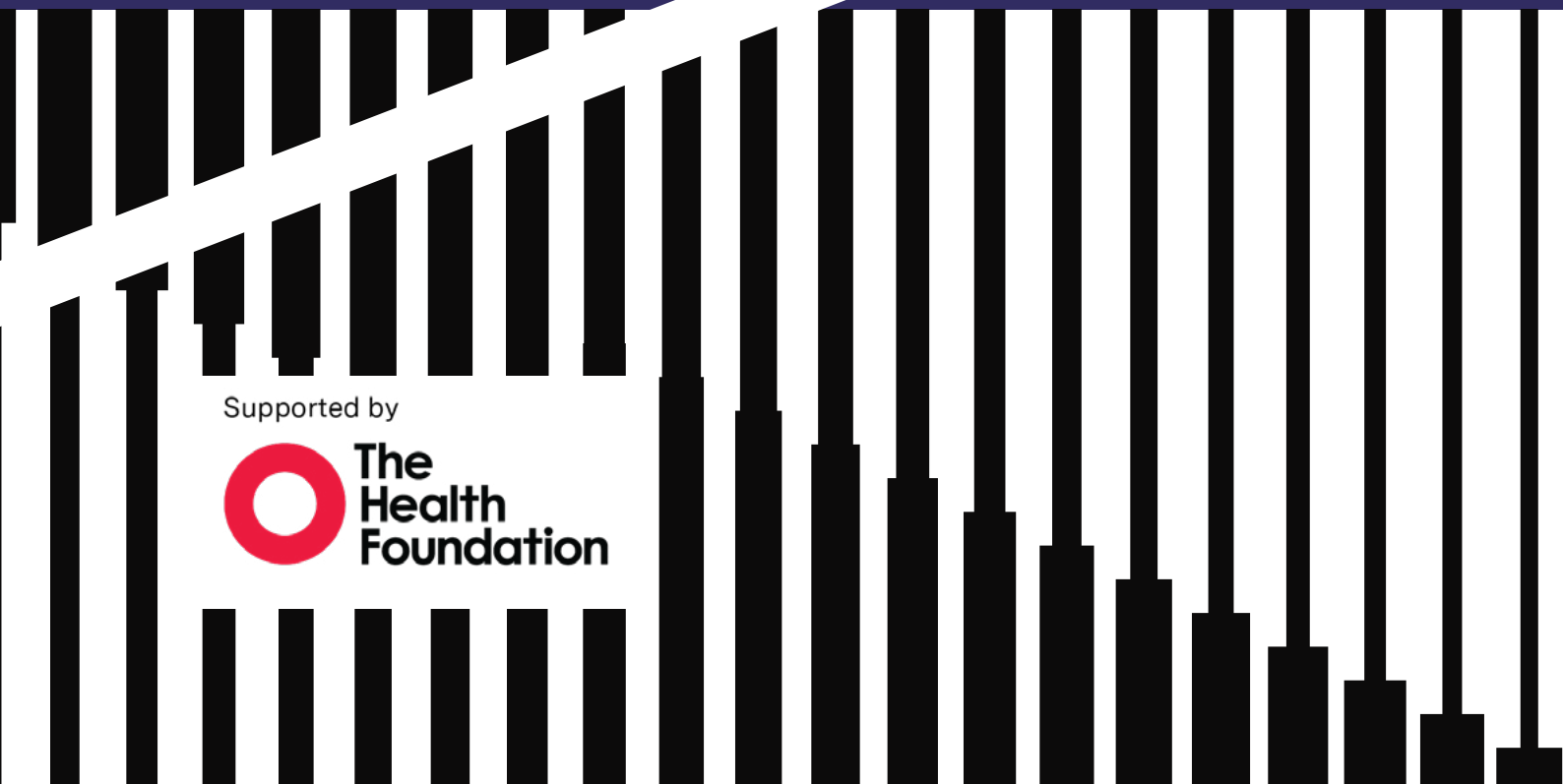
CIPFA

Understanding preventative investment

A practical approach to map and measure spend

October 2025



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Executive summary

Background

Public sector organisations across the UK face growing demand for reactive services and increasing financial pressure. The widening gap between need and capacity is a threat to the sustainability of public services. The shift toward a more preventative approach, to increase the resilience of individuals and communities and reduce or delay the likelihood or severity of demand for reactive services, must be embedded at the heart of public service reform.

Successive UK governments have highlighted the need for a greater emphasis on prevention, but implementation has lagged. At the same time, there is a renewed call for a shift towards prevention, reflected in the 2025 Spending Review and wider public sector reform agendas across the UK. Several proposals have been put forward to shift resources towards prevention, but without understanding the current picture of investment, the extent of the shift required remains elusive. Understanding levels of preventative investment could provide the bridge to take prevention from rhetoric to reality.

Purpose

CIPFA and The Health Foundation launched this project to answer a simple but fundamental question: **could we identify local authorities' investment in prevention related to the building blocks of health?** Our objective was to co-produce and test a practical approach that enables public bodies to define, map and measure preventative investment. By doing so, we aimed to develop a proof of concept that it is possible to identify and track preventative investment, thus providing a foundation for better financial decision making.

Lessons learned

Working with four partner councils, we co-produced and tested a simple four-step approach that was designed to be adaptable across public sector organisations.

See Appendix A – How to map and measure preventative investment: a practical guide for public sector organisations.

This project demonstrates that preventative investment can be defined, mapped and measured in financial terms. From the work with partner councils, five key lessons emerged:

- Prevention can and should be quantified through consistent application of shared definitions and professional judgement.
- Finance teams are central because their early involvement ensures data can be linked meaningfully to services and supports organisational ownership.
- Mapping investment builds shared understanding by creating a common language for prevention and aligning priorities across teams.
- Prevention gains traction when embedded in strategy so that it becomes part of routine planning, budgeting and governance.
- Understanding investment complements wider evaluation by strengthening the evidence base for reform and supporting long-term planning.

Recommendations

To achieve a meaningful shift towards prevention, action is required at both organisational and national levels.

For public sector organisations:

R1. Apply a consistent approach to map and measure preventative investment.

R2. Analyse demand drivers alongside financial data to inform priorities.

R3. Embed prevention into strategies, budgets and governance structures.

For the UK government:

R1. Make prevention a whole-of-government priority, embedding a ‘health in all policies’ approach.

R2. Identify and track preventative investment systematically across departments and portfolios.

R3. Align budgets, funding and accountability frameworks with long-term, cross-sector outcomes.

Our call to action

CIPFA is now seeking to build on the momentum of this work by establishing a community of practice on preventative investment, to be launched in early 2026. This will bring together organisations with a shared interest in prevention, enabling them to exchange knowledge, tackle common challenges and build new solutions together. In this context, it would mean organisations across the UK working together to develop a consistent approach to understanding preventative investment.

Our call to action is simple:

- Apply the approach: organisations should use the approach to map and measure preventative investment, ideally across their whole budget.
- Join the community of practice: by working together we can accelerate progress, share knowledge and work toward the goal of building a local, regional or even national picture of prevention that is greater than the sum of its parts.
- Share your experience: whether successes, challenges or data, every contribution strengthens the collective understanding and brings us closer to embedding prevention at the heart of public service reform.

CIPFA is keen to support and showcase learning and good practice on prevention across the public sector.

Prevention must now move from rhetoric to reality. By making preventative investment visible, public bodies and central government can create the conditions for more sustainable services and better outcomes.

For more information or to share your organisation's experience, contact **Zachary Scott** (Policy Researcher, Prevention) at zachary.scott@cipfa.org.

1. Prevention is key to the sustainability of public services

The sustainability of public services in the UK is at risk. Demand for reactive services continues to rise, placing public sector organisations under increasing financial pressure.

As CIPFA and the Institute for Government's Performance Tracker 2023 highlighted, this is not a new pattern. Since at least 2010, funding for many services has shifted towards reactive provision at the expense of prevention.

- Local authority spending on children's centres and youth services has been cut by more than half, while spending on safeguarding and care for looked-after children has risen sharply.
- In health, public health funding has been reduced in real terms, while more funding is poured into acute care.

This rebalancing towards the urgent and immediate is eroding the public sector's capacity to prevent problems before they escalate.

The long-term fiscal outlook reinforces the urgent need for change. The Office for Budget Responsibility (OBR) report Fiscal risks and sustainability – September 2024 identifies population health as both a key driver of economic performance and one of the greatest risks to public finances. Since 2010, progress in life expectancy and healthy life expectancy has stalled, leaving more people living longer with multiple health conditions. The consequences reach far beyond the NHS. Poor health lowers labour market participation, reduces tax revenues, increases welfare costs and raises pension liabilities. The OBR's conclusion is clear – improving health and wellbeing is not only desirable for citizens but would bring major fiscal benefits.

If current trends continue, these pressures are only expected to intensify. The Health Foundation's update to their Health in 2040 report projects that the number of people living with major illness in England will rise by 39% by 2040 – three and a half times faster than the growth of the working-age population during the same period. There is a growing imbalance between rising need and the revenues raised to meet all public spending. Left unaddressed, public services risk becoming locked into an increasingly reactive mode, with escalating demand outpacing the state's capacity to respond.

The sustainability of public services requires a fundamental shift in approach away from crisis management towards tackling root causes. At its core, prevention is about increasing the resilience of individuals and communities and reducing or delaying the likelihood or severity of future demand for reactive activity. Embedding this principle into the heart of public services is no longer optional. It is essential if the state is to remain financially sustainable and capable of improving outcomes in the long term.

Prevention at the heart of public service reform

Over the past decade, successive governments have highlighted the need for greater emphasis on prevention, yet these ambitions have yet to be realised at scale. The following provides a summary of some of the prevention policies proposed.

November 2018 – Prevention is better than cure

Secretary of State for Health and Social Care (SoS HSC) Matt Hancock outlined the government's vision to shift the focus of health and social care onto prevention, with the aim of improving population health, securing the future of services and supporting economic growth.

January 2019 – NHS long term plan

SoS HSC Matt Hancock set out a ten-year strategy for the NHS with a stronger focus on prevention, including action on smoking, obesity, type 2 diabetes, alcohol and air pollution. It confirmed a shift towards integrated care, place-based systems and a greater emphasis on population health, complementing local government's public health responsibilities.

March 2022 – Commitment to report on preventative investment

SoS HSC Sajid Javid committed to baseline, report on and assess the extent of investment in prevention as part of wider health reforms. This commitment was not taken forward by his successor.

May 2022 – Health disparities White Paper

Proposed by SoS HSC Sajid Javid, this was intended to set out a strategy to tackle the drivers of health inequalities, with a strong focus on prevention and the wider determinants of health such as socioeconomic factors, living conditions and access to resources. It was designed to support the government's levelling up agenda through a cross-government approach and by emphasising the importance of community engagement in identifying local needs and priorities. The White Paper was subsequently shelved in 2023 and never published.

The current Labour government's Spending Review 2025 set prevention at the heart of its public service reform agenda, identifying integration, prevention and devolution as three organising principles of public service reform. This is supported by a £3.25bn transformation fund over three years, intended to "drive a preventative approach to public services and modernise the state". However, less than half – only around £1.5bn – is allocated for prevention schemes, with much of the emphasis tied to efficiency, productivity and digital modernisation rather than systemic investment in prevention.

The 10 year health plan for England: fit for the future similarly elevates prevention, promising to shift 'from sickness to health' through expanded screening, earlier intervention and new financial incentives that reward proactive care. Yet its scope is overwhelmingly health centric, focused on particular conditions or risk factors and leaning heavily on secondary and technology-enabled interventions such as wearables, genomics and digital monitoring. The wider determinants of health receive far less attention, with somewhat vague plans for neighbourhood health and only one clear proposal for 'prevention demonstrators' – partnerships between the NHS and strategic authorities intended to explore opportunities to 'reprofile public service spending towards prevention'.

Devolution offers a more expansive opportunity. The English Devolution and Community Empowerment Bill proposes powers for strategic authorities and mayors across housing, transport, skills, planning and economic development. Crucially, it introduces a statutory health duty, requiring strategic authorities and mayors to consider population health and health inequalities in exercising their functions. As the Health Foundation's briefing Not just a duty: unlocking the full potential of strategic authorities to tackle the wider determinants of health argues, this could be a turning point if supported by national strategy, sustainable funding and robust accountability. Strategic authorities are uniquely placed to strengthen the building blocks of health at scale, embedding a 'health in all policies' approach that goes beyond the remit of the NHS.

To date, successive UK government actions have been cautious. Prevention demonstrators, pilots and partnership commitments signal intent, yet without clear national frameworks or long-term investment, prevention risks remaining at the margins. In England, the scope of reform has so far been largely focused on health care, specific conditions or risk factors, while the levers that shape population health most profoundly remain underused.

Prevention as a means of securing the wellbeing of future generations in Wales

Wales has taken a different but complementary path by embedding prevention in law through the Well-being of Future Generations (Wales) Act 2015. The 2015 Act requires all public bodies to act in accordance with five ways of working, including prevention and long-term thinking, and to align decisions with seven national wellbeing goals, such as a healthier and a more equal Wales. It established the Future Generations Commissioner to hold the system to account and created a statutory foundation for preventative budgeting by requiring public bodies to demonstrate how resources contribute to long-term outcomes.

A decade on, the Future generations report 2025 warns that while the 2015 Act has shifted rhetoric, many public bodies still fail to move resources upstream. The Commissioner describes this as an act of "collective self-sabotage" – a failure to act on decades of evidence that prevention is essential to sustainability. The report calls for ringfenced, annually increasing prevention budgets across government portfolios, a shared definition of prevention and transparent reporting of prevention spend.

The Audit Wales report No time to lose: lessons from our work under the Well-being of Future Generations Act reinforces these concerns. It finds that secondary and crisis services continue to dominate spending, while preventative budgets remained squeezed by short-term cycles and fragmented accountability. The report recommends longer-term settlements, stronger tracking of prevention investment and reform of oversight frameworks that currently reinforce short-term priorities.

Prevention as a driver of reform in Scotland

In Scotland, prevention has become a central organising principle of reform. The Public Service Reform Strategy explicitly recognises that rising demand, driven by demographic change, poverty and poor health, cannot be sustained through reactive spending alone. Without change, health and social care are projected to consume more than half of devolved expenditure by 2075. The strategy therefore commits to identifying and aiming to tackle demand drivers of public spending and makes the case for upstream investment.

Crucially, it highlights the barriers created by current budgeting arrangements, which lock resources into crisis response, and commits to redesigning budget processes to track, enable and expand preventative spend. Accountability structures will also be reformed, shifting away from siloed performance management towards joint accountability for shared outcomes, supported by a refreshed National Performance Framework.

The Scottish Population Health Framework 2025–2035 complements this reform agenda, setting out a ten-year plan to improve life expectancy and reduce health inequalities. It stresses the need for cross-government action on the wider determinants of health and identifies five drivers of change: prevention-focused systems, social and economic factors, places and communities, enabling healthy living and equitable health and care. Of particular significance is the adoption of a 'health in all policies' approach, embedding a health lens into impact assessments across sectors such as housing, planning and transport.

The framework commits to developing new tools for resource allocation that prioritise prevention, expanding evaluation of prevention spend and strengthening system-wide accountability for outcomes. Together, these strategies represent one of the clearest examples in the UK of aligning financial systems, governance and reform objectives around prevention.

The Scottish and Welsh strategies show how both nations are taking a different approach to prevention. Each has placed prevention at the heart of public service reform – Scotland through tackling demand drivers, preventative budgeting and shared accountability, and Wales through embedding prevention in law, national wellbeing goals and independent oversight.

Despite different routes, common themes emerge, including the need to:

- move resources upstream
- align budgets and accountability with long-term outcomes
- embed prevention across all areas of policy, not just health.

From rhetoric to reality: making the shift to prevention

The UK government's Spending Review 2025 rightly identified prevention, integration and devolution as the three organising principles of public service reform. Prevention is most effective when it involves partnership across organisational boundaries and a sound understanding of the unique circumstances of each place and community. However, national policy has continued to rely heavily on short-term transformation pots and pilot programmes. As CIPFA has argued, such approaches cannot deliver systemic change. Integrating care: policy, principles and practice for places highlights that the health and wellbeing needs of populations vary greatly across the country and that improving outcomes requires a joined-up, whole system approach, supported by sustainable funding and long-term financial planning.

This reflects a deeper truth that activity follows money. If resources are tied up in reactive services, preventative ambitions will struggle to gain traction.

A series of major reviews and think tank reports have all proposed mechanisms to shift greater resources towards prevention:

- The Hewitt Review called for a greater share of NHS budgets to be directed to prevention.
- Demos' Revenue, capital, prevention: a new public spending framework for the future argued for structural fiscal reform, creating a new category of public expenditure, preventative departmental expenditure limit (PDEL) to classify, protect and grow prevention spend across government.
- The Tony Blair Institute's Moving from cure to prevention could save the NHS billions: a plan to protect Britain proposed a prevention guarantee to ensure prevention grows as a proportion of health budgets.
- The Institute for Public Policy Research's Our greatest asset: final report of the commission on health and prosperity pressed for devolving power and resource to places themselves, ensuring they have the permission, funding and infrastructure to support healthy lives.
- The Milken Institute's Reinvention of prevention: how to fund and finance a pivot to a prevention-first healthcare system argued that new financing models such as blended funds, outcome-based contracts and community health hubs are needed to bring in private and philanthropic capital alongside public money.

These reports all converge on the need to move money upstream, yet they leave open the question of the extent of the shift required. As CIPFA and Public Health England's (PHE) 2019 report Evaluating preventative investments in public health in England highlighted, it is essential to first understand current levels of preventative spend in order to determine the scale of the change required.

In both Scotland and Wales it is recognised that in order to determine the nature and extent of the shift required, they must first understand current levels of preventative investment:

- Scotland's Public Service Reform Strategy and Population Health Framework commit to measuring and tracking prevention spend.
- The Future Generations Commissioner for Wales and Audit Wales have called on public bodies to understand their prevention spend.

The focus on understanding the starting point is the bridge from rhetoric to reality. Without a robust grasp of how money currently flows, it is difficult to chart a credible path for shifting resources upstream, aligning incentives and embedding prevention at the core of public service reform.

2. Understanding preventative investment

If prevention is to move from rhetoric to reality, an essential step is to establish where we are now:

How much do public sector organisations currently invest in prevention?

Answering this question is far from straightforward, but without this understanding, it is difficult to determine the extent of the shift that needs to be made or the mechanisms by which it could be achieved.

In Evaluating preventative investments in public health in England, CIPFA and PHE identified several characteristics of prevention that complicate attempts to define and measure it.

Table 1. Characteristics of prevention that make it difficult to define and measure

Characteristic	Description
Measurement issues	It can be difficult to define what counts as preventative activity and to predict impacts that may be broad and indirect.
Cash/non-cash factors	Non-cash benefits are likely to predominate, with cashable benefits playing a more limited role.
Distance factors	The further upstream an intervention occurs, the more difficult it is to evaluate.
Muted effects	Without early investment, there is the potential for unintended consequences or obligations to accumulate, creating future demand or liabilities.
Choices	Not all preventative investments that make long-term financial sense can be afforded – trade-offs are inevitable.
Cross-organisational impact	Benefits often accrue to different parties than those meeting the costs, requiring whole system assessment.

Among these, measurement issues are particularly relevant to this project. CIPFA and PHE's report recommends that central government establish and implement a classification system and that the distinction between the different stages of prevention provides a helpful starting point. Simply beginning to analyse investment across these stages can bring preventative efforts into sharper focus.

Developing a clearer picture of current levels of preventative investment would:

- enable more meaningful communication and reporting to residents, showing clearly how public money is invested, what it delivers locally and why preventative investment matters, thereby helping to build public understanding and support
- facilitate better evidence-based decision making by making visible how resources are used, by whom and for whom
- support more meaningful collaboration between organisations and sectors by providing a shared picture of preventative activity that partners can use for planning and joint action

- provide essential information for reviewing preventative investments, allowing organisations to track patterns of investment and build a stronger basis for future evaluation.

Having this shared picture of prevention is an essential enabler of reform, giving partners and communities the common ground needed to plan, fund and deliver services differently.

Developing a proof of concept

In 2023, CIPFA, with support from The Health Foundation, set out to explore the extent to which we could quantify local authorities' preventative investment related to the building blocks of health, as set out in our 2024 briefing, Exploring levels of preventative investment in local government (PDF).

In doing so, we pursued two objectives:

1. Build consensus around the scope and definition of prevention.

2. Co-produce an approach to map and measure preventative investment.

The aim was to develop a proof of concept – to test whether it is possible to define, map and measure preventative investment in a way that can be consistently applied across public sector organisations. To do this, we worked directly with local authorities, using the building blocks of health to frame our exploration of prevention.

Our methodology combined desk research with co-production. The process of defining prevention consisted of a review of the literature on existing models of prevention and consultations with a multi-stakeholder reference group, roundtable participants and council partners.

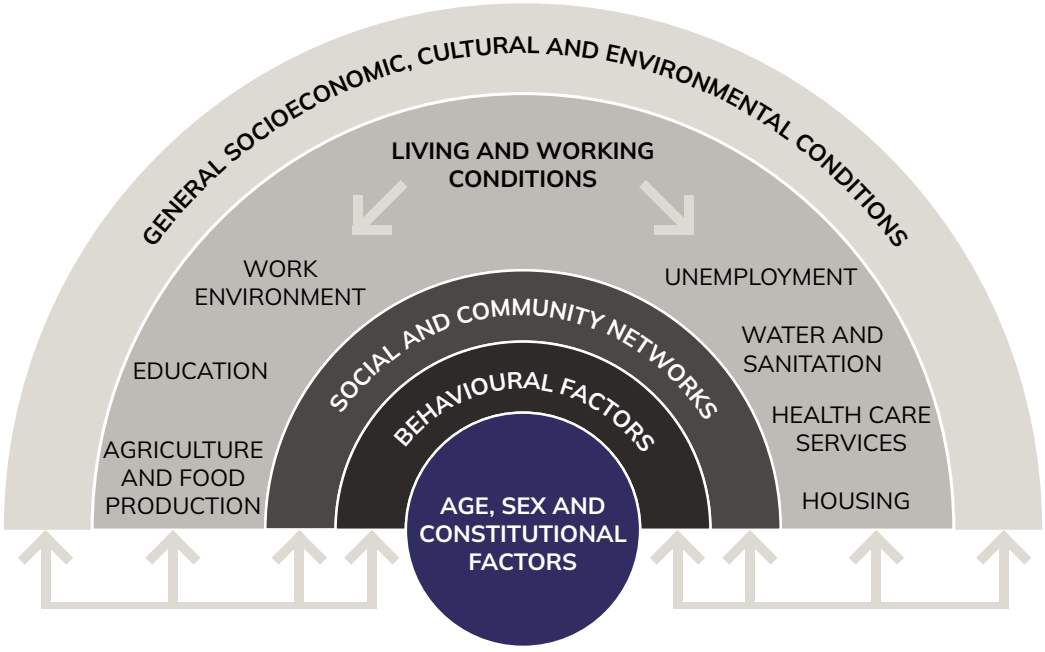
Following an open Invitation to participate (PDF) in February 2024, we worked with four councils in England and Wales to co-produce an approach to map and measure preventative investment. This iterative process allowed us to build and refine a practical approach rooted in real-world application.

Local government and the building blocks of health

Our focus on local government and the building blocks of health was deliberate. As highlighted in Integrating care: policy, principles and practice for places, people's health and wellbeing needs are not homogeneous. They vary across the country depending on local social and economic circumstances. Meeting these needs requires a whole-system approach, grounded in place, that draws on the knowledge and levers held by councils and other local partners. Local government is essential to tackling the root causes of poor health through its influence over housing, education, planning, transport and economic development.

The Health Foundation's quick guide, What builds good health? An introduction to the building blocks of health, further reinforces this perspective. It demonstrates that our health is shaped far more by the social, economic and environmental conditions of everyday life than by access to health care. These building blocks of health include secure housing, money and resources, good work, education and skills, transport, food, social connections and the quality of our surroundings. Where these building blocks are strong, people are more likely to live longer, healthier lives. Where they are weak or absent, the risks of illness and inequality increase.

Figure 1. Factors that influence an individual's health and wellbeing



Source: The Health Foundation, What makes us healthy? (2024)

This broader perspective is particularly important given that the UK government has often framed prevention narrowly through the lens of health. National strategies tend to equate prevention with a focus on particular conditions or risk factors, screening, medical interventions or behaviour change. While these are important, they represent only part of the picture. By focusing on local government and the building blocks of health, this project

goes beyond the assumed scope of prevention to capture the upstream social, economic and environmental conditions that drive demand for reactive services.

Councils are uniquely placed to act on these wider determinants and are often closest to communities where pressures are most acute. By working with them, this project sought to test whether preventative investment can be defined and measured in financial terms across the services that matter most to people's daily lives. Doing so provides a clearer picture of where prevention is happening today and a basis for rethinking how public services are planned, funded and delivered in the future.

Although this proof of concept was co-produced with local authorities, the approach is designed to be adapted to the priorities, structures and financial systems of other organisations. With some modification, it should offer a practical way of understanding levels of preventative investment across a variety of public and third sector organisations. Having a consistent approach also creates a stronger basis for integration and partnership working, enabling organisations to align their efforts and build a more coherent picture of prevention across systems and places.

3. Overcoming the challenge of defining prevention

One of the main barriers to action on prevention is that everyone has a different idea of what it means. Although there are many definitions of prevention and stages, all tend to be constructed through a specific lens, which may not lend itself to broad application. However, if we wait for the perfect set of definitions, the problems we face will only intensify. The key is to agree to a set of workable definitions and get started.

To develop definitions that could be applied across the public sector, we began with established models from public health and clinical medicine. Through consultation with our reference group, roundtable participants and partner councils, we then removed all health-specific language so the definitions could be applied to any service area. This iterative, co-production process allowed us to build consensus while ensuring the approach was practical and relevant to public sector organisations.

For the purpose of this project, we apply the following definitions:

Table 2. Core service classifications and definitions

Service classification	Definition
Prevention	Activity designed to increase the resilience of individuals and communities and reduce or delay the likelihood or severity of future demand for reactive activity.
Enabling	Activity that is not in itself preventative but is required to support or facilitate the delivery of a preventative activity.
Non-preventative	Activity designed to support basic operations or reactive services but does little or nothing to reduce the likelihood or severity of future demand for reactive activities.

Prevention has multiple stages, and again, literature contains many definitions for these. For this work, we compared our definitions with others intended to have a similar broad application (as shown below).

While there is some variation in wording, two common characteristics stand out:

- target population: who the activity is aimed at
- primary purpose: what the activity aims to achieve.

These characteristics are key in underpinning our approach for classifying preventative activity.

Regardless of variations in definitions and classifications of prevention, even if these were perfect, when it comes to applying them, some subjectivity is unavoidable. Professional judgement is required during the process of classifying services. But the value of this approach is found in its ability to create a shared understanding across organisations about what counts as prevention and how resources are being used. These discussions are helpful as an intervention in their own right, building understanding and support for prevention activities. In this way, definitions become not a barrier to action but a practical tool for reform.

Table 3. Comparing definitions of the stages of prevention across different organisations

	CIPFA	Demos	Welsh Government/ Future Generations Commissioner	Scottish Government
Primordial	Supports whole populations by changing social, economic and environmental conditions to prevent risk factors from emerging in the first place.	Foundational prevention Supporting social infrastructure that generates the social capital which enables people to lead healthy lives.	Primary prevention Building resilience – creating the conditions in which problems do not arise in the future. A universal approach.	Primary prevention Action that tries to stop problems happening. This can be either through actions at a population level that reduce risks or those that address the cause of the problem.
Primary	Supports people at risk of problems by reducing exposure to known risks or strengthening protective factors to prevent problems from arising.	Reducing the incidence of problems within the population by removing or reducing risks.		
Secondary	Supports people showing early signs of problems by identifying issues and responding early to prevent them from escalating.	Detecting problems in their early stages and intervening before problems develop.	Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism.	Action which focuses on early detection of a problem to support early intervention and treatment or reduce the level of harm.
Tertiary	Supports people living with ongoing problems by helping them manage their situation and improve stability to reduce reliance on reactive services and prevent problems from further escalating.	Reducing the impact of problems. This is done by helping people manage long-term, complex problems to improve their ability to function in society and their quality of life.	Intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.	Action that attempts to minimise the harm of a problem through careful management.

4. Our approach to map and measure preventative investment

As set out earlier, one of the key barriers to making the shift to prevention a reality is that we do not know how much is currently being spent on it. Without this understanding, it is difficult to judge the scale of change required or to design mechanisms for shifting resources upstream.

We addressed this challenge by co-producing a simple, practical approach that enables organisations to map and measure preventative activity. The approach was developed iteratively with partner councils to ensure it was usable in real-world settings and in different contexts.

The four-step approach

The approach can be broken down into four steps:

1. **Set the scope:** Establish a clear focus area to ensure services are considered on a consistent basis. This could be a specific programme or strategic priority, or it could be the organisation's total investment.
2. **Map services:** Identify all services and activities that fall within the chosen scope, regardless of whether they are preventative, enabling or non-preventative.
3. **Classify services:** Apply the agreed definitions to classify each service/activity based on its target population and primary purpose.
4. **Collect financial information:** Link services to financial information to understand how much is being invested in each area.

See Appendix A – How to map and measure preventative investment: a practical guide for public sector organisations

What the approach offers

In practice, the approach provides:

- the opportunity to develop a shared understanding of prevention across an organisation, ensuring finance, service and policy teams work from the same definitions
- a consistent, adaptable method for mapping services and associated financial information over time, enabling like-for-like analysis across the organisation
- a tool to support dialogue within organisations and wider partners, making prevention visible in financial terms.

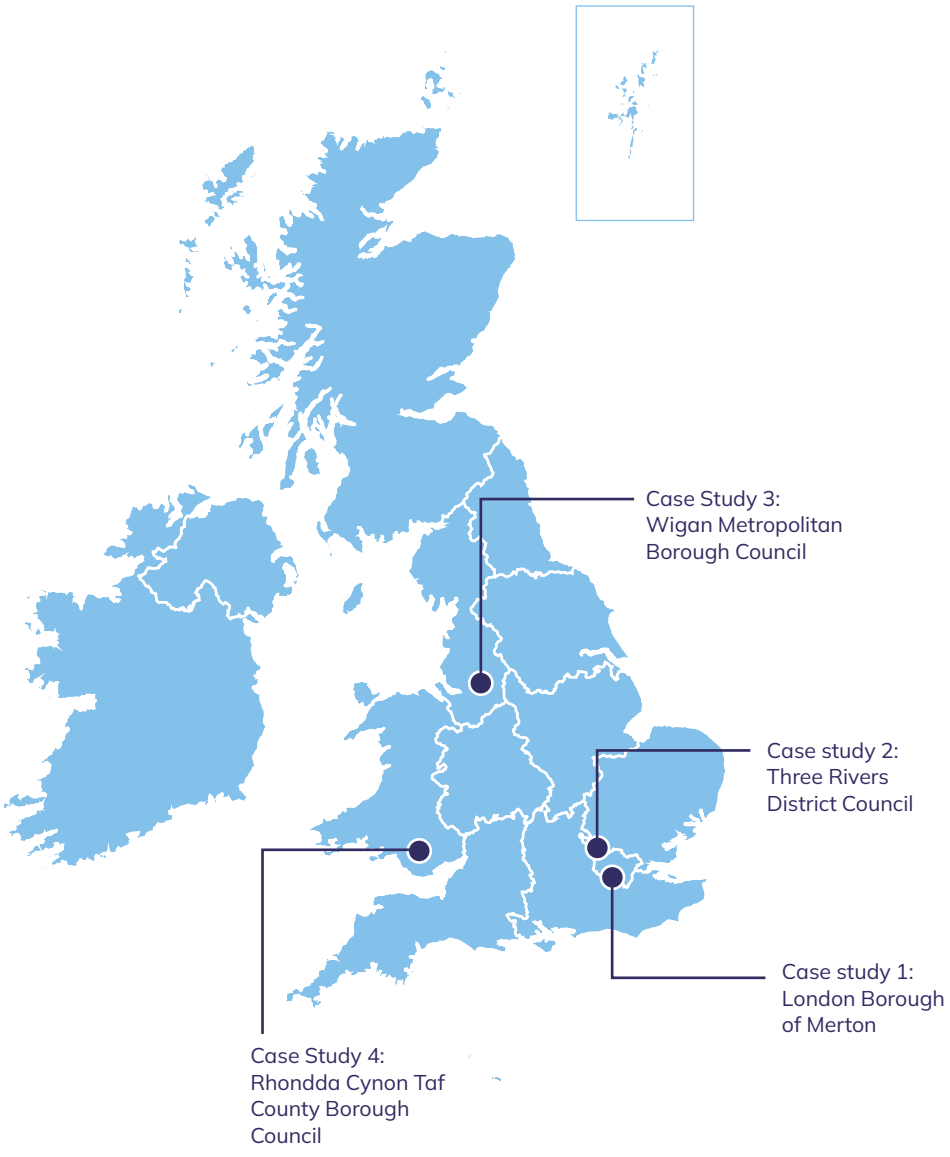
This approach is designed to show where and how much is spent on prevention. It does not attempt to measure outcomes or effectiveness. The value lies in providing clarity on levels of investment, creating the foundation for further evaluation and evidence on what works.

5. Case studies: applying the approach in practice

Having set out the definitions and outlined the four-step approach, the next stage was to test how it works in practice. We partnered with a group of local authorities in England and Wales who applied it to their focus areas, following the approach set out in Appendix A.

The case studies show how the approach can be adapted to different contexts – a London borough using a corporate priority to mobilise activity, a district council focusing on community partnerships, a large metropolitan authority applying the method at scale and a Welsh council embedding elements of the approach into wider research. In each case, the challenges encountered highlight the realities of applying the framework and helped to refine and strengthen the approach itself. Each demonstrates how prevention can be made visible in financial terms and the valuable lessons that can be learned through the process.

Figure 2. Map of council partners involved in co-producing the approach



Case study 1: London Borough of Merton

Embedding prevention through the Borough of Sport priority

Background and approach

Merton is a southwest London borough of 217,000 residents. The population is ageing, increasingly diverse and marked by sharp inequalities between the affluent west and more deprived east. Addressing these inequalities is central to the council's Building a better Merton together plan that places civic pride, sustainability and prevention through its ambition to be London's borough of sport at the heart of local priorities.

Merton's Health and Wellbeing Strategy 2025–2030, co-produced with partners across the system, focuses on reducing inequalities and underlines prevention as one of its five themes. It also highlights the need to strengthen the building blocks of health – including a positive environment, good employment and education and strong communities – alongside equitable access to health and care services. It aligns with the wider vision of the council and the Borough of Sport as a flagship priority. This is built around three missions: ensuring everyone, regardless of background, has the opportunity to be active; making Merton the natural home of sport in London with a protected and growing sporting heritage; and developing a thriving sports and leisure economy that benefits residents.

The focus for this project was on activity led directly by the Borough of Sport team or introduced since the priority was established in 2022. The aim was to capture how a single corporate priority can mobilise preventative investment across departments and partners, while tackling inequalities and supporting priority groups. The Borough of Sport is particularly relevant to the 'family, friends and communities' building block of health, as it strengthens social connections and promotes resilience through shared physical activity and fun.

Findings

Merton was the first council to take part in the project, which meant its work set the foundation for everything that followed. Each step of the approach was applied iteratively, with lessons from Merton shaping how the process was refined for later councils. Working together allowed us to test definitions, adjust the scope and agree practical methods for connecting service information with financial data.

The Borough of Sport priority brought together a wide variety of initiatives designed to reduce barriers to activity and embed movement into daily life. These included programmes supporting young people, older residents and under-represented groups, as well as investment in community facilities and tools to make opportunities easier to find and access. By consolidating this activity and linking it to financial data, the council was able to establish a clearer picture of its preventative and enabling investment.

Total expenditure mapped for the 2023/24 financial year was £524,995.79, of which £349,745.08 (67%) was preventative and £175,250.71 (33%) was enabling. No non-preventative expenditure was recorded.

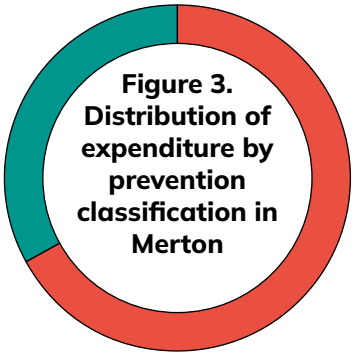


Figure 3. Distribution of expenditure by prevention classification in Merton

Preventative	£349,745.08 (67%)
Enabling	£175,250.71 (33%)
Total	£524,995.79

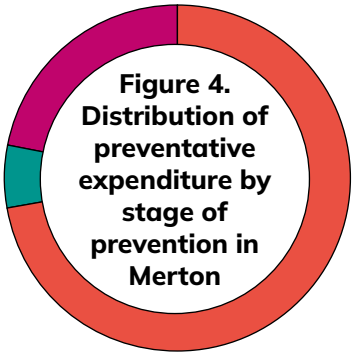


Figure 4. Distribution of preventative expenditure by stage of prevention in Merton

Primary	£253,745.08 (73%)
Secondary	£20,000.00 (6%)
Tertiary	£76,000.00 (22%)

This shows a strong emphasis on primary prevention, reducing barriers to physical activity and embedding movement into daily life, with smaller but meaningful contributions at secondary and tertiary stages. Council funding was also used as a magnet fund, attracting a further £2.4m into the borough in external investment since the launch of the Borough of Sport objective, including Lawn Tennis Association (LTA) funding for borough-wide tennis court improvements and sponsorship from Cappagh to create a unique online sports activity finder.

Key insights

- Clear boundaries made the mapping manageable. Beginning with a wide scope was challenging, as sport and physical activity-related services touched almost every department. Narrowing the focus to services led by the Borough of Sport team provided a consistent and workable scope within the timeframe available.
- Enabling investment must be recognised alongside prevention. While classifying services was relatively straightforward, the exercise showed the need for a third category to capture essential but non-preventative investments such as surveys to measure impact and costs associated with the Borough of Sport launch.
- Capital expenditure needs to be considered over time. Mapping highlighted the need to include both revenue and capital expenditure, while avoiding double counting by excluding depreciation and capital charges. Capturing only one year of capital expenditure risked overstating or understating investment, so we recommend that organisations look across a five-year period instead.
- Early involvement of finance officers proved critical. Their expertise ensured data could be connected meaningfully to services, while collaboration with service leads helped establish a shared understanding of prevention across departments.

Taken together, these findings gave Merton a practical baseline of both preventative and enabling investment under the Borough of Sport priority. They also demonstrated how a single corporate mission can unite activity across departments, attract significant external funding and make prevention more visible in delivery and financial terms.

Reflections and next steps

For Merton, the exercise confirmed both the breadth of preventative investment generated by the Borough of Sport and the value of a unifying mission in mobilising action across departments. Strong political leadership, clear scoping and early involvement of finance officers all proved decisive in making prevention visible in financial terms and embedding it as a shared priority across the council.

The findings will inform the Health and Wellbeing Board, multi-agency forums and Merton's Annual Public Health Report 2025/26, which will focus on physical inactivity. At the same time, the council sees its efforts on prevention as part of a wider national shift. While the government's ten-year health plan emphasises prevention with a focus on health care, Merton intends to use the lessons from this work to demonstrate how prevention can reach far beyond health and care and into local services, communities and daily life. The council is also keen to encourage others to apply the approach, to strengthen the evidence base on current levels of preventative investment and to continue to measure impact and evaluation that can take the agenda further.

Case study 2: Three Rivers District Council

A place-based approach to prevention through community partnerships

Background and approach

Three Rivers is a rural district council in Hertfordshire, home to just under 94,000 people. Its communities are diverse and spread across one main town and several distinct settlements. The district is generally affluent, yet deprivation is concentrated in certain areas and the population is ageing, with nearly one in five residents over 65.

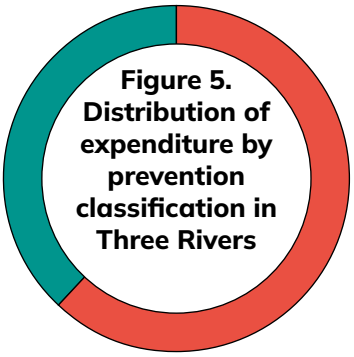
Prevention is embedded in the council's Corporate Framework and Community Strategy, both of which prioritise reducing inequalities and bringing services closer to residents. The council's Corporate Framework emphasises leadership, sustainable communities, business growth and net zero, while the Community Strategy highlights belonging, safe and well communities, a thriving environment and stable economy.

For this project, the council chose to focus on its Community Partnerships function. This area brings together public health, community development and community safety – three interlinked strands that cut across the building blocks of health, including family, friends and communities, money and resources, and surroundings. The work is delivered through a range of partners, often supported by small external income streams rather than a single central grant. By mapping this area, Three Rivers hoped to better understand how staff time and resources are used to secure and manage funding for prevention.

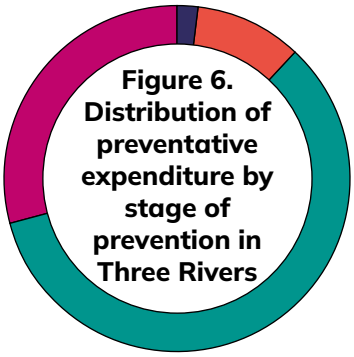
Findings

The Community Partnerships function brought together a wide range of preventative and enabling activities, from voluntary sector support groups to financial advice, community safety and domestic abuse services. By working closely with service leads and finance teams, the council was able to pull this information together and build a comprehensive picture of prevention across the area.

Total expenditure mapped for the 2023/24 financial year was £849,998.22, of which £527,531.36 (62%) was classified as preventative and £322,466.86 (38%) as enabling. No non-preventative expenditure was recorded.



Preventative	£527,531.36 (62%)
Enabling	£322,466.86 (38%)
Total	£849,998.22



Primordial	£9,000.00 (2%)
Primary	£49,989.11 (10%)
Secondary	£313,411.75 (59%)
Tertiary	£155,130.50 (29%)

The findings demonstrated that while the council funds primordial and primary initiatives through core budgets, much secondary and tertiary prevention relies on external funding. These results gave the council a clearer baseline for understanding how preventative and enabling investments are distributed across the Community Partnerships function, creating a platform for further discussions internally and with local partners.

Key insights

- Clear definitions supported consistent classification. Staff found the prevention definitions straightforward to apply and plan to continue using them to classify activity in the future.
- There is value in capturing staff costs. As much of Three Rivers' preventative contribution comes through the staff who deliver services directly, excluding staff costs would have understated the scale of investment. Developing an approach for capturing staff costs where they are directly related to prevention provided a fuller picture.
- Collaboration between finance and service teams strengthened the results. Finance data was readily available, but accuracy depended on service-level expertise to link expenditure lines to mapped services. Working together ensured the mapping was robust and meaningful.

Overall, the exercise provided Three Rivers with a clear baseline for evidencing its preventative investment within the Community Partnerships function. It also highlighted how the council's preventative role extends across multiple building blocks of health, supported by staff expertise and partnership working.

Reflections and next steps

For Three Rivers, the exercise confirmed the convening power of district councils in partnership working – even without a statutory duty for public health. It also underlined the reliance on officer capacity to secure and manage external grants. Importantly, the process itself strengthened collaboration between finance and service delivery teams, helping build a shared understanding of prevention across the organisation.

Given the size of the organisation, Three Rivers' organisational knowledge was relatively concentrated, which made it easier to pull information together quickly. In larger, more complex organisations, where responsibilities and data are more dispersed, the exercise may require greater co-ordination. For Three Rivers, this concentration of knowledge allowed it to evidence current levels of preventative investment more clearly and provided information that can now be used in discussions with wider partners such as the NHS. The experience also demonstrated that definitions, staff cost treatment and joint working between finance and services are all critical to making prevention visible in financial terms – lessons that can be taken forward by other organisations as they apply the approach in their own context.

Case Study 3: Wigan Metropolitan Borough Council

Exploring prevention through the money and resources building block of health

Background and approach

Wigan is one of the largest metropolitan authorities in England, with around 339,000 residents across 14 towns. The borough has a strong tradition of person-centred, asset-based working that has evolved over a decade and is now amplified through its Progress with Unity approach. This approach is organised around two strategic missions: creating fair opportunities for all and making towns and neighbourhoods flourish.

Wigan's health and wellbeing strategy, Creating Health, sets a shared ambition to act on the wider determinants of health, strengthening place-based preventative approaches and reducing inequalities.

The project focused on the money and resources building block of health. Financial wellbeing is a foundational determinant that cuts across age groups and communities, and this focus aligned with Wigan's missions and ambitions to address inequalities. Wigan began with the Customer Experience and Support directorate, where core public-facing financial support is delivered, with a view to widening the scope across other directorates in later phases.

Findings

Wigan was the first large metropolitan authority to apply the approach, and its experience showed what adaptations are required at scale. The breadth of the money and resources theme, combined with the size of the organisation, meant that service mapping depended on the input of many staff across different teams. Service leads were briefed and asked to complete structured templates, supported by finance and public health colleagues. This contrasted with smaller councils such as Three Rivers, where mapping could be completed by a small group of officers. For larger councils, the distinction is important: prevention mapping relies on dispersed knowledge and collective participation.

The mapping brought together a wide range of activities designed to strengthen financial wellbeing and reduce inequalities. These included preventative measures to stop problems arising, direct support for residents experiencing difficulties and services that link people into wider help through community hubs. By consolidating this information and connecting it to financial data, the hope is that the council began to build a clearer picture of its preventative investment in money and resources.

Total expenditure mapped for the 2023/24 financial year was £15,032,351.44, of which £5,482,053.81 (36%) was preventative, £5,084,803.54 (34%) was enabling and £4,465,494.09 (30%) was non-preventative.

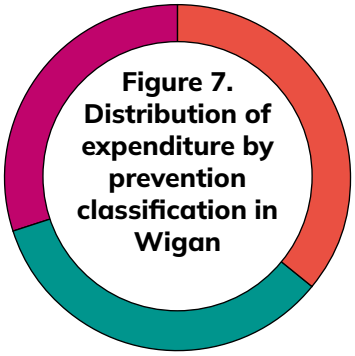


Figure 7. Distribution of expenditure by prevention classification in Wigan

Preventative	£5,482,053.81 (36%)
Enabling	£5,084,803.54 (34%)
Non-preventative	£4,465,494.09 (30%)
Total	£15,032,351.44

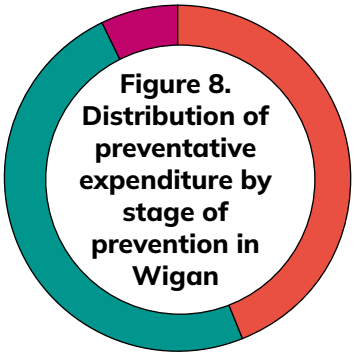


Figure 8. Distribution of preventative expenditure by stage of prevention in Wigan

Primary	£2,415,281.67 (44%)
Secondary	£2,669,521.86 (49%)
Tertiary	£397,250.28 (7%)

The mapping exercise highlights a strong emphasis on primary and secondary prevention, which aligns with Wigan's strategic intent to support residents before financial challenges escalate. While no spend was directly mapped to primordial prevention, the council feels that upstream interventions that aim to address the root causes of financial inequality are likely captured within services categorised as 'enabling'. Although tertiary prevention represents a relatively small proportion of the mapped spend, Wigan recognises that support for people already experiencing financial hardship is likely to sit outside the scope of services included in this project. The council therefore sees a benefit in further exploring tertiary interventions across other areas of the council, such as adult social care, housing, children and families and community services to build a more comprehensive understanding of prevention support.

Key insights

- Shared definitions created a common framework. The concepts of the building blocks of health and the prevention stages gave staff from different disciplines a consistent reference point, supporting more aligned conversations about prevention. Input from public health colleagues was essential to this.
- Managing granularity was essential. The detail needed to be sufficient to capture meaningful differences in services, but not so fine that it could not be connected back to financial information. Multiple rounds of data review and close working with finance teams helped strike this balance.
- The furthest upstream rule brought consistency. Many services spanned more than one stage of prevention. Assigning them to the earliest applicable stage provided a clear, consistent way of dealing with this overlap.

- Mid-tier managers made a significant contribution. Their operational knowledge and capacity helped ensure the mapping was grounded in service delivery, while senior leadership provided support and legitimacy to the process.

Together, these insights demonstrated how the approach can be applied in a large, complex authority and highlighted the kinds of adaptations required when working at scale. They also showed that even before financial results are finalised, the process itself can generate a stronger shared understanding of prevention and how it can be made visible across services.

Reflections and next steps

For Wigan, the exercise reinforced the value of prevention as a shared priority across the organisation. It demonstrated that making prevention visible in financial terms can create a stronger foundation for future decision making, including building business cases for further investment in preventative activity. Wigan intends to expand the approach across other directorates and building blocks and further inform the Health and Wellbeing Board and Healthier Wigan Partnership.

Finally, Wigan highlighted the value of peer learning. Sharing templates, approaches and lessons across councils is an important step in helping others get started, encouraging refinement together and a stronger collective understanding of how prevention is funded and delivered, and the council is eager to build on its early experience mapping and measuring investment.

Case Study 4: Rhondda Cynon Taf County Borough Council

Integrating the approach into wider research

Background and approach

Rhondda Cynon Taf (RCT) County Borough Council is a unitary authority in South Wales, home to around 238,000 residents across urban, rural and post-industrial communities. RCT has a proud industrial heritage, but the decline of the coal mining industry has left a legacy of poor health, high levels of deprivation and persistent inequalities. The council's new corporate plan for 2024–2030, Working with Our Communities, places these challenges at its core, with a focus on safe and healthy lives, strengthening the economy, protecting the environment and celebrating culture, heritage and the Welsh language.

Financial pressures are acute. The Welsh Local Government Association recently estimated a £559m funding gap for councils in 2025/26. In this context, attention is returning to the role of prevention in reducing future demand. RCT council and the RCT Health Determinants Research Collaboration (HDRC) have worked together to develop a process for mapping prevention, drawing on elements of CIPFA's approach. Their objectives were to:

- define types of prevention in a local authority context
- describe spend on prevention
- assess potential outcomes for residents and return on investment.

This aligns with the Well-being of Future Generations Act that places a statutory duty on public bodies to plan for the long term and prevent problems from becoming worse.

Insights

RCT's initial focus was on preventing parent-baby separation, building on earlier evaluation findings. Services contributing to this aim were mapped, with particular attention to Magu, an integrated care pathway for vulnerable families during pregnancy and early parenthood. Key insights from the case study include:

- Shared definitions created a common language. Using prevention definitions and population descriptors provided consistency across service reviews, reframing commissioning decisions and wider discussions about early intervention.
- The additional stage of primordial prevention in the CIPFA approach reframed local conversations. The concept highlighted the role of communities in building resilience and underlined the importance of investing in upstream action.

- The focus on target population and primary purpose supported consistent classification. Many services spanned more than one stage of prevention and applying these elements of the CIPFA approach helped staff make clearer decisions.
- Mapping prevention always involves an element of subjectivity and judgement. Decisions had to be made about which costs to include and which prevention categories to apply, demonstrating the importance of establishing a clear and shared rationale from the outset.

These insights are already shaping wider work. For example, prevention definitions are being used in reviews of early intervention services and in reframing how the council commissions voluntary sector organisations – recognising the need to move from purchasing discrete activities to investing in essential prevention.

Reflections and next steps

This example does not include financial figures because RCT's work on understanding spend forms part of the wider HDRC, where the scope of analysis extends beyond the specific boundaries of this project. At the same time, the council intends to strengthen its ability to track and refresh prevention data systematically, with the aim of linking service and financial information through new management systems. This will provide a stronger evidence base for evaluating services, planning resources and making strategic financial decisions in a challenging fiscal environment.

The learning from Magu and the prevention mapping process will also inform RCT's broader service transformation agenda. The council plans to use the approach to guide how resources are allocated within services, how teams align to achieve better outcomes and how community resilience is supported.

More broadly, RCT's experience shows that CIPFA's approach can be adapted and embedded within local processes. It demonstrates that prevention mapping is not a one-size-fits-all exercise, but a flexible tool that can complement existing statutory duties and research collaborations. By adopting the approach selectively, RCT has generated insights that will inform both its own long-term planning and the wider Welsh conversation about prevention. CIPFA will continue to work with RCT and will highlight their progress on prevention spend as the project develops.

Identifying preventative investment in Wales and Scotland

As highlighted earlier in the report, both Scotland and Wales are recognising the need for a greater understanding of preventative investment in order to make the shift upstream.

The Office of the Future Generations Commissioner for Wales has consistently highlighted the importance of shifting resources upstream. The Future Generations Report 2025 recommended that the Welsh Government ringfence the budget for prevention and increase it year on year, that all public bodies adopt prevention as a core strategic objective and that all public bodies use the agreed national definition of prevention to map their preventative investment and progressively increase investment in primary prevention.

Alongside these recommendations, the Welsh Government has signalled its commitment to a preventative budgeting approach, working with the Commissioner's office and the Budget Improvement and Impact Advisory Group to embed the Well-being of Future Generations Act more fully into budget processes. Officials recognise the challenge of isolating preventative funding without undermining flexibility and stress the need to balance immediate service provision with long-term planning.

Building on this foundation, the Future Generations Commissioner's Office is now leading a project to map and measure the preventative spending of national public bodies, local authorities and health boards in Wales.

The Scottish Government's Public Service Reform Strategy recognises current budgeting processes as a barrier to shifting resource towards prevention. The strategy contains a workstream dedicated to preventative budgeting, which aims to:

- re-design the approach to identifying, tracking and monitoring preventative spend, and set out how this will be utilised in future budget processes
- change budget and other necessary processes to allow resources to move between portfolios, organisations and services to better enable collaboration across boundaries to support upstream investment.

To deliver on this workstream, the Scottish Government's Central Analysis Division is leading on work to develop a methodology to measure and track preventative activity based on Scottish budget data and other relevant sources of financial data.

CIPFA is contributing to this work to better identify preventative investment in Scotland and Wales, sharing experience, insights and findings from our own approach (set out in Appendix A). This joint effort is helping test how shared definitions can be applied in practice, develop a clearer picture of preventative investment and support more transparent and long-term financial decision making.

6. Lessons learned

This project set out to answer a simple but long-neglected question: to what extent can we quantify preventative investment in local government? The case studies show that it can be done. Each council was able to apply the framework to its own focus area, map and classify activity and link this to financial data. The mapping was deliberately scoped to particular priorities or service areas, and choices had to be made about definitions, how to apportion staff costs and capital investment.

For the first time, preventative investment has been made visible in financial terms. Yet these results are only a starting point.

What we have achieved is proof of concept – a demonstration that preventative investment can be quantified – but the task now is to scale this work across public sector organisations, across the building blocks of health and across whole budgets.

The value lies not just in the numbers but in the process. Mapping brought finance, policy, service and public health colleagues together and created a shared language and a collective understanding of prevention, providing councils with a stronger platform for future planning and engaging with partners.

The lessons from this first phase show both the challenges and opportunities of making prevention visible in financial terms.

1. Prevention can and should be quantified but it requires professional judgement

Councils established baselines of preventative investment, but doing so involved decisions about scope, service classification, staff costs and the treatment of revenue and capital expenditure. Consistency in applying these judgements mattered more than precision and helped move the process along.

2. Finance professionals and organisation-wide collaboration is essential

Early involvement of finance officers ensured services could be linked meaningfully to financial data. Collaboration with service leads and public health colleagues was equally important in building a shared understanding of prevention across organisations.

3. Mapping and measuring preventative investment builds shared understanding

Mapping and measuring preventative investment created a platform for dialogue within councils. It highlighted the breadth of local government's role in prevention and gave a stronger basis for internal planning and collaboration with wider partners.

4. Prevention gains traction when embedded in strategy

Where prevention is explicitly embedded in strategy, it becomes easier to sustain and expand. Merton's Borough of Sport priority demonstrated how a unifying mission can align departments, attract external funding and generate momentum.

5. Understanding preventative investment complements wider work

An understanding of levels of preventative investment does not stand alone. As RCT demonstrated, the findings from this work can be combined with service evaluations and research collaborations to create a richer picture of prevention and its role in long-term planning.

These lessons demonstrate that preventative investment can be identified and evidenced, provided councils apply professional judgement, involve finance early and embed prevention in strategy. They also show that mapping is most powerful when combined with wider insights.

The next step is to act on these lessons – embedding prevention in strategy, ensuring sustained funding and adopting a shared approach to mapping. The recommendations that follow set out how this shift can be achieved at the local level and how national governments could support this.

7. Recommendations and call to action

The insights from this project, together with lessons from Scotland and Wales, highlight the practical steps that public sector organisations can take today and the systemic changes needed from the UK government to support the shift to prevention.

Recommendations for public sector organisations

R1. Map and measure preventative investment consistently

Applying a clear classification system helps public sector organisations to distinguish preventative, enabling and non-preventative activity in a consistent way. This does not require perfection – even simple categorisation provides a baseline for monitoring changes over time, informing decisions on service design and delivery and enabling more meaningful conversations with partners.

R2. Analyse demand drivers alongside financial data

Understanding where to target prevention requires more than financial information alone. Public sector organisations should, working in partnership, bring together the diverse data sources they hold on their population and services to identify the factors driving demand for services. Mapping investment can then be used alongside this data analysis to inform decision making and better connect resources with the underlying social, economic and environmental pressures that create demand.

R3. Embed prevention into organisational priorities and governance

Prevention should not sit on the margins. Public sector organisations should integrate prevention into corporate objectives, budget-setting processes and cross-departmental planning. Building shared accountability between finance, service and public health leaders is essential to ensure that prevention is embedded in decision making, organisational strategy and culture.

Recommendations for the UK government

R1. Make prevention a whole-of-government priority

Prevention must extend beyond health and social care. The UK government should embed a 'health in all policies' approach, ensuring departments responsible for overseeing housing, education, transport, employment and justice among others take shared responsibility for shaping the conditions that determine population health. Lessons can be learned from within the UK, as Scotland's Population Health Framework and Wales' Future Generations Act both provide models for cross-government action.

R2. Develop a clear national picture of preventative investment

A cross-government approach is needed to identify and track how much is being invested in prevention across departments and portfolios. This could mirror the work now under way in Scotland and Wales to understand preventative investment systematically. Without a shared national picture, it is difficult to know the scale of the shift required or to track progress over time.

R3. Align accountability and budget processes with long-term outcomes

The current over-reliance on short-term funding pots, siloed funding and accountability mechanisms works against prevention. The UK government should continue to move toward multi-year settlements that better enable local planning and consider further systemic levers such as alignment of budgets, performance and accountability frameworks with cross-sector outcomes. Scotland's reforms to budget processes and Wales' statutory wellbeing goals both provide examples of how accountability can be reframed to support prevention.

Our call to action

This project demonstrates that preventative investment can be identified, mapped and measured in financial terms. The approach is simple, practical and ready to use. But its true value will come when more organisations apply it, share their findings and build a clearer collective picture of prevention across the public sector.

CIPFA is now seeking to build on the momentum of this work by establishing a community of practice on preventative investment, to be launched in early 2026.

This would bring together organisations with a shared interest in prevention, enabling them to exchange knowledge, tackle common challenges and build new solutions together. In this context, it would mean organisations across the UK working together to develop a consistent approach to understanding preventative investment.

Our call to action is simple:

- Apply the approach: organisations should use the approach to map and measure preventative investment, ideally across their whole budget.
- Join the community of practice: by working together we can accelerate progress, share knowledge and work toward the goal of building a local, regional or even national picture of prevention that is greater than the sum of its parts.
- Share your experience: whether successes, challenges or data, every contribution strengthens the collective understanding and brings us closer to embedding prevention at the heart of public service reform.

CIPFA is keen to support and showcase learning and good practice on prevention across the public sector.

Prevention must now move from rhetoric to reality. By making preventative investment visible, public bodies and central government can create the conditions for more sustainable services and better outcomes.

We invite organisations to take part in shaping the way forward with us.

For more information or to share your organisation's experience, contact **Zachary Scott** (Policy Researcher, Prevention) at zachary.scott@cipfa.org.

Appendices

Appendix A. How to map and measure preventative investment: a practical guide for public sector organisations

About this guide

This guide is designed to help public sector organisations build a clearer picture of their investment in prevention. It walks through the process step by step, from identifying which services to include, to classifying them and recording financial information. The guide has been designed to be used alongside the mapping tool, which provides the structure for recording and classifying services.

The approach has been co-produced with councils, tested in practice and refined through feedback. It can be adapted to fit different organisational contexts while staying true to a common set of principles.

Guiding principles for building a shared understanding of preventative investment

A shared understanding of prevention is essential if organisations are to plan effectively and make prevention part of everyday decision making. Without it, different teams may interpret prevention in different ways, making it harder to see the full picture of investment. These principles provide the foundation for building that shared understanding while mapping and measuring investment.

- Set a clear focus area: define the scope of the exercise at the outset. This shapes the whole process and provides a solid foundation for shared understanding.
- Classify with balance and transparency: recognise that classification involves judgement. Use target population and primary purpose as your anchors and record your rationale to ensure consistency.
- Work collaboratively: bring together service leads, policy staff and finance professionals. Each perspective is essential for building a full and accurate picture of activity and investment.
- Apply financial information consistently: record actual spend for all mapped services, not just those classified as prevention. Take a consistent approach to common challenges such as staff costs and apportionment.

Step 1: set the scope

Choosing a clear and well-defined focus area is the first step in mapping preventative investment. The scope you set will shape the whole process including what information you need to gather, which teams are involved and how long the exercise will take.

Your focus area can be as broad as the entire organisational budget or as narrow as a single programme. Many organisations find that starting with a smaller, clearly bounded area makes the process more manageable and helps build shared understanding before scaling up.

Potential starting points include:

- a building block of health, such as those set out in the Health Foundation's framework
- an organisation-wide priority
- an established programme or initiative.

There are also advantages to looking wider. Mapping a larger share of investment can reveal patterns of investment across services, strengthen collaboration between teams and contribute to the bigger picture of preventative investment at local or even national level.

When choosing your focus area, consider:

- selecting an area already recognised in existing strategies, delivery plans or programme documentation, to build on shared understanding within the organisation
- defining the scope in writing at the outset, so everyone involved is clear on what is in scope and what is not.

A clear scope, whether narrow or broad, provides the foundation for a shared understanding of prevention, makes classification decisions easier and ensures financial information can be collected consistently.

Step 2: map services

Once the focus area is agreed, the next step is to identify all services within its scope, whether preventative or not. This process, known as service mapping, creates a complete inventory of services that form the foundation for later classification and financial analysis.

When pulling the list together, existing materials such as strategy documents, delivery plans, funding agreements and business cases can be a useful starting point for identifying relevant services. It is also important to involve a mix of perspectives across teams, as service leads, policy staff and finance professionals will each spot different elements and help ensure the inventory is complete.

To keep the information organised, structure the mapping in a way that reflects how your organisation plans, funds or delivers activity. A simple three-tier structure works well in most contexts:

- Tier 1: department or directorate
- Tier 2: general service or activity area
- Tier 3: specific disaggregated service

This structure can be adapted to fit your organisation's delivery model. The key point is that each service or activity is described at a level that is meaningful and allows for clear classification and financial analysis later in the process.

At the end of this stage, you should have:

- a clearly defined focus area
- a complete list of relevant services or activities
- an agreed structure for how these services are grouped and described.

Getting the right people involved at the right time makes the process easier and avoids common pitfalls. Service leads, policy staff and finance professionals each bring essential knowledge and involving them early helps build the shared understanding of prevention that underpins the whole exercise.

Step 3: classify services

Once all relevant services within the focus area have been identified and grouped using the agreed tiered structure, the next step is to classify each service. Classifying services involves assigning standardised information about who delivers the service, who it is for, what it aims to achieve and whether it should be considered preventative. In this approach, services are classified based on the most detailed level in your mapping structure.

Accurate classification requires careful judgement and should involve input from different perspectives within the organisation, such as operational, policy and finance teams. Where there is uncertainty, it is recommended you record the rationale for the decision to ensure a consistent approach.

Target population

The target population describes the specific group of people the service is designed to support. Clearly defining the target population is essential for determining who benefits from the investment, how targeted or universal the intervention is and whether it should be considered preventative and at what stage.

For each service at the most detailed level in your mapping structure, describe the target population in plain language based on the service's design, not on assumptions or outcomes. This ensures classification decisions are grounded in the intended purpose of the service. When describing the target population, consider:

- age or life stage (eg children aged 0–5, working age adults)
- social or economic status (eg families on low incomes, long-term unemployed adults)
- health or care needs (eg people living with diabetes, people with complex needs)
- living or working context (eg residents in temporary accommodation, people working in frontline roles).

Primary purpose

The primary purpose describes what the service is designed to achieve for its target population and again is critical in classifying an intervention as preventative or not, and at what stage. It should reflect design intention and not intended/observed outcomes or assumptions about its value. For consistency, primary purpose statements should roughly follow this pattern: supports [target population] by [specific activity] to [intended purpose].

Examples of primary purpose statements are shown in Appendix B.

Service classification

The service classification indicates whether a service is preventative, enabling or non-preventative. It is determined by the target population and primary purpose, that is, who the service is designed for and what it is intended to achieve.

This step distinguishes between services designed to increase resilience and reduce or delay future demand, those that are essential to enabling prevention but not preventative in themselves and those that are primarily operational or reactive. More information on each classification can be found in Table 1. Only services classified as preventative should be assigned a stage of prevention in the next step.

Table 1. Service classification

Classification	Description
Preventative	Activity designed to increase the resilience of individuals and communities and reduce or delay the likelihood or severity of future demand for reactive activity.
Enabling	Activity that is not in itself preventative but is required to support or facilitate the delivery of a preventative activity.
Non-preventative	Activity designed to support basic operations or reactive activity but does little or nothing to reduce the likelihood or severity of future demand for reactive activity.

Stage of prevention

The stage of prevention identifies where a preventative service sits along the prevention continuum, from broad upstream investment to targeted support for people living with ongoing problems. It is assigned only to services classified as preventative.

The stage is determined by the target population and primary purpose. If a service supports more than one stage, assign it to the earliest stage it credibly contributes to, based on its design. More information on each classification can be found in Table 2.

Table 2. Stage of prevention

Classification	Description
Primordial	Supports whole populations by changing social, economic and environmental conditions to prevent risk factors from emerging in the first place.
Primary	Supports people at risk of problems by reducing exposure to known risks or strengthening protective factors to prevent problems from arising.
Secondary	Supports people showing early signs of problems by identifying issues and responding early to prevent them from escalating.
Tertiary	Supports people living with ongoing problems by helping them manage their situation and improve stability to reduce reliance on reactive services and prevent problems from further escalating.

Step 4: collect financial information

Alongside classifying services, you should record financial information for each service at the most detailed level in your mapping structure. Financial data should be recorded for all mapped services, not just those classified as preventative, so that the proportion of preventative investment can be assessed in context. Where possible, capture:

- funding sources (list each source and the associated amount)
- revenue expenditure (excluding depreciation and capital charges)
- capital expenditure (can span over multiple years to account for how capital investments are made).

The template is designed to capture one financial year of revenue data and five years of capital data. This can be adapted as needed. Depending on the focus area, it may be beneficial to extend the timeframe, particularly for capital investments, to ensure the service map accurately reflects the true scale and timing of preventative investment.

Similarly, if the aim is to look at how levels of preventative investment have changed over time, then the desired number of years can be incorporated into the template. However, only entire financial years should be included, and any changes in funding streams, responsibility, etc during the timeframe being considered should be noted.

Capturing funding sources provides a clearer picture of how preventative investment is structured. For example, some preventative activities may be supported by external or time-limited funding. Recording this information provides a fuller picture enabling more detailed consideration of the implications for future planning.

Staff costs

Whether staff costs should be included is often a topic of debate. For many organisations, staff costs make up a significant portion of their overall expenditure. Organisations should decide at the outset whether staff costs will be in scope for their focus area, and if so, how these costs will be approached. The agreed approach should be applied consistently across all mapped services.

We recommend organisations consider including staff costs where they are directly attributable to delivering a preventative service, but not where staff time relates to general management, administrative functions or overheads that cannot be clearly linked to a specific service.

Apportionment

Apportionment should only be used sparingly, when it is not possible to separate a service into distinct lines. Breaking services down into their component parts will always give more accurate and meaningful results.

If a service cannot be disaggregated into distinct components, organisations should create a separate line in the service map for each relevant prevention classification. A service may contain any combination of preventative, enabling and non-preventative elements and should therefore include a line for each applicable classification.

If a line is classified as preventative, it should also be assigned a stage of a prevention using the 'furthest upstream' rule. This means classifying it at the earliest stage it credibly contributes to, based on its target population and primary purpose.

Revenue and capital expenditure data should be entered in all relevant lines. Organisations should then estimate what proportion of total expenditure falls under each classification. The combined proportions across all lines for that service must equal 100%. For example, expenditure for a given service might be apportioned as 50% preventative (primary prevention), 30% enabling and 20% non-preventative.

For each line, a short explanation should be provided to describe how the percentage was determined. This could draw on evidence such as service user data, budget allocations or staff time. Providing a rationale for each allocation ensures transparency and supports consistency.

Appendix B. Examples of service classification

The following are examples of service classification in practice. For each building block of health, examples are given for preventative, enabling and non-preventative services. These are drawn out from real-world provision across the UK, including some from our partner councils.

Building block of health: Education and skills

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Early years language and communication pathways	Children aged 0–5 and their parents in the local area	Supports young children by providing speech, language and community support to build strong early foundations for learning and long-term development.	Preventative	Primordial
School readiness services	Families on low incomes with children aged 3–4 preparing to enter primary school	Supports children from low-income households by improving school readiness and parental engagement to reduce risk of poor educational attainment.	Preventative	Primary
Educational welfare services	Children and young people with attendance below 90% in maintained schools	Supports pupils with emerging attendance issues by identifying causes of absence and providing tailored interventions to prevent disengagement from education.	Preventative	Secondary
Pupil referral units and alternative education	Young people permanently excluded from mainstream school	Supports excluded pupils by providing tailored education and pastoral support to help them re-engage with learning, reducing long-term exclusion from education and work.	Preventative	Tertiary
Attendance and attainment data platform	Schools and council education teams	Supports schools and local authority staff by providing reliable data systems to monitor attendance, attainment and needs, enabling targeted preventative interventions.	Enabling	–
School admissions service	Children applying for a school place within the local authority	Supports families by processing and allocating school places to fulfil statutory duties, not designed to reduce risk factors or demand reactive services.	Non-preventative	–

Building block of health: Family, friends and community

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Community sports festival	All residents across the local authority	Supports local residents by providing free outdoor festivals and activity sessions to build community cohesion and promote social connection through sport and recreation.	Preventative	Primordial
Free swimming programme	Children under 16 and adults over 65	Supports children and older adults by making swimming more accessible to reduce barriers to physical activity and prevent inactivity from arising.	Preventative	Primary
Targeted social prescribing to community activity groups	Adults identified through GP or council services as experiencing social isolation or emerging mental health needs	Supports socially isolated adults by linking them to community groups and physical activity sessions to address early signs of loneliness and prevent worsening mental health.	Preventative	Secondary
Active ageing peer support programme	Adults aged 60+ with existing health conditions and reduced independence	Supports older adults with health conditions by increasing physical activity, independence and social connection through a structured peer support programme.	Preventative	Tertiary
Leisure centre maintenance	–	Supports community organisations by providing safe and well-maintained leisure facilities to enable delivery of sport and physical activity related programmes for residents.	Enabling	–
Registration services	All residents requiring statutory registration services	Supports residents by recording life events in line with legal duties; not designed to build resilience or reduce reactive demand.	Non-preventative	–

Building block of health: Housing

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Affordable housing requirement	All current and future residents in the local authority area	Supports local populations by shaping housing developments to improve long-term living conditions, affordability and stability, reducing risks of housing insecurity and poor health from arising.	Preventative	Primordial
Home insulation and energy efficiency grants	Low-income households living in fuel-poor or energy-inefficient homes	Supports low-income households by improving insulation and heating efficiency to prevent cold, damp conditions and associated health risks.	Preventative	Primary
Tenancy sustainment support	Households showing early signs of rent arrears or risk of eviction	Supports tenants at risk of losing their home by providing advice, mediation and financial support to prevent escalation into homelessness.	Preventative	Secondary
Housing first programme	People experiencing entrenched homelessness with complex needs	Supports people with multiple disadvantages by providing stable housing and intensive support to reduce crisis service use and stabilise their lives.	Preventative	Tertiary
Housing stock condition surveys and data systems	Council housing departments and partner housing associations	Supports housing teams by providing up-to-date data on property conditions to enable effective targeting of preventative repairs and improvement programmes.	Enabling	–
Emergency temporary accommodation	Households presenting as homeless and owed the main homelessness duty	Supports households in crisis by providing emergency accommodation to meet statutory obligations, not designed to reduce risks or prevent future demand for reactive housing services.	Non-preventative	–

Building block of health: Money and resources

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Local living wage and fair employment policy	All council staff and contracted workers	Supports workers by embedding fair pay and secure employment standards to reduce the likelihood of poverty-related stressors emerging in the first place.	Preventative	Primordial
Financial literacy workshops	Young people and adults with no current debt problems but at risk of poor money management	Supports young people and adults by building financial literacy and confidence to prevent future debt or financial crisis.	Preventative	Primary
Council tax support	Households showing signs of financial strain, such as following into arrears or struggling with essential costs	Supports financially vulnerable households by reducing liabilities and offering hardship payments to prevent escalation into debt and enforcement action.	Preventative	Secondary
Debt advice and financial inclusion services	Residents already experiencing problem debt or exclusion from affordable credit	Supports residents with entrenched financial problems by providing advice, repayment plans and access to affordable credit to stabilise their situation and reduce reliance on crisis services.	Preventative	Tertiary
Integrated data platform to identify households at financial risk	Local authority welfare and benefits teams, plus voluntary sector partners	Supports council staff and partners by providing linked datasets to enable targeted interventions.	Enabling	–
Statutory housing benefit	Low-income tenants eligible under national housing benefit rules	Supports eligible residents by processing and paying entitlements in line with statutory obligations; not designed to reduce risks or prevent future demand for reactive services.	Non-preventative	–

Building block of health: Surroundings

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Clean air zone	All residents, especially children and older adults vulnerable to air pollution	Supports residents by reducing vehicle emissions and air pollution exposure to prevent respiratory and cardiovascular risks from emerging.	Preventative	Primordial
Development and maintenance of green spaces	All residents, with a focus on neighbourhoods with limited access to nature or recreational facilities	Supports communities by providing safe and accessible parks and green spaces to encourage physical activity, social connection and improved wellbeing.	Preventative	Primary
Community safety partnerships	Residents living in neighbourhoods with emerging patterns of anti-social behaviour or fear of crime	Supports residents in affected neighbourhoods by improving safety and reducing anti-social behaviour to prevent escalation into more serious crime and health harms.	Preventative	Secondary
Sanctuary scheme	Households already experiencing domestic abuse and at risk of repeat victimisation	Supports survivors of domestic abuse by providing home security adaptations to help them remain safely in their homes and reduce reliance on crisis housing services.	Preventative	Tertiary
Air quality monitoring	Local authority environmental health teams and partner organisations	Supports council staff and partners by providing accurate, real-time data on local air pollution levels to enable the design and targeting of preventative intervention.	Enabling	–
Routine street cleaning and waste collection	All households and businesses within the local authority area	Supports residents by ensuring streets are clean and waste is collected to meet statutory duties; not designed to reduce risks or future demand for reactive services.	Non-preventative	–

Building block of health: Transport

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Low-traffic neighbourhoods (LTNs)	All residents, especially children and pedestrians in urban neighbourhoods	Supports resident by reducing vehicle traffic in residential areas to improve air quality, reduce noise pollution and create safe spaces for walking and cycling.	Preventative	Primordial
Cycle training and active travel promotion	School children and adults who do not currently cycle regularly	Supports children and adults by building confidence and skills in cycling to increase physical activity and prevent risks of inactivity-related ill health.	Preventative	Primary
Local safety schemes	Communities living near junctions or routes with high accident rates	Supports residents in high-risk areas by introducing traffic-calming, pedestrian crossings and signage to prevent collisions and injuries from escalating further.	Preventative	Secondary
Assisted travel services	Older adults and disabled residents with limited mobility and ongoing needs	Supports people with mobility impairments by providing community transport and accessible travel assistance to maintain independence and reduce reliance on reactive care.	Preventative	Tertiary
Local transport planning and travel data analysis	Local authority transport and planning teams	Supports council officers by providing modelling, travel surveys and data analysis to enable the design and targeting of preventative interventions such as active travel schemes, clean air initiatives and road safety programmes.	Enabling	–
Routine highway maintenance	All road users in the local authority area	Supports residents by keeping roads functional and safe for travel; delivered as a statutory operational duty rather than to reduce future demand for reactive services.	Non-preventative	–

Building block of health: Work

Service/activity	Target population	Primary purpose	Prevention classification	Stage of prevention
Good employment charter	All current and future workers in the local economy	Supports local residents by embedding fair employment practices (eg fair pay, secure contracts, safe workplaces) in local procurement and regeneration strategies to reduce risks associated with poor-quality or insecure work.	Preventative	Primordial
Apprenticeship hub	Young people leaving school or college without secure employment	Supports young people by providing structured training and paid apprenticeships to strengthen protective factors against long-term unemployment.	Preventative	Primary
Employment support	Adults who have recently become unemployed or are facing redundancy	Supports newly unemployed adults by offering job search assistance, training and careers advice to prevent unemployment from becoming long-term and damaging to wellbeing.	Preventative	Secondary
Supported employment	Adults living with long-term health conditions or disabilities who face entrenched barriers to work	Supports residents with ongoing health conditions by providing tailored employment opportunities and workplace adjustments to improve stability, independence and quality of life.	Preventative	Tertiary
Local labour market intelligence and skills mapping	Local authority economy development teams, training providers and employers	Supports councils and partners by providing up-to-date data on employment trends and skills gaps to enable the design of preventative programmes that reduce future risks of unemployment.	Enabling	–
Trading standards inspections	Businesses operating within the local authority area	Supports compliance by checking workplaces meet legal trading standards; delivered as a statutory regulatory duty, not designed to reduce risks of poor health or future unemployment.	Non-preventative	–

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