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Transcript

January 25, 2024, 1:24PM

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Prynhawn da a Croeso. Welcome to this webinar series kindly co-organised with Public Health Network Cymru. My name is Mariana and as I can see people are still joining, I will just go through some housekeeping before I introduce the team. I hope everyone hears me well. Everybody's cameras are off. Some people can hear, and some cannot so I will leave it to the technical team to sort out.

Croeso, welcome again. In terms of housekeeping, after the presentations there will be a chance for everyone to ask questions and you can already post your reflections and questions in the chat. Please use the chat as everyone is muted. Use the chat throughout the webinar, we welcome both English and Welsh contributions. The webinar is being recorded and will be made available on the Public Health Network Cymru website after the session. Again, if you experience any difficulties with the technology, please let the team know through the chat and they will hopefully sort it out for you.

To let you know there will be comfort break in about 1 hour maybe 1½ hours' time around 2:30pm so do not worry you will have some time to grab a tea/coffee and we will try to keep to time and finish on time. So hopefully most of those who want to join and listen to this webinar have joined now.

So to start with a brief introduction, my name is Mariana, and I will be the facilitator for the Masterclass today. I am a Consultant in Public Health and an International Health Lead at Public Health Wales and also a Deputy Director of our WHO Collaborating Centre on Investment for Health and Wellbeing. I have extensive, more than 20 years, experience and practice including medicine, public health policy and practice and academic research work as well largely in the area of health promotion, disease prevention and also making and strengthening the case for shifting spend and investment to prevention and public health and health and wellbeing, working closely with the World Health Organization and with other international partners and across different countries.

So as part of the team today we have Kath Ashton and Anna Stielke, and we have our social value expert Oliver Kempton. Oliver Kempton I will introduce just after the comfort break as he will be speaking then so I will just introduce Kath and Anna now.

So Kath is an experienced Researcher and a Program Manager currently of the social value program at the Collaborating Centre. She has been with Public Health Wales since 2012 and she has an interest in developing other social return on investment framework to use within public health.

Anna has been with us since 2016 and she is an International Evidence Development Officer currently focussing on social value and wellbeing economy to understand how to redesign the economy so that it serves people and the planet over profit. She has recently taken a secondment together worked with the World Health Organization Office for Investment for Health and Development in Venice.

So why have we organised, and first of all so I do not forget at the end to thank Public Health Network Cymru for helping us to gather you all and organise this Masterclass this webinar, why did we want to do that? I believe this is the first of its kind session really, a webinar looking into and providing an insight and some tools of how to capture and measure what matters. Not necessarily what is easy but what matters to people and also what would make the most difference to our communities, to our NHS in Wales, to our economy and to our living environment. So this is what we are going to discuss today and show you and provide a bit of a, going a bit more in depth into the how, not only the what, into the social value. You can also call it public value or wellbeing impact of specifically public health. I am saying that this is probably the first of its kind because it tailors and aligns the methodology behind measuring and capturing social value to public health services and interventions. So it is very relevant obviously to public health colleagues across the system but also to other practitioners and other colleagues and professionals who are interested in improving population health and wellbeing, reducing inequalities, and achieving wellbeing for the people in Wales but also internationally as I said we work quite a lot internationally.

So hopefully we will be able to achieve these through some more general but also some more technical information and we will also have time for a bit of a discussion, for questions, reflections, some Menti questions for you to answer. Because of the size of the group, we wanted to do some group work, but unfortunately because of the size this will not be possible online and we very much wanted to do this Masterclass in person which again due to financial constraints was not possible unfortunately. But we very much hope that this is just the start. This is the first webinar and Masterclass of the series we hope where we can then maybe look a bit more in depth into different areas whether that is public health, whether it is financing health, population health, whether it is working maybe with partners and researchers and the third sector or the private sector. Whether it is looking at how it can contribute to the foundational economy. So there are various aspects of where we can apply the social value concept and the methodology behind it and hopefully be able to help and contribute to developing and building a more sustainable and resilient NHS.

So I will stop with the overview here and we very much hope that you will enjoy, and you will be interested, and we are very open to follow up afterwards and see and organise more of these either online and hopefully more in person going forward.

I will just provide a bit of context and drivers around this agenda, thank you Kath. First of all this is related as all of you probably know very much to global as well as national challenges. So challenges related to our transition out of the Covid pandemic and the long-term consequences of that exacerbating for example health and social economic inequalities. The consequences of Brexit are still very visible, global risks and threat related to war and

economic crisis and rising cost of living we are witnessing in Wales and across the UK. Ageing population, so we are talking about ageing but unhealthy ageing so to say. So increasing the number of people who are older but having also multimorbidity so increasing the burden of disease as well as young people and challenges in terms of their mental health and wellbeing and inclusions, social inclusion, inclusion in the labour market. So all these, climate change of course as our biggest global threat currently, all of that is a threat and a challenge but at the same time it creates a window of opportunity as we know usually changes happen in the times of crisis and crisis sort of instigates change, hopefully positive change.

I have listed a couple of other things in relation to evidence and innovation and these are both challenges and opportunities. And in terms of evidence for example, considering there is quite a lot of evidence out there already and data, we consider ourselves data rich but are we really? And in the problems we would like to address, like inequalities, do we have disaggregated data? Do we have local level data? So it is both a challenge but also a strength. We use the data and the evidence we have as we should be doing and build on that and also do we measure the right things? Do we measure only the things which can be easily measured? Or do we also want to measure the things which are important and matter to people and a sustainable system.

Innovation, we talk a lot about new technologies and artificial intelligence, but do we consider also social innovation, transformation, integration of services as well. Of course these are priorities for Welsh Government, and we work closely with them and try to support this drive in Wales which of course we have the political context I 'll mention a bit later but also, we want to see it implemented on the ground. So of course this challenge of balancing the immediate pressures on the NHS created post Covid, long waiting lists and acute pressures with the long-term sustainability.

I've mentioned briefly some of the opportunities already for example wellbeing economy and there is a global drive and also in Wales it's very clear the commitment of a wellbeing economy which positions people and their wellbeing, social wellbeing, planetary wellbeing upfront to not necessarily and sort of shaping development as an important or leading factor for shaping and progressing development not only across domestic product, GDP, not only profit. Of course the Wellbeing of Future Generations is a clear commitment to that as well as the foundational economy in Wales.

The opportunity in this sort of crisis times and permacrisis to shift spending and budgets towards prevention and early intervention and to base our service on value in order to create a system which create health and wellbeing rather than only a reactive, illness systems rather than health systems.

So there is quite a bit of an alignment and over the last 8 years at the WHO Collaborating Centre we have been working closely with partners across the NHS, wider Wales, Welsh Government, World Health Organization, with other global partners, with other public health institutes and countries to see how we can make the best of the positive political context and international and national drivers as the United Nations 2030 agenda for Sustainable Development, the World Health Organization program of work and the

European program of work as well and priorities to provide better health for everyone leaving no-one behind as well as the Wellbeing of Future Generations Act in Wales and the Socio-economic Duty, our Health and Social Care Strategy, a Healthier Wales and a Healthier Wales Foundational Economy program.

We have enabled a Memorandum of Understanding between the World Health Organization and Welsh Government very much focussing on reducing health inequalities and helping to build and progress this wellbeing economy we have been talking about. And we feel and think that a lot of this work around capturing and measuring social value, which of course you will learn more about what it means it is a comprehensive concept of value, so it is not only social it is also economic and environmental. It is what matters to people really, so capturing that hopefully can help spending and investment prioritisation and providing additional and important evidence to complement our strong value-based healthcare in Wales and create a value based public health approach as well.

So this is just mentioning that as an organisation Public Health Wales is very much committed to this approach to go beyond the value for money. So we have started this work already before Covid, it has been heavily disrupted with Covid of course, but working together with colleagues across different Directorates, with our finance colleagues, with our planning and performance colleagues, with colleagues across knowledge and research and evaluation as well and trying to link all of these elements around public health services, interventions, around performance, creating indicators for performance, looking to impact and very much going beyond the value for money only but into more public health and co-benefits. Not only related to health but also to wider wellbeing, societal, community wellbeing, planetary and economic as well. So this is where our program of work started as an extended balance sheet which then transitioned into a broader conceptually value based public health.

I am not going to spend too much time on this, hopefully you know us and if you do not, we are happy to follow up. We are very much progressing this work with colleagues from the WHO Collaborating Centre which is the Policy and International Health Directorate at Public Health Wales and our main ambition, and all the work is related to how to strengthen the investment case for prevention and public health.

I think I will stop here, and I will hand over to my experience colleague and Program Manager Kath who will take you through the concept of value and social value. Thank you, Kath.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Brilliant, thank you Mariana. I am assuming you can see me and hear me. Thank you all for attending today and thanks Mariana for giving that overview of the context and why we are doing the work here in Public Health Wales. So I am going to take it back to basics a bit and talk through some of the concepts that we are going to be talking about today in this session.

So I am going to start off but looking at what is value, what do we mean by value? Whenever we have previously asked this question in sessions such as this, we have had such

a range of responses which tells us there is no single straight forward definition of what we mean by value. So I have got a few examples on the slides here from some of the different responses we have got, and you can just see from this the differences in people's thinking. So for example, someone reported they thought value is how worthwhile something is in terms of cost and personal appreciation. One person put just simply that they think value is the benefits are greater than the financial input, for example and intervention. Someone mentioned just how useful/good something is and another person reported about they think value is about talking to those service users and understanding what matters to them. Another response we had was that value is a positive outcome for individual and society and someone else just put cost effective quality. That is what they understand value to be. So you can see from this that there is a range of definitions around what people think value means.

So if we look back historically definitions of value have focussed on monetary worth, so what can I get back in my pocket basically for investing some money or the ability to do more with fewer resources. So that basically means a simple ratio of if you put cost into something what are the outcomes, what do I get back and what do I get back in my pocket. But nowadays the focus has shifted slightly away from that definition of value from simply a cost cutting exercise, so instead of just focussing on those costs and returns broader definitions have come into fruition and they have been proposed that consider value from multiple different perspectives.

So one of these examples is the definition given by The Expert Panel on Effective Ways of Investing in Health in 2019 and they proposed a concept of value based on four different pillars. And this for those in the room who work within value-based healthcare is commonly known as value-based healthcare. So they propose four value pillars, and these are allocative value, technical value, personal value, and societal value. So what do we mean by these?

So firstly allocative value. So this is the equitable distribution of resources across all patient or service user groups. So looking at it through that lens. You can also look at value through a technical value lens so looking at the achievement of best possible outcomes with the available resources that you have got. There is also an aspect of personal value so what is the appropriate care to achieve patients' or service users' personal goals. And then finally there is societal value which is looking through the lens of the contribution of healthcare to social participation and connectedness. So looking at those wider societal factors rather than just looking at the impact on the individual.

When we also talk about value, we can consider it from three different angles. So firstly when we are thinking about what value does our program or intervention create, we need to think about the costs that we are putting into the program and the outcomes that we expect, or we can see coming through as a result of the program. The second thing that we also need to consider is those different perspectives. So when you invest in a program those outcomes are going to be experienced differently by all different types of stakeholder groups and that depends on their need. So they will have a different perspective of what that personal value could be, what that societal value could be. So for example a service user would have a different sense of value to a funder or an investor in a program or even to

the wider community. And thirdly you can look at value from the scope. So these are the different types of programs or interventions that you are looking to assess the value of. So the scope of that intervention will be different for every single intervention or program you are looking at. So it is important to consider these three factors when we are thinking about value.

So moving on to social value then I will do the same with this concept. Talk through what we think the definitions could be, how do we think they could be measured or captured.
****Connection interrupted*****

There are five different areas which we think are important to consider when you are looking to capture or measure social value. First one being the drivers of social value. So why are you looking to capture or measure social value? Who or what is creating the social value? Who or what is impacted, so which stakeholder groups are affected or experience a change and as a result of your action? What is the nature of the impact and how then can the impact be measured?

We will go through each one of these now individually. Alright, there we go.
So the first one is the drivers of social value. So there are several reasons why organisations may use social value or try and capture social value. So for example, this could be to demonstrate how the services they are going to buy, or contract can secure wider benefits to the area or stakeholders. So this is looking at it through a commissioning or procurement lens.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
There is also to attract funding and demonstrate value for money. So this could build the case for investment. So that is why you would want to capture the social value of an activity you are doing. There is also about highlighting the good work an organisation may be doing for the public, or maybe social value is central to their mission. So this could be the third sector or charity organisations. But although the reasons for capturing social value may vary and those drivers may vary, demonstrating a positive impact for the economy, society and the environment is a central aim of all of those reasons.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Secondly, we have got who or what is creating the social value. So the way in which social value is defined, measured, and captured will also vary according to the source of the social value. So several organisations may produce social value in different ways. So for example, social value can be created through the implementation of policies or processes, the action or inaction of organisations through interventions and also through individuals, and also changes in the natural environment that can create social value. So there's different contexts about who or what is creating the social value that is important to consider.

The third aspect is who or what is impacted. So this is then thinking about mapping those stakeholder groups that you think may be impacted by a program, a policy, or an intervention. So the social value may be aimed specifically at a single person, or it may be felt more broadly. So, for example, a stakeholder could be those individuals.
So in our scenario that would be service users or patients. The social value also may be

created within communities or within society as a whole. Also within the economy and the environment as well. So it is important to consider all these different stakeholder groups when you are looking at the social value that you may have created.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
The next one then is what is the nature of the impact. So the definition of how you capture the social value will also vary according to the nature of the impact. So for example, a policy or program may have some subjective wellbeing or quality of life outcomes that you could see emerge as a result of implementing an intervention. There may also be outcomes experienced by stakeholders around knowledge, skills, and employment. The ones around motivation, beliefs or it may affect individuals' behaviour. So all of these things may affect the social value in different ways in terms of their affecting the individual, but they may also affect the economy if you are keeping people in work or the environment if you're looking at housing development, for example.

And finally, how is the impact measured? So social value can be measured in several ways, and we have got Oliver Campton talking later on in the session about using social return on investment as a framework or methodology to capture social value. But we've got some key examples here of how you would want to obtain the information basically, to be able to say that a program or policy is creating a certain amount of social value. So this can be done for example through quantitative self-reporting. So going out and speaking to stakeholders themselves and getting that information back about what social value may have been created for them. This can also be done through qualitative accounts, so interviews or observations. You can collate stated or revealed preferences or willingness to pay information from stakeholders about how they think a programme or policy has affected them. Or you can also use hard outcomes, for example existing data to look and map and think how things could have changed over time, and you can also do some direct financial analysis to figure out the social value of a program that you have implemented.

So I think that is it on the context. I will now talk through a little bit about social value approaches. So the way in which social value is valued can also affect the context in which it is used and defined.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
So for this, I am going talk through, so for example, if social value is placed at a core a project. So if you are running an intervention and the emphasis in measurement is usually on the change that is created by the intervention itself, and this in public health is what we would call mapping out a theory of change model. So we can look at what measurable inputs have gone into a service or intervention, so this could be people, resources, money and then we would look at what activities are generated from that investment, and then look at what measurable outputs and then outcomes have come out of that activity.

So within social value, we tend to then look and focus on those outcomes that have been generated as a result of the activity. So where social impact is at the core of a program or intervention measurement of the difference, so the change made, tends to be done by taking account of the counterfactual measure or by considering the difference between the target population of the intervention and then a control group of different population. And

this would be a gold standard way of capturing that social value of an interventional program. But social value may also be placed at the periphery of a project, so this is often seen in some procurement led approaches. For example, as typified by the Social Value Act in England and then the new Social Partnerships and Public Procurement Act that is coming into Wales in April, I think it is. Social, economic, or environmental value is seen as an additional benefit of the delivery of a core contract. So this is where the social value is created through a delivery of a contract. So it is seen as an additional benefit which would not have been achieved in the absence of a contract. And another potential distinction is that procurement approaches to social value follow a clearly defined process in relation to tendering and contracting that can include sometimes scoring as a way to assess the proposed social value of different bidders subjectively. So there's different ways of thinking about social value in the approach that you take.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
So, as Mariana sort of hinted to earlier on social value is becoming increasingly important to help deliver the most value for that direct money back into the pocket, but also the direct value on the economy, on the individuals and also on the environment. So social value can be embedded in procurement and commissioning processes. It can also be embedded in investment and resource or budget prioritisation, and it also can be embedded into assessment and evaluation.

So, social value in public health. Obviously as we all know the Covid pandemic has exposed the consequences of under resourcing of public health and highlighted that clear dependence between population, health, societal well-being, and the economy. So linking together those wider determinants of health. So the case for targeted investment in people's wellbeing and health equity is stronger than ever, requiring coherent action across the NHS and other sectors to help maximise that value created and impact of public services and intervention to help build the case for investment in public health.

So measuring social value can enable not only public health, but also health organisations to firstly understand what really matters to people, patients, families, and communities. Capturing social value is a very participatory approach and as I have said, you map all of your stakeholders at the start and then you get them involved in trying to capture and measure that so you can understand what really matters to them as an outcome of what you are trying to achieve.

Measuring social value can enable us to assess, measure and track those real outcomes and impacts in a systematic and comprehensive way. It can almost help with the allocation of resources to where they are having the greatest impact on people or specific groups or communities or specific areas within the economy or the environment.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Measuring session value can also enable us to invest in those high value upstream interventions, so moving that focus on to primary prevention and early intervention to help protect and improve health and wellbeing and to reduce those health inequities. It can also help to inform and maximise value for money, quality and wider benefits of services and interventions.

So, as Mariana alluded to earlier, obviously we have got a work program within the WHO CC which we starting to call value based public health which is a program of work which applies to social value approach to capturing and measuring that wider holistic value of the public health work that we do. So within this work program, we have got five main key areas or objectives, the first one being to pioneer, promote and raise awareness and enhance implementation on the use of social value methods nationally and internationally.

We are aiming to explore evidence and opportunities to develop further the concept methodology and real-life application of social value and social return on investment SROI. We are piloting and progressing the application of the SROI methodology to assess public health services and interventions because there is a lot of evidence to use SROI within particularly third sector organisations, that is coming into the health sector but we are looking to progress that further into the public health sector as well. We are utilising national and international best practice and experience and we are looking to help build a systems-based approach on evidencing social value within public health.

So I think that is all from me for this section and we are now on to some QA and reflections, so I will hand over to Mariana.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thanks a lot Kath. Yes, I hope this has been interesting and generating some questions and reflections from the audience. Thank you for going in detail through the different types of and perspectives into looking into the social value. We would like, we'd be very keen to explore with yourselves how this concept and as I said, it's the social value because of the social value UK but I know in Wales it can be called public value wellbeing impacts, so we're not precious about the term, although there are definitions obviously and inclusions behind that. But yes, we have started working with the social value concept and the social return on investment as one of the methodologies. So very much looking forward to explore how we can apply and integrate this better with colleagues across the NHS or different other partners to really, so as Kath has nicely described, and then you'll see a little bit more into detail going forward, how we can value and monetise and show the financial sort of, put A tag if you want, of the financial measure or the financial representation of all of these soft outcomes of what mattered to people. Whether it is related to their mental health and wellbeing, feeling safe, trust in communities, living, you know, having opportunity for development and so on.

So I will just have a look. Excellent oh there you go. We have some questions already. So we have around 15 maybe 20 minutes for questions and discussion and my excellent colleagues from the Public Health Network have already shared some of those.

So question from Sara Capstick.
How do you see social value being put into practice with the new health service procurement regime Wales, which is currently being consulted on?

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)

So I am not a specialist in procurement. One thing we have been discussing and I will ask obviously colleagues if they would like to share an answer to that.

One thing we have been discussing a lot is how we can broaden really the utilisation of the social value and the social return on investment. One element is obviously with procurement, but procurement is very much leading in everything which is happening in both England and Wales and we want to take it broader than that and include it into a program improvement, evaluation, budget, spending sort of decisions and budget prioritisation, so I believe again as a public health professional and not an expert in procurement we need to see obviously how it's an interesting question and it's a good suggestion to have a look into how actually, so I will be very happy to follow up with you Sara and discuss how this can be useful I suppose and add on to this health service procurement regime and the new legislation as Kath has mentioned coming into Wales. Currently we are aware as Kath has mentioned that through procurement our colleagues are looking into this added value and how different goods and services which are being procured or commissioned have this additional sort of core benefits. I am not aware of the use of social return on investment yet into there, but I think it is definitely an opportunity to apply this concept and the social return on investment or other relevant methods into this regime and in relation to the new legislation. So I do not know whether Kath or Oliver would like to add anything to that?

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Yeah, I can jump in. I was thinking whether this relates to the wellbeing impacts group that I have been sitting on in Welsh Government. So there have been a team of people in Welsh Government looking at, it started off as a social value working group, and the name then got changed to the wellbeing impacts working group. So I think they have been brought together. I think it is disbanded now the group, but I think they have been brought together to sort of think through this and think about how the wellbeing impacts can be measured and captured. And I think they've pulled together a list of indicators for use going forward. But you know, if you did want to follow up, we can give you the key contacts for that group and maybe you could get in touch with them because they'd have a bit more information to share with you, I think.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thank you, Kath. I think that probably provides good information. I cannot see Oliver chipping in, so I will just carry on and we can continue of course the conversation outside of this webinar. We have a couple of very interesting questions which are linking with other methodologies and one I will, Kath do you want to answer the second one?

So we have a question from Jason Conibeer is measuring social value the same or duplication of the Welsh Government health impact assessment regulations which are currently being consulted on?

So it is very interesting actually and relevant that you are raising this because we have one of, part of the work we are doing as part of the social value is actually, they are complementary methodologies.

But I will hand over to Kath because I know she has been obviously working, and we have published even a couple of papers around that. They are not the same. They have similar elements, but they are actually complementing each other, and we have been combining them into evaluating different programs. So Kath do you want to say a little bit more on that?

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Yes, it is interesting that you brought that up actually Jason because my role at the moment is split between our Health Impact Assessment Unit that we have got in Public Health Wales and the social value team. And we have actually mapped out the similarities, I guess and the way that social return on investment as a way of capturing social value, can actually integrate with the health impact assessment process quite nicely and they benefit both each other in different ways. So I would say measuring social value is not exactly the same as the health impact assessment regulations, which are currently being consulted on. There are similarities in the processes, but I think in terms of the consultation itself for the health impact assessment regulations coming in as part of the Public Health Act, they are two very different things. And I would say there is quite a lot of crossover at the moment between a lot of these duties from Welsh Government in terms of the health impact assessment regulations in terms of the social economic duty, in terms of the social partnerships and public procurement bill as well. There is a lot of similarities in what the ask is in terms of looking at those wider determinants of health in certain situations. So the economic, the social and environmental so it is a bit of a map trying to figure out how they all fit together. But Jason, I am happy to send you through some literature that we have produced but also to have a further conversation with you outside of this, if you if you would like.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thanks. Thanks a lot, Kath. That is really helpful. And I agree that we have, so the Wellbeing of Future Generations Act is obviously an umbrella to a lot of other legislation regulation, which is going more or less in the same direction and in this respect, of course, we have the public service boards and then the original partnership boards. So there is complementary functions but yes one of the opportunities I suppose going forward is how do we avoid duplication and how do we maximise the benefits through these methodologies maybe combining them and using data, available data, and evidence. If one is done to the other and then inform and put a tag, the main of course benefit of doing and SROI is putting this financial representation which you will see into the second part of the Masterclass.

A couple more questions and a reflection we have. So there is a very interesting question from Lisa Williams. Are there examples of SROI and realist research/evaluation methodology used for evaluation of public health interventions in Wales?

I am not aware, and I know realist evaluation has been done quite a lot into evaluating because public health interventions are complex, so it has been done actually to evaluate healthy cities and health in all policies interventions. But it is a very good suggestion, and it is very interesting so I will be happy if you want to follow up on that and maybe we can see. But yes, it is a very good suggestion. I am not aware; I do not know whether Kath or Oliver may be aware of any examples of that. I am personally not aware, but I think it is a very, very good opportunity to explore how SROI can contribute to a realist evaluation. I cannot

see a hand from Kath or Oliver coming up. Oliver, do you want to say anything on that?

We cannot hear you. You need to unmute yourself. We still cannot hear you. OK, so while Ollie's, I do not know whether maybe colleagues from the Network Cymru have muted you.

Oliver Kempton
Is that any better now?

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Yes. Yes, thank you.

Oliver Kempton
Great stuff. OK. Yes, just briefly on that point. So I think it is a really interesting one. I think we are going to I think, touch later on SVDS and some of the kind of well as Graham just put on there, there are examples of SROI studies in public health on there. I do not have to hand the kind of breakdown by region and so on, but of course we have been looking within Public Health Wales at some in a Welsh context. And also the, I mean we do not have time to go into this I think but, in many ways, SROI does draw on the realistic evaluation principles and ethos as well. So it is very much kind of connected to that, I think.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thanks a lot Oliver, and apologies if I misunderstood. So yes, there are examples of SROI of public health interventions in Wales indeed as well as in England. My understanding has been more is there a combination? But obviously you have touched on that as well and I think it will be a good opportunity to see how more actually this can be paired I suppose similarly with the HIA.

And the last question we have is In Wales is the private sector embracing social value approach yet or is it mainly in the public sector?

Again, I will probably leave more of this to Ollie. From my knowledge, I know private sector is actually utilising social value, social return on investment quite a lot. I am not quite sure whether that is specifically in Wales or just broader the UK, but Ollie I can see you're nodding and will be happy if you want to answer.

Oliver Kempton
Yes, I think these days social value approaches are actually used more in the private sector in so much as organisations are bidding for contracts and having to talk about social value in that. And I know the Welsh context is slightly different from the English context, but it kind of applies it in both cases. So any organisation bidding for big public sector contracts will be talking about social value now and the bigger ones have social value teams and so on.

That is not necessarily the same as doing a whole social return on investment, and Kath talked about the differences a little bit earlier. I think even within the health and the public health realm, often organisations, again, that are not necessarily public sector but maybe are charities or social enterprises, are thinking about social value much more, again because of their relationship with the public sector. So I would say that so yes, it is embracing social

value, particularly those parts of the private sector that have the public sector as a major stakeholder.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thank you, Oliver. That is great.

And we have a reflection from Debbie Shaffer, which is related to a specific sort of population or service. So I will read this out and it is an interesting reflection, so I will welcome maybe also some responses in in the chat as well.

It can be incredibly difficult to make the case for allocation of resources for an intervention when its impact/value only affects a specific population - for example, menstrual health conditions (particularly endometriosis) is a major health burden to patients, services, economy, but are historically neglected for a whole host of reasons, not least because they are not preventable on an individual basis. For these patients, prevention might constitute more and more accessible NHS services, but this does not coalesce with direction of travel re personal responsibility and service rationalisation - just curious for the thoughts on this challenge.

So I do not know whether Oliver or Kath or Anna has any reflection on this. I agree that for more specific problems and maybe services which are relatively so limited to maybe specific population group and there are size issues I actually wanted to mention initially of course. In Wales we are quite small and of course some of these problems you know comparatively they become you know this group of patients or population are even smaller. So I can see the challenge. Of course.

The work we are particularly interested, sort of working in relation to more population perspective and public health and prevention and I can see what you're saying in terms of not being preventable at individual level, but is there actually a public health aspect into that and would an impact on the wider determinants or any sort of behavioural change potentially earlier in life may be able to have an impact on that? I mean, not necessarily maybe endometriosis, but similar conditions which might be challenging in terms of, this value and impact evaluation. So I can see your point. It is a challenge and some of the more clinical aspects they could have quite a lot of studies around cost benefit analysis and return on investment, not necessarily social return on investment and some of these services are clearly bringing also financial returns and some of these maybe not.

So again, it is a matter of maybe a case-by-case basis of where the social aspect and monetising this social value and social impact is relevant and appropriate and has its place. I can see Kath coming up. Kath do you want to say anything more on that?

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Yes, I was just going to comment I think this is a scenario where using something like social return on investment comes into its own because it does not just look at those direct financial back in the pocket type outcomes. It is looking at that wider effect that, you know, helping someone with these conditions can, you know, get them back into work.
What impact would that have on their family? So it is looking at that wider impact that by

delivering the service would achieve. And it is interesting because one of the examples that I am going to be talking about later is a study that we have recently carried out, which uses both HIA and SROI to look at the social value created in a certain prison population with regards to sexual health testing. So that was a very, very niche, small population. But by doing the study, we have been able to demonstrate of a wider value that programs like that can create for these small groups. So I think things like this do help actually to build the case for investment in these niche targeted programs.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Exactly. Thank you very much Kath. Oliver? No, nothing to add.

Oliver Kempton
I think Kath has said it all.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Yes, brilliant. Yes, well, that is the point. I mean, if there isn't enough investment, so this is definitely, one of the other benefits is and as you'll show afterwards, how much more actually from a financial perspective, this can be proved so the benefit or the co-benefits and the added value or the whole overall value can actually show can be expanded and trying to capture this sort of soft outcomes which are usually not captured.

So I think we will wrap it up here and I cannot see any further questions or immediate reflections. And you will have the opportunity to just keep posting in the chat and we will have some time at the end as well to look at these. So we have an interactive session now who I will be doing together with my colleague Anna. And it is on Mentimeter, and we have a few questions where we would like to gauge your views and your thoughts even sort of most immediate around the social value.

So if we can have the next slide where we have the Menti, yes thank you Kath. So if you can join on your phones or computers, does not matter under menti.com Hopefully most of you are familiar. If not with that, with similar sort of platforms, there is a user code 4516 6956 or just scan the QR code and my colleague Anna will post some questions and we can look together into some of these answers we have.
Currently I can see around 80 some colleagues on the on the call, so we are expecting around or just about 80 responses. Or maybe without us, maybe around 75.

So the first question is, what does social value mean to you?
I can see around 60 responses.
So I think if there is not anything else coming up, we can wrap it up here and go to the next question then.
Thank you everyone.

What do you think are the benefits of capturing social value?
According again, this is a largely from your perspective and where you working on the services and departments you are obviously working in and the areas you are progressing.
So we can see responses starting to come up.

So the next question is, what do you think are the barriers or challenges to capturing social value?
So hopefully I think there might be a flurry of responses here because it is, it can be quite difficult, but it's not impossible and it's, I wouldn't say it's rocket science and they are experts already there. You'll hear from them today and actually they can be and we hope to be able to enable a little bit more building this capability and capacity across Public Health Wales and across the NHS of course depending on our own capacity and resources as a small, very small team as you can see there's only a couple of people currently.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Maybe we can move on thank you, Anna. On to the next question.

In the face of the current unprecedented pressures on the NHS in Wales, how can social value approaches help drive sustainability, resilience and population wellbeing?
So I mean, if you can think really again from your perspective a bit more specific rather than the general sort of overview that will be really helpful to see where we can focus maybe our next areas of work. So how do you think it can become, I do not know, integrated, added on, or maybe embedded into something.

Yes, Anna, thank you. You can go to the next question.
Thank you for your responses. Some of them really good thoughts and directions for future exploration.

So the next question is what specific indicators or metrics should be prioritised when accessing social value?
So this goes specifically more into the measurement, and I know we have the afternoon session for that. But it is about what you think is important to be measured so this can inform also. And of course in Wales we have the wellbeing of Future Generations Act indicators. We have the Public Health Outcomes framework, but what is it?
Maybe more or particularly related to social value that we would like, and you think are important to be used.

I can see Anna I think we are probably ready to go to the next question. So this is the last question. And so again, this session replaces the groupwork, which we are a little bit too many unfortunately for everyone to speak you know a group of maybe 15 or 20 people.
So hopefully this gives you an opportunity to share your thoughts and views on these questions. So this is the last question before our break.

How would you use social value to support your work objectives and priorities? So again, please be as specific as possible, because we would like to get a little bit more the practical feel and examples and experiences of how this can be implemented or embedded. And maybe, of course, advocate for more resources for it.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
OK. Brilliant. I think we will probably wrap it up here. So you have a proper 10 minute for a comfort break.

So without further ado, I will continue with the with the Masterclass and we have a couple of summary slides. Just before I introduce you, Oliver, which interestingly enough are summarising from also what Kath took you through this morning but also nicely summarising a lot of the feedback which we had during the Menti session so it's around the why measuring value is important and I can see a lot of we're all on the same page, so it is very important for people and placing a high value on living a longer and healthier life and measuring what matters most to the people and their communities and their families and all relevant and impacted stakeholders. Whether this is maybe staff in education, or health and social services staff as well of course, the people who are delivering some of these interventions as well as the people who are providing and paying for them. It is important also for organisations moving away from the value for money towards a more comprehensive social or public value and increasing corporate responsibility of course, in response to also legal obligations to regulatory obligations as well. For funders and investors, whether they are Commissioners or whatever, budget holders, so whether they are Health Boards or Local Authorities or Government. Hopefully again providing a little bit more comprehensive and relevant evidence and data around how they can prioritise these budgets so they can make the most difference to where it matters most.

And next slide?

To governments and global agencies. So there is a global movement and drive for looking and improving wellbeing and positioning people and populations and their wellbeing in the centre of economic development as well as the environment and our planetary sustainability and how do we live in a more sustainable and inclusive way, and we create a more and more fairer society as well. For practitioners and implementors, so this was mentioned from quite a few people around policy or program monitoring, measuring impact and improvement. So this relates to the allocative efficiency, whether we do the right thing, whether we do the right program, but also do the technical efficiency doing the programs and the services we are doing the right ones doing them well.

And finally, also it is relevant for researchers and economists, improving ever improving and the methodology tool and make sure it's as robust as possible and capturing the right things obviously always there will be always limitations to any methodology as we know, but there are, there is quite significant, and I know Oliver will talk about that now. And SROI has been used for more than 10 years now, so it is quite a significant body of evidence behind that and behind the methodology itself. So I am just going into the more specific how do we measure social value and the social return on investment framework?

I would like to introduce our now quite a long-term colleague and consultant Oliver Kempton, who is a social value expert, is a co-founder of Envoy Partnership which is a social value consultancy and has been supporting Public Health Wales with this work already since 2018. Oliver also sits on the Social Value UK Advisory Board and the Social Value International Methodology Subcommittee. So Oliver the floor is yours.

Oliver Kempton
Thank you very much, Mariana. Thank you everybody for being here this afternoon. So I am

going to talk about how we measure social value and in particular look at the social return on investment framework and how that works. I am going to do that over the next 15 minutes or so. If there is any comments or questions as we go, please do drop them in the chat.

So what is social return on investment? I will not read everything on here and some of this has been covered already, and in particular the bottom of that slide, that description of social value that social international uses, that's the same one that Kath referenced earlier so there's a lot of crossover here. I think social return on investment is similar to the concept of social value but in particular it is focusing on this value for money question. So an SROI analysis, I am looking at the text there in bold, an SROI analysis can help an organisation to understand whether a particular project or program represents value for money. And the way that it does that is by looking at the total benefits that have been created, be they economic, social, or environmental and whichever stakeholders are affected and compares that with the investment in a program.

And so that helps us to understand, not just are we doing good or not, but how much value are we creating, how much is our project or program how much value is it creating compared to others and compared to how much we spend what looks like the best value for money option?

And so moving on to the next slide if we can, at its heart SROI has this ratio value of the benefits divided by the investment. So you may have come across organisations talking about this. They will say for every pound we spend we create £3.00 of social value or something along those lines. And when they are doing that, they are talking about this ratio here. How much outcome and how much value in particular are they creating for those outcomes divided by the investment. But a few things on that, and in particular how it is different from perhaps more traditional cost benefit analysis.

Oliver Kempton

Firstly, it is an outcomes-based evaluation. So within your work, you may well be looking at outcomes and outputs and so on. Within SROI we are focusing on valuing those outcomes, the actual changes that matter to stakeholders, and so sometimes we might be measuring more short-term things, but we are still seeking to understand the amount of outcome that they create. Just as an example of that, if we are looking at a vaccination program, then the key indicators might be the number of vaccines administered for example. But in an SROI context we wouldn't be saying well vaccination in itself is worth this amount of value we would say what are the outcomes that arise from that? People's health and perhaps other outcomes, what are the values of those.

It then measures change, measures outcomes that matter to stakeholders. And that is actually different from some other evaluation approaches because rather than saying well, here are our objectives, here are the 3, 4, 5 things that we set out to achieve, instead of saying that it is a focus on accountability for our overall impact. So yes, that does include our intended outcomes, but it also includes any unintended outcomes, and they may be positive, but they also may be negative.

So that helps us to understand some of the trade-offs that we might have. You might have a particular program that improves people's health, but in other ways maybe has a slight negative impact on an aspect of their well-being. And you can look at those trade-offs and the value that is being created or removed if you like and understand that broader impact.

Finally, it places a monetary value on all of our material outcomes. We'll talk about materiality in just a moment, but what's important here is that all of those outcomes, yes, the economic outcomes, yes, perhaps the resource savings to different parts of the NHS, but also people's health also people's wellbeing also the impact perhaps on friends and relatives of patients that you might be working with. So all of those different outcomes we will try and place monetary value on. And what that means is that we can seek to understand this broader value for money by looking at all of those different outcomes, even though they are not measured in the same units. So we might be comparing apples with pairs for example, but by converting all of these outcomes into a monetary value, it allows us to compare them on the same balance sheet as it were.

And so SROI is governed by a set of principles, and this very much goes back to the accountability and in particular, sorry the accounting and the sustainability accounting heritage of the SROI approach. There are eight of these principles. I am not going to go through all of them, but I am going to pick out a couple of them.

OK

So number 4 only includes what's material, I do not know if there is any accountants on the call here today on the meeting, but this is an accountancy approach. It is recognising that when you start to look at broader outcomes for broader stakeholders, we could spend all of our time trying to measure absolutely every little thing. And if we do that, we risk wasting resources essentially. So materiality is a concept that helps us focus on the things that really matter to decision making. So we do not have to try and measure absolutely everything. So perhaps in some cases an intervention will have an impact on the well-being perhaps of friends and relatives of a patient, but it is not very big, it is not very significant and therefore we don't need to incorporate that, spend time measuring it and valuing it.

Also, the top principle one involves stakeholders and that goes back to the earlier point about how we seek to understand all of the outcomes, not just our intended outcomes. And if we are going to understand all of the outcomes, we need to first identify what they are and involving stakeholders is an important component of that.

So moving on then to look at the different stages that we will go through in an SROI. So there are six stages of an SROI. Perhaps we could just put them all on the screen actually that would be helpful sorry.

So we will look at firstly establishing the scope and identifying who our stakeholders are and then mapping our outcomes, the different changes for stakeholders that we see and generally that process points one and two there will be largely a qualitative process.

OK

Oliver Kempton

So that means that the research that underpins it will involve focus groups in-depth interviews, speaking to small numbers of stakeholders, really trying to unpick why a particular program leads to outcomes and how perhaps those short-term outcomes lead on to longer-term outcomes and so on. And then steps three to five are more of a quantitative process. So stage three there, evidencing outcomes, that is measuring them, that is quantifying them. So that is where we will use some of the different measurement tools that we have to hand and then giving them a value and in an SROI context that value is a monetary value, it is a monetary figure.

Establishing impact, stage four, we will talk about this a little bit later, but this is where we think about questions such as what would have happened anyway? How much credit can the program that we are evaluating really take for these changes that we have seen; these value that has been created. How long do the outcomes actually last into the future? So all of those questions need to be asked as well and quantified.
And that allows us at stage 5 to calculate our SROI and come up with that ratio. That, of course, allows us to report on the value for money that we are creating. It also allows us to look at how we can improve the value that we are creating, and you may have noticed on the previous slide, there were eight principles. The final one is be responsive. That is about reacting to responding to the findings that we are seeing and saying, well, how can we create more value from what we are doing?

So I am going to pull out a few particular things that we can focus on to do SROI well and then after that I will show you an example of a calculation for SROI. So three particular things that I think we need to focus on when we are looking at an SROI approach.

So firstly, some key considerations when mapping our outcomes. When we are looking at those different outcomes for our different stakeholders, what do we need to take account of? Well, firstly, focus as we said earlier on those outcomes rather than the outputs, so that we obviously want to understand the outputs as well. And just to be clear there by outputs I mean the quantification of our activity, how much stuff do we do? Yes, we want to know that, but our outputs might be things like numbers of vaccines administered. We want to know what then changes for stakeholders as a result. What are those outcomes that then arise?

OK

Secondly, let us look at the outcomes for those affected indirectly and looking at the responses from the polls that Mariana was putting up, I think some of this is already coming through, but it might be family members. It might be informal carers, for example, of people who are experiencing outcomes, government services. It might be the environment that might be a carbon emissions impact of what we are doing.

So consider outcomes for those affected indirectly. And then one risk I think of taking an SROI approach is we can end up double counting and we can end up double counting for a number of reasons, but particularly because our outcomes actually overlap. So when we are talking about, for example, someone’s mental health and improvements in their mental health, improvements in their well-being, improvements in their self-esteem, improvements in their confidence. Are all of those things totally different outcomes or are they actually

overlapping a little bit? And if we place a monetary value on each of those outcomes, then are we doing it in such a way that we are actually kind of double counting?

So one way to think about this challenge is to focus firstly on our final outcomes.
And those are the ones that are given a monetary value. Those are outcomes that we might say are valuable in their own right. And then also intermediate outcomes, the steps that we get that we see to get there and not give those a monetary value. To give you an example there, it might be that we see an increase in exercise for a particular cohort of people and because they exercise more their ability to perform certain exercises improves and then their health improves as well. And actually, it is the health bit that really matters there. The fact that someone exercises more frequently, that is not necessarily valuable in its own right. It is valuable because of what it then leads on to.

If we take an example from outside of public health. If you are looking at money management, for example, it might be that a money management program leads to people being more motivated to manage their money, it leads to people having better budgeting skills, it leads to people ultimately saving money and that's the final outcome and being less anxious about money. The fact that they are then better at budgeting, we would call that an intermediate outcome and not give it a monetary value in the SROI. So that is the first thing to consider.

OK

The second is the importance of subjective measurements, and when we are talking about these broader outcomes, some of these outcomes are things that are inherently subjective and frequently subjective measures are the best ways to measure them. What do we mean by that? We mean when we ask people directly about their own health and well-being and things like that. There is a quote here from Joseph Stiglitz, Nobel Prize winning economist, saying 'Research has shown that it is possible to collect meaningful and reliable data on subjective well-being. It should be measured separately to derive a more comprehensive measure of people's quality of life' and so on. And if we can just click through again, we will see an example of a well-being measure come up here. You might well not be able to read that very well. This is from the World Health Organization, the WHO 5 index. It is an example of a well-being measurement tool where people are asked a number of statements and asked how much those statements apply to them. Things like, I felt cheerful and in good spirits, I felt calm and relaxed and so on.

I imagine many people on this call will be familiar with other metrics like that. Perhaps PHQ 9, G7, things like the Warwick Edinburgh scale. There is lots of those kinds of measures. In an SROI context we can use those to understand people's levels of health and well-being and use that to value those outcomes as well.

And then placing a monetary value on those outcomes. How on earth would we do that? And I think for a lot of people this is the real challenge to an SROI approach. How do you place a monetary value on those outcomes, or even perhaps I am not really comfortable putting a monetary and financial value on someone’s health and well-being. We are not going to dig into it today. We have not got time to talk about are we comfortable doing that or not, but we are going to talk just a little bit about how people might do it. And in the healthcare world, there's a lot of work done on valuing outcomes that we're drawing on in

SROI and particularly within the healthcare system the QALYs, quality adjusted life years, I think many of you will be familiar with those, they're are measure of health status and they look at people's quantity of life essentially and quality of life as well. So they help us understand, yes, it is something helping people live longer, but also, it is what extent is it improving their quality of life as well throughout that period.

And just over on the next slide, we will see some examples of that from health gains from taking part in sports and physical activity. So in this instance, depending on the type of sport taking part, and what's important there actually most of the time is the amount of time they spend playing those different sports, and the age of the person participating, and in particular therefore, how long the benefits will last, how much impact does taking part in sports or physical activity have on their health and what's the monetary value of that? And here they are using QALYs and they've some monetary value of £20,000 per QALY, which you can see just in that title for the chart there. So this is an example of where we are measuring participation in sport and exercise, and we are drawing on other research that maps the health outcomes of that participation and then places a monetary value on that.

OK

If you are wondering what, by the way, why golf has got such a high value compared to other things on there, it is because people tend to do it for longer. They spend longer playing golf than they do taking part in athletics, for example. So that is why those figures, that is one of the factors, the main factor that affects those figures.

And so moving on to the impact questions. So one of the stages of SROI was about considering impact and there are three key considerations here. Something called deadweight, sometimes also known as a counterfactual. Neither of those terms are necessarily the most user-friendly terms in the world, but essentially there we are looking at what would have happened anyway. And in some cases, that is just trying to find a benchmark or an estimate of changes, perhaps in well-being of a similar group of people. If we are testing pharmaceutical drugs, then we would have a double-blind control group to help us understand that in a randomised controlled trial, in most public health interventions that kind of approach is impossible. So usually we would be looking at some kind of benchmarks.

I think this is particularly important when we're looking at preventative approaches where we're trying to reduce negative outcomes because you might not actually see any change for individuals, but preventing a change is actually a positive impact because there's deadweight, people might have fallen more frequently or people's mental health may have deteriorated, for example.

I am not going to talk now about the final one, displacement, but this middle one, attribution, is important. This is an understanding of how much credit we can take for the change, and it is being realistic about the contribution of different organisations involved and different partners involved. And I think particularly in this instance for public health, sometimes a public health intervention may act as a catalyst for change. It may be that actually people are referred on to other services for example and there's other services that might take a large amount of credit for the outcome, for the values, but it would not have happened without the inputs of this other service as well.

So how does all of this come together? And I'm going to wrap up here by just showing a couple of calculations and sorry the numbers have moved across a little bit, but this is a very rough and ready calculation first off for increasing someone's well-being and represented in numbers of QALYs, remember QALYs are quality adjusted life years, so it's a proportion of health.

Oliver Kempton

So what we have here is working through from left to right. We have the number of stakeholders affected, in this instance is 1000 people to make the maths a little bit easier. We will look at the change in well-being, so we have got a well-being premeasurement and post measurement. That might have been conducted, those numbers might have arisen through the WHO 5 index that we showed earlier. Those numbers have been converted to a scale that runs from zero to one. So that is one would be hitting all the top scores and zero would be hitting all the bottom scores. So they have moved from 0.45 before to 0.64 afterwards and that will give us a change in well-being. They have gained a number of QALYs through that, 0.352. Where does that come from? Well, that is from some research for the Centre for Mental Health that looked at the QALY impact of changes in well-being and mental health. We are taking a share of the attribution, a share of the credit there and that gives us a number of QALYs created at 33.4 QALYs across those 1000 people.

And then on the next slide, it is the same calculation, but this time we look at that in terms of social value and this is where we put a financial proxy on that, what is the value of those QALYs?

Oliver Kempton

And here we are using a value of £30,000 per QALY per year. And so that is showing us a change of total social value of £1 million worth of social value per year and that is the only difference between these two slides. We've now put a monetary value on those outcomes, and I think what that shows really is, I mean on the previous slide, 33.4 QALYs, for a lot of people that do. 't really mean very much, probably for some people it does, but for others it won't. Whereas £1,000,000 of social value, and I think for a lot of people we understand what £1 million is, it kind of makes a lot more sense and also that allows us perhaps more readily to compare it with different types of programs perhaps that aren't focused on people's health, but also compare it to the investment that we put in. Was it worth it or not? How do we arrive at those valuations? Well, that £30,000 is from NICE, National Institute for Health and Care Excellence, cost effectiveness threshold. We will not go into the details, but it essentially comes from NICE benchmarks about value for money. And so that starts to show us how we can get to our total social value.

So I am going to wrap it up there. I think I have possibly overrun a little bit. Apologies for that. If you do have any questions, I do not know Mariana if we have got time for questions now or park that later on, I will let Mariana take care of me. Thanks very much.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)

Thanks a lot, Oliver. And yes, if we can leave the questions because we are running a bit ahead in time as we spent a bit more time in the middle with the Q&A and the Menti

session. So I will just hand over to Kath and if there are any questions, or maybe Oliver, you can see in the chat, I think there are a couple for you, maybe you can answer them in the chat because I think they are relevant for you. If you can answer them in the chat that would be great. Otherwise, we can answer them after the webinar as well.

So Kath and Anna have now another 20 minutes to go through some of the practical applications and hopefully we will be wrapping it up in on time at 3:30pm. Thanks a lot.

Kathryn Ashton (Public Health Wales - No. 2 Capital Quarter)
Brilliant. Thank you, Mariana, and thank you, Oliver, for that last session.
So the last bit of this webinar now will be focusing on some practical applications.
So basically the work that we've been doing in the team over the past couple of years to sort of show how we've used what we've learned and what tools we've got for you guys to use and have a look at. And yes, just have a bit of a sense of what we have been progressing over our time working on the social value program. So I will cover the first example and then I will hand over to Anna.

So I'm going to be talking through, we've actually been putting what we've learnt into practice by carrying out the first sort of, it's not a pilot, it's a primary study where we've used both the lens of the health impact assessment framework, which I won't go into detail about today, but some of you on the call might know, in conjunction with a social return on investment framework methodology as well. And this was done on a specific intervention, which is running in some of our prisons in Wales. It is a sexual health service where prisoners are being offered the opportunity to carry out self-sampling, so self-testing for chlamydia and gonorrhoea rather than having to be taken off site to a clinic to have the test done there.

So a bit of background to the study itself. So in May 2020 the test and post service was launched for the general public in Wales, where if you wanted to request a sexual health test, this was particularly during COVID, you could go online and request for a kit to be sent to your house. You could do them, the swabbing, yourself at home and then return the test kit to be tested in the lab via Postal Service. But however, prisoners do not have regular access to computers or the internet or postal services, so therefore an analogue version of the service was set up by a team at Public Health Wales.

So this was motivated by one, prisoner's not having equitable health care, and prisoners were often having to wait about two weeks for appointments at the sexual health clinic because they had to be taken off site. So the aim of our particular study was to provide a service evaluation of this self-sampling, self-test service, and measure its social value through the combined lens of health impact assessment and social return on investment. So just to give an overview as well of what this new self-sampling service, how it differed to standard practice, the standard in clinic test that the prisoners were used to receiving.

So if you look at the right-hand side, we have got the standard practice. So prisoners go to the health wing to request an STI test in prisons. Then they wait approximately two weeks for an appointment at the external sexual health clinic. I should note now this is in an open prison setting. So prisoners are allowed offsite for particular reasons. So prisoners were

then transported by a taxi to the sexual health clinic and then the test is carried out by a healthcare worker in that clinic who then sends a test off to the lab and then the patients receive the results via letter if it is negative and then in clinic in the prison if it is positive. So within the self-sampling or the self-testing intervention, prisoners do the same thing at the start, so they go to their health wing to request an STI test but the difference here then is that the test is, or the kit is given immediately to the prisoners/service users to complete their own swabs with an instruction leaflet in the privacy of their own cell. And then the prisoners return the completed swabs and test kit to the health wing within 24 hours. And then that is sent off directly to the lab to get the results.

So by undertaking a HIA and SROI approach, we were able to identify the stakeholder groups which were affected and also a number of outcomes which were resulting directly from the change in service, and we then assigned a proxy and monetary value to these outcomes as Oliver has just explained.

So the three stakeholder groups that we identified for the analysis were, one the service users so the prisoners themselves, secondly, His Majesty's Prison Information Service so HMPPS and then also the NHS as well. So if I go through the outcomes quickly.

So for the service users we identified four key outcomes that they were experiencing a change for as a result of this self-sampling and service being offered. So firstly workdays gained, so because they are not having to go off site in a taxi to a sexual health clinic, they do not have to take a day off their work. So they are gaining that outcome.

Secondly, education and training, so some of the prisoners attend education and training courses and they would not have to take a day out of that either to go off site to attend the clinic. Another outcome was improved well-being and then finally, the autonomy, so the value of being able to do the self-sample test themselves. For the HMPPS, the direct financial return of not having to transport prisoners by a taxi was obviously a key outcome.

And then for the NHS as well, it was the reduced sexual health clinic costs because obviously they are not having to be shipped off to the sexual health clinic to then have the swabs taken by a healthcare worker. So what did we find? We found for every pound invested there was a social value created of £4.14. And then we took this further to help illustrate where that value had been created. And you can see that we had both monetarily returnable value and also some illustrative value. So the monetarily returnable value was 32% of all the value that we created. And this is down to the, you know, those not having to take taxis and also the reduced in-clinic time that the prisoners were using but key to using SROI is this illustrative value that we've created and that was actually 68% of that whole final total and this is mainly because of that well-being and the autonomy outcomes that the prisoners were experiencing.

So the key takeaways from this study, it is the first study to combine and demonstrate the use of HIA and SROI together and produce that wider measure of value. The study found a positive SROI ratio despite that, there was no positive infections of chlamydia or gonorrhoea identified during the study period. So that means that we can assume that if positive

infections were actually identified through the self-sampling service, the value of this intervention would only increase due to impacts on physical health outcomes.

And it is also important to note again that 68% of the value highlighted by this study would not have been identified at the traditional economic method that was used to evaluate this intervention because they would not be capturing those wider holistic outcomes that we have talked about today. So this study we are due to, well we are currently finalising the results and they should be available online towards the end of February, so if you are interested in having a look, then keep an eye out for them going live towards the end of February.

I think I am now going to pass over to Anna, so I will stop there.

AS

Anna Stielke (Public Health Wales)
Thank you, Kath. Yes, I am just going to talk you through a couple of projects we have undertaken as part of the social value program of work and the first one being that we developed a series of evidence scoping the views and some of which have been published academically. I am going to talk about them later.
Next slide please.

And so the aim of the series of reviews is really to understand the utilisation and also the current role of the SROI framework in specifically public health and public health interventions and services and programs and help us really to gain a more holistic picture of the interventions we run and also develop. And lastly the scoping review series has helped us and will help us to form research priorities in the future as well. We have looked into a variety of public health related topics already such as the life course, mental health, and physical activity and those have been academically published as well so you can access them through our website. But we also have looked into housing and social prescribing.
Next slide, please.

So the first scoping review I am going to introduce you to is the one of the life course and the aim there was really to map out the existing SROI but also the social cost benefits evidence on the social value of public health interventions across the stages of the life course. And the review covered the stages from birth up to older adulthood to really understand which public health interventions that target certain population ages, produce a higher rate of return for both the health of the public but also the financial benefits to the economy. And what we found is that around 45 studies, that is the amount we identified through the search, all of them showed a positive social return on investment, and the evidence can really be used as a starting point by public health professionals, but it was institutions that looking beyond those traditional economic measures. Next slide please

The next public health topic we looked into was around mental health and interventions that address mental health and I think, especially because mental health problems being one of the leading causes of ill health and disability worldwide, it was really timing and important to undertake the review and really understand the wider value of interventions that target mental health. But aiming to reduce the prevalence but also the impact of mental health problems on the population interventions targeted at mental health

outcomes can really produce a high rate of tangible and non-tangible returns for a range of stakeholders and we really wanted to explore that and understand the evidence base around it.

In total, as part of this scoping review, we identified 42 relevant studies for example, one of the categories we identified was, with 24 eligible studies entirely, about interventions that were targeted at the general population rather than at a specific age group, for example, or a certain category of the life course. And there the SROI ratio we found was between 2.75 to 14.5 for every £1 invested so that was interventions related and targeted at the whole population and findings really indicated that the application of the SROI framework to evaluate those wider social benefits of mental health interventions could be really useful just to inform us further and that really helped us to build the evidence base for public health.

The next scoping study we conducted was on physical activity and nutrition interventions which aim to increase levels of physical activity and improve levels of nutrition.

AS

Anna Stielke (Public Health Wales)
So we know that active societies generally generate additional value apart from positive health outcomes and in order to understand that a little bit further, we conducted the review and identified the interventions that have a wider impact. So what we found out is that around 21 relevant studies fitted into our exclusion criteria, all of which presented a positive SROI ratio, 18 studies involved in the interventions associated with the physical activity reported SROI ratios between £1.91 to £22.37 for every £1 invested. So you can see there is quite a wide range of ratios.

We found that the scope and review again identified a range of outcomes associated with the interventions and as previously mentioned by some of the speakers, the SROI framework was really used to understand the wider benefits. So part of it is obviously understanding the right range of outcomes and some of the outcomes to be identified as part of this scoping review, for example, education and performance, but also reduced isolation. So that is a variety of outcomes we identified not just in relation to increasing physical activity for example and improving nutrition. And really the nature of these scoping reviews we conducted shows us that it has become really, really important that the holistic impact of public health intervention and program is understood so that interventions that have the greatest value to people can be developed and implemented and financed further.

So there is the scoping reviews I just mentioned. They have all been academically published so you can access it through our website if you are interested in them. And the next project I want to talk to you about is the social value database and that is actually very much linked to the scoping reviews I just briefly mentioned. So we launched the social value database, or SVDS for short back in 2022. And it is the tool that enables us to store, present and to a certain extent also manipulate SROI data to support prioritisation investment decision making. And it consists of a live database of available and relevant SROI evidence which came actually from the scoping rules I just mentioned, and the second part is this interactive tool which allows us to create simulated studies. Next slide please.

So as I mentioned earlier, the database was informed by evidence extracted from the scoping reviews of existing SROI evidence. Currently the SVDS, so the database stores information from interventions related to early years, mental health, nutrition, and physical activity, but also work on social prescribing. Studies were quality assured and study data from relevant studies are extracted into the database around our study level information, but we also have extracted information around the economic information and obviously the SROI analysis data fields. The database currently stores around, I think 76 studies, so it is quite a comprehensive database showing various studies and their outcomes.
Next slide, please.

AS

Anna Stielke (Public Health Wales)
In summary, the, and apologies if that's a little small on your screen now, but in summary, the majority of SROI related public health interventions derived with most of them related to mental health actually and I think that accounts for around 49 of them, followed by healthy communities related ones, which I think is around 25. The table indicates the type of public health intervention and the number of studies we identified in relation to this. And you can see this also presented in the graph.
Next slide please.

In total from these, over 76 studies which are currently in the database, we extracted over 1000 outcomes from the included studies which I think is quite comprehensive already, all of which are now presented and stored in the database.

28% of all the outcomes are classified as mental health and well-being related outcomes. And you can also hopefully see that a little bit in the graph presented on the slide. Next slide please.

In regard to outcome valuation methods, and I think Oliver touched on that earlier or maybe Kath, and in regard to the outcome of valuation methods, over 30% of outcomes are valued using a unit cost proxy, around 23% of outcomes are valued using a market value proxy and only 10% of outcomes are valued using a proxy from the HACT proxy bank. Next slide please Kath.

I appreciate this slide might be very small, but it basically shows you the valuation breakdown I just mentioned earlier just in a designed way indicating the type of outcome such as mental health, physical activity, government resources, savings and so on, mapped against which valuation has been applied.
Next slide please Kath.

Also apologies to mention, so if you would like to access the database, please feel free to drop us a message in the chat or email us and we are happy to grant you access and give you login details so you can have a look at the data in the tool itself.

So the next project I would like to introduce to you is called the footprint analysis or also the NHS contribution to the Welsh economy. It is a piece of work that tries to understand the NHS contribution to the Welsh economy as I just said and aims to quantify the contribution

of the healthcare sector, so the NHS in particular to the wider economy in Wales. Next slide please.

AS

Anna Stielke (Public Health Wales)
The study we undertook looked at the economic output, population income, valued added inputs and employment. And it really tried to provide empirical evidence to help build an economy that is based on principles of Fair work and sustainability. The methodology we used is as follows. The analysis relies on an input output table as I mentioned earlier, which showed the interdependency between different sectors of the economy in Wales, for example, the healthcare sector will rely on purchasing goods and services for many other sectors. So for example hospitals, they require power, water, and food supplies. As employees we require uniforms, ambulances need to be maintained and fuelled. So all these kinds of things were part of these input output tables. Next slide, please.

The analysis can help to strengthen first of all, the role of the healthcare sector in the foundational economy in Wales and then informs decision making and budget allocation towards it and provides an opportunity to really support procurement, employment, supply chains and service provision towards enhancing NHS's role as an anchor institution at a local level. And what our findings indicate, and we have split them in three key messages, is that the NHS in Wales is one of the most significant economic sectors and a powerful stabiliser and investment multiplier rather than an economic drain as it has often been seen.

The NHS plays an increasingly important role in generating sustainable development by ensuring high quality employment and responsible and sustainable purchasing of goods and services. And the third key message was around increased spending in the NHS benefits local economies such as procuring local suppliers, so for example, food and estate management and job creation. And overall output of the Welsh economy would increase by £2.47 above average for each additional £1 spent in the Welsh NHS sector.
I think that is it for me, Kath.
Thank you.

Mariana Dyakova (Public Health Wales - No. 2 Capital Quarter)
Thanks a lot, Anna, and Kath. It has been quite a, well, a whistle stop, really through everything we have been doing. I hope it has been interesting and useful for you.
We do not have much time. I have been monitoring, and the colleagues from Public Health, from the Network. So we cannot see any questions which have not been answered. But if there are any please do send us we can, we are happy to answer after the webinar. So big thanks to Kath and Anna and Oliver for providing this whistle stop, but very still comprehensive overview of the social value approach and the social return on investment methodology, and hopefully this has been interesting and useful, and we are very happy to follow up on how potentially this can be applied in your work.

Also colleagues have pasted, included in the chat, the link to a short evaluation. So we will be grateful if everyone joining the webinar could complete the short evaluation and it will be also sent by email. And also, you're welcome to join the Public Health Network Cymru if you are not already a member.

And finally, if you have any thoughts about any future webinar topics, please do let the team know. I think we are now at the end, so unless there is anything burning from colleagues from the Public Health Network or my colleagues, I think I'll close the Masterclass here and we're very much looking forward to continuing working and linking with yourselves and try to progress this area more as we definitely see benefit and also support to the sort of wider legislation and regulatory context, but also for the benefit of the health and well-being of the population in in Wales.

Thank you all for your participation and have a lovely rest of the day.