

Delivering Better Outcomes for People Through a Value-based Approach

Annual Report of the Director of Public Health
2021



The value of something...
is its importance or
usefulness

Values of a person or group...
moral principles and beliefs
they think are important

The raw value -
"How much money
is it worth?"

VALUE

"Whether something
is worth the cost eg.
good value"

"Experts value
something, they decide
how much it is worth"



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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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Foreword

The public sector in Wales, and in Cardiff and the Vale of Glamorgan, spends billions of pounds of public money every year to provide a range of services to meet the needs of our population. From healthcare including ambulance service provision, to local government services such as social care, education, transport infrastructure and local community facilities, to policing and criminal justice, our university and further education sector, other blue light services such as Fire and Rescue, and services to protect our natural environments – all are entrusted to provide the best services possible with the resources they have. In addition, it is important not to forget the role of Welsh Government and other national public sector bodies with regard to the need for a Value-based approach, in politics and practice.

It has never been so important, in the current and future context of difficult economic circumstances, that all our services and public bodies can demonstrate best use of public money to meet the needs of local people, and the people of Wales, and that we can measure the difference we make over time with that provision.

The concept of Value is one that can help us in this regard. The principles and approach can be applied to any service or organisation, and are particularly important for the public sector, which relies on public money to function. This report explores the concept of Value and application of a Value-based approach, which is:

“the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.”¹



The report comprises four chapters. It outlines why a Value-based approach is important, and explains the five key principles that underpin it (chapter 1):

- **Equity**
- **Sustainability**
- **Transparency**
- **Outcome focused and**
- **High quality**

It outlines different perspectives on value through a set of pillars, and some of the challenges the public sector faces in allocating resource for best outcomes. The report summarises a set of tools and techniques that public sector bodies can use to apply a Value-based approach (chapter 2) and explains in more detail the importance of value in its relationship to equity, and the compelling argument that we need to do more with, and for, people who need it most (chapter 3).

Finally, chapter 4 takes us further into the elements that can help us apply Value-based thinking in our organisations and partnership systems, with the suggestion of a six-step approach to implementing for success. A set of recommendations are outlined for public sector organisations' consideration. Throughout the report, examples of good practice already in place in different parts of the public sector are outlined but we have so much more to do:

“We simply cannot keep doing things in the same way, spending money in the same way and hoping for different results”

Sir Frank Atherton, Chief Medical Officer for Wales, 2018/19.²

I hope you find this report both food for thought and a useful addition to support transformation across the public sector in the years to come.



Fiona Kinghorn
Executive Director of Public Health

Acknowledgements

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Summary of Recommendations

This report makes six recommendations, based around achieving the six steps to success:

1 Any organisations that wish to adopt a Value-based approach should undertake an assessment of their organisational readiness. This could be led by a small group with a report back to the leadership team, which should enhance discussions about where to focus energies going forward.

2 A range of learning and development opportunities on both the theory and practical application of a Value-based approach is needed both within organisations and partnerships.

3 Where pertinent public sector organisations should consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately stem the demand for public sector services downstream.

4 For Cardiff and Vale University Health Board to consider the use of Programme Budgeting and Marginal Analysis as a tool to help shift funding from low value interventions to high value interventions and move funding upstream towards prevention.

5 Across the public sector, changes to data collection and infrastructure are needed to allow decisions to be driven by the data. This data must be focussed on the outcomes that matter to local people and must be timely to support service improvement.

6 To review the types of indicators used in monitoring the success of public sector services, with a view to increasing those that are focused on outcomes and balance this with quality and cost indicators. Using a data driven approach will support decision making at every level, i.e. operational, strategic and partnership.

Chapter 1

Introduction to Value and a Value-based Approach

The importance of value and how it applies to the public sector


What do you think value is?

Cardiff and the Vale of Glamorgan is home to around 494,200 people.³ Behind each number, there is a person who has their own story. Each person in society interacts with the public sector regularly throughout their life, whether this is going to school, using leisure centres, using roads, needing health or social care or being able to call the fire and rescue service, the police or an ambulance if needed. The **outcomes** from each interaction with public sector services are therefore of great importance.

The main purpose of the public sector is to provide services that are considered essential for the **well-being of society**. This means that **public sector services should add value**. Value is an important concept to all of us. There are many ways value can be described; importantly, value is more than just cost. **Value considers what matters most to people**.

When it comes to value, the “experts” are not just the professionals who are designing and delivering the services, but local people who experience services. **Taking a Value-based approach means a shift from the service providers deciding what is most important, to finding out what is important to people.**⁴

What is a Value-based approach?



A Value-based approach helps to make sure that everything we are investing (e.g. time and money) will have a positive impact on outcomes for the local people that we serve.

Putting value at the heart of decision-making

Putting value at the heart of decision-making means that we need to rethink how services are delivered, adding value at every step. This can be thought of on a small scale for example a team within the public sector agreeing how the budget is spent to add maximum value, and at the other end of the spectrum in strategic partnerships (such as the Regional Partnership Board or the Public Services Boards) agreeing across organisations collectively where money

is best spent to get the most value for local people. For example, we know that **investment to ensure children have the best start in life adds maximum value**, as children benefit from this investment for many years, and it has an impact on their education, their future employment and their immediate and long-term health and well-being.

A Value-based approach is “the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.”¹

This definition of a Value-based approach can be applied to all public sector organisations. This definition can be broken down into five elements as follows:

1 Equitable

Everyone who needs it has the same opportunity to access a service and achieve the best outcome for them. This does not mean that everyone goes through a service in exactly the same way, as different people require different levels of support.



2 Sustainable

Not just about the here and now, but thinking about the future and setting up services which can continue to be delivered where needed. This includes designing realistic services based on costs, staff and resources, thinking about the environmental impact and carbon footprint; and stopping services that are providing little or no value.



3 Transparency

It should be clear why we have chosen to deliver our services in this way and shared in a way that all of us can understand. Whilst working towards ensuring preferences are met, in the situation of finite resources not every preference can be met all of the time. It is important we know why some things are not available, as well as why some things are.



4 Outcome focussed

This indicates that all public services are focussed on finding out what outcomes are important for local people and work towards these with local people as partners.



Throughout this report, we use examples of a Value-based approach from a variety of organisations to highlight examples of good practice. Embedding the principles of a Value-based approach in practice, however, this takes time as it requires system-wide change and perseverance.

Measuring What Matters

A Value-based approach is about measuring **outcomes that matter to people** in a way that is consistent and comparable – so that we can identify which services deliver the most value. We then also need to look at how much each service costs in financial and resource (e.g. staffing) terms, and the quality of the experience for the user. The benefit of a Value-based approach is that it considers the **outcomes** that people get from their interaction with a service; the **quality** of the service and the **cost** of the service in the round, rather than just measuring one factor independently.



5 High Quality

The services provided are of high quality, meaning that the journey through services is a positive experience and that services are safe.

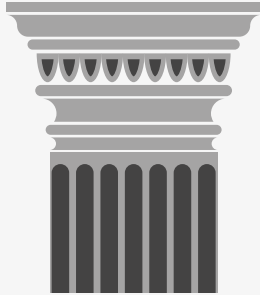


These key elements lend themselves well to the **broader application of a Value-based approach** and towards a more holistic model of providing public sector services, which involves partnership working where value can be added and a more preventative and upstream approach towards **delivering outcomes that matter to people**.

The four pillars of a Value-based approach

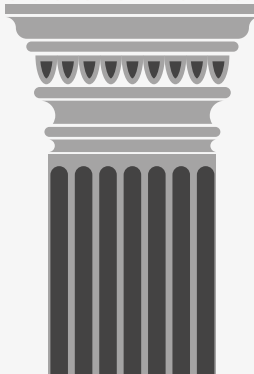
To achieve better outcomes and experiences for every person, a Value-based approach needs to consider value from different perspectives. There are four main types of value to be considered, often referred to as the “four pillars” of a Value-based approach. The four pillars of a Value-based approach can be applied across the public sector. Adapted from the four pillars of a Value-based approach.⁵

Personal Value



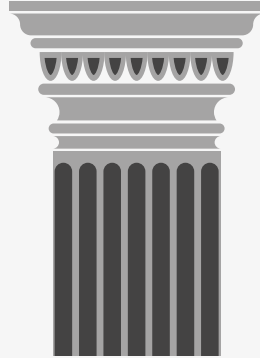
What outcomes are important to the person from the services they receive, and how the **actual outcomes** relate to the outcomes the person was hoping for.

Societal Value



What is important to our local population. Also known as ‘population value,’ it considers the value services **contribute to society** (e.g. helping more people stay in employment to support the economy).

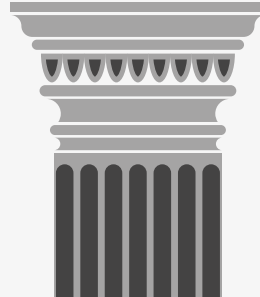
Allocative Value



Where can the resources we have be best allocated. This can include looking at **how we distribute resources between different programmes**.

For example, the work to encourage all households to fit smoke alarms has reduced deaths and injuries from fire in the UK over the last 30 years. This money adds value to society but required a fundamental shift in spending from the Fire and Rescue Service to achieve this. Ideally, we should **shift funding upstream to prevent problems occurring** and to maintain the health and well-being of the local population.

Technical Value



Do the interventions actually deliver? Technical value considers **how well are the resources we have chosen meeting our desired outcomes and goals**.⁶

The four pillars reflect some of the challenges which have been, and may continue to be faced in achieving a Value-based approach. Whilst the focus remains on delivering what matters most to people, the conflicting goals of different people or decision makers could present a barrier. It is important therefore to keep asking ourselves the question:

“Have we allocated resources to different groups equitably and in a way that maximises value for the whole population?”⁷

Why is a Value-based approach important?

An emphasis has been placed on ensuring that only interventions with outcomes that “give greater benefits than any other alternative use of resources” are used in a system where everyone contributes.⁸ In Wales, the public sector is funded by tax; this means we have a **responsibility to ensure that the money is being spent in the right places, to give the most benefit to the local population.**

In 2019, four main problems that might arise if a Value-based approach is not widely adopted were identified. Two of which are relevant to all public sector organisations and two of which are relevant specifically to health:¹

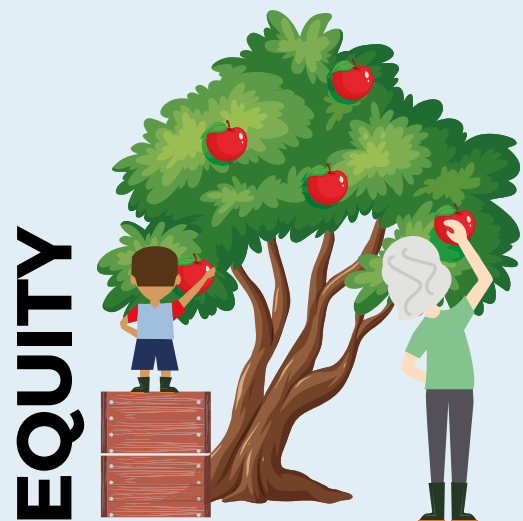
For all public sector:

1 Poor allocation of resources¹

We will all have experienced something we call “opportunity cost” in our day to day lives. Where we only have £10 to spend, we could buy food from the supermarket or buy a take-away meal, but we can’t spend the same money twice. The same is true of our time: we have to choose what to do with our time. For example, if we have been asked to help a neighbour with their garden at 10am tomorrow, or to volunteer at the library at 10am tomorrow, we have to make a choice where to spend our time. The cost of choosing one, is that we lose out on the other. So we need to balance up what the best choice is. Public services are no different, just on a bigger scale. If for example, a library building needs to fix a hole in the roof, then the same money cannot also be spent on new books or computers for that library. A Value-based approach offers an **important opportunity to really think how resources are used and the value that they add.**

2 Lack of equity of services

A service must be accessible to those who need it. If a service cannot be accessed by those who need it most (for example, it is not accessible by public transport and most people who need it don’t have their own car), it may mean many people don’t turn up for their appointments or attend the services that have been provided and resources are wasted. The cost of transport to services is increasingly being reported as a barrier to accessing services due to the cost-of-living crisis. For services to be accessible to all they may need to be provided in different ways.



For health specifically:

3 Over-diagnosis and too much medicine¹.

At first, it may feel strange to think that getting a diagnosis and treatment could be a bad thing. But there may be times when it may do more harm than good. There are many conditions that are self-limiting (that means they will get better on their own). For example, most people who have an ear infection will clear it without the need for any antibiotics. Antibiotics are used to treat infections caused by bacteria, but every time we take them, we give the bacteria a chance to fight back. Antibiotic resistance happens when bacteria find a way to defeat the drugs designed to kill

them. If this continues, treatments such as chemotherapy, organ transplants and joint replacements may no longer be possible because the antibiotics needed to make them safe will have stopped working.

Sometimes, we can rely on healthcare when someone else can help. For example, social prescribing can help us get the right help in the right place, which is often not a healthcare professional at all. Services should be focused on what is important to each of us for our well-being at any one point in time.



Social Prescribing

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses. They refer people to a link worker to offer support. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups based on the individual's interests with a range of activities on offer including coffee mornings, fitness groups, gardening, and walking groups. Social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing. In a survey of GPs 59% thought that social prescribing can help reduce their workload.^{9,10}

Social Prescribing Model in Wales



4 Risk of new treatments or technologies which do not have enough evidence of adding value¹

Before any new treatment or technology starts, they are always tested for safety and how well they work in ideal research-controlled conditions. When they are used in the real world however, there are other things that may interfere with the treatment, for example a treatment may reduce a symptom (e.g. a rash) in half the people who use it, but if it is another symptom that really affects peoples' lives (e.g. pain), although the treatment is safe and works, **it may not add much value to those people.**

Summary

To make the change towards a Value-based approach requires public sector staff and decision makers to look at things in a different way. Whilst we may agree that taking a Value-based approach to public sector and other services is desirable, it is important to recognise that achieving the shift may be a "long-term endeavour".¹¹ Ultimately however, embedding this approach will lead to the shared vision of **delivering the best for every person in our population within the resources available to us.** With all public sector services operating with finite resources, following a Value-based approach will be beneficial for us all.

Chapter 2

The Tools and Techniques to Deliver a Value-based Approach

Introduction

This chapter provides an overview of the **tools and techniques that can be used to deliver a Value-based approach**. Examples are used throughout this chapter to show where a Value-based approach has been applied in Cardiff and the Vale of Glamorgan, Wales, and beyond. Many of the examples in this chapter come from health services, but **the tools and techniques are equally applicable to all public sector organisations**.

Providers of public sector services are required to work within their available resources to recognise and **deliver the outcomes that matter most to their local population**. However, if local **people are to be true partners**, we need to empower local people to both understand and engage with this. The areas that are important to the delivery of a Value-based approach include:

For all public sector organisations

1. Prevention: a refocus upstream
2. Improving outcomes for our population through partnership working
3. Shared decision-making
4. Describing desired outcomes and monitoring actual outcomes
5. Providing feedback on quality of the services and their experience

And for health specifically

6. Improving health literacy
7. Understanding and addressing unwarranted variation
8. Programme Budgeting and Marginal Analysis



1 Prevention: A refocus upstream

To refocus upstream means to move towards addressing the causes, rather than consequences of problems developing: this is applicable right across the public sector.



In the classic public health story a witness sees a man caught in a river current. A passer-by saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. The story illustrates the tension between responding to emergencies (i.e. helping people caught in the current), and prevention problems (stopping people from falling into the river). An upstream approach to health and well-being, i.e. one that helps people to stay well, benefits everyone.

The saying 'prevention is better than cure' may be familiar, however a rewording to 'prevention is of more value than cure' may be more appropriate. Prevention is beneficial across the public sector. Examples include:

- Community policing reduces crime and makes people feel safer in their neighbourhood;
- Education improves the life chances of children, boosts their future income and better education levels have an impact on health and well-being in the future;
- Cycling and walking reduces pollution, improves the environment, and reduces ill health
- Car safety advice (e.g. keeping valuable goods out of sight) helps prevent opportunistic thefts from cars;
- Better legislation for Houses of Multiple Occupation in relation to fire safety has saved lives;
- Encouraging home owners to fit smoke alarms saves lives and reduces damage to property;



- Falls prevention helps to reduce the number of people needing hip operations due to a fall;
- Vaccinating people prevents illness and diseases and stops the spread of a disease to those who are most vulnerable in society and cannot mount an immune response themselves (e.g. people who are immunosuppressed following cancer).

Despite us knowing that prevention is of high value, a recent review found that only 4% of the NHS budget was spent on prevention.¹³

Prevention is a requirement of the majority of public bodies in Wales under the Wellbeing of Future Generations Act.¹⁴

To systematically move spend upstream in the public sector, we first need to map how resources are being applied (money and staff) currently, then identify areas that are high-value investments (e.g. investment in the best start in life for every child), and then agree a clear approach to moving spend upstream over the medium to long term that won't compromise the quality of services being delivered now.



Walking and cycling are promoted by local authorities. They are an excellent example of preventative activities, helping to improve mental well-being, improve the environment (as there is less pollution) and preventing illness and deaths. In Cardiff, an estimated **175 early deaths are prevented through walking** every year, and walking prevents an estimated **653 serious long-term health conditions** each year.

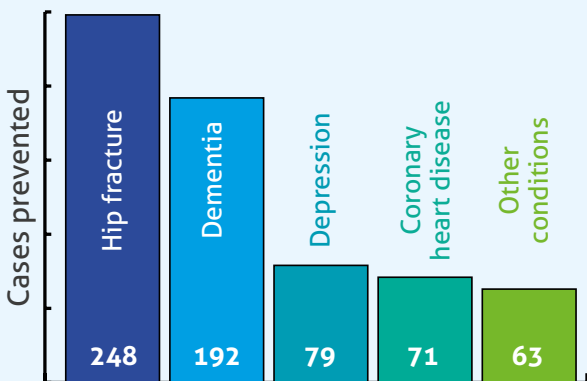
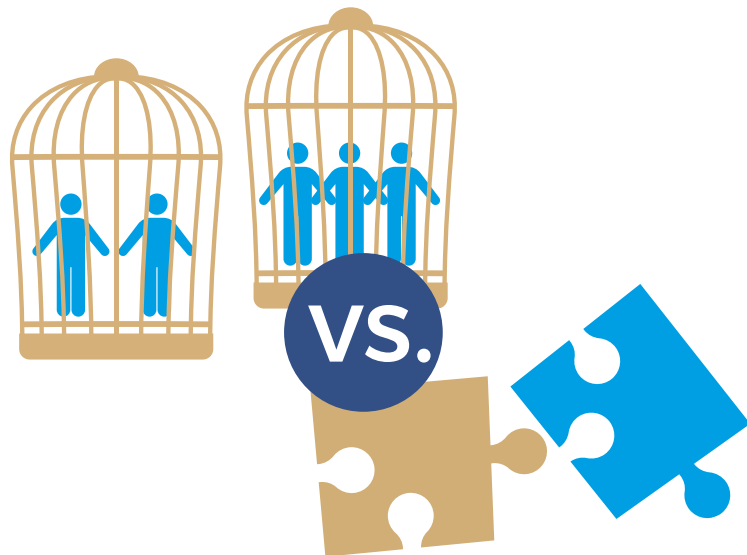


Figure 1: Estimated Cases of Long-Term Conditions Prevented Each Year by Walking in Cardiff¹²

2 Improving outcomes for our population through partnership working

Some complex issues require partnership working between different organisations to support local people. Through partnership working, much more can be achieved than by working in silos. **Many of our health and care problems can be resolved by working together.** This is particularly the case where prevention (or upstream activity) and the wider determinants of health are considered. Locally, there are some excellent examples of good practice, where bringing prevention and partnership together has resulted in optimising results for wellbeing.



One example is the whole school approach to emotional and mental wellbeing. Within the new schools' curriculum, the Health and Well-being Area of Learning and Experience is the anchor around which the whole school approach to emotional and mental wellbeing is built. The **whole school approach needs partnership working** between school pupils, senior leaders, teachers, and all school staff, as well as parents, carers, and the wider community to **function well.**

Schools throughout Cardiff and the Vale of Glamorgan took part in the initial pilot projects during 2021/22 to support the self-assessment of schools against set criteria. Through partnership working and the subsequent prevention of mental ill-health, **much good work has already started** in relation to mental wellbeing, with positive feedback.

Being part of the whole school approach to emotional and mental wellbeing pilot has helped us identify how we can specifically improve how we support pupils, staff, and parents with their emotional and mental well-being. The framework enabled us to look at this important issue strategically and involve all stakeholders...I truly believe that we now have the tools to support everyone in our school community in these challenging times.

Colcot Primary School, Vale of Glamorgan.

At Cathays High School, we have found completing the whole school approach tool extremely useful to us as a school. The partnership we have with Healthy Schools has been invaluable and the support we have had from them when completing the tool has been outstanding. By completing the tool, it allows us to focus on our strengths as a school in meeting the needs of our young people with mental and emotional health along with looking at our areas to improve on.

Cathay's High School, Cardiff.

3 Shared Decision-Making

Shared decision-making increases value, as it focuses care on **what matters to people**, increasing personal value. It also increases technical value (the efficient use of resources) as informed patients often choose the more simple, timely options for care.² The resources saved can then be reinvested to improve outcomes elsewhere.

When people feel more involved and informed about the options of care available to them, and are able to make their own decisions, their personal outcomes from care are markedly better.²

To achieve this, we must support people receiving public sector services and professionals to²:

- Have a shared understanding of the person's goals
- Act as equal partners
- Have the time and skills for the key information to be communicated effectively

'What matters' conversations in social care

The 'what matters' conversations in social care enshrine the values of shared decision-making. 'What matters' conversations encompass the principle of **equity**, but also aim to improve the **experience** and **improve outcomes**.

The origin of the importance of this form of dialogue is explicit in the Social Services and Wellbeing (Wales) Act. The Act, and the associated Codes ensure that the 'what matters'

conversations are a genuine partnership and that co-production principles are embedded in assessments. In the long run, this may prevent future (and potentially larger and more expensive) interventions.¹⁵

The aim of the 'what matters' conversation is to find out what matters to the person needing support. By responding to their needs and providing tailored support it helps keep people independent for longer.



What matters conversation

Sion is moving out of residential children's care home into his own flat. The support workers have been working with Sion, helping him to prepare for his move. But Sion feels lonely; his after-care worker Jane suggests he joins a supper club for young people, which he does. Sion finds that the company and additional advice and support at the club help him adapt to living on his own, and he makes a successful transition in life.

What matters to you?

What's happening in your life?

What are your strengths?

What worries you?



4 Describing desired outcomes and monitoring actual outcomes

From the 'what matters' conversation we should know what the desired outcomes are for the individual. We then need to measure progress towards these desired outcomes. In social care we record progress against the outcomes discussed and agreed in the 'what matters' conversations. In the health field the collection of 'Patient Reported Outcome Measures' (PROMs) helps to meet this need.

Patient Reported Outcome Measures (PROMs)

PROMs assess outcomes such as improvements in health and well-being after a procedure e.g. a knee operation. They use questionnaires which are completed by patients to share information on how they are feeling and functioning before, during and after care.¹⁶

There are two different types of PROMs¹⁷: those which ask generally about quality of life, and those specific to the operation that has been performed (e.g. following a knee operation asking about range of movement and pain in the knee). Comparing a patient's answers at different time points can help measure the impact a person's treatment has had (or is having) on them. This can then provide opportunities for shared decision making between clinicians and patients on what the next steps are, or whether further support is needed at all.

PROMs can be completed online or in person. This is important as access to the internet is not available to all. Systems which rely only on online data collection may exclude those experiencing digital inequalities.¹⁶

In Cardiff and Vale University Health Board the Orthopaedics Team used PROMs data to reduce the need for low value (unnecessary) follow up appointments after 1 year by up to 70%. They did this by looking at who needed to be recalled to hospital for further appointments and surgery based on the results of the PROMs. If people had made a full recovery and were happy, they were not invited back to the hospital unnecessarily. But people who were taking longer to reach a full recovery and needed more support could be invited in more quickly, as more appointment slots had been freed up. The service described the benefits of introducing PROMs as:

Number of unnecessary appointments reduced, meaning people could get on with life

An opportunity cost saving of approximately £140,000 per year

More appointment slots available, which has reduced waiting times for those needing support

Carbon footprint of the service reduced, with less people travelling to hospital unnecessarily

Both patient and staff time and stress levels positively impacted

Developing services based on higher value interventions reduces variation, as well as waste, and improves outcomes whilst also saving appointment slots for those who need care most.

5 Providing feedback on quality of services and a person's experience


Many commercial companies ask us to report on the quality of the service experienced. This is also true in the public sector. The aim of asking about the experience is to **improve the quality of services provided over time and tailor experiences for different groups of people**. Both local Councils (the Vale of Glamorgan and Cardiff Council) have dedicated webpages for all feedback on the services that they provide. For example, the Vale of Glamorgan Council states, "If you have a concern, complaint or a compliment about one of our services we want to hear about it."¹⁸ They have an online form, an email address, a postal address, a telephone line, and a face-to-face service to accept both compliments and complaints about services.

All public sector services aim to continuously improve services and collecting information on local people's experience of services is an important element of this. Some public sector organisations have established groups of service users who regularly provide feedback on services. The quality of the experience is an important element of a Value-based approach.

In the health field a system to collect patient reported experience measures has been developed to collect feedback. Patient reported experience measures ask about the patient's experience, including how well information was explained to them, whether they had opportunities to ask questions, and whether staff were polite.


For health there are some further tools and techniques which have been used to embed a Value-based approach.

6 Health Literacy



Health literacy is defined as "The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health".¹⁹

Put simply, health literacy is **having the knowledge and skills to make good health decisions**. Health literacy is an important factor for everyone, but particularly people with long term conditions who may need additional information in order to be able to manage their health and well-being.



People with Type 2 Diabetes who accessed 'Skilled for Health', an intervention to improve health literacy had a better understanding of their condition and improved their confidence in cooking healthier meals, managing medicines and monitoring blood sugar levels.²⁰

Improving health literacy in Wales is a **key foundation** on which to build a Value-based approach. Accessible communication and supporting people to understand health information, working collaboratively with local people in all aspects of the decisions and development of a Value-Based approach will be vital to success.

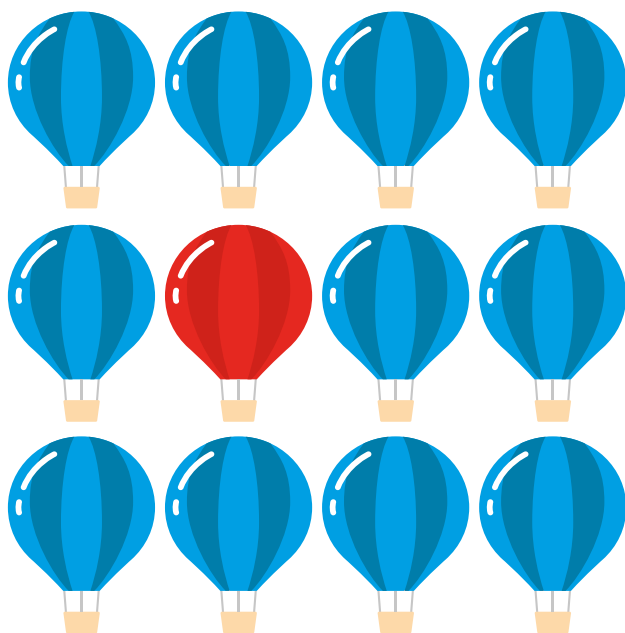
7 Reducing unwarranted variation

“Unwarranted variations” in healthcare describe differences in resource allocation, resource use or outcomes in health that aren’t explained by patient preference or illness.”¹



Put simply **unwarranted variation means differences that should not occur.** Reducing unwarranted variation and waste can be viewed as both a requirement, and result of, a Value-based approach. If two people have the same problem and would benefit from the same treatment, then they should get the same offer of treatment to consider. Unfortunately, this does not always happen. This may be as a result of^{2,22:}

- **Under provision**
- **Over provision**
- **Failure to implement evidence guidelines**
- **Poor access**
- **Socio-economic factors**
- **Poor health literacy**
- **Unconscious bias (i.e. decisions or actions that we are not consciously aware of)**



‘Atlases of variation’ are a useful tool which “help to **identify unwarranted variation and assess the value that healthcare provides** to both populations and individuals”.²³ Atlases of variation are maps which provide a visual representation of different data relating to healthcare for specific health concerns or conditions. Public Health Scotland describes the benefits of an Atlas of healthcare variation as identifying^{24:}

- **Underuse of higher value interventions i.e. under-treatment;**
- **Overuse of lower value interventions; and**
- **Overuse of interventions which may result in increasing harm.**

Atlases of variation help to identify opportunities for disinvestment in low value interventions and reinvestment in higher ones, which will help achieve the aim of **increasing value and improving outcomes** but without increasing costs.

Atlases of variation are promoted as a way of **supporting innovation** by disinvestment in low value interventions to re-invest in high value interventions.²⁵ Low value interventions are described as either^{25:}

- **evidently ineffective or harmful;**
- **lacking an appropriate evidence base and failing to add to it;**
- **delivered to those who have not been provided with the opportunity to make an informed decision about their treatment;**

or,

- **using resources which would be more valuably invested elsewhere.**

- Significantly higher than Scotland at 99.8%
- Significantly higher than Scotland at 95% level
- Not significantly different from Scotland
- Significantly lower than Scotland at 99.8% level

● NHS Grampian



Figure 2: Map of Scotland indicating rates of tonsillectomy in 2017/18 by Health Board area.²⁶

An example of how the tools can support a Value-based approach is seen in Scotland, when an atlas of variation on elective tonsillectomies led to debate over harm and waste reduction in relation to tonsillectomy. Tonsillectomies for the management of tonsil stones alone are no longer offered in Scotland because they are not evidence-based. By recognising the intervention as low value and disinvesting in it, resources which could potentially be used for a higher value elsewhere in the field have been released. NHS Grampian identified that they had higher rates of tonsillectomy than the rest of Scotland. They introduced a range of measures including revising guidelines, vetting referrals, participating in relevant Randomised Control Trials and strengthening their shared decision-making processes with patients. These actions resulted in them then having one of the lowest rates for Tonsillectomy in Scotland, whilst knowing that they were not causing harm. Comparisons such as these are therefore helpful in identifying unwarranted variation.²⁷

In Wales, to support the delivery of a Value-based approach 'Insights Dashboards' (similar to atlases of variation) are available for epilepsy, lung cancer, hip procedures and diabetes.²⁸ They provide opportunities **to support a refocus upstream to preventative action.**

Programmes aimed at engaging people in healthy behaviours to reduce risk factors can be targeted in the areas or populations the data shows are most in need.

8 Programme Budgeting and Marginal Analysis

Programme budgeting and marginal analysis is a decision-making framework which can be used by those planning services to maximise benefits through the **reallocation of resources**.²⁹ Programme budgeting and marginal analysis is not a cost-cutting exercise, but an opportunity to **disinvest resources from lower value interventions and reinvest them into higher value ones**. Through the use of programme budgeting and marginal analysis, we can question whether by moving money, we could **improve outcomes without increasing financial and carbon costs**.

There are eight stages of programme budgeting and marginal analysis³⁰:

1. Choose a set of meaningful programmes
2. Identify current activity and expenditure in those programmes
3. Think of improvements
4. Weigh up incremental costs and incremental benefits and prioritise a list
5. Consult widely
6. Decide on changes
7. Effect the changes
8. Evaluate progress

This framework has already been used in Wales, for example to reallocate funds in respiratory care in Betsi Cadwaladr University Health Board²⁹. As well as nationally by Public Health Wales to reallocate resources to the best value health improvement interventions in Wales.³⁰ Programme Budgeting and Marginal Analysis has been described as a platform for discussion and prioritisation of initiatives, while considering budget, evidence base and stakeholder views.³⁰ As a tool for increasing co-production, shared decision making and reducing low value interventions, Programme Budgeting and Marginal Analysis has an important role to play in moving towards a Value-based approach in the health field.



Summary

This chapter describes some of the tools and techniques that could be used to embed a Value-based approach in the public sector more generally or in health specifically. The case studies throughout this report demonstrate that some of these tools are already being used in Cardiff and the Vale of Glamorgan and that outcomes have improved, and value has increased as a result. However, we now need to harness this enthusiasm and expertise to **make the application of a Value-based approach the standard way of planning and delivery of services and care**, not the exception. **These tools should be adopted as standard practice throughout the public sector to drive change that recognises three elements concurrently: quality, cost and outcomes that matter to people i.e. a Value-based approach.**

There is a need to **systematically and sequentially move funding upstream** towards prevention to improve the health and well-being of the local population and ultimately to **stem the demand** for public sector services downstream **across all public sector services.**

This is challenging in the current context where demand for services is high, but if this is not tackled soon people will not live their best lives and will need more help and support from the public sector in the future. **Refocussing upstream, towards prevention cannot wait for much longer;** there is both a moral and financial imperative to act.

Living in an environment where the **healthy choice is the easy choice**, engaging in preventative programmes and practicing health enhancing behaviours reduces a person's risk factors for poor health and well-being. This has potential to be valuable across all four pillars of a Value-based approach: personal; societal; allocative and technical. If healthy environments and the wider determinants of health are not actively supported now, the financial cost lies with the public sector in funding treatments and providing care that could have been avoided or potentially postponed by decades, and the **human cost lies with local people** who will suffer unnecessarily.



Chapter 3

The relationship between a Value-based approach and equity

Introduction

One of the key principles from the definition of a Value-based approach highlighted in Chapter 1 was equity, i.e. allocating resources to help everyone achieve successful outcomes in life. Equity recognises that we do not all start from the same place and therefore we must acknowledge and make adjustments to these imbalances. It requires us to identify and overcome intentional and unintentional barriers. This chapter describes the relationship between a Value-based approach and equity. This chapter primarily focuses on health inequities, but the principles can be applied across the wider public sector.



What are health inequities?

Health inequities are avoidable, unfair, and widespread differences in health between different groups of people.³¹



These avoidable and unfair differences include the chance to lead healthy lives. Groups that can experience inequity include:

- People with lower income
- People with protected characteristics such as age, sex, race, ethnicity, or sexuality
- People who are socially excluded, such as people experiencing homelessness, including those in temporary accommodation

A powerful example is seen with life expectancy, i.e. how long people can expect to live. Right now, in parts of Cardiff and the Vale of Glamorgan, people are dying years earlier than they should. When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our bodies. This can result in increased stress, high blood pressure, and a weaker immune system particularly if this strain is put on our bodies over a long period of time. In our least well-off neighbourhoods in Cardiff and the Vale of Glamorgan, people are dying nearly 10 years earlier than those in the most well-off neighbourhoods (see Figure 3).

Life expectancy at birth, years, males and females, Health Board by deprivation fifth, 2018-2020

Produced by Public Health Wales Observatory using APS, 2011 Census, PHM, MYE (ONS) & WIMD (2019)

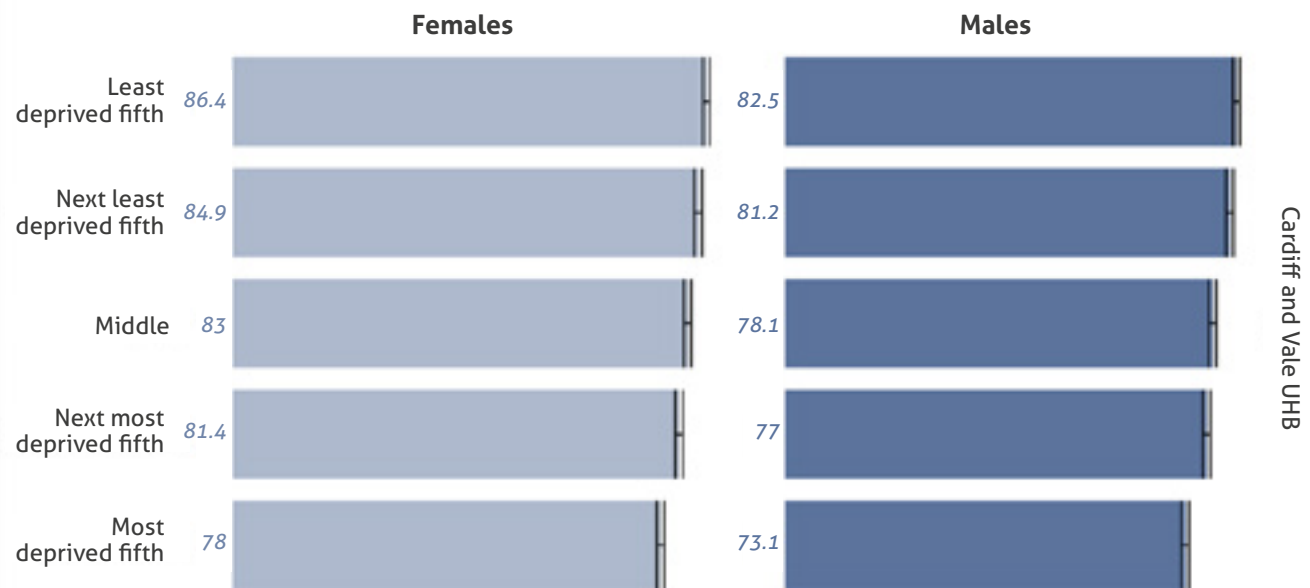


Figure 3: Life Expectancy by Deprivation in Cardiff and the Vale of Glamorgan, 2018-2020³²

Public sector organisations are fully committed to reducing inequities in all areas, for example local authorities, the Fire and Rescue Service, the Health Board and the Police all have Strategic Equality Plans and associated objectives that are aimed at eliminating discrimination and removing barriers to services, information, premises, facilities, and employment.

However, we are far from meeting this aspiration and the cost-of-living crisis and COVID-19 have made it challenging to close the gap in life expectancy between the least disadvantaged and most disadvantaged in Cardiff and the Vale of Glamorgan.

These differences come from the conditions in which we are born, grow, live, work and age, also known as the wider determinants of health.³⁴ The wider determinants of health interact with each other to powerfully influence our health chances. The wider determinants include: living conditions (e.g. damp houses) and working conditions (e.g. low pay or zero hours contracts).

Cardiff and Vale University Health Board has a vision that “a person’s chance of living a healthy life is the same wherever they live and whoever they are.”³³



Figure 4: Dahlgren and Whitehead Model of Determinants of Health, 1991.³⁵

Certain groups of people, such as people experiencing homelessness, and sometimes those with protected characteristics face stigma and discrimination from society, in the economy, and inadvertently from public services. This can combine with mental health problems and substance misuse. These groups of people tend to have the worst health in our society: for example, the average age of death for homeless women in the UK is 43 and it is 48 for men.³⁶

Unfortunately, public sector services are not always set up well for these groups. For instance, services often rely on people arriving at fixed appointment times and communicating through letters, and as a result, these groups rely more heavily on emergency care and support.

How do health inequities and exclusion affect value?

A value approach focusses on the **outcomes that matter to people**. Health inequities make delivering value more difficult across all public services. These groups of people may need more support than usual, whether that be welfare support, housing support, or healthcare. **Historically, many groups, such as people living in disadvantaged areas, receive less support.** This is not new: it was first described in Wales in 1971 by Dr Julian Tudor Hart who called it the **'Inverse Care Law'**.³⁷

"The availability of good medical care tends to vary inversely with the need for it in the population served"³⁷

More recently, a 'Disproportionate Care Law' has been described³⁸ for groups experiencing health inequity. This occurs when individuals with the greatest health needs access more care. However, this **care is urgent and unplanned and so is less cost-effective and has a greater risk of associated harms**. For example, in the health setting, emergency department resources are disproportionately used by a small number of attenders, with health excluded groups overrepresented in this.³⁹ A recent study in Wales showed that those with lived experience of homelessness accessed emergency departments at more than six times the rate of the general population.⁴⁰ In the 6-month study period, emergency department use by people experiencing homelessness in Wales alone cost £11 million more in healthcare costs than people living in homes. This is because they often do not have access to a local GP and experience more health problems. In order to address this the public sector needs to collectively move upstream towards prevention, provide accessible services and tackle the causes of homelessness.



How can a Value-based approach help address inequity?

By using a Value-based approach we can move resources upstream to make services more accessible, of higher quality and in so doing reduce costs. This has been shown in the housing sector through the 'Housing First' initiative, and in the health sector through the provision of health services that offer more flexibility for people experiencing homelessness.



During the pandemic, a significant shift occurred with both the focus on and funding to support local authorities to prevent and reduce homelessness wherever possible. 'Housing First' offers unconditional, permanent housing to people experiencing homelessness in contrast to the previous phased approach requiring engagement with support services first. Evidence now demonstrates this leads to greater housing stability and ultimately delivers better outcomes for people and reduces the need for other public services such as the police and health services.⁴¹

The public sector aims to provide services that meet the needs of local people. To do this the needs of local people must be understood. To improve understanding the Public Health Team in Cardiff and Vale University Health Board recently conducted a 'health needs assessment' for health excluded groups living in Cardiff and the Vale of Glamorgan. This included conversations with people who were homeless and others who struggle to access traditional services and the professionals working with them. The key messages from this work were:

- 5,000-7,000 people living in Cardiff and the Vale of Glamorgan would benefit from Inclusion Health Services provided in this more flexible way.
- Key needs include mental health, dental health, and other physical health needs.
- Key barriers to accessing services include fixed appointment times and length of appointments, long waiting times, appointments being in different places with different services, and facing stigma and discrimination.
- Different models of healthcare, such as walk-in centres with specialist staff, and careful case management and outreach, are needed.



The findings of the health needs assessment will be used to develop an action plan that aims to deliver higher value services to our population in Cardiff and the Vale of Glamorgan.



Cardiff and the Vale University Health Board has established an 'Inclusion Health Service.' These services provide GP services and access to things like immunisation and screening at a convenient location and are more flexible, for example allowing walk in appointments. These services deliver high value in the medium to long term, as over time the number of times that people arrive at the Emergency Department reduces when GP and other services are provided in a more accessible way.⁴² In the last nine months, the weekly outreach session for people staying at hostels in Cardiff has seen 76 people, of which 51 had problems that would have otherwise presented at the Accident and Emergency Unit.

Summary

This chapter describes the relationship between a Value-based approach and equity. Whilst it primarily used examples from the health sector **the principle of moving upstream is applicable to all public sector organisations**, as outlined with the Housing First case study. **Value and equity are inextricably linked** and the case studies in this chapter help us to appreciate that a Value-based approach can also have a positive impact on equity.



Chapter 4

Towards the Consistent Application of a Value-based Approach

Introduction

The concept of a Value-based approach has existed for many years in the public sector with policies to introduce 'Best Value' being used to drive the modernisation and improve the effectiveness of services in various forms across multiple public sector organisations.

Within health, a Value-based approach was first described by the Centre for Evidence-Based Medicine in 2001.⁸ Many health initiatives have considered aspects of a Value-based approach to care. These include "Choosing wisely",⁴³ Prudent Healthcare⁴⁴ and "Realistic medicine"⁴⁵ which all aim to **empower clinicians and patients in making shared decisions about care**. Cardiff and Vale University Health Board is committed to a Value-based approach and has established a Value Based Healthcare Steering Group. The aim of the group is to embed a Value-based approach across the Health Board with a focus on **outcomes that matter to local people**. A number of pilot projects and themes have been funded and have shown promising results, some of which have been included in this report as case studies. The next step is to apply a Value-based approach consistently across all services.

Applying a Value-based approach consistently across a large organisation or system takes time to achieve. There is a need to **build the right environment in which a Value-based approach will flourish**. This includes:

- Understanding the **needs of the local population**;
- Jointly share an **understanding of the benefits** of a Value-based approach;
- **Supporting staff** with training on implementation;
- **Changing the culture** of the workforce to adopt a Value-based approach as the primary way of working;
- Monitoring organisational and system-wide success by measuring value - including **quality measures, costs and outcomes that matter to people**.



What can we learn from others?



Aneurin Bevan University Health Board was one of the first in Wales to consistently have a Value-based approach to planning services⁴⁶ and they described some of the steps they took to achieve this⁴⁷:

- **Identifying leads** from across the workforce to **drive change** from below
- Ensuring a **common understanding** of what a Value-based approach is
- Incorporating a Value-based approach as **core business**, rather than being owned by one team
- **Starting small** before **rolling out** further

They identify the 'critical success factors'⁴⁸ to implementing Value Based Care as:

- The **expertise and commitment** of a multi-professional team
- Strong, visible **support from senior and clinical leadership**
- Building a value **culture**, beginning with agreeing a definition with both patients and providers
- An initial **focus on outcomes** while considering the resources (of costs and informatic skills) needed to act on the information they provide
- Ongoing **patient engagement**

Six Steps to Successfully Implementing a Value-based Approach

Learning from the research^{49,50,51,52} and from others' practical experience, we can identify the steps that are needed to successfully adopt a Value-based approach. These are outlined below as the **six steps to success**.



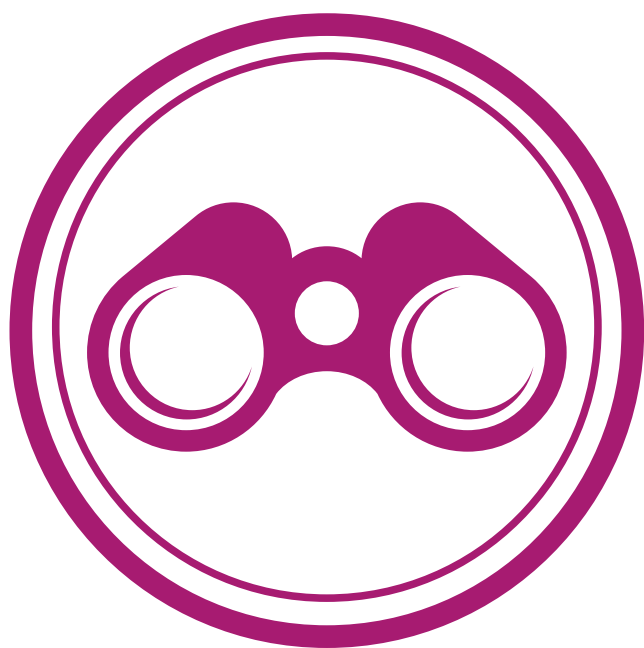
Six Steps to Success

- **Step 1** Establish the right **policy framework** to work collaboratively with people
- **Step 2** Establish **organisational readiness**
- **Step 3** Normalise the culture of **discussing outcomes with people**
- **Step 4** Provide adequate funding to support change and **shift funds to high value interventions**
- **Step 5** Record **outcomes** routinely in systems that are available to staff in a timely way
- **Step 6** Report success routinely by using **outcome measures that matter to people**

Step 1 Establish the right policy framework to work collaboratively with people

A supportive policy and legislative framework are important as they set the landscape as to how public sector organisations operate in Wales. Legislation and policies from Welsh Government are very supportive of a Value-based approach. There are two good legislative examples of this:

- The Social Services and Well-being (Wales) Act was introduced to give people using social services more of a say in the care and support that they receive with an emphasis on promoting independence and empowering people by providing access to the right information, advice, and assistance.
- The Wellbeing of Future Generations Act mandates public bodies to think more about the long term, work better with people and communities and each other, focus on prevention and take a more joined-up approach. This is essential to achieving a Value-based approach.



The Well-being of Future Generations Act 'Ways of Working'⁵³

Long term

The importance of balancing short-term needs with the need to safeguard the ability to also meet long term-needs.



Prevention

How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.



Integration

Considering how the public body's well-being may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.



Collaboration

Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.



Involvement

The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.



Step 2 Establish organisational readiness

The second step in implementing a new way of working across an organisation is to assess organisational readiness. This helps to build knowledge among the senior leaders about the extent of the organisation's current capabilities but also creates buy-in and provide information about where to focus effort. There are many tools that can be used to assess organisational readiness.

Organisational Readiness

One of the largest hospital networks in northern Europe, Sahlgrenska provides emergency and basic care for the 700,000 citizens of the Göteborg region and specialised care for the 1.7 million people living in western Sweden. In 2013, the Chief Executive decided that value-based healthcare was one of the top three priorities for the organisation and set about assessing the organisational readiness of the hospital network using an existing tool. This showed the senior team where they should focus their work and resulted in pilot projects being adopted in those areas.⁵⁴



Cardiff and Vale University Health Board have undertaken a capacity and maturity assessment which considers ten areas including leadership and culture. The intention is to complete this every six months to track progress.

Recommendation 1: Any organisations that wish to adopt a Value-based approach should undertake an assessment of their organisational readiness. This could be led by a small group with a report back to the leadership team, which should enhance discussions about where to focus energies going forward.

Step 3 Normalise the culture of discussing outcomes with people

Without the support of the local population, professionals, and other staff this new way of working will not take off and become the normal way of working. Staff need to understand why we want to make this change, to see how it benefits local people, to understand how this fits with their work and to be empowered to take action to make changes.



With all the pressure on staff as a result of the global pandemic right across the public sector, we do not wish to add another thing to the long list. **Applying a Value-based approach in practice is a different way of working not an 'add on.'** It helps us to ask, is this the right thing to do? And is it what local people want and need us to do?

Making it normal to ask, 'what do people want' from public sector services is essential to delivering a Value-based approach. However, some staff may not feel comfortable having these conversations, and may need more training in managing people's expectations if they are above and beyond what is possible.

In order to normalise this new way of working full **engagement with local people,**

professionals and other staff will need to take place. Having conversations and being involved in decision making about the best treatment **may come as a surprise to local people** who have not experienced this before, and it will take time for this to be normal practice. Similarly for those clinicians who are not used to making this part of their routine practice it will take time to adopt and embed this new way of working. This **cultural adaptation** should not be overlooked. If this element is not given adequate effort the Value-based approach will not succeed.



Palliative Care Case Study

Palliative care is an approach that improves the quality of life of people and their families who are facing problems associated with life-limiting illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial, or spiritual. Patients in later stages of chronic disease prefer to feel a greater sense of control with a focus on enhanced quality of life, improved symptom control and more opportunities to spend time with, and lessen burden on, the people they love. Over the last six years Cardiff and Vale University Health Board has developed a new Supportive Care Service to better deliver palliative care to patients dying from advanced heart failure. Eighty percent of people would choose to be at home for end of life and this can be achieved more often if admission is avoided in the months leading up to death, yet people frequently spend weeks in hospital in the last year of their life.^{55,56}



David was a self-taught ceramic artist who was well known in the artistic community. He lived quietly in Penarth with his wife Debbie and their dog. Making beautiful and intricately designed ceramics was his passion and he had a small studio in his garden which he used until he was no longer strong enough to use his hands.

David's quality of life deteriorated progressively over a period of a year. He struggled enormously to accept his life-limiting diagnosis. His symptoms were increasing week by week and eventually even walking between rooms in his house was almost impossible because of breathlessness.

He also found it incredibly hard to feel that he was burdening his wife who was his sole carer. He had many spiritual questions in his mind and needed to talk through his worries about the world and what comes after death.

We managed him at home and eventually he was nursed in a hospital bed in the dining room so he could look out on his garden. He had subcutaneous diuretic infusions to help him avoid admission to hospital when fluid was accumulating. Ongoing input from the co-speciality team allowed careful balancing of cardiac medication required to support optimal symptom-control.

He died peacefully at home as he had chosen.





By focusing on patient-centred care and **clarifying what matters to people**, this approach has improved quality of life, reduced time spent in hospital away from loved ones, reduced in-hospital deaths and helped many more patients to die in their preferred location (often at home). This project has delivered on all aspects of value: outcomes that matter to people, cost, and the quality of the service provided. Plans are now in place to expand these services to people with advanced heart failure, advanced renal failure, advanced liver failure and respiratory failure.

Capability-building within the organisation is central to any successful transformation.⁵⁷ A key element of delivery of a successful change will include engaging with local people and staff on the benefits and reasons for the focus on delivering a Value-based approach and **providing staff with the skills to implement the change within their own area of work and empowering them** to do this.

Welsh Government has commissioned 'Value into Practice' training for teams to work together with guided support to deliver value projects. This is aimed at giving groups working on specific issues the skills to deliver. This is a great start, but more will need to be done locally to supplement this if it is to be adopted across the public sector more widely.

Recommendation 2: A range of learning and development opportunities on both the theory and practical application of a Value-based approach is needed both within organisations and across partnerships.

Step 4 Provide adequate funding to support change and shift funds to high value interventions

For change to succeed there must be both sufficient resources and capabilities within teams. To implement a new way of working some projects need to test the new way of working and share the learning from this, to inspire and accelerate change across the organisation or system.

In order to shift funds to high value interventions, we need to understand where money is best spent in terms of the value that each interaction with a public sector service has on the outcomes for that individual and the local population. There is much evidence in this area right across the public sector on high value interventions.^{58,59,60} Two examples of high value interventions are provided here.

Example 1: Young people who are not in education, employment or training for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health. Interventions that reduce the number of young people not in education, employment or training generate substantial cost-savings to the public sector.⁶¹

Example 2: The costs of homelessness to society are significant. Total public sector costs of a person experiencing homelessness can be up to £38,736 per year (England figures). This estimate included the NHS costs (£4,298), mental health services (£2,099), drug and alcohol services (£1,320), criminal justice sector costs (£11,991) and homelessness services (£14,808). On average, it was estimated that preventing homelessness for one year would reduce the public expenditure by approximately £10,000 per person.^{62,63}

There are urgent and pressing issues following the pandemic, with every public sector organisation facing financial pressures. There is a need to take action on prevention now and move money upstream. A phased approach to how budgets are re-allocated towards prevention is needed over time. If we do not implement **prevention programmes across the public sector at scale** further health and equity issues will accrue in our population over time to the extent that our services may become overwhelmed or may not be sustainable in the future.

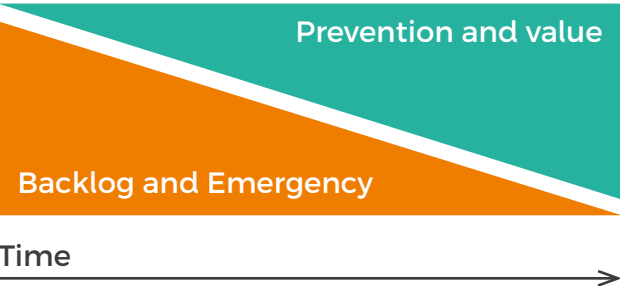


Figure 5: Phased approach to moving budgets towards prevention over time

Recommendation 3: Where pertinent public sector organisations should consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately stem the demand for public sector services downstream.

As highlighted in chapter 2 there are some tools that have been used previously in the health sector that may be useful, including Programme Budgeting Marginal Analysis. This is a framework that helps decision makers working with patients and staff to reallocate resources so that the outcomes are maximised. This methodology could be given consideration.

Recommendation 4: For Cardiff and Vale University Health Board to consider the use of Programme Budgeting and Marginal Analysis as a tool to help shift funding from low value interventions to both high value interventions and move funding upstream towards prevention.

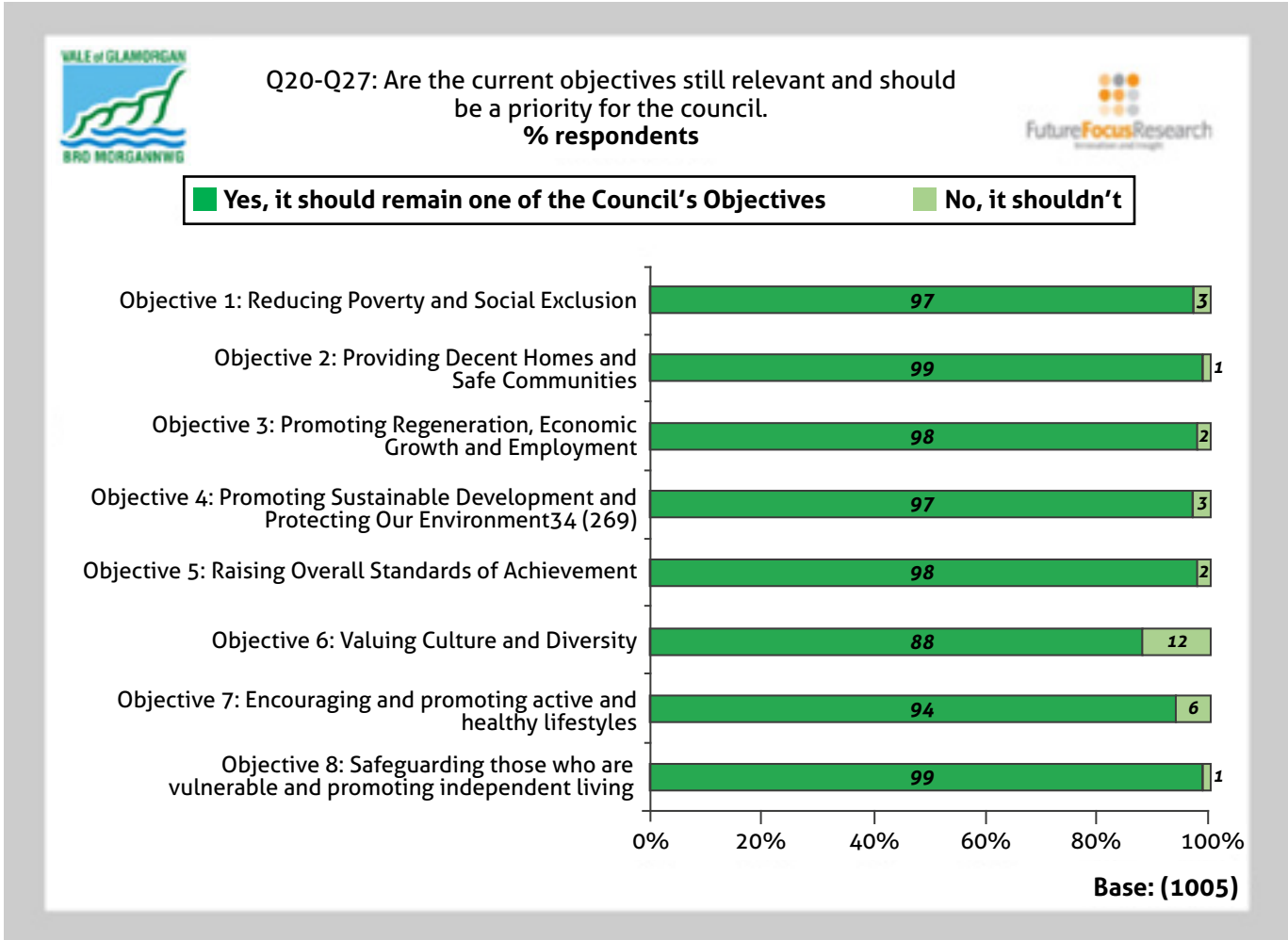




Step 5 Record outcomes routinely in systems that are available to staff in a timely way

Outcomes that matter to people need to be measured, monitored and reported as standard. In order to determine what matters to people, we need to ask them. The public sector often engages with the public to find out which services should be prioritised. For example, the two local authorities both conduct large consultations to check that the public agree with their priorities.

Every two years, the Vale of Glamorgan Council undertakes a large consultation exercise; the Public Opinion Survey. They commission an independent market research agency to survey around 1,000 residents of the Vale of Glamorgan to investigate how they rate the services. In the 2018/19 survey residents were given a list of the Council's objectives and were asked whether or not they should remain as objectives. The vast majority of respondents were of the opinion that all objectives should remain.





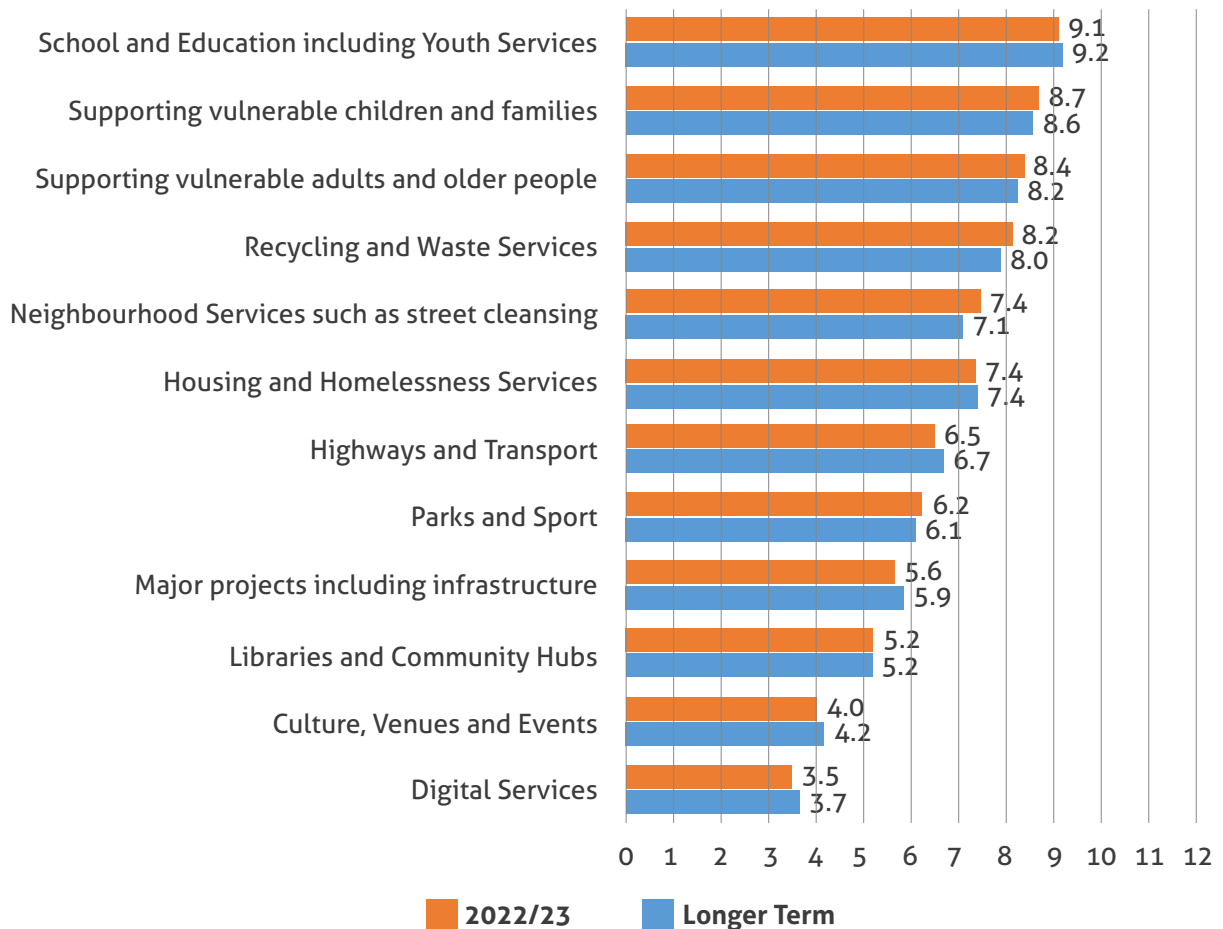
Cardiff Council run an annual 'Ask Cardiff' survey. This gives people living and working in Cardiff and those visiting the city the chance to share their experiences of public services. In the 2021 survey, respondents were given a list of services provided by the Council and asked to prioritise the Council's available resources both for the next financial year, and in the longer term. Schools and Education, including Youth Services, was seen as the most important service. A quarter of respondents (26.5%) ranked this as their most important priority, with almost half (45.3%) putting this in their top three priorities. This was followed by supporting vulnerable children and families and supporting vulnerable adults and older people.

These examples are both conducted on a **large scale to help guide the overall budget allocation** decisions. The local authorities also ask what matters to local people at the **individual level**, for example when conducting **'what matters' conversations** to help guide the social care services.

The sorts of things that people describe as important with regard to their health include:

- Support to live a healthy life (e.g. vaccination, screening, stop smoking services, access to mental health services)
- Surviving serious illness (e.g. cancer, sepsis etc.)
- Recovering well from operations or treatments (scored using PROMs where available)

Budget Priorities



In Chapter 2 we explored the tools available to measure outcomes, including PROMs. The use of PROMs has expanded rapidly over the last few years, but they are not yet collected across all areas. This will need to be extended to **consistently capture the right data and turn it in to useful information that enables both patients and healthcare professionals to make good decisions.**

At the population level, when groups of PROMs are combined and analysed, they can be used for service development and improvement, as they **identify differences in outcomes**, assess needs, and increase understanding on how to address both of these. PROMs influence this wider scale change by highlighting **which interventions have resulted in the best outcomes using the resources available.**



The Use of PROMs in Wales

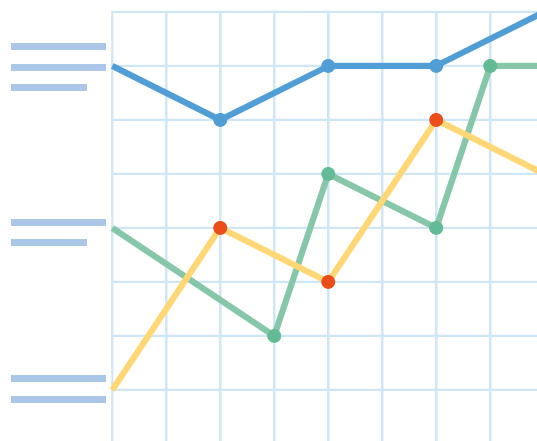
In 2016, an electronic platform was developed to collect PROMs from patients across Wales. By 2020 in Wales, over 110,000 surveys had been completed by patients¹⁶. These are being used by clinicians to¹⁶:

- facilitate shared decision making with patients
- manage patients' expectations
- identify health concerns
- discuss healthy lifestyles

Recommendation 5: Changes to data collection and infrastructure are needed to allow decisions to be driven by the data. This data must be focussed on the outcomes that matter to local people and must be timely to support service improvement.

On an individual level, PROMs **record what matters to a patient.** They **support shared decision making** between patients and healthcare professionals to help them achieve this, and show **whether treatment has resulted in the desired outcomes.** But the benefits of PROMs extend beyond the individual patient including to⁶⁴:

- Provide strong evidence on the effectiveness of care and treatment
- Compare performance across hospitals and health boards;
- Plan future service developments



Step 6 Report success routinely by using outcome measures that matter to people

When we think about adopting a Value-based approach in the public sector we need to consider carefully how we measure success. Each statutory organisation is tasked by Welsh Government to deliver different services, for example the Fire and Rescue core functions are to promote fire safety, fight fires, respond to road traffic accidents, and deal with other prescribed emergencies. Health Boards in Wales have a duty to protect and promote the health and well-being of the local population and reduce health inequities. Reporting measures need to relate to these fundamental duties but also show how the organisation has added value.

What we report on is often given more attention. Therefore, reporting is important in directing staffing and other resources. As highlighted in chapter 1, the benefit of a Value-based approach is that it considers the outcomes that people get from their interaction with a service, the **quality** of the service and the **cost** of the service in the round.

The traditional measures (for example in health, waiting times at Accident and Emergency and for the Fire and Rescue Service the total number of fires, false alarms, road traffic collisions and other incidents attended per 10,000 population) do not always give us a **full and rounded picture** of how well an organisation is doing against the broader duties. Nor does it incorporate and balance the three components of measuring value: **quality, cost and outcomes that matter to people**. For an individual attending the Accident and Emergency Unit, the time they wait to be seen is important, but the **quality of the care** and the **actual outcomes** following their visit are just as important. For the Fire and Rescue Service the quality and outcomes

related to each call out are also important, not just the number of calls attended. A **well-rounded mix of indicators** is therefore needed to describe how well each public sector organisation is performing against its strategic objectives.

Recommendation 6: To review the types of indicators used in monitoring the success of public sector services, with a view to increasing those that are focused on outcomes and balance this with quality and cost indicators. Using a data driven approach will support decision making at every level, i.e. operational, strategic and partnership.

Summary

This chapter summarises the evidence and learning from others on how to successfully implement a Value-based approach. The six steps were developed by assimilating the evidence and best practice, as a guide for organisations and partnerships as a route map to success. However, we recognise that progress is not always linear, and that different organisations may find some steps more challenging than others.

Many of the necessary building blocks are already in place across public sector organisations, for example the policy and legislative framework in Wales supports collaborative partnership working, and the shift upstream towards prevention.

Many of the public sector organisations in Cardiff and the Vale of Glamorgan have provided case studies in areas where they are making great progress towards a Value-based approach, highlighting that each organisation is able to make progress towards a Value-based approach.

Appendix 1

Delivery Against Recommendations of the Previous Director of Public Health Report

Annual Report of the Director of Public Health 2020 'Let's leave no one behind in Cardiff and the Vale of Glamorgan' update on progress

Last year's report explored the impact of the COVID-19 pandemic on the population of Cardiff and the Vale of Glamorgan, identifying how the harms it caused exacerbated existing inequities. The report advocated for a partnership approach to tackling these inequities and prioritising prevention as we moved to the recovery phase. The report can be accessed [here](#).

The report contained four chapters, each of which contained a number of recommendations; an update on each chapter is provided here.

Chapter 1

Epidemiology – impact of COVID-19 pandemic on inequalities in Cardiff and the Vale of Glamorgan

- The Cardiff and Vale University Health Board mass vaccination programme has offered COVID-19 vaccination in line with the Joint Committee on Vaccination and Immunisation guidance and has administered over 1.25 million primary and booster doses since the start of the campaign.
- Active communication and engagement with a range of communities and groups, by all partner agencies, ensured the developing knowledge around COVID-19, actions to take to protect yourself and vaccination was shared quickly; this included employing a range of methods to ensure maximum reach. Multiple methods of communication were also used by partner organisations to raise awareness of the support available to those who needed to isolate, whilst restrictions remained in place. These partnership arrangements remain in place in the recovery phase.
- Cardiff and Vale University Health Board (UHB) has developed a range of resources to support those experiencing symptoms of Long-COVID, including a Long COVID Recovery Team

Chapter 2

Children and Young People – striving to support a generation’s emotional wellbeing and mental health

- As a part of the Emotional and Mental Health work in the Regional Partnership Board, we have engaged with young people across all agencies in designing our work programme and continue to do so. The voice of children and young people underpins our service planning programme, called the 'EmPower' programme: the name was chosen by young people. Young people have been a part of developing our website, www.cavyoungwellbeing.wales, our social media and also developed patient letters.
- Family support is provided through a variety of services across Cardiff and the Vale of Glamorgan, Health, Education, Children's services and the third sector. Cardiff and Vale University Health Board teams work closely with colleagues in Cardiff Early Help and through the Vale of Glamorgan Families First advice line to support families. For children with a disability, support is provided through a multiagency approach.
- The 'whole school approach to mental health' pilot was completed in 2022, with 12 schools participating across Cardiff and the Vale of Glamorgan. This year, taking the learning from these Pathfinder Schools, the focus is in supporting secondary schools to implement and embed the whole school approach and events have been held to support schools and colleagues. This work is closely aligned to the EmPower programme. Work is underway to develop resources to raise awareness and share good practice with education colleagues and schools. We are also looking at ways to incorporate learner voice in this workstream.
- The EmPower programme is designed to deliver on the Regional Partnership Board's commitment to the No Wrong Door/NEST/NYTH approach. This approach underpins all the work of the partnership, which has mapped the work against the NEST/NYTH framework and developed an implementation plan.
- Under the EmPower project, work is underway to improve processes to support children and young people. Improved multiagency planning arrangements have been put in place and through Regional Integration funding, a new integrated team to support children and young people in distress is being recruited to. This will be Clinical Psychology led but with Health and Social care members, working with young people to support their needs. This team will work closely with our Crisis team and Home Treatment teams in the UHB to ensure each case is supported appropriately.

Chapter 3

Amplifying Prevention

- Building on the excellent partnership working throughout the pandemic, Cardiff and Vale University Health Board, Cardiff Council and Vale of Glamorgan Council have established and Amplifying Prevention Delivery Board to drive through the recommendations contained in this chapter of the Annual Report of the Director of Public Health 2020
- Initial attention will focus on increasing uptake and reducing inequity in childhood immunisations and bowel screening, as well as specified actions in the Move More Eat Well plan linked to workplaces, educational setting, and healthy advertising
- Guided by local data, partner organisations will begin this work in Cardiff City and South, Cardiff South East and Central Vale Primary Care Cluster areas
- Progress is being made in implementing the Cardiff Clean Air Plan, installing and consulting on new active travel infrastructure in Cardiff and the Vale of Glamorgan, along with related initiatives including a Transport for Wales pilot of 'tap on tap off' ticketing due to start on selected public transport routes in Cardiff in Q3/Q4 2022/3
- The first organisations to complete the Cardiff Healthy Travel Charter were announced in October 2022, with a new 'Level 2' Charter now available for organisations to sign up to, with more ambitious and stretching commitments.

Chapter 4

Ways of working through recovery

- The Annual Report of the Director of Public Health 2020 received widespread support and there was partnership agreement to work collectively to prevention and addressing inequities
- The Annual report informed the Well-being Assessments in both Cardiff and the Vale of Glamorgan, and thus the content of the two Well-being Plans, which set out the work of the respective Public Service Boards over the next five years
- It has also informed the UHB's Integrated Medium Term Plan, ensuring prevention and addressing inequities are core themes
- Agreement has been reached to build on the experience of working in partnership during the pandemic, and adopt a data driven approach to problem solving and targeting action through the Amplifying Prevention approach described above, including the development of a suite of partnership inequity indicators

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