Evaluating the value for money of an integrated health and wellbeing service in County Durham, UK

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Background: Many local authorities in England have recently developed integrated health and wellbeing services, which combine holistic behaviour change interventions with efforts to address the wider determinants of health. Service models draw on evidence demonstrating that unhealthy behaviours tend to cluster, as well as being more prevalent in socio-economically disadvantaged groups. There is growing evidence to suggest that multiple health-related behaviours can be addressed either simultaneously or sequentially. However, little is known about the impact of these holistic approaches on health inequalities and whether they represent value for money.

Methods: An academic evaluation of the Wellbeing for Life (WFL) service in County Durham was undertaken between September 2015 and February 2017. Routine monitoring data were anonymised, extracted and analysed to examine health and wellbeing outcomes for clients (n=1201 at post-intervention). Service costs were provided by the WFL manager and entered, along with activity and outcome data, into an established ready reckoner to estimate overall value for money.

Results: Improvements in all variables observed at the post-intervention stage were maintained, to some extent, at six and 12 months. Furthermore, there was some evidence that inequalities between the most disadvantaged clients and all others had narrowed at six months, in terms of self-rated health (EQ-5D) and mental wellbeing (SWEMWBS). The reader reckoner results indicated that the service represented value for money, with a net cost of £3,900 per quality-adjusted life year and a social return on investment of £3.59 for every £1 spent on WFL.

Conclusions: These findings suggest that interventions aiming to improve wellbeing and tackle multiple behaviours can have a positive impact on health inequalities, as well as offering health gains at costs that compare favourably with the thresholds set by both NICE and Public Health England.