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HBGI's Outcomes Contracting Capacity Building Workshop:
Performance Management

Session Two:
Bus Tickets or Jobs?
Building Effective Performance Management
in Outcomes Based Contracts

स्वागत! Bienvenu! Bem-vindo!

مرحباً! خوش آمدید!

¡Bienvenido! Willkommen!

Welcome!

High level outline of session two

(~) **Introduction and Welcome**
- 'House keeping'
- Introduction to HBGI and Social Finance

  Shomsia Ali, Senior Advisor, HBGI

(~) **Building Effective Performance Management on Outcomes Based Contracts**
- Key principles and some working examples

  Richard Johnson, CEO, HBGI

(~) **Social Finance – Partner Examples**
- Working examples from IPS and Kangaroo Mothers programs

  Sarah Baillie, Manager, Social Finance
  Chloe Eddleston, Manager, Social Finance
  Jane Newman, International Director, Social Finance

(~) **Close and Thank you**

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Content

+ What is performance?

+ What is performance management?

+ Some examples

+ What drives performance?

+ Managing across a system

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What is performance?

From contract management to performance management in Afghanistan
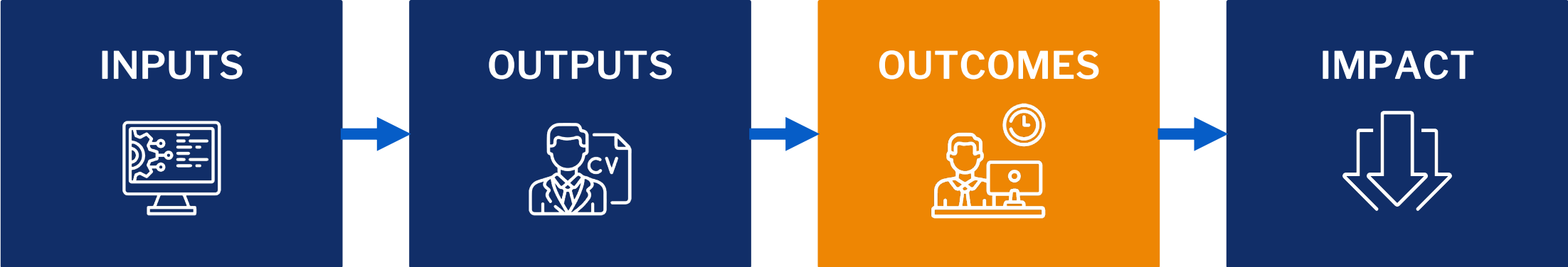
Bus tickets in Hammersmith (and in Sierra Leone)

Managing the bottom line

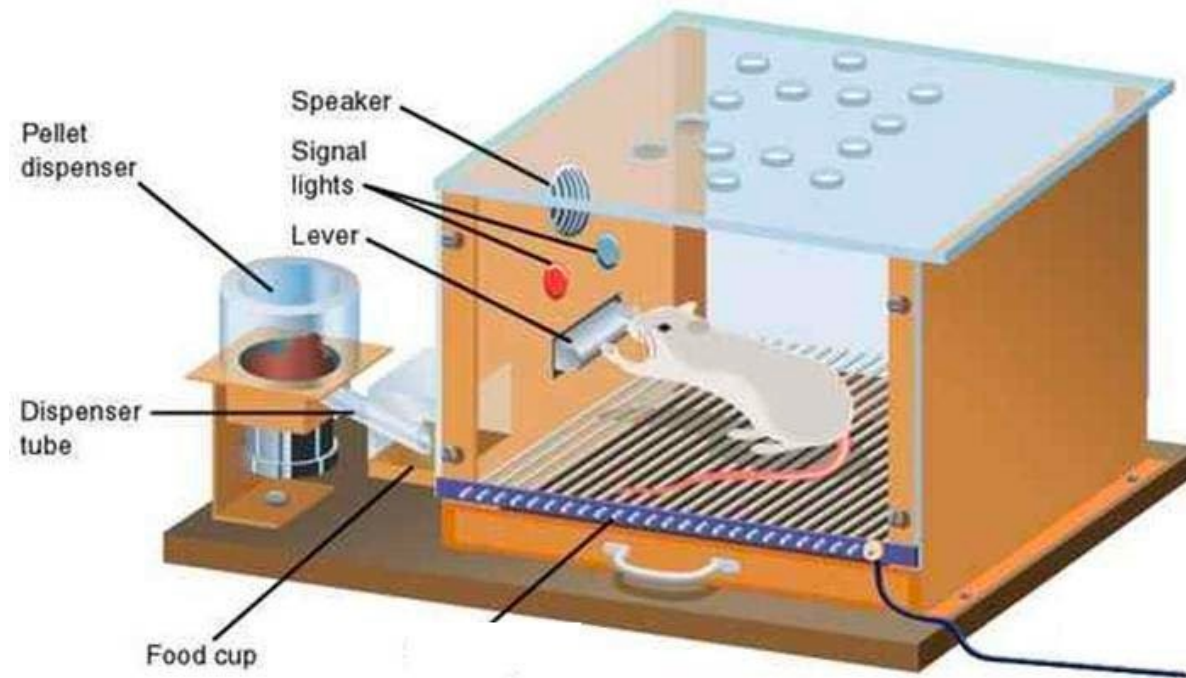# 170,000 homeless people in California

The Results Chain

INPUTS → OUTPUTS → OUTCOMES → IMPACT

Success

? What is 'success'?

? Are you all talking about the same thing(s)?

? Are you all counting and talking about **the things that matter**?

What is performance management?
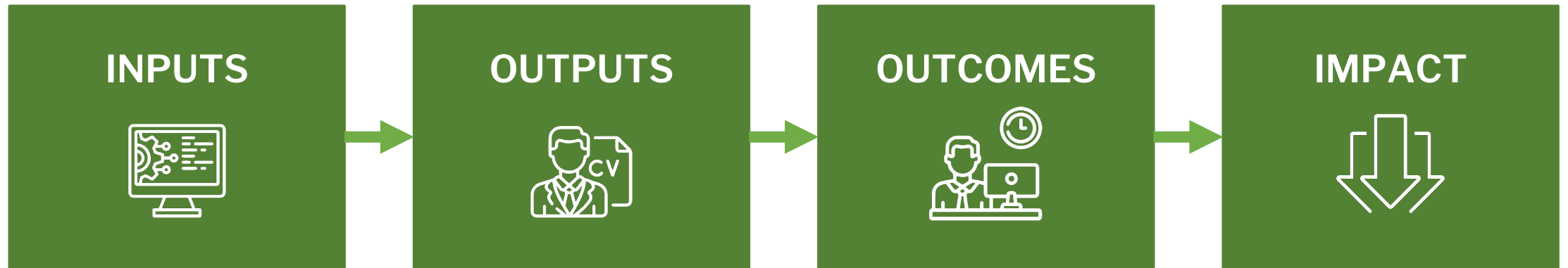
Skinner and 'operant conditioning'

Performance management is the structured conversation about the things that matter

It is a cycle of:
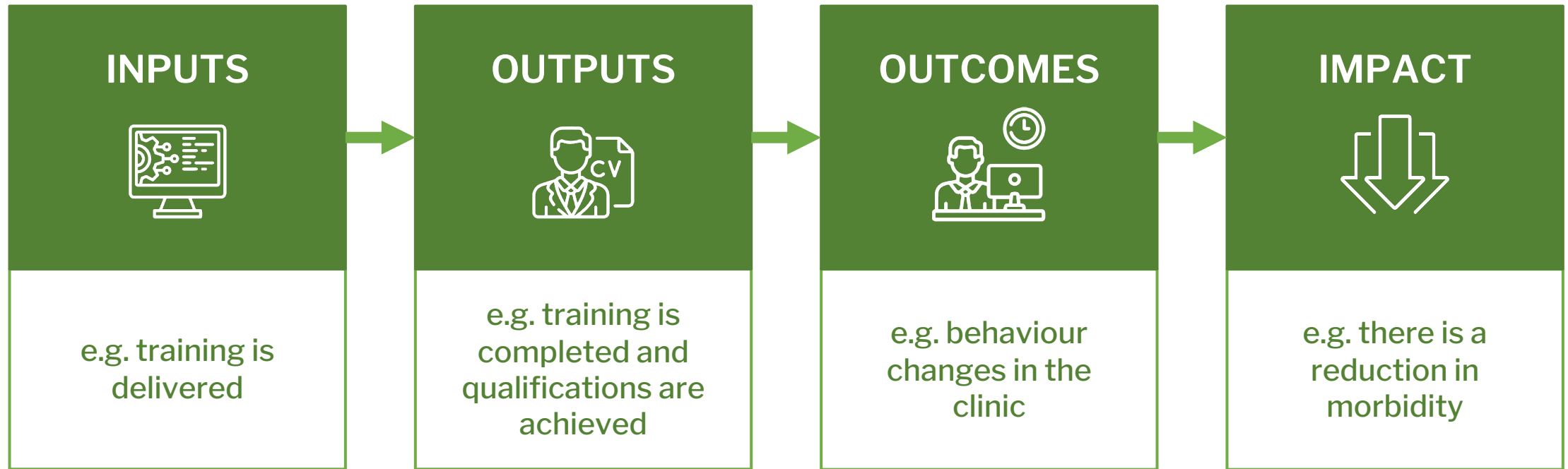
TRACKING	→	RECORDING	→	REPORTING	→	REVIEWING	→	REVISING

The Results Chain

INPUTS

OUTPUTS

OUTCOMES

IMPACT

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The Results Chain

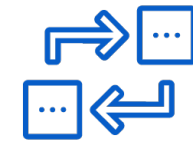| INPUTS	OUTPUTS	OUTCOMES	IMPACT
e.g. training is delivered	e.g. training is completed and qualifications are achieved	e.g. behaviour changes in the clinic	e.g. there is a reduction in morbidity

It is reinforced through:

Clarity
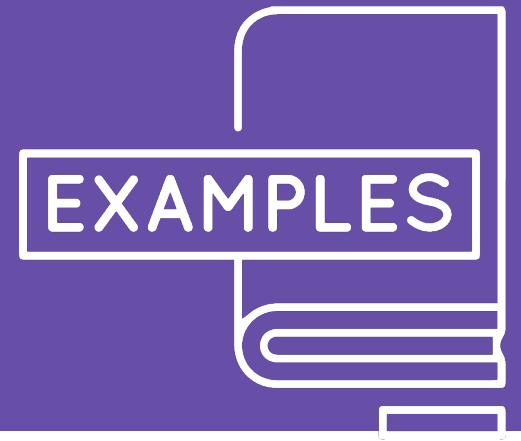
Consistency

Transparency/openness/
competition

Celebration

Flexibility/change

Commercial
consideration

Some examples

Sehatmandi

Basic and Essential Health Services in Afghanistan:

Performance/success is more, better health services for more people.

Contracted out to NGOs in 31 of the 34 provinces.

Previously budget reimbursement shifted to activity-based contracts in January 2019.

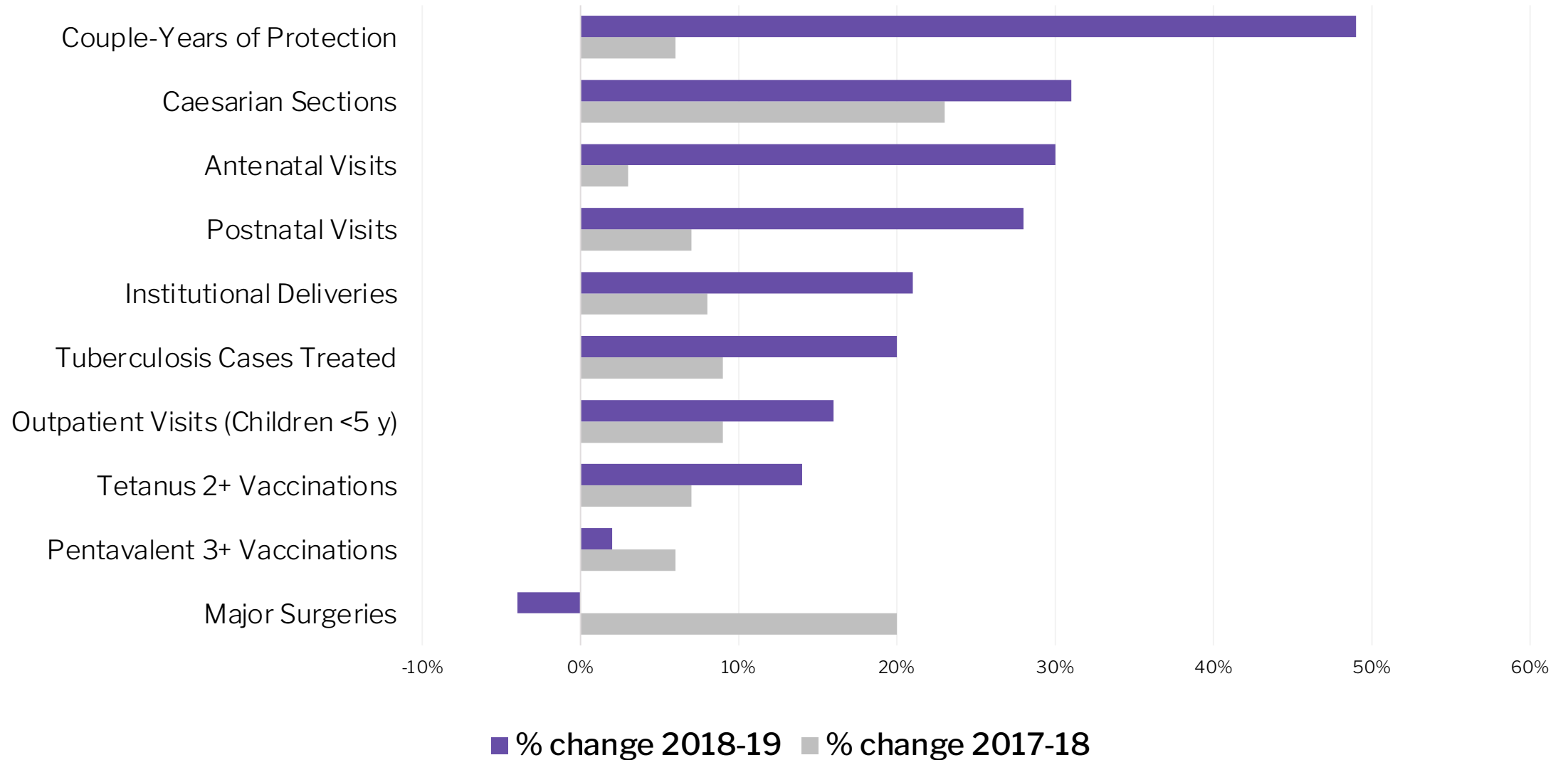With performance management by the Ministry of Public Health (with technical assistance from the World Bank).

Table: estimated average unit cost for P4P Services in US dollars and Afghanis

| Source	SN	Services	Tariffs	
			USD	AFN
Eight (8) indicators from EU costing study	1	ANC (all visits)	2.9	198
	2	PNC (all visits)	4.3	295
	3	Delivery (institutional)	13.8	945
	4	EPI (Penta-3)	1.7	116
	5	EPI (TT2+)	1.7	116
	6	TB (treatment)	17.6	1,206
	7	Nutrition (GM+IYCF)	1.1	73
	8	IMCI (<5 OPD)	1.5	106
Three (3) indicators from HEFD costing assessment	9	Family Planning (CYP)	3.9	266
	10	C-Section	192.6	13,161
	11	Major Surgery (EPHS only))	125.6	8,586

Table: weighted price for each service for each province based on Per Capita Multiplier (AFN)

SN	Province	Per Capita Multiplier	ANC (all visits)	PNC (all visits)	Delivery (institutional)	Family Planning (CYP)	EPI (Penta-3)	EPI (TT2+)	TB (treatment)
1	Badakhshan	1.58	313	466	1,492	420	183	183	1,9
2	Badghis	0.83	166	246	789	222	97	97	1,0
3	Baghlan	0.99	196	291	932	263	115	115	1,1
4	Balkh	0.92	182	271	866	244	106	106	1,1
5	Bamyan	1.88	374	556	1,781	502	219	219	2,2
6	Daikundi	1.57	311	462	1,480	417	182	182	1,8
7	Farah	1.00	199	296	947	267	116	116	1,2
8	Faryab	0.85	168	251	802	226	99	99	1,0
9	Ghazni	0.92	183	273	873	246	107	107	1,1
10	Ghor	1.08	213	318	1,016	286	125	125	1,2
11	Helmand	0.94	187	278	889	250	109	109	1,1
12	Herat	0.57	114	169	541	152	66	66	6
13	Jawzjan	1.06	210	312	998	281	123	123	1,2
14	Kabul	1.02	202	301	965	272	119	119	1,2

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Service delivery accelerated post-Sehatmandi for 8 out of 10 services with comparable data

Couple-Years of Protection
Caesarian Sections
Antenatal Visits
Postnatal Visits
Institutional Deliveries
Tuberculosis Cases Treated
Outpatient Visits (Children <5 y)
Tetanus 2+ Vaccinations
Pentavalent 3+ Vaccinations
Major Surgeries

-10%   0%   10%   20%   30%   40%   50%   60%

■ % change 2018-19   ■ % change 2017-18

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No negative impacts on non-P4P indicators are observed.
In fact, non P4P service volumes increased by an average of 49%.

Legend: ■ % change 2018-19   ■ % change 2017-18
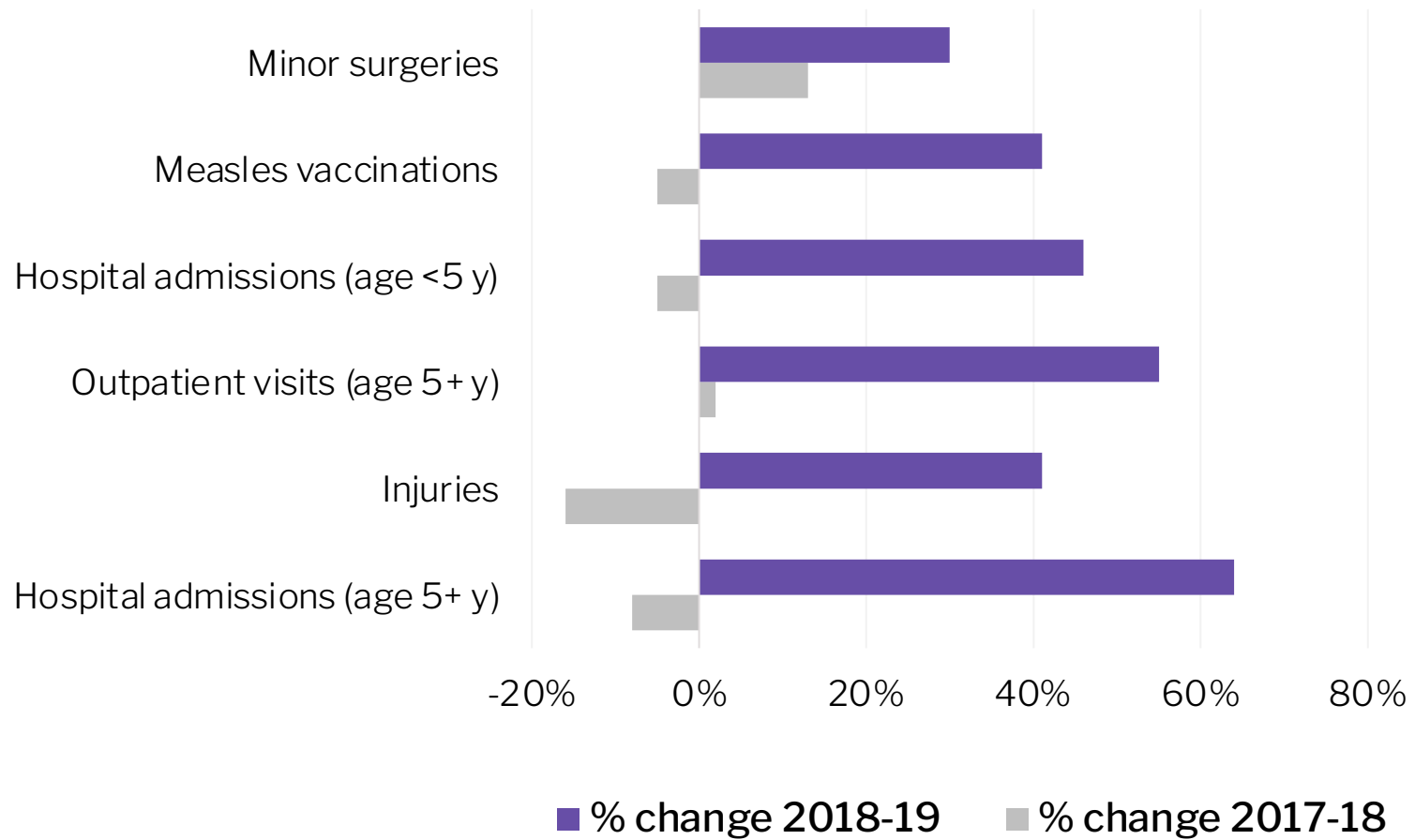
Rate of change: Sehatmandi vs non-Sehatmandi providers

* Percents may not sum to total due to rounding
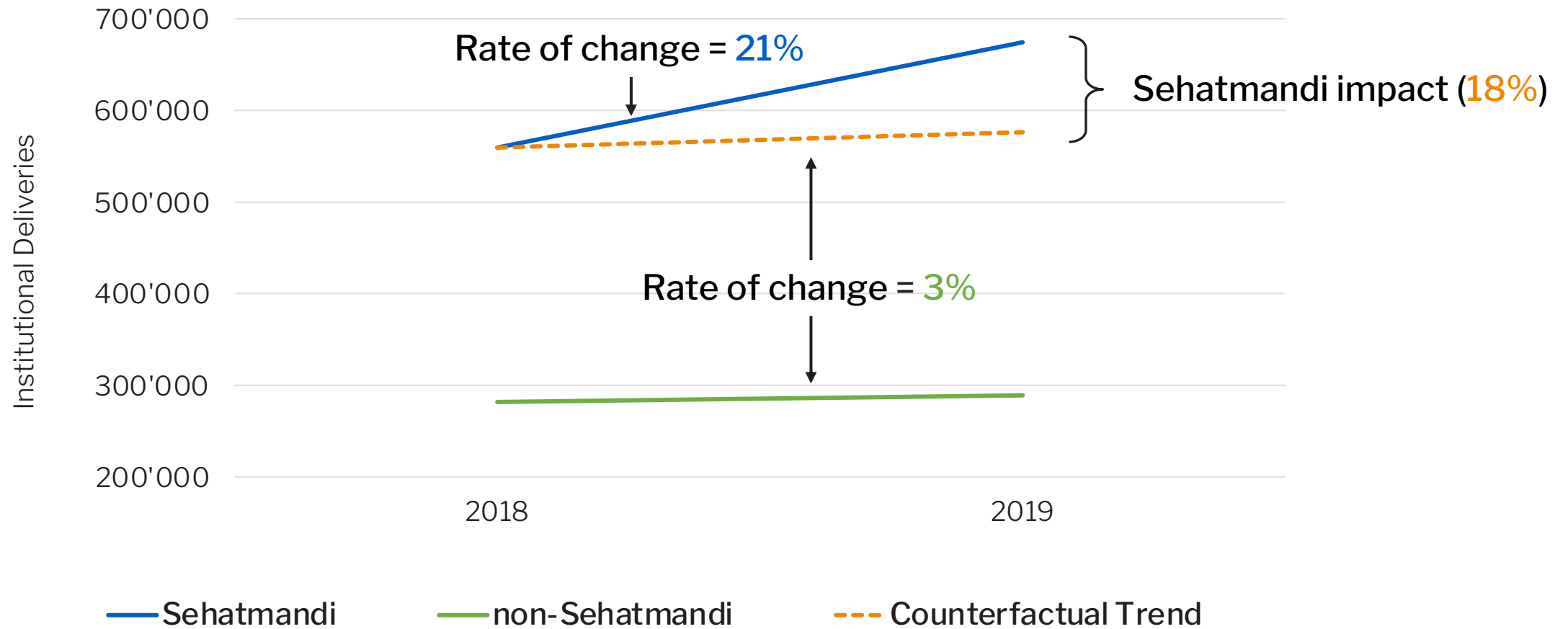
Nine-month performance review of payment indicators
(self-report Jan – Sep 2019)

Province - SP	Rank	Children Under 5 Morbidity	All Postnatal Visits	All Antenatal Visits	Sputum + Cases Treated	Couple Years of Protection	Institutional Deliveries	Cesarean Sections	Growth Monitoring	TT2 + Vaccinations for CBA Women	Penta 3 Vaccinations	Major Surgeries	Total score (out of 30)	Indicators below index (n)	Indicators above index (n)
KABUL - SDO/OCED	1											0	29	0	9
LAGHMAN - HNTPO	2											1309	27	1	8
NIMROZ - MRCA	3											396	25	2	7
KANDAHAR - BARAN/OHPM	3											0	25	1	6
HIRAT - AADA	5											0	24	2	6
UROZGAN - SHDP	5											429	24	1	5
NANGARHAR - AADA	7											13231	23	2	5
PAKTIKA - OHPM	7											1748	23	3	6
KHOST - OHPM	7											1158	23	2	5
KAPISA - MoPH	10											538	22	4	6
LOGAR - CAF/OPHA	10											547	22	4	6
PAKTYA - HEWAD/NAC	10											777	22	4	6
KUNAR - HNTPO	10											1725	22	3	5
SAR-E-PUL - SAF	10											0	22	3	5
JAWZJAN - SAF	15											0	21	4	5
HELMAND - BRAC	15											0	21	3	4
GHAZNI - AADA	17											2579	20	4	4
GHOR - CHA	17											0	20	3	3
DYKUNDI - MOVE/OCCD	17											453	20	4	4
KUNDUZ - JACK	20											0	19	5	4
BALKH - BDN	20											0	19	5	4
FARYAB - SDO/OCED	20											971	19	5	4
FARAH - MRCA	20											1297	19	4	3
WARDAK - SCA	24											1062	18	6	4
ZABUL - SDO/OCED	24											0	18	5	3
BAGHLAN - BDN	26											0	17	6	3
BAMYAN - AKF	26											0	17	6	3
PARWAN - MoPH	28											1530	16	6	4
NOORISTAN - AHEAD/OCCD	28											0	16	5	2
PANJSHER - MoPH	28											0	16	7	3
BADGHIS - MMRCA	31											365	15	7	3
BADAKHSHAN - AKF	32											1091	14	8	2
TAKHAR - AHEAD/OCCD	33											0	13	8	1
SAMANGAN - AHEAD/OCCD	33											0	13	8	1
Overall score (out of 102)		95	94	83	76	64	60	60	59	52	41				
Provinces below index (n)		2	4	7	11	18	19	15	12	23	30				
Provinces above index (n)		29	30	22	19	15	11	8	4	7	4				

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Teens & Toddlers

+ Greater Manchester, UK;

+ Target group is children at risk of school exclusion;

+ Performance is improved attendance and attainment;

+ Five cohorts/groups enrolled for 10 weeks of Stage 1 (training and personal development activities), with follow-up support in Stage 2 (mentoring);

+ An outcomes contract (a Social Impact Bond), with a 'contract cap';

+ With performance management facilitated by Social Finance.

Key Milestones (To Date)	• 259 young people have started Cohort 5, against a target of 251. In addition, three young people have joined Cohort 5 after previously dropping out of Stage 1.
	• At the end of November, the cumulative start total was 1135 against a target of 1127.
	• 453 young people are currently accessing support on Stage 2.
	• T&T Innovation Limited has submitted outcome evidence for £2,003,722 against a budget target of £1,189,919 and a revised budget target of £1,968,176.

Monthly Highlights	• Stage 1 attendance on Cohort 5 remains slightly ahead of previous cohorts at this point in the programme.
	• T&T has a full staff team in place to deliver both Stage 1 and Stage 2 support.
	• At the end of November, 84% of Cohort 5 participants were on track to achieve the QCF. Their attendance is at or above the 67% needed to complete the QCF.

Monthly Lowlights	• Attendance on Stage 2 was relatively low in November (58%) in comparison to the average on the programme to date (71%).
	• Schools have identified only 113 young people for tutoring support.
	• Tutor Trust has not been able to start tuition in all schools and attendance data has been irregular.

PROJECT PERFORMANCE SUMMARY

Issue Area	Key Statistics	Cohort 5	Cohort 4	Cohort 3	Cohort 2	Cohort 1	Total	Target (KPI indicated by *)	Comments	RAG
Recruitment: Schools and Groups	Schools – operating	22	21	22	31	13	n.a.	0	At the end of November, T&T had started 30 groups in Cohort 5. Young people in Cohorts 2,3 and 4 are currently accessing Stage 2 support.	Green
	Stage 1 Groups (nursery intervention)	30	0	0	0	0	30	0		
	Stage 2 Groups (post-nursery intervention)	0	24	25	17	0	66	n.a.		
Volume	# Cohort starts	259	244	246	274	112	1135	1127*	At the end of November, T&T had started 259 young people on Cohort 5 against a target of 251. The cumulative start total is currently 1135.	Green
Started Young People	# Age 14	96%	57%	74%	76%	53%	75%	n.a.	In Cohort 5, a higher proportion of young people are age 14 when they join the programme than in previous cohorts due to starting in advance of summer 2014.	Green
	# Age 15	4%	43%	26%	24%	47%	25%			
Facilitators	# of Lead Facilitators	7	7	7	16	17	n.a.	7	T&T has sufficient staff in post to deliver both Stage 1 and Stage 2.	Green
Stage 1 - YP Stage 1 attendance	# Young People accessing support on Stage 1	262[a]	245[a]	249[a]	274	112	1142	n.a	[a]Cohorts 3, 4 and 5 each include young people who dropped out of previous cohorts but rejoined Stage 1. At the end of November, Cohort 5 attendance on Stage 1 after 9 sessions was slightly ahead of previous cohorts. At the end of November, 84% of Cohort 5 participants were on track to achieve the QCF. Their attendance is at or above the 67% needed to complete the QCF.	Green
	# Young People Dropping out	31	27	32	36	13	139	n.a		
	Overall Stage 1 attendance (cumulative after 9 sessions)	82%	79%	79%	74%	71%	78%	n.a		
	Overall Stage 1 attendance (cumulative after 9 sessions) excl. drop-outs	88%	87%	87%	83%	78%	85%	n.a		
	Young People at or above 67% attendance after 9 sessions	220 (84%)	199 (81%)	199 (79%)	187 (68%)	74 (66%)	879 (77%)	n.a		
	Young People below 67% attendance after 9 sessions	42 (16%)	46 (19%)	50 (21%)	87 (32%)	38 (34%)	263 (23%)	n.a		
	Young People at or above 50% attendance after 9 sessions	237 (90%)	206 (84%)	211 (85%)	202 (74%)	88 (79%)	944 (83%)	n.a		
	Young People below 50% attendance after 9 sessions	25 (10%)	39 (16%)	38 (15%)	72 (26%)	24 (21%)	198 (17%)	n.a		
Stage 2 – YP Stage 2 attendance	# Young people on Stage 2	0	186	161	106	0	453	n.a.	The number of young people on Stage 2 has reduced from 462 last month due to 9 young people being in Year 10 and ceasing to receive support. Average attendance in November was slightly ahead of attendance in October (54%) but was relatively low in comparison to the programme as a whole.	Amber
	Young people not offered a session in November	n.a.	7 (4%)	32 (20%)	23 (22%)	n.a.	62 (14%)	n.a.		
	% sessions delivered as a group in November	n.a.	98%	97%	95%	n.a	97%	n.a		
	Attendance in November (YP not offered a session are counted as not attending)	n.a.	71%	53%	43%	n.a	58%	n.a		
	Average Attendance to Date (Cum.)	n.a.	72%	74%	70%	66%	71%	n.a		

Cohort Comparison	Key Statistics	Cohort 4	Cohort 3	Cohort 2	Cohort 1	Target (Revised Oct 14)	Comments	RAG status
Outcome Success Rate Comparison	Improved attitude to school	57%[a]	60%	59%	65%	53%	No outcomes were submitted this month due to Stage 1 being in the middle of a cohort and all expected Level 1 and Level 2 outcomes from 2014 having already been submitted.	Amber / Green
	Improved attendance	20%[a]	36%	53%	56%	35%	Level 1 and Level 2 success levels shown here are based only on young people who were in Year 11 in Summer 2013 or 2014, rather than on all young people on each cohort.	
	Improved behaviour	55%[a]	59%	58%	66%	53%	[a] 15 attitude, 4 attendance and 13 behaviour outcomes for Cohort 4 young people were rejected by DWP due to the teacher having made comments on the outcome form. These outcomes have been included in the success rates for comparability purposes.	
	QCF Entry level qualification	75%	76%	73%	73%	67%		
	Level 1 Qualifications (submitted to DWP)	n.a.	70%	42%	50%	41%		
	Level 2 Qualifications (submitted to DWP)	n.a.	11%	34%	26%	33%		
# of Outcomes Comparison	Improved attitude to school	125	147	163	73	n.a.	Due to the differing numbers of young people on each cohort, making comparisons between cohorts is difficult.	Amber / Green
	Improved attendance	44	89	145	63	n.a.		
	Improved behaviour	120	146	160	74	n.a.		
	QCF Entry level qualification	184	184	201	82	n.a.		
	Level 1 Qualifications (submitted to DWP)	0	19	65	55	n.a.		
	Level 2 Qualifications (submitted to DWP)	0	3	52	29	n.a.		

Outcomes Evidenced	Key Statistics	Cum. to date	Target (Revised Oct 14)	ITT Bid	Comments	RAG status
% of starters Cum.	Improved attitude to school	58%	53%	32%	Overall, T&T is currently ahead of the revised target on attitude, behaviour, attendance, QCF and Level 1 outcomes. It is behind the revised target on Level 2 outcomes because Cohort 2 contained Year 9 young people who will be eligible for Level 1 and Level 2 outcomes next year.	Amber / Green
	Improved attendance	39%	35%	16%		
	Improved behaviour	57%	53%	32%		
	QCF Entry level qualification	74%	67%	75%		
	Level 1 Qualifications (submitted to DWP)	48%	41%	72%		
	Level 2 Qualifications (submitted to DWP)	29%	33%	55%		
Value of Outcomes Evidenced (£)	Improved attitude to school				T&T Innovation Limited has submitted outcome evidence for £2,003,722 against a budget target of £1,189,919 and a revised budget target of £1,968,176. T&T Innovation Limited has submitted outcome evidence for £35,546 more than the revised budget target.	Amber / Green
	Improved attendance					
	Improved behaviour				The value of Level 2 outcomes is currently below target because Cohort 2 contained Year 9 young people who will be eligible for Level 1 and Level 2 outcomes next year.	
	QCF Entry level qualification					
	Level 1 Qualifications (submitted to DWP)					
	Level 2 Qualifications (submitted to DWP)					
	Total					
Outcomes – Paid (Cash receipt)	Improved attitude to school				T&T Innovation Limited has received payment for all outcomes submitted.	Amber / Green
	Improved attendance				DWP has overpaid the SPV by c. £24k during the conversion of Level 1 outcomes into Level 2s. This overpayment has been excluded from the board pack. Social Finance has raised the issue with the DWP Contract Manager and is now working with DWP Payments Team to facilitate repayment.	
	Improved behaviour					
	QCF Entry level qualification					
	Level 1 Qualifications					
	Level 2 Qualifications					
	Total					

Numbers are not rounded

© Social Finance 2014

Single Homelessness Prevention Service

The Single Homelessness Prevention Service:

- ⊕ In London, UK;

- ⊕ Intervening 'upstream' to prevent homelessness for single people;

- ⊕ Success is someone keeping their current tenancy/home or securing a new one and then sustaining it for at least eight months;

- ⊕ An outcomes contract (Social Impact Bond) with a contract 'cap';

- ⊕ With performance management by Bridges Outcomes Partnerships.

	Brent – LCF contact				Ealing				Islington			
			Performance				Performance				Performance	
	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month
Referrals	55	63	87%	↓	61	45	136%	↑	32	45	71%	↓
PHP complete	82	54	153%	↑	49	40	124%	↑	34	40	86%	↓
Housing Secured	22	31	72%	↑	22	21	105%	↑	27	24	114%	↑
Housing Sustained	0	0			10	17	60%	↑	28	19	148%	↑

	Enfield				Waltham Forest				Hackney			
			Performance				Performance				Performance	
	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month
Referrals	38	42	91%	↑	26	45	58%	↓	54	26	208%	↑
PHP complete	26	37	71%	–	23	40	58%	↓	27	23	118%	↑
Housing Secured	15	22	68%	↑	23	24	97%	↑	3	13	23%	↓
Housing Sustained	0	0			0	0			0	0		

And cumulatively

	Brent – LCF contact				Ealing				Islington			
			Performance				Performance				Performance	
	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month
Referrals	665	693	96%	↓	1079	960	112%	↓	925	941	98%	↓
PHP complete	525	589	89%	↑	960	845	114%	↓	863	831	104%	↓
Housing Secured	232	276	84%	↓	430	460	94%	↓	612	452	135%	↓
Housing Sustained	10	12	83%	↓	237	227	104%	↓	372	367	101%	↓

	Enfield				Waltham Forest				Hackney			
			Performance				Performance				Performance	
	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month	Actuals	Base	Against target	Against prior month
Referrals	446	583	76%	↑	358	328	109%	↓	326	300	109%	↓
PHP complete	426	513	83%	↑	360	289	124%	↓	286	264	108%	↓
Housing Secured	202	263	77%	↓	187	144	130%	↓	93	125	74%	↑
Housing Sustained	79	70	112%	↑	28	20	139%	↑	5	6	81%	↑

And underlying performance?

	Brent – LCF contact			Ealing			Islington		
			Performance			Performance			Performance
	Actuals	3 month avg.	Against 3 month avg.	Actuals	3 month avg.	Against 3 month avg.	Actuals	3 month avg.	Against 3 month avg.
Referrals	32	42	76%	35	34	103%	28	30	93%
PHP complete	42	40	105%	34	30	113%	29	27	107%
Housing Secured	17	24	71%	11	12	92%	26	21	124%
Housing Sustained	5	3	167%	15	17	89%	27	31	87%

	Enfield			Waltham Forest			Hackney		
			Performance			Performance			Performance
	Actuals	3 month avg.	Against 3 month avg.	Actuals	3 month avg.	Against 3 month avg.	Actuals	3 month avg.	Against 3 month avg.
Referrals	42	43	98%	12	28	43%	23	23	100%
PHP complete	47	42	112%	15	29	52%	16	20	80%
Housing Secured	12	15	80%	13	15	87%	12	12	100%
Housing Sustained	22	24	92%	5	8	63%	2	2	100%

Days from Referral to PHP: to date

Days from Referral to PHP category ● 1 week or less ● 1-2 weeks ● 2-3 weeks ● 3-4 weeks ● 4 weeks + ● No PHP yet

Borough		
Brent	10.52% / 17.88% / 13.88% / 9.99% / 23.34% / 24.40%	
Ealing	72.96% / 8.70% / 12.05%	
Hackney	48.98% / 10.20% / 33.67%	
Islington	82.25% / 6.98%	
Waltham Forest	92.65% / 5.15%	
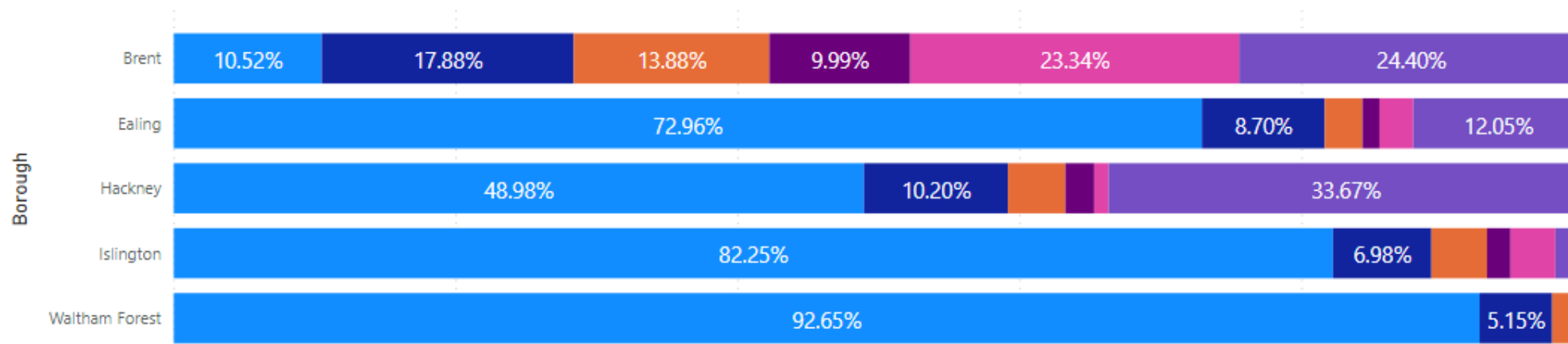
Days from Referral to PHP: in month

Days from Referral to PHP category ● 1 week or less ● 1-2 weeks ● 2-3 weeks ● No PHP yet

Borough		
Brent	20.00% / 13.33% / 62.22%	
Ealing	52.54% / 5.08% / 40.68%	
Hackney	36.96% / 13.04% / 50.00%	
Islington	100.00%	
Waltham Forest	100.00%	
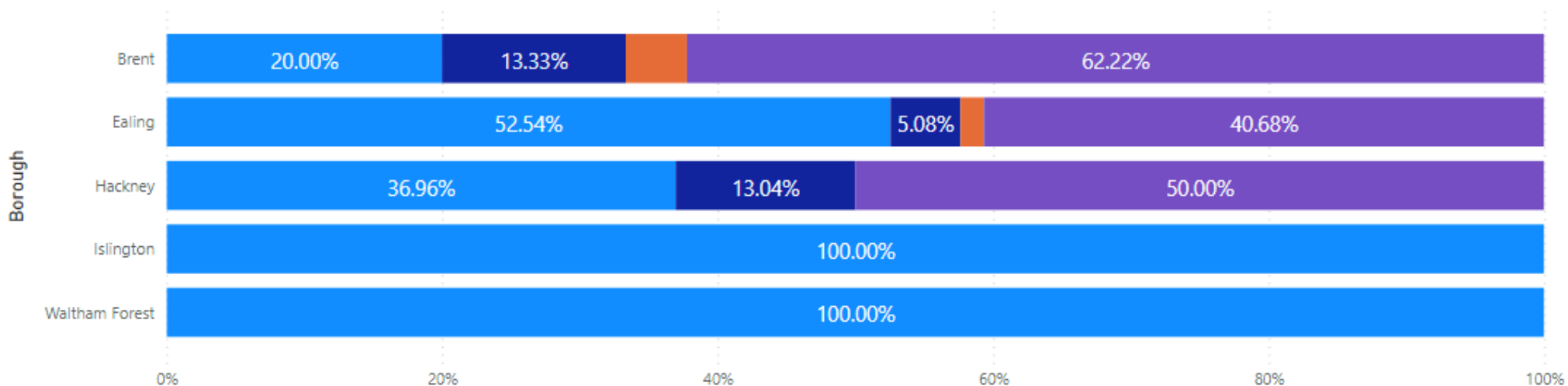
The below provides an overview of client contacts at a point in time in February (23rd) for the three established boroughs.

Note: We do not yet have access to this data in Waltham Forest, Enfield or Hackney.

Brent this month:
Days since contact

- 1 (0.37%)
- 36 (13.24%)
- 106 (38.97%)
- 19 (6.99%)
- 24 (8.82%)
- 86 (31.62%)
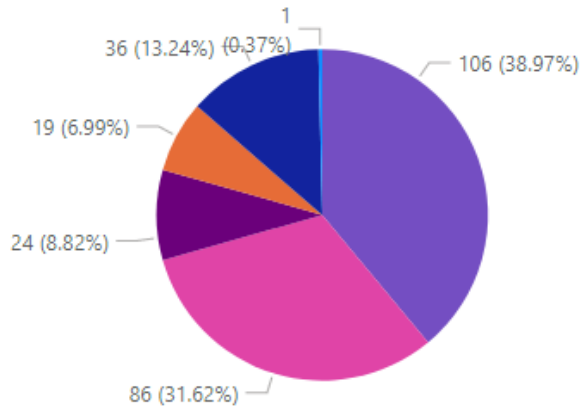
Islington this month:
Days since contact

- 9 (5.39%)
- 10 (5.99%)
- 24 (14.37%)
- 24 (14.37%)
- 100 (59.88%)
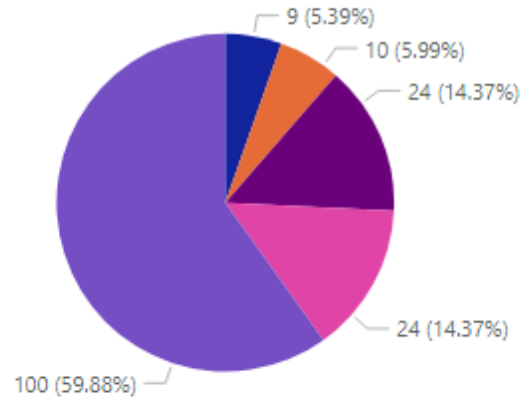
Last contact by keyworker:
Ealing all staff

- 2 (2.02%)
- 11 (11.11%)
- 6 (6.06%)
- 13 (13.13%)
- 17 (17.17%)
- 50 (50.51%)
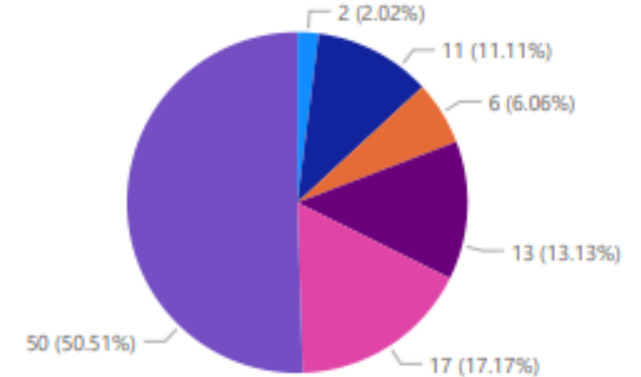
Legend:
- ● No contact by keyworker
- ● 4 weeks or more
- ● 3-4 weeks
- ● 2-3 weeks
- ● 1-2 weeks
- ● 1 week or less

What drives performance?
Managing for high performance in employment services

Maslow's Hierarchy of Needs

Individual Examples
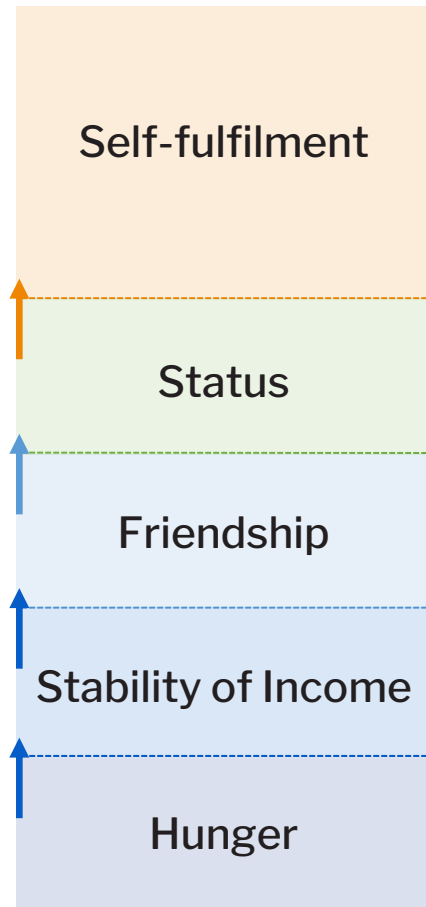
Organizational Examples

Self-fulfilment

Achievement of Goals

Self-actualization

Status

Job Title

Esteem needs

Friendship

Cordial Relations with Colleagues

Affiliation/ Belongingness/Social needs

Stability of Income

Pension Plan

Safety/Security needs

Hunger

Basic Salary

Basic Physiological needs

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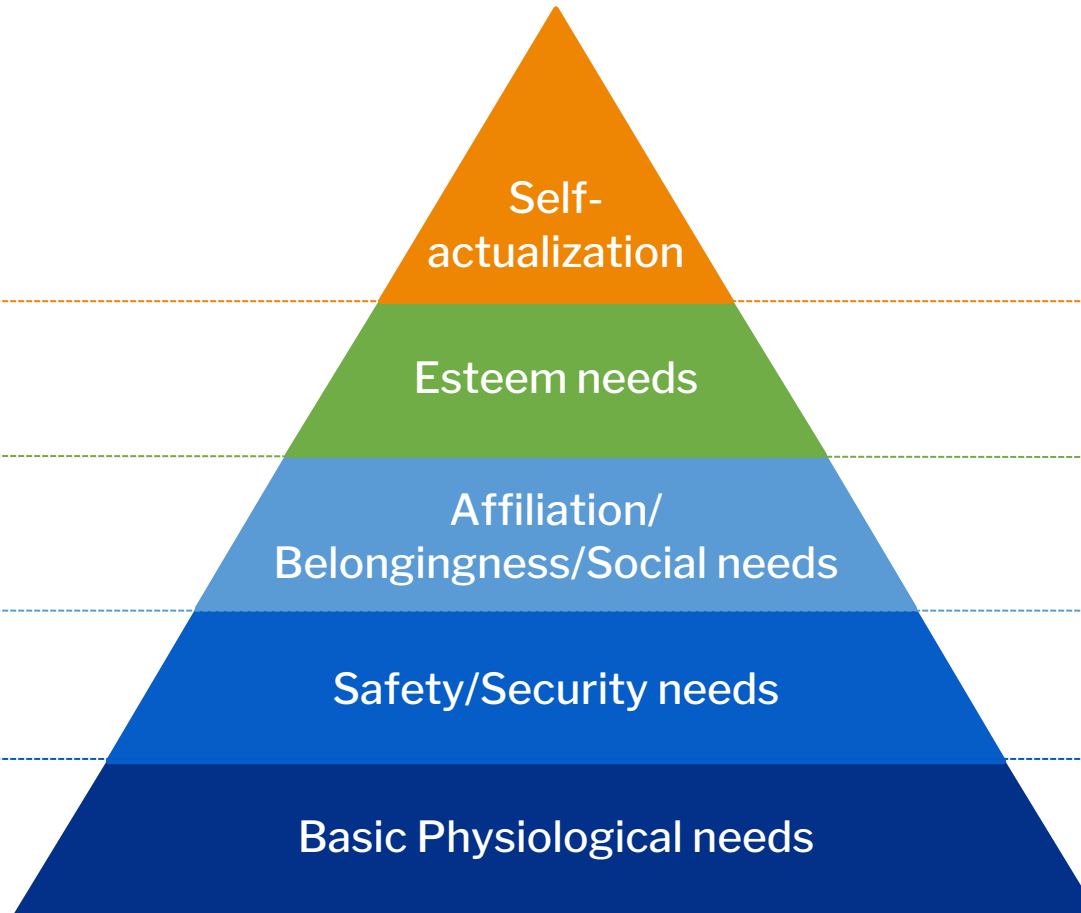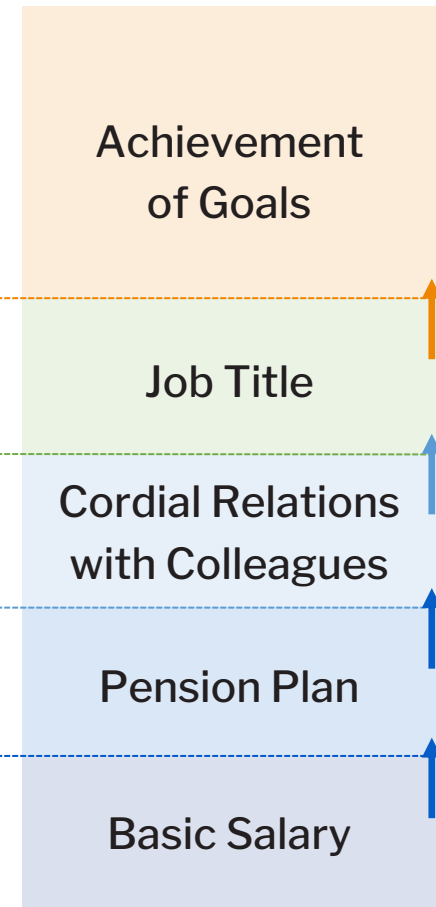
At WorkDirections UK

I recruited and managed a high-performing team with:

+ Good salaries;

+ Nice working environment;

+ An environment and way of working to emphasize team over individual;

+ Flat structure – high autonomy/ control/empowerment;

+ Fuel for their minds;

+ The language of performance;

+ A good cultural fit.

The language of performance – it was all we talked about

(+) Clear, simple, easy-to-grasp performance objectives;

(+) Transparent, open, honest reporting/publication of performance (from whiteboards to weekly reporting);

(+) Monthly performance reviews (at all levels);

(+) Structuring for performance and investing in performance enablers (you can't just keep saying "work harder please");

(+) Clear, strong, fair performance management of each person (and NO individual performance bonuses!).

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Not just point-in-time

Performance reported and reviewed:

⊕ In the week/month;

⊕ Cumulatively;

⊕ By cohort.

And a language of respect
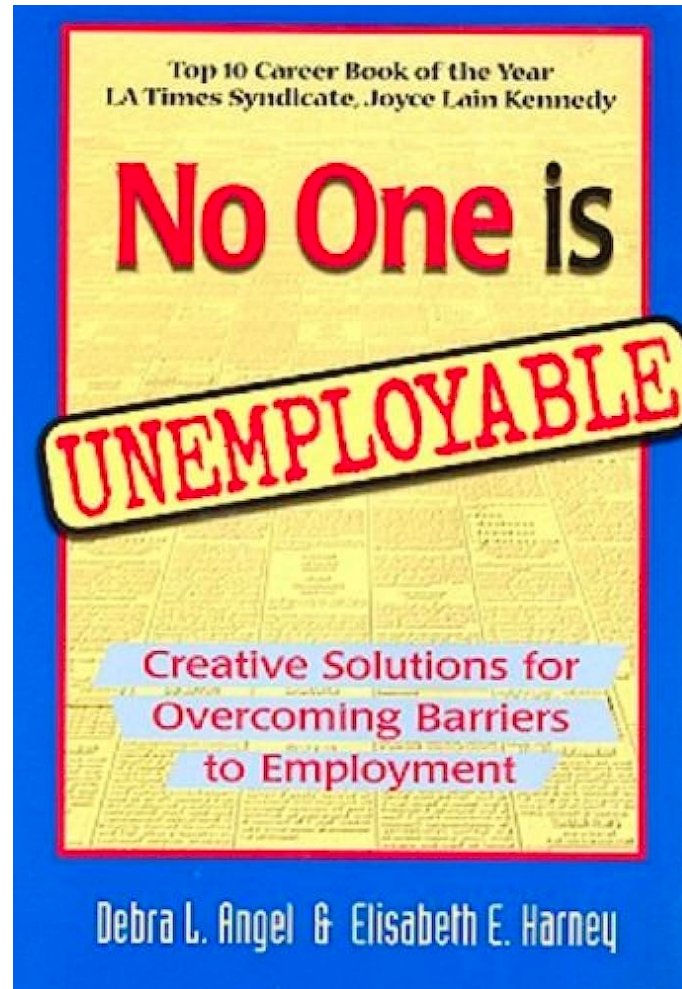
Caseload sizes and % of outcomes
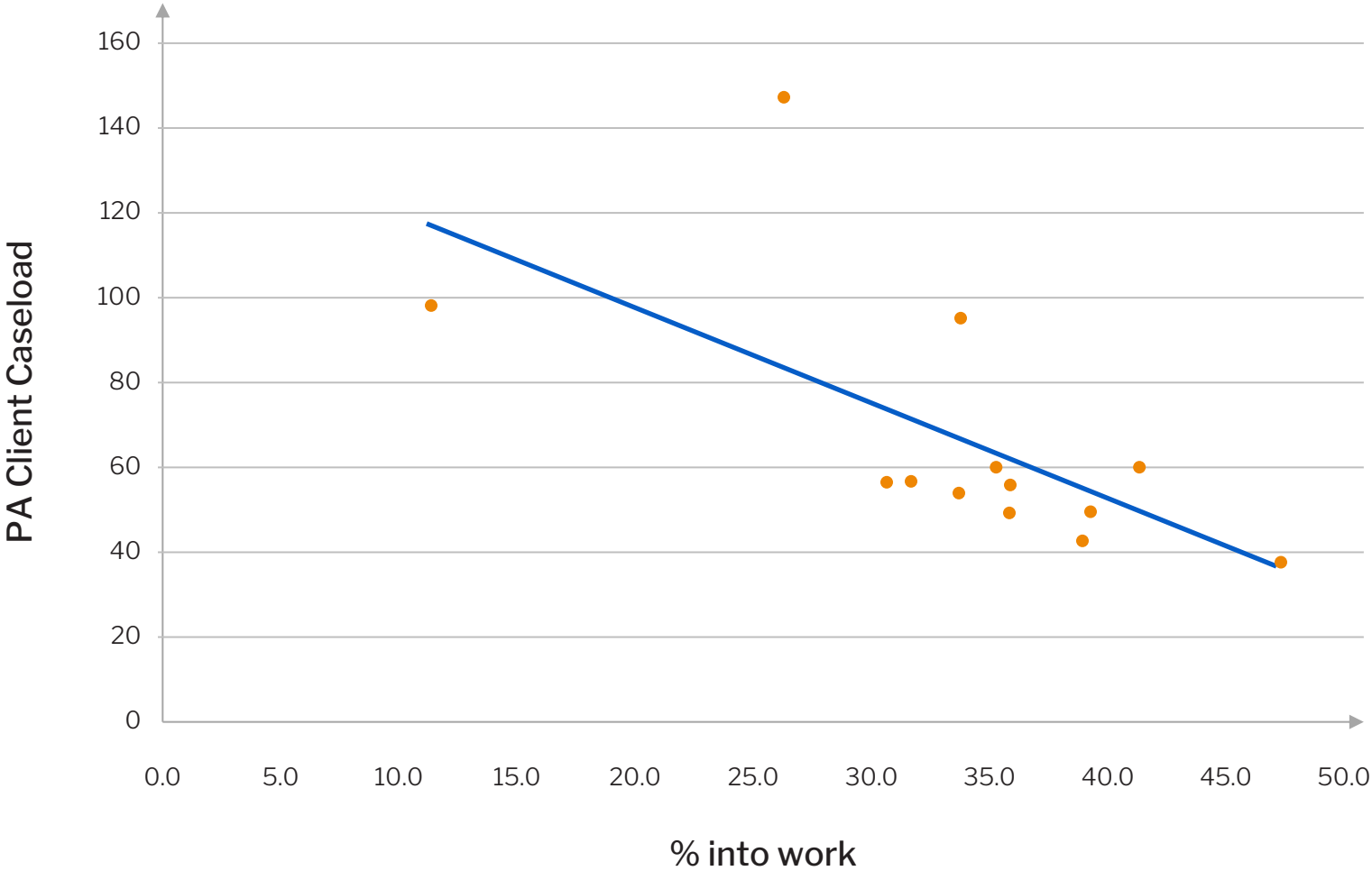
Parkinson's Law
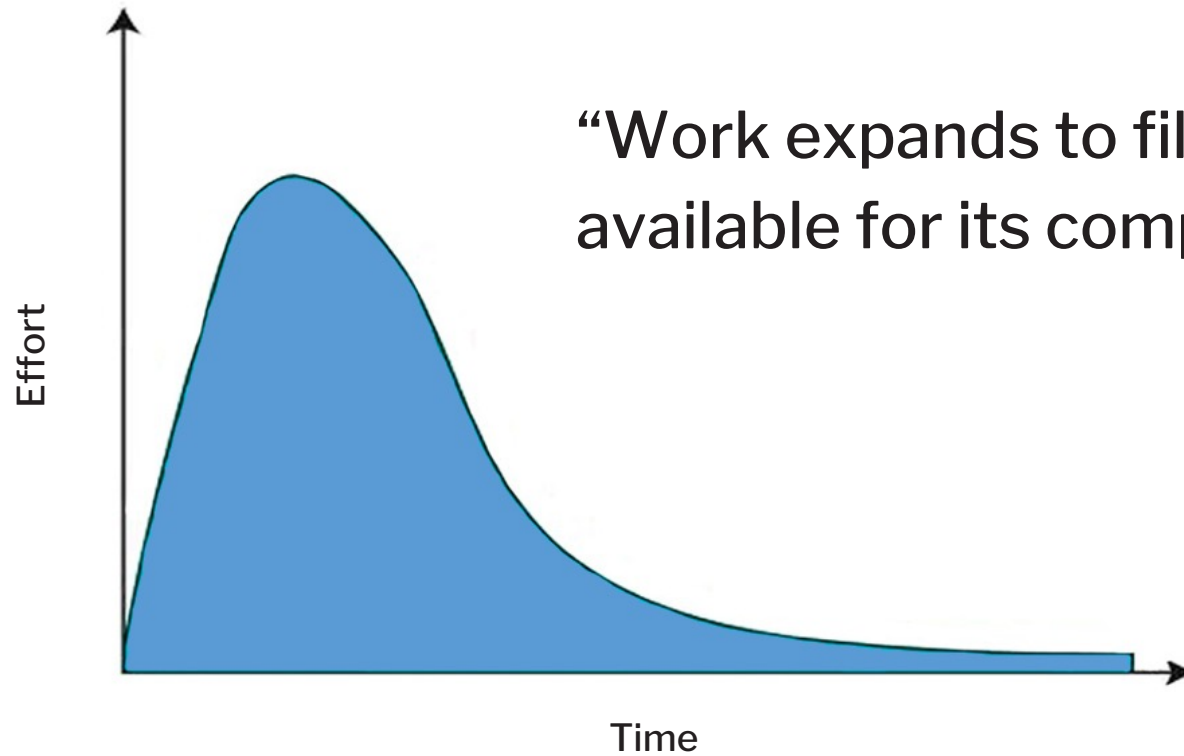
"Work expands to fill the time available for its completion."

The high-performing Case Manager?

The Case Manager's performance is a product of:

Size of caseload;

Number of people/ cases seen a day/week;

The quality of those interactions (including the records taken and the next steps agreed).

Managing across a system

Delivery Assurance Framework

Report

Standard Agenda	Weekly Telekit
Template on Toolkit	Monthly Performance Meeting
Template on Toolkit	Quarterly Performance Board Meeting
Agreed Agenda	Annual Contract Review Meeting

Audit

- Scheduled & unscheduled audits
- Contractual compliance checks on payment triggers
- Annual subcontractor Policy Review
- Premises & facilities inc, HSE, DDA compliance and fire & accident procedures
- Self assessment (fraud)
- Fraud prevention & impact assessment
- Fraud detection & Investigation

Audit

Provider Quality Management System

- Organisation structure
- QAM & key staff job descriptions
- Contact details for key staff members
- Internal audit/review plans
- Performance monitoring/assessment procedures
- Customer feedback arrangements & complaints procedures
- Corrective and preventative action reporting;
- Summary of the internal financial management and fraud prevention/detection systems
- Security & InfoSec policy
- HR policy/plans inc BPSS
- Health and safety policies/plans
- Equality and diversity policies/plans
- Environmental impact policy/plans
- Quality Improvement Plans

Quality and Performance Management Framework (QPMF)

- On-site QA and PM observations observation of delivery
- Coaching and change management
- Customer feedback & complaints
- Identification of best practice
- Nine (9) KPIs
- Referral level changes
- Contract termination
- Informs QA and PM focus of time and location
- Utilises QA and PM observation to continuously improve the network
- Joint review of MI
- Joint PEMs
- Clearly defined roles and responsibilities

Delivery Mechanisms

- Quality Improvement Plans (QIP)
- Performance Improvement Plan (PIP)
- Joint provider risk rating
- Joint monthly / quarterly / annual review
- Joint provider visits
- Case Conferencing
- Referral level changes
- Contract termination
- Risk based interventions
- Utilises QA and PM observation to continuously improve the network

Performance Management

Annual self-assessments
DWP CEP Provider Assurance Team Inspections
Merlin Assessment

Quality Management

Standard reports

+ Monthly and Quarterly Performance Meetings

- Attachments and Starts;

- Job Outcomes;

- Sustained Outcomes;

- Percentage of customers not seen with the required frequency during each contracted period;

- Contractual Administration (e.g. caseload sizes, security concerns);

- Employer relationship management activities;

- Quality and Compliance;

- Successes from last month or quarter;

- Challenges, and actions to address them;

- Forecasts for next month or quarter.

+ Weekly Telekits

- Review of actions from previous Meeting;

- High level Key Performance Indicators;

- Underpinning Performance Drivers;

- Performance Forecasts/Targets;

- Communications and Toolkit news.

KPI Summary

Engagement	1	**Programme Attachment**	Initial contact and PPEP commenced within 7 days
	2	**Welcome Session**	Welcome session within 14 days of referral
	3	**Provider Attachment**	3 meetings and a completed PPEP within 28 days
Service/ Ongoing Engagement	4	**Frequency of Contact**	Average of 2 face to face contacts per month
	5	**FTA Contact**	Customers who FTA contacted within 3 days
	6	**DMA**	FTAs eligible for sanction have case passed to JCP for DMA
Outcomes	7	**Referrals to Job Starts**	Job Starts measured against referrals
	8	**Job Starts to Job Outcomes**	Job Outcomes measured against Job Starts
	9	**Sustainment Outcomes**	Sustainment measured against Job Outcomes

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Levels of performance and tools

(+) For all KPIs, there are two levels of performance:

- Minimum Performance Level;
  - Less than this is **Minor Performance Failure**
- Lower Performance Level;
  - Less than this is **Major Performance Failure**

(+) Depending on level of underperformance, different tools may be used:

- Quality Improvement Plans (QIP);
- Performance Improvement Plans (PIP);
- Change in Referrals/Flows;
- Contract Termination.

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50

Performance Management Tools

Performance		
Higher	*Achieving/ Exceeding target*	• **Quality Improvement Plan (QIP)**
Minimum Performance Level		
	Minor Performance Failure	**Performance Improvement Plan (PIP)** • **Change in Referrals** o QIP * Three consecutive months of Minor Performance Failure will constitute a Major Performance Failure
Lower Performance Level		

Lower	*Major Performance Failure*	• **Contract Termination**
		   o PIP
		• **Change in Referrals**
		   o QIP

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Your Questions/Comments

Effective Performance Management in Outcomes-Based Contracts

July 2023

Jane Newman – Director

Sarah Baillie – Manager

Chloe Eddleston - Manager

socialfinance.org.uk

Social Finance is a not for profit that helps ambitious organisations and communities deliver pioneering solutions for lasting social change.

Social Finance Working together to create lasting change
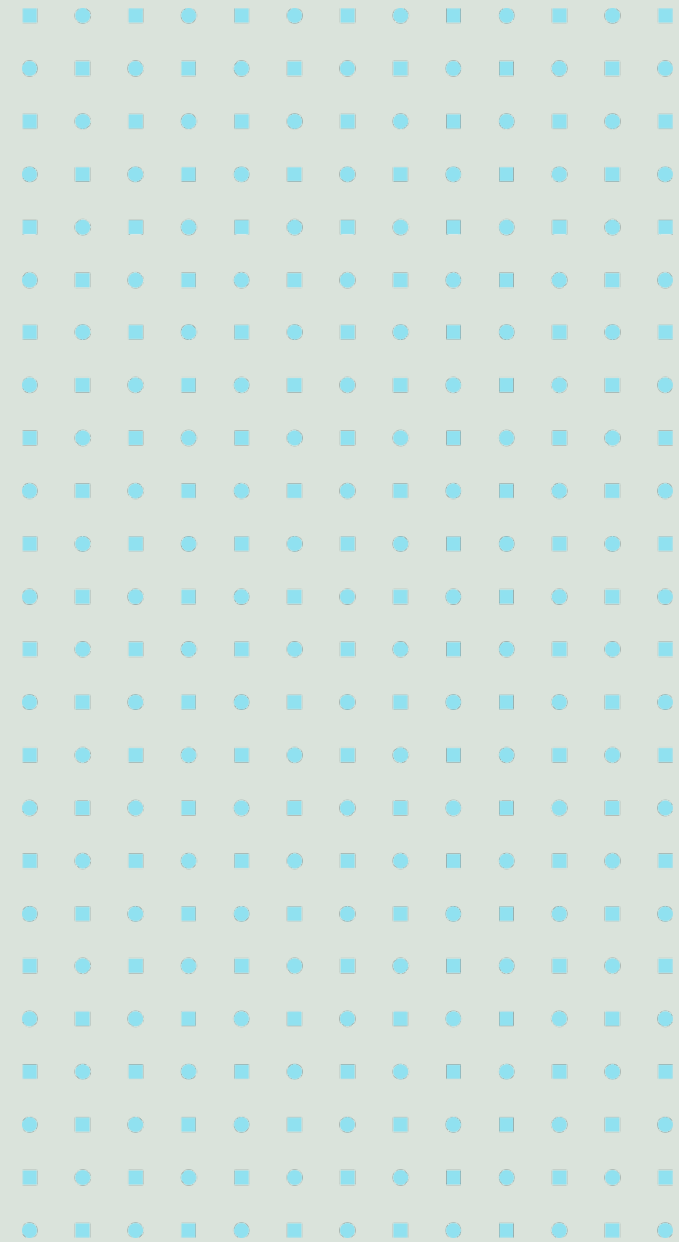
Social Finance and outcomes-based finance

Our insight: aligning funding to what works - from inputs to outcomes

1 **Traditional grant funding approach**

2 **Outcomes based approaches & Innovative Finance**

Input → Activities → Outputs → Outcome → Impact

- Focused on inputs not results
- Limited role for feedback loops and adaptation
- Less incentive to innovate

- Increased accountability
- Sharper and shared incentives
- New partnerships
- Improved risk allocation
- Feedback loops and adaptive implementation
- More incentive to innovate

Social Finance is a market leader in outcomes-based financing models. We pioneered the first Impact Bonds and Outcomes Funds in the UK and have supported numerous UK and international partners and projects to grow the field globally.

Social Finance

Today's case studies

Outcomes-based contracts in neonatal health

Chloe Eddleston

Manager, Social Finance

Cameroon KMC DIB

Outcomes-based contracts in Mental Health

Sarah Baillie

Manager, Social Finance

Mental health and employment SIB

Outcomes-based contracts in neonatal health

An impact bond to deliver improved neo-natal outcomes in Cameroon

Delivery model: Kangaroo Mother Care

Delivery period: February 2019 – September 2021

Background and context

Challenge

Improving neonatal survival in Cameroon

Low birthweight and pre-term births are the **leading cause of death among children** under the age of five worldwide.

Every year, **20,000 newborn babies die** in Cameroon.

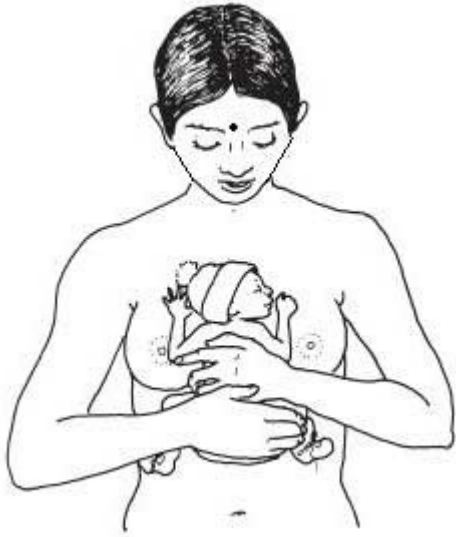## Solution

An evidence-based low resource intervention

KMC is an **evidence-based, WHO recommended** health practice for babies born early or small.

KMC offers greater protection against newborn mortality than traditional incubator care and **significantly reduces infant mortality and morbidity.**
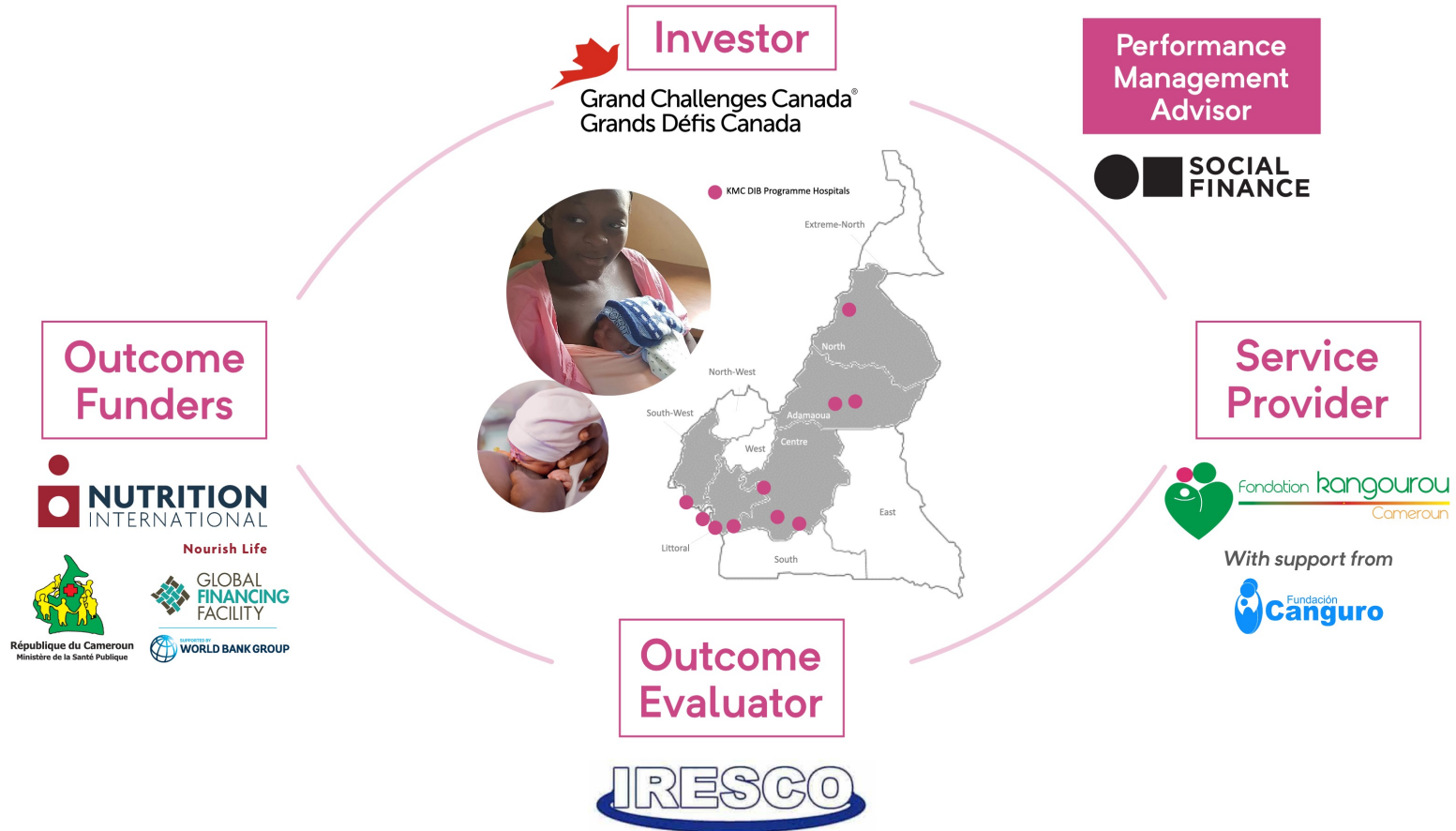
About KMC

KANGAROO POSITION

KANGAROO
NUTRITION

KANGAROO
DISCHARGE

# The KMC Development Impact Bond

How did we measure success?

Payment Metric	Definition	Measurement	Rationale
A	Number of programme hospitals trained and equipped to deliver quality KMC	Independent in-person assessment of hospitals	To ensure that all hospitals have the necessary prerequisites to implement quality KMC
B	Number of low birth weight and pre-term babies receiving quality KMC in programme hospitals	Data audit, structures observations and interviews	To incentivize the roll out of quality KMC
C	% of KMC babies with appropriate nutrition and weight gain at 40 weeks gestational age	Data audit	To measure the post-discharge impact of quality care

Performance Management

Financial management
Data-driven budget allocation
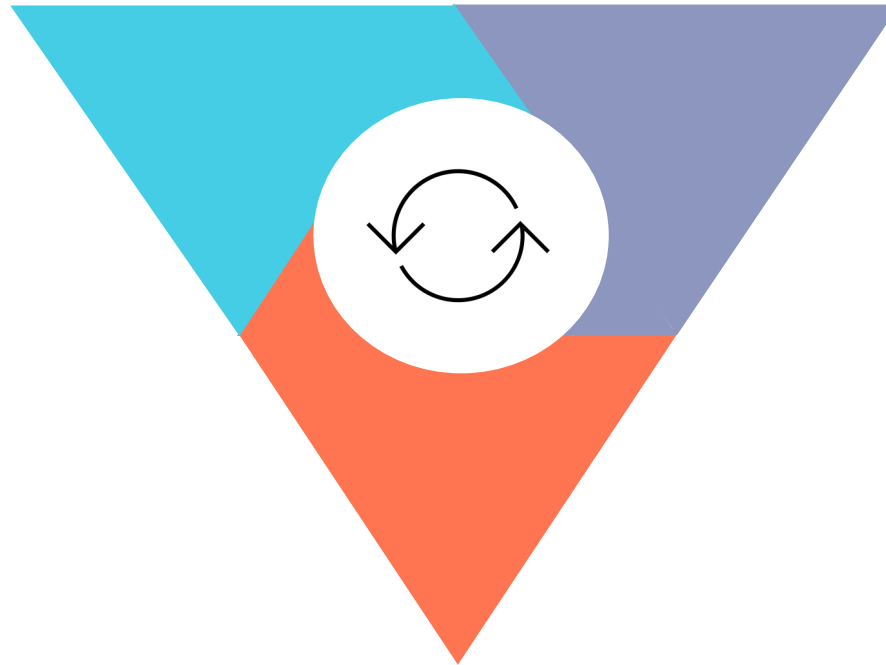
Performance Data
Ongoing real-time data collection and analysis
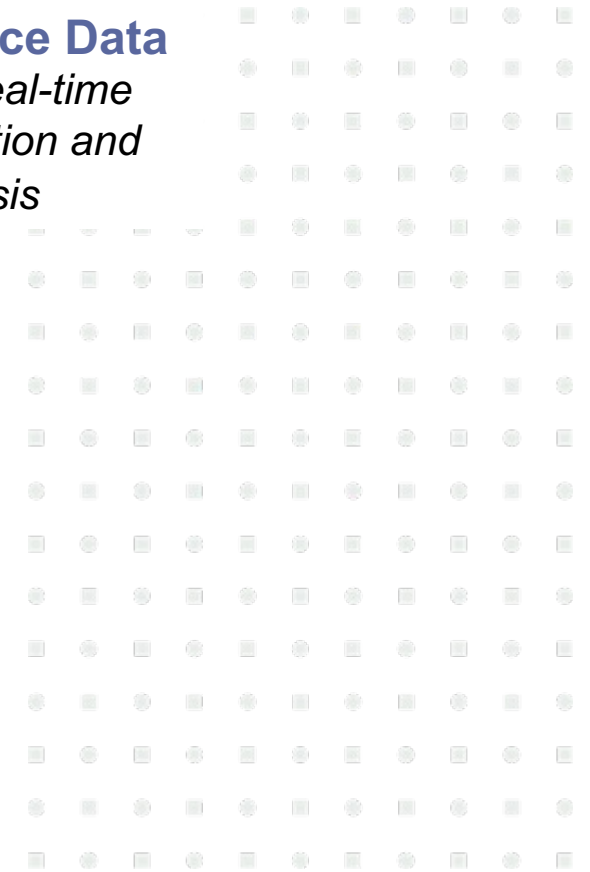
Decision Making
Strong & clear decision making structures

Performance Management workstreams

Data Management

- Design and implementation of real-time data tools
- Interpreting data to identify insights and opportunities for programme adaptation
- Quality assurance
- Ad-hoc data deep-dives

Outcomes Claims processing

- Development of a verification handbook
- Monitoring and spot checking data and evidence
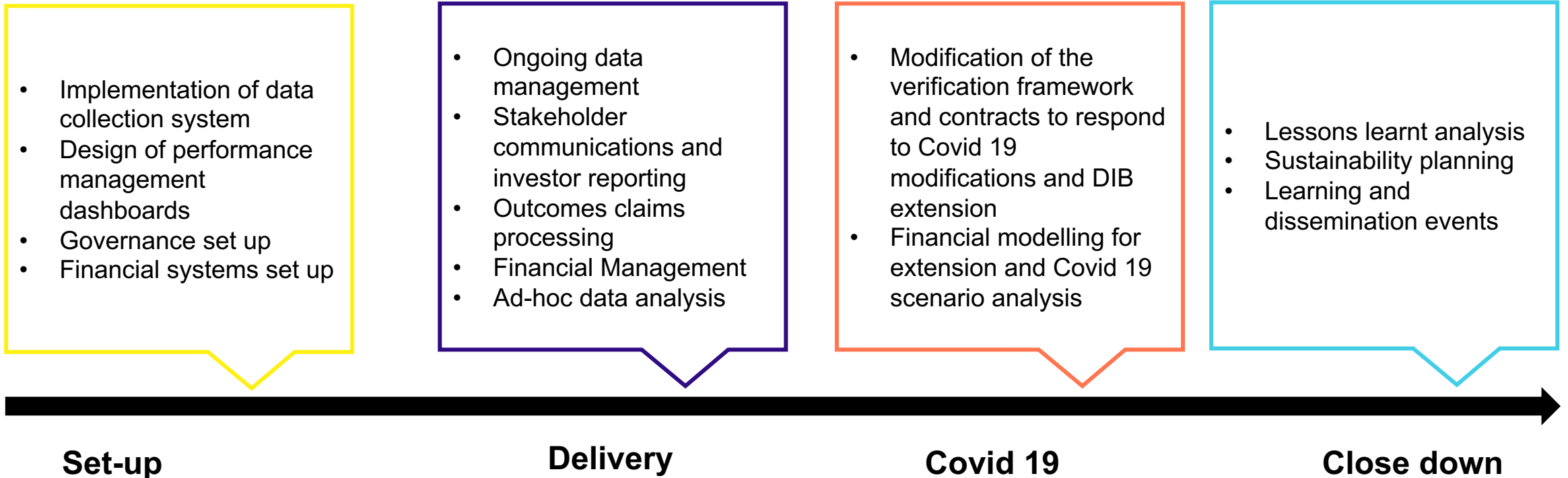- Supporting the preparation of outcomes claims

Stakeholder Communications & Investor Reporting

- Supporting preparation for key governance bodies
- Advisory support on key governance bodies as an observer
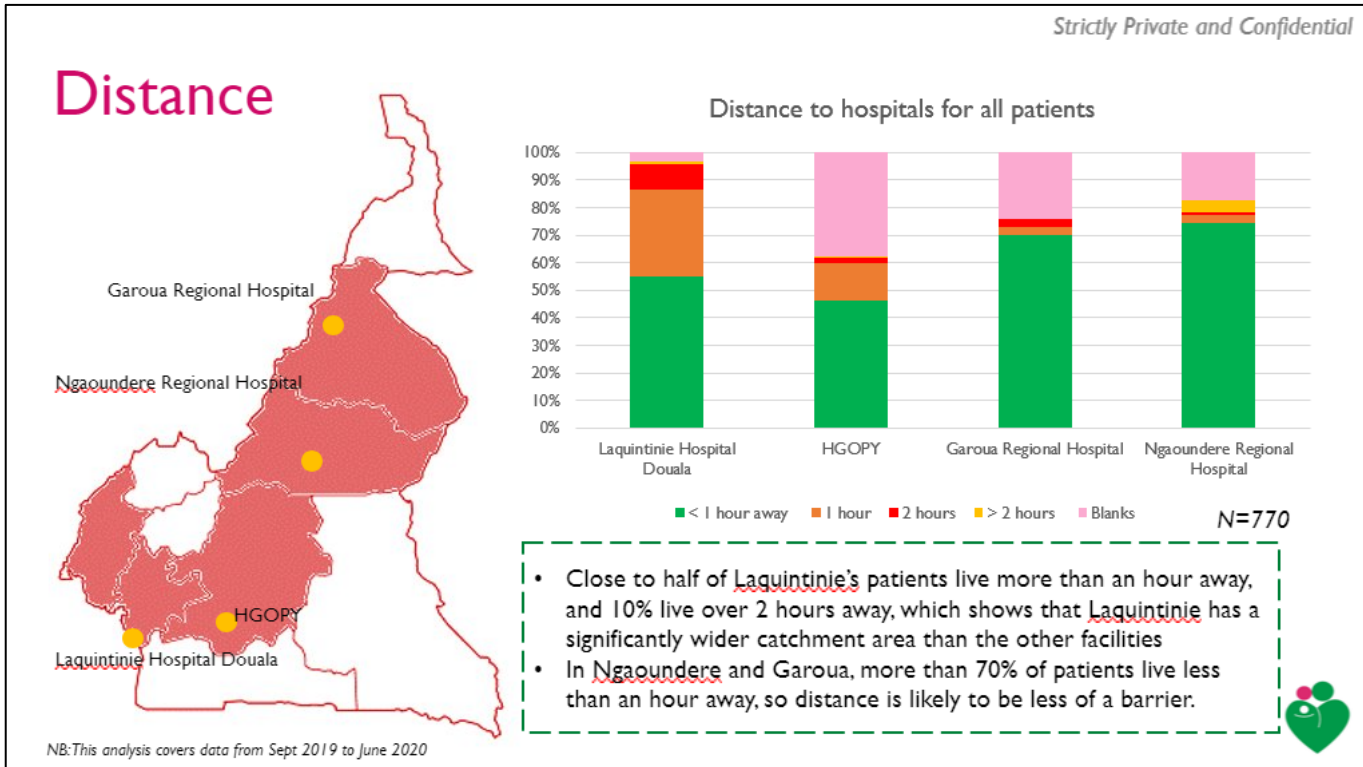- Flag key achievements and challenges to the investor

Financial Management

- Development of a cash flow financial model to track performance and flexibly allocate funding
- Review of management accounts
- Ad-hoc scenario analysis

What we did

Set-up
- Implementation of data collection system
- Design of performance management dashboards
- Governance set up
- Financial systems set up

Delivery
- Ongoing data management
- Stakeholder communications and investor reporting
- Outcomes claims processing
- Financial Management
- Ad-hoc data analysis

Covid 19
- Modification of the verification framework and contracts to respond to Covid 19 modifications and DIB extension
- Financial modelling for extension and Covid 19 scenario analysis

Close down
- Lessons learnt analysis
- Sustainability planning
- Learning and dissemination events

Example: Community Engagement Planning

Data analysis

Community engagement strategy

What did performance management achieve?

"We were able to test innovations and make necessary alterations to programme delivery."

Fondation Kangourou Cameroun

"The KMC DIB has paved the way for KMC to be scaled across the whole country."

Ministry of Public Health

What did the DIB achieve ?

1221

BABIES RECEIVED QUALITY KMC IN PROGRAMME HOSPITALS (28% ABOVE THE DIB TARGET OF 951 BABIES[17])

80%

OF KMC BABIES WERE EXCLUSIVELY BREASTFED AT POINT OF DISCHARGE FROM HOSPITAL

80%

OF BABIES HAD APPROPRIATE WEIGHT GAIN AT 40 WEEKS GESTATIONAL AGE[18]

Lessons Learnt

1

Regular evaluation enables rapid feedback

2

Cross-sector governance supports adaptation

3

Front-line delivery staff also need an adaptive mindset

4

A focus on outcomes creates clear priorities

5

Data-driven decision making requires clear responsibilities

Outcomes-based contracts in Mental Health

An impact bond to deliver improved employment outcomes for people with severe mental health conditions

Delivery model: Individual Placement and Support (IPS)

Delivery period: 2015 - present

Background and context

Challenge

Underemployment for people with mental illness

"Between 10 and 16 per cent of people with a mental health condition, excluding depression, are in employment. However, between 86 and 90 per cent of this group want to work.

Meaningful work is integral to recovery" [1]

Solution

IPS: An evidence-based 'place and train' model of employment support

The focus should be real, paid work, not volunteering. Employment specialists and health clinicians are highly integrated.

IPS achieves **twice the rate of job outcomes** for people with severe mental illness versus traditional employment support
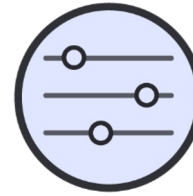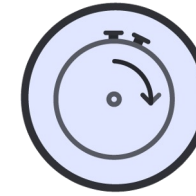
1. Indicator Quality Statement: NHS Outcomes Framework 2.5

About IPS

1. Aims to get people into competitive employment… volunteering or sheltered work not counted as outcomes

2. Open to all those who want to work… no exclusions based on diagnosis, health condition or benefits claim

**3. Tries to find jobs consistent with people's preferences**

4. Works quickly… job search starts within four weeks, even if a client has been off work for years

5. Employment specialists (ES) brought into clinical teams… employment becomes a core part of mental health treatment and recovery

6. Relationships with employers based on a person's preferences…not based on who happens to have jobs
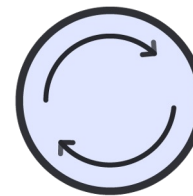
7. Provides ongoing support for the person and their employer… helping to keep jobs at difficult times
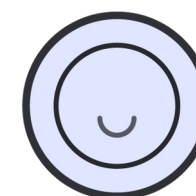
8. Benefits counselling is included… so no one is made worse off by participating

About the Mental Health and Employment Partnerships (MHEP) Impact Bond

MHEP Aims	MHEP Delivery
Combine national and local funding	MHEP combines national outcomes-based funding with local funding and social investment to grow IPS
Build evidence on what works	We are collecting detailed outcomes and financial data on 7 IPS services across 14 areas to learn what works
Test IPS in new settings	Beyond mental health, MHEP is also now testing delivery of the IPS service model for clients with addictions and learning disabilities

MHEP structure

1 Outcomes-based funding from national commissioners

2 MHEP partners with Councils/CCGs to procure & manage services

3 Active support for monitoring and service improvement
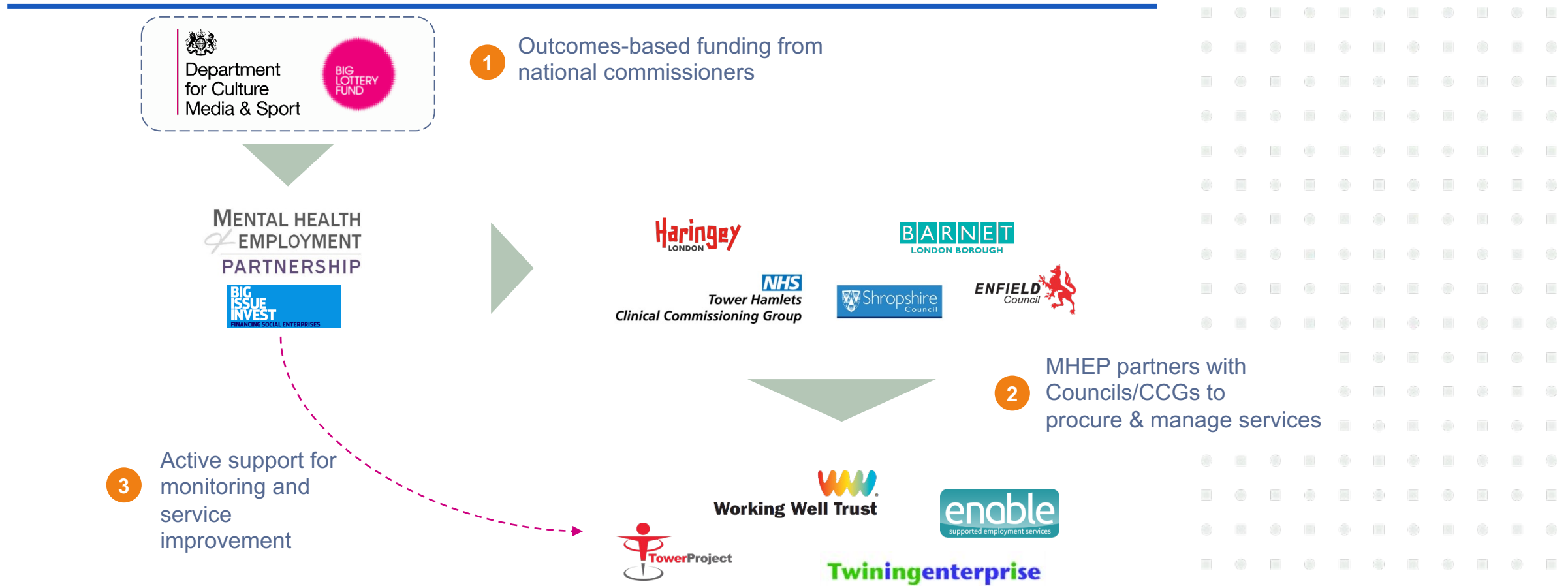
What has the SIB achieved so far ?

5,900

People engaged in MHEP funded IPS services since 2015

1,900

People supported into meaningful work

65%

Of jobs started were sustained for 13 weeks or more

How do we measure success?

Our outcomes reflect the 'funnel' through which clients move through the service

Engagement

- Measured using the completion of an employment plan with their Employment Specialist (ES)
- Represent the case load of the ES staff

Job start

- Our key success metric
- Verified using data from an employer such as a pay slip or employment contract

Job sustainment

- Measured at 13 weeks after starting a job, verified with the employer
- Measures part time and full time separately (> or < 16 hours per week)
- Used to indicate the longevity of the impact

Performance management

Timely data

- We collect outcome performance data *regularly* and get it *independently verified*

- We create *engaging visualisations* of the outcome data to facilitate performance management conversations

Collaborative relationships

- Meet regularly with providers and commissioners to *build enduring relationships*

- Build a *culture of collaboration and joint problem solving* in our performance management approach

IPS expertise

- MHEP have a IPS *service expert* that supports our performance management

- Where services are struggling and PM has identified an issue, we can draw on expert guidance on how to *address the issue quickly*

Performance management in detail

Who?

- Our team is a manager, two analysts and our IPS expert. Each service has one assigned analyst
- Our manager and analyst meet each quarter with the head of the service team and the local commissioner

What do we talk about?

- We talk through the performance information. The service provider presents the figures from our data
- We present what ideas we have heard from other services or the board
- Service providers present their ideas to improve performance

Common actions

- The commissioner meets with their colleagues to unblock bottlenecks with mental health service teams
- We organise onsite meetings with our IPS expert
- The provider might:
  - o Move staff to a geographic area that is struggling
  - o Run a training on how to better interact with employers

Outcomes-based contracts for employment outcomes for those with mental ill health

Performance management report examples

Outcomes: Past 6 months

Referrals Actual v Target

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
32	39	26	46	54	68

Actual — Target

Engagements Actual v Target

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
23	29	16	23	26	36

Actual — Target

Job Starts Actual v Target

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
7	10	7	5	12	11

Actual — Target

13 week sustainments Actual v Target

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
2	2	3	8	1	2

Actual — Target

Tower Hamlets SMI Performance Report   Quarter 4 2021-2022

Quarterly Data	Referrals	Engagements	Job Starts	13 Week Job Outcomes
Quarter 4 2021-2022	168	85	28	11
Per Employment Specialist	23.4	11.9	3.9	1.5
Contract target met?	0	0	39	27
ABP target met?	130	85	15	9
Investor base case met?	102	74	27	21
Minimum service levels met?	0	68	26	20
YEAR to date	495	286	113	51
ABP Target	545	352	68	43
Percent achieved to target	91%	81%	166%	119%
Contract Target	0	0	154	109
Percent achieved to target	N/A	N/A	73%	47%
CONTRACT to date	996	596	172	87
Investor Base Case	816	536	180	116
Percent achieved to target	122%	111%	96%	75%

Average no of Employment Specialists (WTE)	7
Minimum service level met?	TRUE
Previous quarter	7
Target	6

The contract is currently scheduled to end on: 31/03/2024

How do providers and commissioners feel

"You're monitoring delivery of those outcomes as opposed to an alternative reality… it's a different way of looking at things. And it brings a huge amount of extra intelligence into our system that we just wouldn't have otherwise"

Local Commissioner

"Those MHEP meetings focus on how things are going, looking at the dashboards or key performance. The analysts themselves have a really good understanding of IPS, which makes a big difference and so we're able to work with them to brainstorm and think about things."

Provider

Lessons Learnt

1

Strong relationships enable quick responses to poor performance

2

Data-driven PM enables meaningful discussions about trends through time

3

Acknowledging what the data doesn't show, helps focus on the change we can make

4

Creating space for providers to talk about their services helps them solve their own problems

5

Strong PM structures and processes overcomes key person risks

Thank you.

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Conclusion

Thank you for attending!

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