

Routine outcome measurement

Evidence Into Practice

Measuring outcomes that matter to communities

What you measure matters to systems

May 2021

Introduction from Jane South

Professor of Healthy Communities at the Institute for Health & Wellbeing at Leeds Beckett University, national adviser on healthy communities for PHE.

- Measurement & evaluation of community-centred approaches for health and wellbeing
- Can we achieve a balanced approach?
 - Capturing what is happening – what, how and with whom
 - Demonstrating our case with evidence
 - Measuring what matters for communities

Today

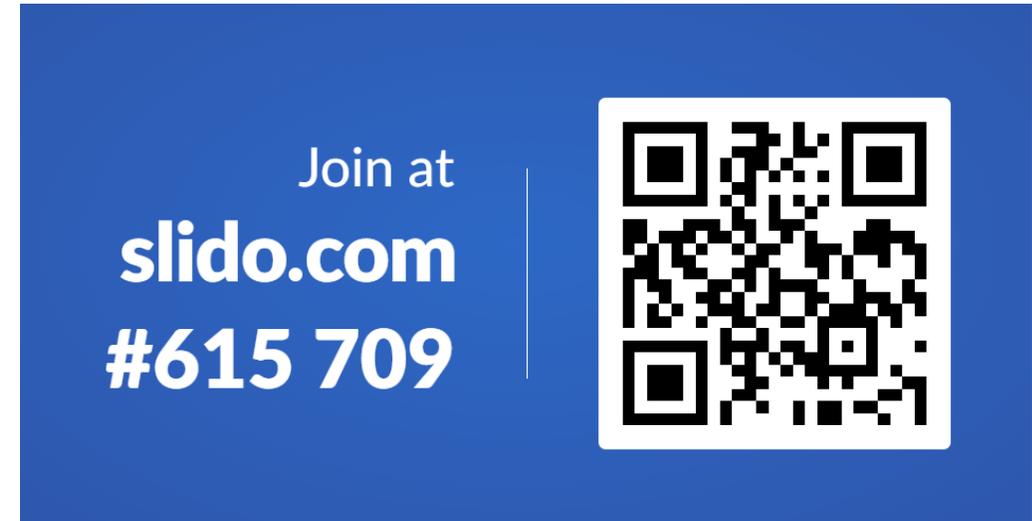
1. Bromley by Bow outcome measurement context
2. Bromley by Bow's quantitative approach to outcome measurement
3. Breakout rooms:
 - a) Developing the Bromley by Bow community informed Outcomes Framework
 - b) Operationalising Bromley by Bow's community informed outcomes - a 100 day challenge
 - c) Question testing with clients and feedback
 - d) Using outcome data to inform service design
 - e) External perspective and how to involve external advisors

Questions for you

1. Now until the breakout rooms (see chat for link):
 - Insert your questions into sli.do and we will try to cover them

2. At the end (see chat for link):

- Do you know more now about routine outcome measurement?
- Do you anticipate changing your approach to routine outcome measurement?



Join at
slido.com
#615 709



Bromley by Bow outcome measurement context

Rob Trimble, Chief Executive, Bromley by Bow

Catherine Tollington, Executive Director, Bromley by Bow

Emma Owen-Amadasun, Assistant Director of Population Health

Bromley by Bow's quantitative approach to outcome measurement

Catherine Godward, Research and Evaluation, Bromley by Bow

Outcome measurement scope

Bromley by Bow Centre and Health

Now:

Forty social & health projects excl. routine GP appts

Eventually:

All projects and routine GP appts

Number of clients/patients:

range from <50 to >500 per activity

30,000 patients across 3 surgeries

Delivery type:

Advice session

Course – individual

Course – whole family

Talking session

One off events

Activity focus:

Art & horticulture

Community development & engagement

Digital inclusion

Employment & skills

Energy (finance)

Financial capability

Health

Social Care

Social Enterprise incubation

Social prescribing

Social welfare, housing, debt advice

Sport & physical activity

Staff:

Approx. 60 people
across 11 teams

Plus approx. 115
people across 3
surgeries

Outcome Framework in development

Unleashing Healthy Communities Part 1 (2017-2019)

BBB Community Informed Outcomes Framework

Questions:

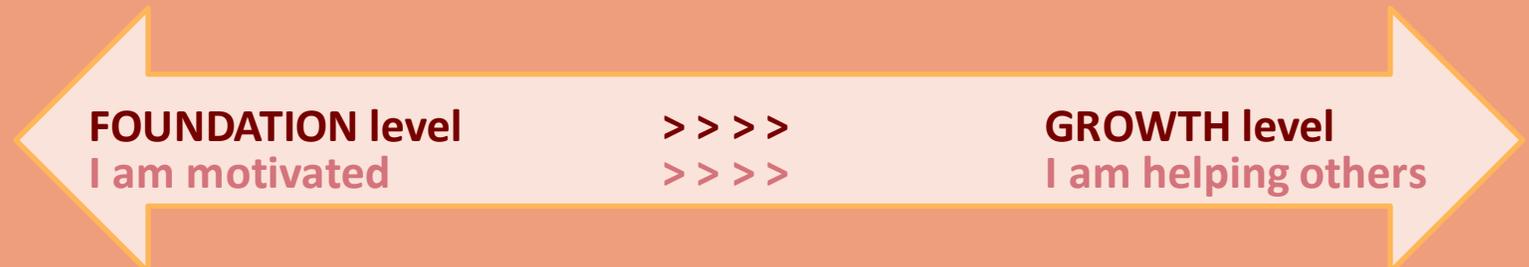
- What are the ingredients of a good life?
- Current and historical context

Method:

- Tower Hamlets residents, practitioners and staff
- Focus groups and interviews using creative methods to engage small and large groups

Six stretch outcomes:

1. Basic needs are met	2. Strengthened personal resources
3. Connected to others	4. Built knowledge, skills and opportunity
5. Connected to place and community	6. Contribute to the community



Stretch outcomes and domains

Outcome	Domain
Basic needs met	Stability in the area/areas targeted have been achieved (employment / financial / fuel / home / physical & mental health)
Built knowledge and skills	Gained new knowledge and skills
	Ability to apply new knowledge and skills
Connected to others (individual)	Better connection
	Increase in network quantity and diversity
Connected to place and community	Increased connection with the community
	Shaped community and place by participating in community level activities.
Contributed to the community	Increased feelings of self-worth and internal sense of value
	Taken an action (or actions) to help other people (e.g. gave someone advice about energy bills)
Strengthened personal resources	I am more confident in myself
	I am better able to look after my own needs and those of my family
	I can now learn/adapt
Wellbeing	Overall/Happy/not anxious/satisfaction/life worthwhile
Other	Any other change due to the BBB intervention

Outcome Framework operationalised

Unleashing Healthy Communities Part 2 (2020-) One methodology for BBB Centre and Health

Questions:

- What are measurable, realistic and intended outcomes from BBB projects?
- What approach works with existing systems, for staff, clients/patients?

Method:

- **Consultation** - internal & external
- Service delivery **audit**
- *Service delivery 100 day challenge*
 - action focused **discussions**
 - **indicator selection**
- **Tool review** (20+ non-BBB tools)
- **External Advisory Group**
- **Internal Advisors**

- **Change as a direct result of BBB activities with and for clients**
- **Bespoke and validated questions**
- **5 pre and post wellbeing outcome questions**
- **36 post only stretch outcome questions**
- **Presenting need coded to intended *stretch* outcome(s)**
- **Interview questions built into pre-existing practitioner contact and data systems**
- **Whole organisation training & supporting resources: logic model, outcome commentary, user/journey data map**

Outcome Measurement Indicator selection

Top 10 indicators selected	% of all projects
I know how to get the support I need	76%
I feel less lonely	76%
My mental health has improved	71%
I have used new knowledge and/or skills gained to improve my day to day life	67%
I have new people in my network to ask for help, information or advice	67%
I know about activities and services in my community that I didn't know about before.	67%
I trust local community services to help me if I need it.	67%
I am better at communicating online and using a computer e.g. using digital software.	62%
I am more confident to cope with my day to day challenges	62%
I can do more to look after myself and/or my family now e.g. travel alone, manage bills, access resources, plan for the future, set goals	62%

NB: excl. from the above = ONS 4 and 'any other change' which are selected for all projects except events.

Outcome measurement user/data map



Outcome Measurement in practice

Unleashing Healthy Communities Part 2 (2020-)

Testing phase

Questions:

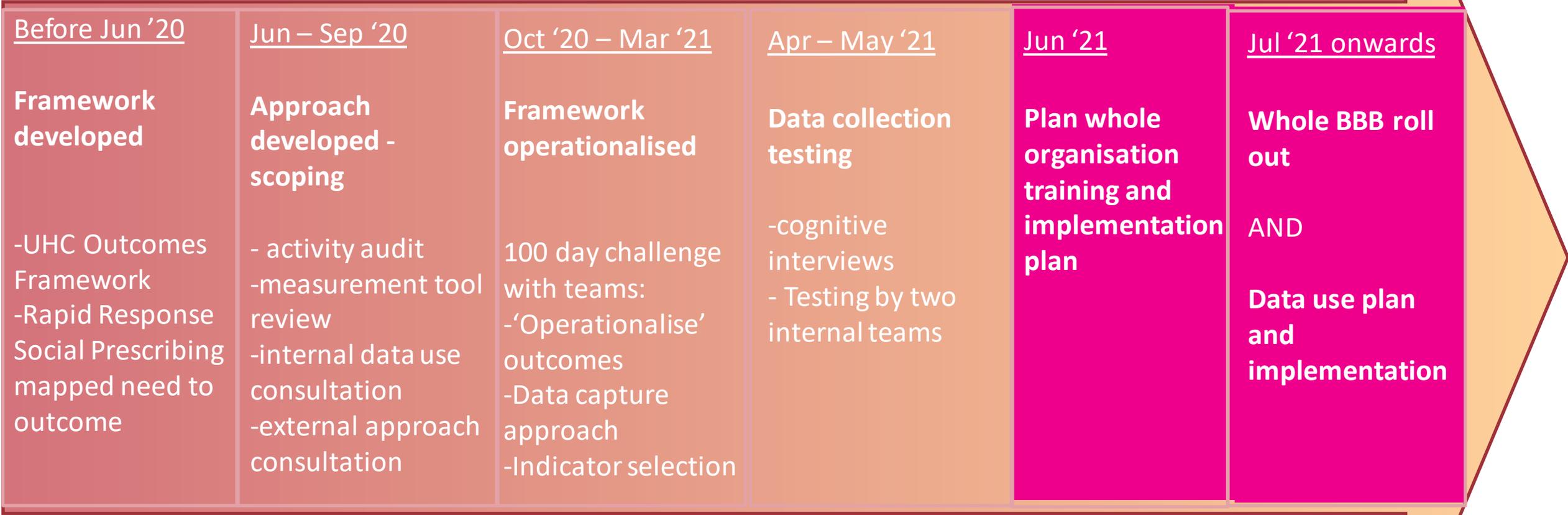
- Do the questions translate for all clients?
- Are the questions understood consistently?
- Are any questions problematic?
- What needs changing?
- How can practitioners confidently build questions into the approach?

Method:

- **Cognitive interviews** with clients
- Testing by two teams of practitioners so far

- **Positive response from clients – pleased to be asked**
- **Selecting intended outcomes for/with clients works well**
- **Different approaches are needed depending on the client and practitioner**
- **Expressing ‘what’s in it for the clients’ is crucial**
- **Question timing**
- **Some problematic questions e.g. ONS4**
- **Answer categories are artificial and need explaining**
- **Training plan including safeguarding**
- **Refusals are to be respected**
- **Non-English speakers**

Outcome measurement – progress and next steps



What next?

Steps	How
Long-term change	<ul style="list-style-type: none">• Longitudinal study<ul style="list-style-type: none">• Track clients over years• Outcomes/services take up• Match site, perhaps overseas
Establish contribution	<ul style="list-style-type: none">• External sources• Ripple effect
Community level outcomes	<ul style="list-style-type: none">• Adapted framework• New methodology
Patient/client flow between the community centre and the clinical setting	<ul style="list-style-type: none">• Anonymised data sharing• Consistent outcome measurement across each setting

Stay in touch

Website

<https://www.bbbc.org.uk/insights/> (sign up to newsletter)

Email

insights@bbbc.org.uk

Twitter

@bromley_by_bow
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This project is part of the Health Foundation's Evidence Into Practice programme.

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

The Outcomes Framework has previously been supported by The Wellcome Trust to whom we continue to be grateful.

Breakout rooms

Q & A / Poll reminder

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