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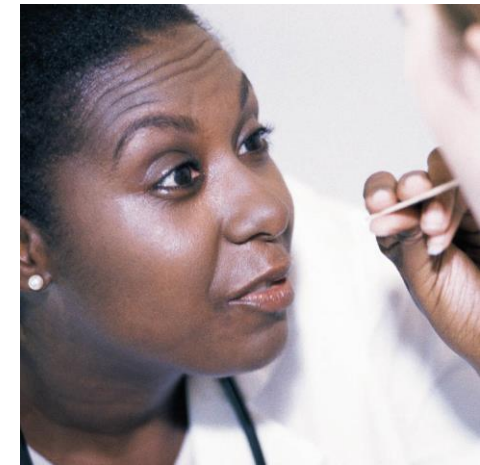
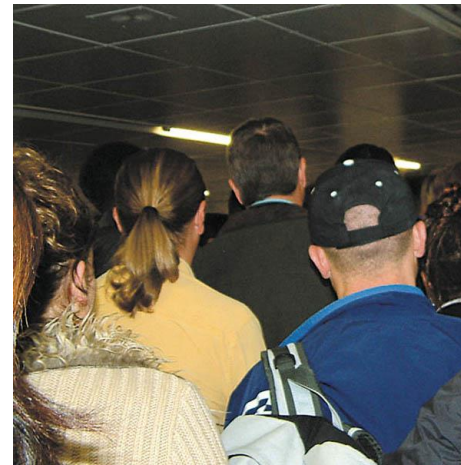
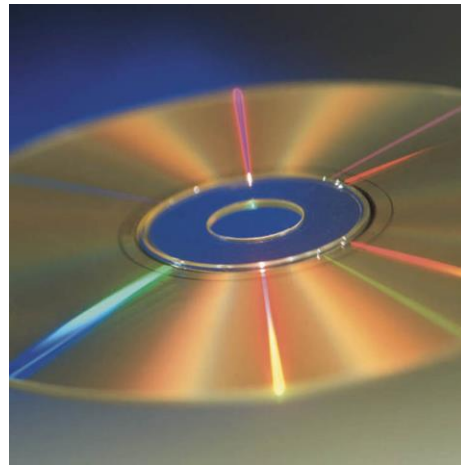
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Introduction

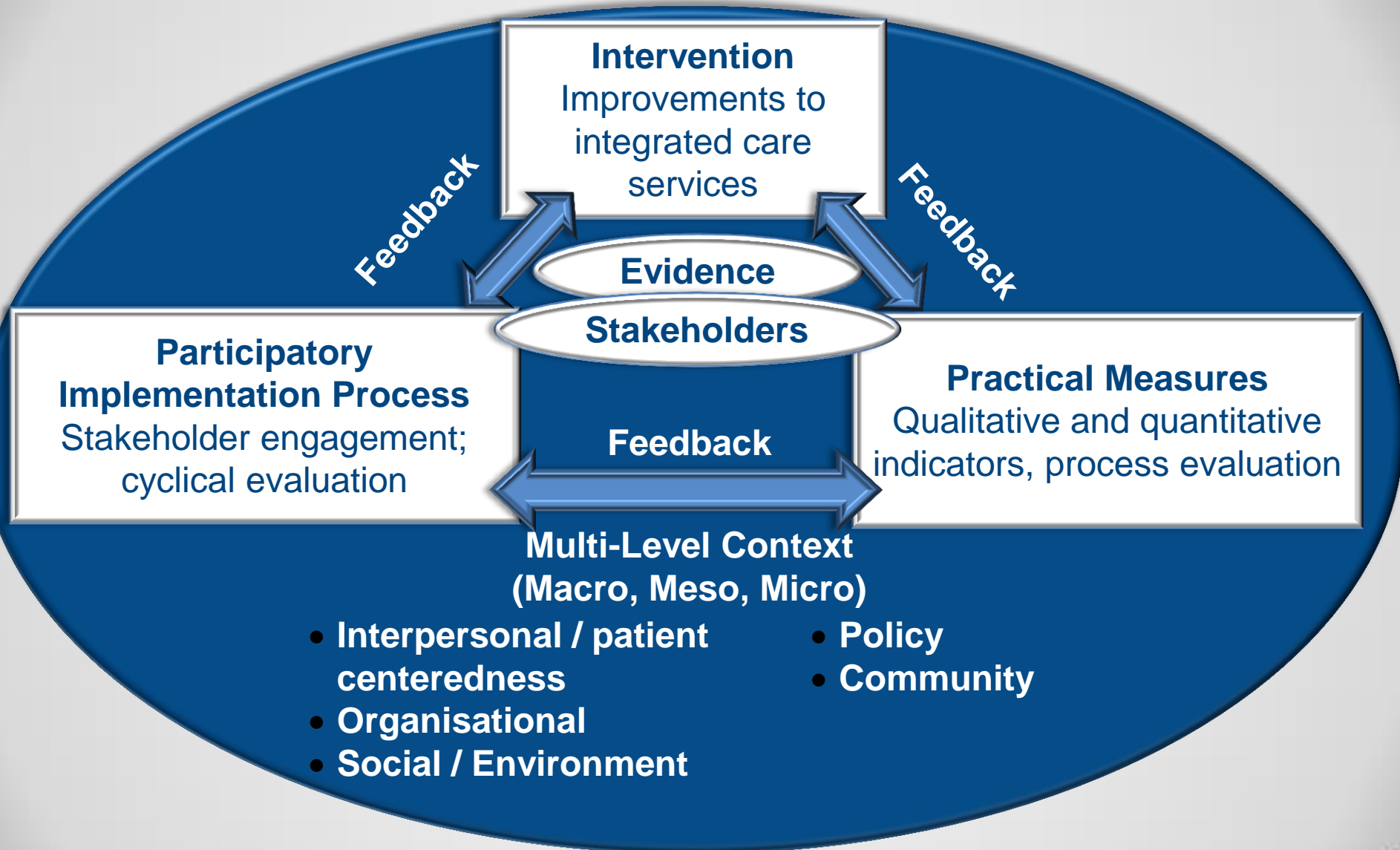
1. Our approach to evaluation:
 - Purpose and approach
 - Methodology: Implementation Science & the Evidence Integration Triangle
2. The “Kent Evaluation Framework”:
 - Outcome dimensions
 - Measures
3. Applying the framework in local Kent evaluation projects
 - South Kent Coast CCG: “light touch evaluations” of South Kent Coast CCG projects
 - Thanet CCG: staged roll out of Thanet CCG project
4. Applying Framework internationally with “SUSTAIN”
5. Conclusion: challenges and possible solutions

Our approach to evaluation

Aims to answer the question: *‘What works for who, how, in what setting and with what outcomes?’* by:

- Developing **realistic** person-centred and service-level **outcomes**
- Creating and sourcing **a menu of appropriate indicators** for the evaluation and monitoring of specific projects and interventions
- Co-designing a **staged roll out** of those projects with local CCGs and providers
- Using evaluation methods that are **participatory** and focus on **speedy results** of processes and outcomes

Our approach to evaluation: Implementation science and the Evidence Integration Triangle (Glasgow 2013)



The Kent Evaluation Framework: Outcomes dimension one: “Citizen-centred care”

To what extent have we facilitated citizen-centred care?

Community Level Outcomes

- Prevention of avoidable harm, deterioration, injury
- Increase in social inclusion / reduction in loneliness
- Increase in active citizenship

Individual Level Outcomes

- Enhanced quality of life
- Positive experience of seamless care
- Improved self-management & independence at home
- Improved access to resources
- Improved experience of care at the end of life
- Improved carer experience

Kent Evaluation Framework:

Outcomes dimension two: “Care coordination”

How successful have we been in implementing improved care coordination?

Outcomes

- Improved continuity of care
- Improved information sharing
- Positive workforce change
- Better use of money

Measuring the outcomes

Some examples of measures in the framework

Evaluation tools (Qualitative indicators)

- Quality of life: OPQoL-35
- Self activation measure PAM-33
- De Jong-Gierveld Loneliness scale
- P3CEQ
- 'Interprofessional collaboration scale
- Qualitative perceptions

Quantitative indicators (monitoring metrics)

- Number of people with a single point of access
- Number of people still at home 91 days after hospital discharge to rehab or reablement
- Number of patients supported to live independently

Measuring the outcomes

Reason behind inclusion or exclusion of indicators

Out

- Difficult to access or (in the case of quantitative indicators) not available
- Costly licensing restrictions
- Poor attribution: e.g. area specific quantitative metrics when intervention sample widely dispersed or small
- Duplicated
- Not sensitive to our interventions (e.g. quality of life measure)

In

- Strong relevance with main aims and objectives of projects
- Validated and had face validity
- Sensitive to change regarding length of interventions
- Tested on our population group (mainly 65+)

Applying the framework: “Light touch evaluations” of South Kent Coast CCG projects

“Light touch” evaluations:

Co-designing evidence-based KPI & monitoring frameworks for specific integrated initiatives to enable CCG and providers to internally evaluate outcomes

- An important aim of “light touch” evaluations is to help the CCG and providers develop **in-house evaluation skills** and to enable the **continuous improvement** of initiatives (e.g. Integrated Intermediate Care pathway, End-of-Life strategy)
- Monitoring frameworks are based on best-practice evidence and include validated questionnaires (sourced from Kent Evaluation Framework) and existing indicators (e.g. national outcomes frameworks, local data/KPIs)

Applying the framework: Thanet CCG evaluation

Enabling implementation and evaluation of GP practice pre-frailty intervention

Evaluating intervention targeting younger & more socio-economically deprived pre-frailty practice population

- Aim of this 3-year long intervention is to help CCG and GP practice develop and implement an evidence-based & tailored-made intervention to identify and support cohort of younger patients (50+) with pre-frailty due to effects of deprivation
- Currently co-designing pre-frailty risk screening tool (e.g. through evidence scans and reviewing availability of appropriate indicators)
- Aiming to conduct baseline evaluation in Feb/March 2017

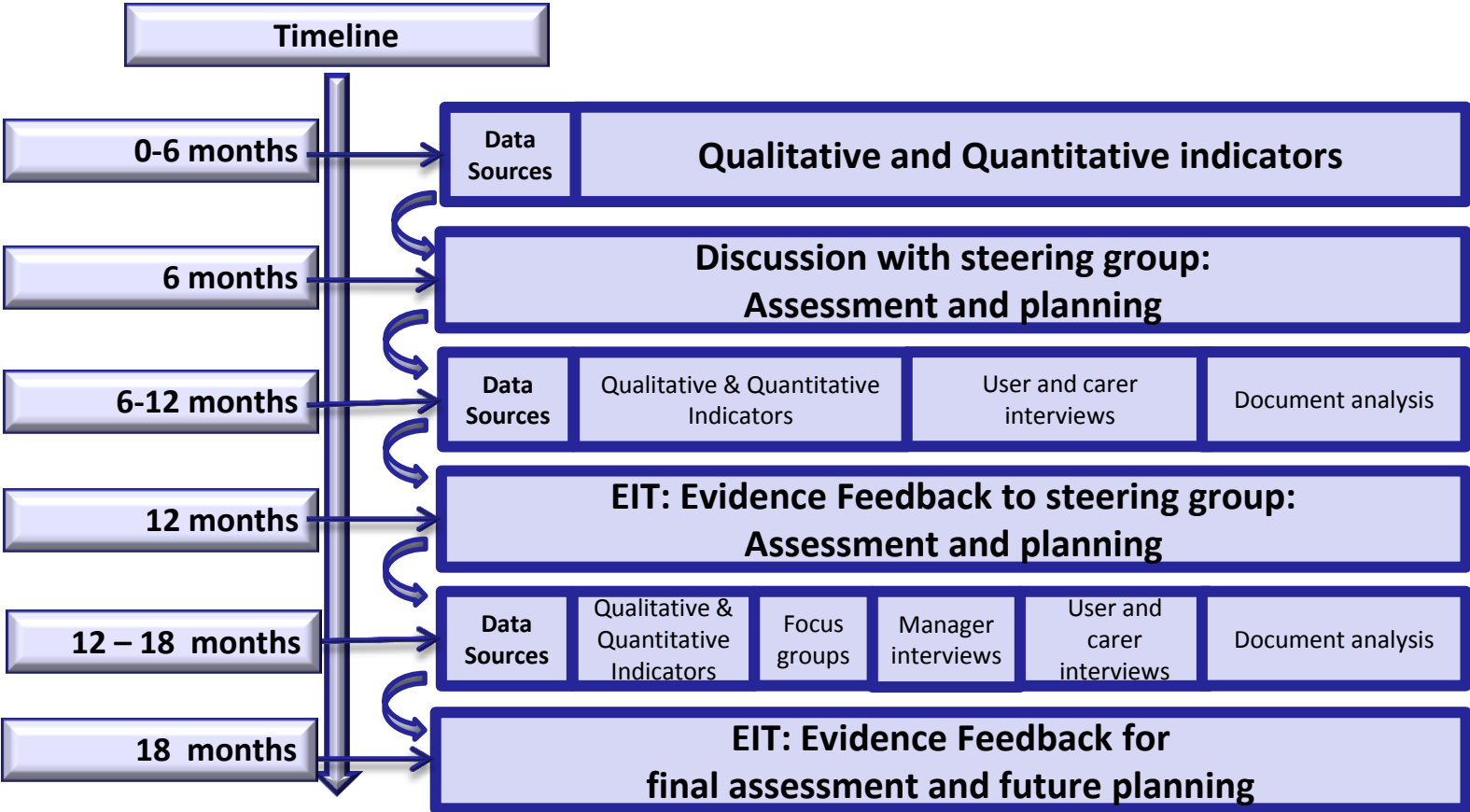
Applying the framework internationally with “SUSTAIN”

1. The intervention: **tailored set of improvements** to be implemented at the existing integrated care initiatives over an 18-month period
2. A **participatory implementation process**: collaboration of SUSTAIN partners with local key stakeholders attached to the sites to design and implement tailored sets of improvements
3. The set of **practical measures** will consist of a core set of indicators alongside a site-specific set of qualitative and quantitative indicators



Applying the framework internationally with “SUSTAIN”

Using a multiple embedded case study design



Conclusion: challenges and possible solutions

Challenge

Local evaluations:

- a) Financial pressures facing CCGs & providers and having to work towards tight funding deadlines
- b) Providers and other organisations (e.g. local authorities, CCGs) are finding it difficult to provide & share meaningful level of data

SUSTAIN:

- a) Difficult obtaining wide enough range of indicators that are core to all EU partners
- b) Finding indicators that are sensitive enough to capture shifts during clients' short service exposure

Possible solution

Local evaluations:

- a) Piloting initiatives first to support CCGs when developing business cases
- b) Help develop data collection spreadsheets and help draft evidence-based data sharing agreements

SUSTAIN:

- a) Currently piloting our core selection of indicators
- b) Consulting with authors of validated qualitative indicators & piloting indicators

Centre for Health Services Studies

www.kent.ac.uk/chss

SUSTAIN

www.sustain-eu.org

