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Social outcomes partnerships: Health

#OutcomesForAll

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Preface

The 5 July marks the 75th Birthday of the NHS. Often considered one of the greatest prides of Britain, yet it has an exhausted, chronically understaffed workforce; buildings in desperate need of repair and more than 10% of the population are waiting for treatment.[1] To properly support the NHS, more than just funding from government is needed – innovative models of commissioning that supports both preventative and fire-fighting emergencies would see a number of these concerns alleviated.

This is why we need innovative partnerships and commissioning approaches with targeted socially-motivated investment built around achieving better outcomes that brings in additional funding that would enable the NHS and local communities across the UK to thrive.

"Social outcomes partnerships enable innovative and preventative solutions into our healthcare system. The independent analysis shows that the approach empowers local community organisations to deliver real outcomes for people in the way that suits them, all at better value to government."
Aman Johal, Managing Director, Big Society Capital

Recent polling has shown that 65% of UK adults say government spending alone is not enough to solve social issues in their local area with the social issues people are most concerned about being health and wellbeing (27 per cent); followed by homelessness (14 per cent); then employment, and financial inclusion (both 13 per cent).[2]

Social outcomes partnerships can help provide a type of commissioning that is local, person-centred and places communities back in control. They are a proven way of delivering services that are effective and can support a shift to prevention and away from crisis response, which helps reduce the pressure on public services and empowers the local community in the long term.

National and local Governments retain full accountability while services are delivered by local social sector organisations, who are given the flexibility they greatly need - and desire - to innovate and tailor services to individuals' needs.

What are social outcomes partnerships?

A form of public service commissioning where the Government commissions outcomes for a specified group of individuals, e.g. stable accommodation for those at risk of becoming homeless or those that are rough sleeping. However, Government funding is only released if the successful outcomes are actually achieved.

This is different to conventional approaches where the Government might pay for the tools to hopefully achieve a particular outcome, but for which there is no guarantee, e.g. paying for the provision of a number of supported beds. Socially-motivated investors can support this approach by providing upfront funding to local delivery organisations, where needed, to deliver the service.

They are only repaid if agreed outcomes are actually achieved and importantly, the financial risk sits with the investors, rather than the Government.

[1] NHS waiting lists, Institute for Fiscal Studies, September 2022
[2] Money can't buy you love, Better Society 2022

Social outcomes partnerships in the UK

The UK is the established global leader of social outcomes partnerships and many governments across the world are looking to emulate the approach.

Independent analysis has shown that in the last ten years nearly £180 million of public value has been created by 11 projects tackling health at the cost of only £20 million to Government. So for every £1 spent a further nearly £9 of public value was created with over £5.50 of that being purely fiscal (costs avoided and saved). The analysis used very conservative assumptions in its modelling.[3]

"It doesn't matter who funds it – it's if they're investing in the people on the ground. People who know the local area." Public sector admin in her 40s, Sedgefield

The analysis also showed that social outcomes partnerships overall have created over £1.4 billion of public value in total, where for every £1 that Government has spent, a further £10 has been created in social, economic and fiscal value, including £3 in direct savings to, or costs avoided by, Government.

The #OutcomesForAll report is the first published study of the market-level value achieved by these partnerships to date but current Treasury rules limiting public spend to annual budgets blocks greater innovation in this space despite the public value that this ground-breaking analysis shows can be achieved. As recent articles have argued[4], much of this arises from the culture and mindset of the Treasury creating a system of "policymaking by accountant" – without any long-term budgeting, the outcomes delivered by our public services will continue to be less efficient and limited.

Focus groups conducted by Public First show that members of the public, whether working in either the private or public sector, feel that when it comes to public service delivery being local matters most – that the service was delivered locally by local organisations who knew the area and were contributing to the local economy. This was more important to people than whether this was done via the public, social or private sector. social outcomes partnerships enable local charities and social enterprises to provide locally-tailored delivery to tackle complex entrenched issues that local people are facing: a concept that resonates with the public.

[3] The Value Created by Social Outcomes Contracts in the UK, Neil Stanworth and Edward Hickman, June 2022
[4] The Economist, Reducing the power of the Treasury is a good idea, August 2022

Supporting better end-of-life Care

End of Life Care is support for people who are likely to be in the last months or years of life (regardless of age or diagnosis) and the family and friends important to them. It aims to help people live as well as possible until they die, and to die with dignity taking into account their personal wishes and preferences.

Approximately 1% of the population at any one time will be in their last year of life – well over half a million people in the UK. In the next 25 years, health services will need to adapt to the doubled population of those aged 85 and above[5] and the expected increased need for palliative care.

Social outcomes partnerships are person-centred. The pandemic has reinforced that we cannot take for granted dignity in dying; outcomes partnerships support people in need of palliative care and incurable illness to live as well as possible until they die. Outcomes partnerships can provide stability to loved ones through this difficult time or conversely, for those without a support network around them, can ensure they are not simply a statistic, but that they matter right until the very end.

For many to die well involves being without pain, in a place of their choosing and to be treated with dignity and compassion. Of the 79% of people who would prefer to die at home, only half are able to due to[6]:

- Inadequate access to community-based services tailoring support at the end of life.
- Regional economic inequalities undermining the provision of services.
- Limited integration of local health services to provide a complete and tailored approach across hospitals, community care and private care.

By working across local organisations, pulling together a number of services within the community in response to a person's specific circumstances, outcomes partnerships provide a local integrated approach which is able to identify and respond to need accordingly. Further, reducing strain on emergency services in this way saves the taxpayer and the NHS money in the long run, alongside providing better support for the individual. For example, dying at home rather than in hospital supports the NHS to better use its hospital capacity to do more planned care for other patients.

The Marie Curie Reactive Emergency Assessment Community Team (REACT)

A palliative care service developed in Bradford which helps people in A&E to spend less time in hospital. It identifies patients' palliative care needs, supports them with a rapid response in the community and provides care for up to 72 hours until mainstream services can be mobilised.

As of the end of December 2022, REACT had served 217 patients, identifying more than half of those patients in A&E and supporting them to be in the best place of care, whether that is in the community setting or admitted to hospital with palliative care support. As the pilot project goes on, a higher percentage of people with palliative care needs are being identified in the A&E department meaning that more patients are being supported in the right place more quickly.

[5] Our ageing population - The Health Foundation
[6] Social Finance, Improving End of Life Care

Community-led healthcare

It is no longer sufficient to simply manage the rising demands within the NHS, it is vital to reduce that demand too. However, traditional medical care continues to be the most prevalent solution for people with long-term health conditions. In fact, people with long-term health conditions represent about 20% of the UK population but account for about 80% of the NHS spend[7].

Community led-health focuses on integrating local health services to provide a comprehensive, tailored approach to people's needs - focusing on what a good life looks like for each person. This can range from an introduction to a community group, a new activity or a local club, or support accessing legal advice or debt counselling. Empowering individuals to take greater control of their own health can alleviate developing long-term health conditions in the first place and support effective management of such conditions.

Thirve.NEL

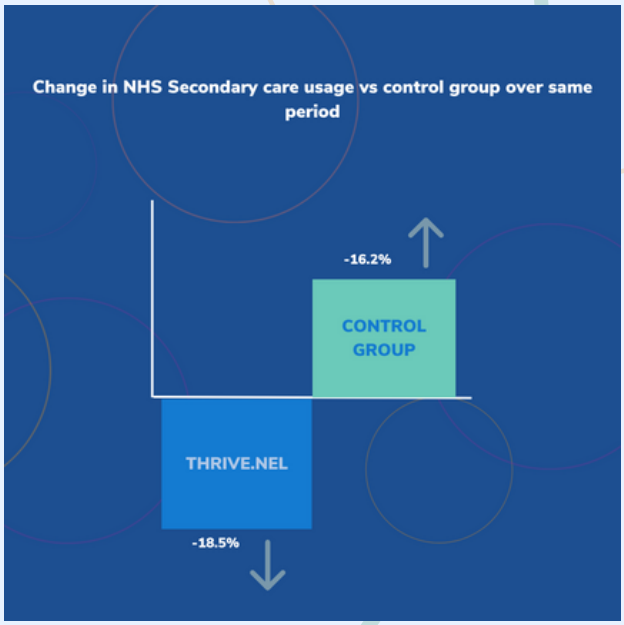
Thrive focuses on addressing social and environmental factors to support the health and wellbeing of individuals in North East Lincolnshire with the most common long term conditions. This is achieved using a strength-based approach by a team of link workers who support individuals referred onto the programme to understand their assets, needs, and aspirations.

Together, they formulate an action plan that empowers people to change lifestyle habits, engage with activities and create new social networks in their communities. This new engagement with the community aims to build participants' self-efficacy and to develop improved agency towards their own personal goals, helping them to improve their lifestyle.

Over 1,500 people have started the programme to date, and of those who have completed at least 12 months in the programme, 93% have achieved an improvement in their wellbeing.

Long-term data shows that those on the programme have reduced their NHS secondary care usage by 18.5% whilst a control group of similar individuals who were not on the programme have increased their NHS secondary care usage by over 16% in the same period.

People served include those with complex needs or with multiple long-term conditions who frequently rely on either primary or secondary health care. A number of recent studies have highlighted that services utilising community-led healthcare initiatives such as social prescribing pay for themselves after 18–24 months through reduced NHS use, however, determining the cost, resource implications and cost-effectiveness of social prescribing is particularly difficult.[8]



The Thrive.NEL programme data shows this method is better than other types of provision and the strain this has on our NHS when this level of support is not given to the community.

Outcomes partnerships measure this outcome and the saved costs within the NHS, providing detailed longitudinal NHS data on impact and outcomes for NHS and health provision. The growing evidence from these outcomes partnerships around their ability to reduce NHS use is helping to alleviate addressing the general concern around proof and measurement with these difficult to evaluate programmes.

The model also provides long-term support within the community through a tailored service by creating and strengthening community and person-led services that are specific to the needs and aspirations of the region working alongside devolved government.

[7] Adult Social Care Activity and Finance Report, England - 2018-19
[8] What is social prescribing?, The Kings Fund, 2020

Preventing long-term health conditions

Regional economic inequalities limit innovation when improving the lives of millions in places cut off from the chance of a better future, which in turn results in worse health outcomes and reduced life expectancy. As the Marmot Review outlines, most people in England are not living as long as the best off in society and spend longer in ill-health[9]. In England, life expectancy at birth for men living in the most deprived areas is 74.1 years, compared with 83.5 years for men in the least deprived (a difference of 9.4 years). For women, the difference is slightly smaller but still stark, at 7.7 years.[10]

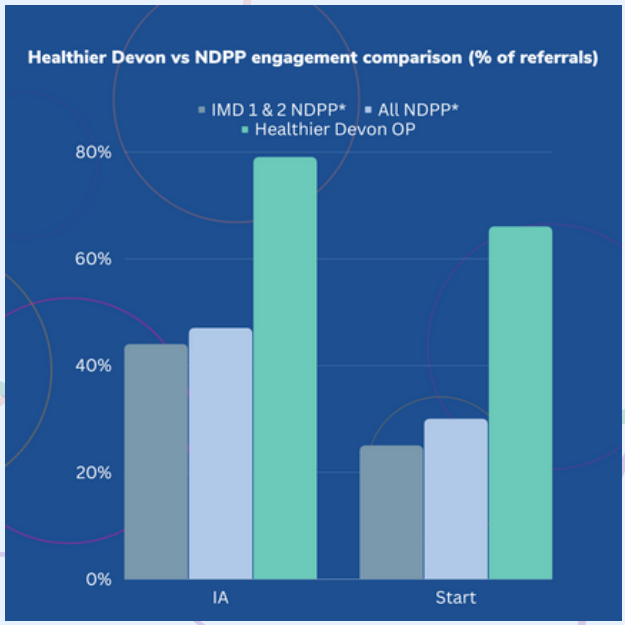
With ongoing NHS budgetary pressures and the lack of preventative outcomes being achieved, the community is best placed to step in with a complementary approach to the treatment-focused model - bringing down ever-increasing costs through operational efficiencies and delivery innovations to achieve the best outcomes possible.

Healthier Devon

Healthier Devon is a highly personalised diabetes prevention outcomes partnership in the 40% most deprived areas of Devon. The programme is aimed at supporting people at risk of type 2 diabetes over a two-year period to support them in making lifestyle changes to prevent diabetes.

The project has supported 1,778 individuals. The success of the model is apparent when compared to the engagement rates of the National Diabetes Prevention Programme (NDPP). Looking at national NDPP from January 2020, only 30% of those referred start the programme. Contrastingly, 66% of Healthier Devon Outcomes Partnership referrals (a cohort labelled "hard to engage") start the programme.

In addition to higher engagement, outcomes for those engaged are also very positive. Around 75% of participants engaged reduce their risk of diabetes. After 2 years in the programme, the average person reduces their weight by 4kg, their waist size by 5cm and blood-sugar levels or HbA1c by 3.7mmol/mol.



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By improving the everyday co-operation between the public, social and private sector utilising the immense scale of our health service in particular, it will promote innovation across the rest of our economy.[11] Outcomes partnerships unite the public and social sectors with appropriate support from socially motivated investors where needed to work together building innovative models in preventing some of the most common health conditions including diabetes, obesity and hypertension.

Services are delivered at a neighbourhood level, with the community involved in shaping them, allowing delivery organisations to adapt their approach to the varying needs of individuals. This approach can help address gaps in the existing healthcare system, as well as investing in pioneering preventative action at pace, such as utilising online services for greater accessibility where applicable.

[9]Marmot, M, Allen, J, Goldblatt, P, et al., (2010), Fair Society, Healthy Lives: The Marmot Review
[10] Life expectancy and healthy life expectancy at birth by deprivation, The Health Foundation, January 2022
[11]A New National Purpose, Tony Blair and William Hague, 2023

Supporting mental health

45% of adults feel occasionally, sometimes or often lonely in England. This equates to 25 million people[12] – with loneliness often considered the silent killer with its adverse effect on mental health. Alongside community-led health models described above, which supports integration into the community and as a result reduces loneliness, outcomes partnerships have been used effectively to support better mental health.

The tailored approach within an outcomes partnership means that every individual no matter their circumstance is given wrap around support. For instance, when addressing homelessness this needs to be in combination with health, often mental health support, as recommended in the Kerslake Commission on Homelessness and Rough Sleeping. Two homeless people died every day in 2019 – of which almost one in six was self-inflicted[13], the mental health aspect of this intervention is just as important as finding a stable home.

Mental Health and Employment Partnership (MHEP)

MHEP operates using the principles of individual placement and support whereby work is used as a fundamental part of a person's treatment, rather than the traditional model of treatment and stabilisation followed by employment.

MHEP uses the outcomes approach to deliver employment support services to people with severe mental health conditions, addiction misuse issues, and learning disabilities and has been working across 14 local areas delivered by 8 service providers and has been commissioned by 23 agencies including local authorities, Clinical Commissioning Groups and Jobcentre Plus's. To date, MHEP has supported more than 1,700 people into employment, with that number expected to rise as many more are supported through the programme.

This commissioning style creates a more preventative, personalised and participatory model, with the power to radically improve people's lives long-term, whilst simultaneously dramatically reducing costs and bringing about deeper economic benefits at greater value to both Central and Local Government.

For example, economic inactivity because of sickness is at its highest level since records began, with 2.5 million working-age adults inactive due to their health[14]. Poor mental health is a major factor contributing to this, with those suffering finding it difficult to access appropriate support that helps them to not only work but also thrive in employment.

12] The facts on loneliness 2018, Campaign to end Loneliness
[13] ONS, Deaths of homeless people in England and Wales: 2019 registrations, December 2020
[14] A New National Purpose, Tony Blair and William Hague, 2023

Substance misuse

The human toll from substance misuse is difficult to measure. People who misuse substances are often misunderstood as offenders committing a crime, rather than a person needing support. Reducing alcohol and drug related hospital admissions has long been a target for health services across the UK.

Approximately 1 in 11 adults aged 16 to 59 years (9.2%; approximately 3 million adults) and approximately 1 in 5 adults aged 16 to 24 years (18.6%; approximately 1.1 million adults) reported drug use in the year ending June 2022[15]. In addition, there were 814,595 alcohol-related admissions from 2020 to 2021, equating to a rate of 1,500 (per 100,000 population)[16].

Whilst some A&E visits are a one-off, there is a patient subgroup who repeatedly present at A&E that need personalised and tailored support. This subgroup is a small proportion of people that account for a disproportionate level of A&E use and associated NHS resources. Alcohol-related harm is estimated to cost the NHS in England £3.5 billion every year[17] and the financial cost of drug misuse currently costs almost £20 billion a year[18].

Admissions where drug-related mental and behavioural disorders are a factor are over eight times more likely in the most deprived areas (470 per 100,000 population), compared to the least deprived areas (55 per 100,000 population) [19].This highlights that conventional commissioning models are not effective in areas or with communities that need it the most.

Local solutions, delivered by local people like those developed in the outcomes partnerships model can be best placed to support these interventions. With greater autonomy for local services vulnerable people are best supported with a means that suits them and their needs to achieve the better outcomes they deserve.

We are with you

We Are With You is commissioned by Cornwall County Council to provide a range of services to people affected by substance misuse. The project is based inside A&E departments in Penzance and Truro. We Are With You is delivering an intervention to support frequent A&E attenders, identifying individuals with complex needs and an underlying substance misuse issue to break the cycle of multiple hospital admissions by working intensively with people in the community.

The frequent attenders project has engaged with over 450 individuals since its start in January 2019. The project has an 86% continued engagement rate at 12 weeks, much higher than was expected at the project start (79%). Attendance of A&E substantially reduced for over 120 individuals, which was above expectations (99 individuals).

The project operates In the South West, where drug and alcohol use is above the national average and has worked with a very vulnerable cohort through the impact of the pandemic on NHS and A&E services to continue to iterate and develop the offer.

Whilst originally designed to focus on supporting people after their 5th admission to A&E, the evidence and data on people suffering from life threatening admissions due to substance misuse has resulted in the development of an 'early help' model, whereby service users who are at risk of not surviving to a subsequent admission receive support immediately.

15] Drug misuse in England and Wales: year ending June 2022, Office of National Statistics
[16] Local Alcohol Profiles for England: short statistical commentary, February 2022, GOV UK
[17] NHS Long Term Plan will help problem drinkers and smokers, 2019
[18] From harm to hope: A 10-year drugs plan to cut crime and save lives, UK GOV, April 2022
[19] Hospital admissions related to drug misuse, NHS Digital 2020-21

Youth health and wellbeing

Outcomes partnerships are able to bring together a coalition with the opportunity to engage with and support many young people who would otherwise be hard to reach, with more power and flexibility for local areas to create support services. An outcomes approach can allow for a tailored solution to complex youth health and wellbeing problems, with wraparound support beyond school lessons, which incorporate the views of the young person.

Children who grow up in poverty are 83% more likely to suffer from a number of conditions that increase the risk of heart disease, stroke, and diabetes in later life[20]. Reducing preventable illnesses and cutting health inequalities needs to start as early as possible to ensure greater outcomes as an adult.

Although no one is immune from poor mental health some children are more likely to need help than others. Children and adults living in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest[21]. Evidence also shows that children and young people who are more active have more confidence, higher self-esteem, less anxiety and better social skills[22] – attributes that can boost the learning of new skills and provide the right tools to tackle the challenges in daily life.

Sport is a great way to mitigate the effects that difficult childhood experiences can cause a young person as they develop and can be utilised to break down barriers to opportunity for every child. This is also important when analysing anti-social behaviour[23] during adolescence as physical activity and sport can act as a diversionary activity which removes young people from potentially negative situations. This can help to prevent involvement in youth offending, provide a sense of purpose and create better outcomes for later life.

Chances

The Chances Programme, in partnership with Sport England, is committed to harnessing the power of sport to enhance the lives of disadvantaged young people aged 8-17 years, for four years.

The programme provides access to sports, skills training and physical activities to marginalised young people, with 1,029 participants involved.

The Chances programme has the potential to provide 6,000 disadvantaged young people with engagement in sport and physical activity that they would otherwise be unlikely to access. This has been shown through research commissioned by Sport England to improve physical and mental health and improve overall life outcomes.[24]

[20] Poverty in Childhood Increases Risk of Poor Health in Adulthood, UNICEF 2018
[21] Mental Health Statistics, Mental Health Foundation 2016
[22] Physical activity helps children to deal with life's challenges, Gov.uk 2019
[23] Collaborative approaches to preventing offending and re-offending in children, Public Health England 2019
[24] Sport England, October 2020