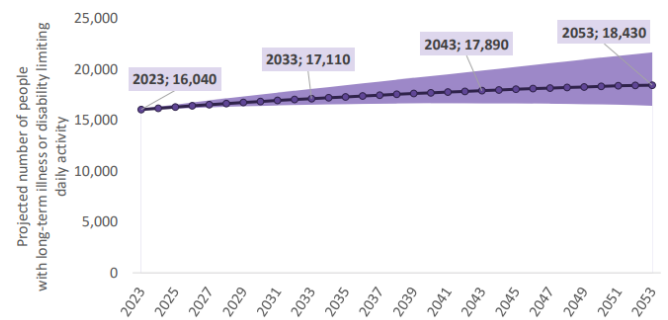
- Costs are based on the value of the pound today. They don’t take inflation into account.¹⁹

Modelling headlines

Multimorbidity

We estimate that by 2053 the aging population will mean there will be an extra 3,400 people with two or more long-term conditions in 2053, or an extra 2,390 people with an activity-limiting illness or disability (Figure 17).¹⁹

Figure 17: Projected increase in long-term illness ¹⁹



Increase in GP appointments and hospital bed days

We can use population estimates to work out how many additional GP appointments and bed days might be needed by a future, older population. Figure 18 and Figure 19 show we will need an estimated 43,520 extra GP appointments and an extra 23,670 hospital beds days by 2053.¹⁹

Figure 18: Projected increase in GP appointments ¹⁹

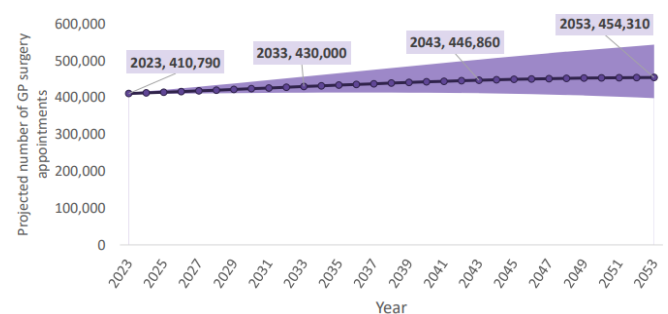
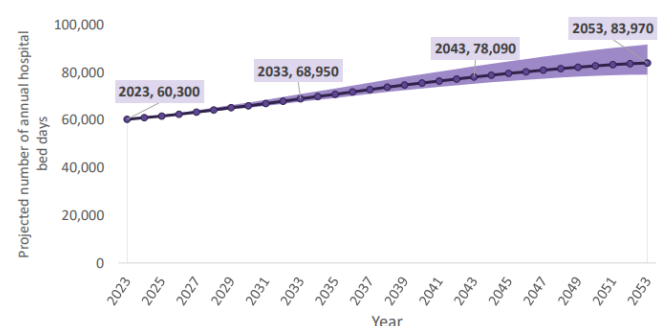


Figure 19: Projected increase in hospital bed days ¹⁹



Cost estimates

We can use these data to estimate how much the predicted need for extra healthcare and social support

might cost government. For example, an 11% increase in the number of GP visits would equate to an additional £1.4million (at 2023 prices).

The value of prevention

These data start to give a picture of the potential monetary value of prevention. Currently, Jersey spends at least £576 million on poor health, through health-related benefits and health care services. If the volume of illness on the Island was reduced by even 1%, there would be significant savings to be made.

Table 2: Costs and potential savings

Description	2023 Cost	1% reduction	5% reduction
Days lost due to illness (STIA)	£16,700,000	£167,000	£835,000
Prescriptions (cost of drugs & dispensing fees)	£26,500,000	£265,000	£1,325,000
Medical Benefits (payments to GPs, including medical benefit for GP consultations, pathology benefit, JQIF, Health Access Scheme, and various contracts with GP practices)	£12,900,000	£129,000	£645,000
Long-term Care	£76,000,000	£760,000	£3,800,000
Long-term Incapacity Allowance & Invalidity Benefit	£31,000,000	£310,000	£1,550,000
Carers allowance	£2,400,000	£24,000	£120,000
Medical products, appliances and equipment	£31,600,000	£316,000	£1,580,000
Hospital services	£282,500,000	£2,825,000	£14,125,000
Outpatient services	£96,800,000	£968,000	£4,840,000
Total	£576,400,000	£5,764,000	£28,820,000

Summary

As our population ages, we anticipate an increase in demand for health and care services, such as GP appointments and hospital bed days. Improved prevention would reduce this. Even a modest reduction in demand would achieve significant savings.

Appendix 1: The case for prevention

“Preventative health care can provide a [...] healthier population, a stronger economy [...] and an improved fiscal position”.²⁰

The previous governor of the Bank of England argues that health is a communal asset that we should support to make our society more resilient to the inevitable challenges it will face.²¹⁻²³ “A person who is in good enough health is likely to be happier, to keep in work, to pay taxes, not to require welfare or social care support, and to be able to support others.”²

We all have a stake in ensuring everyone can be as healthy as possible, and we will all benefit from it. This is especially true for a small island population like Jersey, where we rely on each other every day.

Prevention is fantastic value for money. Preventing illness is approximately four times cheaper than treating it.²⁴ The average return on investment for preventative interventions is £14 of value for every £1 spent.²⁵ Multiple academic papers and reports from

governments and think tanks cite preventative approaches as being effective, cheaper than treatment, with high average returns on investment. In many cases they are also cost-effective, i.e. they save more money than they cost.²⁵⁻³⁰

Interestingly, there is also considerable support for the economic case for prevention from business. Deloitte Consulting produced a series of reports making the case for prevention in the workplace, stating that every £1 spent by employers on employees’ mental health returns £5 of value.

Nonetheless, prevention is also context specific. Whether or not preventative interventions work, how well they work, and the size of the return on investment varies depending on the activity, the target group, the locality and the type of organisation delivering the programme.²⁵⁻³⁰ Because of this, thoughtful application - with careful reference to the needs and capabilities of the local population - is essential. Over time, skilful evaluation builds a local evidence base of effectiveness.

Some prevention activities are more reliably effective with better returns on investment. These include legislative approaches and evidence-based activities targeted at children.^{26, 28, 31}

There is a well-established link between physical and mental health and productivity. Poor health harms productivity, and vice-versa.^{20, 32-39}

While noting the inevitable challenges of a population with a greater number of older people, we shouldn’t lose sight of the huge potential of our older fellow citizens. “In countries that spend more on health, older people work, volunteer and spend more”. This activity has huge societal and economic value.⁴⁰

Summary

“Genetics, environment, and behaviours drive 70% or more of our health status. Treating sickness accounts for less than 30% but still consumes 90% of resources”.²

There is an overwhelming consensus from academia, governments, society and business that investing in prevention make sense. There are strong financial arguments - healthier people are more productive. There are compelling moral arguments - since many factors that influence health are outside of our individual control, it’s unfair that some people suffer worse health that could be prevented. As an Island nation, we depend on each other. Investing in our health is therefore an investment in all our lives.

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