



LEARNING POINT

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

We need to talk about data and evidence

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 shares what ESS has found out about how the third and public sectors can talk to each other about data and evidence.

Read this to help you make better use of third sector data and evidence in planning or delivering services for health and social care partnerships.

It will tell you about why partners in the health and social care partnership need to talk about evidence and suggest some ways to do this.

Introduction

Data and evidence come in different forms and formats, which make them more or less useful for different purposes (see Learning Point *“We need to understand where third sector evidence fits”*). Inevitably, therefore, when and how you use evidence depends on the context in which you are working. This can skew our understanding of what good evidence looks like. Understanding these perspectives better can help us to talk about and make use of different kinds of evidence.

In addition Health and Social Care partners work in different cultural contexts where, historically, different ways of knowing and learning have been valued. We need to find a common language to talk about evidence so that we can become better at sharing and using it.

Currently, third sector evidence **and** local intelligence are not feeding fully into the commissioning process. Better decisions about funding, managing and improving services might be made with that evidence.

Different roles; different use of evidence for different reasons

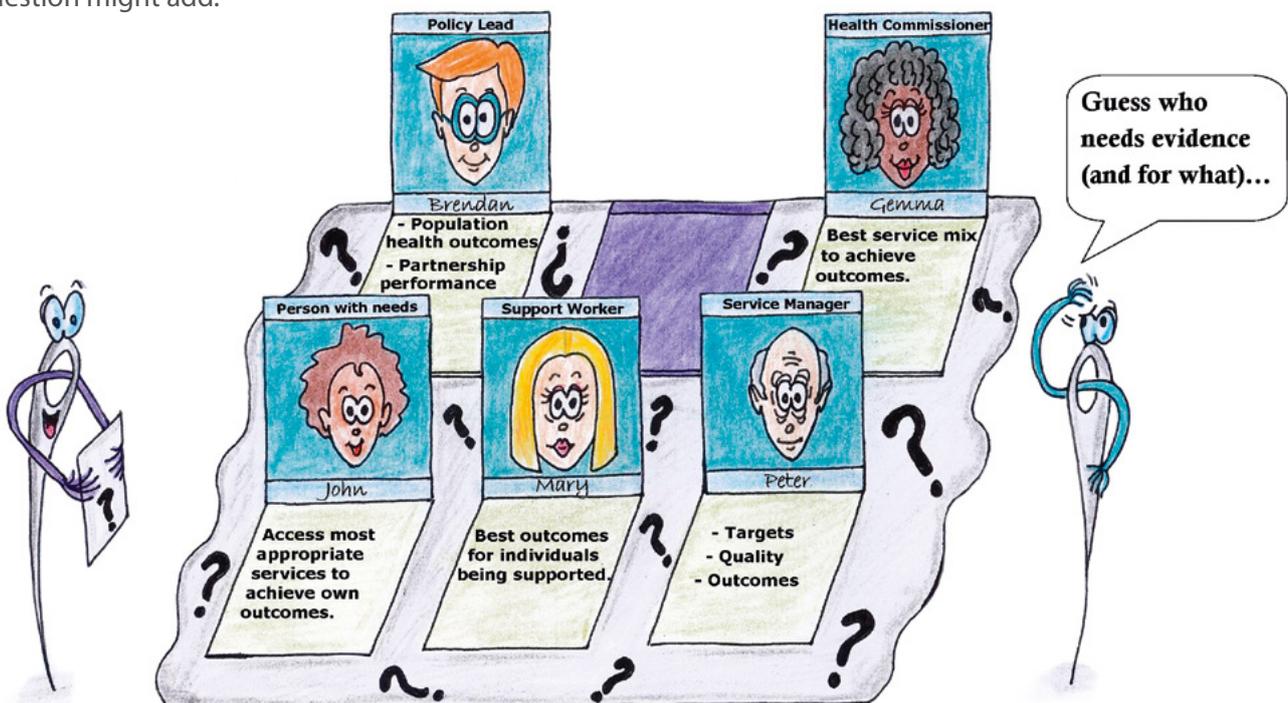
Different people may be involved in different aspects of commissioning: analysing the situation, planning, delivering and reviewing services. They might also be working at different levels (with individuals, projects, services, localities or across the partnership). All will want service users to achieve the best outcomes but will have different drivers dependent on their place in the system and their role.

Please note we are talking about **roles** (not people or sectors) here. The third sector may be involved in joint commissioning as well as delivering services.

In order to talk sensibly about outcomes and evidence, it's essential to understand what's important to the other person or organisation. This involves understanding what data and evidence they collect, how they might use that evidence in practice, and considering what value the particular type of evidence in question might add.

Types of Evidence

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

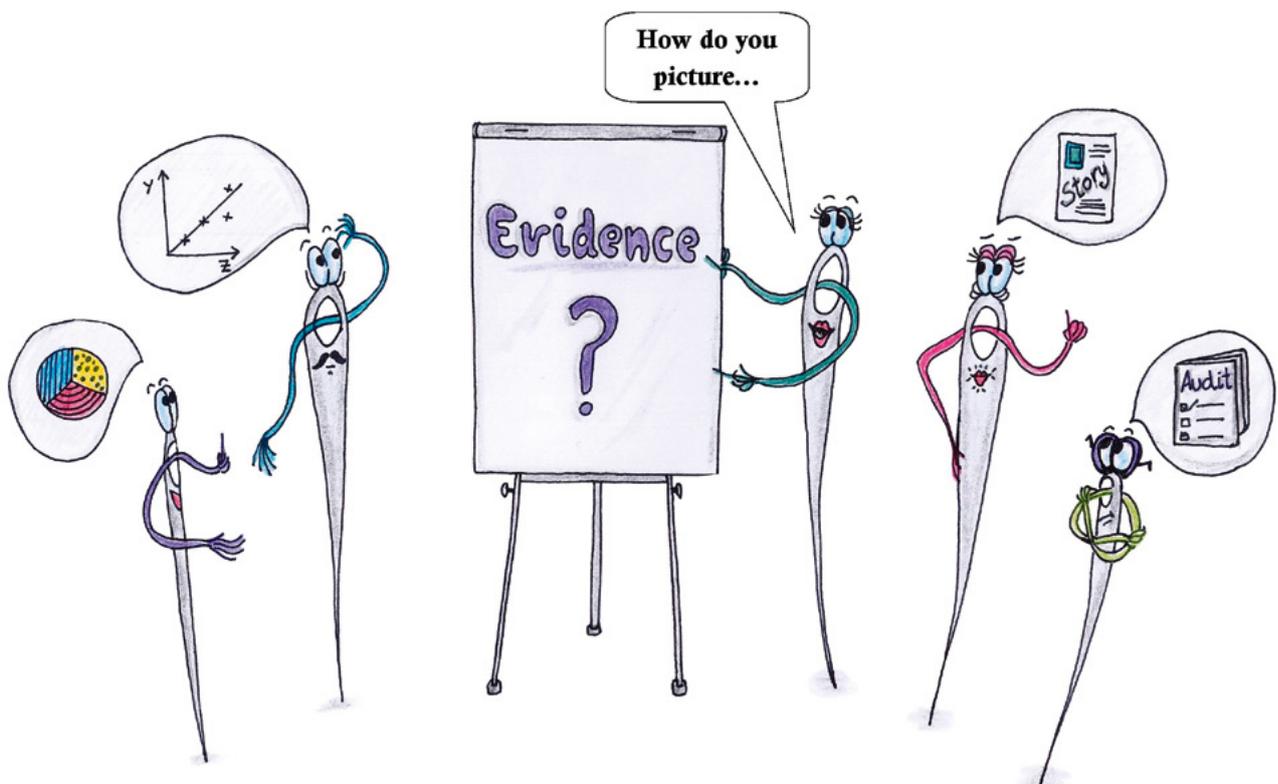


Different cultural drivers

Different sectors have historically seen and used evidence in different ways. Some elements of the NHS are more used to clinical research evidence and statistical data. The third sector is more used to direct experiential feedback and qualitative evidence. Both types of data and evidence have their place and both have their limitations. While statistical evidence is crucial for making the right clinical decision, it may not explain what people feel or need or what approaches work best in achieving positive wellbeing outcomes. Third sector evidence can be quantified but may still feel and look different from the data that the NHS is used to. Nevertheless, in the right circumstances experiential data and local intelligence can enrich and explain the picture provided by health statistics.

The constraints and cultural drivers are also different. Public sector organisations are required to react, deliver and respond to political activity and policy as well as to need. By their nature, therefore, change is incremental. By contrast, many third sector organisations are driven primarily by the need of their client groups or communities. Whilst their ability to respond is affected by funding, they may be able to react more quickly and try out new approaches.

This means that, if partners want to discuss data with each other, they need to be aware that when people talk about 'evidence' they may have a different view of what that looks like. It is important for partners both to understand what kind of evidence or data is valued by other organisations, and also to be able to explain why their own type of data is important and where it fits or adds value.



Different ways to make decisions

In North Ayrshire the focus was on how decisions are made. It became clear that individuals have their own beliefs about what makes for excellent decision making. Also that there are inherent tensions in the process, for example, between the need for both flexibility and consistency.

Lovallo & Sibony's¹ model of decision making styles identifies a similar dichotomy, between "intuitive" decision making (if this preference dominates there is the risk of bias), and "exhaustive" (which may lead to paralysis). It seems, therefore, that a mix of styles is likely to lead to the best decisions being made.

Oliver² suggests that each organisation and sector will have their own preferred ways of making decisions, with public sector organisations being 'reactive, responding to public activity and policy as opposed to being more adaptive, risk taking and creative.' This implies that true integration of health and social care, with the third sector fully involved in planning and reviewing, provides a real opportunity for improved strategic commissioning to develop.

¹ Lovallo, D. and Sibony, O. 2013, Early-stage research on decision-making styles

² Oliver, M. 2014, Changing Professional Behaviour: What Works

Ways to talk about evidence

“All sectors (including funded projects) can make valuable contributions to these discussions.”

(North Ayrshire Threading the Needle participant)

Despite their differences, commissioners and funded third sector organisations can talk together about what evidence is needed and why. There should be recognition that both parties need evidence and can work collaboratively to agree what works for both³.

At a locality or community level it can be helpful to **bring people together** to share their evidence of need and ideas of what success would look like.

ESS has found developing a **logic model** helps different partners plan together for positive outcomes. It ensures everyone has a shared understanding and brings together diverse types of evidence. In Fife, ESS supported funded befriending projects to work with local authority link officers and the third sector interface to develop a model⁴ which projects will report against in order to find out how befriending can help the partnership address its strategic priorities.

It can also be helpful to talk about **what evidence is needed** and **for what purpose**. For example, in North Ayrshire ESS supported the Integrated Care Fund grant panel to:

- Map out their decision making processes
- Think about what evidence they needed at each stage (deciding priorities, awarding contracts, managing performance, evaluation)
- Think about who is best placed to provide this evidence and any gaps.

This put them in a better position to revise their systems in order to seek more or better data in order to support them to make better decisions⁵.

³ See Commissioner case study: A common approach to evaluating and reporting, A Stitch in Time?, ESS 2015, on ESS website, for an example of how a commissioner and funded organisations worked together

⁴ From the source to the sea, ESS, 2016

⁵ How to explore decision making and the role of evidence, ESS 2017

Tips for talking about data and evidence for the third sector

1 What does the commissioner care about?

In order to know what evidence you need to collect, it's important to understand what matters to commissioners. Whilst they may want to know that individuals are benefiting from your service, they have to have an eye on the bigger picture. They will therefore be concerned with the whole population, who you are reaching (and not) and how that impacts on use of other services. A group of befriending organisations, the third sector interface and local authority link officers had a go at thinking about what matters to commissioners (See diagram on page 9).

2 Know your commissioning officer. It is easier to discuss what evidence they want if you have a relationship with him/her. Find out what concerns they have and do your best to answer their questions. For example, they might want to know that you are reaching those most in need. Or why the partnership should invest in your service and approach rather than another type of service.

3 Show your contribution. Be clear how your work **contributes** to **strategic** outcomes. You might find it helpful to draw a logic model, or identify a chain of outcomes from your client outcomes to long term strategic outcomes. See if there is research or your own sample evidence to back up this claim⁶.

4 Be realistic. Set realistic goals or targets about what activities and outcomes you can achieve in the period of funding.

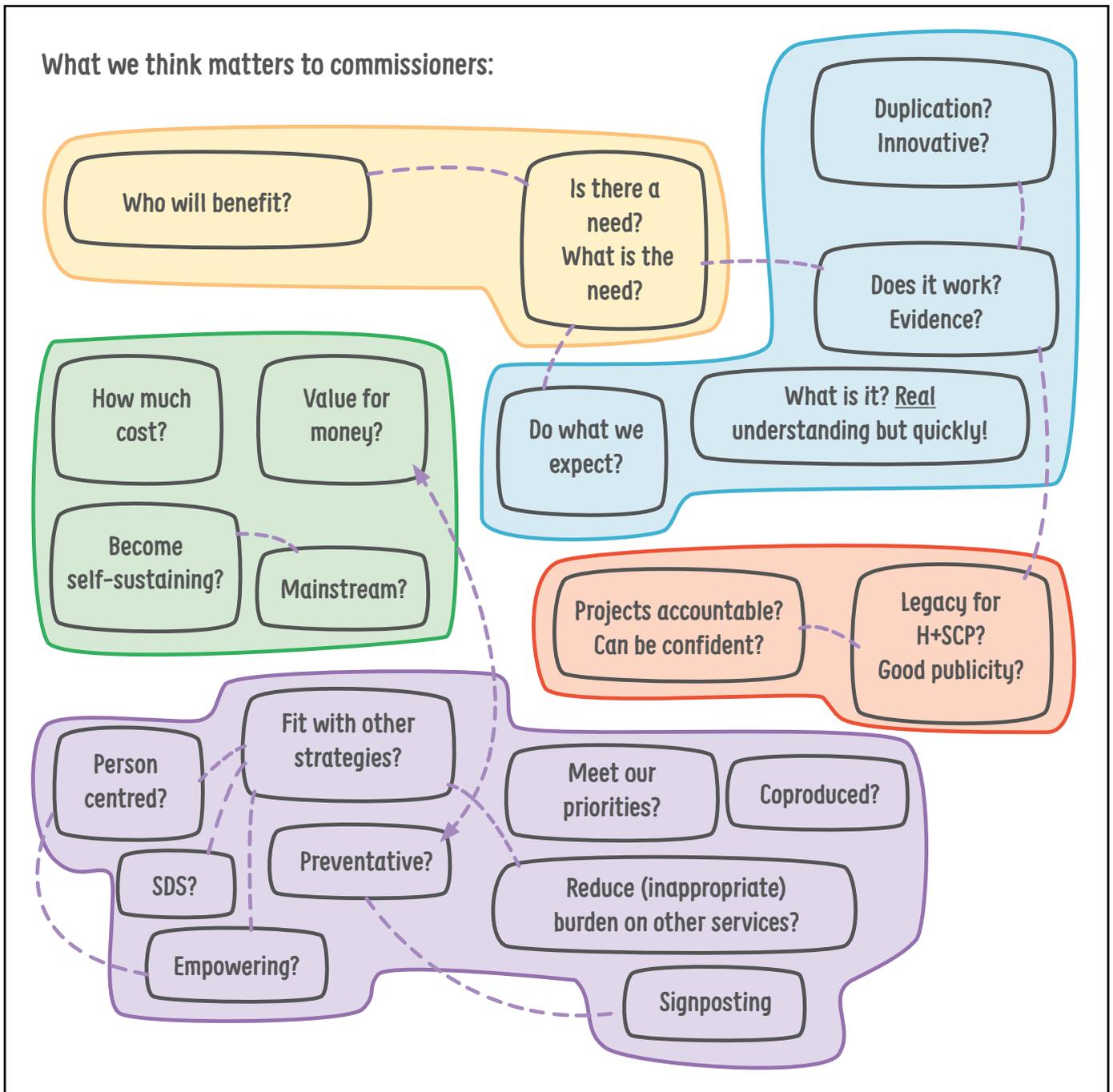
5 Agree meaningful reporting. Find out what funders' reporting requirements are. If they seem very different from the data you collect or the way you present data, discuss your approach and see if you can come up with a compromise.

6 Be honest. Be open about reporting on challenges and changes, so that commissioners can learn for the future.

See **Top Tips for Funded Organisations**⁷ for more tips generated by ESS's ongoing work with funders and funded organisations.

⁶ From the source to the sea, ESS, 2016

⁷ Building Mutually Beneficial Relationships between Funders and Funded: Top tips for funded organisations



Representation of a flip chart created in a brainstorming session

Tips for talking about data and evidence for people who are commissioning

- 1 Don't assume, ask.** If you have doubts about what a service or project is doing or achieving, ask. The project might have evidence that they haven't thought to share with you or they might have access to relevant research evidence. 'Fear of funder syndrome' means some projects may be wary of offering you things you haven't asked for. So you need to take the initiative.
- 2 Say what you want and why.** Be clear about the evidence you want and how you will use it. Make this clear to services, link officers and others. If you aren't receiving the evidence you need, check whether you are asking for it in a way that makes sense to them.
- 3 Be proportionate – for their sake and yours.** Identify key information and don't continue to ask for information that you don't use. 'Just because you can ask for information, doesn't mean you should'⁸.
- 4 Agree some common outcomes.** Consider identifying a few key activities, outcomes and indicators that you want to ensure across projects or a service. You can bring projects together to agree what these might be. There is more about this in Learning Point "**We need to build the focus on outcomes**".
- 5 Ensure simple, outcome-focused reports.** Simplify your reporting forms and give clear guidance using simple language. For example, in North Ayrshire they reviewed the reporting process and came up with a simpler reporting format for the Integrated Care Fund, focused on the most important data they needed in order to assess impact and aid decision making about future funding⁹.

⁸ How to explore decision making and the role of evidence, ESS, 2017

⁹ North Ayrshire Monitoring and Evaluation form, ESS website, 2016

About using third sector knowledge or expertise more generally

6 Use their expertise. Third sector organisations often have specific knowledge of their client group, a health condition, community or particular type of intervention. They can help you with raising awareness and training other staff. For example, in Glasgow anticipatory care plan project staff were able to benefit from 'good conversations training' delivered by The Thistle Foundation. This helped them to better understand the gaps in their own training and approach.

7 Use their local intelligence. Threading the Needle has shown that it is useful to harness local intelligence by presenting statistical evidence to third sector organisations and asking for their perspectives. For example, in Perth the partnership shared key data around mental health in two localities. Local third sector organisations were able to shed light on surprising differences across similar areas. This is a more qualitative assessment of factors that explain the 'how' and 'why' behind the statistics. This can help with making decisions about what actions to take and what services to fund.

8 Make use of their deeper relationships with service users.

Third sector organisations often work holistically with the person. They understand how services are interacting with each other and where the gaps are locally. You can also use their ability to reach people locally either to gather the voices of service users or to identify people who can benefit from particular services.

9 Value risk-taking. Use their inherent flexibility to try out new approaches. Third sector organisations (smaller ones in particular) may be more able to take 'calculated risks'.

10 Make your data and intelligence available to the third sector.

This can support the third sector in building their understanding of need, targeting their services and sourcing external funding.

See **Top Tips for Funders**¹⁰ for more tips generated by ESS's ongoing work with funders and funded organisations.

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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