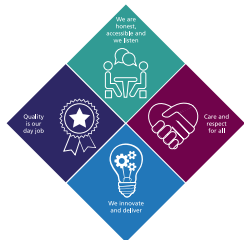


Commissioning for Outcomes: Social Investment Bond & Individual Placement Support

Nicola Bromage- Mental Health Commissioner
Adam Swersky – Social Finance



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Introducing Staffordshire

Medium-sized County in “greater” West Midlands

- 1,010 square miles; 0.8m people



8 District / Borough Councils and 5 Clinical Commissioning Groups

Employment rate for people with severe mental illness 58 percentage points lower than overall employment rate

- Slightly better than England average (65 points lower)

Existing IPS service currently the only non-NHS “Centre of Excellence”

- Provided by Making Space



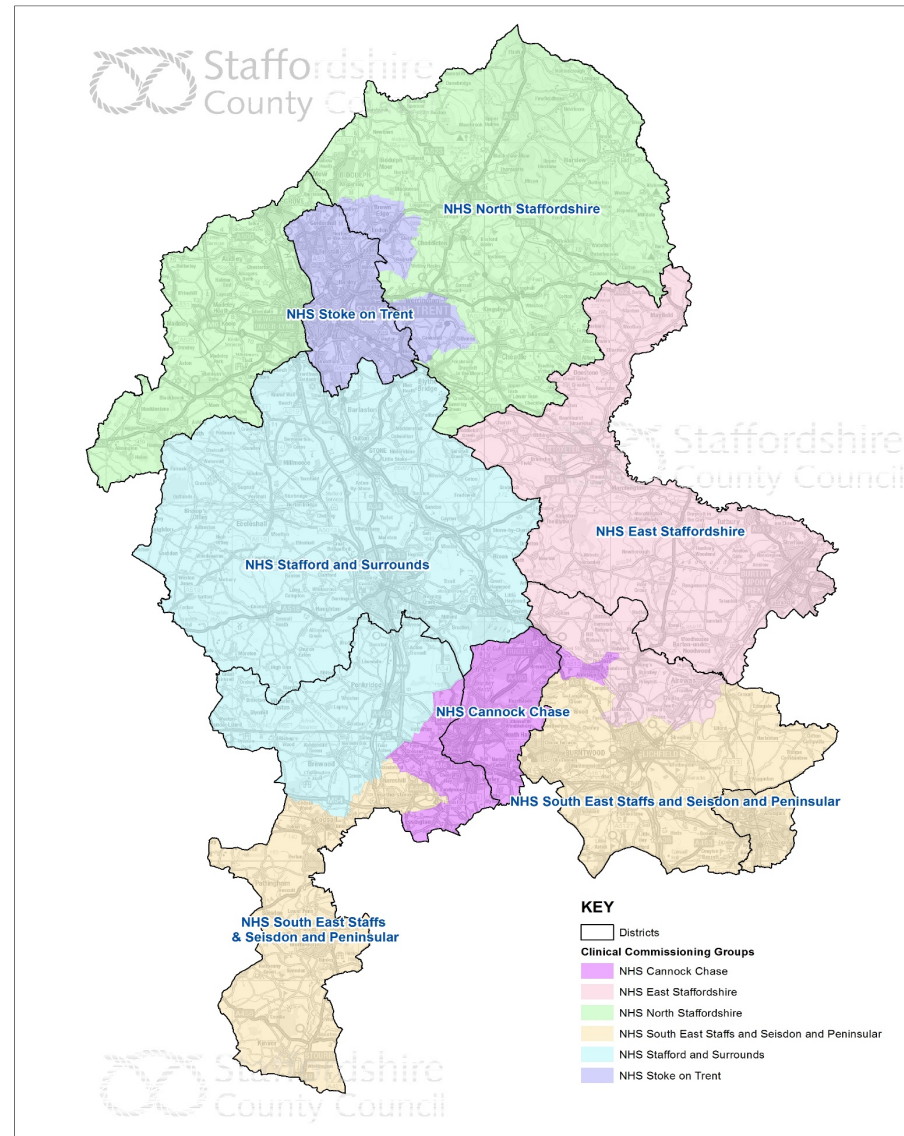
Stoke on Trent with separate IPS service (also a Centre of Excellence)

- Provided by North Staffordshire Combined Healthcare NHS Trust



Introducing Staffordshire

Staffordshire Clinical Commissioning Groups



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Produced by the Insight Team, Staffordshire County Council, 2014.



Introducing Social Finance and Health and Employment Partnerships



Not-for-profit social enterprise,
founded in 2007

**Designed / developed first Social
Impact Bond**

Work across multiple issue areas,
including employment, health &
social care, children's services

Mobilised ~£100M socially-
motivated investment; **£33M**
contracts under management

Social purpose company, set up by
Social Finance

**Aims to help people with health
issues to improve wellbeing by
achieving sustained and fulfilling
employment**

Works with commissioners to
integrate funding and services across
health and employment sectors

Able to mobilise social investment



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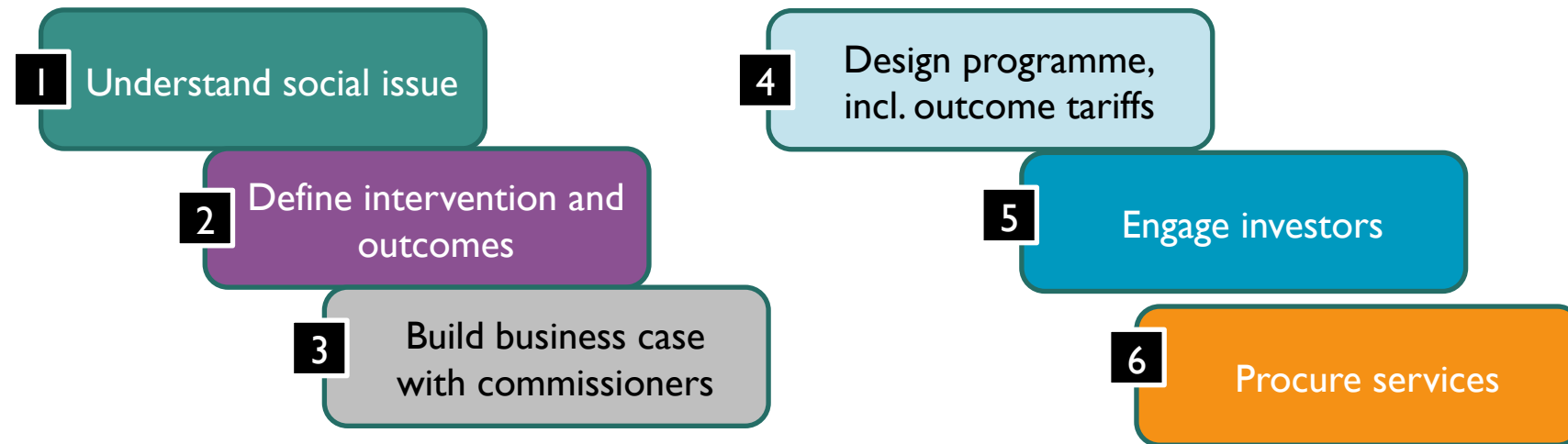
Objectives for this session

Share background to the mental health and employment SIB

Describe the key steps taken to develop the SIB

Share lessons learnt from our experience and our plans to take this forward

Answer your questions



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1: The Key Social Challenge In Mental Health

Increasing prevalence

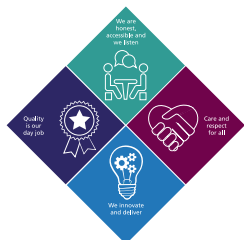
- Mental illness is the largest single cause of disability in the UK
- Almost one in four adults in the UK and one in 10 young people have a mental health problem

Funding gap

- Mental health accounts for 23 per cent of NHS activity but NHS spending on secondary mental health services is equivalent to just half of this

Interconnectedness with other outcomes and wider cost

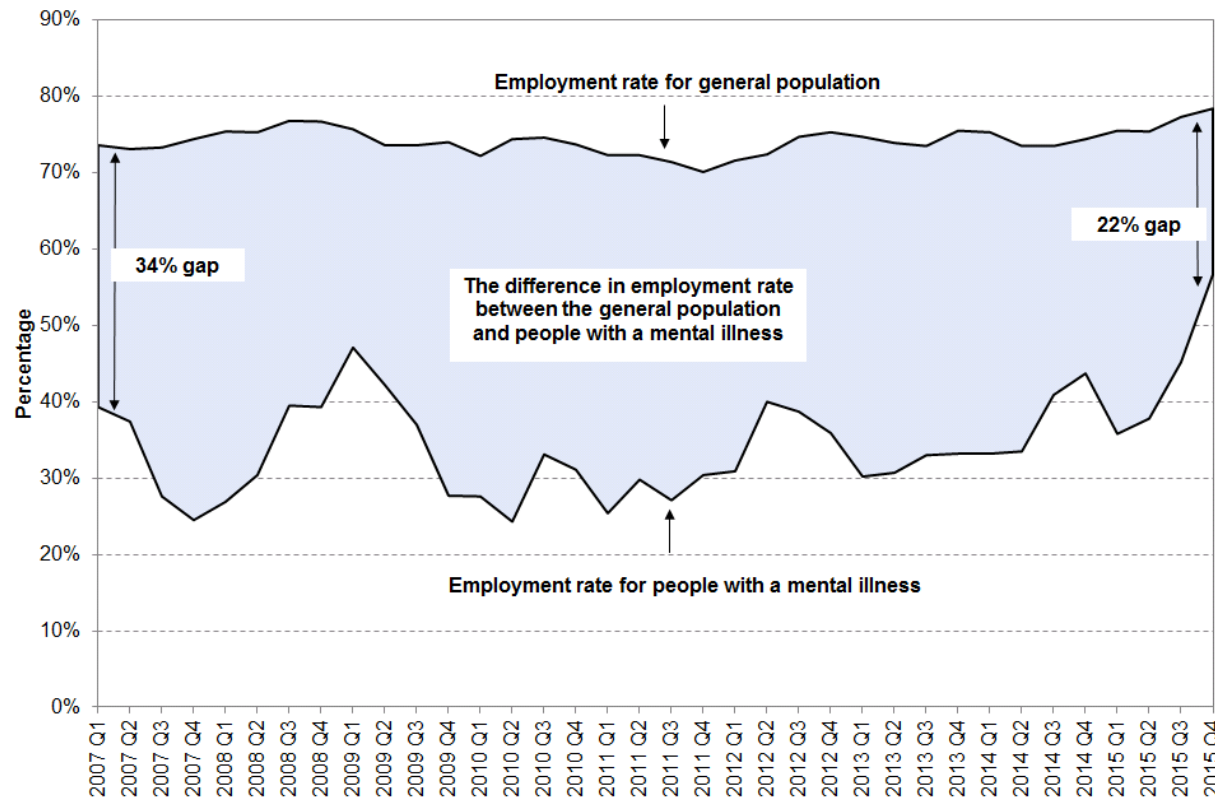
- 43% of all people with mental health problems are in unemployment, compared to 74% of the general population and 65% of people with other health conditions.
- Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high
- Cost to economy £105bn a year



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1: Why Invest in Mental Health Employment Support

Figure 1 Employment of people with mental illness



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk), Copyright © 2016, Health and Social Care Information Centre. All rights reserved



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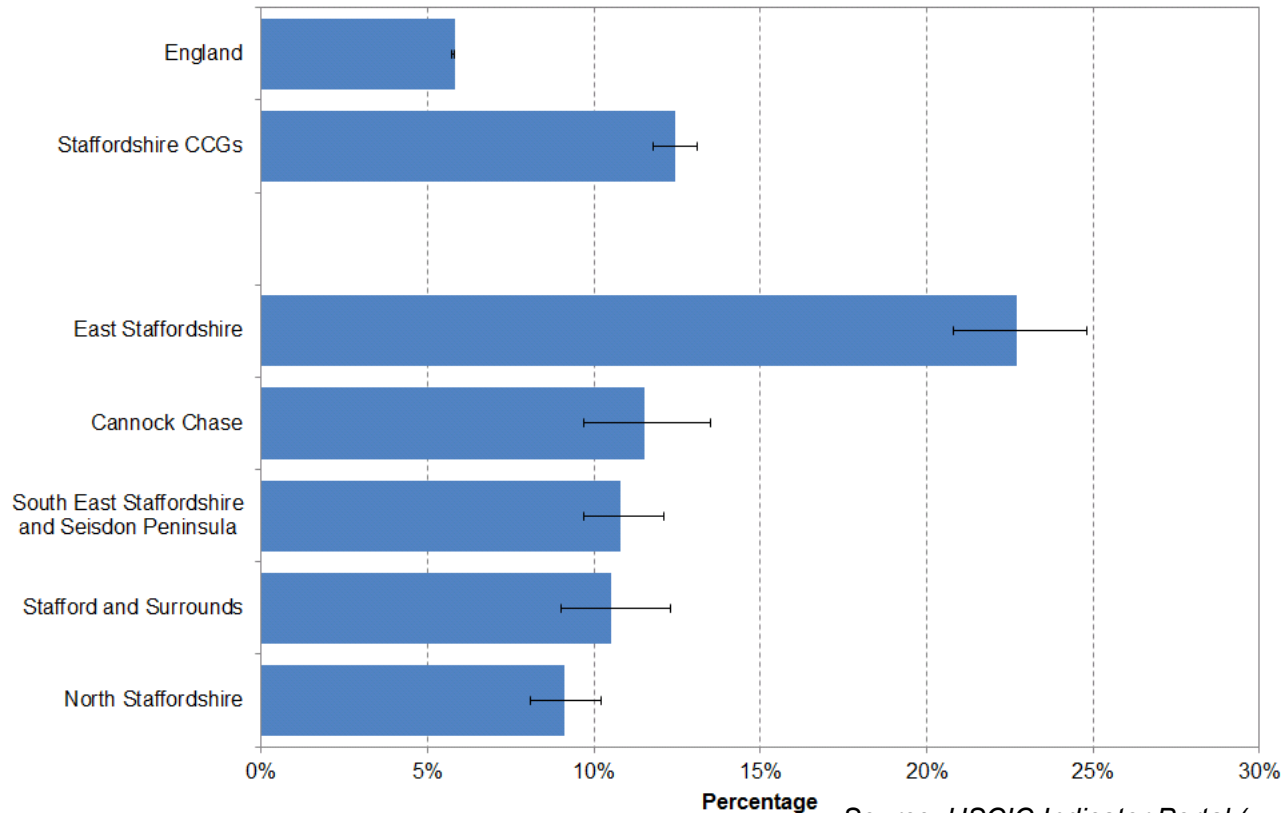


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1: Why Invest in Mental Health Employment Support

Figure 2 Percentage of adults in contact with secondary mental health services in employment, October 2014 to September 2015



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk), Copyright © 2016, Health and Social Care Information Centre. All rights reserved



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1: Why Invest in Mental Health Employment Support

- Locally just over 40% of people claiming Incapacity Benefit; ESA and SDA do so because of mental and/or behavioural disorder.
- Mental ill health makes up the single greatest number of incapacity benefits claimants in Staffordshire
- We know that Work is good for mental health, and that poor mental health can be the reason for people becoming unemployed.

benefit payments - incapacity benefit / severe disablement				
ONS Crown Copyright Reserved [from Nomis on 16 May 2017]				
area type	local authorities: county / unitary (prior to April 2015)			
area name	Staffordshire			
date	August 2016			
sex	Total			
item name	people claiming benefit			
age	Total			
duration	Total			
client	all clients			
condition	IB or SDA			
Any condition	1,830			
Mental and behavioural disorders (F00-F99)	760			



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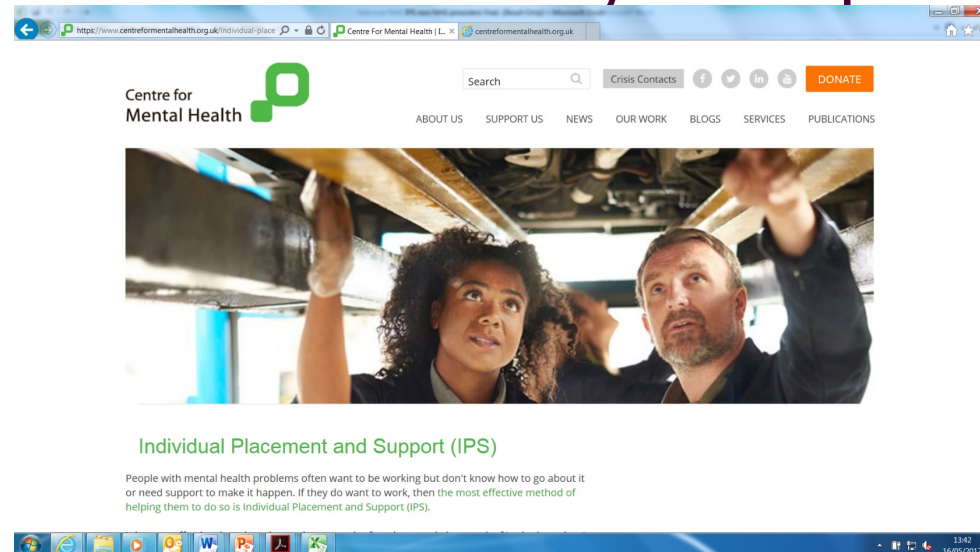
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2:Individual Placement Support (IPS)– The Model

What is IPS?

Its an evidence based 'Place then Train' model supporting people with severe and enduring mental health conditions to gain and retain paid Employment.

It consists of 8 Key Principles



2: IPS Principles & Fidelity

IPS Principle 1	IPS Principle 2
Eligibility is based on individual choice - no exclusion criteria	Supported employment is integrated with clinical teams
IPS Principle 3	IPS Principle 4
Job finding and all assistance is individualised	Employers are approached with the needs of individuals in mind
IPS Principle 5	IPS Principle 6
Competitive employment is the primary goal	Job search is rapid (begins within 4 weeks)
IPS Principle 7	IPS Principle 8
Follow-along supports are continuous	Financial planning is provided



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3: Building the business case

Evidence shows strongly positive cost/benefit of IPS...

1. **Supporting an individual into work generates savings** on out-of-work / means-tested benefits, tax credits, and tax receipts
2. **Additional savings likely to accrue to health service**
 - Significant saving if someone with severe mental illness does not relapse
3. **Intervention cost per *incremental* job outcome (vs. counterfactual)** implies net saving overall to HMG

...But launching a SIB requires more than a positive cost/benefit

1. Contribution to commissioner strategy
2. Ability to establish an appropriate referral and operational model
3. Investability
4. Compatibility with future PbR contracts
 - E.g., needed to benchmark against current WP / Work Choice tariffs and existing IPS tariffs in the market



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3: Why IPS?

- 7.9% employment rate for people with serious mental health conditions
- IPS consistently more effective than other approaches at getting people into work: 61% IPS vs 23% Traditional
- IPS reduces health service use: fewer days in hospital, reduced rates of readmission (Hoffman, 2014)
- Economic studies estimate £1.59 saving for every £1 spent (Van Stolk, 2014)
- Individuals receiving IPS typically work for more hours, earn more per hour and sustain employment for longer.
- They also experience better recovery from their mental illness.
- Standardised approach
- Quality Assurance



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4: The role of Social Impact Bond: Defining Outcomes

- Developing new models of care to shift spending away from acute services and into preventative services
- Outcomes based funding model
- Data Collection and analysis
- Quality and Evidence

Expected Outcomes	2016/17	Max payment to provider (£)
Number of expected referrals	550	0
Number of users engaged	450	225
Number job entry outcomes 1.5 months (<16 hours/week)	80	400
Number job entry outcomes 1.5 months (>16 hours/week)	60	500
Number job sustainment outcomes 6 months (<16 hours/week)	50	750
Number job sustainment outcomes 6 months (>16 hours/week)	40	1000



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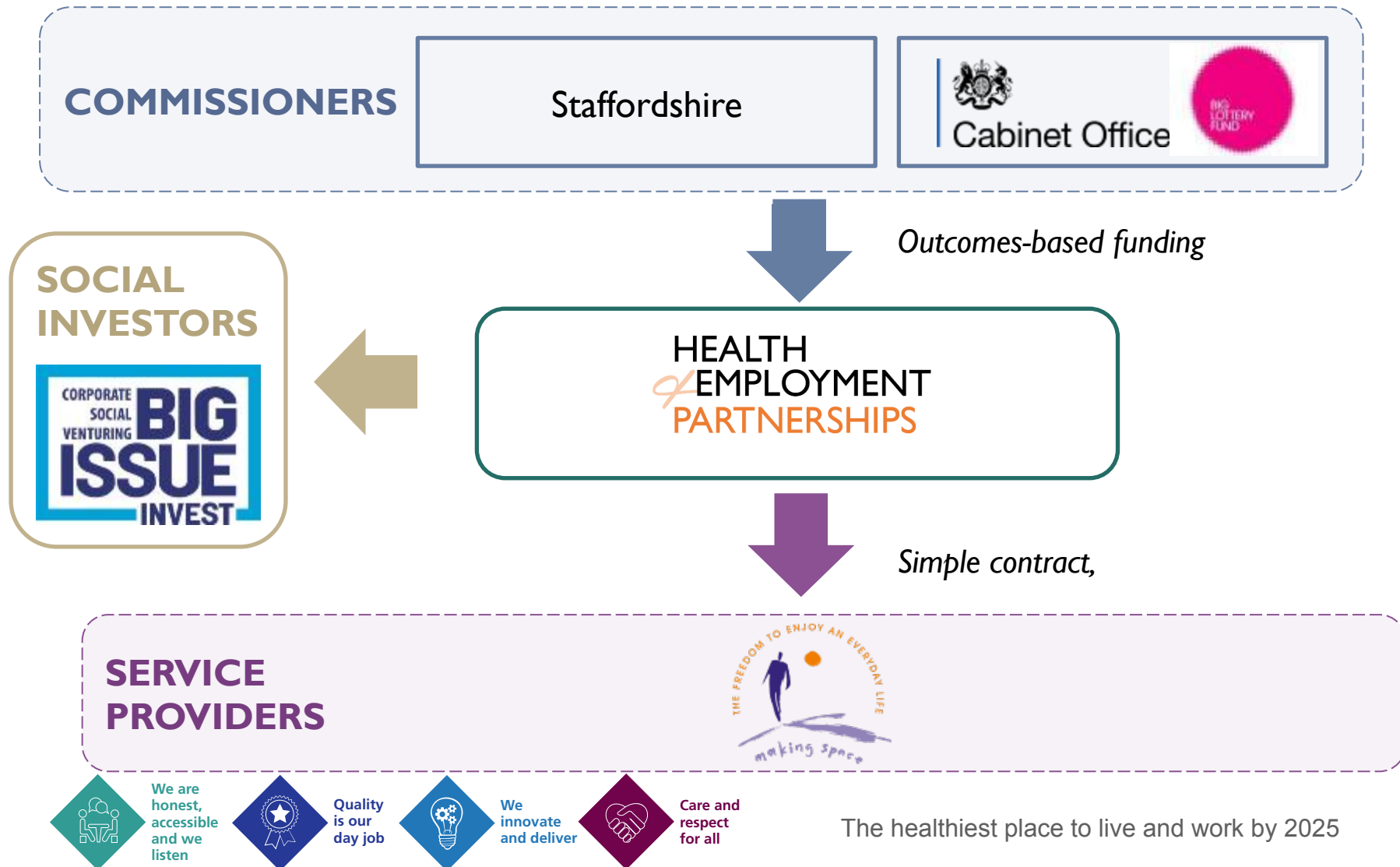
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5: Engaging Investors



6:Procure Services

- Funding Agreements with commissioners
- Co-commissioning protocol with HEP
- Pricing and Activity Matrix
- Capped Contract value
- OJEU compliant tender
- Evaluation criteria



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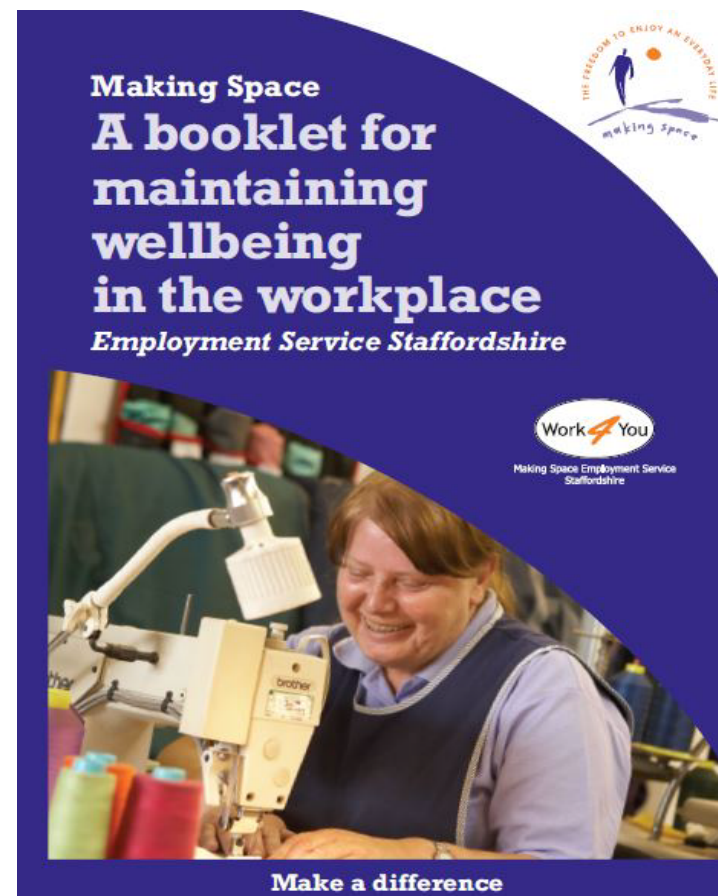
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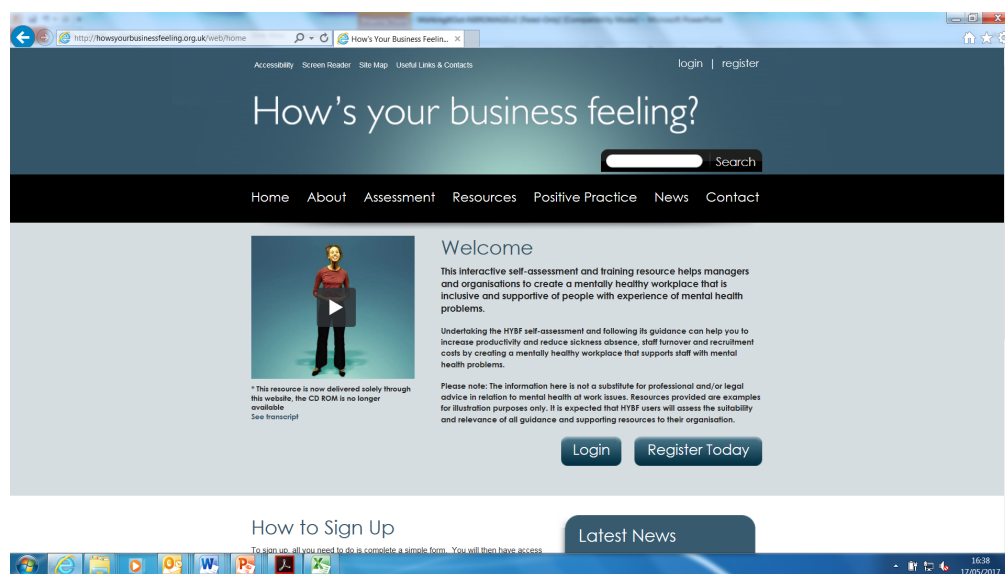


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Commissioning Learning Experience

- Significant culture change for mental health clinical workforce; employment specialists and service users
- Needs strong leadership
- Working with employers and recognising employers do not work to our boundaries

<http://www.howsyourbusinessfeeling.org.uk>



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Thank You Questions?



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