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DELIVERABLE 5.1: TRAINING PROGRAMME FOR DECISION & POLICY MAKERS TO USE SCI MODELS AND TOOLS

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Editors:	Shabs Rajasekharan, IESE
Contributors:	EHNET, UKHD; SHCN

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DELIVERABLE SUMMARY

This document provides a framework for the Invest4Health Training programme for decision-makers and policymakers to use ‘Smart Capacitating Investment’ (SCI) models and tools to support financing health promotion and disease prevention activities.

LIST OF AUTHORS

Partner	Authors
IESE	Shabs Rajasekharan
EHNET	Alison Maassen
EHNET	Lina Papartyte
UKHD	Anant Jani
SHCN	Edit Sebestyén

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GLOSSARY

Acronym	Meaning
I4H	Invest4Health
SCI	Smart Capacitating Investment
HPDP	Health Promotion and Disease Prevention
SIB	Social Impact Bond
SOC	Social Outcomes contract
NRW	North Rhine-Westphalia
2T-beds	2 nd Tranche of regions invited to join project in M21

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1 Executive summary

This report outlines the current development and suggested delivery approach for a comprehensive training programme designed for decision-makers and policymakers as part of the Invest4Health project (I4H). The programme aims to equip these stakeholders with the knowledge and tools necessary to implement Smart Capacitating Investment (SCI) models to support Health Promotion and Disease Prevention programmes (HPDP). SCI refers to less conventional approaches to investment, financial or non-financial, in health promotion and disease prevention initiatives that create returns somewhere along a spectrum between financial benefit on the one hand and the enhancement of the capacity or capability of individuals or communities to engage in healthier behaviour on the other.

The primary objective of the training programme is to enable participants to understand, evaluate, and apply SCI models within their region and/or at organizational level. It focuses on fostering sustainable solutions to achieve positive health outcomes through evidence-based decision-making and strategic investment.

The training programme is targeted at decision-makers and policymakers from various stakeholder organizations involved in health outcomes, including public sectors such as healthcare, transport, housing, and education. These learners are typically constrained by time and resources but play crucial roles in driving initiatives at a systems level. Participants will gain an understanding of SCI basics, problem identification, problem definition, team building, stakeholder management and sustainability strategies.

The training programme development involved leveraging knowledge generated in the Invest4Health project, and project partners' previous experiences which provided valuable insights into fostering social funds for health impact and inclusive investment in social care. These experiences, along with publicly available resources, will shape the programme's scope and content.

The training currently consists of 11 modules delivered through online workshops in a learn-by-doing format. As this is being continuously iterated with the regions of Galicia, North Rhine-Westphalia, Wales and Skåne (hereby collectively referred to as testbeds) in the I4H project, new modules may be added in the future.

The modules include:

1. Introduction to SCI and HPDP programmes
2. Identifying the problem worth solving
3. Building the right team
4. Defining the problem
5. Defining the target population
6. Defining outcomes
7. Stakeholder identification, engagement and management
8. Investor / payer relations
9. Defining your business model
10. Financial and payment model
11. Scaling and sustainability

Case studies, such as the Stockholm Pre-diabetes Social Impact Bond (SIB), the Occupational Health Social Outcomes Contract, and Ways to Wellness SIB, provide real-world examples to ground the learning in practical applications. Initial testing phases with I4H testbeds revealed key insights and assumptions that will continue to be tested and refined throughout the project.

The pilot training program will have a flexible structure with participant numbers, exact training hours, and duration being determined based on insights from further preparatory work at the 4 regions and local needs. The exact details will be adjusted and refined according to the experiences gathered in the final deep dive testbed workshops (WP6), ensuring that the training programme effectively also addresses the participants' and local testbed communities' specific requirements and conditions.

2 Introduction

The Invest4Health (I4H) project aims to transform public health financing, focusing on health promotion and disease prevention as an investment rather than a cost. Invest4Health seeks to deliver validated Smart Capacitating Investment (SCI) models and tools, demonstrating the value of smart financing through return-on-investment analysis. The project also explores the concept of social franchising to achieve scale and sustainability.

To test and validate the models, we aim to undertake piloting and simulation of business/finance models and alternative governance mechanisms for SCI in health promotion and disease prevention. The four testbeds represent a range of health systems:

- Galicia: universal single-payer Population of 2.7m with focus on population with Cystic Fibrosis.
- North Rhein-Westphalia (hereby referred to as NRW): universal multi-payer, Population of 17.9m with focus on health in the home office environment.
- Skåne: universal and decentralised, Population of 1.7m with a focus on early childhood intervention programmes and;
- West Wales: universal healthcare, Population of 383,000 with focus on social prescribing for a pre-diabetic population.

Testing in the policy labs will be informed by the theoretical and research-driven knowledge base being developed within the project and consensus on local needs and priorities, identified together with stakeholders. This will be enabled by building the capacity and competency of stakeholders, especially citizen panels and patient groups.

Our ambition is to carefully look for opportunities and approaches where SCI-compatible business models, financing models and tools can be made implementable across as many European regions of the as possible. Thus, when sufficient progress has been made after the project midpoint, we will launch an Open Call to attract a 2nd tranche of regions to run simulation exercises with the SCI models.

We will explore social franchising (SF), a relatively new approach that has been tried and tested by several organizations globally (e.g., social enterprises), as a scaling and sustainability option. SF is an exchange between an innovator/franchisor and an adopter site/franchisee, with the goal of replicating impact in different locations to an agreed standard. The primary aim is to replicate Invest4Health using its tested deliverables and practical knowledge to maximise social benefit, distinguishing it from the commercial use of franchising methods which are primarily profit-driven. This approach will consolidate a sustainable financial model for health promotion and disease prevention and offer greater levels of support to implementers adopting our offering.

To achieve these objectives, one of the key activities is to build capacity at an organisational level. We will synthesize findings from our engagement with the testbeds during the first 18 months of

the project into a series of capacity building and training exercises for decision and policymakers in the Invest4Health testbeds initially. The training will also be offered to a group of new regions joining at the project mid-point via the Open call and from M18 onwards, any further development of the training will be iterative, to capture insights, learning and curricula from Invest4Health testbeds to make the learning more effective for new regions

The following report details the training programme to be delivered to the testbeds.

3 Aim and objectives

The Invest4Health training programme is a practical introduction to exploring and initiating SCI models to tackle complex and interdependent societal problems. The learning outcomes of the training programme are directly related to the definition of Smart Capacitating Investments:

Smart Capacitating Investment (SCI) refers to less conventional approaches to investment, financial or non-financial, in health promotion and disease prevention initiatives that create returns somewhere along a spectrum between financial benefit on the one hand and the enhancement of the capacity or capability of individuals or communities to engage in healthier behaviour on the other.

Such investments are made by social impact investors, philanthropists, charities, community groups, and / or public authorities that repurpose the allocation of mainstream public funds or integrate these funds across different levels of government.

These investments prioritize interventions that address the underlying determinants of health, promote healthy behaviour, or involve proactive physical and mental health services.

An ideal SCI leads to sustainable change, improves population health and reduces health inequalities. SCI often involves a partnership between public, private and/ or third sector organisations, from across various levels of the health ecosystem, that have aligned interests and goals.

Thus, our training and capacity building programme is for decision makers and policymakers that are tasked with solving complex and interdependent health, wellbeing and health inequalities problems in their population. These decision makers and policy makers often have very few tools to help understand and address the root causes of their health and social challenges and must contend with increasing costs, siloed budgets and growing deficits. The Invest4Health training programme will address this financial challenge and lack of effective solutions and will expose participants to SCI models as an innovative tool to develop sustainable financing mechanisms that incentivize and boost investment within and between sectors while disrupting traditional financing approaches.

4 Target learners

The success of the training programme will depend on focusing on the right content for the decision makers and policymakers. To effectively address complex health challenges and drive sustainable change, the programme will target multi-stakeholder **decision making teams** formed from the following key stakeholder groups:

- **Government payers:** those who play a pivotal role in shaping strategic direction and allocating resources, in departments such as healthcare, education, housing, social protection, transport, police, and waste and environment.
- **Service providers,** including nonprofit organisations and social enterprises, who are instrumental in translating organizational goals into actionable plans and initiatives. By providing them with training in problem-solving, stakeholder engagement, and data-driven decision-making, the programme aims to build capacity at the operational level and ensure the effective implementation of interventions.
- **Individual citizens and communities** will be represented in the project through the Citizen Patient Advisory Group (CPAG) whose members have been recruited as part of WP3. CPAG members bring an essential citizen and patient perspective to Invest4Health's work and should help inform the development of SCI models in testbeds. It is also essential that citizens are involved, with their existing service providers, in the co-creation of specific components within programme such as the logic model.
- **Impact investors, venture philanthropists and foundations** who play a critical role in mobilizing capital for social and environmental initiatives. The programme aims to align investor interests with societal needs.
- **Government agencies:** those who play a key role in shaping healthcare policy and regulation.

Considering that we are delivering a program to diverse stakeholders, it is important to note that not all training modules will be relevant for every stakeholder group. Additionally, the need for capacity building will depend on the local context and the stage stakeholders are at in their journey towards implementing SCI-compatible models.

5 Learning objectives and outcomes

Learners will be supported firstly, to understand, and secondly, to apply SCI-compatible models in their context. For this, they will learn to use practical frameworks and validated steps to establish:

- teams to address health promotion and disease prevention (HPDP) using SCI
- data-driven and evidence-based interventions
- SCI-compatible models such as social impact bonds, outcomes contracts or impact investment in social enterprises
- public-private collaborations to close societal gaps and cross organisational boundaries

The learning outcomes of the training programme are:

LO1. Understand the basics of SCI and decide if SCI models are appropriate for the organisation in reference to HPDP programmes

LO2. Explore and create a narrative for an evidence-based problem-solution pair¹.

LO3. Identify metrics to model social and financial outcomes that can be analysed through different impact tools and methodologies

LO4. Identify and align key stakeholders' incentives and activities to tackle the problem and deliver the solution; learn how to develop, present and pitch an SCI proposal to stakeholders

LO5. Identify routes to financial sustainability of the service or intervention

Our training programme will use role-play simulation and case studies based on real experiences developing and implementing SCI-compatible models.

5.1 Pre-requisites

A pre-requisite of the course is the expectation that the target organisation has a “significant stake” in the outcome and their commitment goes beyond the training programme itself. This implies that the organisation involved makes a substantial investment or commitment, which could be financial or non-financial, and therefore has a direct interest in addressing the issues they put forward. Some successful examples of organisational commitment or investment include:

- Implicating resources of a multi-disciplinary team from the main learner organisation for the programme
- Engagement with external organisations who have a stake in the problem identified
- Dedicated resources to addressing the problem outside of the training programme (offline work)
- Gaining or maintaining political ‘buy-in’

6 Programme development

A draft prototype training programme has been developed based on extensive experience within the I4H partnership working with public sector organisations and social services in the implementation of health promotion and disease prevention programmes. The prototype has been

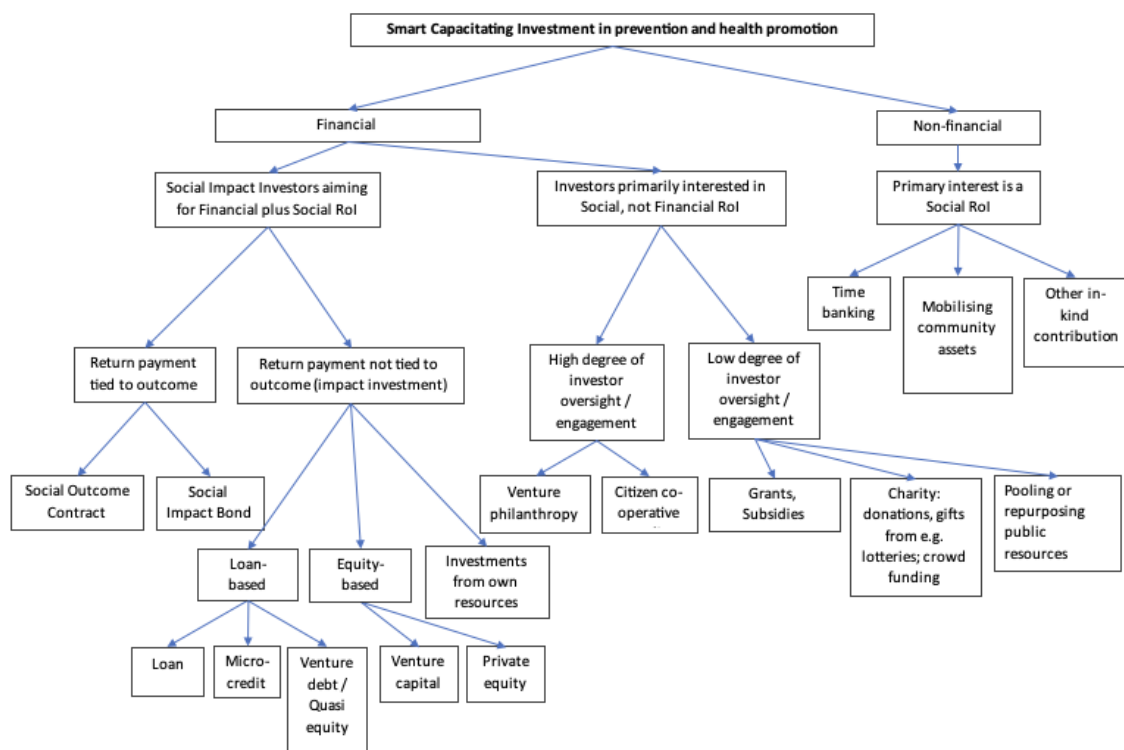
¹ A problem-solution pair refers to the identification of a specific issue or challenge and the corresponding solution to address it. This is also known as a “need–solution pair”, where a need and a solution are often discovered together and tested for viability.

built on input from other work packages, recommendations based on previous projects led by I4H partners, and testing with the four testbeds during the first 18 months of the project.

6.1 Scope

The scope of our programme is directly related to the scope of SCI and the content of the programme will cover both financial and non-financial forms of SCI in HPDP. This is outlined in the SCI typology (developed by WP2 and WP4) diagram shown in Figure 1.

Figure 1. SCI typology (source: Rutten-van Mölken, Goosens. EUR. 2024)



6.2 Previous project experience

6.2.1 SOFHIM - Foster Social Funds for Health Impact

The aim of the SOFHIM project funded by EIT Health² and led by IESE Business School, was to build a learn-by-doing course designed, developed and delivered through a partnership between RISE (Research Institutes of Sweden), the University of Oxford, Semmelweis University and Smarter Futures EESV. The main objective of the course, Designing for Outcomes, was to empower health and care executives and professional teams to implement outcomes-based health promotion/disease prevention initiatives and social impact capital financing. During 2019, the team worked with 51 public sector commissioners and providers across four EU countries (Sweden, Spain, Italy, UK) to support them in designing outcomes-based contracts for a variety of social

² EIT Health CAMPUS Innovative Education 18595 funding awarded in 2018 ([EIT Health Campus announces innovative health education activities | EIT \(europa.eu\)](#))

conditions spanning migrant health, youth at risk of becoming NEETs (not in education, employment or training), care for the elderly, disease prevention and health promotion as well as specific clinical conditions like severe mental illness in adolescents and colorectal cancer. All participants came in teams of 3-5 people from the same organisation and brought with them a problem they were currently trying to tackle. The teams (13 teams across all three courses) typically consisted of a subject matter expert on the social problem being addressed, an analyst and someone with finance expertise. The three-day programme used simulation and case studies based on real experiences from developing and implementing outcomes-based contracts and social and health impact bonds. Pre-course preparation was via online webinars and the only registration prerequisite was to register as a multi-disciplinary, multi-department team with an agreed mandate.

6.2.2 a4i - Alliance for Inclusive Investment in Social Care and Support

The Alliance for Inclusive Investment in Social Care (a4i) project co-funded by ERASMUS+³, in which HealthClusterNet was a consortium partner, in partnership with investors and social care providers, resulted in a training programme based on concrete real-life pilot projects in both the academic setting and in adult education. A Massive Open Online Course (MOOC) to achieve common knowledge and tools to facilitate understanding, communication and collaboration between Social Services Providers and Private Investors, was developed. The course contributes to enhancing the mutual understanding, trust and ability to work together in securing more sustainable and diversified funding for integrated, flexible and individualised services. It is available in four languages (EN, ES, CZ, FR) in a knowledge centre developed by the European Association of Service providers for Persons with Disabilities (EASPD). The aim of the centre is to provide a simple but detailed overview of InvestEU, the different programmes and opportunities and success stories. It also provides useful information for investors and public authorities looking to invest in the social services sector, including a4i resources.

6.3 Publicly available resources

Since the very first SIB was initiated in 2005, the amount of public information and guidance on impact investing has increased. Although the depth of information for precision analysis of each case is questionable, the scope in guidance and advice is immense. A scoping review of information in WP2 revealed public information on SCIs from the UK (almost 50%), Australia and Europe. Several cases, examples and links will be shared with participants of the training programme. The following three links are likely to be recommended heavily and referenced several times during the programme delivery.

1. Government Outcomes Lab (<https://golab.bsg.ox.ac.uk/knowledge-bank>): A research and policy centre based at the University of Oxford, it investigates how governments can partner with private and social sectors to improve social outcomes. The lab conducts high-quality research, provides practical insights, and works to get evidence into the hands of those who need it. It currently houses one of the most comprehensive evidence bases for outcomes-based contracts.

³ 600958-EPP-1-2018-1-BE-EPPKA2-KA

2. Good Finance SIB Toolkit ([Welcome to Good Finance | Good Finance](#)): This toolkit is a set of resources designed to help charities and social enterprises develop successful Social Impact Bonds (SIBs). It provides strategies, insights, and practical wisdom to capital providers, ensuring impact capital is deployed effectively.
3. European Investment Bank Support on SIBs ([Home-page - EIB Institute](#)): The European Investment Bank (EIB) works with EU institutions, Member States, and partner countries to foster sustainable development. EIB Global, a new structure as of 2022, intensifies the EIB's development finance role.
4. Impact Europe (formerly European Venture Philanthropy Association) ([Home | Impact Europe](#)): Impact Europe is a network at the intersection of finance and purpose. It offers strategies to capital providers, mobilizes resources, and builds a global impact ecosystem. It unites capital providers and social innovators to maximize social impact.
5. PIRU-RAND Report on SIBs Pathfinders in the UK ([Social Impact Bonds for Health and Social Care - Policy Innovation Research Unit \(piru.ac.uk\)](#)): This report evaluates the progress of the nine Trailblazer projects that received funds from the Social Enterprise Investment Fund in 2013 to investigate the feasibility of setting up Social Impact Bond (SIB) projects in health and social care in England.

7 Programme content

The programme currently consists of 11 modules. These modules will be delivered via online workshops in a learn-by-doing format, enriched by discussions and real-world case studies. The case studies will provide practical examples, enabling participants to apply their knowledge before working on their own projects. The case studies are described in the following section (further cases may be incorporated in the future).

7.1 Modules

A brief description of each module⁴⁵ is provided below and in Table 2.

Modules 1–3 to achieve LO1: Understand the basics of SCI and decide if SCI models are appropriate for the organisation in reference to HPDP programmes

1. Introduction to SCI and HPDP Programmes

This module introduces the concept of SCI and Health Promotion and Disease Prevention (HPDP) programmes. It explains how SCI can support sustainable healthcare solutions and participants learn about the benefits of SCI in addressing health and social care challenges. Several real-world examples in SIBs, SOCs, and venture philanthropy and cases that have non-financial return will

⁴ The content, structure and order of the modules will remain flexible to consider insights being gathered from the testbeds via several work packages including WP2, WP4, and the ongoing piloting in WP5.

⁵ The modules and programme is iterative. Participants must return to the modules and tools provided, such as the logic model, to include insight from new stakeholders and other sources of information.

complement our introduction to SCIs. This will also involve an open discussion of pros and cons of various funding mechanisms, from grants to innovative investment models.

Estimated time to go through the module: 15-20 minutes presentation + 20-30 minutes discussion

2. Identify the Problem Worth Solving

Using the concept of “5 Whys”, learners drill down to the root cause of problems by asking “why” five times. Case studies utilising sick leave data and pre-diabetes will be presented to illustrate how data can reveal significant health issues worth addressing.

Estimated time to go through the module: 20-30 minutes presentation + 1-2 hours for learn by doing

3. Build the Right Team

This module explores what makes a good team by examining the qualities and dynamics of effective teams. It provides guidance on assembling a team based on the identified problem and target population. Participants will define necessary team roles and determine which expertise is needed in-house and which should be outsourced.

Estimated time to go through the module: 15-20 minutes presentation + 20-30 minutes discussion

Modules 4-5 to achieve LO2: Explore and Create a Narrative for an Evidence-Based Problem-Solution Pair

4. Problem Definition

Participants will learn techniques for thorough problem analysis, such as root cause analysis and problem tree methods, using expert knowledge of the target condition. The module ensures all stakeholders agree on a well-defined problem to solve. This module involves a deep dive into defining the problem within the context of existing services. Participants will gain an understanding of the current service landscapes and identify existing barriers and levers. The module emphasizes achieving stakeholder agreement on the right intervention and how outcomes will be measured.

Estimated time to go through the module: 15-20 minutes presentation + 30 minutes for learn by doing

5. Define Target Population

Using inputs from the problem definition, participants will iterate the logic model to refine their understanding. They will analyse data to identify (i) their target groups who can be high-risk groups or groups from the general population and (ii) gaps in existing services. The module guides learners in precisely defining the target population (e.g., males 20-55 working as bus drivers with pre-diabetes) and developing strategies for identifying and reaching this group.

Estimated time to go through the module: 15-20 minutes presentation + 30 minutes for learn by doing

Module 6 to achieve LO3: Identify Metrics to Model Social and Financial Outcomes That Can Be Analysed Through Different Impact Tools and Methodologies

6. Define Outcomes

In this module, participants will leverage their understanding of existing services and the expertise of external stakeholders to clearly define short-, intermediate- and long-term outcomes. They will distinguish between soft outcomes (e.g., improved, self-reported well-being) and hard outcomes (e.g., reduced hospital admissions), and learn to differentiate outputs from outcomes and impacts. The module will also cover various impact measurement tools and methodologies, equipping learners with the skills to effectively measure and evaluate the impact of their interventions. A key tool that will be applied here is the Logic Model. Participants will create current and ideal logic models to visualize change, and identify inputs, outputs, outcomes, and conditions. A (simplified) logic model from the Ways to Wellness SIB is shown in figure 2.

Estimated time to go through the module: 15-20 minutes presentation + 30-60 minutes for learn by doing

Modules 7-8 to achieve LO4: Identify and Align Key Stakeholders' Incentives and Activities to Tackle the Problem and Deliver the Solution

7. Stakeholder Mapping

In this exercise and workshop, participants will use logic models and external knowledge to map stakeholders and their relationships. They will identify the nature of stakeholder interactions, whether transactional or collaborative.

Participants will engage in exercises to clearly outline short-, intermediate- and long-term programme outcomes. Using knowledge of existing services and external stakeholder expertise, they will specify measurable soft and hard outcomes through surveys, interviews, and desktop exercises.

Estimated time to go through the module: 15-20 minutes presentation + 30-60 minutes for learn by doing

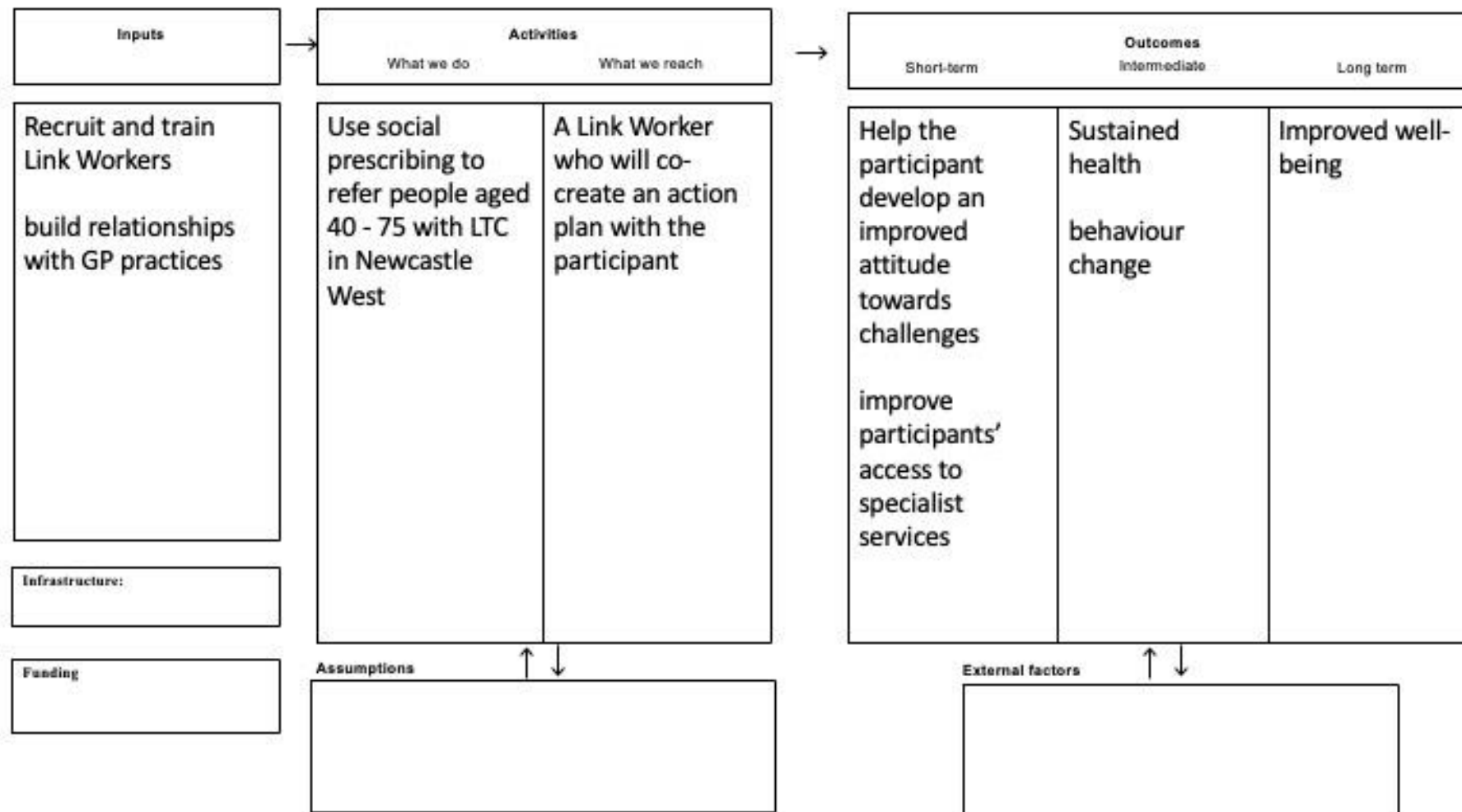
8. Payer / Investor relations

Through desktop exercises and interviews, participants will explore the payment landscape to identify potential payers and investors. They will create a comprehensive list of funding sources, including outcome payers and long-term investors.

Participants will learn how to craft compelling pitches to secure investment and funding. The module emphasizes developing a strong narrative, demonstrating intervention effectiveness, and showcasing a capable team.

Estimated time to go through the module: 15-20 minutes presentation + 30 basic narrative/pitching practice

Figure 2: Ways to Wellness SIB logic model



Modules 9-11 to achieve LO5: Identify and Test Routes to Sustainability

9. Define Your Business Model

In this workshop, participants will develop a detailed business model and value proposition based on the problem definition. They will plan how to reach the target population, leverage network partners, manage resources, and outline financial aspects, including revenue generation and cost of service provision.

Estimated time to go through the module: 15-20 minutes presentation + 30-60 minutes for BM canvas

10. Calculate the Cost of Your Future Intervention

Participants will estimate costs based on the business and revenue model, considering factors such as dropout rates and organizational capacity. The module involves assessing operational capacity, such as the number of clients a service can handle and calculating the price of an outcome.

Estimated time to go through the module: 15-20 minutes presentation + a few days to find the right costs; agreement on costs between stakeholders could be much longer.

11. Scaling and Sustainability

This module covers financial and social return on investment beds, and payment models in social outcomes contracts (such as Social Impact Bonds and pay-for-performance contracts). Participants will explore venture philanthropy and alternative support mechanisms like grants, time banking, and community asset mobilization.

Estimated time to go through the module: 15-20 minutes presentation + 20-30 minutes creating hypothetical contracts/ term sheets

Samples of content from our training programme are provided in the Annex.

7.2 Case studies descriptions

7.2.1 Stockholm Pre-diabetes SIB

An increasing number of people are suffering from type 2 diabetes, but preventive resources are scarce. Therefore, Region Stockholm decided to try a unique approach: issuing a health bond⁶, with Skandia as the investor and Skandinaviska Enskilda Banken AB (SEB), a Swedish Bank, as the adviser and arranger. The bond of SEK 30 million has a maturity of five years. The money will be used for preventative measures focusing on lifestyle habits for 925 individuals at risk of developing type 2 diabetes. The participants are chosen through a health survey and follow-up testing. A health coach thereafter develops a personal health plan for them. In addition, the participants get a grant to buy services – within areas such as exercise, food, sleep and stress – to help develop a healthier lifestyle. If these measures prove successful, the investor – Skandia – gets interest on its investment.

⁶ [Health Impact Bond - Region Stockholm](#)

The interest rate will be slightly higher than if Region Stockholm would have taken a regular loan. At the same time, the cost savings for Region Stockholm will be significant, compared to a scenario where the participants had in fact developed type 2 diabetes. If the preventive measures fail to achieve the desired health effects, however, Skandia will receive a negative return. I4H partners, RISE and University of Navarra (IESE Business School) were involved, with other external stakeholders, during the development of the bond.

7.2.2 The Occupational Health Social Outcomes Contract

This case study takes a close look at the Occupational Health Social Outcomes Contract (SOC)⁷. The project aims to reduce short-term sick leave and improve health outcomes for employees of two Swedish local authorities. In 2013, the cost for sick leave benefits in the country stood at SEK 26.2 billion. By 2016, that had risen to SEK 39.8 billion, with the upward trend particularly apparent in regional and municipal authorities. While the cost of long-term sick leave is covered by insurance companies in Sweden, the cost of short-term sick leave (days 1-14) is covered by the employer. Public sector employers were therefore facing high direct costs through the expenses of short-term sick leave. In addition, there were wider costs to the individuals, employers, and society at large: ill health, a loss in productivity, and reduced public service quality.

The concept enables a shift towards proactive and health promoting places of work. If successful, this will result in improved employee health, reduced costs for sick leave and eventually financial return to investors. Kommuninvest, the funding organization, issued the financial instrument and funnels the investment to Regions and Municipalities as well as reimbursement back to investors. The regions and municipalities use the investment for procurement and delivery of effective interventions for reducing short term sick leave. Evaluation of outcomes was performed by RISE (I4H partners) and SALAR, who were also responsible for overseeing implementation, performance management, as well as measurement and validation of impact. The proposed SOC includes several mechanisms, e.g. specific contractual demands for participating regions and municipalities, to ensure successful implementation.

7.2.3 Ways to Wellness SIB

The Ways to Wellness SIB⁸ was a pioneering initiative in the United Kingdom, aimed at improving health outcomes for patients with long-term conditions (LTCs). This SIB, the first of its kind in the health sector, was designed to support around 8,500 patients over its initial six years. The SIB operates on an outcomes-based contract, with Newcastle Gateshead Clinical Commissioning Group (CCG) agreeing to pay up to £8.2 million to service providers based on the achievement of two key outcomes. These outcomes are improved self-management of LTCs and reduced costs of secondary healthcare services. The service provider received an upfront investment of £1.65 million from the Bridges' Social Sector Funds, which is to be repaid in the later years of the project. This innovative financing structure allowed the service to scale up from the start, reaching more people and supporting them for a longer period than many social prescribing services. One of the unique aspects of the Ways to Wellness SIB is the unprecedented commissioning of large-scale social

⁷ [Case study: Occupational Health Social Outcomes Contract, Sweden \(ox.ac.uk\)](https://case-study.occupational-health-social-outcomes-contract-sweden.ox.ac.uk/)

⁸ waystowellness.org.uk/site/assets/files/1404/wtw-publication-digital-aug21.pdf

prescribing to improve long-term health outcomes. This involves a pioneering collaboration between local GPs, the CCG, local Voluntary, Community and Social Enterprise organisations (VCSEs), and social investors. However, implementing the SIB and securing its funding across multiple stakeholders required a complex web of contracts. Financing outcome metrics that truly reflect improvement for patients and the financial benefit to the CCG was immensely challenging.

The Ways to Wellness SIB is included in our programme primarily because of the information made available in the public domain. This is uncommon for SIBs and SOC.

Table 1. Key elements in each module

LO	Module#	title	Key elements
LO1	1	Introduction to SCI and HPDP programmes	• What is SCI • how it can help • examples in SIBs, SOCs, Venture philanthropy • grants and everything in-between
LO1	2	Identifying the problem worth solving	• Identify critical pain points and long-term vision • Supporting data • examples of insight from sick leave data and pre-diabetes SIB
LO1	3	Build the right team	• What makes a good team? • Using high level idea of the problem, target population • learners need to define Team roles, expertise required, in-house and ones that need to be contracted externally
LO2	4	Define the problem	• Define problem and solution clearly • Using input from problem definition to create logic model
LO2	5	Define target population	• data / evidence about the problem and target population, target audience must work out which groups are high risk? • for whom have existing services not worked yet? • Also, knowledge on how they can be identified / stratified; participants need to work towards a precise definition of target population eg. males 20-55 working as bus drivers, with pre-diabetes; and how you will identify them



			• Call to Action that you can send out to stakeholders
LO3	6	Define outcomes	• using knowledge of existing services • external stakeholder knowledge and expertise, learners need to define clearly short, long and intermediate outcomes • soft and hard outcomes; outputs v outcomes v impact • Impact measurement tools and methodologies
LO4	7	Stakeholder engagement and management	• using all previous outputs especially the logic model • external stakeholder knowledge • knowledge about existing services, learners need to identify stakeholders and their relationships (e.g., purely transactional? or collaborative etc).
LO4	8	Investor and Payer relations	• outcomes from the previous activity; the payment landscape: is it common for payers to pay for outcomes? how close have they come before? what kind of contracts have existed? who's the most radical payer? Learners need to come up with a list of funding sources: outcomes payers or investors or long-term programme funding • Develop a narrative and learn how to pitch to investors and stakeholders • Build a sound narrative, confidence that your intervention works and above all a great team who know their stuff
LO5	9	Business modelling	• your intervention details, clear value proposition (which comes from a clear problem definition) • related components such as how you will reach your target population, which network partners you need to rely on, resources you need, activities you need to do, costs and revenue ideas • learners need to create revenue and identify who they will serve

LO5	10	Financial and payment model	• business model and revenue model. • everything you know about the target population eg. how many are likely to drop out? • you also need to know what kind of capacity you have in the organisation to provide for the target eg. if your intervention has coaching, • how many people can a coach see in a day etc • calculate price of an outcome
LO5	11	Scaling and sustainability	• Financial and social return on investment models • Social franchising models in health promotion and disease prevention • Social outcomes contracts (Social impact bonds, pay for performance contracts) • Venture philanthropy • Non-financial instruments e.g., • Grants • Time banking • Mobilisation of Community assets

8 Further testing and iterative prototyping

Between months 1 and 18 (M1-M18), we engaged in rigorous testing and prototyping of various tools and content, from basic conversations and interviews, to completing logic models and stakeholder mapping, with our test-bed partners. These efforts included deep dive sessions, project meetings, and workshops with partners and stakeholders from each testbed region. This process of iterative testing and refinement is ongoing and will continue as part of a feedback loop to design and deliver the most relevant and effective training programme.

8.1 Key Insights from Initial Testing Phase

Several important insights have emerged during this initial phase, which will continue to be tested with current and future testbeds:

1. Lack of Specific Guidelines for SCI Models:

There are currently no specific or validated guidelines for SCI models, and while the evidence base for SCI is growing, it remains relatively small compared to traditional models. This necessitates a flexible and adaptive approach to our content.

2. Value of Shared Learning:

Shared learning between testbeds and organizations at European and international levels has proven beneficial. However, for programmes to be effective, they need to be delivered in the local language and context, requiring the expertise and trust of local facilitators.

3. Constraints on Decision Makers:

Our target learners, mainly decision-makers, are often limited by time and resources. Therefore, modules must be concise, and where brevity is not possible, the learning organization should assist by delegating tasks to teams.

These insights highlight the challenges of delivering and sustaining this programme as a conventional training course. Consequently, the assumptions and points listed in 8.2 will be tested over the course of the project.

8.2 Key assumptions and points to be tested

1. Effectiveness of the Learn-by-Doing Format:

While our experience suggests that a learn-by-doing format is effective for engaging committed teams, it is resource-intensive for people delivering the training programme and time-consuming for learners. Additionally, this format often necessitates follow-up support for teams to be most beneficial. A further limitation is the face-to-face requirement in delivering some of the content. We have had mixed results, so far, with online workshops that utilise design thinking or logic models. Ideally, completing a logic model or stakeholder map should be done in-person, with large

multi-stakeholder groups. However, there is a possibility that a basic version is run online, and the organisation takes ownership of running a larger in-person workshop in their own time with or without an external facilitator.

2. Multi-Stakeholder Collaboration:

Successful SCI implementation heavily relies on collaboration among multiple stakeholders, and this program is designed for multi-stakeholder teams. This approach, however, presents challenges in coordination and requires robust facilitation.

3. Access

The content for the training programme can currently only be accessed via the consortium intranet (Microsoft SharePoint) and it is currently being delivered either online or face-to-face. During the rest of the project, access via the I4H Roadmap will be tested.

The I4H Roadmap, shown in figure 3, created (in Mural) by members of the WP5 and WP6 team, currently serves as a guide for testbeds. The purpose of the roadmap is to visualise the process that testbeds take when developing and implementing an SCI model. Its objective is to give them an idea of where they are currently, where they are going and how they can get there.

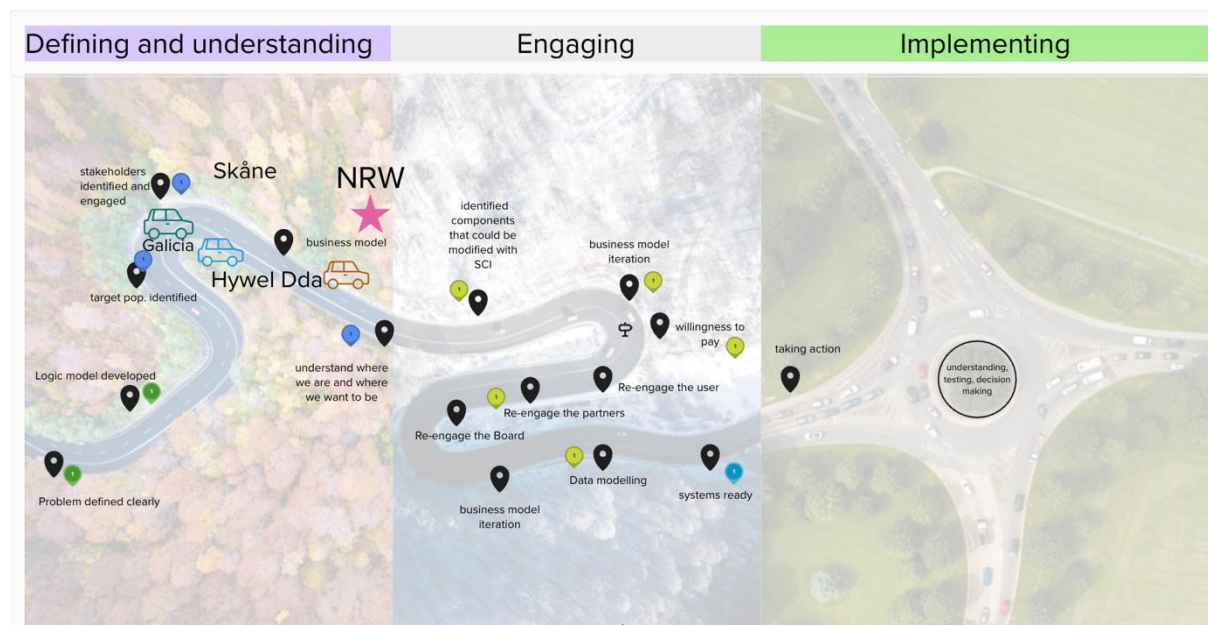


Figure 3. I4H Roadmap on Mural

The map is divided into three phases:

1. Defining and Understanding is about where they are
2. Engaging is about identifying which stakeholders will join the process
3. Implementing is about taking action

Every “stop” is a step in this process and each consists of the name of the step or action required and a comment that explains its significance. For example, as shown in figure 4, the comment next to the “business model iteration” stop in the Engagement phase prompts the testbed to iterate the original business model with new stakeholders and the SCI component identified in the previous step.



Figure 4. “Business model iteration” Stop on the I4H Roadmap

With regards to accessing content, it is proposed that each stop is linked to the associated content in the training programme. For example, the “Business Model Iteration” stop will link to all the guidance material developed by I4H related to the Business Model Canvas with examples. The I4H roadmap also requires further testing and validation both as a guidance tool and an entry point for new testbeds to the training programme.

4. Recruitment of new testbeds

In M21, the I4H team will begin the recruitment process for a 2nd tranche of regional testbeds (hereby referred to as 2T-beds), primarily from transition and less developed regions, via an Open Call to join the project by M24. The teams responsible for guiding self-assessment of SCI readiness and training have resources allocated to provide online support and training for the new regions. Once the 2T-beds have been identified, the I4H team will run simulation exercises with the SCI material guided by empirical learning from these teams and three of the four pilot testbeds. If further funding is needed, Invest4Health will explore funding options for this second tranche from one or more sources (the EU, private investors, public and private insurers or regional authorities and other players such as, e.g., patient associations or foundations).

Our previous experience in other projects indicates that a closed, focused and personal recruitment approach is more effective than traditional open methods, such as social media campaigns. However, given that this is an open call, we will ensure that the criterion for selecting the 2T-beds is transparent and based on the capacity and ability of the current testbeds in implementing SCIs.

9 Delivery of the training programme

The objective of the I4H team is to deliver the programme to the pilot region testbeds within the consortium and to a new tranche of testbeds (2T-beds) to be recruited in M21. Some training has already been delivered and tested with the pilot testbeds since M9 and in some cases components such as logic models and business model canvas will require further iteration between M18-M36.

To effectively deliver the training programme to both the pilot testbeds and 2T-beds, organizations, and stakeholders, we have outlined a preliminary timeline that ensures a structured and phased approach. This timeline is flexible and will facilitate the time necessary for pilot testbeds to iterate onboarding of new participants and ensure the programme is delivered efficiently.

The following is a description of key activities for pilot testbeds.

9.1 M9-M36 Delivery of training programme to pilot testbeds

M9-M17: Co-creation and testing of content with pilot testbeds

- Introduction to SIBs and social outcomes contracts
- Logic models and problem trees for problem definition
- Needs assessment, mapping existing services and stakeholders
- Defining ideal scenarios

M18-M30: Stakeholder management, business models and sustainability

- During M21-M23, we aim to work with all pilot testbeds on their stakeholder management and apply further iterations to the logic models.
- We aim to explore payment models in M21 and begin contacting investors by M24. I4H teams have begun work on the economic model with Galicia in M18. We will continue to iterate and work with other regions until M27
- During M28-M30 we will work on the long-term sustainability of the models. These are linked to payment and financial models explored earlier.

9.2 M21- M36: Delivery of programme to 2T-beds

The following is a description of key activities and milestones for the 2T-beds who will be invited in M21.

M21: Launch Call for new testbeds (WP7 and WP5)

- Develop and disseminate a call for new testbeds and organizations to participate in the programme.
- Engage in targeted outreach to potential participants through various channels, including networks, conferences, and professional associations.

- Provide detailed information on the programme, including objectives, benefits, and expectations.

Milestones:

- Successful dissemination of the call.
- Initial expressions of interest from potential testbeds and stakeholders.

M21-M23: Selection and preparation (WP7 and WP5)

- Review applications and select new testbeds and stakeholder organizations.
- Conduct preliminary meetings with selected participants to align expectations and clarify programme details.
- Prepare customized onboarding materials and resources tailored to the needs of the new testbeds.

Milestones:

- Final list of participating testbeds and organizations.
- Completion of preliminary meetings and distribution of onboarding materials.

M24: Onboarding new testbeds

- Officially onboard new testbeds and stakeholders.
- Conduct orientation sessions to introduce participants to the programme structure, objectives, and timeline.
- Establish communication channels and support systems for ongoing engagement.
- Milestones:
 - All new testbeds and stakeholders fully onboarded.
 - Orientation sessions completed with clear understanding of programme objectives and processes.

M25-M27: Introduction to SCI and HPDP Programmes, Identifying the problem worth solving, build the right team

- Facilitate online workshops and discussions, incorporating real-world case studies to ground learning in practical examples.
- Provide follow-up support and resources to ensure comprehension and application of learnings.
- Milestones:
 - Participants begin applying initial concepts to their own projects.

M28-M30: Problem Definition, Define Target Population and Define outcomes

- Continue with online workshops, discussions, and practical exercises.
- Monitor progress and provide additional support where needed to address any challenges.

Milestones:

- Participants identify and define target populations and programme outcomes.

M31-M33: Stakeholder engagement and Investor / Payer relations

- Stakeholder mapping, engagement and management workshops.
- Focus on building a narrative and pitching techniques

Milestones:

- Completion of advanced training modules with comprehensive stakeholder maps and identified funding sources.
- Participants finalize business models and intervention cost estimates.

M34-M36: Business modelling, financial model and sustainability

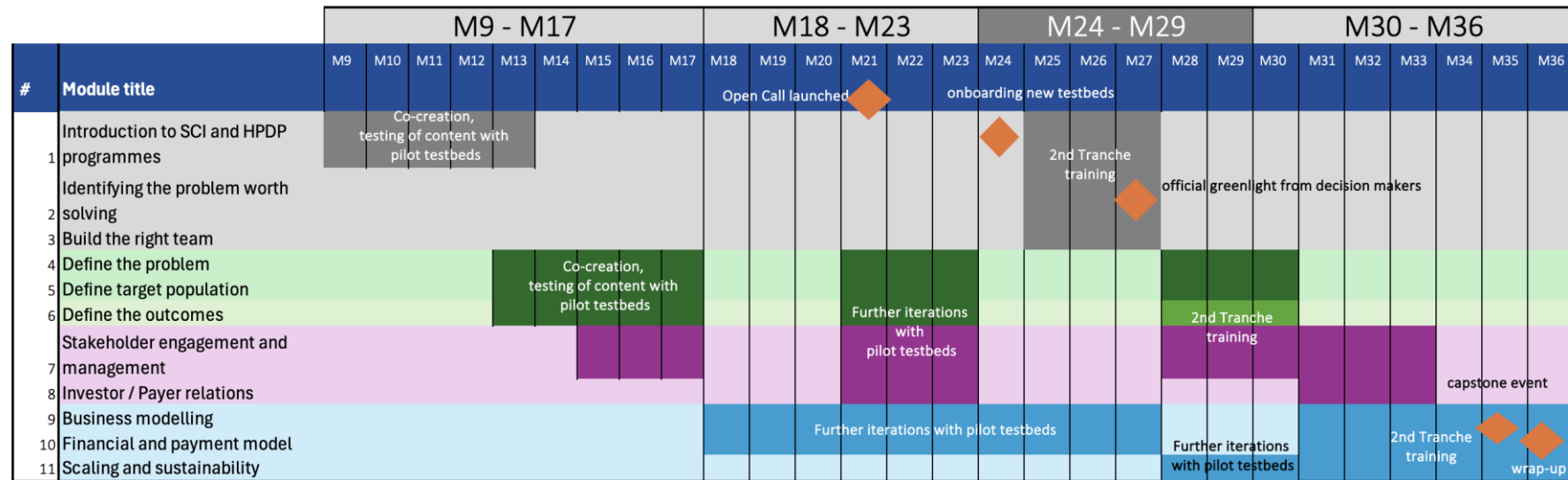
- Conduct final workshops focusing on scaling strategies and sustainability models
- Organize a capstone event where participants present their SCI proposals to potential investors and stakeholders.
- Facilitate workshops and collaborative sessions to refine stakeholder strategies and financial planning.
- Ensure participants have the tools and knowledge to develop sustainable business models and cost calculations.

Milestones:

- Successful delivery of the final module.
- Participants confidently pitch their proposals.
- Programme evaluation and feedback collection to inform future iterations.

Throughout the timeline, ongoing support, feedback mechanisms, and iterative improvements will be integral to the programme's success. This structured approach ensures that the 2T-beds and stakeholders are effectively integrated into the programme, allowing for progressive learning and application leading up to M36. An approximation of the roadmap of delivery of modules and key events is presented in Figure 5.

Figure 5: Timeline of programme delivery for pilot testbeds and 2T-beds



10 Risk and Mitigation

Implementing this training programme presents a variety of risks and challenges. These risks stem from the complexities of engaging multiple stakeholders, presenting novel concepts (e.g., SCI), navigating different healthcare systems (such as Beveridge and Bismarckian models), and ensuring alignment across public sectors like healthcare, transport, housing, and education.

The target learners for this programme are decision-makers and policymakers who play pivotal roles in their respective organizations. They are typically constrained by time and resources, yet their participation is crucial for the success of the programme. Therefore, identifying potential risks and developing effective mitigation strategies is essential to ensure the programme's sustainability and impact.

The following table outlines the key risks associated with the programme and the corresponding mitigation strategies. This comprehensive risk and mitigation plan will help in anticipating challenges, facilitating smooth execution, and maximizing the effectiveness of the training modules. By proactively addressing these risks, we aim to enhance engagement, ensure consistent participation, and foster a collaborative environment among stakeholders to achieve the desired health outcomes.



Table 2: Risk and Mitigation

Risk	Description	Likelihood	Impact	Mitigation	Responsible Party
Lack of Engagement from Stakeholders	Decision-makers may not fully engage due to time constraints or lack of interest.	High	High	Provide concise, targeted modules. Use engaging, interactive content. Ensure relevance to their roles through case studies and practical examples. Schedule sessions at convenient times and offer recordings for flexibility.	Programme coordinator
Inconsistent Participation	Busy schedules may lead to irregular participation in training activities.	High	Medium	Implement a modular learning approach with short, manageable sessions. Offer recorded sessions for later viewing. Regular check-ins and reminders.	Programme coordinator
Resources constraints	Limited resources (time, budget) for stakeholders to fully participate and implement learnings.	High	High	Provide detailed resource planning tools to optimize existing resources. Encourage collaboration between organizations within the same project to share resources.	Programme coordinator / Financial officer at lead client site
Resistance to change	Stakeholders may be resistant to new investment	Low to Medium	High	Include change management components in the training.	Programme coordinator /



	models and changes in their traditional operations.			Showcase successful case studies and testimonials, and facilitate engagement with stakeholders on successful case studies Involve respected leaders as champions and facilitators. Engage change champions within organizations to advocate for the program.	Lead client organization
Cultural and Systemic Differences	Variations between Beveridge and Bismarckian systems may cause misunderstandings or implementation challenges.	Medium	Medium	Customize modules to address specific system nuances Bring the focus on health outcomes rather than healthcare delivery to reduce the influence of different systems Provide comparative analyses and adaptation strategies for different system contexts. Facilitate cross-system knowledge sharing sessions.	Programme coordinator
Complexity of multistakeholder collaboration	Difficulty in fostering collaboration between health and other departments such as transport, housing, crime and education.	High	High	Design modules to emphasize the benefits of cross-sector collaboration, or find ideal case studies Establish clear communication channels and regular interdepartmental meetings.	Programme coordinator / Project manager at client side

				Create a shared vision and objectives. Utilize facilitation tools to manage collaboration.	
Challenges in Identifying and Recruiting the Right Participants	Difficulty in reaching and engaging the appropriate decision-makers via the Open Call	High	High	Use a targeted recruitment approach with personalized invitations to answer Open Call Leverage existing networks and partnerships to publish Open Call Involve non-health related stakeholders from other sectors e.g.: from housing, education and crime Offer incentives for participation	Programme coordinator
Poor medium to long-term impact post training programme	Participants may struggle to implement learned concepts without ongoing support.	Medium	High	Establish a mentorship and coaching program. Create an online community for continuous peer support. Provide access to additional resources and tools post-training.	Programme coordinator

ANNEX

Sample content from training programme

Samples from Modules 1-3:

Building and managing a successful team

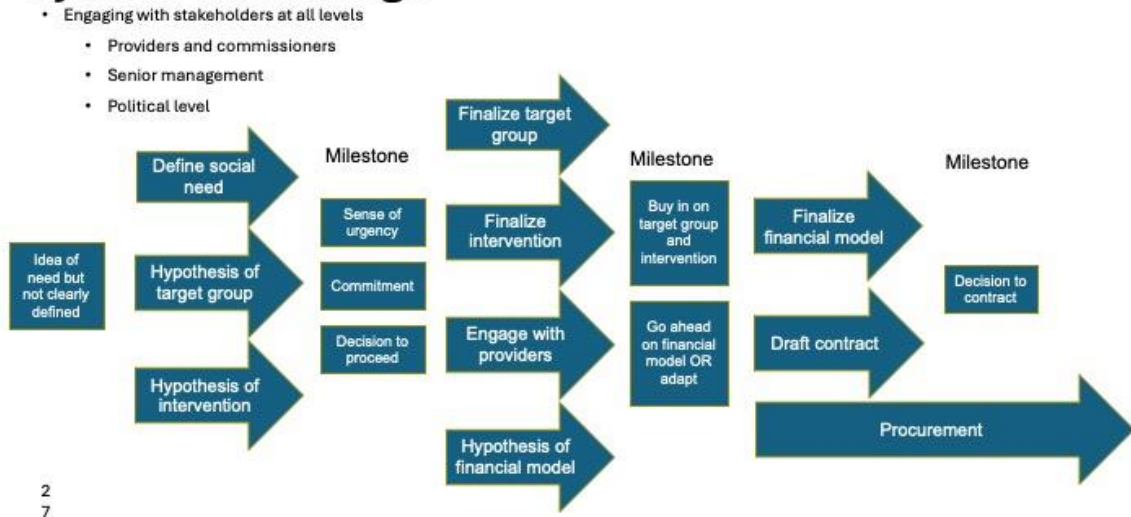
- Team goals?
 - Main: Outcomes focus
 - Meet important social challenges
 - Find solutions with potential for impact
 - Articulate a credible business case
 - Build understanding and commitment among stakeholders
- What competencies are needed?
 - Technical skills
 - Quantitative – econometrics and understanding of social/health data
 - Qualitative – review of evidence and best practise, stakeholders
 - System knowledge
 - Identify process and key hurdles
 - Facilitate constructive dialogue with stakeholders
 - Credibility to accelerate decision making

Technical skills

- Make better use of administrative data using sophisticated methods (dynamic analysis)
- Understand financial potential of delivering better outcomes while being conservative in estimates
- Monitoring and evaluation
- Evidence to local context
- Target group
- Financial and other constraints



System knowledge



When operative...

- A successful team
 - Supports implementation
 - Performance management
 - Plan for and support long term implementation *after* investment period if outcomes are promising

Samples from Modules 4-5 :

Root Causes - Finding the Fundamental Problem



https://en.wikipedia.org/wiki/Taiichi_Ohno

Going deeper into root causes: Building healthier societies

Good health involves reducing levels of **educational failure**, reducing **insecurity** and **unemployment** and improving **housing standards**.

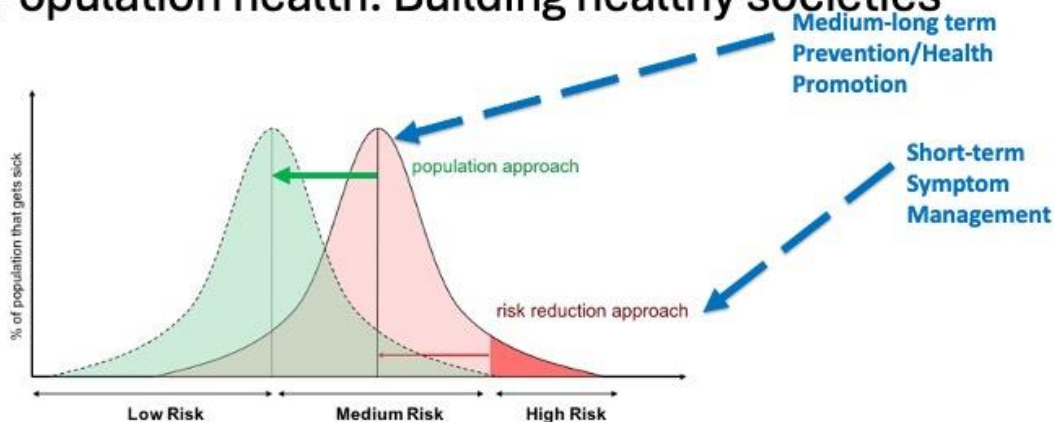
STRESS
EARLY LIFE
SOCIAL EXCLUSION
WORK
UNEMPLOYMENT

SOCIAL SUPPORT
ADDICTION
FOOD
TRANSPORT

Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation.

Social determinants of health: the solid facts. 2nd edition / edited by Richard Wilkinson and Michael Marmot.

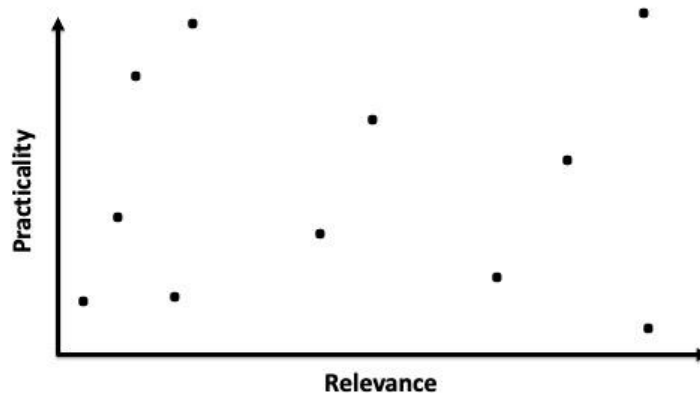
Population health: Building healthy societies



Rose, G. 1985. *Sick Individuals and Sick Populations*

<http://basicincome.org/news/2017/10/basic-income-next-big-population-health-intervention/>

Defining the problem: Practicality & Relevance



Defining the problem: Practicality & Relevance

Practicality

- Can you practically address your problem
 - Resources (political, workforce, financial)?
 - Data (pre [i.e. baseline] and post intervention)?

Relevance

- Will addressing your problem help to build a healthy society?
 - How many people?
 - Over what time frame?
 - Sustainability?

Identify evidence-based risk factors

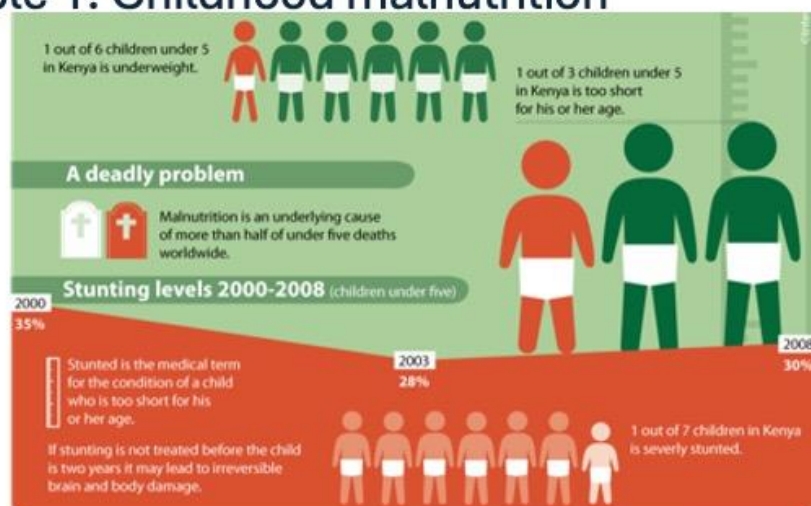
STEP 1. Identify possible causal factors

- What sequence of events leads to the problem?
- What conditions allow the problem to occur?
- What problems co-exist with the central problem and might contribute to it?

STEP 2. Identify the root cause

- Dig deeper
- It is important to dig deeper and continue to ask “why?” until nearly all responses have been exhausted or roots that seem important to address are reached.

Example 1: Childhood malnutrition



Example 1: Childhood malnutrition

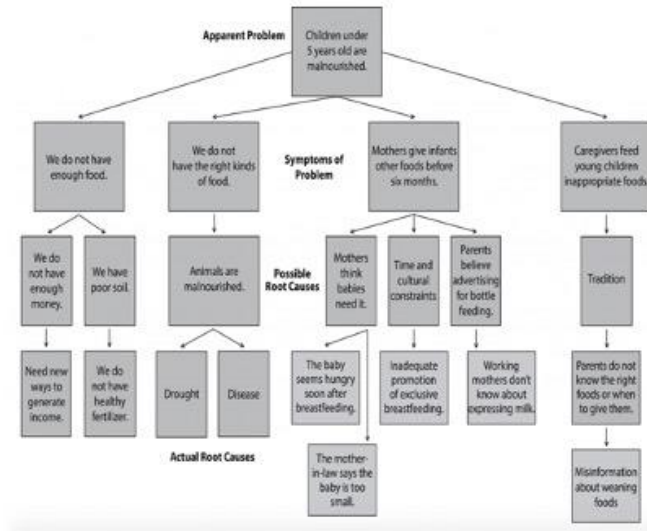
Step 1

Problem	Children under 5 are malnourished
Causal Factors	We don't have enough food
	We don't have enough money
	We have poor soil
	We don't have the right kinds of food
	Animals are malnourished
	Mothers give infants other foods before six months
	Mothers think the babies need more food
	Parents believe advertising for bottle-feeding
	Time and cultural constraints
	Caregivers feed young children inappropriate foods
	Tradition
	Parents don't know the right foods or when to give them

Example 1: Childhood malnutrition

Step 2

-use of primary data



Stratify your population using risk factors

Step 3: Develop a data gathering plan and identify available data and sources

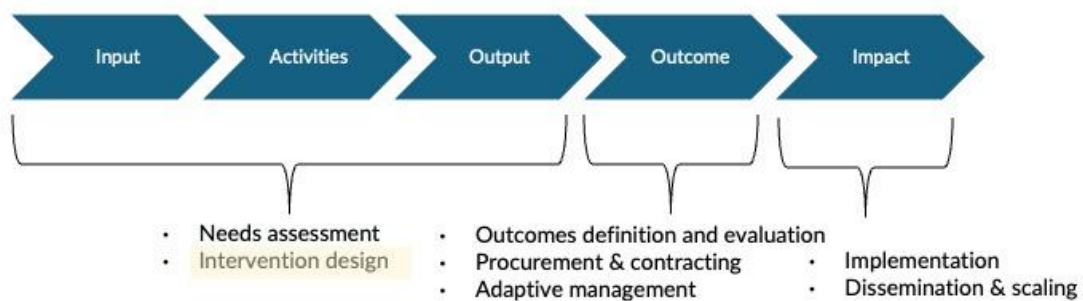
- What kind of stats data do you have?
- How about national, regional and local surveillance data?
- identify the key topic areas eg. Healthy eating, living, smoking

Step 4: Synthesise the data/ clean data and identify gaps

- How much of it is actually useful?

Samples from Module 6:

Steps toward impact



Outline of what the design process involves

- What does the evidence and/or best practise tell us?
- What is or have previously been tried out in the local context?
- Involving local stakeholders
- Assessing the business case - how much can we invest in services?
- Prioritizing to define the intervention model proposal

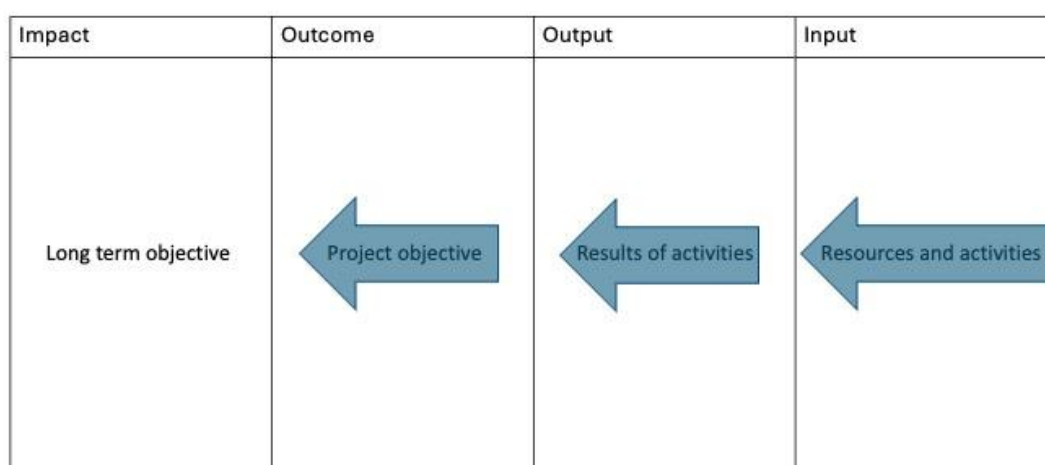
Minimum requirements of intervention

- Components are supported by evidence
- Targets enough risk factors
- Realistic in terms of methodology and costs

Prioritizing and defining the intervention model proposal

- Components included
- The time period required to reach desired outcomes
- Who will deliver (public/private)
- The estimated cost of delivering

Simplified logic chain



Defining impact

Impact (on): *Have a strong effect on someone or something.*
- Oxford English Dictionary

- Usually comes after the project phase, when evaluation of outcomes has been done
- Positive outcomes would indicate that there is (hopefully) a case for wider implementation.

Defining impact

All actions have an impact

	IMPACT	
	Positive	Negative
Intended		
Unintended (externalities)		

Defining outcomes

Outcomes: *The way a thing turns out; a consequence.*
- Oxford English Dictionary

- Normally linked to the inputs and outputs/project objectives
- Shorter term than impact

Designing social and financial outcomes

- What are the requirements of outcomes definitions?
 - Accepted (understood) by all stakeholders
 - Should withstand public scrutiny

Designing social and financial outcomes

- Properties of outcomes
 - Measurable
 - Attributable
 - Important for stakeholders (target group, service providers, commissioner and investor)
 - As simple as possible (but not simplistic!)
 - Balance between financial and social outcomes
 - Pre-defined

Framework: Types of financial outcome measures

		Savings occur	
		Now	In future
Type of cost reduction	Real costs	<i>Example:</i> Reduced sick leave costs for employees due to investment in paediatric care	<i>Example:</i> Reduced educational health costs due to investment in paediatric care
	Expected costs (proxies)	<i>Example:</i> Improvement in perceived working environment due to investment in paediatric care	<i>Example:</i> Reduced prevalence of obesity and mental health problems for adolescents due to investment in paediatric care

Discussion: Strengths and weaknesses of some outcomes

Outcomes Category	Outcome	Description
Mental Health & Substance Abuse	Successful completion of selected intervention	Successful completion of the intervention, expected to be achieved after a pre-determined time duration (usually months or years) following the start of the intervention delivery
	Entry into mental health services	Service users take up mental health services
	Sustained engagement with mental health support	Service users continue to engage with mental health services (duration unclear)
	Entry into alcohol misuse treatment	Service users take up alcohol misuse treatment
	Sustained engagement with alcohol misuse treatment	Service users continue to engage with alcohol misuse treatment services (duration unclear)

Carter, E., FitzGerald, C., Dixon, R., Economy, C., Hameed, T., and Airoldi, M. (2018) *Building the tools for public services to secure better outcomes: Collaboration, Prevention, Innovation*, Government Outcomes Lab, University of Oxford, Blavatnik School of Government.

Discussion: Strengths and weaknesses of some outcomes

Outcome	Description
Successful completion of selected intervention	Successful completion of the intervention, expected to be achieved after a pre-determined time duration (usually months or years) following the start of the intervention delivery

- Measurable?
- Attributable?
- Important for stakeholders?
- As simple as possible (but not simplistic!)?
- Balance between financial and social outcomes?
- Pre-defined?

Discussion: Strengths and weaknesses of some outcomes

Outcome	Description
Entry into mental health services	Service users take up mental health services
Entry into alcohol misuse treatment	Service users take up alcohol misuse treatment

- Measurable?
- Attributable?
- Important for stakeholders?
- As simple as possible (but not simplistic!)?
- Balance between financial and social outcomes?
- Pre-defined?

Discussion: Strengths and weaknesses of some outcomes

Outcome	Description
Sustained engagement with mental health support	Service users continue to engage with mental health services (duration unclear)
Sustained engagement with alcohol misuse treatment	Service users continue to engage with alcohol misuse treatment services (duration unclear)

- Measurable?
- Attributable?
- Important for stakeholders?
- As simple as possible (but not simplistic!)?
- Balance between financial and social outcomes?
- Pre-defined?

Samples of content from modules 9-11

Outcomes based contracting

- Strengths and weaknesses
 - Impact investing model is not the goal it's a mean
 - When does the model fit
 - Complex need
 - Clarity in target group, outcomes and intervention
 - Time frame – outcomes can be reached in reasonable future
- Common critiques
 - Investor driven
 - Cherry picking or rigged models for guaranteed ROI
 - Opaque structure of contracts and evaluation model
 - No plan for what happens after pilot
 - Complicated accounting for public sector (perverse incentives)

Procurement strategy - principles

Goals

- Align incentives of all actors
- Make interdependence explicit (not outsourcing)
- Skin in the game

Approaches

- Early engagement with providers and industry associations
- Dialogue on intervention package and clear description in procurement documentation
- Ensure financial risk sharing
- Be aware of perverse incentives and gaming

Logic framework

	Overview	Responsible Partners	Indicators Partner will be responsible for delivering against
Impact (long term objective)			
Outcome (project objective)			
Outputs (results of activities)			
Inputs (resources & activities)			

Contracting

Contract content

- Social challenge
- Target group
- Intervention(s)
- Actors and responsibilities
- Governance structure
- Primary social and financial outcomes
- Cash flow model
- Legal terms

Business case content

- Story telling
- Scenarios for ROI
- Risk assessment
- Implementation
- Secondary social & health outcomes