

Commissioning for outcomes & SIBs in health and social care

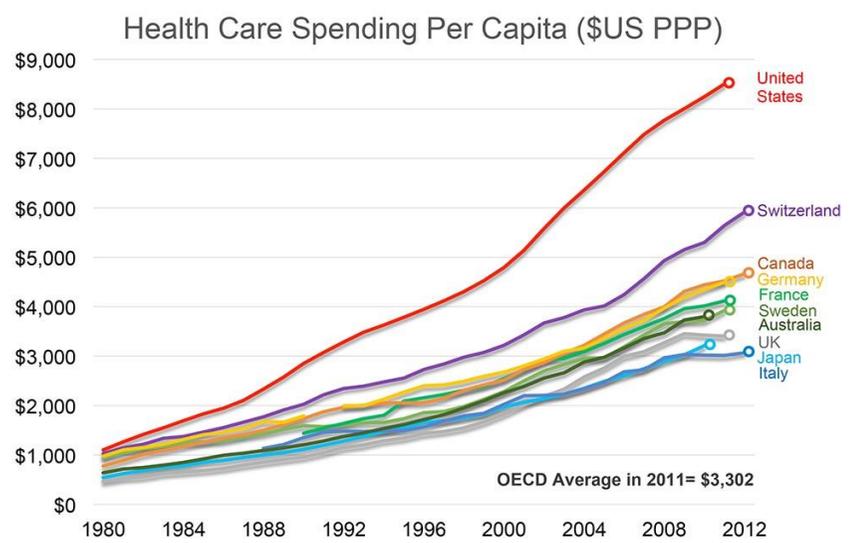
Mila Lukic, Bridges Social Sector Funds

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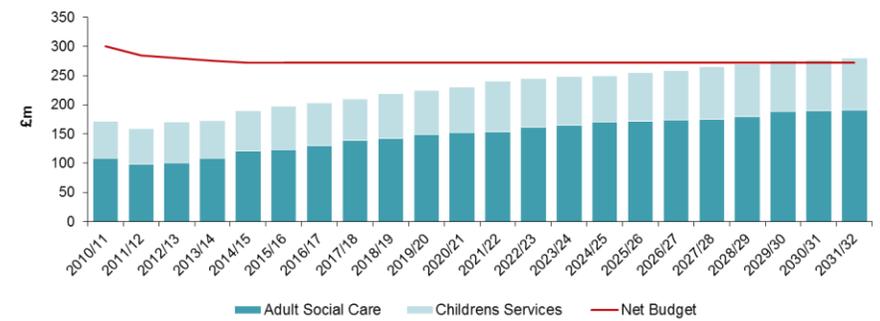
Current reality – rising demand

OECD Healthcare demand

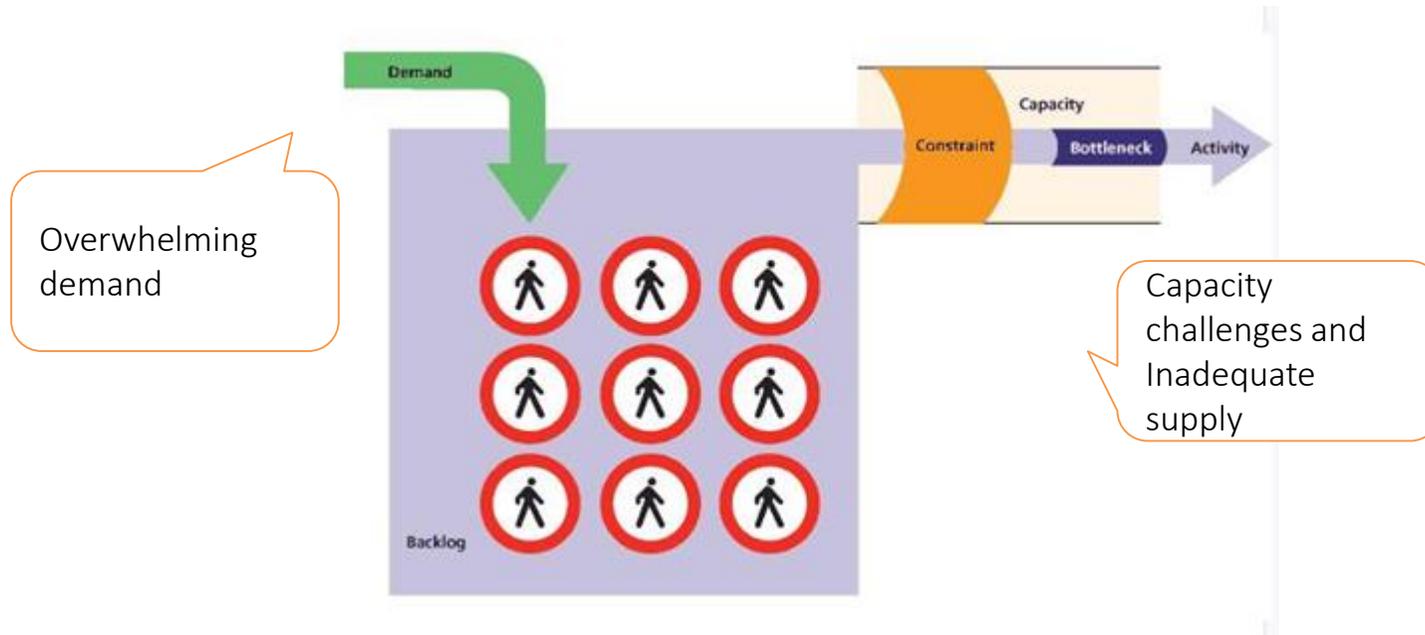


Source: OECD Health Data 2013.
Data note: PPP = purchasing power parity.
Produced by Veronique de Rugy, Mercatus Center at George Mason University.

UK Social Services demand



Societal challenge – mismatch between care received and care needed...



NHS Institute for Innovation and Improvement

Resulting in:

- Backlog and long wait times
- Hospitals on black alerts
- Poor outcomes for patients
- Firefighting / reactive way of operating

Societal challenge – mismatch between care received and care needed...

What and why?

- Mismatch between care received and care needed
- Why?
 - Care type alignment - presenting symptoms versus root causes
 - Place of care – assumed, not challenged, can not be challenged
 - Lack of investment in prevention and early intervention

What are we doing to try and address this issue?

- **What:** We work to support social innovation and disruption of status-quo, with innovative, engaged, mission-aligned capital
- **How:** We form local partnerships to understand the local context for the challenge at hand and we work through the partnership to figure out what needs to be done
- **Implementation:** We support entrepreneurial approaches to deliver innovative models by using our operational and sector experience supported by rigorous measurement mechanisms and feedback loops so that learnings can be incorporated real time in order to maximize impact

Social Impact Bonds – Policy areas

In the UK, SIBs have often been developed to respond to four types of social challenges

Youth Unemployment



Children's Services



Homelessness



Health and Social Care



Bridges Ventures and SIBs

We have supported 14 contracts, being delivered by 22 impact-driven organisations in the UK



What is Ways to Wellness?

The **first** Social Impact Bonds funding behind a health service in the UK

- Providers help people with long-term health conditions who live in the west of Newcastle upon Tyne
- Non-medical 'link workers' use **social prescribing** to help patients have better quality of life and, as a result, to reduce the cost of their care to the NHS
- Ways to Wellness enables delivery of social prescribing **at scale**:
 - **7 year** contract
 - Over **11,000** patients
 - 1:1 engagement for an average of **18-21** months
 - Integration with **18 GP** practices

What is Ways to Wellness

Aims of Social Prescribing

Social prescribing: non-medical interventions to achieve sustained healthy behaviour change and improved self-care

- addresses social, emotional or practical needs
 - patient-centred
 - promotes behaviour change
-
- Getting involved in local groups and activities
 - Healthy eating and cooking
 - Accessing specialist services and support
 - Getting more active
 - Developing positive relationships
 - Getting support around benefits and welfare rights

NHS Social Prescribing – Ways to Wellness



Social Issue

Over 15 million people in the UK suffer from long-term health conditions (LTC's) such as **diabetes, asthma and heart disease**, most experiencing **poorer health outcomes** and **reduced quality of life** as a result.

They are also proportionately higher users of health services: **70% of total health and care spend nationally is on patients with these conditions.**¹

In the Newcastle West area – which includes some of the most deprived wards in England – an estimated **30,000-40,000** people suffer with one or more long-term health conditions.

¹ Source: Dept. of Health, Long Term Conditions Compendium of Information Third Edition 2012

Desired social outcomes

- Outcome A Payments – triggered by achieved patient wellbeing improvement as measured by the Wellbeing Star
- Outcome B Payments – triggered by achieved Secondary Care Savings

Anticipated secondary care cost savings for the CCG: £10.8m

Estimated broader public service savings: £13.6m²

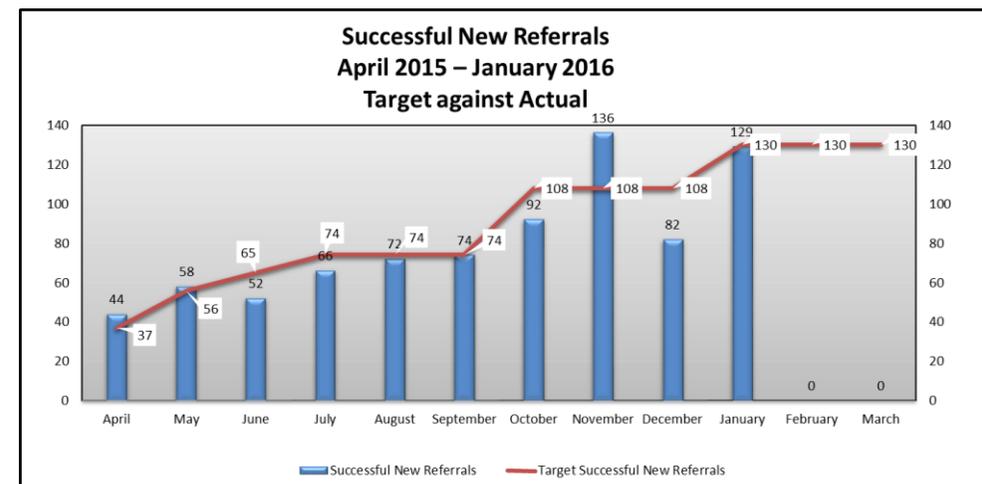
² Source: North East Quality Observatory System, 2013

Target population

Ways to Wellness will run for **seven years** from 2015, and improve the health of approximately **11,000 people**, with one or more long term conditions, living in the west of Newcastle.

Over time, the services should improve the quality of life for patients on the programme while also reducing the demands on NHS primary and secondary care.

What effect did it have to date?

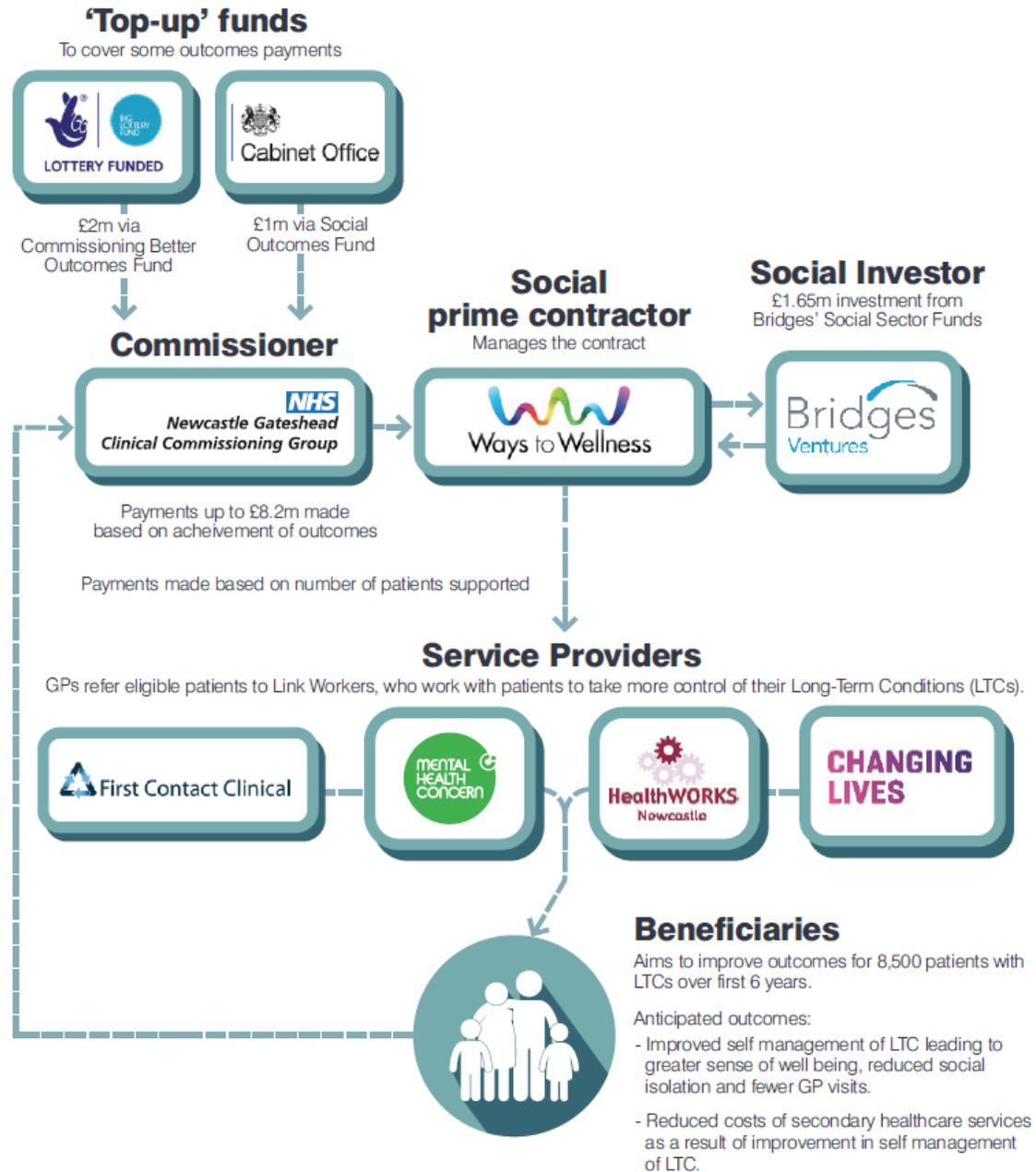


Ways to Wellness Structure

Quotes from the Chair for NHS Newcastle Gateshead Clinical Commissioning Group

*"We are really pleased and excited by the opportunity of working with Ways To Wellness to improve the health of **11,000 people in Newcastle** over the next few years with long term health conditions.*

*As a local GP, I can see how **supporting people to look after themselves in the best way possible needs to be more than medicine**. By offering care that looks at social opportunities, encouraging people to get involved in a range of activities available in local communities, we are convinced that people living with longstanding health complaints, are being helped to feel confident and connected. This will mean that they will not only feel the benefits now, but will also do better in the longer term."*



Why did we get involved?

Innovative response to a great social need

- Ways to Wellness embodies innovation and creativity
- It is a local response to a deep social need developed and being delivered by an impressive team
- It sets a precedent for outcomes based commissioning in health
- It acts as a change agent nationally and internationally

Quotes from the Chair for NHS Newcastle Gateshead Clinical Commissioning Group

What has working with our funding partners meant?

“Both the CCG and Ways to Wellness have had to develop and agree clear, measurable performance indicators that are sufficiently robust to trigger repayment to the investor. Much time has been spent defining and agreeing these. Our outcomes are therefore far more concrete than perhaps they would otherwise have been. It has stretched the clinicians and finance teams, but doing so has allowed us to accept a degree of innovation and a scale of investment that we would have struggled to match, without the discipline that this way of working brings.”

Ways to Wellness as a SIB

Focus on outcomes through a long term innovative approach



Enable outcome payers to...

Focus resources on outcomes and thereby impact

Enable unlocking of future savings and innovation

Co-ordinate multiple stakeholders to tackle complex problems

Enable impact-driven service providers to...

Have scope to innovate

Grow services

Enable impact-driven investors to...

Catalyse entrepreneurial solutions

Ways to Wellness Design Features for Success

*Wellbeing and secondary savings metrics on which payment is based are **directly aligned with intended outcomes and impact***

*Long term sustained change is enabled through a **7 year contract with the CCG***

*Cross commissioner benefits supported with **top-up funding from CBO and SOF***

*Ways to Wellness as a **Social Prime** establishes a governance structure that **enables timely decisions in response to performance management information***

*Social Prime model enables delivery through engagement with **local social sector organizations***

*Mission aligned capital and **delivery support***

*Financial returns **directly linked** to the achievement of outcomes*

What are we learning?

Key Delivery Features for Success



Focus on Referrals from day -100

Clear referral pathways

Clear referral criteria

Push and pull marketing strategies

Strong Relationship with the Commissioner

Engaged and supportive commissioner

Collaborative relationship and clear contract management expectations

Strong Team

Well resourced strong executive team

Board support and challenge

Operational Excellence

Systems and processes

Performance rigour and focus on outcomes

Ways to Wellness Delivery Features for Success

Collaborative service design with referring GP practices ensuring GP buy-in before go-live

Clear understanding of cohort needs and referral characteristics

GP and community focused marketing strategies

Senior buy-in and dedicated resource from the CCG; representative attending WtW Board meetings

Continuous solution focused conversations, as during implementation, will have to continue during delivery

Time and resource was invested in recruitment. Result: strong and exceptionally motivated team who hit the ground running immediately.

Strong and engaged Board, with Chris Drinkwater as the Chair, formed in Q1 2014. Board support and engagement started during implementation.

Robust MIS system from Day 1

Strong relationships and clear accountability within WtW and between WtW and service providers

Patient Quotes

"I feel really proud of myself that I'm getting out and about more."

"I do believe that knowing the Ways to Wellness team is like winning a lottery ticket in life."

"This service has resolved a lot of issues that worried me."

"I feel so much better – happier and healthier."

"I now have a totally different outlook."

"It has helped to focus my mind and gave me belief that things can change."

"I felt my Link Worker was on the same wavelength as me and I could trust her to help me."

What is next?

Number of health and care social impacts are in development

Examples of 'HIBs' in development:

- National Scaling of Social Prescribing and Ways to Wellness
- Type 2 Diabetes Prevention SIB commissioned by NHS and Public Health England
- Type 2 Diabetes Treatment SIB commissioned by local commissioners
- Frail and Elderly in Care Homes SIBs (focusing on avoidable admissions caused by falls, sores, UTIs)
- Eating Disorder SIBs
- Social Isolation SIBs
- Alcohol / broader addiction SIBs

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