Social investment for health and wellbeing

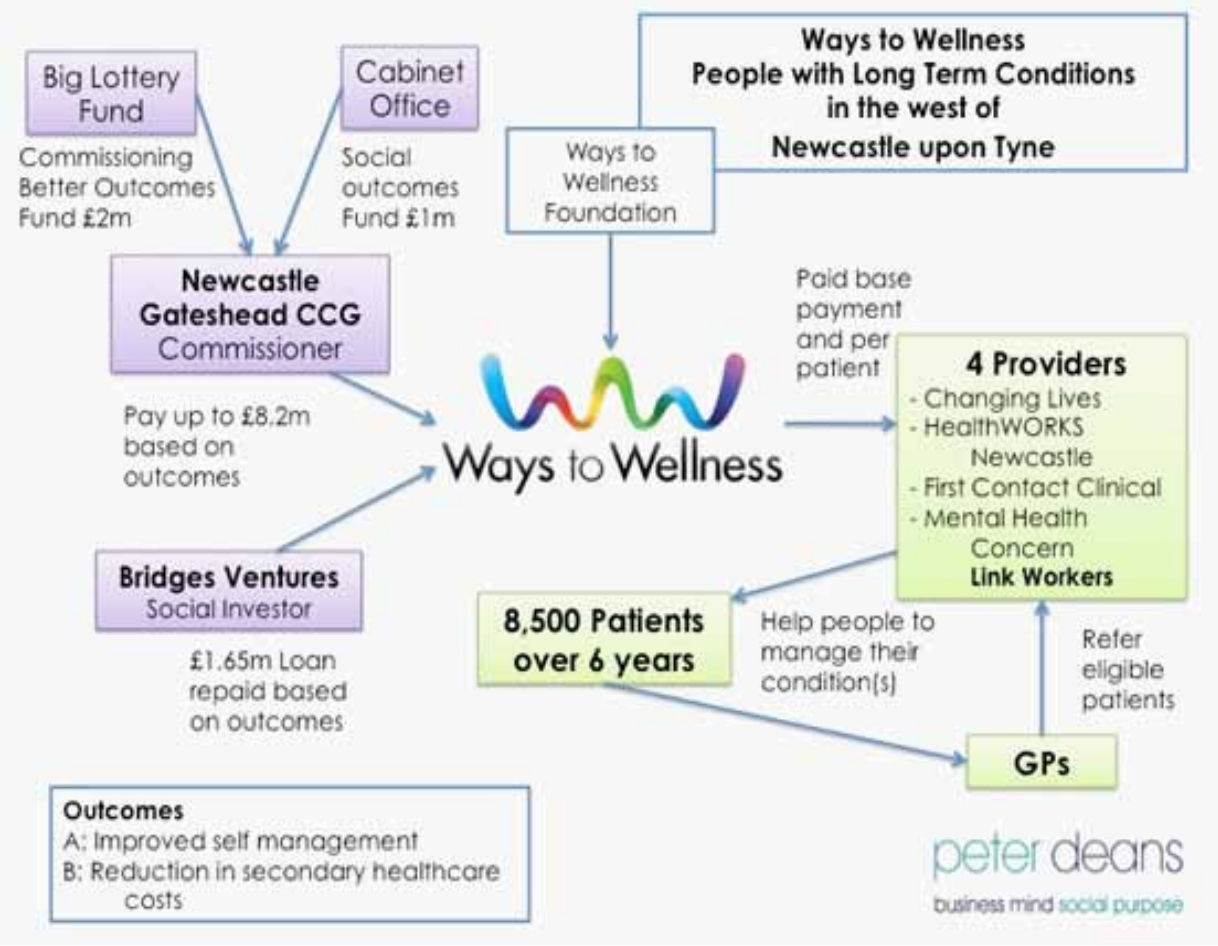
Briefing Note

March 2016

Learning from the £10m Ways to Wellness social prescribing programme in the west of Newcastle upon Tyne.

In recent years the Government has encouraged the voluntary and community sector to consider social investment as part of its funding mix. In the health and wellbeing sector an eye-catching example is the £10m Ways to Wellness programme in the west of Newcastle upon Tyne. Launched in April 2015, over six years it will help up to 8,500 patients with long term conditions to manage their health better and thus reduce costs in the health service. This article explains the ingredients that made the programme possible and the wider lessons to be drawn.

First, a bit of detail about the scheme itself. The diagram outlines the players and the flows of money and activity.



The green boxes show the service provided. Suitable patients are referred by GP practices to Link Workers employed by a Provider organisation attached to their practice. The Link Workers support people with long term conditions to address non-medical aspects of their lives that, nonetheless, have a bearing on their health, well being and their use of the NHS.

For example helping people to socialise more, do mild exercise, to deal with anxiety, with difficult relationships or perhaps get help with a housing or training need. There are of course services to support people with all these things. But sometimes a trusted person is needed with time to help connect people to them and to make the first move. That is what a Link Worker does. And it is expected that this sort of support will be necessary for 21 months on average in order to embed behaviour and life changes. The four Provider organisations are charities and social enterprises with experience of this sort of work.

The purple boxes show how the money works. The main commissioner is the CCG. It wishes to see improved health for people and reduced secondary care costs as a result. Its funding is supported by 'top up' funds from the Cabinet Office and Big Lottery Fund. These 'top up' funds recognise the benefits to the public purse that are wider than those that the CCG can pay for. The scheme wouldn't be viable without this top up, in the absence of one or more additional public sector commissioners committing outcome-based funding.

The funds from the social investor, Bridges Ventures, are necessary to bridge the gap between the service delivery and the timing of its impact on secondary care costs. The risk that the Bridges Ventures is taking is that if the outcomes aren't achieved their loan will not be repaid because the CCG wont pay for the service. Social investment was pivotal to allowing the CCG to commit. In essence the commissioners are paying the investors to accept risk that they are not in a position to take or manage.

It is a complex scheme and if you are interested in the detail of the development phase then there is a useful report produced by Ecorys that is on the Big Lottery Fund Website. Ways to Wellness is a not for profit company with its own website and it is owned by a charitable foundation established to use the learning to support similar initiatives.

So what were the ingredients that made it work?

Years of developing the concept locally

The scheme didn't spring from nowhere. The development of the intervention and how to make it work grew from many years of pilots with short term funding and relatively small numbers of beneficiaries. This allowed the voluntary organisations involved to refine the service, to build support amongst GPs and to show some early results.

Scale

Besides the operational lessons two key strategic conclusions were drawn during this time. First, that several local GPs loved the service, but to embed it amongst the majority of GPs needed scale and a scheme that they knew was there for a long time. Scale was also required to make the social investment work. The development costs are high so it isn't worth undertaking for anything small in relation to these costs.

Cashable, trackable, attributable savings

Second, a strong driver for the work would be the impact on secondary care bills. With the health service reforms that created CCGs the connection between GP control of budgets and the secondary care bills was established. This alignment was essential. GPs wanted to see schemes that reduced the longer term hospital costs for which they were now responsible as core members of the CCG.

Some savings that are likely to result from the scheme, such as reduced pressure on GPs, aren't cashable. The CCG doesn't pay for GPs. It took a long time to identify all the impacts that were valuable and then the subset that were cashable, practically trackable and attributable. Contracts and performance management were based on these. Independent evaluation will look at the wider value aspects.

Funding to develop it

National interest in how social investment can be used to innovate in the health sector has been important as it

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has translated to development money. Probably about £0.5m has been spent on getting the scheme working. This came from the Social Enterprise Investment Scheme (for health projects), the Big Lottery Fund and ACEVO. It cost a lot, but the justification was that if it works the model is replicable throughout the UK (and beyond, the Ways to Wellness Foundation has received international enquires). If it works it will save many millions of pounds and improve many people's lives. And scale was, again, important here. Too small a scheme would not have been worth it, or attracted the funds.

A strong core team

There was a small team of people who had complementary expertise and good connections. As the project developed they gradually brought in other folk to form a steering group and then Board. Newcastle is a relatively small place and people could make connections. Leadership came from Prof Chris Drinkwater, a retired GP, who had worked on developing the concepts behind the programme for many years. His connections within the health service and his authority as a clinician and academic were essential. The team often worked pro-bono. It showed tenacity to work through difficult hurdles. The more the team overcame challenges the more we gained confidence and a reputation for being able to find solutions.

Time

And it took time and detailed planning. The intense work took two years, but there was two additional early years of kicking the idea around and building support before development funding was secured.

Skilled stakeholder alignment and strong relationships

The different stakeholders, illustrated on the diagram, each had different reasons for being involved in the scheme. It was important to understand, in detail, what the different motivations were at a personal and institutional level. Communication and management was undertaken carefully and in the financial negotiations appropriate alignment of risks and rewards was achieved. Each stakeholder takes some risks, but in areas that they are most able to manage. This is illustrated in the table below.

	Risk	Benefit
Patient	Time, effort, bravery	Healthier, happier
GPs	New service Challenges medical model	Healthier happier patients A good service they can refer to
Providers	Low referrals = lose money Lack of long term engagement = lose money	Expand service Relationship with GPs Pioneering service = learning
CCG	Effort in development Cashable savings may not sufficiently cover outcome-based payments	Pioneers a service with minimal risk Reduces long term costs
Investor	Effort in development Service fails = lose money	Pioneering service and investment in a nationally replicable model Financial return if it works well
BLF/CO	Cashable public sector savings need to be shown for full benefit of investment to be realised	Important exemplar in health sector

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A willing Commissioner

Senior leaders in the CCG quickly grasped the idea and its potential to support their strategic aims. However they needed to win hearts and minds internally and they needed to be able to analyse and justify any investment. This took time. The procurement process then added some obstacles. The standard NHS contract terms were applied and it was difficult to get clarity on provisions on key elements such as information governance. The Commissioners showed bravery in championing the project and a willingness to solve challenges.

An early home

This initiative was developed by individuals based in the voluntary sector. VONNE (Voluntary Organisations Network North East) provided the early seed funding and then hosted the Ways to Wellness organisation through its development stages until it could be come independent. This practical help was valuable as was having a base that was independent of the other stakeholders.

…and so, advice for others exploring social investment in the health and wellbeing sector….

Social investment has been encouraged by the Government and others as an important funding mechanism and indeed in some instances it is. For Ways to Wellness it allowed the CCG to support a project by absorbing risks that it couldn't have taken. It has provided a very useful business discipline to the planning and running of the scheme. And interest in the social investment element, not the intervention itself, funded the costly development work.

However, social investment is only appropriate in some circumstances. There has to be sufficient scale, because of the costs and complexity. It also helps if there is the prospect of replication. For small schemes softer quasi-grant funding is more appropriate. Working out whether you've got the makings of a scheme takes insight from experienced people. The numbers of people with appropriate experience to work this out is growing. Seek these folk out and get their advice early.

Health professionals are increasingly interested in these sorts of schemes. There is plenty of evidence of them initiating schemes and of exploring how to utilise the voluntary and community sectors skills in supporting their strategies, for example in helping patients to stay out and exit early from hospital.

Foster these discussions, whether they end up with social investment or not (it is only one tool amongst many) and understand in detail the strategic context in which local decision making bodies are operating. Spot the agents of change, people who have a personal drive and sufficient authority to make things happen. Having long standing good relationships within the health sector was essential for the development of Ways to Wellness.

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