

Health and Wellbeing Board – Spend and Outcomes

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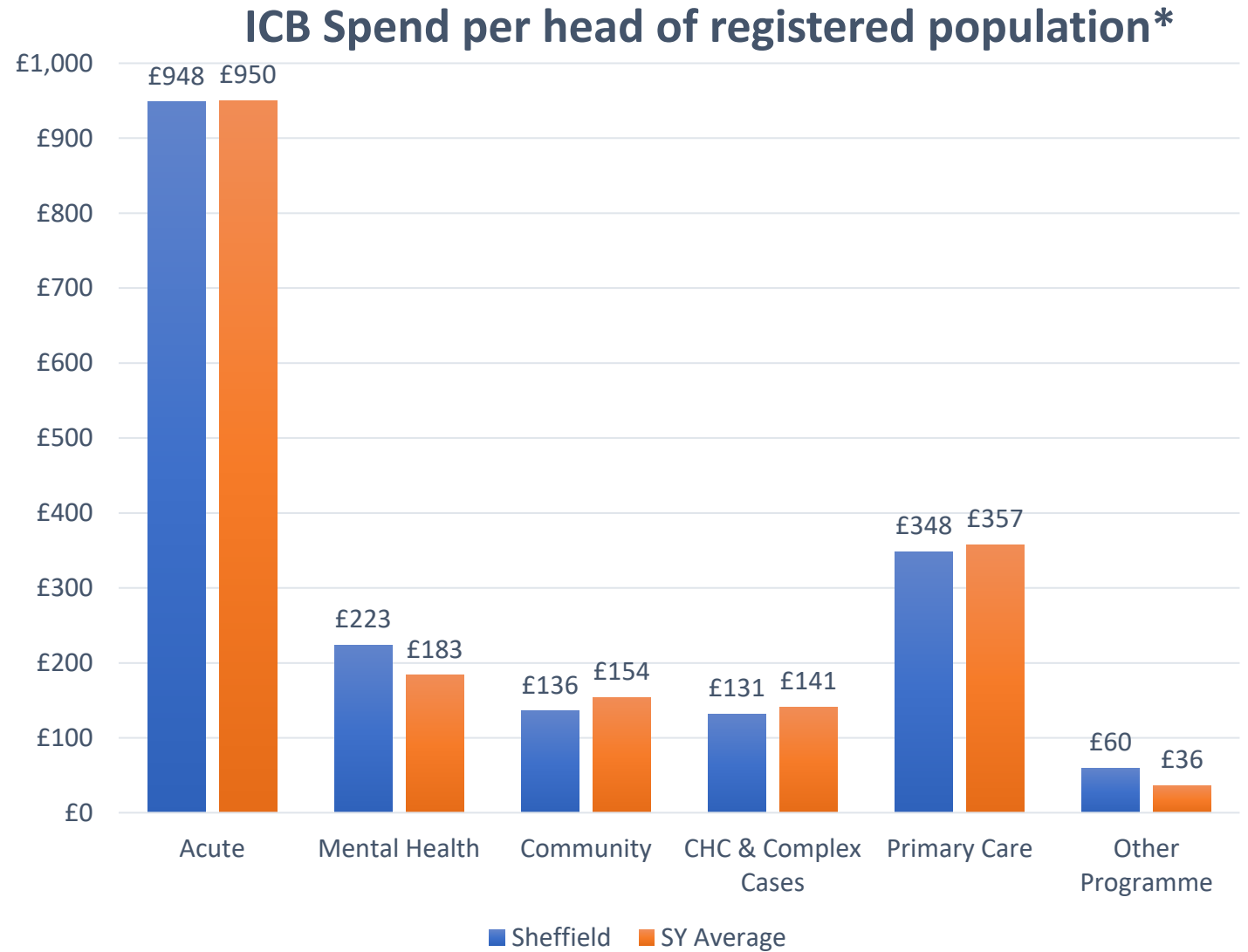


Agenda Item 7

What we will cover

- What does the ICB spend money on in Sheffield?
- High level outcomes
- Local Authority Spend, Outcomes, and ROI
- Examples of where moving funding may deliver different outcomes
 - Discharge home first and flow –what could this look like if we did more anticipatory care/admissions avoidance/improved discharges
 - Non-elective Respiratory care & Developing model neighbourhood

ICB Spend per head of registered population in Sheffield is £1,850 per annum, compared to £1,820 on average across South Yorkshire.



*weighted for age/sex/other demographic factors

Sheffield Outcomes

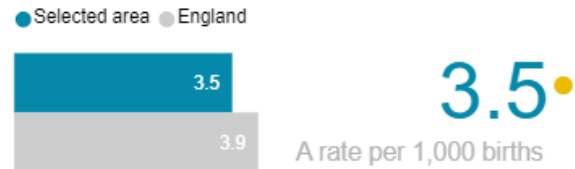
Sheffield

For LA or region values, select from the menu above or go to home page for new region or ICS selections

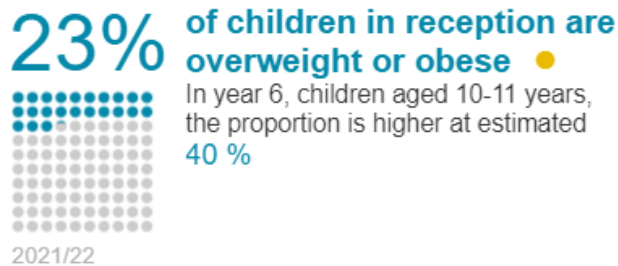
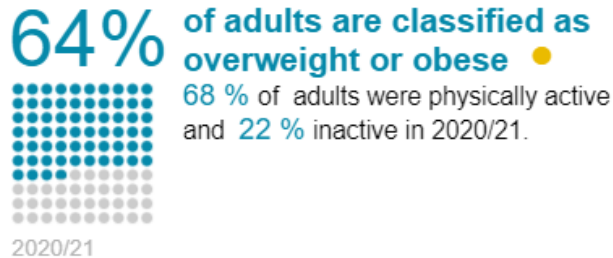
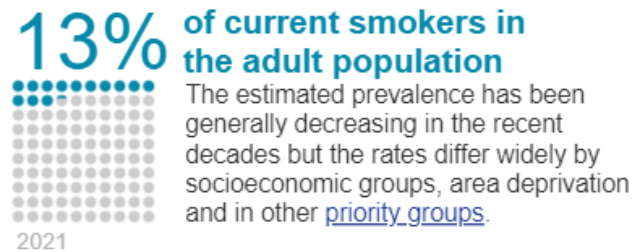
Life expectancy at birth 2018 - 20



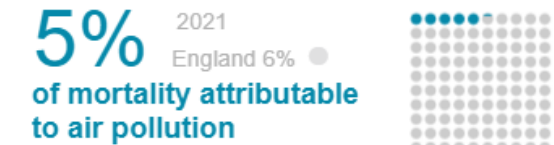
Infant mortality 2018 - 20



All cause premature preventable mortality 2020



Headline statistics

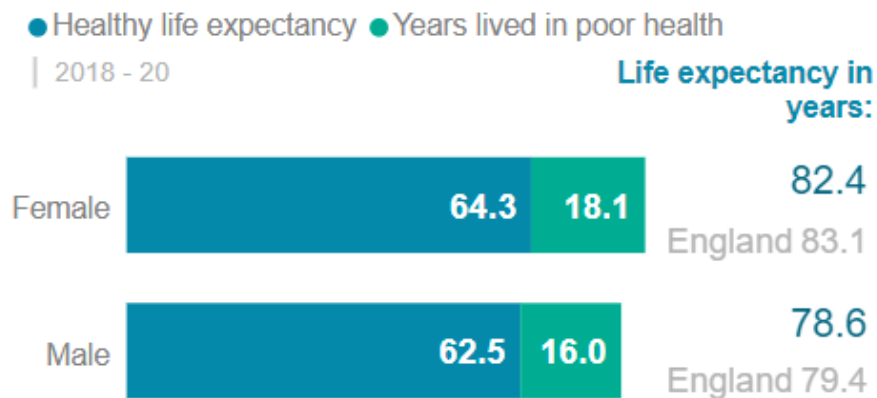


Sheffield

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Healthy life expectancy and years lived in poor health



Life expectancy gap by deprivation

Inequality in life expectancy at birth by deprivation:
Life expectancy gap in years (slope index of inequality)



Sources: OHID. Public Health Profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022.
Life expectancy gap by cause death available via [OHID Segment tool](#)

Life expectancy

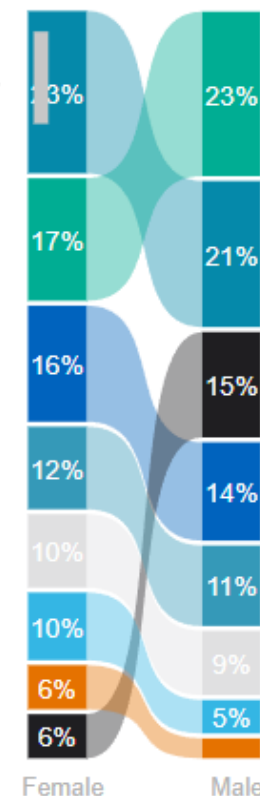


Diseases that contribute most to the gap in life expectancy between the least and most deprived areas, by sex

2020-21 (provisional)

Cause of death and % contribution to the excess deaths in poorest areas

- Cancer
- Circulatory
- COVID-19
- Deaths under 28 days
- Digestive
- External causes
- Mental and behavioural
- Other
- Respiratory



Summary

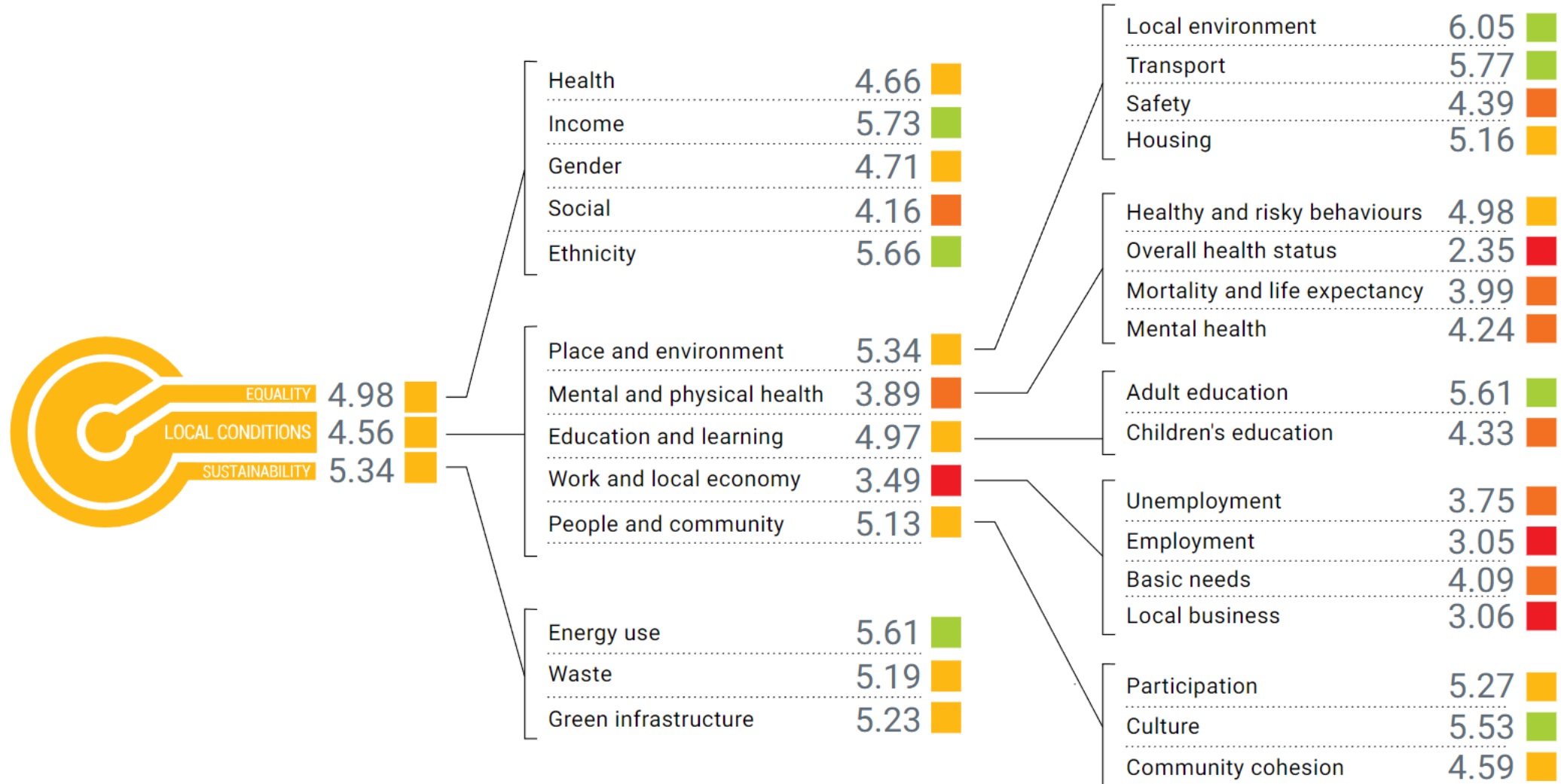
Life expectancy in women continues to be higher than in men, but *healthy* life expectancy - years lived in good health - is often not significantly different by sex although this varies by local authority and region. At regional level and in many local authority areas, in recent years life expectancy has stalled with a drop in 2020 due to COVID-19.

Large inequalities in life expectancy by deprivation remain. The gap in life expectancy at birth within Sheffield between the least and most deprived areas is estimated at 10.9 years for males and 8.7 for females (as measured by the slope index of inequality).

COVID-19 Impact: Life expectancy decreased in English regions between 2019 and 2020 whilst inequality in life expectancy by deprivation for England increased - with some variation by regions and by sex. For example, in the North East the gap in women in the least and most deprived areas narrowed. Provisional data shows that life expectancy for 2021 may have returned to pre-pandemic levels ([WICH tool, Feb 2022](#)).



Thriving Places Index



The knotty problem of Outcomes

- The NHS has a methodology (utilitarian) and an entire agency (NICE) for assessing value of devices and medicines which aims to maximise gains in health for £ spent. Outcomes are standardised (QALYs) and comparable across domains. Not really a LA equivalent.
- Reasonably well-defined PH outcomes, but geographic scale often masks inequalities
- Place outcomes indices – like TPI – equally weight all outcomes and don't consider preferences of policymakers or public
- Often confuse outcomes for more easily measured things like activity or use these as a poor proxy for demand, outcomes, and quality.

SPOT Tool for Local Authorities

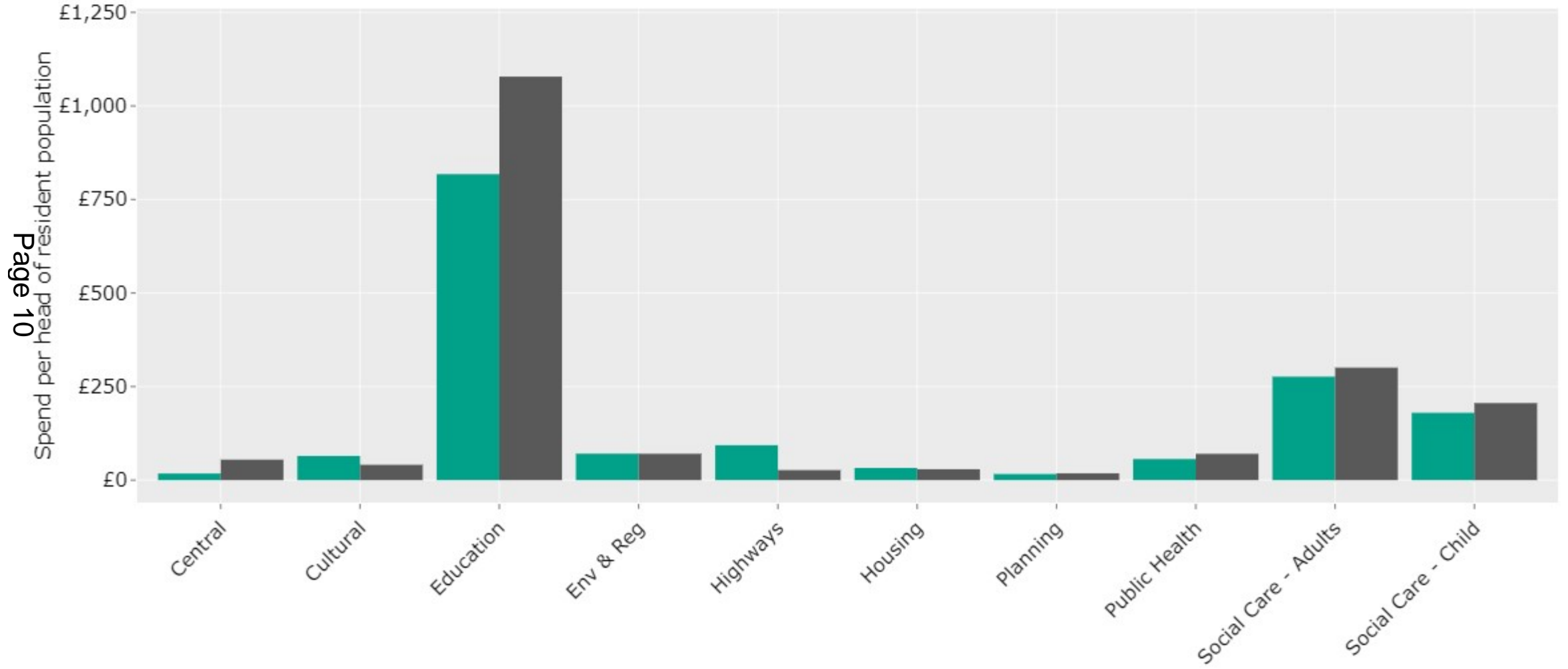
- The SPOT is a tool designed to allow exploratory analysis of local authority spend and associated outcomes
- SPOT enables users to benchmark whether local authority spend is higher or lower than in other local authorities & to consider value for money of current spend.
- SPOT compares Sheffield with Chartered Institute of Public Finance and Accountancy (CIPFA) statistical neighbours - this accounts for issues such as deprivation for example.
- Data lags are an issue

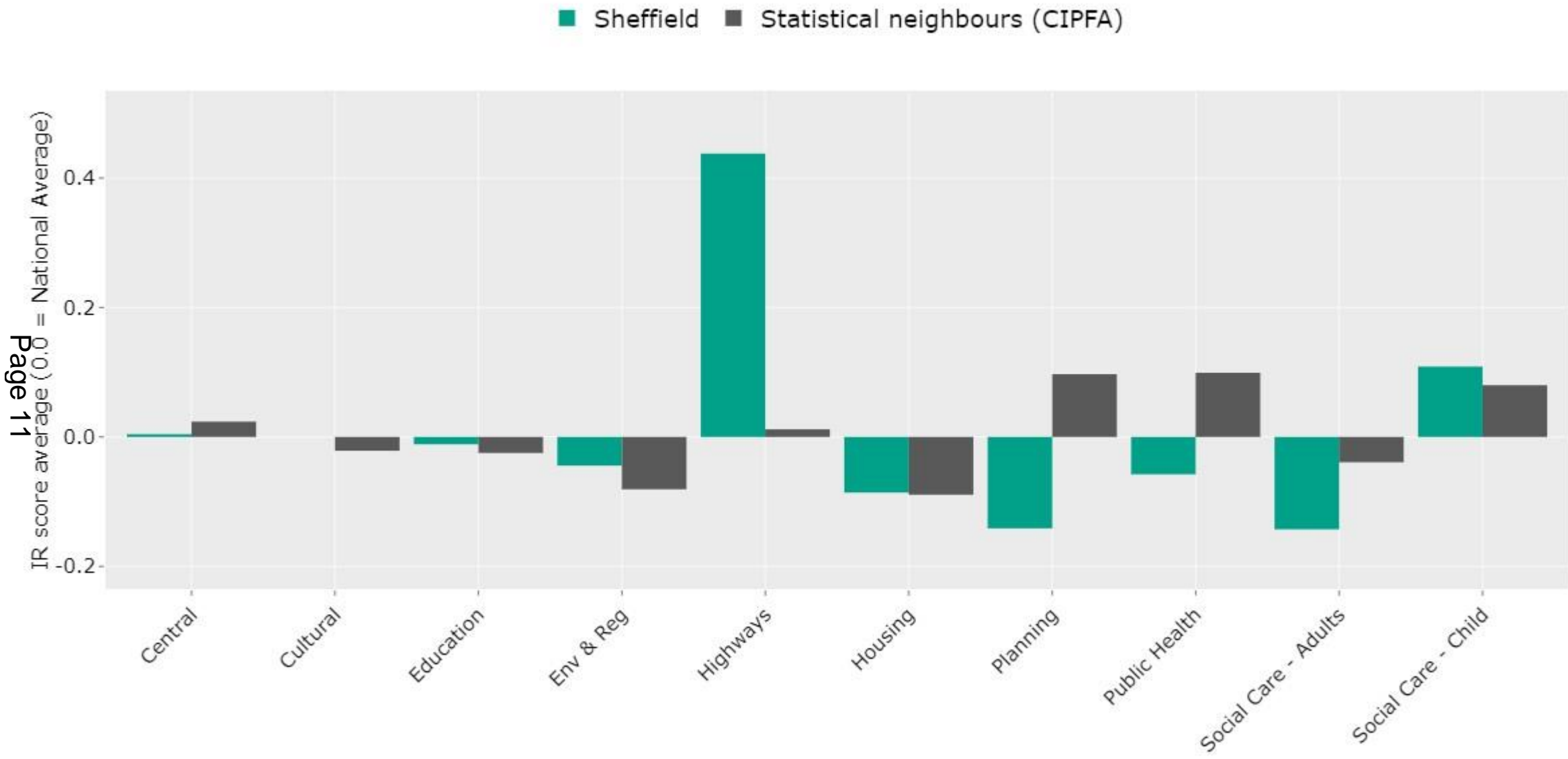
SPOT Data Sources

To provide a broad picture of spend and outcomes SPOT brings together over 400 indicators from multiple sources including:

- Local authority revenue expenditure and financing returns
- Public Health Outcomes Framework (PHOF)
- NHS Outcomes Framework (NHSOF)
- Adult Social Care Outcomes Framework (ASCOF)
- Department for Environment, Farming and Rural Affairs
- Department for Education
- Department for Transport
- Department for Work and Pensions
- Ministry of Justice
- National Highway and Transport Network
- NOMIS
- Sport England's Active Lives Survey

Sheffield Statistical neighbours (CIPFA)



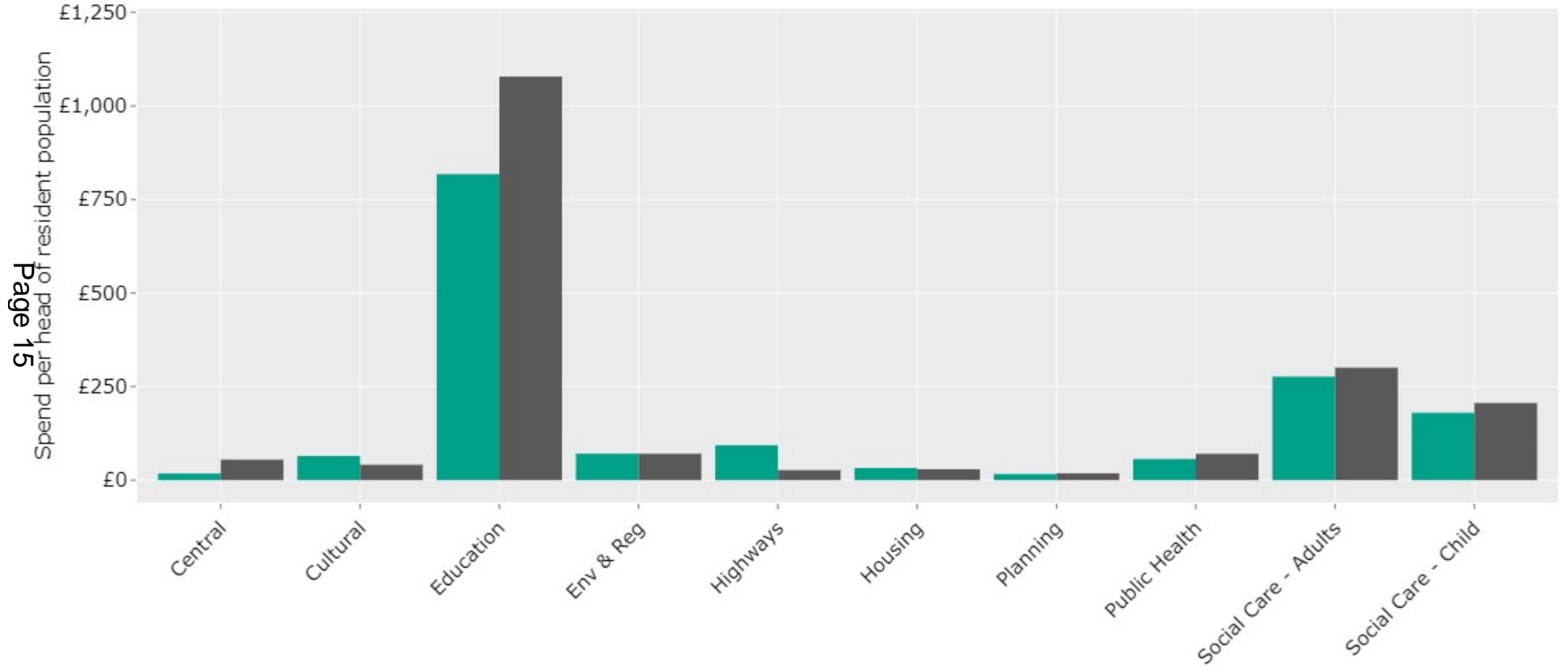


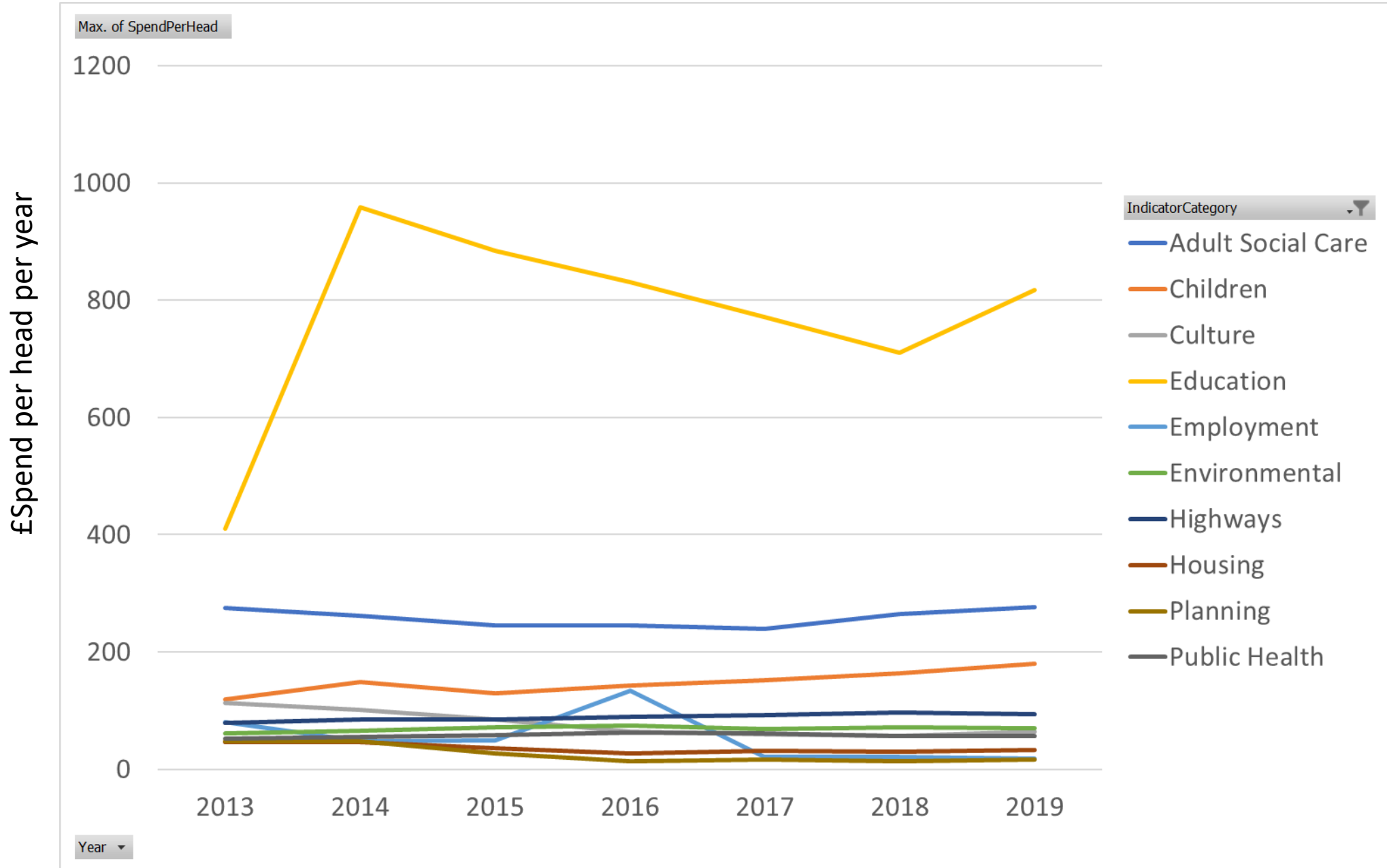
Programme	ROI	Notes
Adult Social Care (residential)	2-2.5x cheaper than NHS beds	Vs Excess bed day cost of ~£375. Delivering all NHS excess bed days 2.5-3.5x more expensive than meeting that need through Residential Social Care.
Home improvements	ROI of £1.15 per £1	Reductions in falls as well as adaptations which can allow older people to live independently in their own homes for longer
VCS led low level schemes (talking therapies, befriending, activities of daily living support)	ROI £1.75 per £1	friendship support group tackling loneliness, talking therapies, and support with daily activities such as bathing, feeding and eating, personal care and hygiene and functional mobility, shopping, food preparation, housework and travelling outside the home
Prevention	Sum total Unknown/Unknowable	As budgets reduce it becomes harder for councils to manage the tension between prioritising statutory duties towards those with the greatest needs and investing in services that will prevent and reduce future needs. The financial impact of increased demand for social care provision, at a time when councils' overall budgets have been cut, is reducing their ability to support this preventative activity
Children's services	Sum total Unknown/Unknowable	It is estimated that the cuts to Childrens services have annual costs to the NHS - £37 million; Welfare - £27 million; Police - £16 million; Justice - £15 million; Education - £6.5 million; Local Government - £64 million.
Children and Young People's Mental Health Support	Sum total Unknown/Unknowable	Education based CBT costs £290 per child but has a lifetime benefit of £9,500 through NHS and criminal justice savings
Parenting programs	ROI £8 per £1 over 6yrs	Parenting advice and support programs and parenting programmes to prevent conduct disorders saves the NHS, education and criminal justice services
Sure Start	Annual savings of £650,000	Sure Start has been cut considerably and this has hampered the longer term evaluation of it's potential impacts across sectors.

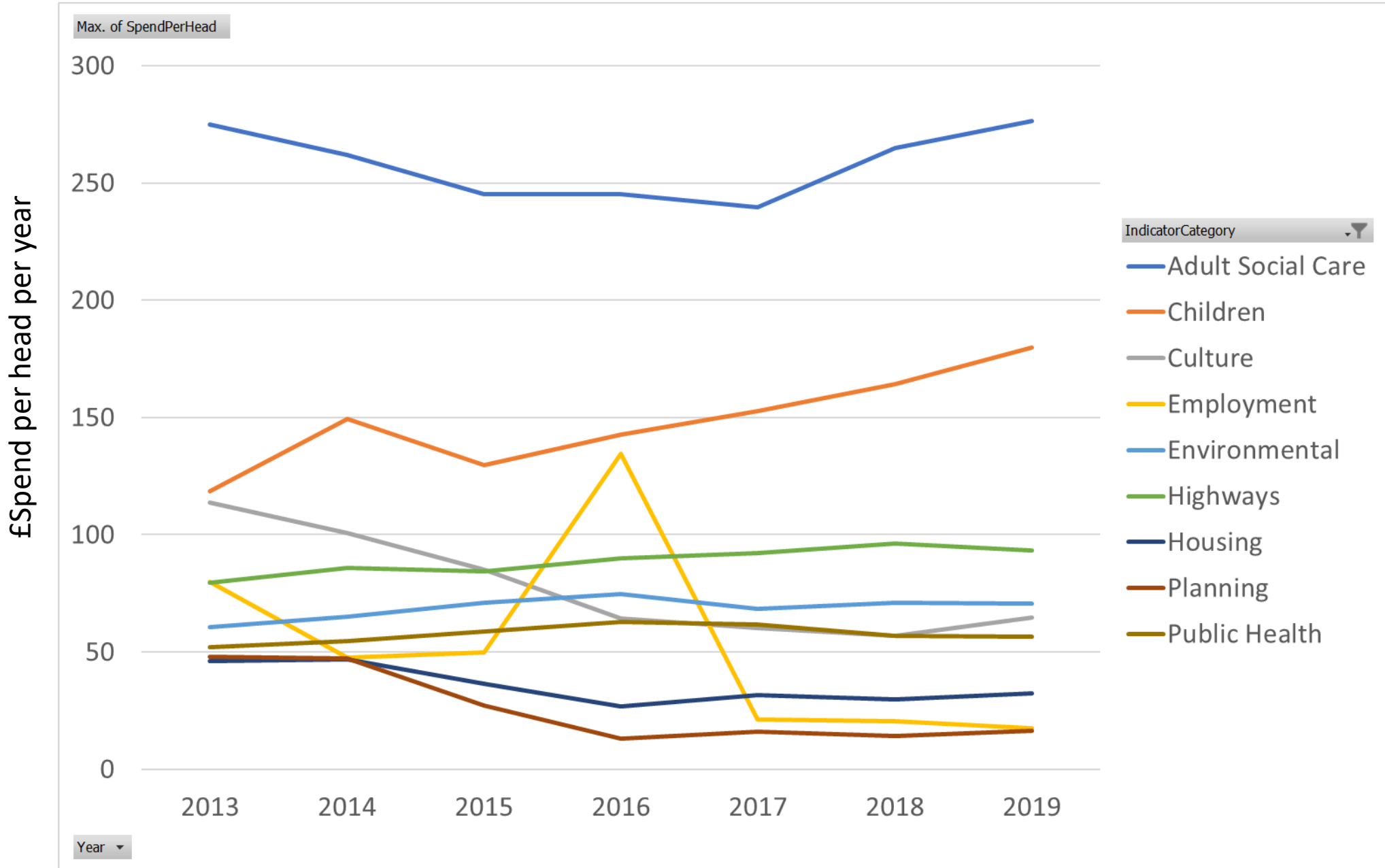
Troubled Families ("Building Successful Families" in Sheffield)	ROI £2.50 per £1 invested	Economic and fiscal benefits representing a reduction in the demand for high-cost acute services such as on children's social care and criminal justice
interventions to support children with existing conduct disorders	ROI of £45 per £1 over lifetime	represents savings for the criminal justice system, the NHS and increased earning potential and can therefore have a knock on effect for GDP and the economy. A report by the All-Party Parliamentary Group on Knife Crime, published in May 2019, showed that in areas where the cuts to council youth work spending was the highest, there was an increase in knife crime.
Youth services and youth work	ROI of £7 per £1 over lifetime	Economic benefit of youth services, and included the economic values of increased literacy and numeracy and reduced healthcare costs
Public Health	ROI of £14 per £1 invested	
Drug and Alcohol Treatment and Prevention Services	ROI of £5-£8 per £1 invested	A 7-10% reduction in continued dependency into adulthood can represent £0.5-1.5Million savings annually
Needle and Syringe programs	Cost £200 pi/py for potential savings of £80kpp	The savings this intervention can achieve includes between £21,000-£41,000 each year for every prevented case of Hepatitis C treatment. As well as this there can be a saving of between £10,000-£42,000 a year for every prevented case of HIV treatment. CJ savings also.
Smoking Cessation Services	£119 per quitter	Brief advice and referral has been estimated to have a minimum saving of around £119 per quitter over the first five years
Work and Health Programs	ROI of between £2-10 per £1 spent	Healthy workforce is emphasised by the fact that when an individual who had been claiming benefits for health-related worklessness moves into a job paying the National Living Wage, there are "savings of £6,900 for the government". This is augmented by a £13,100 boost to the local economy and a significant monetary gain to the individual; supporting steps towards economic independence

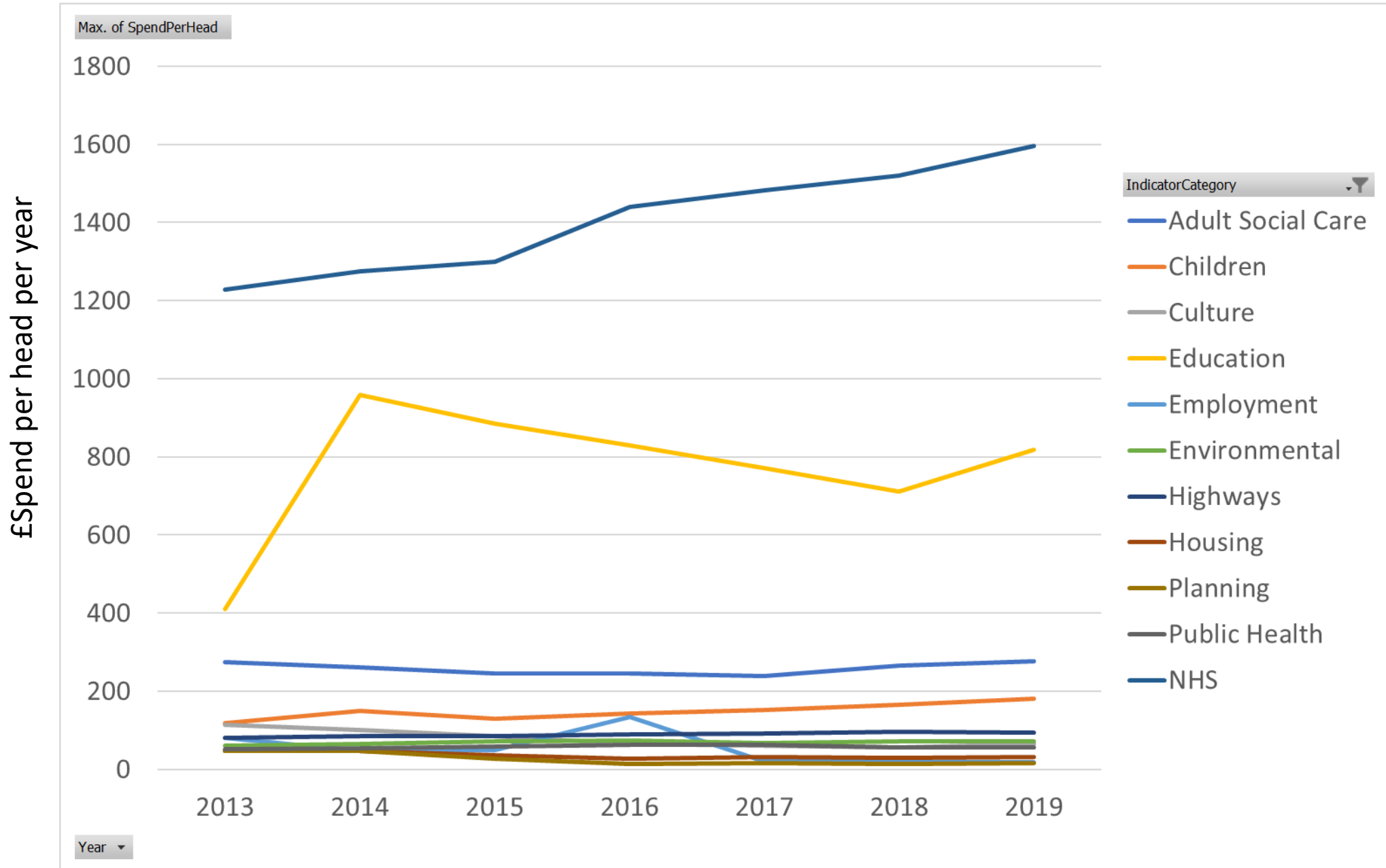
Parks and Green Spaces	£342 Million Wellbeing Value. Estimated ROI of £35-£45 per £1 spent	The wellbeing value is an ONS measure which quantifies the total mental and physical and economic benefits of park usage as well as the monetary value of increased life satisfactions and overall quality of life. This estimated wellbeing value therefore includes the savings for the NHS in relation to reduced demand for primary and secondary care as well as benefits for the wider economy.
Active Travel	£450-£650 per person switching from car to cycle	This includes direct NHS savings of £30 per person in reduced GP visits and the wider NHS savings from long-term health problems. These health savings are augmented by wider environmental benefits of reduced congestion and air pollution and productivity gains
Regulatory Services - Food environment	Sum total Unknown/Unknowable	£31million due to obesity impacts alone
Regulatory Services - Air Quality	ROI £6 per £1 invested	includes the health benefits derived from reduced noise and air pollution, assumed to be savings for the NHS, as well as benefits for the economy in terms of increased productivity from reduced sickness absence.
Highways and Transport	ROI £13 per £1 invested	DFT emphasis stewardship of local councils in maintaining their road networks further contributes to keeping the public safe on the road. Investment in local road maintenance each year made sound economic sense in terms of helping to meet government objectives of reducing fuel consumption, emissions form transport and noise pollution

Sheffield Statistical neighbours (CIPFA)









Some local examples/opportunities to improve outcomes and reallocate spend

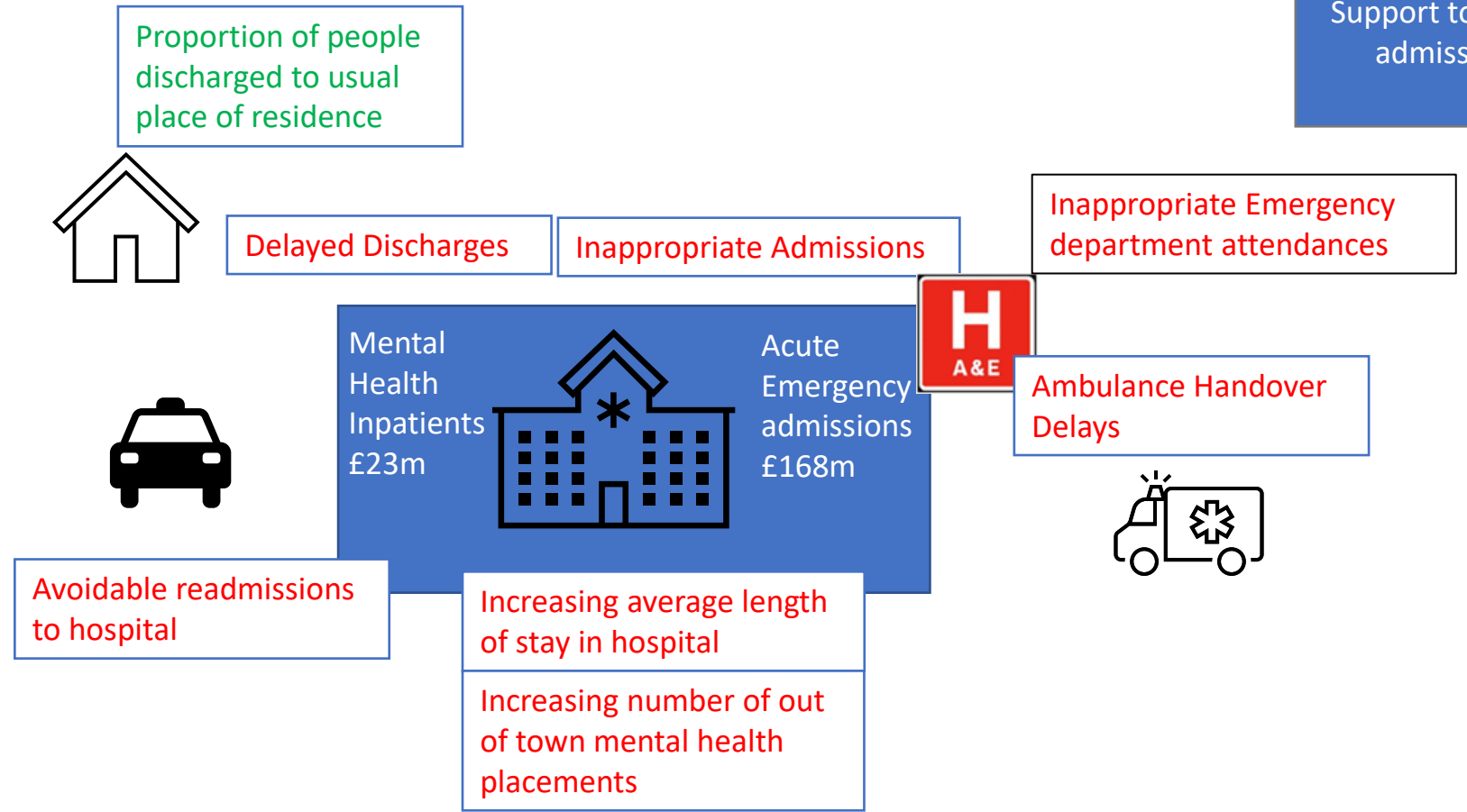
- Discharge in the acute sector
- Non-elective care for Respiratory health problems

Sheffield HCP Priority: Discharge and Home First

Total cost of out of Hospital services £271m incl:

Adult Social Care; Continuing Healthcare, Short Term Intervention Team, Active recovery, Intermediate Care beds, Virtual Ward, Somewhere else to assess beds, Integrated Therapy Services, Rehabilitation services, Integrated Care Team (incl District Nursing), Community Equipment Service, Disabled Facilities Grant, Mental Health Recovery Team, Mental Health Discharge Support, Voluntary Sector Discharge Support, Intensive Home Nursing, Night Care Visiting, St Lukes Hospice, Fastrack packages

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Community Support to avoid admission

Sheffield HCP Priority: Developing model neighbourhood

Measure of inequality relating to socio-economic status

Emergency admissions by ICD (ages 55-74)

Socio-economic inequality is the greatest for Respiratory System, highlighting that there is a strong negative correlation between socio-economic status and excess hospital admissions.

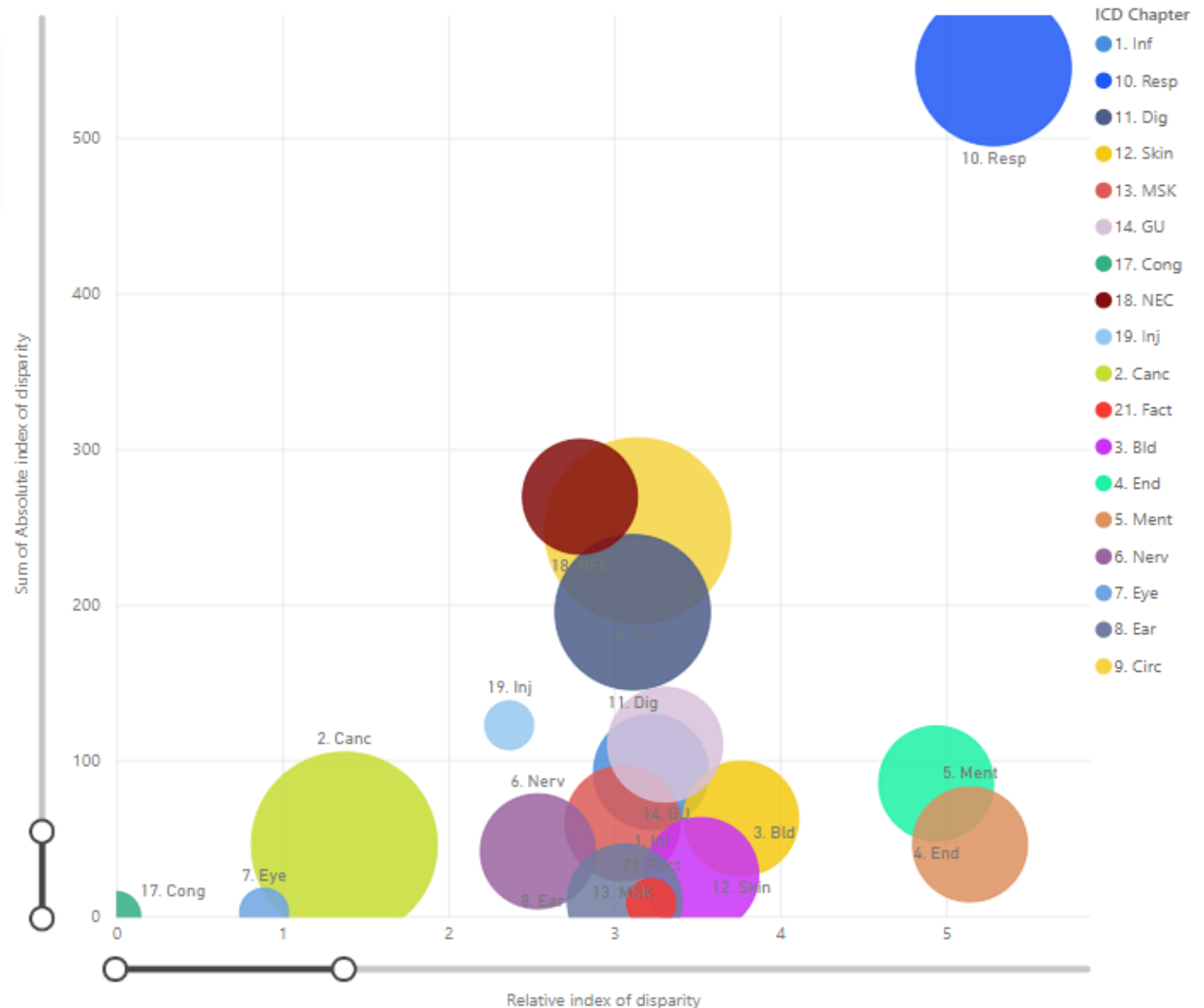
Mental and behavioural disorders and Endocrine and metabolic disorders have a high level of inequality, but it does not drive a large amount of excess emergency admissions.

Congenital diseases displays all values at 0 as there was not enough cases of emergency admissions for this piece of work.

Cancer and Circulatory system have the largest proportion of potential years of life lost, however Circulatory system has a greater socio-economic inequality whilst cancer drives very little excess admissions and has one of the lowest levels of inequality.

To access the data table used for this graph click on the graph, click the '...' at the bottom right corner and select 'show as table'. Hover over each bubble to see more data. Key at the bottom shows what bubble size correlates with PYLL.

On this scatter plot you can zoom on either of the axis. This is



Conclusions and questions for the board

- How do we create consistent methodologies for evaluating VFM, both for existing spend and future investment?
- What outcome measures (for example, Wellbeing measures) do we not currently measure that we should? How can this be operationalised?
- Who or what should be responsible for reviewing progress towards improving outcomes? How would this work?
- How should this be reflected in the Health and Wellbeing Board Strategy?