



LEARNING POINT

Using third sector evidence to commission outcomes for health and social care

**We need
to understand
where third sector
evidence fits**



Threading the Needle is a programme to support health and social care commissioners in four health and social care partnership areas (Fife, Glasgow, North Ayrshire and Perth & Kinross) to use third sector evidence to commission outcomes for health and social care. The programme is run by Evaluation Support Scotland (ESS) and funded by the Scottish Government.

The programme helps partnership members meet their statutory responsibility to actively involve the third sector in the planning and design of integrated health and social care services.

This document is one of a series of three learning points which are listed on the back page.

This learning point aims to share what we found out about third sector data and evidence and its use in commissioning services.

Read this if you are involved in planning or delivering services for health and social care partnerships.

It will tell you about the kind of data that third sector organisations collect and have access to, and suggest where that information can add value to the commissioning process.

Introduction

ESS is not an expert on commissioning, but does know what kinds of data and evidence the third sector collects and has access to.

ESS has identified that third sector evidence (often quite qualitative) looks and feels different to much of the population and health statistical evidence used in locality planning. That data is focussed on the bigger picture and is largely numerical. Of course it's not just the third sector that can provide qualitative or experiential evidence. This learning point looks at how to fit together quantitative and qualitative evidence.

In addition, a shift from commissioning activities to commissioning outcomes may require a change in the way commissioners and partners use third sector evaluation data.

What is data and evidence?

Data and evidence come in different forms and formats. Different kinds of data and evidence are useful for different purposes.

What can data and evidence be used for?

Data and evidence can provide information about different things. These include:

- what people need – **individually and collectively**
- what's available – **activities, quality and approach**
- what people use – **services, activities and so on**
- what's achieved – **outcomes for individuals and communities**
- how and why (how to reach people, what activities work best in achieving outcomes etc.).

The grid (pages 6 and 7) goes into more detail about different types of data and evidence and how it can be used in commissioning.

So, in considering the use of third sector data and evidence, it's important to ask the question '**Data for what purpose?**'.

Types of Evidence

User-feedback
 Health-statistics
 Population-statistics
 Experiences Good-practice
 Research Self-evaluation-reports
 Frameworks Mapping
 Context Audits

Some of this data is statistical, some is qualitative.

Currently, the full range of available data and evidence is not being used in commissioning. At the strategic level, commissioners are largely reliant on data about **need** and **use of services**. This is often population level data. It doesn't explain 'how' and 'why', it is not about individuals and can sometimes be out of date. Sometimes this data raises more questions than answers.

At procurement level, the focus on collecting data is often on performance management of individual projects, rather than feeding into the bigger picture and planning for improved outcomes. The range of third sector data and evidence could help to build a fuller picture and make the move to more outcome focussed commissioning.

Types of evidence and how they can be used in commissioning

| Data type | Description |
|---------------------------|--|
| Context | Policy and legislative situation |
| Population statistics | Demography of particular area |
| Health statistics | Population level data about health outcomes and use of services |
| Mapping of services | Identifies what services and activities are available in a given area |
| Research | The summary, collation and/or synthesis of existing research |
| Outcome frameworks | Based on evidence, a list of outcomes and sometimes activities required to meet strategic outcomes |
| Good practice | Statements about how to do things well |
| Self- evaluation reports | Service based reports on activities, reach and outcomes, learning and challenges |
| Audits | Assessment of quality against agreed standards |
| User feedback/ experience | Can be collected by projects or through special exercises. Stories or user journeys. |

| How to use in commissioning | What third sector brings |
|---|--------------------------|
| To frame strategic outcomes and to determine boundaries of what's possible. | See example C |
| To identify target groups and scale of services required. | |
| To identify areas and populations of need and where to focus attention. | See example C |
| To see gaps in services and throw light on why there might be better health outcomes in some areas than others. | See example C |
| To identify the needs of a particular group, those most at risk of poor health outcomes, effective interventions and evidence of long term outcomes . | See example B |
| To identify what activities and outcomes to plan for. | See example A |
| To influence what approach commissioners ask services to take. | See example A |
| To ensure services deliver and make a difference and to aggregate the overall impact of funding. To feed lessons into future planning. | See example A |
| To ensure services meet required standards and take appropriate approaches. | See example A |
| To reveal what people think of the services they receive and/or what difference it made to them. To provide individuals' experiences and show where the system is or is not working. | See examples C & D |
| | See page 8 for examples |

Third sector data and evidence

Third sector organisations have access to the following:

A: Their own evaluation data about their activities, their service users and the difference they make. They will have learnt some important lessons about what works (and doesn't) and why. This might include what resources and approaches bring about the best outcomes, which services work best for which groups, how to reach target populations etc.

In some areas of service delivery, the third sector has developed outcome and evaluation frameworks. For example, in relation to the provision of independent support for people eligible for Self-directed Support¹.

Some parts of the third sector have good practice guidelines in relation to quality and outcomes. This is reinforced, and validated by external inspection and audit, for example by the Care Inspectorate.

B: Knowledge of and access to research evidence that can help planners to identify people who are most at risk or what to focus on to get the best health and social care outcomes. For example, Changeworks (which runs an energy advice project) can point to research evidence of groups who are more at risk of ill health through cold and damp homes, the extent of the problem and approaches that work best².

C: Local intelligence from everyday working with people. Third sector organisations may know:

- Who might need services locally but are not known to statutory services. For example, statutory services may already know of carers who have received an

assessment from the local authority. However, third sector organisations are likely to know of more carers, who may be in receipt of third sector services, or who may be taking up no support but who need it in order to sustain their caring role.

- Why people do and do not use certain services. For example, people may not want to use mental health services locally because they want to remain anonymous.
- What supports are available locally. For example, a local café or hobby group might be a key place for people to meet and get support but they don't get funding from the partnership. Health and social care funding is only part of the rich picture and communities and third sector organisations bring their own resources.
- Why the difference in statistics? For example, in one locality in Perth, third sector staff were able to report that differences in mental health diagnosis at GP surgery level might be affecting statistics.
- Where the system is not working. For example, in Perth third sector organisations reported problems with people being passed between services because they had been set up to focus on particular issues which are actually interlinked (e.g. substance use, homelessness and mental health).

D: Information about individuals that can help in planning services for personal outcomes. Third sector organisations often have well developed relationships with their service users. They may have an overview of that person's needs as well as knowing what support they and other organisations are giving to that individual or family.

¹ www.sdsscotland.org.uk/guide-self-directed-support/support-right-direction/

² For more examples of how research and evidence was used to identify six key outcomes that lead to health and wellbeing for older people, see *A Stitch in Time?* Focus On and evidence reviews on ESS website.

The commissioning process

The Institute of Public Care (IPC)³ diagram shows that commissioning and procurement are complex processes, involving different tasks at different stages within the planning and evaluation cycle.

Different mixes and types of data are needed for these different tasks:

- Analysing the situation – **needs and provision**
- Planning – **designing services**
- Delivering - **contracts, checking and managing performance**
- Reviewing – **evaluating activities and outcomes.**

We have adapted the commissioning diagram to show **where third sector data and evidence fits.**



³ Joint Strategic Commissioning – A definition – June 2012

Tips for making best use of third sector data and evidence

- 1 Be clear about the data and evidence ‘problem’.** It is important to understand the question that needs to be answered. Although there is overlap, the data and evidence needed for performance management is different from the data and evidence required to analyse need, plan services and evaluate impact.
- 2 Don’t fixate on need.** At the locality and strategic level, there’s a lot of emphasis on population need and community profiling. Of course ‘need’ is the starting point but it’s important to make use of other evidence too, including evaluation and, particularly, outcome evidence.
- 3 Don’t let information barriers get in the way.** On an individual level, there are barriers to sharing information about individuals between third and public sector agencies. These can be cultural or technical (for example, computer systems). But with the right permissions, third sector organisations are keen to have a two way flow of information to enable better personal outcome planning.
- 4 Use local intelligence.** Threading the Needle found that it was useful to harness local intelligence by presenting statistical evidence to local third sector organisations and asking for their perspective. This brought a richer interpretation of the data.
- 5 Develop a logic model.** ESS’s work, in a range of areas, has shown that developing a logic model helps different partners plan for positive outcomes. It provides a common and simple language and ensures a shared understanding⁴. See Learning Point **“We need to build the focus on outcomes”** for more on this.
- 6 Use the model as a pathway for measurement.** The same logic model used to plan services and outcomes, can also provide a pathway for measurement, so everyone is clear what they are trying to measure and the overall impact of funding can be assessed. In Threading the Needle, befriending projects in Fife and local authority Link Officers developed a common model and evaluation system so that, together with the health and social care partnership, they could start to explore when, and how befriending makes a difference to individuals and to strategic outcomes.

⁴ From the source to the sea, ESS, 2016

7 Focus less on performance

management. Commissioners can overdo performance management. It is important, but it can be light touch, just enough to provide a warning light. In-depth reports every month aren't necessary. A six monthly activity report is typical (to check that referrals, activities and take up of services is on target) with an annual outcome evaluation report. Support and closer inspection can be applied if commissioners have extra concerns but is unnecessary for most projects.

8 Focus more on outcome evaluation.

Ensure the partnership has system measures, not just about whether each project and service is delivering, but about if people are getting the right services at the right time, in the right way. Wellbeing and satisfaction measures might provide this but might need to be collected both within services and a sample taken independently. See this report on developing wellbeing frameworks for cities and regions⁵.

9 Close the loop between evaluation and analysis.

The link between evaluation and analysis is often not complete. Evaluation is used to assess performance and in deciding whether to recommission the service but the learning may not be passed into analysis at strategic level. Key information about reach and impact are often not aggregated, so it is difficult to fully review service provision and assess what needs to change to get better outcomes and for whom.

10 Know how evidence fits into decision making.

Find time to consider how decisions are made, where evidence is or could be useful in this process and how to ensure the necessary evidence is available at the right time⁶.

⁵ Developing wellbeing frameworks for cities and regions, Carnegie UK Trust, What Works Wellbeing, 2016

⁶ How to explore decision making and the role of evidence, ESS, 2017

The evidence for the content of this Learning Point has come from Threading the Needle work in all four areas: Fife, Glasgow, North Ayrshire and Perth & Kinross. Where appropriate we quote specific examples but sometimes the learning is an aggregation from across the four areas. We have also pulled in learning from other ESS health and social care programmes including A Stitch in Time? (Reshaping Care for Older People) and Support in the Right Direction (Self-directed Support). The Scottish Government and our reference group provided advice.

Threading the Needle publications:

Learning point - Using third sector evidence to commission outcomes for health and social care:

- We need to talk about data and evidence
- We need to build the focus on outcomes
- We need to understand where third sector evidence fits

How to explore decision making and the role of evidence

From the source to the sea

Story board: Glasgow
Fife
North Ayrshire
Perth & Kinross

Download from www.evaluationsupportscotland.org.uk

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Evaluation Support Scotland works with the third sector and funders so that they can measure and report on their impact and use learning to improve practice and influence policy.



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