Local Government Association

HIGHLIGHTING POLITICAL LEADERSHIP
THE LGA DEVELOPMENT OFFER

Prevention

How do you know that your council is doing all it can to deliver on prevention?

Must Know | Prevention

Key messages

Lead members have a vital role in driving whole-system change – ensuring prevention is embedded in all council functions, and promoting collaboration with partners in the NHS, the wider public sector, the voluntary, community and social enterprise sector and the business sector.

Adopting the health in all policies approach (HiAP) provides a useful framework to support whole-system working across all sectors and with all partners.

Understanding and applying the three levels of prevention will help areas develop comprehensive prevention strategies which focus on longer term health outcomes, as well as short term interventions to reduce hospital admissions and achieve timely discharge.

Health and wellbeing boards (HWBs) need to ensure that all the key elements for effective prevention are in place, and that their strategic plans include a long term focus on health through primary prevention.

Lead members are well placed to be health champions, engaging with communities to hear their priorities, and supporting them to take an active role in prevention.

Given severely constrained resources and growing need, approaches to prevention should, as far as possible, be based on evidence, consider return on investment and be ambitious – embracing transformation rather than sticking with 'business as usual'.

Why is prevention important?

Introduction

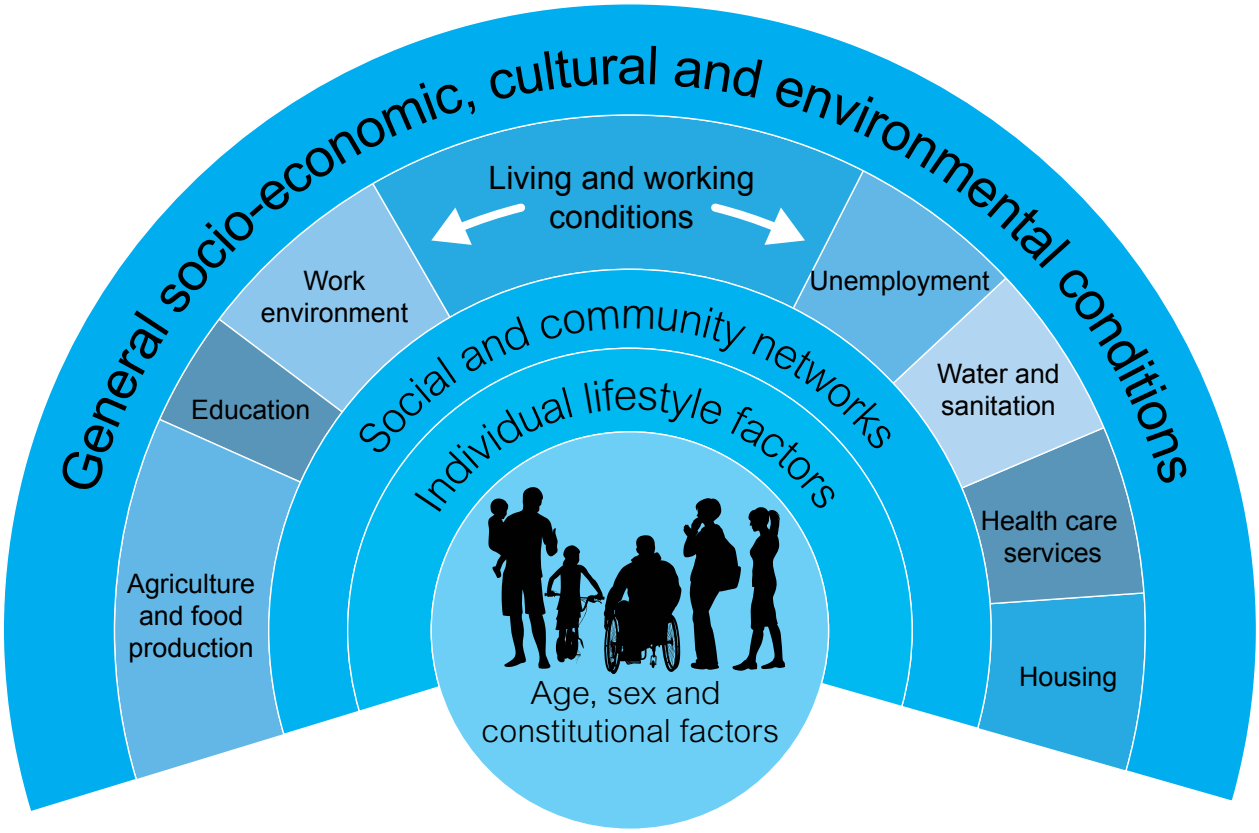
Prevention involves tackling the wide range of determinants that contribute to poor health in individuals and populations, with the aim of promoting health and wellbeing, and reducing health inequalities. Prevention has become increasingly important in recent years as the cornerstone of the drive to reduce people's need for high cost health treatments and care services. But given the current level of economic pressures on councils and the NHS, shifting the health and care system from treatment and high level services to prevention is challenging.

The benefits of prevention go far beyond improved health for individuals and reduced pressure on health and social care – the consequences of poor health have an impact on the economic prosperity and social wellbeing of the country. For this reason, prevention is everyone's business. This 'Must Know' for elected members with responsibility for public health and/or adult social care examines the key points about prevention and considers the vital issues of system-wide leadership, investment, and transformation.

Social determinants of health and health inequalities

The 'wider' or 'social' determinants of health include economic, cultural, environmental, social and lifestyle factors, all of which can, potentially, be modified to improve health. Other determinants include age, sex and heredity. The familiar Dahlgren-Whitehead model illustrates how levels of factors can influence an individual's health (figure 1).

Figure 1: The broad determinants of health, Dahlgren and Whitehead (1991)[1]



The Marmot Review of 2010,[2] which set the direction for improving health and reducing health inequalities in England, continues to shape public health services. It is estimated that over 70 per cent of local authorities are explicitly using Marmot principles to shape their public health responsibilities. The principles are:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy sustainable places and communities
- strengthen the role and impact of ill-health prevention.

Reducing health and health inequalities has become more urgent given that, after years of increase in life expectancy and generally reducing health inequalities, several studies in 2017 suggest progress has stalled and some gaps are widening. These include a slow-down in the increase in life expectancy,[3] an increase in the gap in life expectancy between the most deprived local authorities in England,[4] and higher levels of premature deaths in middle aged adults in the North.[5]

1 In LGA, 2016, Health in all policies: a manual for local government, page 11 www.local.gov.uk/health-all-policies-manual-local-government

2 Marmot Review, 2010, Fair Society, Healthy Lives www.gov.uk/dfid-research-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010

3 Institute of Health Equity, 2017, Marmot Indicators Release 2017 and blog post www.instituteofhealthequity.org/about-our-work/marmot-indicators-release-2017

4 Barr et al, Liverpool University, 26 July 2017, Investigating the impact of the English health inequalities strategy: time trend analysis, BMJ www.bmj.com/content/358/bmj.j3310

5 Buchan et al, Manchester University, August 2017, North-South disparities in English mortality 1965-2015:longitudinal population study, Journal of Epidemiology & Community Health http://jech.bmj.com/content/71/9/928

Three levels of prevention
Prevention is often categorised into three levels – primary, secondary and tertiary.

Primary prevention involves activity to reduce the risk that people will develop poor health. Examples include:

- Designing a built environment with cycle paths and walkways to encourage exercise, and building homes away from traffic congestion.
- Universal lifestyle services that help people improve their diet or stop smoking.
- Asset-based community development to build support networks to decrease social isolation.

Secondary prevention involves more targeted interventions for people who are at risk of, or in the early stages of, developing illness. The aim is early diagnosis and early intervention to stop, slow the progress of, or reduce the impact of poor health on the individual; also, to reduce or delay the need for more extensive health or care services. Examples include:

- Screening, such as the NHS Health Check for individuals between ages 40 and 74 to identify risks of stroke, heart disease, type 2 diabetes, kidney disease and dementia so they can go on to receive advice and treatment where needed.
- Case finding, such as GP practices identifying people on their lists in danger of falling, followed by home visits to check for trip hazards, and prescribing exercise to promote strength and balance.
- Telehealth, telecare and other assistive technology delivered at an early stage to enable people to maintain health and independence.

Tertiary prevention refers to interventions for people who already have a life-limiting illness or disability. The aim is to help them reduce or manage the impact of the illness, improving their quality of life and their independence; also, to reduce or delay the need for more extensive health or care services such as admission to hospital or residential care.

Examples include:

- Initiatives to help people with long term mental health problems retain or enter employment.
- Support for carers, such as support groups and individual counselling.
- Community support for people with dementia, including befriending services, and dementia-friendly areas.
- Reablement and rehabilitation services to help people return to their homes after a period in hospital.

The levels do not provide an absolute distinction between different types of approach – some interventions will operate on more than one level. However, they are a useful framework which show the synergies between the services that have statutory responsibility for undertaking prevention – local authority public health and adult social care, and the NHS. They illustrate how integration – aligning systems, resources and budgets – can bring cross-system benefits and improved health outcomes.

Councils have the responsibility for public health through the Health and Social Care Act 2012 and for prevention in adult social care through the Care Act 2014. In the NHS Five Year Forward View[6], NHS England spoke of 'getting serious' about prevention. It said it would work with councils in their 'broad public health role' and identified its own 'distinct role' in targeted, evidence-based prevention, particularly through primary care. Several programmes were announced, including a national diabetes prevention model, and targeted support for employment. It also committed to engaging with, and empowering, communities to contribute to reducing demand on services.

Although the future sustainability of health and care depends on the ability to shift from high cost services to prevention, there is a danger that the severe economic pressures facing the NHS and councils, and the national emphasis on delayed transfers of care, could mean

6 NHS England, 2014, NHS Five Year Forward View www.england.nhs.uk/2014/08/5yfv/

that prevention planning is skewed towards shorter-term secondary and tertiary prevention related to reducing demand on hospital beds. Understanding the three levels will help local partners to develop a comprehensive approach to prevention which includes primary prevention measures to improve health outcomes for populations in the longer-term.

The LGA 'Must Know on Integration' considers the role of prevention within the integration of health and social care (see resources – must knows).

Developing prevention – system-wide leadership

Health in all policies

Many policy areas impact on the wider determinants of health and have an important role to play in prevention; these include housing, transport, planning and the built environment, community safety, economic development, training and employment, and many others. Most major achievements in public health happen when stakeholders across sectors develop common purpose and work together on shared goals. Key partners for councils include the NHS, the wider public sector, voluntary, community and social enterprise organisations, and the business sector.

The health in all policies (HiAP) approach has been developed by the LGA and Public Health England (PHE) to support collaborative working on the wider determinants of health (see resources – HiAP). HiAP is a place-based approach to tackling complex health issues and embedding health in the work of all partners. HiAP can start from a health issue, such as obesity, with partners exploring what they can contribute to reducing this; it could also start from a policy area, such as education, identifying what can be done to reduce obesity.

A principle of HiAP is that all partners are likely to benefit from improved health. For example, healthier children will result in better academic achievement. A good example of HiAP in action is Making Every Contact Count (MECC), in which front line staff in a wide range of organisations are trained to make brief health interventions such as general advice and signposting.

The LGA's 'Health in all policies: a manual for local government'[7] provides a range of tools to assist interagency work. For example, it includes a ready reckoner developed by the Kings Fund to help decision-makers understand the impact of taking action in nine areas to assist them with prioritising action (table 1).

Table 1: Direct impacts of actions on health outcomes[8]

Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

7 LGA, 2016, Health in all policies: a manual for local government www.local.gov.uk/health-all-policies-manual-local-government

8 Ibid, page 56

The LGA offers facilitated support to local authorities to implement a HiAP approach to embed health improvement across all the activity of the council and its partners (see resources – support and training).

Prevention at scale

The idea of 'prevention at scale' – coordinated, evidence-based action to tackle a major health issue – perhaps across an STP – is being increasingly adopted. The Diabetes Prevention Programme, is a national initiative set up by NHS England and PHE. In this programme, 10,000 people at risk of developing type 2 diabetes will initially be targeted, on the way to a national roll-out. Seven demonstrator sites – local authority and CCG partnerships – have been selected from around the country to test innovative ways to identify and support high risk people.

The LGA is running a support offer focused on 'prevention at scale' which will include working with a small number of local areas to use a predictive risk model to identify people at risk of increasing social care need and support them with early intervention.

Leadership

Lead members for adult social care and public health have a huge opportunity to improve the health of their communities, both in the short term and for the next generation. LGA public health annual reports have many examples of lead members who have a far-reaching vision for improving health and reducing health inequalities, and are highly committed, even passionate, about their role.

As members of the council's executive team lead members can influence their colleagues to understand and develop the health potential of their functions and services, creating a 'public health council'. As high profile members, often the chair, of health and wellbeing boards (HWBs), they can ensure that the agenda remains focused on prevention. Beyond the HWB they are ideally placed to influence and create health promoting alliances with leaders in all sectors. As elected members, they can engage with individuals and communities to listen to their priorities and champion health and wellbeing.

Lead members can also influence the development of prevention on a regional basis through devolved arrangements or sustainability and transformation partnerships (STPs) which, through their sustainability and transformation plans, have an explicit focus on prevention. This may be directly, in the case of large local authorities that map onto STPs, or through partnership arrangements with other councils.

Since the transfer of public health, councils have taken a range of approaches to how this is organised at an executive and departmental level. Often the portfolios for public health and adult social care are combined, but this is not always the case. Messages from successive LGA public health annual reports suggests there is no right or wrong organisational structure – what is important is that both functions work seamlessly together.

The LGA provides training for elected members through the programme, 'Prevention Matters: how elected members can improve the health of their communities' (see resources – training and support).

Making the case for investment

Given the current financial climate, the case for any investment in prevention must be as robust as possible. This applies both to available funding and the difficult issue of shifting resources to prevention while maintaining provision for people with acute health and care needs.

In such circumstances, 'who pays?' is often a crucial question. A high profile example of this is the High Court ruling that the NHS has the power to fund the HIV prevention drug known as PrEP – NHS England had argued that responsibility for public health, including HIV prevention, had been passed to local authorities.

Another question is 'who benefits?' There is a significant body of research showing the overall financial impact of a range of modifiable conditions. For example, the annual cost to society of alcohol-related harm

is estimated at £21 billion, and alcohol costs the NHS £3.5 billion a year. Trips and falls cost the NHS more than £2 billion a year, with a 35 per cent increase in acute care costs in the year following a fall.[9]

In practice, these issues need to be resolved by strong local partnerships willing to trust each other and share both budgets and risks. This section provides information that can help construct a case for investment in prevention to inform local planning.

There is a growing body of evidence that, in general, preventative interventions result in savings and are an efficient use of resources.

For example:

- Housing interventions to keep people warm, safe and dry result in £70 savings to the NHS for every £1 spent.
- School-based smoking prevention programmes can return as much as £15 for every £1 spent.
- Every pound spent on drug treatment saves society £2.50 in reduced NHS and social care costs and reduced crime.[10]

There is less information about the return on investment for specific interventions. However, the LGA has developed a prevention spending model based on 11 case studies that demonstrate a return on investment as well as significant improved health outcomes to participants (see table 2). Each has its own cost benefit ratio, with the largest return on investment being £20.69 per £1 invested (Be Active Birmingham).

Table 2: Cost benefit ratio by intervention[11]

Name of intervention	Cost benefit (per £1)	Time frame for investment	Time frame for return	Intervention area
Be Active: 40-65 year olds	£20.69	5 years	5 years	Health
Glasgow Health Walks	£7.90	1 year	5 years	Physical and mental health
Incredible Years Programme: Adult Benefits	£3.12	1 year	1 year	Parental depression
Telehealth Care	£2.68	1 year	1 year	Independent living for people with learning difficulties
Link Age Plus: 50+ Employment	£1.95	2 years	2 years	Employment 50+
NICE: Tobacco Harm Reduction	£1.46	2 years	5 years	Reduction in smoking
POPP: Partnership for Older People Projects	£1.20	3 years	3 years	Older people: saving in emergency bed days and additional service benefit from addressing older people's presenting needs
Handyman	£1.13	2 years	2 years	Independent living for older, disabled and vulnerable people
Decent/Warmer Homes	£0.98	1 year	1 year	Housing
Kent Supported Employment	£0.49	1 year	1 year	Employment: mental and physical
Matrix: Carer Depression	£0.003*	1 year	Between 1 and 5 years	Carers

*This only includes the savings made in prescriptions and does not quantify the savings made to from carers being able to continue caring.

9 LGA, 2015, Prevention: a shared commitment: evidence about the cost effectiveness of prevention www.local.gov.uk/prevention-shared-commitment

10 Kings Fund and LGA, 2014, Making the case for public health interventions – slideshow www.kingsfund.org.uk/audio-video/public-health-spending-roi

11 LGA, 2015, Prevention: a shared commitment: evidence about the cost effectiveness of prevention, p.14 www.local.gov.uk/prevention-shared-commitment

In considering investment decisions, local areas will need to use the best information available. PHE argues that prevention is cost-effective and will result in savings for the health system and wider in the long-term. It warns against setting the bar higher for prevention than for other interventions – most activity in health and care that results in positive outcomes is not expected to demonstrate where costs will be saved or cash released.[12]

Perhaps most importantly, although the return on investment for prevention may often be long-term, this does not mean that it is not the right thing to do. For example, PHE has published a report on dementia to help commissioners make decisions about prioritising primary prevention[13]. It shows that risk of dementia is increased by physical inactivity, smoking, diabetes, hypertension and obesity in mid-life and by depression. Although no reliable estimate can yet be produced for rate of return on investment, this information clearly gives weight to prioritising investment in activity shown to modify the risk factors for this devastating condition.

Transformation and innovation

LGA public health annual reports from the last four years show how public health teams have worked hard to transform how they operate so they can better improve health, and tackle health inequalities at a time of reducing resources. Effective public health teams are outward looking, innovative and embrace technology. They share a commitment to creating an ethos of public health as everyone's business – across the council and with other local partners from all sectors. They also seek to place prevention at the heart of health and care integration, both at local level and within their STP.

This section includes short examples of the type of work that is being done to spread prevention. Examples are taken from 'Public health transformation four years on'[14] unless otherwise indicated.

Birmingham has developed a core offer to support districts of the city where health has been identified as a priority. In one district, MECC training has been delivered to over 80 voluntary and community organisations, and the district is working to establish a dementia friendly programme through MECC.

Cambridgeshire and Peterborough have prioritised rural areas which face health inequalities relating to smoking, unhealthy weight and alcohol misuse, particularly in men. Initiatives include extending the NHS Health Check beyond GP practices into the workplace to engage with routine and manual workers who do not generally access primary care.

Cheshire and Merseyside Public Health Collaborative's Reducing Blood Pressure Strategy is internationally recognised as good practice. In one initiative, blood pressure measurement, advice and signposting is being embedded into Cheshire and Merseyside Fire and Rescue Service's 'safe and well checks' which aim to reach 60,0000 homes a year over the STP footprint.

Rotherham's social prescribing initiative, run through Voluntary Action Rotherham, is linked with integrated case management in primary care which aims to reduce hospital admissions for people with long term conditions. Members of the case management team, including GPs and social workers, make referrals to five social prescribing workers who make a home visit to co-design a bespoke social prescription with options of hundreds of different groups and activities. Evaluation by Sheffield Hallam University found reductions in hospital admissions and A&E attendances, as well as economic benefits.[15]

12 PHE, Public Health Matters blog: Investing in prevention health economics and the case for investing in prevention initiatives https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now

13 PHE, 2017, Dementia in older age: barriers and facilitators to primary prevention www.gov.uk/government/publications/dementia-in-older-age-barriers-to-primary-prevention-and-factors

14 LGA 2017, LGA Annual public health report – four years on www.local.gov.uk/lga-annual-public-health-report-four-years

15 LGA, 2016, Just what the doctor ordered: social prescribing – a guide for local authorities www.local.gov.uk/just-what-doctor-ordered-social-prescribing-guide-local-authorities

Sheffield public health is involved in developing the area's employment policy, working with national, city-region and council colleagues. In particular, public health provides a conduit between health and employment services and assists in joining up support across the large range of national and local pilot interventions aimed at helping people who find it difficult to access or maintain employment.

Somerset's integrated sexual health service has increased digital access after consultation with people who use the service. The website is interactive and responsive on smartphones and iPads as well as PCs, and has functions which allow people to ask anonymous questions and receive advice. Other features include online booking, an app alert for taking contraception, and an app alcohol calculator.

Tower Hamlet's planning policy has been used to limit the number and location of new fast food outlets in the borough by:

- Outlets not allowed to exceed five per cent of total shopping units.
- Two non-food units between every new restaurant or take-away.
- The proximity of a school or local authority leisure centre can be taken into consideration for new applications.
- New applications only considered in retail areas, not residential.

Because of the high number of existing fast food outlets, the focus is also on working with existing businesses to raise standards and provide healthier options.[16]

Questions to consider

How do you know that your council is doing all it can to deliver on prevention?

- Are you satisfied that the prevention strategy or strategies developed through the health and wellbeing board reflect needs identified in the joint strategic needs assessment and include a range of primary, secondary and tertiary prevention measures?
- Does the HWB regularly consider progress on indicators in the Public Health Outcomes Framework and local prevention indicators? What action is taken to tackle poor performance?
- What work is taking place to implement the prevention plans of STPs, and how is your council engaged in this?
- Are all council departments contributing to prevention through their relevant functions?
- What measures are in place to engage with communities to increase their role in prevention?
- What has been done to develop a health in all policies approach? Has HiAP been used as a framework for collaborative planning on complex health issues? Is there expertise and capacity in public health to support HiAP?
- Are prevention strategies evidence-based and well costed? Is there expertise and capacity within public health to advise on health economics to inform investment decisions?
- Is prevention being embedded in new NHS care models, accountable care systems and other integrated arrangements?

16 LGA, 2016, Tipping the sacales : case studies on the use of planning powers to limit hot food takeaways www.local.gov.uk/tipping-scales

Resources for further information

Health and wellbeing boards
LGA, 2016, HWB diagnostic tool.
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/support

Health in all policies
LGA, 2016, Health in all policies: a manual for local government.
www.local.gov.uk/health-all-policies-manual-local-government

LGA, 2017, Health in all policies: self-assessment tool.
www.local.gov.uk/health-all-policies-self-assessment-tool

PHE, 2016, HiAP documents: overview, slideset, practical examples, background information, glossary.
www.gov.uk/government/publications/local-wellbeing-local-growth-adopting-health-in-all-policies

Health inequalities
Sir Michael Marmot is director of the Institute of Health Equity and produces regular updates on health inequalities and the original Marmot report.
www.instituteofhealthequity.org/

Investment
Kings Fund reports on public health economics.
www.kingsfund.org.uk/topics/public-health

Kings Fund and LGA, 2014, Making the case for public health interventions – slideshow.
www.kingsfund.org.uk/audio-video/public-health-spending-roi

LGA, 2015, Prevention a shared commitment: evidence about the cost effectiveness of prevention.
www.local.gov.uk/prevention-shared-commitment

PHE, Public Health Matters blog: Investing in prevention health economics and the case for investing in prevention initiatives.
https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now

PHE, 2017, Dementia in older age: barriers and facilitators to primary prevention.
www.gov.uk/government/publications/dementia-in-olderage-barriers-to-primary-prevention-and-factors

PHE, 2017, Commissioning cost-effective services for the promotion of mental health and wellbeing and prevention of mental ill health.
www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning

Must Knows

Integrated care: How do you know your council is actively promoting integration of health and social care?

STPs: How do you know if STPs are making a positive impact?

The Care Act 2014: How do you know your council is successfully embedding the Care Act?

Use of resources: How do you know you are making the best use of scarce resources?

All at:
www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care

NHS Health Check
National website.
www.healthcheck.nhs.uk/

NHS England
NHS Diabetes Prevention Programme
www.england.nhs.uk/diabetes/diabetes-prevention/

NHS Five Year Forward View updates
NHS England documents on the Five Year Forward View.
www.england.nhs.uk/news/?filter-keyword=&filter-category=fyfv

National Institute for Health and Care Excellence
NICE public health guidance.
www.nice.org.uk/guidance/published?type=ph

Public Health England
PHE publications.
www.gov.uk/government/organisations/public-health-england

Public health annual reports
LGA 2017, Annual public health report – four years on.
www.local.gov.uk/lga-annual-public-health-report-four-years

LGA, 2016, Annual public health report – three years on: extending influence to promote health and wellbeing.
www.local.gov.uk/public-health-transformation-three-years

Training and support
LGA training for elected members: Prevention matters: how elected members can improve the health of their communities.
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/support

LGA publications on public health
LGA training for elected members: Prevention at scale support offer.
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/informatics/predictive

The latest news and updates from LGA on public health.
www.local.gov.uk/topics/social-care-health-and-integration/public-health

LGA public health publications.
www.local.gov.uk/publications?topic%5B2506%5D=2506

LGA, 2017, Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change.
www.local.gov.uk/public-health-working-voluntary-community-and-social-enterprise-sector-new-opportunities-and

LGA, 2017, Working with faith groups to promote health and wellbeing.
www.local.gov.uk/working-faith-groups-promote-health-and-wellbeing

LGA, 2017, Maintaining our momentum: essays on four years of public health.
www.local.gov.uk/maintaining-our-momentum-essays-four-years-public-health

LGA, 2017, Health and wellbeing in rural areas.
www.local.gov.uk/health-and-wellbeing-rural-areas

LGA, 2016, Commissioning for better health outcomes.
www.local.gov.uk/commissioning-better-health-outcomes

LGA, 2016, Just what the doctor ordered: social prescribing – a guide for local authorities.
www.local.gov.uk/just-what-doctor-ordered-social-prescribing-guide-local-authorities

LGA, 2016, Public health's role in local government and NHS integration.
www.local.gov.uk/public-healths-role-local-government-and-nhs-integration

LGA, 2016, Tipping the scales – case studies on the use of planning powers to limit hot food takeaways.
www.local.gov.uk/tipping-scales

LGA, 2016, Building the foundations – tackling obesity through planning and development.
www.local.gov.uk/building-foundations-tackling-obesity-through-planning-and-development

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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