

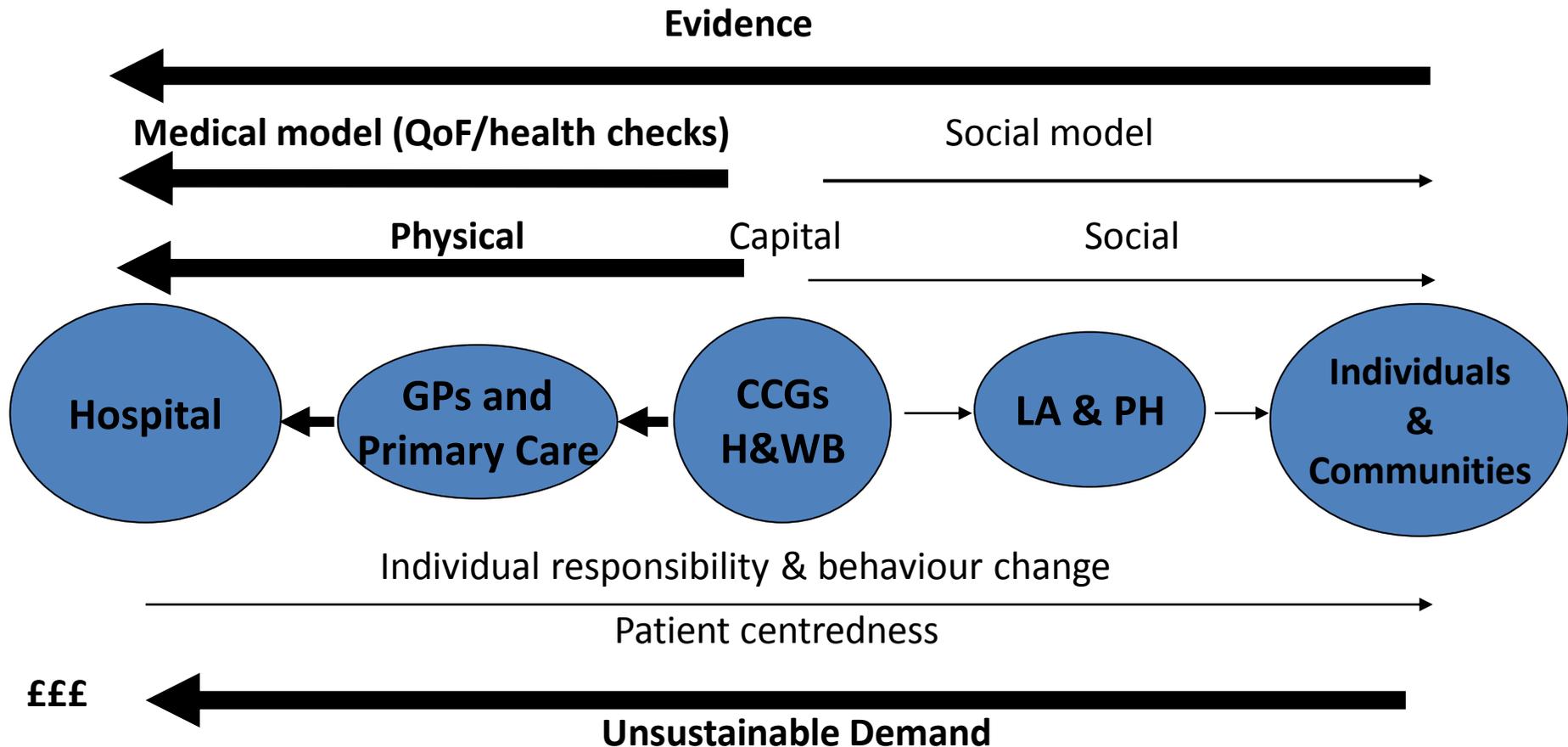


Social prescribing for long term conditions

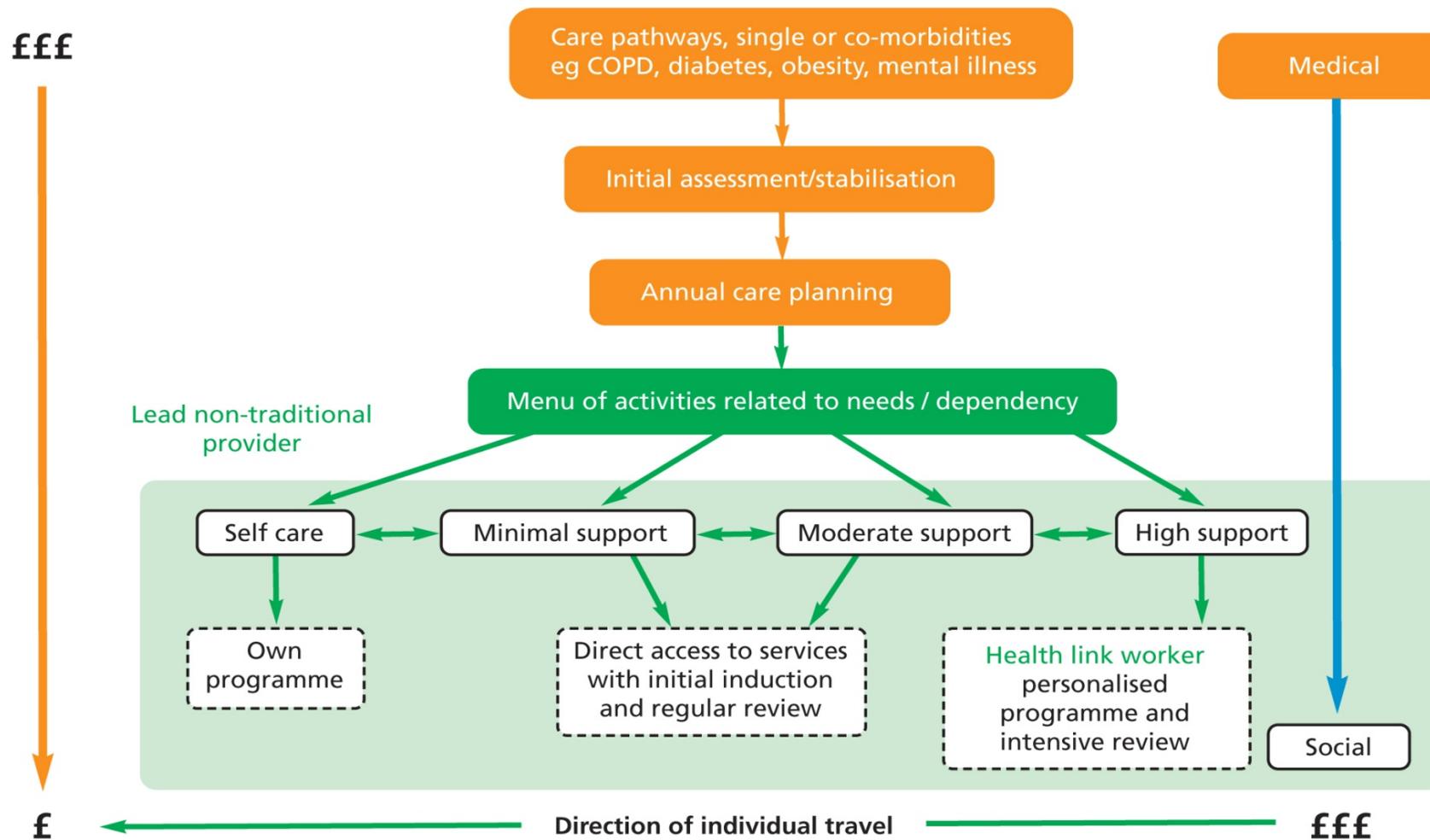
Chris Drinkwater

Chair, Ways to Wellness

Re-balancing the bio-medical & the social: Looking in both directions



Pathways between medical and social models of health



Challenges

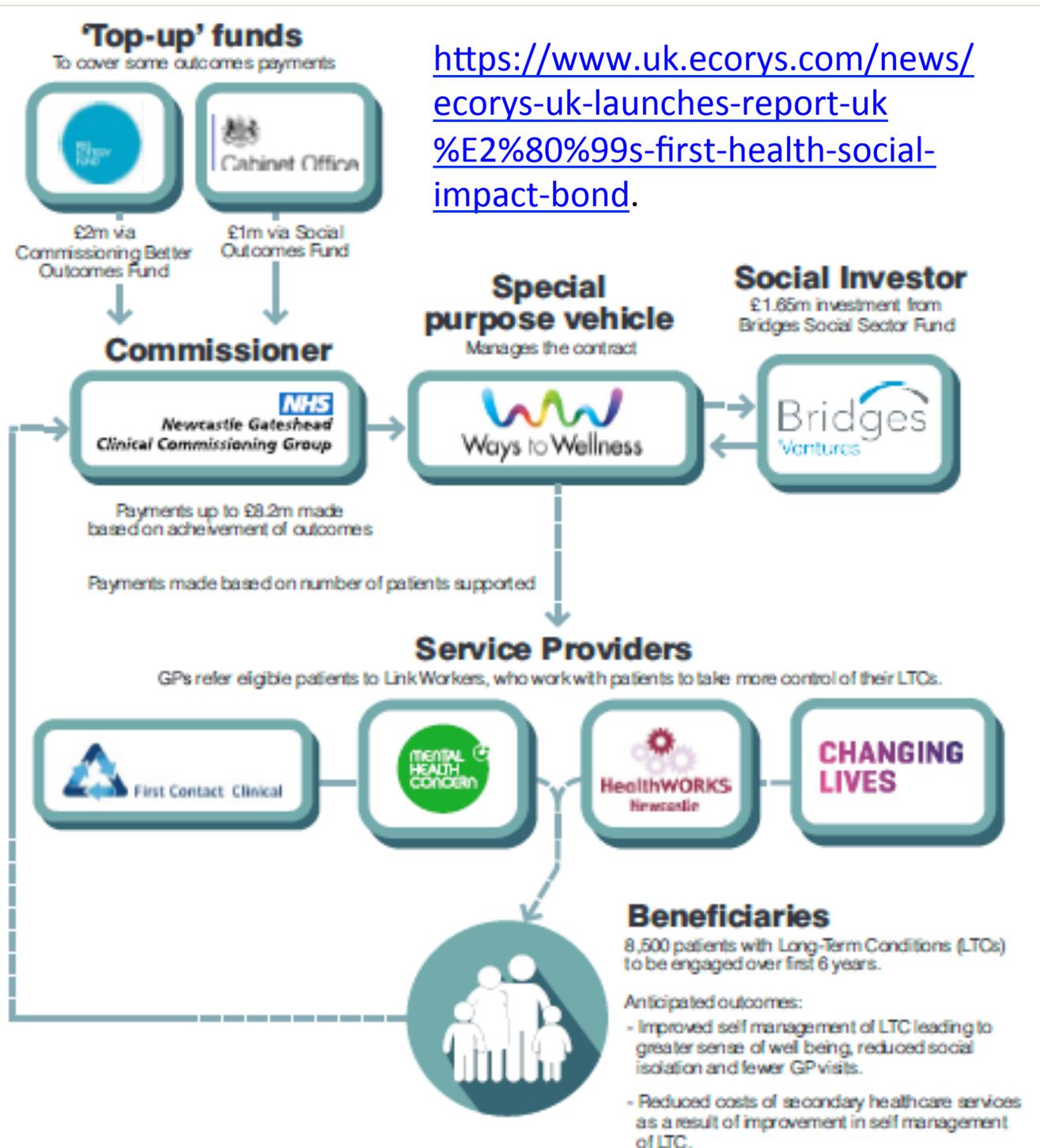
- Social prescribing – Who benefits? What is the evidence?
- Developing an operational model within a financial framework
- SIB Outcomes Contracts, repayment timescales
- Dedicated MIS & better use of data
- Culture change

Why Physical LTCs in people 40-74?

- Significance of social determinants on development and outcome of LTCs.
- Cost of LTCs to public purse and specifically to CCGs.
- Opportunity to address secondary prevention.
- QOF registers for LTCs and demand on GPs

The Ways to Wellness Model

<https://www.uk.ecorys.com/news/ecorys-uk-launches-report-uk-%E2%80%99s-first-health-social-impact-bond>.



Getting There

- 2011 VONNE interest in testing SIBs as a vehicle for the VCSE.
- Strong steering group with VCSE and NHS credibility hosted by VONNE.
- 2012-14 development funding SEIF and BLF
 - evidence case
 - financial & operational modelling
 - service specification and procurement
 - management information system
- **April 2015 Launch**



Challenges 1

- Tying down the target group – people 40-74 on LTC QOF Registers
- Operational costs – activities or link workers?
- Agreeing outcomes and repayment metrics
- Negotiating a seven year contract
- Does the developer (SPV) get the contract or should it be an open tender?
- Financial modelling (Version 18.2)



Outcomes



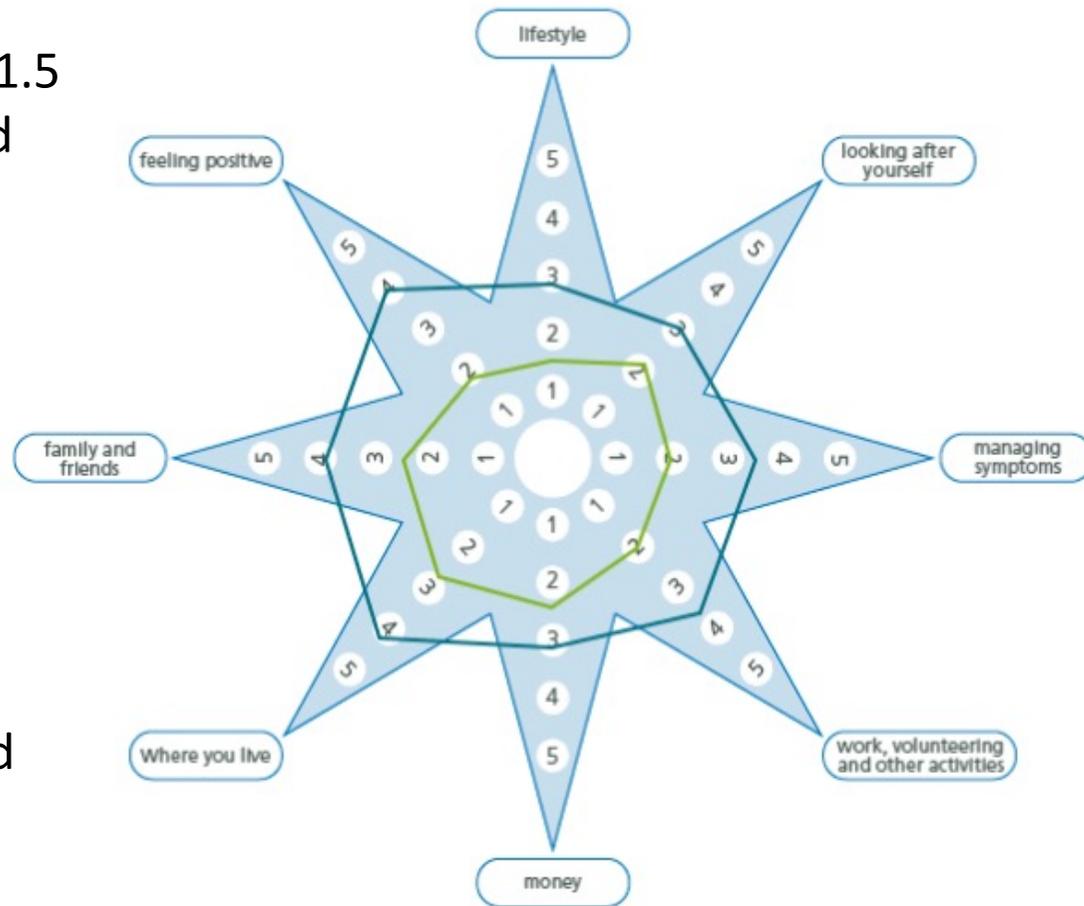
Show data on Star

1. Well-being Star™

Average improvement over 1.5 results in an outcome-based payment (30%)

2. Secondary care costs

Savings in scheduled & unscheduled admissions, out-patient and A&E costs compared against a matched cohort results in an agreed payment (70%)

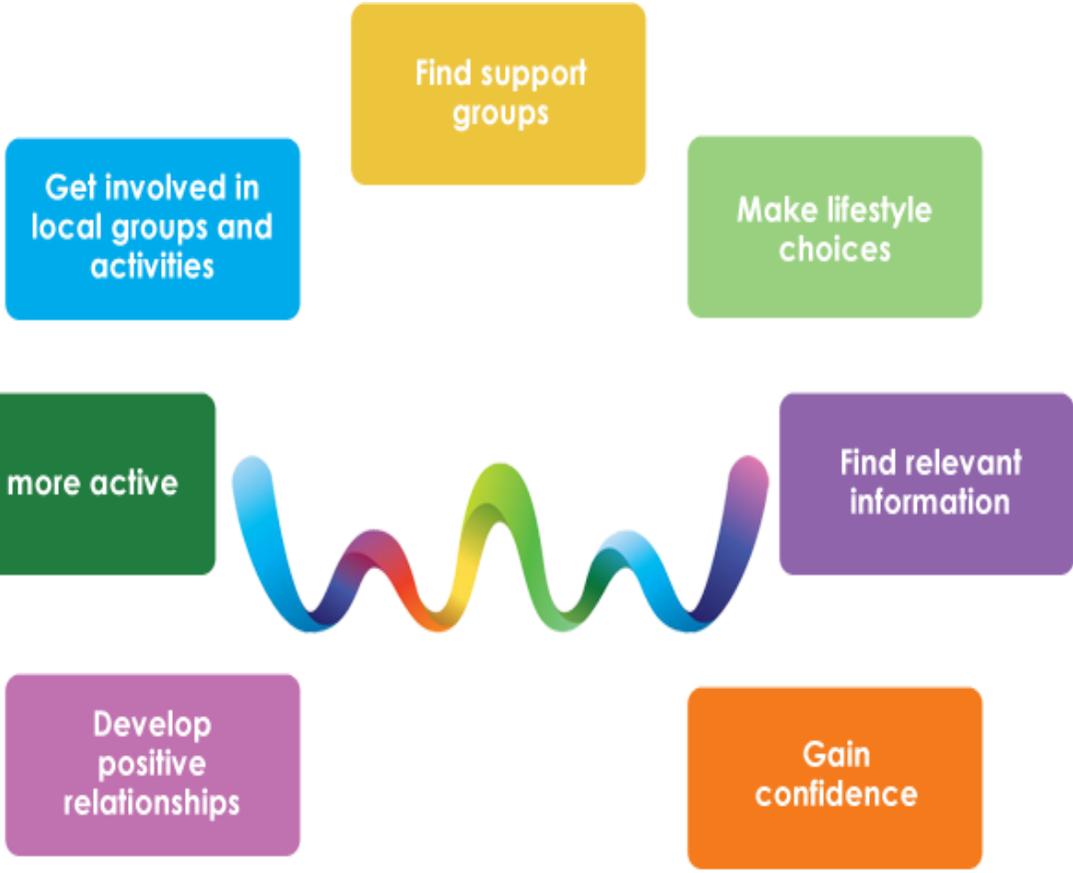


Challenges 2

- Building local buy-in – VCSE, GPs, patient groups.
- Finding and negotiating with investors.
- Sourcing additional funding
- Procurement of providers
- Meeting NHS Information Governance requirements (HSCIC Level 2 AQP)
- Retro-fitting to the Standard NHS Contract.

Investors

- Pay for early service costs, drive delivery and carry risk of failure.
- One-off set-up facility fee.
- Monitoring fee – investors expertise and engagement.
- Royalty payments – dependent on success, fixed % with a cap.
- To date Ways to Wellness has only drawn down £1.1m of the £1.65m.



Link workers
22 FTE across 4
providers



Access specialist services and support

Healthy eating and cooking



Referral Criteria

- Registered with a GP practice in Newcastle West (18 practices, 112,000 population, 14,229 on LTC QOF Register)
- Long-term condition (LTC):
 - COPD, Asthma, Diabetes (Type 1 or 2), Coronary Heart Disease, Heart Failure, Epilepsy, Osteoporosis
- 40 to 74 years of age
- Further prioritised referral criteria:
 - social isolation
 - poor understanding of condition, frequent attender at GP or hospital, poor adherence to prescription
 - anxiety or depression (in addition to one of the above LTCs)
 - poor health but with scope to improve with lifestyle change
 - poor English literacy
 - obese or inactive

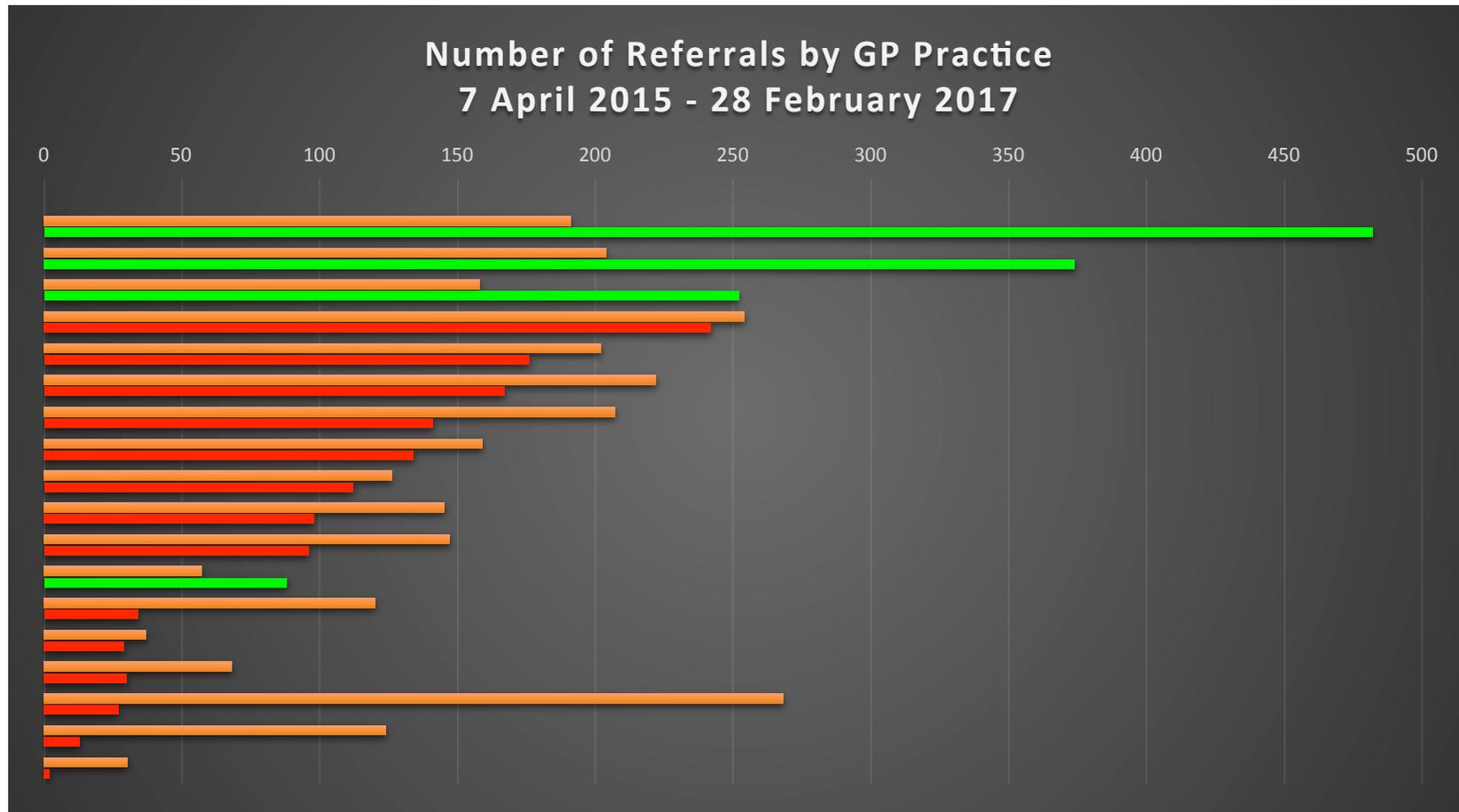
Service Metrics – Successful New Referrals Service to Date



- **Successful New Referrals in Year 1: 1,127 = 103% of target (starts 924 = 84% of target)**
- **Successful New Referrals in Year 2: 1,319 = 82% of target (starts 1,026 = 64% of target)**
- **To Date Successful New Referrals: 2,446 = 90% of target (starts 1,950 = 72% of target)**

Measuring Starts only - not those patients that are still open

Service Metrics - Referrals by GP Practice Service to Date



Above Target

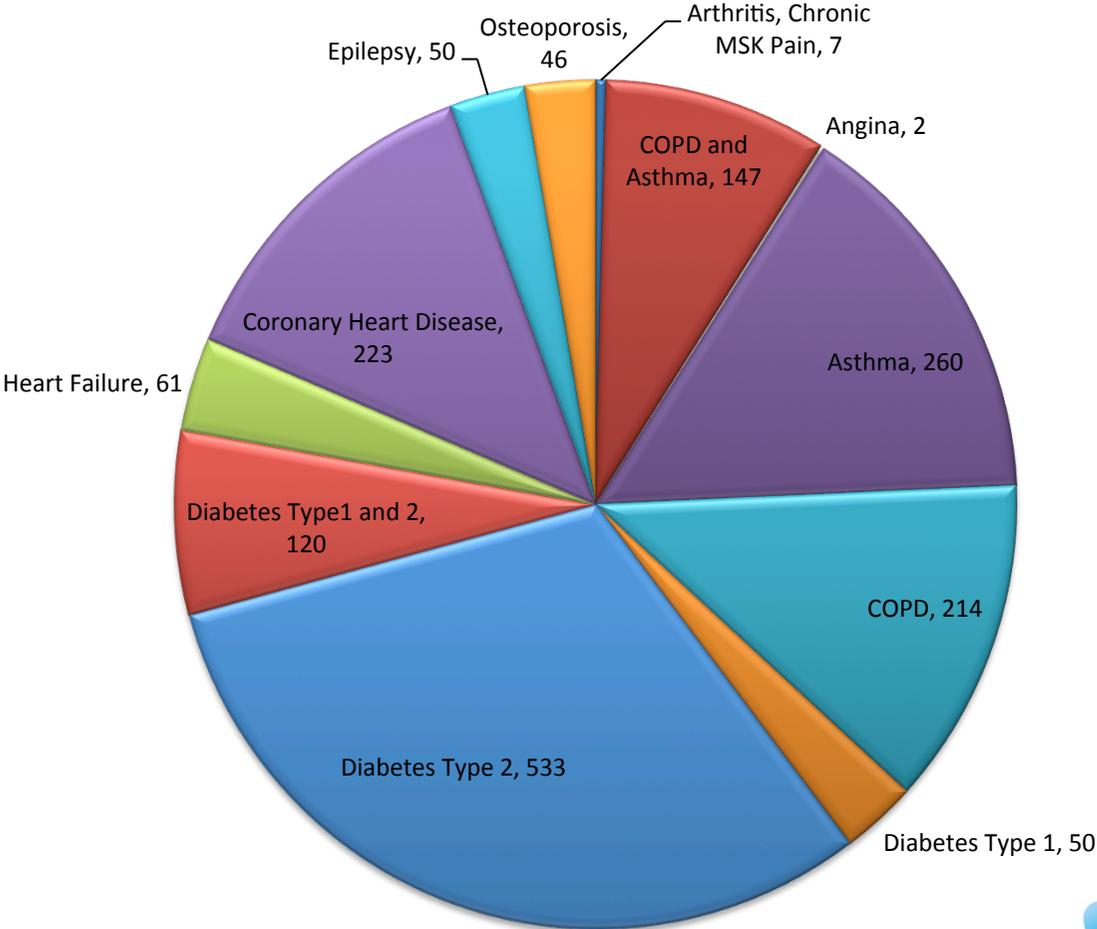


Below Target



Target to 28 February 2017

Referrals by Long Term Condition



Highlights from further data analysis: first 1347 patients

- Men 46.6% (1st Star 28.6) Women 53.2% (27.4)
- Age 40-59 45% (1st Star 26.5)
- Age 60-74 55% (1st Star 30.4)
- 40.6% with 2 or more LTCs, numbers increase with age.
- Link workers spend an average of 8.4 hours with each patient, which represents an average of 23 contacts per patient

In case you were wondering

- Secondary care savings come on line in Year 3.
- Data for the first three quarters of Year 2
 - Average spend per patient £19 (2.5%) less than control group
 - Monthly variance between +5.4% to -10.8%

Culture Change

- Normalising the importance and validity of addressing social determinants.
- Changing the way services are designed and commissioned.
- Changing the behaviour of GPs.
- Changing the behaviour of VCSE providers.
- The role of special purpose vehicles and social investors.

Operational v research design

- NIHR Public Health rejection 2015
 - too many work packages
 - no theoretical basis to underpin intervention
 - too ambitious
 - better controls required
- Barriers to more granular analysis of NHS HES and RAIDR data.

Service Users ...

"I feel like finally there is a light at the end of the tunnel and I want to say thank you for calling me and listening, I really appreciate it."

"I do believe that knowing the Ways to Wellness team is like winning a lottery ticket in life."

"I now have a totally different outlook."

"I feel really proud of myself that I'm getting out and about more."

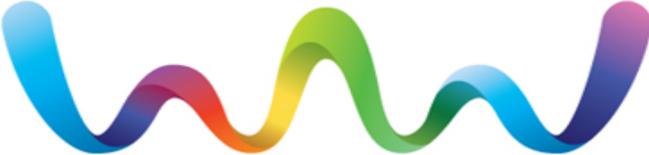
"This service has resolved a lot of issues that worried me."

"It has helped to focus my mind and gave me belief that things can change."

"I feel better already talking to you. It helps motivate me."

Institute of
Health&Society





Ways to Wellness

Thank you to all our providers and funders



CHANGING LIVES





Thank you for listening
Questions?

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