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South Gloucestershire Prevention Fund Evaluation Report

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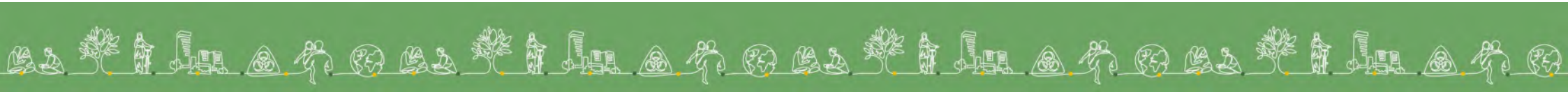
Innovation - Priorities and Needs of Communities

- This slide deck provides detail and key insights of the economic arguments behind the overall success of South Gloucestershire's Prevention Fund Programme that justify the initial investment and explain how and why it will keep on generating benefits.
- South Gloucestershire's £2 million Prevention Fund investment has had an impact on its population, creating social value an important element of investing wisely in prevention for long term benefit.
- Successful preventive work starts with innovation, identifying the priorities and needs of communities in action to start well, live well, age well and ensure investment in prevention achieves impact for communities.
- The focus was on inclusion health groups and the most underserved leading to economic benefits and social return on investment.

Culture Change

- By focusing on preventative measures for community action, starting, living and ageing well the programme has enabled earlier intervention in health and wellbeing for the people of South Gloucestershire.
- Initiatives supported by the fund target the root causes of poor health, such as social isolation, inactivity, lack of opportunity and poor mental wellbeing.
- The change in culture has contributed to improved health outcomes, evidenced by increased engagement in community support services, increased productivity through reduction in economic inactivity and better self-reported wellbeing.



Economic Return on Investment

- Return on Investment (ROI) and Social Return on Investment (SROI) are two complementary approaches to evaluate the economics of prevention.
- ROI traditionally focuses on how much money is saved or earned for every £1 spent or invested.
- SROI is a broader concept, monetising social, wellbeing, and community outcomes improved mental health, reduced loneliness, enhanced resilience, or better housing security vital to wellbeing and healthy lives.
- In the field of preventive public health, where benefits often span sectors and unfold over time, both ROI and SROI play important roles in understanding the full spectrum of impact investing in prevention can play in population prevention as we can see below.

Capturing Economic Impacts

The following measures and techniques are relevant to the economic analysis of prevention fund programmes

- **Return on Investment (ROI)**: Calculate the financial return of each pound spent on your intervention. Return on Investment (ROI) is a simple way to measure the financial benefit of an intervention compared to its cost. It tells you how much money is gained or saved for every £1 spent.
- **Social Return on Investment (SROI)** Demonstrates value of targeted financial investment by showing how much the community has been impacted by and benefited from the investment in prevention. Studies show that Public health interventions may offer SROI of £14 for each £1 spent.
- **Cost Savings**: Estimate how preventive measures reduce future costs, for example, decreased healthcare expenses or fewer emergency services and referrals.
- **Cost-Effectiveness and Cost-Benefit Analyses (CEA & CBA)**: Use these methods to quantify the financial impact, comparing costs with outcomes to make a strong business case.

Context of Economic Analysis Methods

- Below we outline the methods we used to provide an evidence-informed estimate of both ROI and SROI for the key interventions implemented in South Gloucestershire as part of its 2023–2025 Prevention Plan.
- Using a rapid synthesis of national and local evidence including peer-reviewed studies, NICE and PHE data, and wellbeing valuation frameworks this analysis outlines both the financial return (ROI) and the broader social value return (SROI) for each programme.
- Looking at the slides below, we hope you the reader will have a clearer understanding of how South Gloucestershire's prevention efforts are not only saving money, but also delivering significant social and community benefits, strengthening the case for continued investment and deeper local evaluation.

Global Preventive Public Health ROI

Type of Intervention	Min ROI	Max ROI	Source (Converted)
General Public Health Interventions	£1.60	£11.20	WHO, DCP3, Lancet
Tobacco Control	£1.12	£7.20	WHO
Vaccination Programmes	£12.80	£35.20	Ozawa et al.
NCD Risk Factors (diet, physical activity)	£2.40	£5.60	WHO Best Buys
Road Safety Interventions	£1.60	£8.00	WHO
Mental Health Promotion	£2.00	£4.60	Lancet Psychiatry

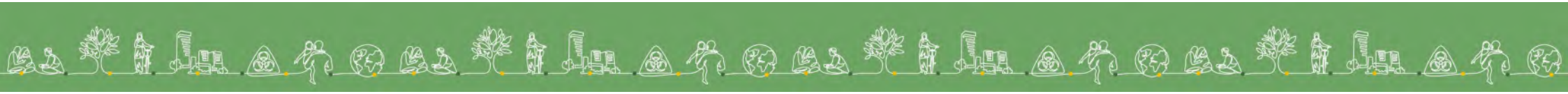
Global ROI Summary (£s)

- **Minimum ROI:** £1.12
- **Maximum ROI:** £35.20
- **Overall Mean ROI (Global):**

$$\text{Mean} = \frac{(1.60 + 11.20) + (1.12 + 7.20) + (12.80 + 35.20) + (2.40 + 5.60) + (1.60 + 8.00) + (2.00 + 4.60)}{12} = \frac{93.32}{12} \approx £7.78$$

UK Preventive Public Health ROI

Type of Intervention	Min ROI	Max ROI	Source
Local Public Health Interventions (general)	£1.20	£14.00	Kings Fund
NHS Health Checks	£1.00	£3.00	PHE
Smoking Cessation Services	£2.50	£10.00	NICE, PHE
Alcohol Brief Interventions	£3.00	£12.00	NICE
Active Travel Promotion	£4.00	£13.00	NICE, Sustrans
Housing Improvements	£2.00	£7.70	PHE



UK ROI Summary

- **Minimum ROI:** £1.00
- **Maximum ROI:** £14.00
- **Overall Mean ROI (UK):**

$$\text{Mean} = \frac{(1.20 + 14.00) + (1.00 + 3.00) + (2.50 + 10.00) + (3.00 + 12.00) + (4.00 + 13.00) + (2.00 + 7.70) + (4.00 + 9.00)}{14} = \frac{100.40}{14} \approx £7.17$$

Process of Support for Evaluation

- Two 1-day workshops to develop operational teams' evaluation skills
- Four rounds of individual meetings with 11 Prevention Project Teams March 2023 Sept-Nov 2023, Jan Feb 2024, March April 2025
- Attended monthly SGC Operational Team Meetings between Jan 2023-July 2025
- Informal drop-in sessions for operational team
- Presented at SGC Health and Wellbeing Board and Final event April 2025

Economic impact: Return on Investment (ROI) for general prevention interventions

Category	Care setting	Intervention	ROI per £1 spent
Housing	Home	A scheme to adapt 100 000 homes where a serious fall is otherwise likely to occur	£ 34.80
Exercise	Community	An initiative to train healthcare professionals to provide brief physical activity advice	£ 23.70
Exercise	Community	Birmingham City Council providing free leisure services to residents	£ 20.70
Mental Health	Community and Transport Systems	A suicide and self-harm prevention scheme that included restricting access to means, making transport safer, and reducing harmful drinking	£ 19.60
Housing	Home	A scheme that adapted 100 000 homes to provide more warmth to residents likely to require treatment because of excess cold	£ 17.10

* Table from Iacobucci 2024

Min–Max Ranges for ROI and SROI Estimates

Project	ROI Range (Min–Max)	SROI Range (Min–Max)
1. Cost of Living: Warm Pack & Household Support Fund	£1.00 – £2.00	£2.00 – £5.00
2. Health and Happiness Hubs	£1.50 – £2.50	£3.00 – £5.00
3. Creative Solutions Board (CSB)	£4.00 – £10.00	£7.00 – £12.00
4. Community in Action (ABCD)	£1.50 – £2.00	£2.00 – £3.00
5. Village Agent Project	£2.50 – £4.00	£3.50 – £5.00
6. VAWG Schools Programme	£3.00 – £6.00	£6.00 – £10.00
7. Improving Homes & Wellbeing Service	£4.50 – £7.50	£7.00 – £10.00
8. Health Promotion in Education Setting	£2.00 – £4.00	£6.00 – £10.00

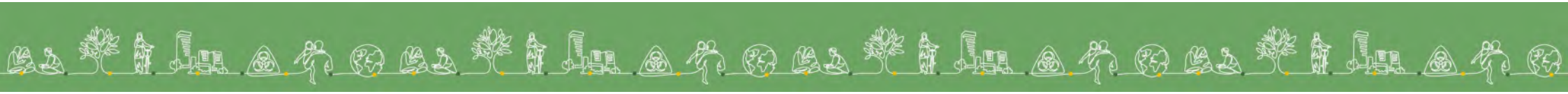
The following sections provide examples of Return on Investment (ROI) and Social Return on Investment (SROI) for specific SGC prevention fund projects

START WELL – FAMILY LINK WORKERS

Objective: The Family Link Worker (FLW) project aimed to reduce persistent and severe school absenteeism among children and young people (CYP), particularly those with special educational needs and disabilities (SEND).

Outcomes: The FLW team supported 125 CYP, 74 of whom had identified SEND. As of May 2025, 89 pupils were still receiving active support. A 17% average improvement in attendance was observed among participants. Families and young people overwhelmingly reported feeling listened to, respected, and supported. Emotional gains such as reduced anxiety, improved confidence, better peer relationships, and increased engagement with school were widely noted. Parents appreciated the advocacy, crisis support, and consistent communication provided by FLWs.

ROI & SROI: The estimated **ROI** is **£2.00–£4.00 per £1** invested, reflecting the cost avoided through improved attendance, fewer exclusions, and reduced referrals to CAMHS or safeguarding services. The SROI is estimated at **£3.50–£4.00 per £1**, capturing broader social value such as improved family stability, emotional wellbeing, and community connectedness. These estimates are consistent with evidence from similar early intervention models, including social prescribing and family-focused support schemes (EIF, PHE, HACT), which show strong returns when working relationally with vulnerable families to prevent crisis escalation.



START WELL – Health Promotion in Education Settings

Objective:
The HPES initiative aimed to support ten mainstream schools in South Gloucestershire to design their own interventions. It focused on improving pupil wellbeing and reducing inequalities in schools with the highest health need indicators such as FSM, Pupil Premium, and IDACI rankings.

Outcomes:
The project successfully engaged ten schools, seven originally targeted and three from reserve lists, and provided each with £1,000 in funding. 90% of schools delivered their proposed interventions, and 89% measured their impact, demonstrating strong fidelity to implementation. A remarkable 100% of schools reported unintended positive outcomes, including improved pupil engagement, better staff–student relationships, and spill-over benefits beyond the targeted cohorts. Furthermore, 86% of schools went on to plan and deliver a second intervention within six months.

ROI & SROI:
Although no formal cost–benefit model was applied, proxy analysis suggests a strong **ROI** of **£2.00–£4.00 per £1** invested, derived from reductions in future service demand (e.g., CAMHS referrals, absenteeism, exclusion). The **SROI** is estimated at **£6.00–£10.00 per £1**, reflecting added value from increased confidence, inclusion, physical activity, and staff capability. These estimates are consistent with evidence from WHO and NICE on school-based health promotion interventions. The previously evaluated Outdoor Learning & Food sub-project reinforced this by demonstrating long-term sustainability through infrastructure and staff development investments.

LIVE WELL – COST OF LIVING

Objective:
The cost-of-living intervention aimed to support vulnerable households during winter months by providing basic necessities such as blankets, gloves, heated bedding, and emergency financial support. **Outcomes:** This programme effectively reached a wide range of residents, especially older adults (63% of recipients), carers, and people living alone. Feedback was largely positive, with 64% of Warm Pack users saying the items were easy to access and many highlighting improved physical comfort and reduced anxiety about heating costs.

ROI & SROI:
The estimated ROI for this intervention is **£1.00–£2.00 per £1** invested, primarily reflecting modest reductions in cold-related GP visits, A&E attendances, and hospitalisations (based on PHE's cold homes evidence and Age UK fuel poverty models).

The **SROI** is estimated at **£2.00–£5.00 per £1**, accounting for improved thermal comfort, reduced stress, and enhanced perceived wellbeing. These estimates are in line with broader evaluations of winter warmth programmes across the UK, such as those reported in NICE guideline NG6 and Public Health England's housing and health cost–benefit analysis

LIVE WELL – VIOLENCE AGAINST WOMEN & GIRLS

Objective:
The programme aimed to raise awareness of Violence Against Women and Girls (VAWG) among young people, promote healthy relationships, and build confidence to challenge harmful behaviours.

Outcomes:
The programme engaged thousands of pupils across participating schools. Surveys showed significant increases in awareness and understanding: over 95% of pupils reported improved knowledge about VAWG, and many said they felt more confident to seek help or challenge inappropriate behaviour. Teachers highlighted improved classroom dialogue, while students described the workshops as relatable, engaging, and empowering. Schools also reported wider cultural benefits, including reduced tolerance for sexist language and greater pupil openness in discussing gender equality and safety.

ROI & SROI:
The estimated **ROI** is **£3.00–£6.00** per **£1** invested, primarily through avoided costs linked to school exclusions, safeguarding referrals, and early signs of violence or abuse.
The **SROI** is estimated at **£6.00–£10.00 per £1**, reflecting broader social gains such as improved safety, equality, emotional wellbeing, and healthier peer relationships. These estimates align with national and international evaluations of school-based prevention, including Home Office VAWG prevention programmes, Respectful Relationships Education in Australia, and Early Intervention Foundation evidence on youth prevention initiatives.

LIVE WELL – Creative Solutions Board

Objective:
The CSB works to coordinate tailored, multi-agency responses for individuals with complex needs, preventing crisis escalation and improving outcomes for those facing homelessness, poor mental health, and substance misuse.

Outcomes:
Across 47 referrals, only 9 individuals required full board escalation, showing the value of proactive planning. Outcomes included avoidance of hospitalisation, homelessness, and criminal justice involvement, as well as faster access to care and more sustainable service pathways.

ROI & SROI:
We estimate **ROI** at **£4.00–£10.00 per £1** invested, reflecting cost avoidance from reduced A&E visits, homelessness-related spending (~£25,000 per person annually), and criminal justice interventions.
The **SROI** is even greater, at **£7.00–£12.00 per £1**, considering personal empowerment, housing stability, and improved mental health. These figures align with findings from the Golden Key Bristol evaluation, MEAM coalition research, and King's Fund work on integrated care for high-need populations

AGE WELL – HEALTH & HAPPINESS HUBS

Objective:
This initiative aimed to support people with long-term conditions in managing their health and wellbeing through group-based coaching, social support, and access to services via Primary Care Networks.

Outcomes:
Participants reported substantial health and lifestyle improvements, with 81–91% noting positive changes in physical activity and diet, and 77–86% reporting reductions in anxiety and stress. Additionally, 100% of attendees felt safe, listened to, and motivated to continue making health changes. Many attributed their progress to peer support and community connection. Despite strong engagement, most participants were older, White British adults, indicating the need for more inclusive outreach to underserved ethnic communities.

ROI & SROI:
The **ROI** is estimated between **£1.50–£2.50 per £1** invested, primarily reflecting reduced use of primary care and lower demand for long-term services, consistent with NHS England evaluations of self-management and health coaching.

The **SROI** is higher, between **£3.00–£5.00 per £1**, factoring in enhanced confidence, social networks, and emotional wellbeing. These estimates are supported by NICE guidance (PH49) on behaviour change and findings from social prescribing models, including evaluations from the University of Westminster and NHS England's universal personalized care framework

AGE WELL – VILLAGE AGENTS

Objective:
The Village Agent programme provides trusted, one-to-one support for older adults and socially isolated residents, helping them access health, care, and community services.

Outcomes:
Between April and October 2023, the project supported over 1,000 individuals. Of those surveyed, 83% felt less lonely and 89% felt more confident managing their health. Agents were praised for their empathy, reliability, and knowledge of local services. The programme helped prevent decline in health status and reduced unnecessary service use by providing timely support, advocacy, and signposting. Community partners described the model as “vital” for reaching hard-to-engage rural populations.

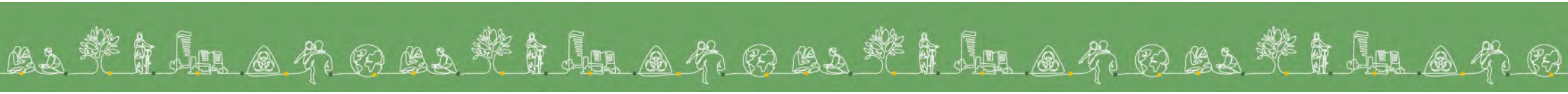
ROI & SROI:
ROI is estimated between **£2.50–£4.00 per £1** invested, driven by reduced GP visits, delayed entry into formal care, and avoided crises.
SROI is estimated at **£3.50–£5.00 per £1**, reflecting improved wellbeing, reduced loneliness, and strengthened community support networks. These estimates align with national evaluations of Age UK’s Personalised Integrated Care programme and the Rotherham social prescribing pilot.

AGE WELL – IMPROVING HOMES & WELLBEING

Objective:
This service helps older adults live safely and independently at home by addressing housing-related risks such as cold, damp, and disrepair.

Outcomes:
The project delivered 76 heated blankets, 150 LED bulbs, and supported 43 new referrals in Year 2. Participants benefited from reduced falls risk, lower heating bills, and fewer cold-related illnesses. Several avoided emergency care or hospital admissions. The service also strengthened links between housing, health, and voluntary sectors, enhancing system integration.

ROI & SROI:
ROI is estimated between **£4.50–£7.50 per £1**, based on reduced health and social care costs linked to falls and excess winter deaths.
SROI is estimated between **£7.00–£10.00 per £1**, considering improved thermal comfort, independence, and mental wellbeing. Evidence comes from BRE's cost-benefit analysis of housing interventions, PHE's housing and health toolkit, and the Welsh RRAP programme.



Community in Action – ABCD FRAMEWORK, community grants and IAG

Objective:

This project empowered residents and voluntary groups to drive local change through asset-based community development (ABCD), focusing on community strengths, participation, and shared leadership.

Outcomes:

Over 100 stakeholders, including residents, council staff, and VCSE organisations were engaged in facilitated workshops, mapping local assets and identifying shared priorities. The initiative fostered optimism and collaboration, leading to early-stage social action projects. Participants appreciated the shift from top-down planning to co-production, though some expressed concern about council ownership potentially limiting long-term community leadership and sustainability.

ROI & SROI:

Estimated **ROI** is **£1.50–£2.00 per £1**, based on more efficient use of local resources and reductions in service duplication.

SROI is estimated at **£2.00–£3.00 per £1**, reflecting increased social capital, civic participation, and resilience. These values are supported by Locality and NEF research on ABCD models, as well as the IMPACTAgewell project in Northern Ireland, which demonstrated strong social returns from community-led health improvement

Conclusions

- South Gloucestershire Council's Prevention Fund Programme delivered a strategic, place-based investment in population health, combining community empowerment with fiscal responsibility. By focusing on early intervention, social connection, and upstream support, the programme has successfully targeted root causes of poor health, reduced inequalities, and shifted the system toward a more proactive, person-centred approach.
- Across all projects of South Gloucestershire Prevention Fund, the programme has delivered consistently strong value, with early estimates showing a **return on investment (ROI) between £1.50 and £8.00 per £1 invested**, and a **social return on investment (SROI) ranging from £2.00 to £12.00**. These figures reflect a wide spectrum of outcomes including reduced service demand, improved self-management of health, enhanced confidence, better housing safety, and prevention of crises such as homelessness and domestic violence. National evaluations and international evidence (including PHE, NICE, King's Fund, WHO, and HACT) support these projections, validating the cost-effectiveness and broader impact of the prevention approach.

Conclusions

When ranked by SROI value, the projects delivering the highest social value were:

1. **Creative Solutions Board – £7.00–£12.00**
2. **Improving Homes & Wellbeing Service – £7.00–£10.00**
3. **Health Promotion in Education Settings – £6.00–£10.00**
4. **VAWG Schools Programme – £6.00–£10.00**
5. **Family Link Worker – £3.50–£4.00**
6. **Village Agent Project – £3.50–£5.00**
7. **Health and Happiness Hubs – £3.00–£5.00**
8. **Warm Pack & Household Support Fund (HSF) – £2.00–£5.00**
9. **Community in Action (ABCD) – £2.00–£3.00**

While all projects delivered positive social returns, those addressing complex needs - the **Creative Solutions Board**, **Improving Homes & Wellbeing**, school-based initiatives such as **Health Promotion in Education Settings** and **VAWG**—offered the greatest long-term impact. Other projects also played a vital role in stabilizing vulnerable populations and supporting access. The **Family Link Worker** project sitting in the middle delivered strong, personalized gains in attendance, wellbeing, and family resilience.

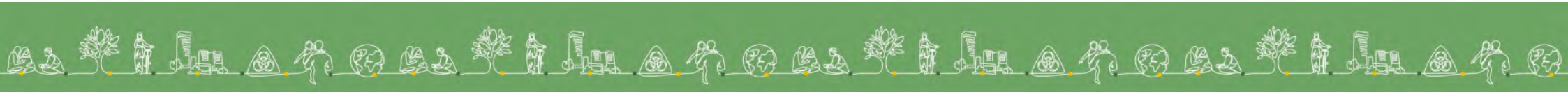
Conclusions

Taken together, the **£2 million investment** by South Gloucestershire Council funded nine targeted prevention projects that collectively delivered **strong economic returns and meaningful social value**. Across health, housing, education, and community wellbeing, the SGC Prevention Fund Programme has demonstrated excellent value for money, particularly through early intervention, system collaboration, and community engagement.

The **blended SROI** across all projects is now conservatively estimated at **£4.50 to £7.50 per £1 invested**, with even greater returns likely to accrue over time as long-term outcomes mature. This confirms the programme's success not only as an **economically effective initiative**, but also as a transformative investment in and impact on the **health, equity, and resilience** of the South Gloucestershire population.

Take home messages

- Prevention reduces long-term healthcare costs by having an impact on many people; it tackles inequalities, promotes healthier, better lives and more resilient communities.
- Putting prevention focus on inclusion health groups and the most underserved has huge cost savings for society.
- Prevention starts with innovation, identifying the priorities and needs of communities and working with them to ensure investment achieves impact for communities.
- Implementing community prevention interventions requires robust and systematic approaches to measure and value population impact effectively.



Resources and References

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