SYMPOSIUM REPORT

BLAVATNIK SCHOOL OF GOVERNMENT

UNIVERSITY OF OXFORD

GOVERNMENT OUTCOMES LAB

BETTER COMMISSIONING FOR HEALTHY LIVES

A SUMMARY REPORT

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INTRODUCTION

The Government Outcomes (GO) Lab was established in 2016 as a new centre of academic excellence for innovative government commissioning, and is a joint partnership between the University of Oxford's Blavatnik School of Government and HM Government. The core mission of the GO Lab is to support innovative public sector commissioning to achieve better social outcomes through world-class academic research and practitioner engagement.

The GO Lab harnesses expertise from across the University of Oxford and other partners in the public, private and voluntary sectors to enhance the understanding and existing research on outcome based commissioning. It also builds on the evidence base to evaluate the effectiveness of this model versus alternatives and to support local authorities that are developing and implementing an outcome based approach.

The Better Commissioning for Healthy Lives symposium was held on 24 May 2017 at the Blavatnik School of Government in Oxford, and was the third event in a series launched last year, looking at the practices of commissioning for outcomes in specific policy areas.

The event brought together an outstanding group of health and social care commissioners, service providers, and other experienced practitioners and thought leaders who discussed a wide range of innovative approaches that promote healthy lives and wellbeing. The timing of the symposium was intended to support those local commissioners responsible for health and social care services who might be considering applying to the Life Chances Fund, a government fund that seeks to support the development of outcome based commissioning in core policy areas such as older people, healthy lives, children's services and early years.

This report captures the main discussion points and the actions proposed by the GO Lab in response to the issues and proposals coming out of the day. As a general principle, the report avoids attributing points of view to any individual or organisation, unless part of a formal presentation.

STRUCTURE OF THE EVENT

The event was organised into a morning session which featured a series of presentations and discussions around specific opportunities for outcome based commissioning, followed by four thematic workshop sessions in the afternoon.

Presentations

- *What Works: Outcomes for Healthier Lives*, Nancy Hey, Chief Executive, What Works Centre for Wellbeing
- *Social Prescribing for Long-term Conditions*, Prof Chris Drinkwater, Chair and Trustee Chair, Ways to Wellness
- *Commissioning for Outcomes: Social Investment Bond & Individual Placement Support*, Nicola Bromage, Mental Health Commissioner, Staffordshire
- *Creating Healthy Places*, Rachel Toms, Insights & Standards Managers, Cities Programme, Design Council
- *Developing an Outcomes Based Approach: Stockport Together Case Study*, Ellie Bragan Turner, Senior Health Outcomes Analyst, Outcomes Based Healthcare

Workshop sessions

- *Assessing the Feasibility of an Outcomes Focused Approach to Commissioning*, Jo Blundell, Interim Deputy Director, GO Lab, Blavatnik School of Government
- *Developing an Outcomes Framework*, Ellie Bragan Turner, Senior Health Outcomes Analyst, Outcomes Based Healthcare
- *Developing the Ways to Wellness Social Impact Bond*, Mila Lukic, Bridges Fund Management
- *Making an Application to the Life Chances Fund*, David Land, Policy & Learning Manager & Vicki Smith, Funding Manager (Investment), Big Lottery Fund

Presentation slides

Copies of the presentation slides, along with a series of brief video interviews with the speakers, can be accessed through the GO Lab website: golab.bsg.ox.ac.uk

TAKING AN EVIDENCE-BASED APPROACH TO UNDERSTANDING WELLBEING

To reduce the growth rate of chronic health conditions it is important to look at how individuals manage their health and wellbeing, both to reduce the incidence of ill health and to improve quality of life whilst managing a condition. Growing evidence suggests that investing in non-clinical factors and other 'upstream' sources of health can improve outcomes and reduce healthcare costs in a sustainable way.

Nancy Hey

Starting from the definitions of 'health' and 'wellbeing', Nancy Hey, Chief Executive of the What Works Centre for Wellbeing, explained that wellbeing is more than health, and that it is underpinned by a plethora of systemic, social and personal conditions outside the healthcare system. It is asset-based, being both about people and places, and commissioning strategies to improve wellbeing need to encompass environmental and individual considerations. Factors influencing personal wellbeing are widely based, including relationships, health, personal finance, education and skills, volunteering and sports participation. This has some clear implications for the scope and reach of interventions.

The Legatum Commission on Wellbeing and Policy led by Lord O'Donnell looked at how wellbeing could become more influential in social and economic policy-making. Nancy highlighted that there are events that people are able to recover from and those, like unemployment, that have a permanent impact on wellbeing and can be outside the control of people experiencing it to some extent. Similarly, investing in building resilience in young people and helping them form part of healthy communities in the future has the potential to improve an individual's ability to manage their own long-term wellbeing and create a society that enables wellbeing for the many.

The Legatum Commission found that there are four key determinants of wellbeing:

- Good mental health and, to a lesser extent, physical health
- Employment in a "good" job
- Communities where there is a high degree of interpersonal trust
- A level of income that sustains a good standard of living

The What Works Centre for Wellbeing has established the potential benefits of intervening to improve wellbeing for commissioners and local economies, including:

- **Health:** reduced inflammation, improved cardiovascular health, lower risk of heart disease, speed of recovery and longevity
- **Work:** improved productivity, reduced absenteeism, creativity and flexibility, higher income and organisational performance
- **Personal and social:** reduced consumption and increased savings, reduced risk taking, pro social behaviours (e.g. volunteering).

The forms of interventions likely to be most effective could include:

- Promoting better mental health and resilience
- Improving the stability of home and family life
- Relationship guidance leading to long term stable relationships
- Volunteering
- Better social connectedness to reduce isolation
- Balanced and stable economic growth leading to good employment
- Tackling unemployment, but with good work opportunities.

What is less clear is what forms of interventions and services will be effective in improving wellbeing and how to measure impact. There is no established method for assessing cost benefit in relation to wellbeing.

Measures of wellbeing

There is a strong national dashboard around wellbeing that allows local commissioners to benchmark performance locally. To that extent, wellbeing is an area where comparative measures are relatively strong. However, there is a lack of data on what forms of interventions are most effective and the relative benefits of different interventions.

The What Works Centre for Wellbeing is looking to collect data from different projects to enhance understanding through a call for evidence programme in which commissioners are invited to participate. Details are on the Centre for Wellbeing website: whatworkswellbeing.org/calls-for-evidence.

GO Lab response

GO Lab will work with local commissioners and other practitioners to collate case studies on innovative outcome focused approaches that seek to provide better health and wellbeing services, and make these available on the GO Lab website.

SOCIAL PRESCRIBING FOR LONG-TERM CONDITIONS

Around 15 million people in England have one or more long-term conditions. The number of people with multiple long-term conditions is predicted to rise by a third over the next ten years. According to the Department of Health[1], people with long-term conditions are the most frequent users of health care services, accounting for 50 per cent of all GP appointments and 70 per cent of all inpatient bed days. Treatment and care of those with long-term conditions accounts for 70 per cent of the primary and acute care budget in England. However, the Department of Health estimates that around 70–80 per cent of people with long-term conditions can be supported to manage their own condition.

Social prescribing

Social prescribing is a mechanism for linking patients to non-medical, community-based sources of support to improve their health and wellbeing. These include a wide range of interventions or projects, such as arts and creative activities, social groups, physical activity, education and learning new skills, self-help, volunteering and befriending as well as support with welfare advice. The most common type of referral mechanism is through a link worker, responsible for linking patients with relevant services. While the evidence base is still emergent, commissioning authorities are increasingly exploring how to embed social prescribing into the provision of health and social care in their local areas as part of a more sustainable, whole system approach.

Ways to Wellness is one of the pioneering approaches to providing social prescribing to people with long-term health conditions. Based in Newcastle, the service aims to improve patients' quality of life and their ability to manage their conditions, while also reducing the demand on NHS primary and secondary care. The service works with 112,000 people across 18 different GP practices, of which 14,229 are registered as having long-term conditions.

GPs and their primary care teams use social prescribing to refer patients to the service. Ways to Wellness link workers then work

GO Lab response

The GO Lab will gather information about the innovative approaches being developed in this area, and will share the evidence and emerging learning.

1 Department of Health (2015) *Policy paper: 2010 to 2015 government policy: long term health conditions*, available at: www.gov.uk/government/publications/2010-to-2015-government-policy-long-term-health-conditions/2010-to-2015-government-policy-long-term-health-conditions

with the patients to help them identify and work to overcome their current barriers to managing their long-term conditions, and work with patients to produce an agreed action plan. What makes Ways to Wellness different to other models of social prescribing is the scale of the service, the degree of integration with the work of general practices and the long-term nature of the project.

Prof Chris Drinkwater

Prof Chris Drinkwater, Chair of Ways to Wellness, shared his insight into the development and implementation of the Ways to Wellness Social Impact Bond (SIB) in Newcastle. In his presentation, Prof Drinkwater reflected on the challenges faced in the provision of healthcare in the 21st century and in particular how the pressures of an aging population and an increase in the demand for public services necessitates a new paradigm in medical and social models of care. Prof Drinkwater also highlighted some of the barriers to adopting an outcome based approach to social prescribing:

- **Quality of data.** He argued that the data exists, but there are significant issues in getting access across organisations and teams.
- **Alignment to public sector budgeting.** It is an inherent feature of SIBs that the repayment timescales will be dependent on whether and when outcomes are delivered. This is difficult for public sector financial systems to manage.
- **Evidence.** It is important to capture the evidence on impact longer term and to be able to follow up on individual data after the end of a contract period.
- **Data management.** Having the ability to invest in a data management system for the project was critical to its success. This has implications for the size and scope of feasible projects.
- **Culture change.** Focusing on outcomes is a new discipline for practitioners and organisations.
- **Contract period.** The NHS work with standard forms of contracting and the 7-year term required for the project was atypical and therefore difficult to implement.

To be successful, social prescribing programmes require joint ownership from health, social care and the voluntary and community sector and need to be deeply rooted in the local circumstances.

The measurement framework for the Ways to Wellness SIB depends on two key metrics. 30% of payment is linked to the Outcome Star framework for wellbeing and 70% is linked to

reductions in demand for secondary care services. The service is showing positive outcomes in relation to the Outcomes Star, but has yet to measure results in secondary care.

In response to questions about what they have learned in the early years of the contract, Prof Drinkwater stressed the importance of the Link Workers in establishing effective relationships across the system and engaging the service users. The Link Workers have no professionally recognised qualification, but are highly skilled. This lack of professionalisation and access to training and progression could be a constraint on developing the service in the future. It has not been possible to determine the relative impact of the Link Workers' role compared to other determinants in the programme, but this will be a product of the evaluation.

Commenting on the role of the social investors, Prof Drinkwater noted that the Ways to Wellness project would not have been possible outside a SIB structure because the provider organisations would not have been able to taken on the risk associated with an outcomes contract, particularly at the scale and for the duration that the service has been commissioned for.

Group discussion

MENTAL HEALTH AND EMPLOYMENT

Mental illness is the largest single cause of disability in the UK, and almost one in four adults and one in 10 young people have a mental health problem. Mental health accounts for 23 per cent of NHS activity, and the NHS Next Steps on the Five Year Forward View identifies mental health as a key priority area, pointing out that 'there is now good evidence that tackling some major mental health problems early reduces subsequent problems, improves people's life chances and also saves money for the wider economy'.[2]

Nicky Bromage

Setting the context as to why in Staffordshire the local health and care authorities have sought social investment to jointly commission an employment service for adults with severe mental health issues, Nicky Bromage, Mental Health Commissioner, pointed out that people with mental ill health make up 40% of Employment and Support Allowance (ESA) and Incapacity Benefit (IB) claimants. Moreover, people with mental health issues are 22% less likely to be in work compared to the general population, which further exacerbates their mental health issues. It is well documented that employment is a wider determinant of wellbeing and health, and employment is seen as an important step in the recovery of people with mental health problems. The cost of not tackling this issue is much greater than funding an effective the intervention, and according to some estimates, a person with a health condition moving into work can generate £5–10k in savings or higher tax receipts for government.[3]

The service is based on the Individual Placement Support (IPS) model, which has been subject to rigorous national and international research demonstrating impact, and is backed by a well-defined operating model. The service is based on a 'place then train' model which is thought to be more effective than traditional approaches such as vocational training and sheltered work. It does not screen people for work "readiness" or "employability", and does not exclude people on the basis of diagnosis, symptoms or substance misuse.

2 NHS England (2017) *Next steps on the NHS Five Year Forward View*, available at: www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

3 Social Finance (2015) *Mental Health and Employment Social Impact Bond*, available at: www.socialfinance.org.uk/wp-content/uploads/2016/04/MHEP-SIB-Summary-vfinal.pdf

Social Finance Ltd are the social investor through a bespoke fund for the IPS programme, accessed by several commissioners. This allowed for the costs of setting up and managing the service to be shared across different commissioners and for better evaluation of results across different geographies.

Nicky explained the economic benefits of the model and how the local commissioners worked together to develop the project. She emphasised that launching a SIB requires more than a positive cost benefit ratio, and that other key considerations include the alignment to the organisation's commissioning strategy, the ability to establish an appropriate referral and operational model that fits in well with the existing services provided, the ability to attract social investors, and the compatibility with future Payment by Results contracts that the commissioning authorities might be considering. Reflecting on the lessons learnt throughout the development and implementation of the SIB, she pointed out that one of the prerequisites for success is a significant culture change for the mental health clinical workforce, the employment specialists and services users. Given the complexity of this landscape, strong leadership was also seen as fundamental. To ensure the sustainability of this approach it is also important to engage with employers and make sure they are open to recruiting individuals with mental health issues.

Nicky noted that adopting a SIB approach has enabled the local authorities in Staffordshire to develop a new model of care and support that seeks to shift public spending into preventative services. A significant challenge in this area is how the costs and savings that accrue separately to the Department for Work and Pensions (DWP) and local commissioners are attributed. In this SIB, the local authority covers the costs of paying for outcomes, but are a minority beneficiary of the savings. The service is based on a robust economic case overall and this asymmetry is overcome by the co-investment through central government funding (i.e. Commissioning Better Outcomes Fund).

It was noted that more generally, around health and employment related issues, there is a need for joint funding and co-commissioning initiatives between national and local commissioners.

"Adopting a SIB approach has enabled the local authorities in Staffordshire to develop a new model of care and support that seeks to shift public spending into preventative services."

CREATING HEALTHY PLACES

Rachel Toms, Insight and Standards Manager at the Design Council explained how good design of public spaces can be used by local councils as a strategic tool to tackle complex societal challenges and improve the quality of people's lives. The nature of the places that people live, work and spend their leisure time in has a great impact on their long-term health and wellbeing, for example by encouraging them to be more active or spend more time in the community. This is significant considering that, according to Public Health England, people in the UK are around 20% less active now than in the 1960s, and the lack of physical activity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone.[4]

Rachel Toms

Rachel explained the key characteristics of what constitutes a healthy place and provided examples from across the UK of how local authorities can tackle preventable disease and enable residents to live healthy and fulfilling lives by creating healthy places. She provided some practical suggestions as to how local authorities could adopt a more outcome focused approach when thinking about the creation of healthy places in their local areas including:

- Building health outcomes into existing and future investments, policies, programmes and projects.
- Using the planning system to establish health-related requirements for construction and regeneration projects.
- Linking social prescribing with the local physical environment.
- Linking measureable outcomes to defined spatial characteristics, behaviours and medical outcomes.

In the following discussion, it was noted that there are constraints around the freedoms associated with planning, and Section 106 powers were too limited to force investment into existing infrastructure schemes. Rachel noted that there are no standards like BREEAM that apply to the external standards around a building and that this is a constraint on getting health and wellbeing properly considered.

4 Public Health England (2016) *Health matters: getting every adult active every day*, available at: www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day

DEVELOPING A FRAMEWORK FOR HEALTH OUTCOMES

Developing an outcomes framework is a key part of any SIB or outcome based contract, but accessing data and articulating robust metrics that can be rigorously defined and measured is often seen as a challenge by commissioning authorities.

Ellie Bragan Turner, Senior Health Outcomes Analyst at Outcomes Based Healthcare, outlined some of the key requirements around developing strong outcome based payment frameworks. These should:[5]

- Be simple, unambiguous and understandable
- Begin with achievable performance targets, which progressively become more challenging as confidence increases in the underlying measures and their ability to improve
- Be limited to a relatively small number of outcomes which matter to the target population
- Not impose an excessive measurement and reporting burden on commissioners or providers
- Not restrict provider innovation in supporting delivery of improved outcomes.

Ellie noted that the outcomes development process usually starts with a population segmentation process so that clearly defined target cohorts of people that share the same needs or characteristics can be identified for the proposed intervention or project. Segmentation aims to categorise individuals based on their health status, healthcare needs and priorities and this enables particular interventions to be tailored to specific groups thus providing a more effective way of addressing their needs.

Ellie Bragan Turner

"Before you define the outcomes, you need to contextualise and understand the problem."

Ellie Bragan Turner

5 Outcomes Based Healthcare (2015) *Structuring Outcomes Based Incentives – Contractual Options and Key Considerations*

The next step is to define meaningful and measurable outcomes for the population group identified. Personal outcomes are often co-produced with patients and their families, and are centred on what matters to the individual. Both quantitative and qualitative analyses are required in order to be able to articulate strong outcomes. While engagement with the target population is key to understanding what they feel is most needed locally, this needs to be balanced against the need for measurable outcomes that can be reliably attributed to a particular intervention.

"Focusing on outcomes fosters collaboration between stakeholders and is shifting power dynamics by bringing in the voice of patients and patient expert groups in determining what outcomes are relevant for the population."

A workshop participant

A robust outcomes framework makes it easier for partnering organisations to trust each other. Commissioners discussed how to best avoid creating perverse incentives and how to accurately price outcomes, with an outcome based bundled payment model being suggested as a potential option.

Commissioners discussed some of the technical barriers to developing robust outcome frameworks. In particular, it was noted that access to comprehensive and reliable datasets is limited, and the lack of integration between the systems used in health and social care can make it difficult to integrate datasets so that the needs of a particular population cohort can be adequately understood and addressed. Moreover, non-anonymised data is difficult to integrate and there are also limitations linked to concerns for patients' privacy and information governance. In the long-term, a shift towards more integration between the different data systems would help access data in a more effective way, and the ability of NHS and local authorities to share data was seen as a top priority. It was also raised in discussion between participants that commissioning authorities need to invest in developing the analytical skills of their workforce and to recruit strong data analysts. It was noted that Public Health England can provide many high-quality data and analysis tools and resources, and some of the commissioners felt that a Health Data Lab, similar to the Justice Data Lab, would be beneficial to both commissioners and providers in understanding the impact of services and how these can be improved.

GO Lab response

The GO Lab team can provide advice and assistance to commissioning organisations seeking to develop an outcomes framework. We can offer support in analysing data and setting up robust systems for measuring impact. To find out more about how to access this support, please visit the GO Lab website **golab.bsg.ox.ac.uk**

GO Lab response

The GO Lab will share on its website examples of outcome frameworks and matrices used on previous outcome based contracts and social impact bonds.

FUTURE OF COMMISSIONING FOR OUTCOMES TO SUPPORT HEALTHY LIVES

Participants discussed their priorities in terms of promoting healthy lives through an outcome based approach and reflected on some of the core challenges to moving away from more traditional types of commissioning such as fee for service. Whilst recognising that some serious technical challenges remain, many commissioners felt that local authorities are increasingly able to overcome these and are beginning to focus upon the cultural shift that is required to deliver this approach at scale. In this context, behavioural change and supporting practitioners to develop the right skills are key, and this requires strong organisational buy-in from all stakeholders and a tight alignment to their long-term, strategic priorities.

Cross-sector collaboration underpinned by a shared sense of responsibility and common goals was seen as another key factor of success, and commissioners felt that by aligning incentives outcome based commissioning 'puts everyone on the same page'. Moreover, this model allows for more collaborative working among service providers, and commissioners debated the respective merits of using a lead provider model and that of equal partnership between providers.

A key question was how to manage provider-led approaches and when and how providers should seek to involve commissioners. A lot of innovative thinking in this space is led by providers, with limited buy-in from commissioners. Procurement regulations were seen by many to be limiting opportunities for collaboration and hindering innovation. It was also noted that while openness to sharing ideas with the wider market is very important, some providers will want to protect their intellectual capital and be cautious about sharing commercially sensitive information. A potential solution to overcoming some of the limitations imposed by procurement regulations would be for local authorities to set up Innovation Partnerships, but this model remains largely untested.

Local authorities recognise that they cannot handle the huge pressures on social services on their own, but there remains a degree of mistrust and misunderstanding of the goals and ways of working of social investors. Having a set of internal champions across the system to talk about social investment and the way it can be used to tackle protracted social issues would be highly beneficial

GO Lab response

The GO Lab developed a 'How To' guide to good procurement practice in outcome based commissioning, and this is available on the GO Lab website at: **golab.bsg.ox.ac.uk**

in fostering trust and building cross-sector collaboration. Alongside this, the development of a community of practice bringing together experts from across the public, private and voluntary sectors would be another effective way to share expertise, improve understanding of outcome based commissioning and facilitate building bridges across different organisations, and it was suggested that peer networks of outcome based practitioners might be formed around distinctive geographic areas or social issues.

GO Lab response

The GO Lab will facilitate the creation of networks of peer experts that can support each other and tackle problems together.

To get in touch with us please email golab@bsg.ox.ac.uk and follow us on twitter for news and updates @ukgolab

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