

Smart Capacitating Investments (SCI) for healthy ageing



Invest4Health

**Caroline Costongs,
Director**

Long-term care (LTC) coordinators meeting

27 March 2025

EuroHealthNet

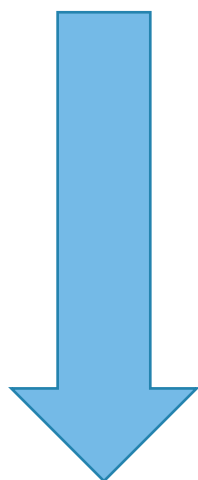
European Partnership
of 84 Members
in 23 EU MS/28 countries

Our Mission:

- Reducing Social Inequalities in Health
- Health Promotion & disease prevention



Ageing-related health financing gap



Public sector investment is expected to decrease

Yet, the demand (costs of ageing in poor health) is rising.

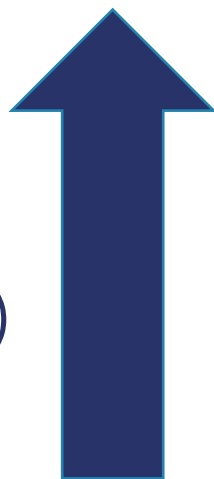
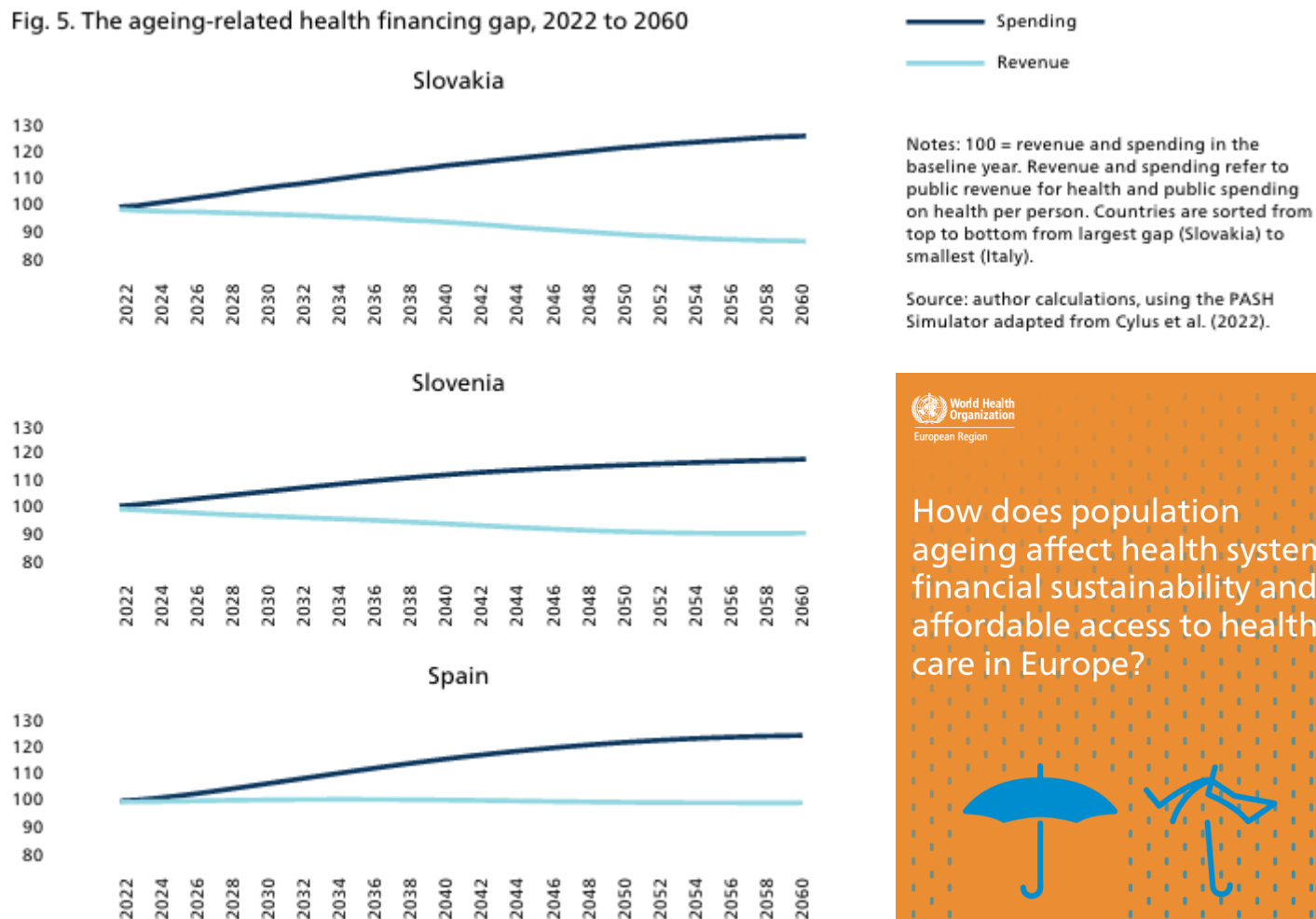


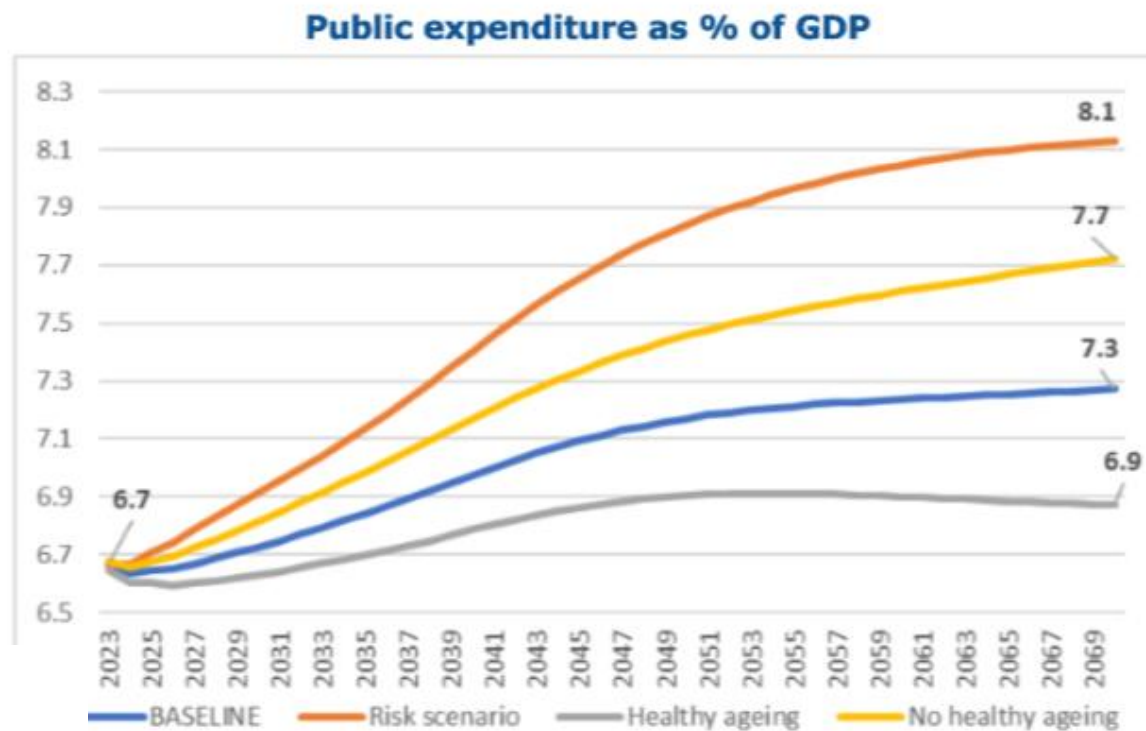
Fig. 5. The ageing-related health financing gap, 2022 to 2060



How does population ageing affect health system financial sustainability and affordable access to health care in Europe?

Healthy ageing makes economic sense

The 2024 Ageing Report: Health Care expenditure projections



European Commission



European Commission

ISSN 2443-8014 (online)

2024 Ageing Report

Economic & Budgetary Projections for the EU Member States (2022-2070)

INSTITUTIONAL PAPER 279 | APRIL 2024

EUROPEAN ECONOMY



Economic and Financial Affairs

1. Strategic financial planning is essential to ensure **sustainable investment in public health and social welfare, including LTC.**

2. Shifting to new models of health promotion, disease prevention, and **healthy ageing is key to sustainable care systems**



Invest4Health

Quick buys for prevention and control of noncommunicable diseases

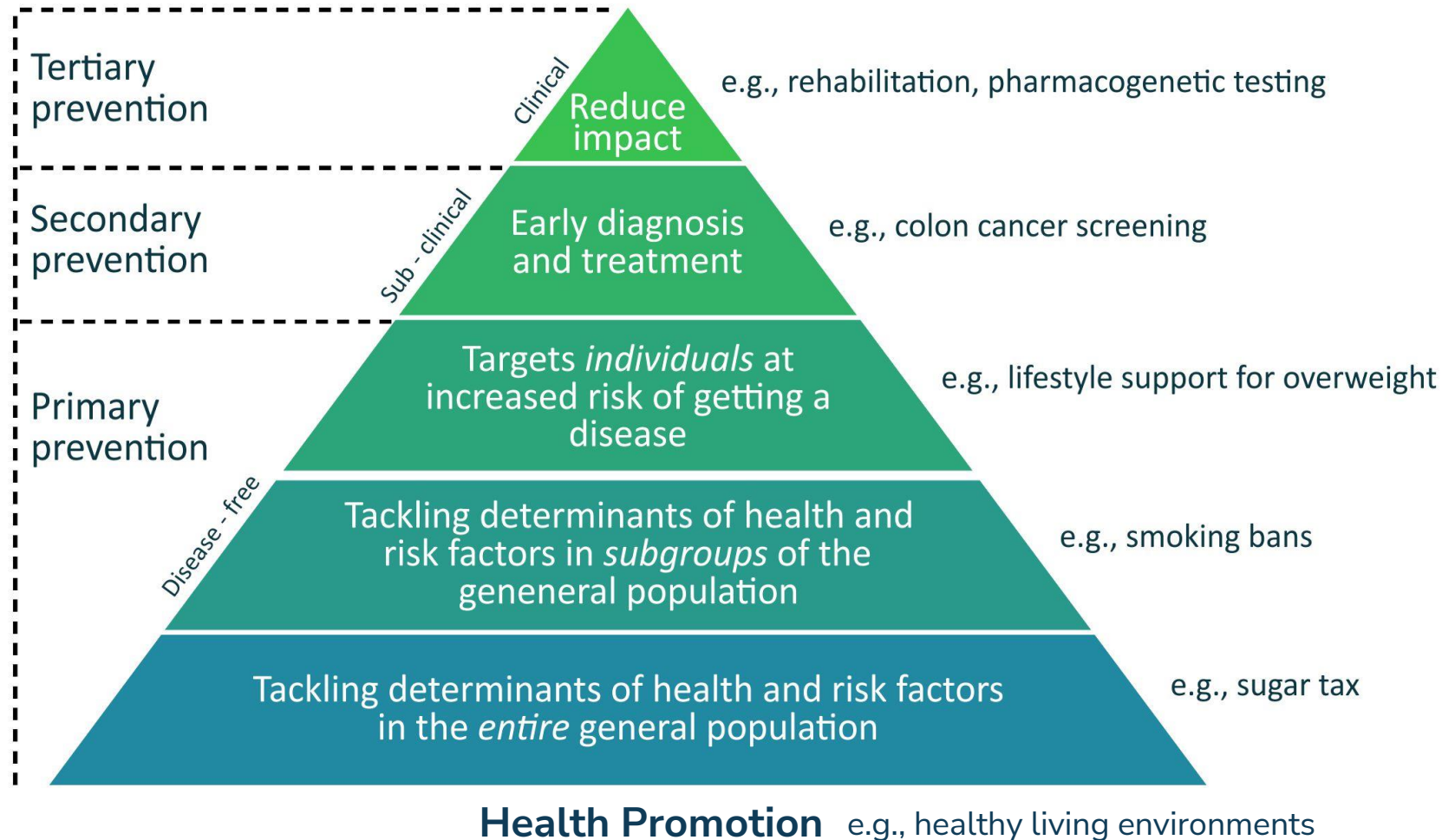
[Gauden Galea](#)^a · [Allison Ekberg](#)^a · [Angela Ciobanu](#)^a · [Marilyn Corbex](#)^a · [Jill Farrington](#)^a · [Carina Ferreira-Bores](#)^a, et al. [Show more](#)

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Prevention Pyramid



Source: Rutten-van Mólken M, Goossens L, Edwards RT, Whiteley H, Davies J, Babarczy B, et al. Innovative financial and non-financial social investment in health promotion and disease prevention: a rapid scoping review protocol; (2023). Invest4Health. Available at: <https://osf.io/eus2a>

Defining Smart Capacitating Investment

Smart Capacitating Investment (SCI) involves unconventional investments, financial or non-financial, in health promotion and disease prevention.

These investments, made by social impact investors, philanthropists, and public authorities, aim to enhance individual and community capacity for healthier behaviours, address health determinants, and promote sustainable change while reducing health inequalities.

SCI in healthy ageing can be:

- **Financial** or **non-financial**
- **Public** or **private** (or a mix of both)
- Made **within** or **outside** of the health and care sector (e.g., education, transport)
- Oriented towards a **financial** return or oriented towards a **social** return on investment
- Made with **new resources** or made with **existing resources** that are re-allocated towards health promotion

Case study 1: Self-Care Social Prescribing (NHS West London Clinical Commissioning Group)

CONTEXT

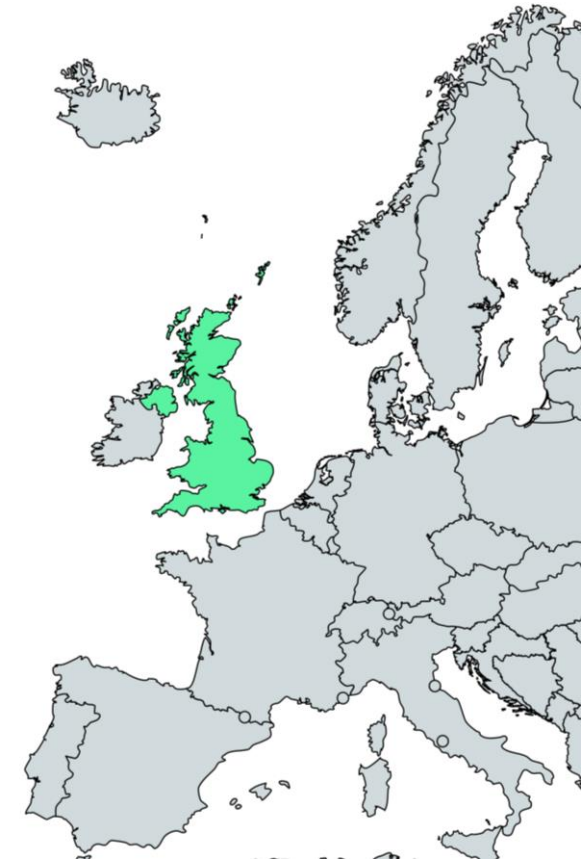
- **Problem:** Frail elderly presenting with increasingly complex cases. These patients have frequent contacts with primary (GP) and secondary care (hospitalisations).
- **Social prescribing** can signpost patients to non-medical services to manage their conditions.

INTERVENTION

- **Financing Model:** Repurposing own financial resources towards a health promotion model of healthcare in a region of London.
- **Investors:** No outward investment received.
- **Intervention:** The Self-Care social prescribing model enables GP practice staff to refer patients with a nonmedical health and wellbeing need onto appropriate specialist services from the voluntary and community sectors.

OUTCOME

- Evidenced a Social Return on Investment of **£2.85 per £1** invested.
- **£102,000** of GP healthcare resource saved and **£106,000** in hospital admissions avoided in pilot year.
- **11.5%** reduction in hospitalisations across pilot year, in which 800 patient contacts were made.



Source: Self-Care Social Prescribing
Kensington & Chelsea Social Council and
NHS West London Clinical Commissioning Group:
Social Return on Investment, January 2018

Case study 2: Reconnections SIB, UK

CONTEXT

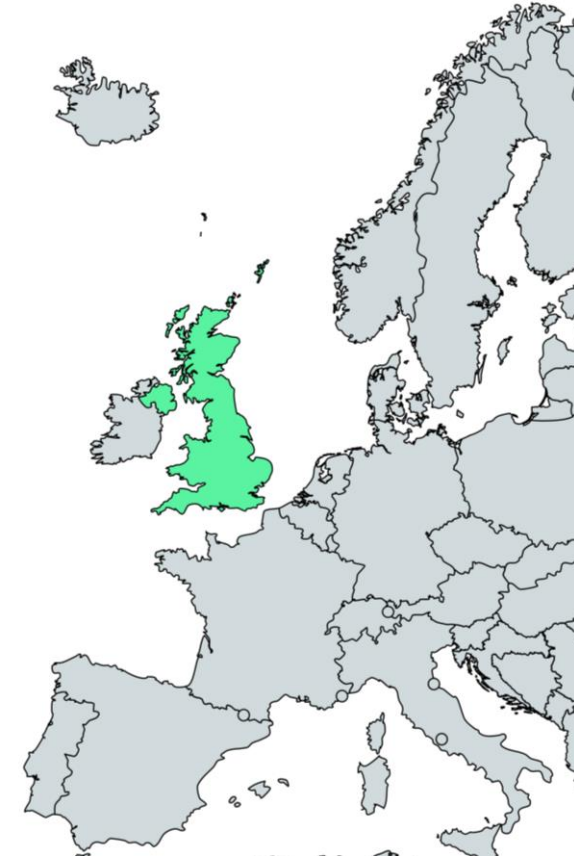
- **Problem:** up to 35,000 older people may experience loneliness and around 11,000 of those may suffer from chronic loneliness in Worcestershire.
- **Aim:** reduce loneliness and social isolation.

INTERVENTION

- **Financing Model:** Social Impact Bond, with 850 000 GBP from Care and Wellbeing Fund, Nesta Impact Investments and Age UK.
- **Intervention:** tailored support for lonely older people to establish ways in which they can (re)connect with a variety of local support networks.
- **Outcome Goal:** outcomes being achieved for 42% of the service users.

OUTCOME

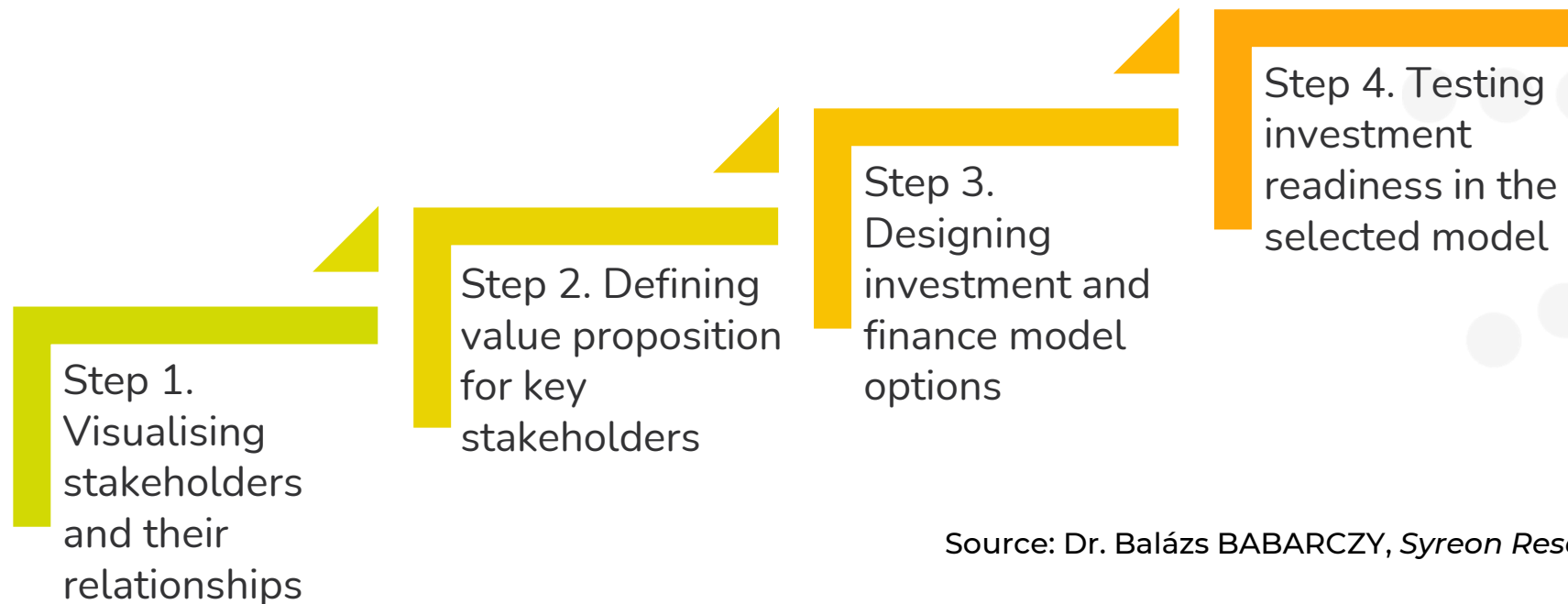
- On average, **self-reported loneliness is significantly lower** at 9 months and 18 months after entering the service.
- Total outcome payments were 72% of planned
- Investors lost £196,000 – but is still considered a success as the ‘test-and-learn’ SIB provided better value for money in terms of effectiveness and equity



Source: Reconnections. Final in-depth review, produced as part of the independent Commissioning Better Outcomes Evaluation, January 2024

Toolkit: Investment & finance models

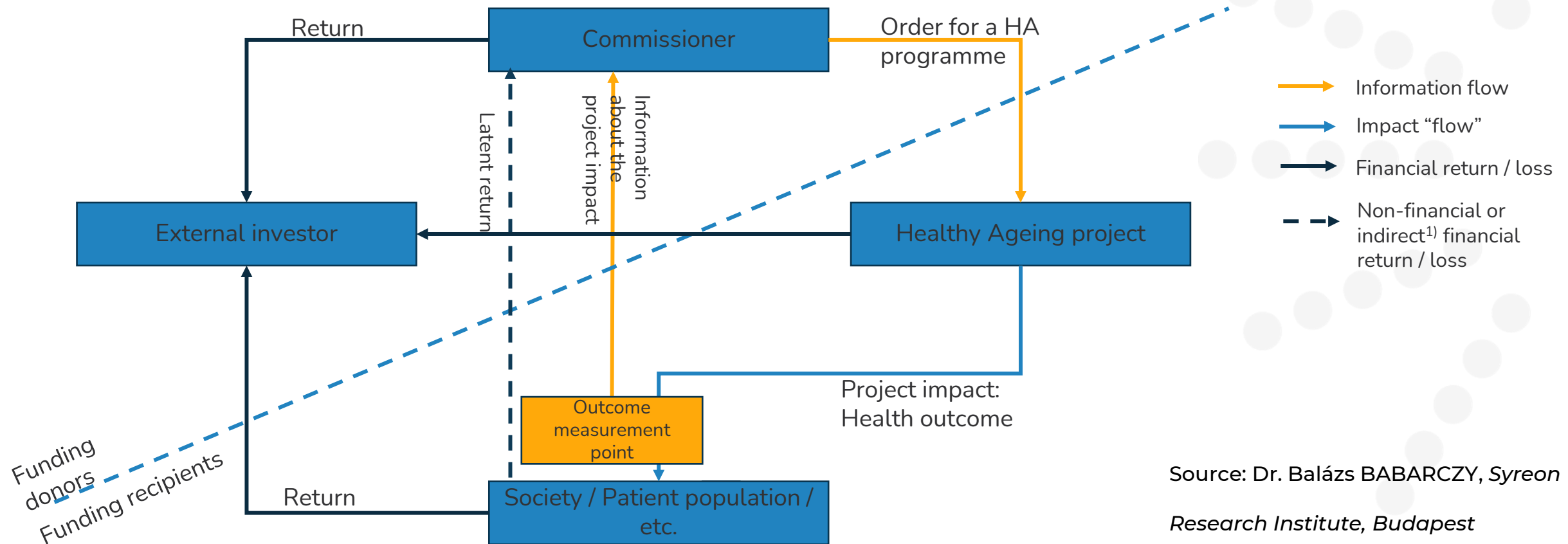
Objective: to develop tailor-made investment and finance models to increase the resources available for health promotion & prevention in target regions



Source: Dr. Balázs BABARCZY, Syreon Research Institute, Budapest

Step 1: Stakeholder visualisation – Creating a common understanding

Mapping the potential roles and relationships



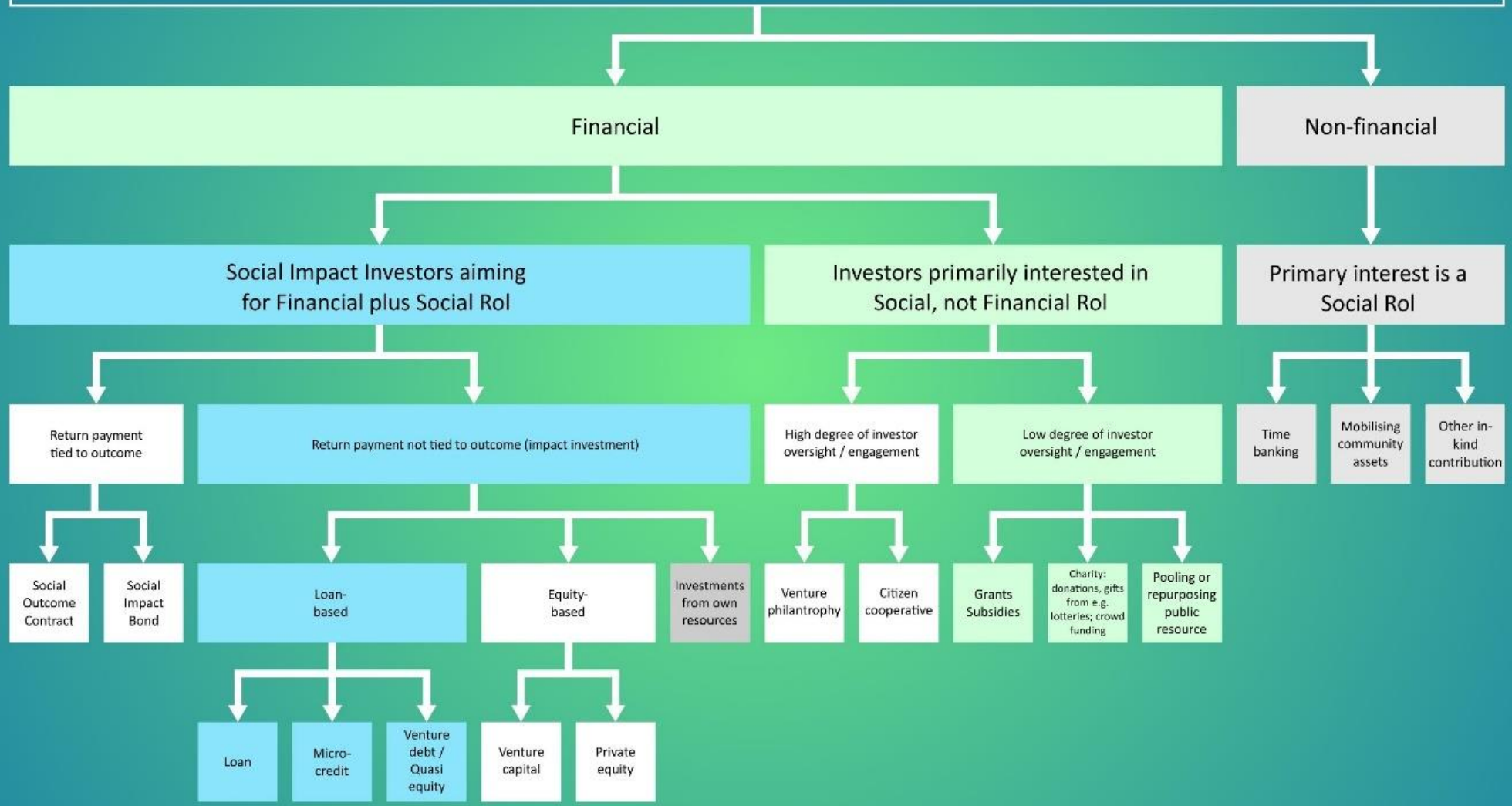
Source: Dr. Balázs BABARCZY, Syreon
Research Institute, Budapest

Step 2: Mapping the Value Proposition Profile

From market-based to social aspects

Value Dimension	Definition
Environmental benefit	Positive impact on carbon emission, change in the production of toxic waste pollution, behavioral impact on business
Societal benefit	Change in the utilization of education services, productivity improvement, reduced unemployment, improved housing, reduced criminal activity
Health system benefit	Reliable supply of provision, vertical integration of provider chains, more efficient operation of the healthcare system, optimization of patient routes, change in institutional stay
Improved value in use	Patient experience, less burden on healthcare professionals, better geographic coverage
Health gain	Clinical efficacy, effectiveness, better safety, tolerability, survival, quality of life, improved physical or mental health, longer independence, lower prevalence of chronic disease, reduced drug/alcohol misuse, change in the outcome of intangibles e.g. pain, suffering, stress, happiness, confidence, life control, relationships, maintaining dignity, sense of self.
Equity in procedures and impact	Minimizing unfair, avoidable or treatable differences among patients during the prevention project and related to its impact
Scalability	How scalable the intervention is.
Collecting data	More data collected and available about the process of service provision, the success of the intervention
Reputation	PR value, image
Access to new markets	Expand potential customer base
Risk sharing	Transfer risks to other stakeholders
Financial return in budget impact	Providing financial return by resulting better, more effective budget allocation
Return from financial effectiveness	Improving cost effectiveness but not necessarily a net positive budget impact
Direct positive budget impact on the the budget of the financing body on its related entities	Net cost savings on any budget line of any financing stakeholders or in its related entities
Financial sustainability	Ensures short term stability and long term viability and continuous impact
Exit option with return change of ownership type of return	External investors have an option to to sell their stake in the project either to a commissioner-like or to a market based actor
Financial return in cash	Providing return of principal, profit, return on investment denominated in direct cash payment
Commissioned, indirect financial return	An agency like commissioner is willing to pay a certain return in exchange for the external investment
Market based / direct financial return	Financial profit generated directly by the project that can be distributed among the stakeholders/investors of the project

Smart Capacitating Investment in prevention and health promotion



Step 3:
 Designing
 investment
 and finance
 model
 options

Step 4: Investment readiness

TOPIC	#	CRITERIA TO ASSESS	MEET THE CRITERIA (Yes or No)	EVALUATION SCALE (1 to 5)	DOCUMENT (that supports evidence)
Governance and structure	1.1	Mandate of the project owner organisation to implement the project			
	1.2	Representation of the organisation's decision-makers (including finance directors) in the project team			
	1.3	High-level political support for the project			
	1.4	Support from the local population, communities, media, etc.			
	1.5	Political, economic and institutional stability of the country			
Intervention	2.1	Level of innovation			
	2.2	Evidence of effectiveness			
	2.3	Evidence of cost-effectiveness			
	2.4	Investment need/budget impact			
	2.5	Absence of implementation hurdles/barriers			
Business model	3.1	Value proposition to commissioners			
	3.2	Value proposition to investors			
	3.3	Revenue model			
	3.4	Cost structure			
	3.5	Cash-flow during implementation			
	3.6	Digital infrastructure for coordination and evaluation			
Scalability	4.1	Scalability			
	4.2	Replicability			
	4.3	Transferability			
Strength of the team	5.1	Qualifications			
	5.2	Track record			
	5.3	Technical expertise			
	5.4	Project management skills			
	5.5	Communication capabilities			
	5.6	Cohesion			
	5.7	Resource allocation			
	5.8	Recruitment strategy			
	5.9	Succession plan			

SCI Barriers

- Power relations in multi-sector collaboration
- Failing to engage and build trust of the local population, corresponding to local needs

SCI Facilitators

- Regular monitoring of performance
- Evidence of the effectiveness of the intervention
- Political buy-in

Source: Prof. Rhiannon Tudor Edwards, Co-Director Centre for Health Economics and Medicines Evaluation, Bangor University, Wales

Take away messages

1. Shift to **community-based, health-promoting health and care systems**, with a strong focus on prevention and healthy ageing. This takes time. But can and must be done to ensure future-proof sustainable health and care systems.
2. **Smart Capacitating Investments** provides an innovative approach and tools for complementary or alternative financing of community based healthy ageing and LTC
3. Learn new skills (or allocate dedicated staff) to access **funding** streams and **finance** instruments, i.e. to **navigate the world of finance**, and adapt these tools to our local contexts.
4. Invest in leadership, 'public entrepreneurship' and boost the capacities of public health professionals to **build a pipeline of investable healthy ageing policy interventions**
5. Build partnerships, make new connections in other disciplines and sectors, work with a **diverse range of actors** at local, national and EU levels and **share** examples and ideas (testing SIBs)

EuroHealthNet's
online Guide on
Financing Health
Promoting Services

EuroHealthNet's
**Policy Brief on
Healthy Ageing:** an
effective approach to
the implementation of
the European LTC
Strategy

Save-the-date!
**EuroHealthNet –
WHO learning lab on
Healthy Ageing in
the autumn of 2025**

Thank you

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