Kent Evaluation Framework

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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)

- **Intervention**: Improvements to integrated care services
- **Evidence**
- **Stakeholders**
- **Multi-Level Context** (Macro, Meso, Micro)
  - Interpersonal / patient centeredness
  - Organisational
  - Social / Environment
- **Practical Measures**
  - Qualitative and quantitative indicators, process evaluation

- Participatory Implementation Process
  - Stakeholder engagement; cyclical evaluation

Feedback loops connect intervention, evidence, stakeholders, multi-level context, and practical measures.
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

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<th>Out</th>
<th>In</th>
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<td>• Difficult to access or (in the case of quantitative indicators) not available</td>
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<td>• Costly licensing restrictions</td>
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<tr>
<td>• Poor attribution: e.g. area specific quantitative metrics when intervention sample widely dispersed or small</td>
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<td>• Duplicated</td>
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<td>• Not sensitive to our interventions (e.g. quality of life measure)</td>
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<td>• Strong relevance with main aims and objectives of projects</td>
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<td>• Validated and had face validity</td>
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<td>• Sensitive to change regarding length of interventions</td>
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<td>• Tested on our population group (mainly 65+)</td>
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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

Timeline

0-6 months
- Data Sources
- Qualitative and Quantitative indicators

6 months
- Discussion with steering group:
  Assessment and planning
- Data Sources
  - Qualitative & Quantitative Indicators
  - User and carer interviews
  - Document analysis

6-12 months
- EIT: Evidence Feedback to steering group:
  Assessment and planning
- Data Sources
  - Qualitative & Quantitative Indicators
  - Focus groups
  - Manager interviews
  - User and carer interviews
  - Document analysis

12 months
- EIT: Evidence Feedback for
  final assessment and future planning

12 – 18 months

18 months

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**Conclusion: challenges and possible solutions**

**Challenge**

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

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<td>a) Piloting initiatives first to support CCGs when developing business cases</td>
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<td>b) Help develop data collection spreadsheets and help draft evidence-based data sharing agreements</td>
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**SUSTAIN:**

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

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