NHS Norfolk

NHS Norfolk's Health Trainer Service Value for Money Report

1.4.2010 to 31.3.2011

Assessing the Value for Money (VfM) of the Health Trainer Service (HTS) in Norfolk

Health Trainer Services provide an innovative approach to improving health and addressing health inequality in areas of multiple deprivations. They provide opportunities for people to address their health and lifestyle choices with trained staff drawn from their communities, able to help them access the services they need and to engage with health and community services and groups. This VfM assessment is aimed at helping those who commission and provide these services to understand explain and improve their value for money, as a contribution to further development of Health Trainer Services (HTS).

The method for assessing VfM was developed in close consultation with experienced HTS, commissioners and providers, takes as its starting point an analysis of the objectives of the services and their impacts on the agencies and people involved. In each case a set of indicators is proposed so that the performance of the HTS in relation to its objectives can be measured and compared to costs. This provides a framework to clarify outcomes and sets the specific measures of VfM in the context of national and local World Class Commissioning objectives.

The potential health gain and costs savings that can be achieved in each area of behaviour change was estimated from international and national statistics and studies. The impact of 1 to 1 behaviour change was assessed by a panel of HT practitioners drawing on local studies of the extent and persistence of behaviour change. These estimates were then applied to the potential health gain and savings to indicate the expected impact of each successfully completed 1 to 1 behaviour change intervention. Other types of intervention including: signposting, mapping of community facilities and engagement with local community groups were then valued by comparing the costs and outcomes with broadly similar interventions in Primary Care. This made it possible to assess the impacts on all those involved: the NHS, Local Authorities, and Offender Management Services, clients, communities and Health Trainers themselves. These estimates were then adjusted to reflect the value of addressing disadvantaged groups by applying a factor derived from the Health England Leading Priorities review (or alternatively by a locally determined weight) and compared to the cost of providing the service. This provides an estimate of the net cost per equity weighted unit of health gain.

This is necessarily a complex process reflecting services which are multifaceted and varied to respond to local needs and values, but it can be boiled down to a simple set of assumptions about the effectiveness of HTS interventions applied to the measures of performance for a local service. The values applied can be varied to respond to local circumstances and the outcome can be calculated.

It is important to stress that, in the absence of long term studies of behaviour and health outcomes, which are not available for HTS, or many other public health interventions, assessment of VfM must apply reasonable assumptions based on the available evidence and expert judgements from practitioners (Prof.G Lister2008).

How the results were produced!

Information was gathered from Norfolk's finance department and the National Health Trainer Data Collection Reporting System and then input into the VfM tool.

The following data for Norfolk was input into the VfM tool.

1. Total financial cost of staff salaries (this includes service lead, coordinators, health trainers, administration support, other on costs, training cost, as well as office costs, telephone bills etc)..	£600,414 less VAT
2.As the PCT does not pay VAT Professor Lister and the expert panel felt it was fair to take off the cost of training	£34,072
3.Number and cost of community events 78 events	£60k
4.Total number clients seen during the period	2,124
5.Fully successful personal health plans in the core health inequalities	smoking (77) alcohol (7), (diet (68) exercise (56) are combined)
6.Partially successful personal health plans in the core health inequalities	Smoking (23), alcohol (2), (diet (40)/ exercise (27) combined).
7.Number high values clients signposted	409
8. Number clients… low value signposts	1,263
Well-being Improvements… scores self-efficacy (=11.88%),	+11.88%
General health	+32.01%
WHO	+28.89%
Number of offender clients	50
Locally agreed deprivation scores	Norfolk's IMD score

This data was added to a societal cost matrix based on the cost per risk person per year in England (2006). The mathematical equation used in the VFM tool is **(UTILITY =e $^{(-0.0000586 \times C + 0.0436987 \times R + 0.119895 \times D}$). Where C = cost effectiveness, R = reach and D = impact on disadvantaged groups; e = 2.71828).** This produces an estimate of the net cost per equity weighted unit of health gain, a national objective in World Class Commissioning. In a nutshell the performance of Norfolk's HTS in relation to its objectives, their reach and impact on disadvantaged groups are measured and compared to costs.

<u>Performance Outcome Results from the national DCRS and VFM tool</u>

Norfolk's HT Service addresses a complex range of objectives including:-

A- Reducing the number of people that smoke

B- Increasing exercise to recommended levels

C- Reducing the numbers of people that are obese

D- Reducing alcohol intake to safer level

E- Improving the well-being of people in Norfolk

These are particularly relevant to their local needs and goals and for our stakeholders which include their clients, commissioners, local authorities, probation service and prisoners. Of which **23.00%** were from the most disadvantaged (quintile) communities targeted in their health improvement plans.

The number of DALYs and QALY's reported below are those generated by Norfolk's HTS as a whole in one financial year… April 2010 - March 2011.

For an investment of £600,414 we estimate **long term health gains of** :-

1) 22.7 DALY (disability adjusted life years) gained from the behaviour change interventions

2) 3.5 additional DALYs gained from improved emotional well-being

3) 27.3 additional DALYs from signposting

PLUS

1) 30.2 QALY (quality adjusted life years) gained from behaviour change interventions

2) 4.7 additional QALYs gained from improved emotional well-being

3) 36.2 additional QALYs from signposting

Total cost savings to NHS Norfolk is **£336,036** this is the net after the cost of the service have been allowed for.

Total net savings to other public sector services of **£411,748** to the agencies we partner (such as Social services).

This produces a net **value for money** saving to the public sector of **£747,784** per equity weighted DALY/QALY using the weight of the equity Norfolk agreed.

Data from the national DCRS (April 2010 – March 2011) shows Norfolk's additional beneficial health improvements; as a result of their HTS 1-1 behaviour change interventions.

Client's Personal Health Plan Results	**% change**
Increase in vigorous exercise of	62.38%
Increase in moderate exercise of	24.35%
Increase in fruit and vegetables	of 59.57%
Reduction in fatty foods	38.59%
Weight reduction of	2.59%,
Self-Efficacy increase (using before & after information) of	11.88%
Reported General Health using before & after information) (increase	of 32.01%
WHO-5 Wellbeing increase (using before & after information) of	28.89%

These are relevant to their local health improvement plans.

Acknowledgements

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