



# Health Advocacy Cost-Benefit Analysis

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## Executive Summary

This report forms part of the evaluation of GATE's health advocacy service to Leeds' Gypsy and Traveller community. This post was funded by Leeds South & East CCG as part of a programme of health grants to Third Sector organisations, initiated in early 2016, and has been operating since mid-April 2016. Leeds GATE has prepared a full evaluation of the overall outcomes that this new role has achieved, and this Cost-Benefit Analysis accompanies this evaluation.

The health advocate's role includes a range of health information and outreach services to promote healthy living and best use of NHS and social care provision. At least half of the advocate's time however is spent on 1:1 advocacy and support work with individual members of the Gypsy and Traveller community and their families. This can range from simple interventions such as reading letters and explaining the purpose of appointments to someone who cannot read or write, to complex and long-term support for vulnerable members of the community.

The five case studies in Section 3 of this report show examples of how the health advocate has worked, based on four individual cases and one wider outreach situation. They go on to analyse the outcomes of this work from two perspectives:

- a) Benefits to the person the advocate has supported (and their family, where appropriate)
- b) Benefits to the NHS and/or other public services (usually Adult Social Care)

For (b), these benefits can be quantified in terms of financial savings to the services in question. Each case study calculates these savings, and compares them with the cost of support provided by GATE's health advocate. In some examples, it is also possible to give a financial valuation to the outcomes for the person supported as well; this 'social value' is explained in each case. Section 2 gives more detail of the cost-benefit methodology used, and it is important to note that cautious/conservative figures have been used throughout, to avoid the risk of over-claiming.

The table below summarises the costs and benefits calculated in each of the five examples:

Case study example	Health advocate costs	Savings to public services
1. Supporting outpatient attendance	£633.88	£5,410.20
2. Mental health	£248.04	£595.50
3. Avoiding unnecessary A&E attendance	£55.12	£138.00
4. Respite for dementia carers	£151.58	£5,979.22
5. Mouth cancer screening	£137.80	£1,156.78
<b>TOTAL</b>	<b>£1,226.42</b>	<b>£13,279.70</b>

Based on these five case study examples, the financial saving to NHS and Adult Social Care services are calculated to be more than ten times the cost of the health advocate's support. Whilst not all the health advocate's work will achieve this level of savings, it would take just 143 hours of such work (i.e. just over four weeks) for cost of the health advocate role to be covered by the savings achieved. On this basis, we can be certain that the health advocate has delivered good value for the CCG's investment in financial terms alone – as well as making a positive impact on the health of Gypsies and Travellers.

Wider health outcomes for Gypsies and Travellers are covered in the GATE's overall evaluation report, and it is important to consider this cost-benefit analysis within this wider health context. Through the life of the project, 73 unique individuals received support from the health advocate, delivered across 299 sessions. In addition, eleven GP registrations and 3 dental registrations were completed, 19 Support sessions were delivered around registrations and GATE worked with 18 partner agencies.

Finally, this report makes three recommendations to GATE, relevant to pursuing the health advocate role for the future (these are explained in Section 5):

- Recommendation 1: GATE should seek NHS and Local Authority commissioning, and other possible sources of future funding, to continue the health advocate role.
- Recommendation 2: GATE should investigate alternatives to its Wellbeing Wheel for measuring the effectiveness of its health advocacy work with individuals.
- Recommendation 3: GATE should continue its wider work of identifying and building community assets, and should encourage its members to increasingly share their knowledge of health issues and self-advocacy amongst the Gypsy and Traveller community.