Recognising our Rich Tapestry

How commissioners can use third sector evidence of tackling inequalities

March 2022

Background

This report sets out the work Evaluation Support Scotland (ESS) has undertaken in 2021/2022 to deliver on the plans agreed by the Learning Collaborative for Inequalities. See **Appendix 1** for membership of the Collaborative.

This work builds on previous years of delivering on the Collaborative's plans. In previous years ESS has:

1. Undertaken a scoping study to understand better the challenges for the third sector in demonstrating impact on inequalities. From the scoping study ESS developed "Five Steps to Evaluate Health Inequalities" (2018/2018).

2. Partnered with CHEX to deliver a training programme for practitioners to evaluate (2018/2019).

3. Partnered with CHEX and facilitated a learning set of practitioners to develop theory of change (TOC) that sets out the different ways the third sector contributes to addressing (and mitigating) inequalities and how to evaluate that work (2019/2020). The resulting resource ***"Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities"*** was launched at the Gathering in February 2020 at a session organised by VHS, delivered by ESS and CHEX, and supported by Public Health Scotland. The resource helps:
    - third sector organisations explain to funders and partners how their work contributes to impacting on inequalities
    - funders and commissioners better understand better the third sector's contribution

4. Created four in-depth case studies to show how organisations can use the resource to prove their contribution to tackling health inequalities (2020/2021).

In 2021, ESS was asked to develop this work further and explore how the ***Rich Tapestry*** approach could be used by commissioners to better understand the third sector's contribution. This work was agreed by the Learning Collaborative for Inequalities, funded by Public Health Scotland and delivered by ESS.

This report sets out ESS's findings from scoping work between November 2021 and March 2022 to better understand how commissioners can build the ***Rich Tapestry*** approach into their work. It was anticipated that any testing out with commissioners would occur in the next financial year, if funds are available. The findings in this report are based on feedback from those ESS engaged with.

The planned outcomes for this work are:

- Commissioners are more aware of the ***Rich Tapestry*** and how they might use it in their work in future
- ESS / the Collaborative has a better understanding of practical actions that can be taken to get commissioners on board in future

We have also gained a better understand the challenges and opportunities for applying the "Rich Tapestry" model in commissioning cycles.

What we did

On 1st March ESS delivered a joint session with Healthcare Improvement Scotland (HIS) to share key steps from the ***Rich Tapestry*** resource and create an opportunity for commissioners and Third Sector Interfaces (TSIs) to share ideas about steps they can take to improve evidence in this area. This event was attended by participants from:

- Edinburgh Health and Social Care Partnership
- East Renfrewshire Health and Social Care Partnership
- Voluntary Action South Ayrshire
- Inverclyde Third Sector Interface
- Inverclyde Health and Social Care Partnership
- East Renfrewshire Health and Social Care Partnership
- Glasgow Health and Social Care Partnership
- Dumfries and Galloway Third Sector Interface
- Dumfries and Galloway Health and Social Care Partnership
- Health Improvement Scotland

ESS partnered with HIS to help reach and engage more commissioners and to help forge links with wider work to support Health and Social Care Partnerships (H&SCPs). HIS are actively involved with HSCPs and commissioners. Part of this work is involves encouraging and supporting them to work with third sector organisations in changing areas of commissioning practice, including using different evidence.

On 27th January ESS ran a session with an informal network of commissioners in Midlothian. Six people from the Health and Social Care Partnership and health improvement team attended.

In addition to this, ESS held one-to-one meetings with commissioners/planners in the following Health and Social Care Partnerships:

- Edinburgh
- South Ayrshire
- Inverclyde
- Moray

ESS engaged mainly with those in planning roles in commissioning teams, such as Strategic Managers, Team Leads, Partnership Managers, Principal Officers and Market Shaping and Commissioning Officers.

In these discussions we asked about:

- Current approaches to evaluating third sector impact on health inequalities
- Challenges in this area
- How the Rich Tapestry theory of change might support their work

In the following section we set out the key themes emerging from the scoping exercise. In each theme, we identify challenges and opportunities for future work in this area.

Key messages

1. Focus on third sector evidence of tackling health inequalities is mixed

Some H&SCPs are trying to gather evidence in this area. Others have a strategic priority to tackle health inequalities but aren't currently collecting evidence in this area. Here are some examples of those who currently are:

- Asking third sector partners for equalities monitoring data for the groups they work with
- Asking for information on who the third sector partners are reaching (postcode data, SIMD)
- Sharing stories and lived experience directly with the commissioning and performance team
- Using the Outnav approach through Matter of Focus to collate evidence in this area

In many areas these requests for evidence are not developed collaboratively – rather the H&SCP sets out the criteria and desired evidence. Gathering evidence of tackling health inequalities is regarded as challenging for commissioners as well as the third sector. Commissioners fed back that they don't always know what needs to be measured - they are finding this equally challenging. Working more collaboratively provides an opportunity to generate richer evidence.

Challenges

- Not all H&SCPs are currently prioritising third sector evidence of tackling health inequalities. The following quotes show the range of views on evidence in this area:

  "Health inequalities is **central to commissioners** as we are funded by the public purse. We have to show how we have impact on people's lives in the long term"

  "Commissioners are not that interested in health inequalities – it is still **a peripheral issue and it is discretionary** not statutory. It is an add on – they don't have to do it. Health and Social Care Partnerships have huge deficits in their budgets so it's very hard to keep it on the agenda"

- Pressures on primary care and hospital services mean that many H&SCPs are focused in on asking "where is the evidence that you are reducing GP waiting times/pressure on primary care?" A strong focus on delayed discharge rates metric has focused H&SCPs on prioritising data for these

targets, even though the solution lies toward the prevention end of the spectrum of health and social care, including what is happening to tackle health inequalities.

"Nobody asks me how we are tackling health inequalities, but they do grill me about rates of delayed discharges doubling and waiting times"

Opportunities

- Some areas *are* actively trying to improve evidence in this area. Several H&SCPs are currently reviewing what they do and have expressed an interest in finding out even more about the ***Rich Tapestry*** approach
- Some commissioners who had read the ***Rich Tapestry*** fed back that:

"I liked the prompts in the model. A challenge around how do we get that information from partners"

"This seems like a sensible approach. I like the early outcomes"

Other **suggestions** include:

- National drive with clearer direction and longer-term support in this area. The aligning of policies and work at a national level to include evidence of tackling health inequalities would give a clear signal this is not just a 'nice to have'
- Share more examples of H&SCPs doing things differently to stimulate conversations around risk and the appetite for change when it comes to the commissioning process

2. Evidence must be useful, realistic and developed collaboratively

H&SCPs agreed that they must explain to local communities why they are collecting certain information and be clear about the purpose of evidence. For example, the importance of knowing that third sector organisations are reaching the people who need support the most.

There was widespread agreement that there should be more value placed on diverse evidence, including stories, and lived experiences as evidence of change.

"We're still too focused on facts and figures, timescales and numbers. We should use stories more"

EXAMPLE: In Midlothian H&SCP, people with lived experience attend the commissioning and performance group to give a sense of what difference the support made (service presentations). This is well received by the commissioning and performance group because it helps them to see what difference their funding makes.

EXAMPLE: The Edinburgh PACT created a forum with third sector partners. They shared priorities, discussed these, and asked third sector partners what would be realistic to measure. "What would be useful data? What would help you as well as us?" They then created Standard Impact Assessment Questions which third sector partners are using. For Edinburgh, it was not just about monitoring

individual performance but also about gathering a consistent body of evidence of the impact of the fund. They are primarily interested in: How are the partners having a positive impact on people's lives? How are they reducing the impact on the IJB care (reducing pressures in the system)? This new approach to evaluation gave them a solid business case to retain their budget so it has been helpful to them, and they have been upfront with the third sector about this. This impact data has helped them to retain their budget.

Challenges

- Sometimes H&SCPs ask for information without necessarily understanding if it is available
- Currently, too much focus on activity data and "performance" rather than outcome evidence
- Commissioned organisations can be overwhelmed by requests for data. At times, these requests are not proportionate to the activities they funded for (for example – small amounts of funding)
- Partnerships aren't consistently using the data they collect from partners. There needs to be a shift towards evidence for learning

Opportunities

- As set out in examples above, some areas are already taking a shared approach to agreeing how to measure programmes of work. The H&SCPs that ESS spoke to were interested in better evidence of third sector impact in general rather than **only** impact on tackling health inequalities
- Several Partnerships agreed that there must be more valuing of different types of evidence and that we need a better understanding of evidence and data - telling your story is evidence
- H&SCPs recognise the need to make better use of data for learning. Some are already moving towards this approach:

  "It would be great if a provider came to us and said this doesn't work anymore we should stop doing this or we should do more of that"

Other **suggestions** included:

- Better data sharing between sectors. This doesn't necessarily have to be a transactional sharing of data sets, but could include regular meetings to discuss what people are seeing and what they are learning
- Pausing and stepping back can help achieving clarity about requests for evidence. Allocate more time to understand jointly what evidence is needed across all areas of HSCPs

3. Relationships matter

It is clear that good working relationships must be in place before trying to improve evidence in this area. Where there are strong relationships between commissioners and commissioned partners there is a space to work collaboratively to decide what to measure, why and how.

For some areas this involves culture change and recasting the roles and relationships between the H&SCP and third sector.

> "Relationships are at the core of this. We want to be a critical friends not just a funder"

H&SCPs reflected on needing the courage and time to build this into relationships with third sector partners and that:

> "We need equal seats around the table"

> "Pull away from transactional models"

Others reflected that local communities know what they need, and they know their assets. The role of H&SCPs is to support that and acknowledge that:

> "People live in communities not services"

However, there was some acknowledgement that grassroots community organisations may struggle with capacity to engage with the Partnerships and with data collection and sharing.

EXAMPLE: Drug and Alcohol Partnerships provide some examples of good practice where third sector partners were involved in shaping the service and evidence.

Challenges

- H&SCPs who don't currently have a collaborative approach in general with third sector partners will struggle to use the ***Rich Tapestry*** approach

  > "We need to create a more collaborative space with providers first – it's a bit of a leap to go straight to tackling health inequalities"

- Often there is a perceived power imbalance between those with the budgets (H&SCPs) and those doing the work. The H&SCP holds the money and 'buys' the service from the third sector. Language can be a barrier which exacerbates this

Suggestions

- H&SCPs felt that they needed the opportunity to pause tenders and use that time to explore new approaches with the third sector
- Funding collaboration as a specific activity and providing longer contracts enables new ways of doing things
- Recognise that this should be integral to work and not a "nice to have"
- Partnerships need IJB back up and proper time and consideration
- Acknowledge that third sector are integral and are needed for sustainability and growth. The third sector are not just there to fill gaps

What would help support commissioners in this area?

1. Support / encourage more H&SCPs to take the **time to pause.** (Scottish Government have produced guidance which encourages extensions to current contract to allow this in the light of preparing for the National Dare Service)
2. More focus on **tackling health inequalities at a national level** – in particular the importance of evidence of tackling health inequalities (outwith ESS's remit)
3. Provide **examples of good practice and learning** which commissioners can share with senior managers/others to influence internally

Suggested next steps:

Despite the challenging environment for Partnerships, there is a clear appetite from several areas to find out more about improving third sector evidence of tackling health inequalities.

Here are some recommendations about **how** this work is progressed:

- ESS recommends doing **some test work** with one or two willing partnerships to show what is possible and create learning/case studies. Some H&SCPs we have engaged expressed an interest in further discussions/support
- This must take place within a **broader discussion** about changing relationships between commissioners and commissioned partners:

  "Evidence of inequalities cannot be separated from the practicalities of commissioning in a different way"
- Continue **partnering with HIS** to identify Health and Social Care Partnerships willing to test out gathering evidence that third sector organisations are tackling health inequalities. HIS are working with areas who are experimenting with new approaches in commissioning. The ***Rich Tapestry*** complements this broader programme of work. HIS have established relationships with HSCPs, commissioners and service managers with a focus on new models of care, which includes commissioning and measuring what matters.
- Engage with H&SCPs on issues around **improving evidence in general**

This testing will be most effective if:

- H&SCPs already have a collaborative relationship with third sector partners
- H&SCPs are interested and bought in to a broader discussion about commissioning differently and improving evidence in general
- If there is alignment of work nationally, regionally and locally then HSCPs do not perceive this as 'another thing' but is embedded within their current work plans

Appendix 1

Members of the Learning Collaborative for Inequalities

Shelter Scotland
Inverclyde Community Development Trust
Voluntary Health Scotland (VHS)
Community Health Exchange (CHEX)
Evaluation Support Scotland (ESS)
Public Health Scotland

Evaluation Support Scotland details:
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