

Ways to Wellness Foundation Consultancy Offering

Since early 2015, Ways to Wellness has successfully developed, implemented and continues to deliver two important innovations for the National Health Service (NHS) and social care services:

1. A social prescribing service for people aged 40-74 with long-term health conditions to address their non-medical needs and thereby reduce their use of health services
2. Social impact bond (SIB) investment – the first of this kind of investment in health. The investment is linked to an outcome-based payment ('payment-by-results') contracting structure with the NHS commissioner, Newcastle Gateshead Clinical Commissioning Group (CCG). The service is now generating outcome-based payments, increasingly covering the cost of delivery and repaying the investors.

These two approaches can be implemented separately but their complementarity is worth considering. Social prescribing does not necessarily require SIB funding, but the sustainability of such services does depend upon a commitment of funding that allows for the preventative, longer-term, comprehensive and individualised nature of the approach. Furthermore, SIB funding can be used for service delivery approaches distinct from social prescribing, but including the voluntary, community and social enterprise (VCSE) sector in the value chain, as social prescribing does, is a key way for the public sector to demonstrate improved value for money.

Both of these innovations have the potential to directly impact the two crises faced by public sector leaders (in the NHS and beyond). Firstly, many areas of the public sector, including the NHS, face increasing demand. A key part of this increased demand is related to or exacerbated by environmental, social and lifestyle factors (see Appendix 1). Secondly, the NHS and other public sector agencies typically have insufficient resources to invest in prevention and innovations and furthermore struggle to find financially sustainable approaches to 'invest to save' – SIB funding can be a part of the solution in overcoming these challenges (see Appendix 2).

The VCSE sector may also find that social prescribing and SIB funding have the potential to address challenges their sector faces. For example, SIB funding can be part of a solution for VCSE organisations who are experiencing reduced access to funding and/or finding that commissioners and policy decision-makers are not convinced of their services' impact. Social prescribing and SIB funding can help to address commissioners' budget pressures and advance priority policy areas.

Ways to Wellness is now able to work with other organisations to explore which elements of the model are transferable and how others can learn from our successes, challenges / lessons learned and emerging expertise. Key areas in which we can offer insight and support are listed below; detailed information, processes and insights underpin the brief descriptions below.

I. Where has Ways to Wellness developed learning and success thus far?

1. Stakeholder engagement

Ways to Wellness represents a collaboration across sectors – public, private and third (VCSE) sectors. Each sector brings unique insights and approaches to the undertaking, creating an opportunity to collaborate and draw from the strengths of each, while learning from one another in the process. Ways to Wellness' position in the middle as a 'special purpose vehicle' (SPV) provides a shared platform upon which to build the collaboration.

Ways to Wellness involved key parties and stakeholders from an early stage of its development. The service development included an element of 'co-design', bringing together key stakeholders to ask

for their insights and input into the service design and intervention approach. This strengthened the delivery model and also increased stakeholder understanding and buy-in. Innovation, by its nature, involves risk and uncertainty; it is human nature to feel more comfortable taking risks with people we trust and building trust is a key aim in our stakeholder engagement.

Stakeholder engagement and collaborative working continues to be one of the critical success criteria during Ways to Wellness' delivery phase, due to the innovative nature of the approach and the associated need to respond to new information and adapt the model as the plan unfolds.

2. Social investor engagement

The social investor is likely to play a significant role in the latter stages of development of a SIB-funded service, if not earlier. The level of investor involvement in the delivery phase of a SIB-funded service varies with different investor approaches. A social investor with previous first-hand experience with SIB funding can offer valuable insights and expertise, particularly with regard to the contracting structure and financial model. Private sector approaches and expertise can strengthen collaborative working, for example, increasing rigour of data analysis. Building effective processes and guidance for decision-making and performance management, including managing differences in opinion or resolving conflicts of interest will be key to successfully navigating the inevitable challenges that arise from unexpected results or situations. Scenario planning for a wide range of possible outcomes might also help prepare all parties for potentially difficult conversations.

3. Simplicity of outcome payments

Outcome-based contracting and SIB investment appear to work well when the paid outcomes are as straightforward as possible – i.e. the outcomes are few in number, change can be convincingly attributed (or at least clearly linked) to the service intervention and outcomes can be reliably measured either in the course of delivering the service or through accessible data normally generated. Ideally, outcome payments (and other payments) should be designed through a contracting structure that supports the alignment of key parties through shared outcomes and associated incentives, whilst simultaneously aiming for an appropriate balance of power and risk.

4. GP practice engagement

GP practice staff teams are the primary source of patient referrals in the Ways to Wellness model. Engagement of GP practice teams is therefore critical to achieve beneficiary engagement targets. Furthermore, an ambition of Ways to Wellness is to play a role in expanding GP practices' offer to their patients, to supplement the medical model of care with a well-delivered social approach to patient care that will lead to reduction in demand for NHS services. Ways to Wellness has increased the awareness and endorsement of social prescribing amongst the great majority of the GP practices in the catchment area, including introducing effective new referral and feedback processes, tailored to each GP practice, to best support their team's systems and patients.

5. Sharing of risk and alignment of incentives

The design of Ways to Wellness' contract structure aims to align contracting arrangements and payment incentives such that risk could be appropriately shared and balanced against potential benefit. For example, service providers are shielded from the risk of variable outcome payments through a contract structure that predominantly pays based on activity (linked to patient engagement). The formation of Ways to Wellness as a special purpose vehicle (see below) is a key structural element enabling the sharing of risk and alignment of incentives.

6. Use of a focused ‘special purpose vehicle’ (SPV)

Ways to Wellness formed as a new organisation, termed a ‘special purpose vehicle’ (SPV), prior to signing contracts with the commissioner, investor and service providers. Ways to Wellness has a small central staff team who are fully focused on the successful delivery of this service, alongside a Board of Non-Executive Directors. Creating an SPV the service allowed for careful calibration in the alignment of risk, costs and benefits for each stakeholder through contractual terms and management responsibilities. The SPV also ensures that a dedicated team remains focused on supporting the service and outcome achievements, provides a ‘middle ground’ position to lead the collaboration (and potential negotiations) amongst the key stakeholders and keeps a central repository for evidence base and knowledge building.

7. Multi-provider model

The scale of Ways to Wellness’ delivery model and contract value has the potential to overwhelm or destabilise smaller VCSE organisations. Creating the Ways to Wellness SPV and subcontracting the work to four different service providers protected the service providers from this potential risk and furthermore spread the investment and expertise building across four VCSE organisations, while allowing different delivery approaches to be tested. Different service providers bring unique organisational expertise, business models and operational approaches. Collaborative working has the potential to strengthen the delivery and increase learning. The multi-provider model is optimised when collaboration is underpinned by shared commitment to the aims of the service, transparency, trust and effective communication. Effective collaborative working requires time and commitment from all parties, particularly when innovative approaches require iterative change cycles. Outcome-based contracting and SIB funding require detailed modelling, monitoring, analysis and forecasting – for this approach to be successful, it needs to be supported by service providers and compatible with their business and operational models.

8. Level of expertise at Board level

The innovative nature of the SIB investment and outcomes-based contracting model, in addition to the beneficiary focus of the service’s aims and objectives, has attracted experienced and dedicated Non-Executive Director Board members. The SIB investor holds two corporate Board positions. The ten Board members supplement the limited capacity and expand the range of expertise of the small SPV staff team. In navigating uncharted territory, it has been important to build effective governance and processes for decision-making and management of unexpected scenarios.

9. Quality of service provision and patient experience

Patient wellbeing improvements have been consistently above target across disease category, gender, age and ethnicity. Other measures of service quality are also consistently strong such as, patient surveys, GP practice staff surveys and qualitative research results from Newcastle University. Funding secured from the National Institute of Health Research (NIHR) by Newcastle and Durham Universities will build further qualitative and quantitative evidence and understanding of Ways to Wellness service provision characteristics and impact.

10. Enthusiasm and commitment to innovation and social impact objectives

The pioneering nature of Ways to Wellness’ approach has required tenacity and perseverance of those involved, in the development and delivery phases. For example, frequent analysis of emerging data and incorporating new learning into delivery improvements and outcome achievement requires flexibility, dedication and collaboration of staff and stakeholders. Key staff and stakeholders have persevered despite setbacks and high demands, overcoming barriers, in large part due to their enthusiasm and commitment to the innovation and the social impact objectives.

11. Delivery approach informed by rigorous data collection and analysis

Collecting and recording key data that allows for 'real time' monitoring and analysis is critical to successful service delivery with SIB investment and outcomes-based contracting. This approach supports the careful monitoring of key performance indicators (KPIs) linked to outcome achievement and service quality, which in turn allows for any areas of concern to be acted upon promptly. It is easy to underestimate the time and energy involved in these processes; adequate time and resources should be allocated to rigorous data collection, monitoring, analysis and response.

12. Bespoke information technology (IT) management system

Ways to Wellness worked with a sub-contracted IT firm to develop a bespoke management information system to allow remote access by Link Workers as well as central office staff. This facilitates 'real time' data monitoring and the prompt identification of any potential issues that may affect outcome achievement. Our system continues to evolve with service delivery. It has been particularly useful to design the system such that it supports delivery staff in their day-to-day activities with clients, provides reliable service metrics in 'real time' and produces useful reports or a 'dashboard' of KPIs.

13. Training and workforce development of Link Workers

The social prescribing approach is gaining momentum in the UK but remains variably understood, likely because it is a highly individualised (person-centred) approach and can be defined and implemented differently depending upon the context and objectives. Ways to Wellness has developed a unique approach to longer-term, 'at scale' social prescribing, including a training and workforce development model, which continues to be adapted as the service delivery model matures.

14. Detailed operational and financial model development

Ways to Wellness developed a detailed financial and operational model to inform the negotiation and agreement of contractual terms. This detailed model supported understanding and transparency for stakeholders to be comfortable with the commitment, innovation and risk. As the service has unfolded, a dynamic financial model has been created that includes actual achievements and can be flexed to model projections at different levels of achievement of variables. Ways to Wellness has furthermore developed operational guidance documents for service delivery.

Ways to Wellness' service delivery approach is increasingly well defined and unit costs can be demonstrated. This is a valuable framework for others who wish to understand what is practical and possible for a SIB funded, social prescribing service.

II. In what areas do we continue to build understanding and evidence?

1. Service impact on NHS activity and demand reduction

Secondary care costs have been regularly measured for the Ways to Wellness cohort and its comparison cohort, including retrospective data from 2012/13, with increasing frequency and granularity. Data showing service impact on activity and demand reduction in both secondary and primary care is being to emerge. NHS data analysts and Newcastle University researchers agree that further data and more sophisticated statistical analysis techniques are required to fully understand service impact. Funding from the NIHR has been secured to undertake extensive service impact research and evaluation in 2018-2020, including economic evaluation. Further impact data and more sophisticated analysis should also help NHS commissioners to better understand how potential 'cashable' savings might be released from the system.

2. Long-term financial viability for all key stakeholders

With over three years of service delivery experience and metrics, Ways to Wellness has a clear understanding of annual costs, including central and overhead costs and variable service delivery costs. Some uncertainty still exists at this stage regarding the long-term viability of this model of service delivery, including the cost of finance and repayment of the SIB investment and the longer-term consistency of outcome payment achievement. The longer-term impact on other VCSE services to which patients are often signposted is also an area of continued monitoring.

3. Further patient benefits and effects of social prescribing

Although the wellbeing improvements for patients are, on average, consistently above target for Ways to Wellness, further research is required to better understand the impact of the wellbeing improvements on patients' health and other areas of their lives, to identify other health and social benefits that might be related to the Ways to Wellness service and to explore any potential differences in impact for stratified patient categories (for example, higher needs related to mental health or chaotic life situations, language barriers, learning disabilities, dementia, etc.). The NIHR-funded research being conducted in 2018 to 2020 by Newcastle and Durham Universities, in collaboration with Ways to Wellness, will make a significant contribution to the evidence and understanding in these areas.

III. Examples of successful service development support

1. **North East Lincolnshire CCG** – development of social prescribing service for people living with long-term conditions, funded through a SIB and outcome-based payments (or 'payment by results')
2. **Sheffield City Council** – development of service for early intervention for babies at risk of being taken into care, funded through a SIB and outcome-based payments
3. **Oxfordshire CCG** – development of service to transform care in Oxford for people with highly complex presentations, funded through a SIB and outcome-based payments
4. **Australia New South Wales government** – support to Eastbrooke Medical Centres for development of a full proposal to New South Wales government to support people with long-term conditions using 'Social Benefit Bond' (equivalent to a SIB).

IV. How can Ways to Wellness help?

We have detailed and concrete experience of developing, launching and delivering a long-term, at scale social prescribing service, commissioned by the NHS, delivered by the VCSE sector and involving strong collaboration with GP practices and other stakeholders in the health and VCSE sectors. We also have experience of successfully developing a business model and contracting and funding processes to enable private finance SIB investment and outcome-based payments from the NHS.

We can help you work through this process from the very beginning, employing our team to provide consultancy or leadership (should you wish to set up a 'special purpose vehicle'). We can provide services covering one or more of the following:

1. Work with you to explore the key elements within your local community and voluntary sector organisations and landscape – both assets and areas of need or gaps in existing services
2. Help you to develop a business case and logic model (theory of change), including identifying key outcomes, working with you and your local stakeholders to include elements of co-design, as indicated

3. Work with you to secure commissioner commitment through developing the economics of your model and link to commissioning priorities, tailored to your local health and social care system
4. Work with you to evaluate SIB investors and secure SIB investor commitment (where relevant) including supporting you in developing your financial model (working with our finance consultants) and in your negotiations with investors
5. Train or advise your link workers or health trainers in effective methods for engaging GP practices, enabling the referral process and delivering the social prescribing service
6. Help you develop robust measurement, monitoring and evaluation processes
7. Develop a bespoke IT management information system (working with our IT consultants)
8. Share lessons learned regarding avoiding potential pitfalls, supporting innovation, good governance, collaboration across stakeholders and use of a multi-provider collaboration approach, etc.

We would be happy to discuss what elements of the above you would find most valuable and agree terms to share and interpret Ways to Wellness' intellectual property. We offer four 'bundles' that can be purchase separately or in a variety of combinations and would be undertaken in close collaboration with you and your teams:

Package A – Logic model and outline business case: asset and needs assessment, co-design with stakeholders, development of theory of change / logic model, identification of outcome metrics and early engagement of providers, commissioners and/or investors, resulting in a high-level business case to underpin later detailed financial modelling (see package B)

Package B - Detailed financial modelling: assumptions, variables (e.g. patient recruitment, attrition rates), cost drivers, caseload levels, pricing of outcomes, use of multiple outcomes to determine overall payment levels, risk sharing, alignment of incentives, early stage support funding, level and cost of finance; could include negotiation support with investors, providers and/or commissioners

Package C – Service specification (social prescribing and link worker model): target cohort, referral criteria, social prescribing intervention guidelines and protocol, LW role description (including job description and person specification), referral processes, GP practice engagement approaches, provider procurement approach (if relevant), Link Worker induction and training framework

Package D – IT and evaluation processes: identification of key performance indicators (KPIs) and development of robust measurement, risk monitoring and evaluation processes. A bespoke IT information management system can be developed as part of this with price variable according to the scope of the system required

APPENDIX 1: How social prescribing helps to address increasing demand

Social prescribing has the potential to work in any area of public sector services facing increased demand from individuals who experience limiting social or environment conditions. This appendix illustrates the potential social prescribing has to address increasing demand in the health sector but many of the concepts can be generalised to other sectors.

Most of the increased demand that is confronting the health service comes from individuals who have long-term conditions¹, many of whom have complex co-morbidities. There are likely to be a number of causal factors, including behavioural and lifestyle choices that are risk factors for long-term conditions, social and environmental conditions and our ageing population. In areas of high deprivation, many of the people in our communities live with complex sets of social and psychological needs. Across socio-demographic groups we see increases in social isolation. Patient visits and requests for appointments have been steadily increasing and primary care staff are struggling cope. The number of beds in secondary care being taken up by emergency non-elective admissions is one of the major causes of the crisis in our hospitals.

With financial and capacity limitations, it is critical that the NHS focus its service on the medical needs of our population. Social prescribing recognises that for most people with long-term conditions managing their health is not just related to medical needs but is significantly affected by the social, practical and psychological aspects of their lives. Many healthcare care professionals recognise this by consistently suggesting changes in the social lifestyle of their patients. Unfortunately, these recommendations without further support typically result in little behavioural change.

Social prescribing recognises that the psychological, practical and social inputs that we know can improve patients' health cannot be left to chance but need to be developed and provided as professionally as any other aspect of health and social care services. Effective social prescribing recognises that health care professionals do not have the knowledge and resources to provide the social interventions that will add value to the health care value chain. The NHS needs professional assistance from staff in the community and voluntary sector who have the expertise and capacity to help a patient work through both the appropriate opportunities available and the barriers to overcome, tailoring the intervention for each patient's situation such that they have the best chance to achieve increased self-management and improved quality of life.

For example, although increased physical activity is likely to improve the health and wellbeing of a 50-year-old man with pre-diabetes, a 75-year-old woman with multiple co-morbidities and a 25-year-old woman with severe depression, advice alone is unlikely to result in behavioural change and the exercise that will be engaging and sustainable for each of them is likely to be very different and might involve different community and voluntary sector groups. The social prescribing approach that Ways to Wellness has developed trains Link Workers in approaches that motivate and support patients. Link Workers also develop a high level of knowledge about the variety of activities and services available in the patients' local area, which helps them to tailor activities to patients' interests and goals.

APPENDIX 2: Paying for social prescribing through a Social Impact Bond (SIB)

This appendix illustrates the potential of SIB funding in health but the concepts can be generalised to other sectors.

¹ People with long terms conditions make up 30% of the population in England and account for 50% of all GP appointments, 64% of outpatient appointments, 70% of all inpatient bed days and 70% of the total health and care spend in England (Department of Health, Long Term Conditions Compendium of Information Third Edition, 2012)

Much of the recent discussion about NHS finances recognises that the existing financial model within the NHS incentivises activity that needs to be reduced. Discussions regarding innovations within the NHS are often predicated on the development of different financial flows. For example emergency services in the home are suggested as a way of managing demand for non-elective secondary care beds in hospital. The costs of the out-of-hospital innovation are to be paid for by the savings from reduced use of hospital services. The experience from recent years indicates that virtually none of these innovations 'pays for themselves' and instead result in new services which require additional funding. These services may improve quality but do not improve financial sustainability.

The structure and implementation of a SIB challenges this failure to create financially sustainable innovations in two ways:

Firstly it introduces external finances to enable the innovative services to start and to grow over a longer period (in the case of Ways to Wellness, a seven-year period). With social prescribing and other approaches that support people to make behavioural changes this can be critical to allow the time to show reduction to public sector costs.

Secondly and more importantly, investment is only made when there is a contractual process through which the commissioner (such as the NHS) will release funds from services where cost has been reduced because of the innovation. On its own the NHS is poor at achieving this.

Therefore an important potential of SIB investment is a financially sustainable approach to investing to save. This financial discipline is often not feasible for public sector financing systems such as the NHS and since this is a part of the SIB process, it is an important addition to the approach and the learning of such an investment vehicle.