



# Social Outcomes Conference

*1-4 September 2020*

## Welcome to Day IV



@ukgolab  
#SOC20

# Teasing out the SIB effect: emerging evidence and practical insights

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- Lukas Hobi and Debra Hevenstone, Bern University of Applied Sciences and Alec Fraser, King's College London
- Franziska Rosenbach, Government Outcomes Lab
- Ruben Koekoek, Social Finance Netherlands
- Sarah Cooke, KBOP

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**Chair: Eleanor Carter, Government Outcomes Lab**

# Teasing out the SIB effect: emerging evidence and practical insights



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Government  
Outcomes Lab**



**Lukas Hobi, Bern  
University**



**Debra Hevenstone,  
Bern University**



**Alec Fraser, King's  
College London**



**Franziska  
Rosenbach, GO Lab**



**Ruben Koekoek,  
Social Finance NL**



**Sarah Cooke, KBOP**



# GOVERNMENT OUTCOMES LAB



Online networking &  
informal discussions in  
Zoom breakout rooms

Next session will start at 13:00 BST

Find the Zoom links at: <https://golab.bsg.ox.ac.uk/soc20>



# My way or the highway: accessibility and responsiveness of services for vulnerable groups

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- Jennifer Warner and Steve Hindle, The Elton John AIDS Foundation
  - Rajnish Ranjan Prasad, UN Women
  - Rob Murdoch, Bridges Outcomes Partnerships
  - Richard Thickpenny and Thomas Dixon, ACH
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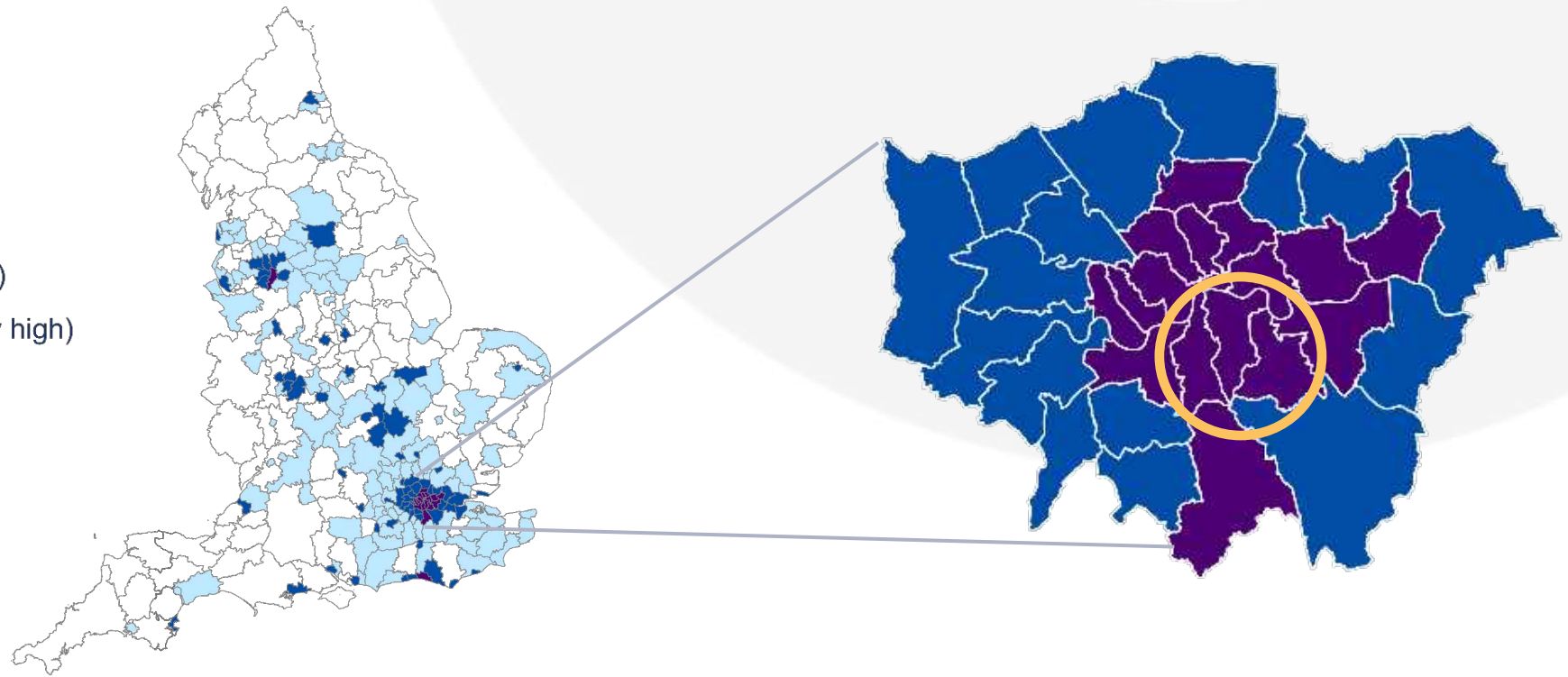
**Chair: Leon Feinstein, Professor of Education and Children's Social Care, University of Oxford**



# ADDRESSING HIV IN BOROUGHES WITH HIGHEST PREVELANCE

Diagnosed HIV prevalence (per 1,000 population aged 15 to 59 years)

Legend



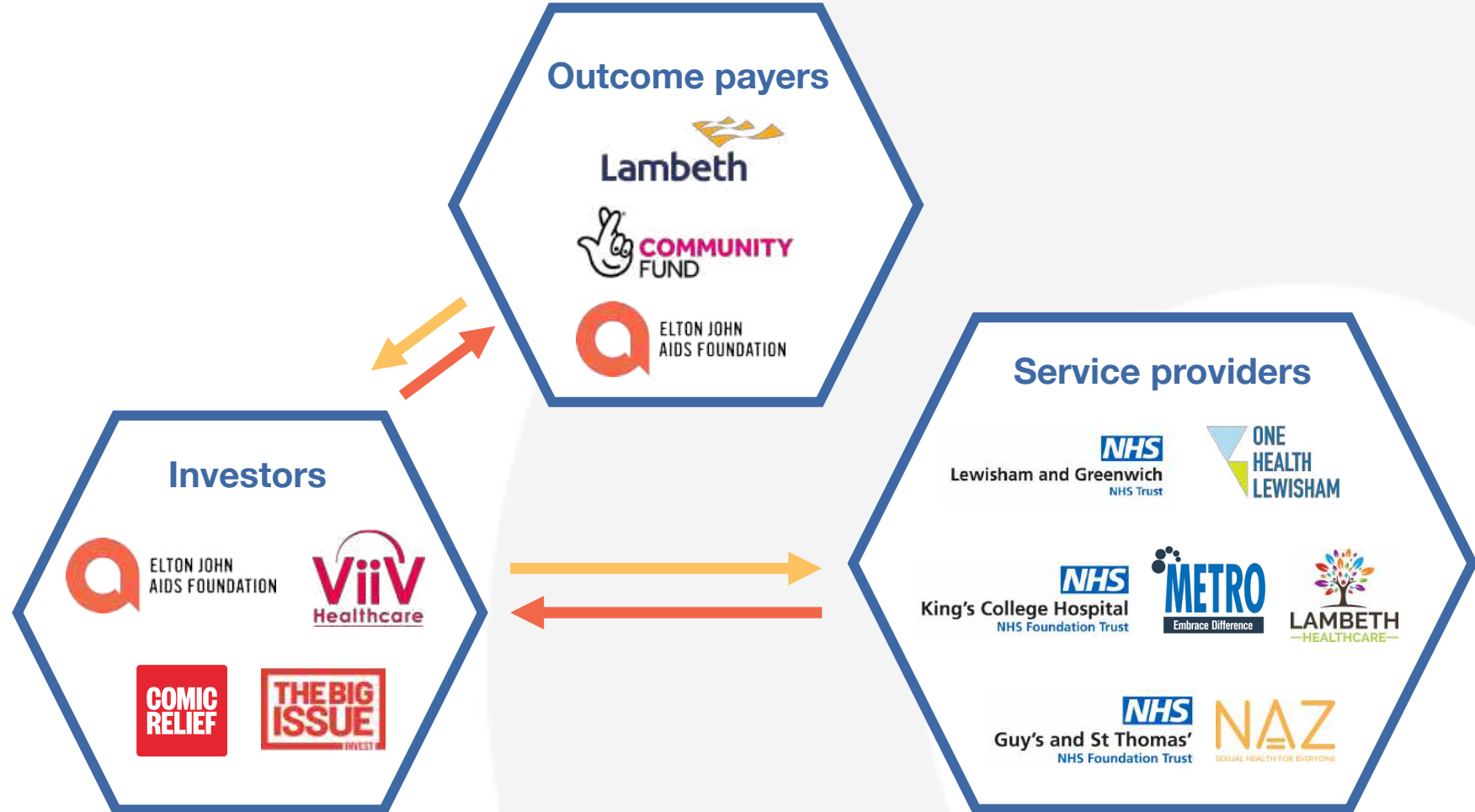
# WORLD'S FIRST SOCIAL IMPACT BOND WITH HIV OUTCOMES

## Payment outcomes:

New HIV diagnoses

Re-engagements into HIV care

→ Capital funding  
→ Outcome reporting



# TAILORING SERVICES TO REACH INDIVIDUALS WITH VARIED NEEDS

## Service providers



## Intervention settings

Emergency department

Hostel

Sexual health clinic

Bar

Primary care office

Sauna

Phone or video call

Barber shop

Communication by post

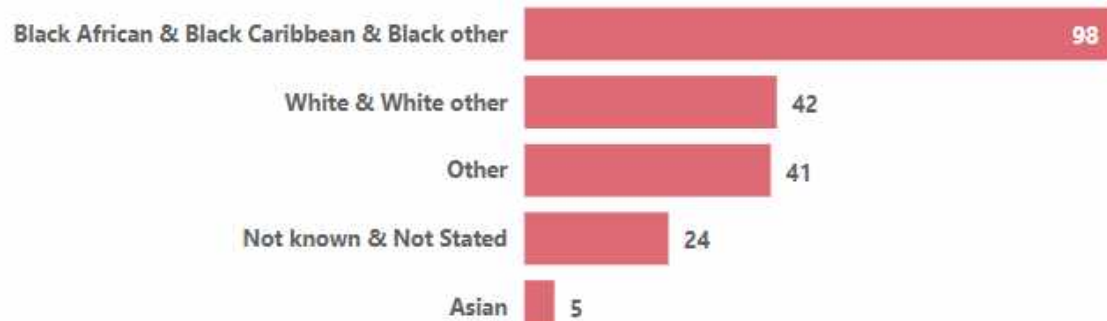
Church



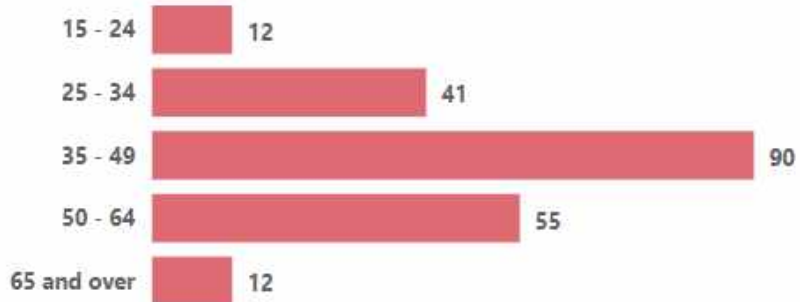
# PLHIV ENGAGED INTO CARE ARE HETEROGENOUS GROUP

## Demographics (# of PHLIV brought into care)

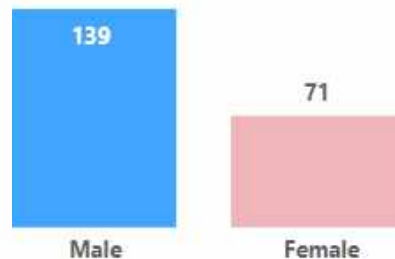
% of SIB outcomes by ethnic group



SIB Outcomes by Age range

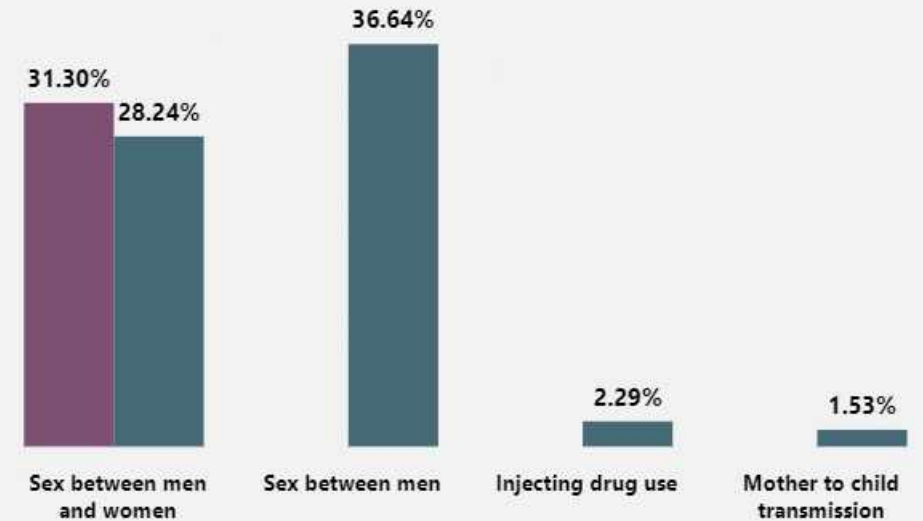


SIB Outcomes by gender



## Exposure categories (% of PHLIV brought into care with one or more of the following HIV risk factors)

Gender ● Female (including trans woman) ● Male (including trans man)



# ACHIEVEMENTS TO DATE AND FUTURE GOALS

2018

2019

2020

2021

- >100,000 HIV tests administered
- >200 PLHIV connected with HIV treatment

- Improve the health of people living with HIV
- Slow the spread of HIV
- Influence clinician behaviors
- Develop a strong evidence base
- Save the NHS money in future years



Improving availability of health services in rural & left out areas: Learning from Rajasthan, India

Rajnish Ranjan Prasad

# State Overview

Geographically,  
India's Largest  
State & have area  
equal to Norway/  
Poland/ Italy

State has 8<sup>th</sup> highest  
population in the  
country



State has 4<sup>th</sup>  
highest MMR  
in the country

Population  
density varies  
from 595 persons  
per Sq. Km in Jaipur  
district to 17 in  
Jaisalmer district

Difficult geographical terrain  
Lack of supportive infrastructure  
No motivation/ incentive



**High Number  
of Vacant  
Positions**

# Designing Hard Duty Allowance

## Criteria

Distance from HQ

Long standing vacancies

Education Facilities

Electricity Supply

Water Supply

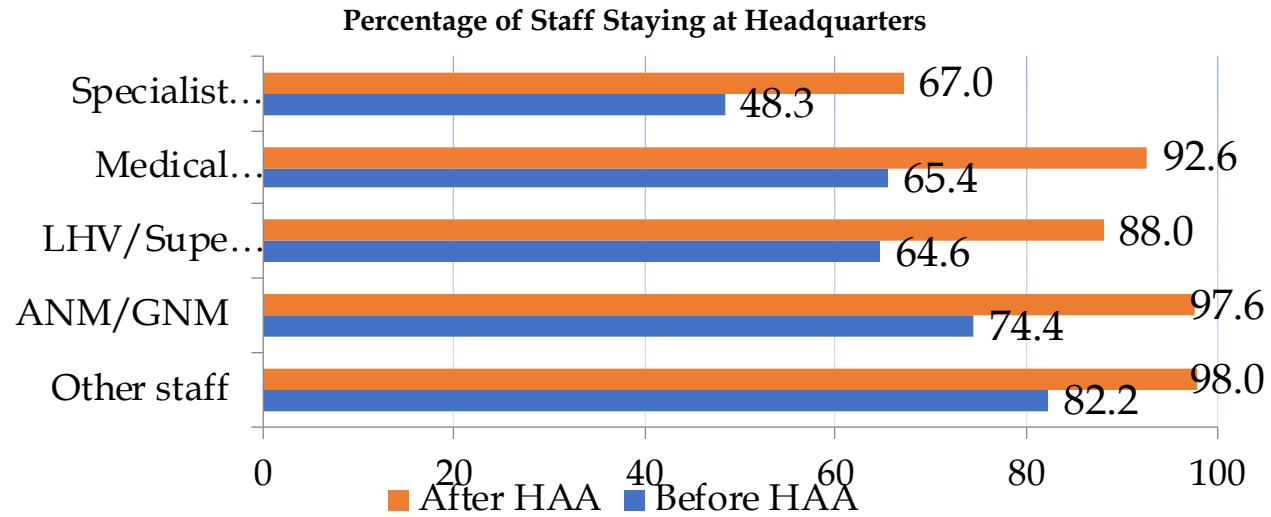
## Salient points

Ease, Transparency,  
Ownership

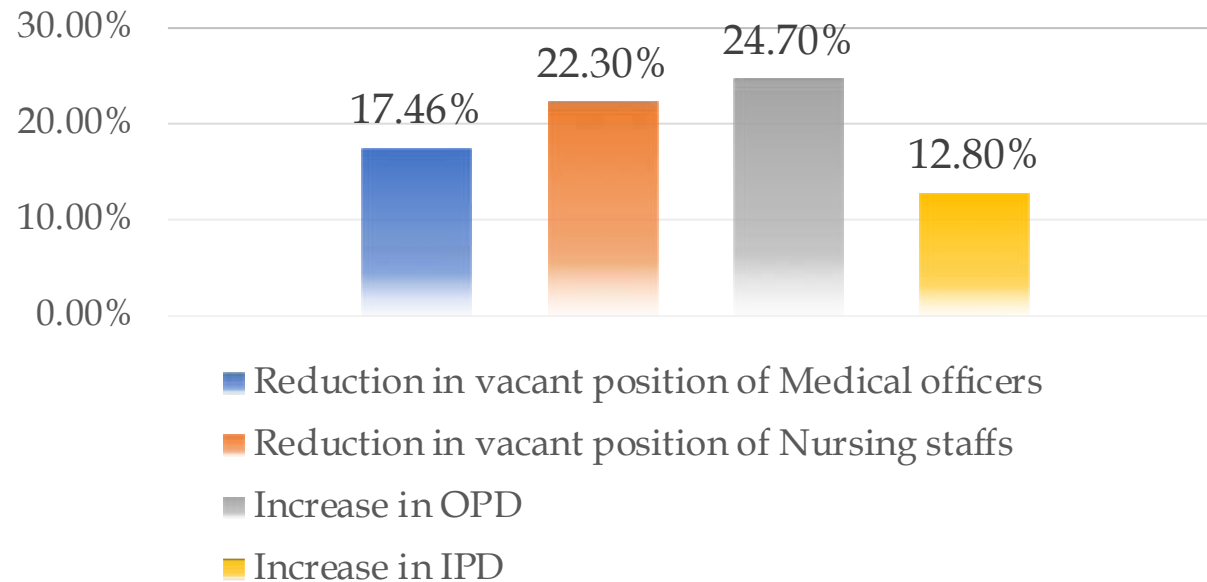
Three tier of incentives & 4  
categories (nursing staffs,  
paramedical staffs, medical  
officers & specialists)

Stay at the facility headquarter  
and achieving minimum OPD

# Key Findings



5280 Facilities  
135 million, 2014-15  
and 144.5 million,  
2015-16



## Issues

- Uneven improvement
- Delay in release of fund
- Corruption

# Learning

- Incentives can improve recruitment & retention but have limitations
- Tiered/ differential incentives with transparent and clear criteria
- Clearly defined & easily monitorable performance indicators
- Ownership by local officials
- Strong monitoring mechanism



CBO / North East Lincolnshire

Healthier Lives Together – Thrive

Rob Murdoch-Director, Health and Social Care Social Outcomes Contracts







- › Thrive.NEL is a social impact project commissioned by NEL CCG and The Big Lottery and managed by Bridges Outcomes Partnerships (BOP) in partnership with Centre 4
- › The project is a 7 year investment aimed at supporting 1,744 patients with at least one of the following long-term conditions (LTCs):
  - › Atrial Fibrillation
  - › Asthma
  - › COPD
  - › Diabetes
  - › Hypertension
- › Centre 4 is the main delivery partner and provides the link-worker roles
- › A range of largely voluntary sector organisations deliver the social prescription

## Change Driven By Participants

- › Original design – Tier 1 Link Workers – Tier 2 Delivery Organisations
- › Participants developed strong relationships with Link Workers
- › Tier 2 providers not providing bespoke journey
- › Participants needs not being met
- › Need to hone asset based approach
- › Desire to address common issues – isolation, loneliness, powerlessness
- › Strengthened Tier 1 team
- › Implemented Personal Budgets
- › Established participant interest groups
- › Community led

# Innovation



- › Social groups moved on line
- › Extended whatsapp communities
- › Interactive Facebook page
- › Bake off, Craft Off, Thrive in bloom
- › Series of how to videos, tai chi, yoga, exercise, recipes
- › GP based delivery – mixed groups
- › Ever growing range of groups – womens, sewing, yoga, fishing, diabetes, ballroom dancing, local
- › Strength of the redesign created participant led culture
- › Graduates now mentoring, volunteers leading groups
- › GPs want to built their Link Worker model on Thrive
- › Now fully integrated with GP systems



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# Integration as Process

Working with refugees to challenge mainstream integration narratives

Richard Thickpenny – Deputy CEO

Thomas Dixon – Research and Project Lead

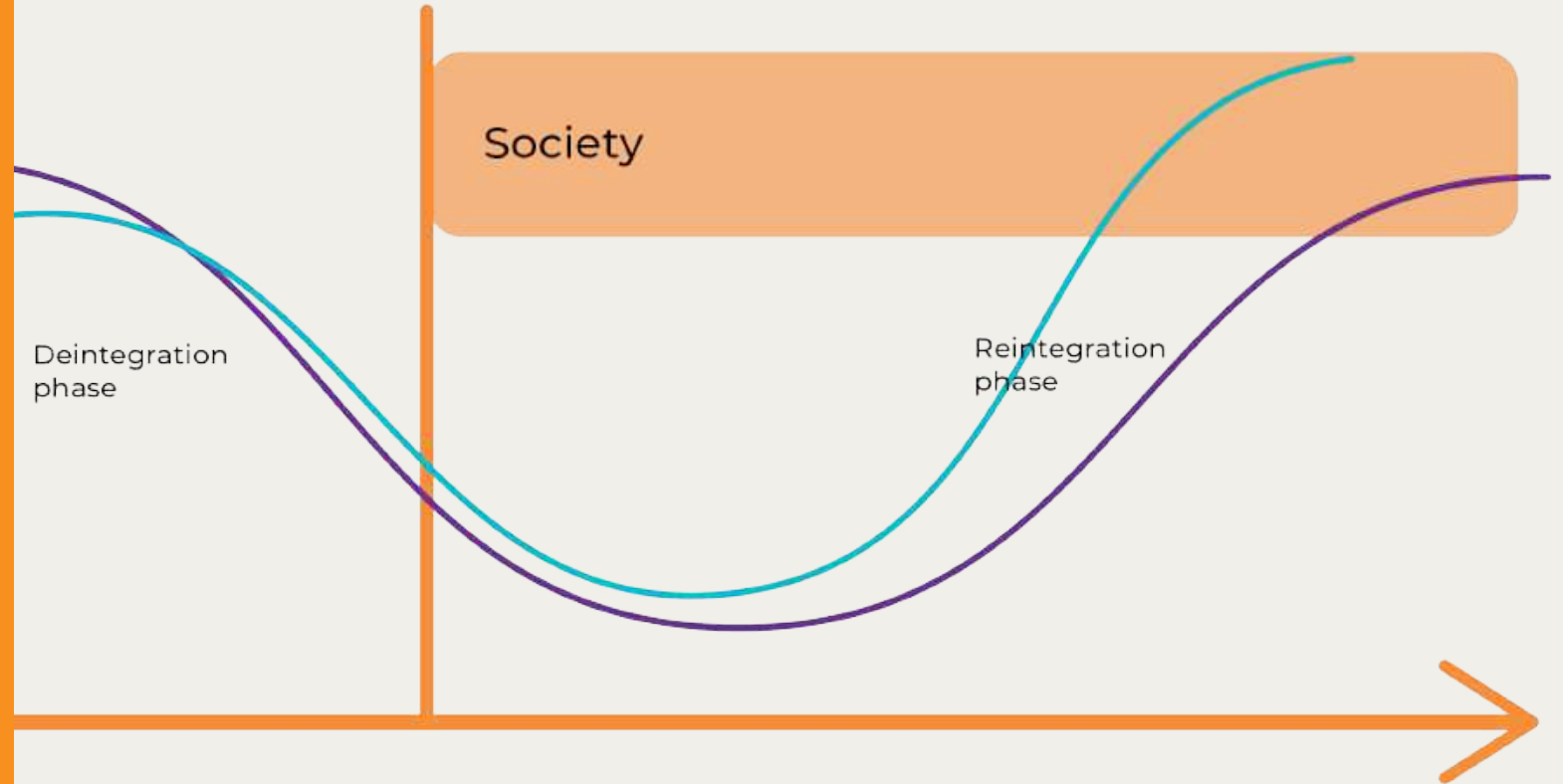
**ACH**

# Mainstream integration models

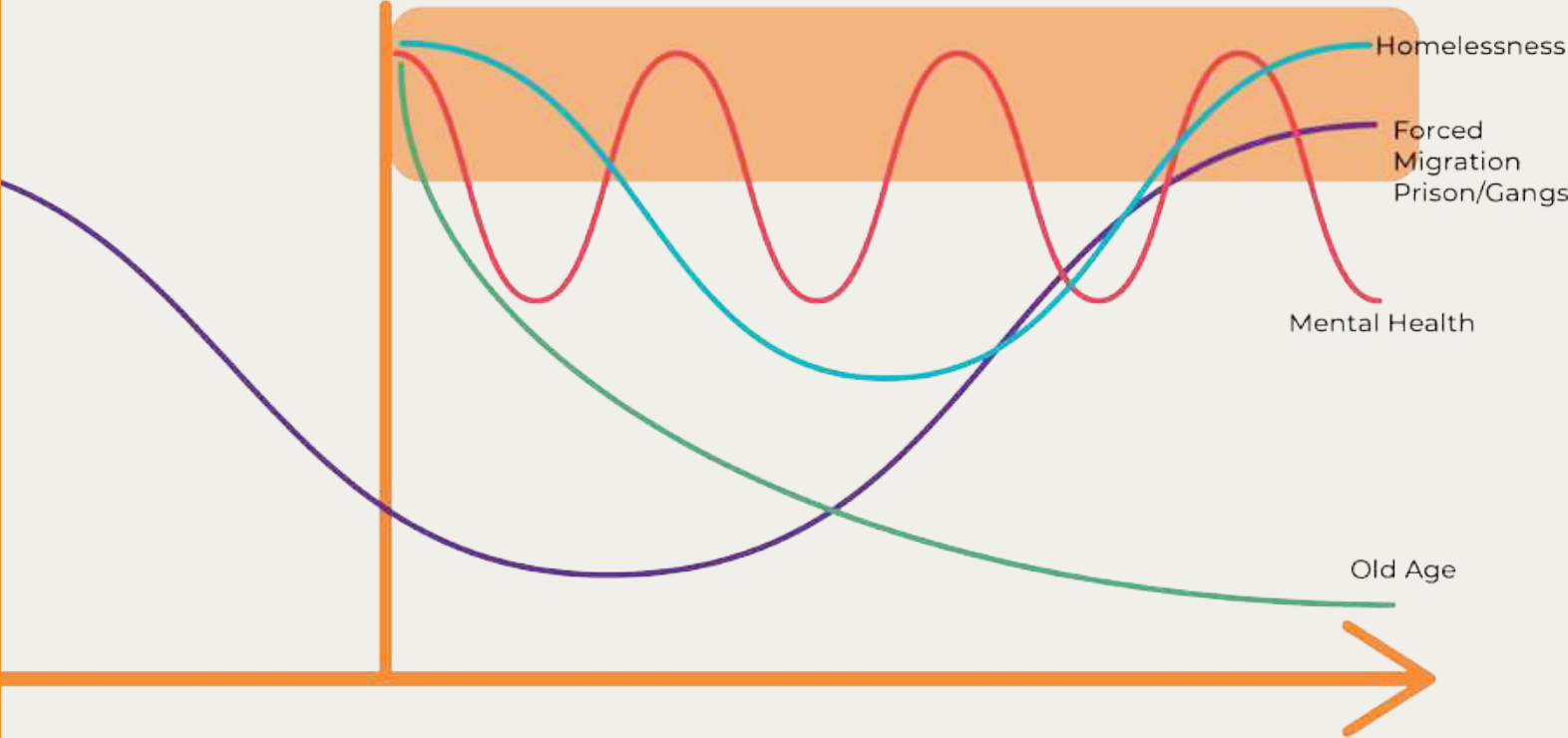
- Are linear – the individual needs to be taken from point A to B with various activities and interventions taking place along the way
- Overly focused on employment and language (in the case of non-native English speakers)
- Responsibility for integration is placed on the individual – not the society into which they are integrating



Deintegration continues beyond the point the individual arrives in the host country



# Lines of integration for other groups



# Our approach in action

- SEESI – a Life Before Language learning methodology
- Integrass – an integration measurement toolkit
- Digital coaching
- Moving from support to mentoring – giving individuals control



## A guide for new refugees

### 1. Civic participation and awareness



## The INTEGRASS Toolkit

The Integrass toolkit takes a holistic approach to integration that aims to support the journey of migrants and refugees and inform the city of potentially unidentified barriers and put Coventry at the forefront for securing future funding opportunities

It considers the knowledge, competence, skills, education and experience of migrants and refugees, with a focus on self-reflection.

By identifying barriers to migrants' and refugees' social and economic integration, tailored 'personal integration plans' can be generated to compliment your existing services, outcomes and objectives.





[www.ach.org.uk](http://www.ach.org.uk)



@ACHintegrates



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# Pricing 'value': where to draw a line between incentive alignment and commoditisation?

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**Chair: Mara Airoidi,  
Government  
Outcomes Lab**



**Adrian Towse,  
Office of Health  
Economics**



**Jo Wolff,  
Blavatnik School of  
Government**



**Mildred Warner,  
Cornell University**



**Rachel Silverman,  
Centre for Global  
Development**

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# Closing remarks

**Nigel Ball, Executive Director, Government Outcomes Lab**



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**#SOC20**



# GOVERNMENT OUTCOMES LAB

SOC21  
SAVE THE DATE

9-10 SEPTEMBER 2021





# GOVERNMENT OUTCOMES LAB



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COMING UP NEXT

**PUBLIC TALK: REIMAGINING SOCIAL CHANGE FOR THE**

**POST COVID-19 WORLD** will start at 16.00 BST

Zoom link at: <https://golab.bsg.ox.ac.uk/soc20>



# REIMAGINING SOCIAL CHANGE FOR THE POST COVID-19 WORLD

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In conversation with  
**SIR PAUL COLLIER** and **ALNOOR EBRAHIM**



# REIMAGINING SOCIAL CHANGE FOR THE POST COVID-19 WORLD

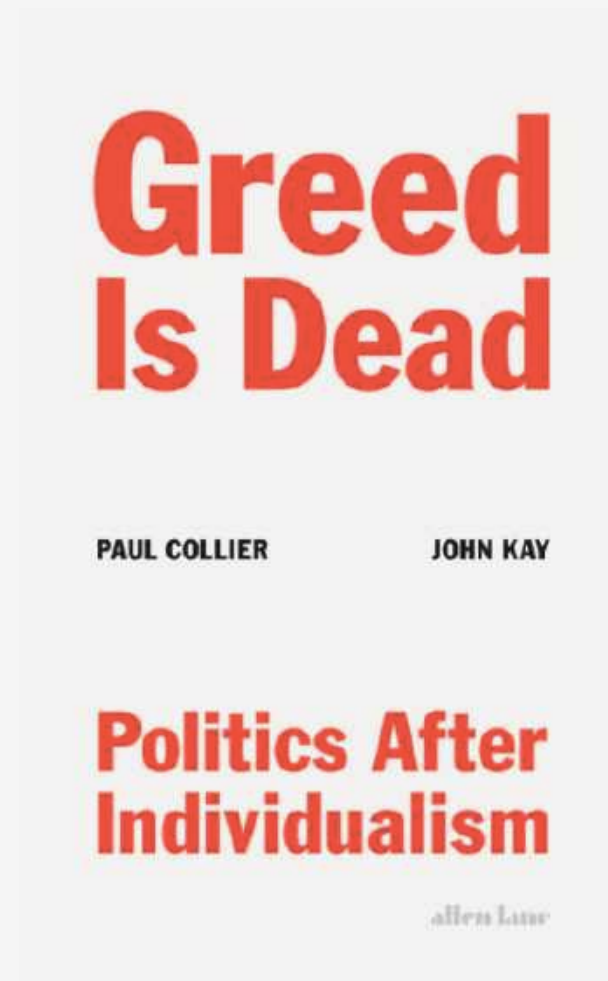
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**SIR PAUL COLLIER**  
Professor of Economics and Public Policy,  
Blavatnik School of Government, University of Oxford

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# REIMAGINING SOCIAL CHANGE FOR THE POST COVID-19 WORLD

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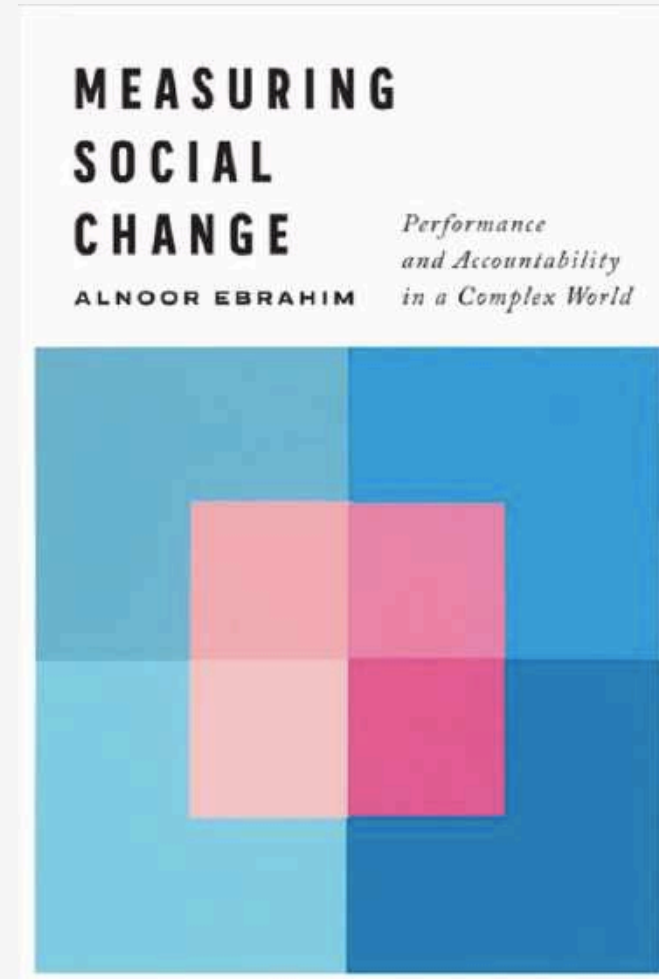


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**ALNOOR EBRAHIM**

Professor, The Fletcher School of Law and Diplomacy,  
Tufts University

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# REIMAGINING SOCIAL CHANGE FOR THE POST COVID-19 WORLD

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## Audience Q&A

*Ask your questions in the Zoom chat*





GOVERNMENT  
OUTCOMES  
LAB

Thank you for joining us!

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