



LEARNING POINT

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

We need to build the focus on outcomes

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 current practice within health and social care partnerships around setting and measuring outcomes, and evaluation in general.

Read this if you have a role in building capacity around outcome evaluation within health and social care partnerships.

It will tell you what issues and questions to consider in building capacity around outcomes and evaluation.

Introduction

An outcome is the change or difference made through your activities

At a national level there is a clear focus on strategic outcomes with the nine national health and wellbeing outcomes which health and social care partnerships have to report against¹.

At the same time there is a focus on personalisation of outcomes. This means that we should be working to achieve the outcomes that are important to individuals using our services².

In practice, it takes time to embed an outcome planning and evaluation approach. In this learning point we explore where capacity needs to be built.

This involves service users, staff, managers, commissioners and strategists understanding what an outcome is, how to plan services around outcomes, how to measure progress and how to feed the learning into future planning (what worked, what didn't and what got in the way).



¹ www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes

² www.ihub.scot/a-z-programmes/personal-outcomes

Levels of engagement with outcomes

As described in Learning Point *“We need to talk about data and evidence”*, people in different roles need to understand the outcome approach in different ways.

Strategic managers – what strategic outcomes will allow us best to meet local and individual needs and achieve the national health and wellbeing outcomes? For example, the national outcome ‘People are able to look after and improve their own health and wellbeing and live in good health for longer’.

People involved in commissioning – what service outcomes should we be setting? What’s the best mix and level of services to achieve those outcomes and for whom? A short term service outcome might be ‘individuals have access to a wider range of social opportunities’. In the longer term this might lead to ‘individuals have reduced social isolation’. Evaluation might mean looking at the number of people who achieved improved outcomes, broken down by demographics, and which services gave best value for money.

Managers – what project outcomes should I be aiming to set? How do I know we are bringing about the best outcomes for our service users? A general outcome might be ‘service users have increased social interaction’ or ‘reduced isolation’. Evaluation might mean looking at how many people ‘reduced their isolation’ and what helped or hindered that.

Staff delivering services – what’s important to the person I’m working with and how do I help them achieve those outcomes, perhaps by linking into other services and supports, and show that I’m supporting the achievement of project outcomes? An outcome might be that ‘more people are able to achieve their personal outcomes’.

Individuals – what’s important to me and how can I achieve that using available services and community opportunities? A typical outcome might be something very personal e.g. *“I want to get out to the bingo and see my friends”*.

Strategic

“People are able to look after and improve their own health and wellbeing and live in good health for longer”

Commissioners

“Those at risk have access to a wider range of social opportunities”

Managers

“Service users have reduced isolation”

Staff

“More people achieve their personal outcomes”

Individual

“I want to see my friends”

Strategic Managers

At a strategic level there is rightly a focus not just on personal outcomes but also on 'system' outcomes. With limited resources, staff are necessarily concerned with consumption of services and how they can make better use of resources.

In Perth, it became apparent that evaluation reports are not always fed back into the strategic planning process. This means that there can be less use made of third sector and client experiential evidence. However with Integrated Care Fund (ICF) projects, project monitoring and evaluation has been considered at strategic commissioning level rather than just by a monitoring officer. This has enabled evaluation and strategic planning to be connected.

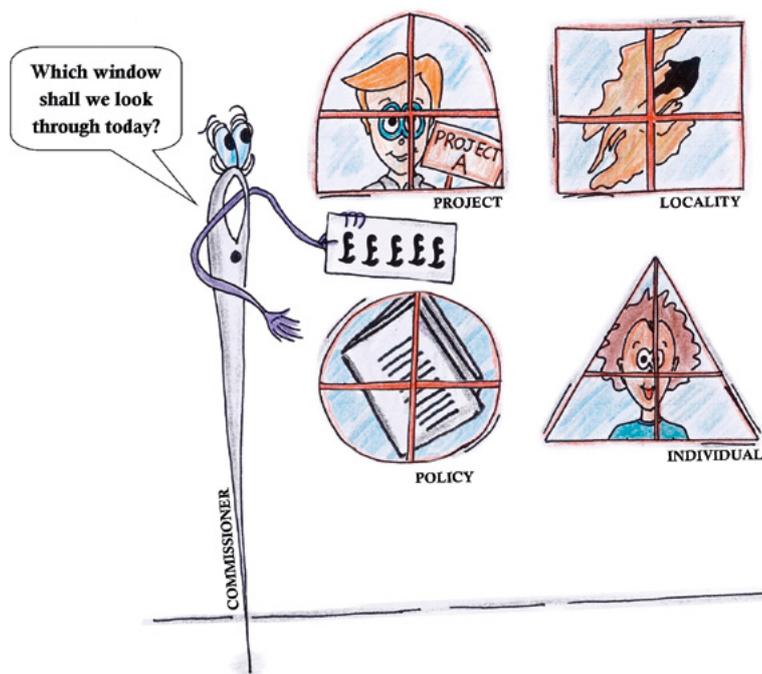
Also, in Fife they are starting to explore how one particular type of intervention (befriending) can contribute to the achievement of strategic outcomes³. Previously in *A Stitch in Time?* ESS explored the role of the third sector in general in achieving health and wellbeing outcomes for older people. Such pieces of work can help other health and social care partnerships identify broad contributions but will also need to be set in their own local context.

People involved in commissioning

Here we are talking about people involved in commissioning which might include people from all sectors in the partnership.

How logic models can help

Commissioners might be commissioning services at a number of levels. They might be purchasing services for an individual, funding a project or commissioning services for a locality or policy area.



This involves a complex process of analysing need, service design, reviewing performance and reviewing impact. See Learning Point *"We need to understand where third sector evidence fits"*.

ESS offered logic modelling training to commissioners as a tool to help identify activities and outcomes they wish to commission at different levels and think about how to evaluate the difference they make.

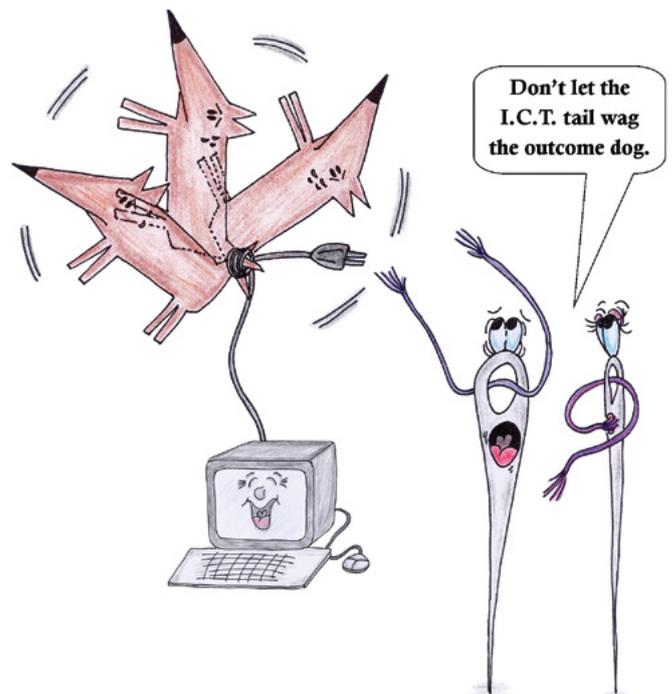
This has shown ESS how the logic model workshop resources could be adapted to better meet the needs of commissioners including:

- Making more of “level” because commissioners are working at different levels and also evaluating service redesign
- Sharing ways to test that the situation is fully understood
- Looking at how to use different evidence
- Identifying ways to involve different stakeholders
- Exploring use of RE-AIM⁴ in designing services for the whole population
- Supporting the aggregation of outcome evidence and the analysis of that evidence against the planned outcomes so as to identify clear lessons about whether, to what extent and why outcomes have been achieved⁵.

In Perth, outcome evaluation is currently feeding into performance management but not strategic decision making. Commissioners identified that there is a real challenge in how to harness a range of evidence to redesign, rather than just tinker with, overall service configuration.

Outcomes before process

The partnership in North Ayrshire found it difficult to store ICF year 1 outcome evidence within the existing performance management database system. This meant that such evidence wasn’t being stored or analysed at a partnership level, even when it was gathered and reported by projects and services. To enable an outcome-based strategic commissioning culture, they are now piloting a simple outcome template to ensure valuable evidence can be recorded and used.



⁴ See www.re-aim.org

⁵ For an example of commissioners working together with the third sector to develop a logic model and then together to analyse outcome evidence against the logic model, see Commissioners case study: Working together in Midlothian, ESS, 2015

Managers

In Threading the Needle and other programmes ESS has learnt a number of things, particularly useful to managers, about outcome evaluation at a service or project level:

Make better use of experiential evidence

A recent report, by Miller and Barrie⁶, identifies the importance of outcome-focused and enabling conversations. Not only is this beneficial as a therapeutic intervention in its own right but it can lead to services being more person, rather than, service led.

They found that staff often find it difficult to keep good records of qualitative evidence and therefore can't use that evidence to improve services. Additionally there is a gap in understanding how to analyse qualitative data and 'there is a need to establish the middle ground between stories and statistics'. This chimes with ESS's learning from other programmes which has led to an exploration of ways of capturing, analysing and learning from people's experiences⁷.

Get the paperwork right

In Glasgow, project paperwork was activity rather than outcome-focused, both in terms of the project plan and reporting. This meant that the team leader developed her own reporting template (based on the Scotland Funders' Forum Harmonising Reporting template⁸) in order to genuinely capture the outcomes. It also meant that initially the steering group focused largely on the activities, rather than the outcomes.

In North Ayrshire there was a sense that the partnership often didn't have the information it needed from projects. Threading the Needle allowed decision makers to think through what evidence they needed and when. As a result a new, much simpler, **outcome-focused reporting template** was devised in consultation with third sector organisations⁹.

Similarly in Fife, tweaks are being made to the reporting template to ensure that funded projects will find it easy to report against the outcomes identified in their logic model. This will help to ensure that in the future the partnership has useful evidence to help with strategic commissioning decisions.

⁶ Personal outcomes: learning from Meaningful and Measurable project strengthening links between identify, action and decision-making (2016), Emma Miller and Karen Barrie (Improvement Hub)

⁷ See Experiencing Recovery - Everyone Has a Story, ESS website

⁸ See Scotland Funders' Forum, ESS

⁹ North Ayrshire Monitoring and Evaluation form

Staff need training and support with evaluation

However paperwork alone is not enough, managers need support and gentle encouragement to keep an eye on their outcomes. Staff found that it was easy to slip back into evaluating activities rather than outcomes.

“It has been helpful to have ESS ‘keep us straight’. It has been helpful to adopt the harmonising report form, which is more like telling a story and is more outcome-focused.”

In both Fife and North Ayrshire, ESS provided self-evaluation training to third sector projects funded through the Integrated Care Fund. This training was also open to appropriate partnership staff. One of the Fife Local Authority Link Officers said that, as a result of the training:

“I have worked closely with my Befriending organisation to ensure that we are working together and recording and reporting on only relevant information or outcomes. This makes for efficiencies on both parts.”

Logic models help link to long term outcomes

Logic models are helpful for third sector and other organisations to show the link between immediate outcomes and strategic outcomes. In Glasgow a logic model approach was used to build a sequence of outcomes from short term to strategic outcomes.

The senior manager noted:

“The logic model has underpinned our work. It has made the focus both broader and more narrow. Broader because we’ve been able to keep sight of later outcomes, not just the short term outcomes of the project and narrower because it helped us to stick to collecting key information. Understanding the headway towards the larger vision has been helpful.”

Focusing on the larger vision allowed the steering group to consider how much more needed to be done to build the momentum and embed into everyday practice. It showed them that this programme could not sit as an isolated piece of work.

The role of targets versus outcomes

Sometimes we need targets to ensure action is taken, but we have to still ask ourselves ‘So what?! What difference has this made to personal and strategic outcomes? This requires follow up evaluation.

Staff delivering services

A lot of work has been done to help staff focus on personal outcomes, in particular supporting them to have 'better conversations'¹⁰.

In practice, in Glasgow, ESS found that there was anxiety amongst some health professionals around having difficult conversations about Anticipatory Care Plans (ACP) with patients. At a peer review session health and social work staff noted:

“Conversation skills are important, but health staff are already having difficult conversations. It may be about confidence and not assuming that people will find it difficult to talk about these issues. Guidelines and ongoing training would be helpful.”

Conversation training provided by The Thistle Foundation¹¹ was lauded by staff who attended it. Being able to share concerns at a peer review day also helped. Finding mechanisms for staff to share their experiences, what works and what doesn't can help them to feel empowered and take action.

If partnerships want to enable personal outcome focused approaches they need to provide practitioners with ongoing support to share and address any concerns about feeling overly responsible and accountable for the personal outcomes the people they support have set for themselves.

Individuals

There is an increasing focus on individuals taking responsibility for their own health and on expressing what's important to them. Health and social care partnerships may need to think how they support individuals to do that. A good example is the development of re-ablement teams that focus on encouraging people to stay independent and projects, such as community connectors and local area co-ordinators, that support people in finding and accessing local community based services. Self-directed Support is focused on giving individuals greater control over how their needs are met¹².

The key learning from Threading the Needle's work on anticipatory care planning in Glasgow is that staff find it easier to fall back on service-led approaches rather than gearing support around the person. Person-led approaches mean, for example, enabling people to access plans and guidance on an open website or through public spaces, being able to refer themselves for help in filling out a form and being able to note their plan on an ICT system that acute health staff could access.

This, in turn, might mean moving to different ways of working. Instead of “doing because they can”, health and social care professionals could look across sectors to identify the best support for people to help them 'own their plans and outcomes'.

¹⁰ See Talking Points (2012), Ailsa Cook and Emma Miller for the Joint Improvement Team

¹¹ www.thistle.org.uk/practitioners

¹² See www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/support-right-direction/ for evaluation and learning about enabling Self-directed Support to happen

Tips for building capacity for outcome evaluation

- 1 Build capacity for people at different levels.** For example, in Fife, local authority Link Officers support funded projects to gather and report on outcome evidence. However they did not have an overview of how that evidence was then used at a strategic level, or by whom. Once they were told this they were in a better position to support projects to gather the right evidence.
- 2 Build the capacity of people themselves.** Help beneficiaries or service users to take responsibility for their own health and do things for themselves.
- 3 Support staff in helping people set personal outcomes.** This can be done through training and sharing experiences about what works. Help them to understand that doing their job well and professionally does not mean they have to feel personally responsible for someone else's outcome.
- 4 Capture and make use of experiential evidence.** Ensure staff have simple ways of feeding back their experiences and those of their clients and that these can be analysed, reported and acted on.
- 5 Use a logic model to ensure an outcome focus.** This can be for projects and programmes.
- 6 Develop and use outcome-focused planning and reporting forms.**
- 7 Think about what you are learning across a programme of services.** Think about simple effective ways to identify outcome evidence and learning about what's working across programmes or localities.
- 8 Close the loop between evaluation and analysis.** Think about ways to feed evaluation evidence into making better strategic decisions about what to fund.
- 9 Build dialogue to strengthen relationships within the partnership.**

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

Evaluation Support Scotland would like to thank Fife, Glasgow, North Ayrshire and Perth & Kinross Health and Social Care Partnerships and Glasgow Council for the Voluntary Sector, Fife Voluntary Action, TSI North Ayrshire, Perth & Kinross Association of Voluntary Service and all the third sector organisations involved in the Threading the Needle programme.

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.



Evaluation Support Scotland
Thorn House
5 Rose Street
Edinburgh EH2 2PR

T. 0131 243 2770

E. info@evaluationsupportscotland.org.uk

www.evaluationsupportscotland.org.uk

Follow ESS on LinkedIn

 @EvalSupScot

Registered Company: SC284843

Scottish Charity: SC036529

VAT number: 923 2102 72

You may copy or use this publication in part or whole for non-commercial reasons with the exception of any images and you must credit Evaluation Support Scotland.

January 2017