

Introduction to Outcomes Based Accountability

Teresa Geraghty



About NCB

Using evidence to improve outcomes for children, young people, families and communities



Today's aims

 To get an understanding of concepts and principles of OBA

 To understand how OBA can be used to improve performance of NLCF projects



OUTCOMES?



Long Term







Discipline

PASSION

for our stories can only carry us so far.

SELF-DISCIPLINE

takes us the rest of the way.

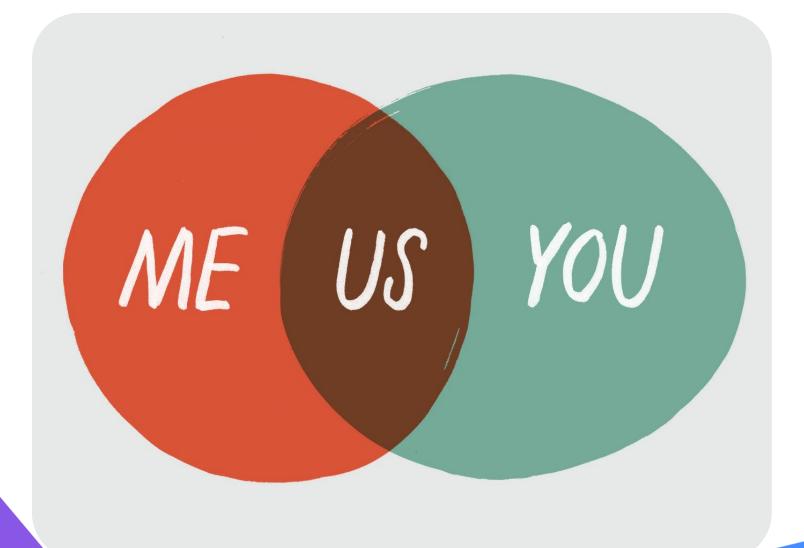


Engagement





Collaboration



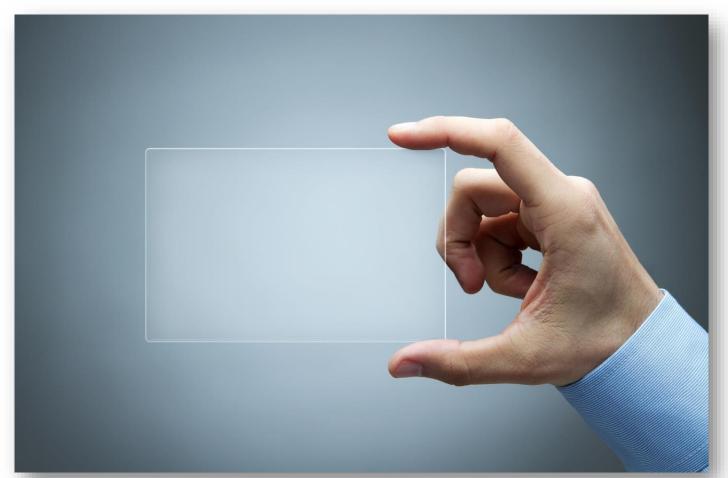


Impact





Transparency

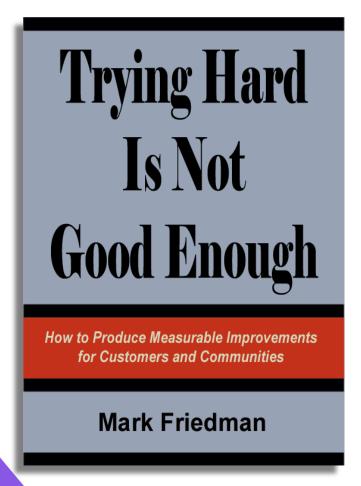




HOW?



What is OBA?



Mark Friedman Fiscal Policy Studies Institute Santé Fe, New Mexico



OBA in NI



DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK

2016-21



South Eastern Health and Social Care Trust



Public Health Agency



An Roinn Sláinte

Männystrie O Poustie





Comhairle Ceantair **Lár Uladh Mid Ulster**District Council























SIMPLE COMMON SENSE PLAIN LANGUAGE MINIMUM PAPER **USEFUL**



Outcomes-Based Accountability

is made up of two parts:

Population Accountability

about the well-being of WHOLE POPULATIONS

For neighbourhoods – districts – Regions - Counties

Performance Accountability

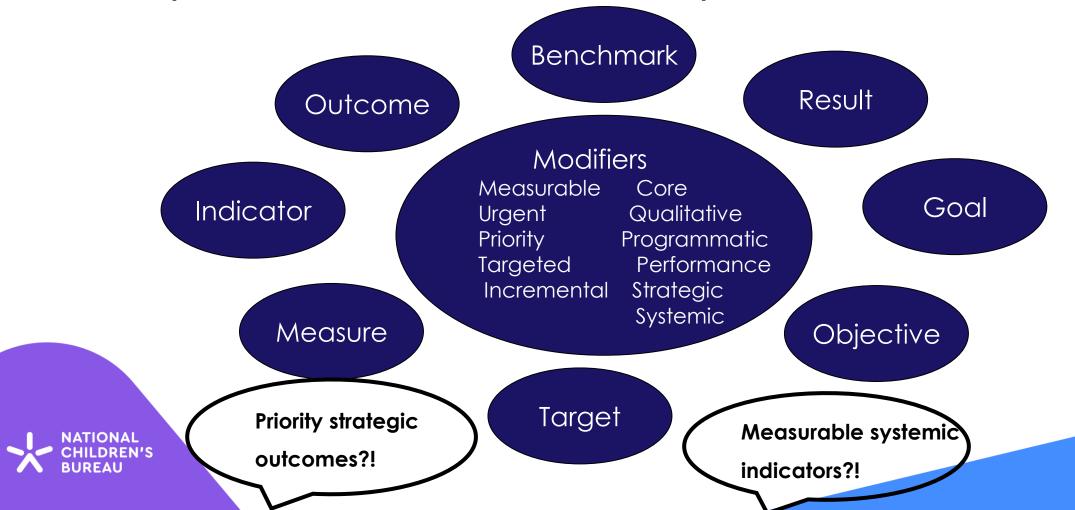
about the well-being of CLIENT POPULATIONS





THE LANGUAGE TRAP

Too many terms. Too few definitions. Too little discipline



Definitions

OUTCOMES

Conditions of well-being for children, adults, families or communities

Examples: Northern Ireland.....

- Is a more equal society
- Is a shared society which respects diversity
- Is a confident, welcoming, outward-looking society
- Gives our children and young people the best possible start in life



Positive, jargon-free statements of well-being in plain language that people can understand

Definitions

INDICATORS

Measures which help quantify the achievement of an outcome.

- Gap between highest and lowest deprivation quintile in healthy life expectancy at birth (NI is a more equal society)
- % of people who think leisure centres, parks, libraries and shopping centres in their areas are 'shared and open' to both Protestants and Catholics (NI is a shared society that respects diversity)
- % of the population who believe their cultural identity is respected by society (NI is a shared society that respects diversity)
- % of school leavers achieving a Level 2 or above including English and maths (giving our children the best possible start in life)



How would we recognise these outcomes in measureable terms if we fell over them?

Definitions

PERFORMANCE MEASURES

A measure to evaluate how well a programme, agency or service system is working

Three questions

- How much did we do? (quantity)
- How well did we do it? (quality)
- Is anyone better off as a result? (quantity and quality of effect or service user outcomes)



From ends to means... From talk to action

Population Accountability

OUTCOMES

"A condition of well-being for children, adults, families or communities"

INDICATORS

"A measure which helps quantify the achievement of an outcome"

ENDS

Performance Accountability

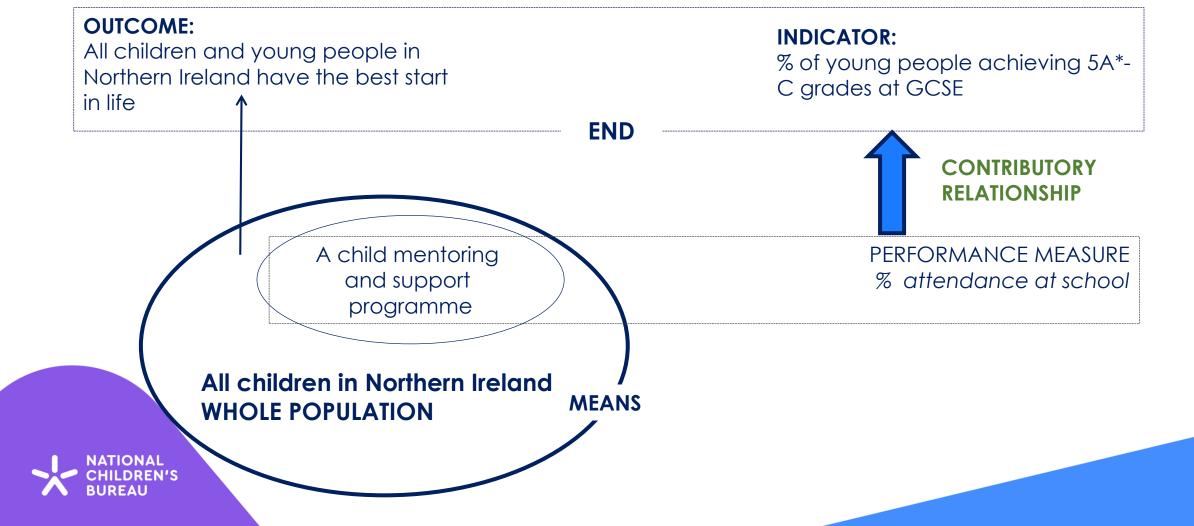
PERFORMANCE MEASURES

"A measure of how well a programme, agency or service is working.

MEANS



POPULATION & PERFORMANCE ACCOUNTABILITY



OUTCOME, INDICATOR OR PERFORMANCE MEASURE?

Outcome

1. Safe Community

Indicator

2. Crime Rate

Perf. Measure

3. Average Police response time

Outcome

4. A world class workforce

Indicator

5. Adult literacy rate

Outcome

6. People have living wage jobs and income

Indicator

7. % of people achieving 5 A*-C grades at GCSE

Perf. Measure

8. % Social care users treated with dignity and respect

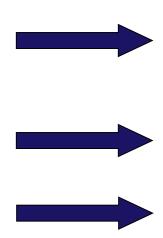


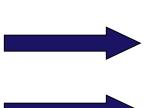
Turning the Curve



The 7 Population Accountability Questions

- 1. What are the quality of life conditions we want for the children, adults and families who live in our community?
- 2. What would these conditions look like if we could see them?
- 3. How can we measure these conditions?
- 4. How are we doing on the most important of these measures?
- 5. Who are the partners that have a role to play in doing better?
- 6. What works to do better, including no-cost and low-cost ideas?
- 7. What do we propose to do?









POPULATION

All children in Northern Ireland

OUTCOME

"are given the best start in life"

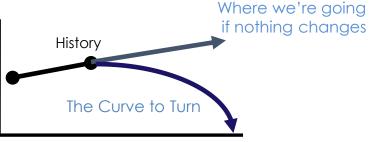
EXPERIENCE

What would this outcome look like if we could see it, hear it, feel it?

INDICATORS & **BASELINE**

For example...

- 1. Smoking during pregnancy
- 2. Low birth weight babies
- 3. Children reaching developmental milestones
- 4. Childhood obesity rates



STORY

- The causes, the forces at work
- Behind the baselines What's driving the baseline

Data development Agenda (Pt 1)

PARTNERS With a role to play

- Public, Private and Voluntary Sector
- Community groups
- Residents

WHAT WORKS

- What would it take to turn the curve? Data development
- Best practice
- Best hunches

Agenda (Pt 2)



ACTION PLAN • What do we propose to do, how and by when

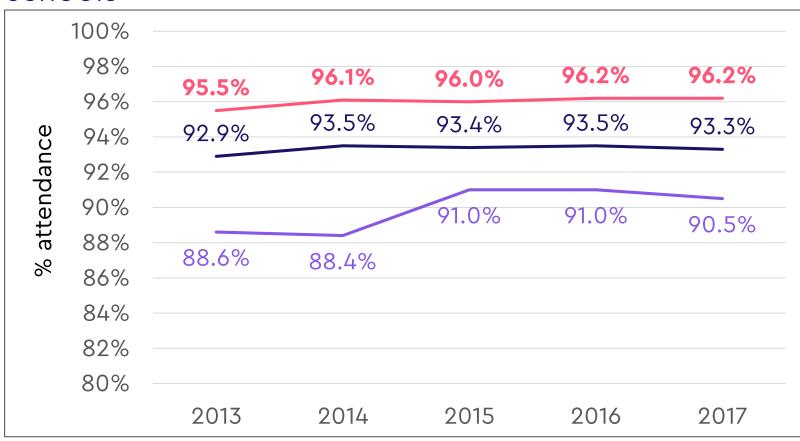
Sample Outcome and Indicator Data





Outcome: We give our children and young people the best start in life

Indicator 1: % of attendance of young people at postprimary schools



Least deprived

Average

Most deprived



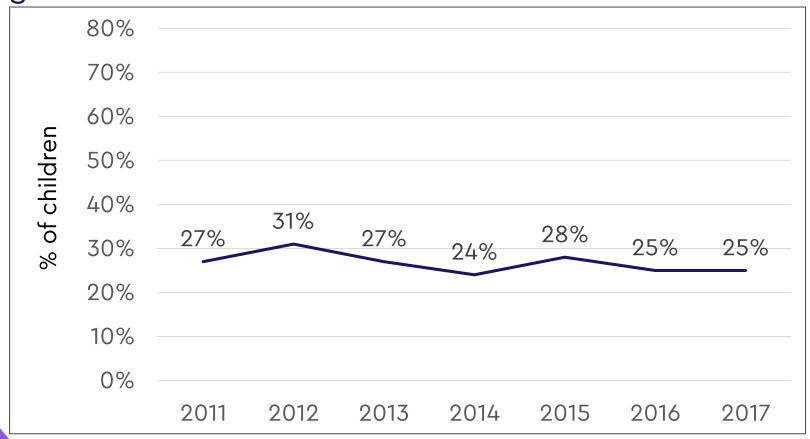
Source: DE

The year refers to financial year, i.e. 2011 refers to 2011/12 etc.

Least deprived is fined as those who attend school with an average Free School Meal (FSME) entitlement rate of 10% or less. Most deprived is defined as those schools with a FSME of 50% or more

Outcome: We give our children and young people the best start in life

Indicator 2: % of children aged 2-15 years who are overweight or obese

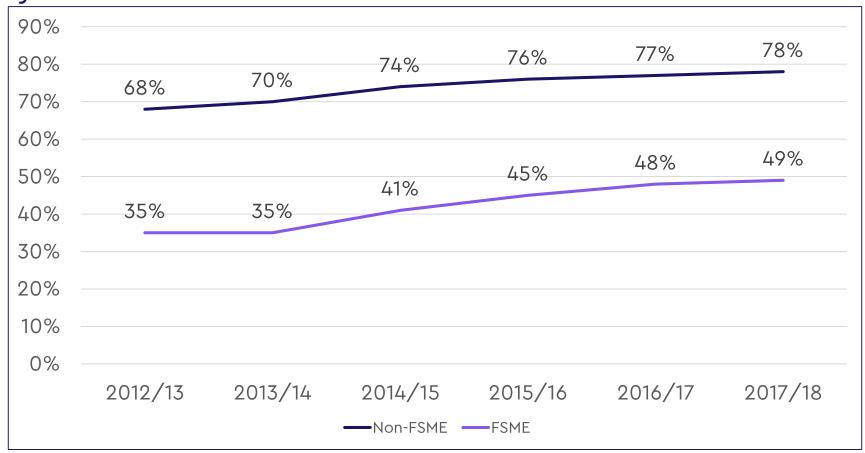




Source: Health Survey Northern Ireland, Department of health The year refers to financial year, i.e. 2011 refers to 2011/12 etc.

Outcome: We give our children and young people the best start in life

Indicator 3: % of school leavers achieving 5A*-C grades at GCSE by FSM entitlement





Source: Department of Education, School Leavers Free School Meal Entitlement

Outcomes Based Accountability

Managing and improving performance



"All Performance Measures that have ever existed for any service in the history of the universe involve answering two sets of interlocking questions."



Quantity

Quality

How Much

did we do?

(#)

How Well

did we do it?

(%)



Effort

How hard did we try?

Effect

Is anyone better off?

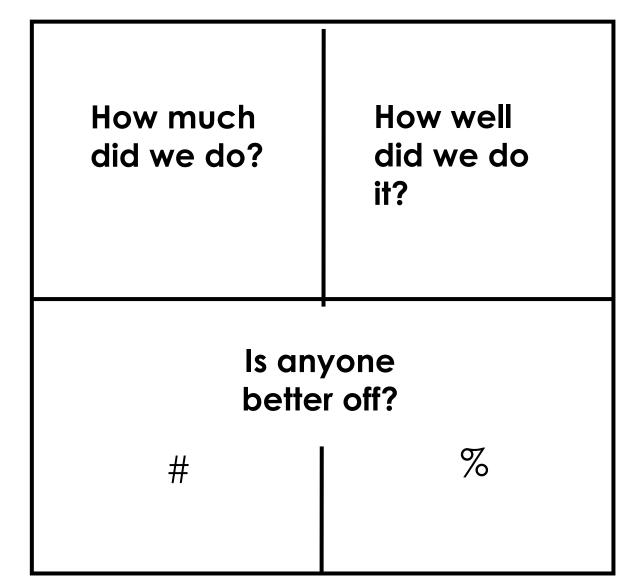


Quality Quantity How much How well service did we did we deliver **Effort** deliver? it? How much change What quality of **Effect** / effect did we change / effect produce? did we produce?



Effort

Effect





Education

How much did we How well did we do do? it? Effort **Student-teacher Number of** ratio students Is anyone better off? Percent of 16 yr olds with 5 Number of 16 olds with 5 A to C A to C GCSE's GCSE's **Effect** Number with good Percent with good school attendance school attendance



Drug/Alcohol Treatment Program

How much did we do?

How well did we do it?

ffor

Number of persons treated

Percent of staff with training/certification

Is anyone better off?

Number of clients off of alcohol & drugs

- at exit
- 12 months after exit

Percent of clients off of alcohol & drugs

- at exit
- 12 months after exit





Smoking Cessation Programme

Quantity

Quality

How much did we do?

How well did we do it?

 Number of clients enrolled Number of courses

 Number of nicotine patches administered

% of clients completing programme

• % of counsellors trained to professional standard

• % of clients saying they were treated well

Is anyone better off?

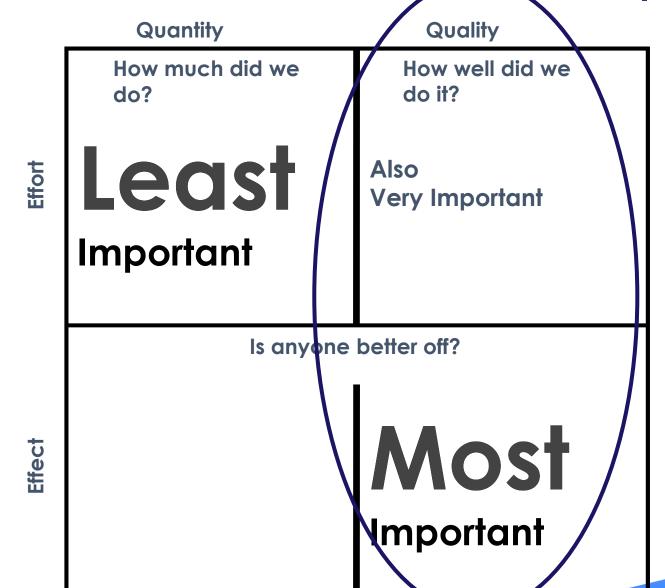
- Number/ Percentage smoke free
 - At exit of programme
 - After 12 months
- Number/Percentage clients saying they are being helped to quit smoking

Effect



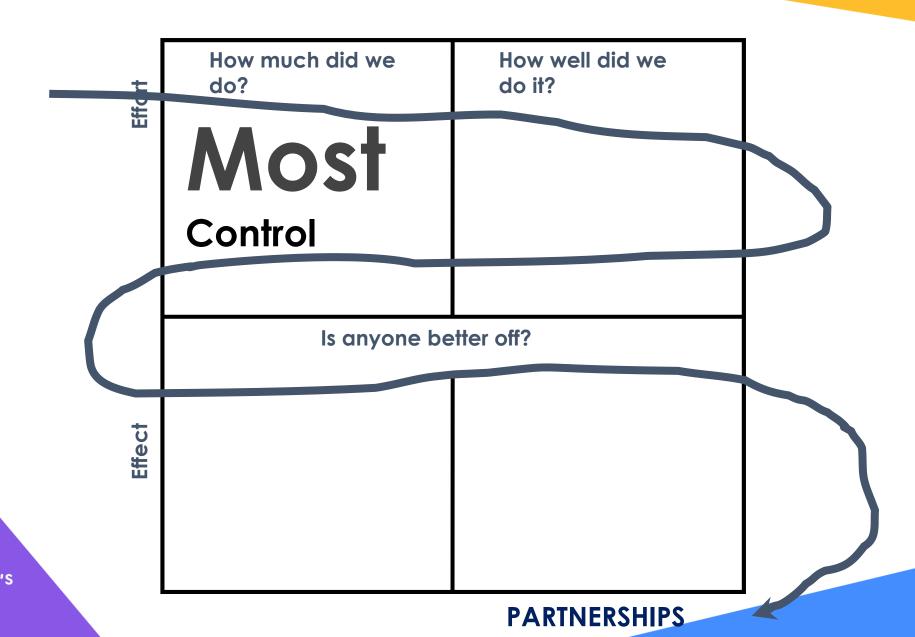


Not All Performance Measures Are Created Equal





The Matter of Control

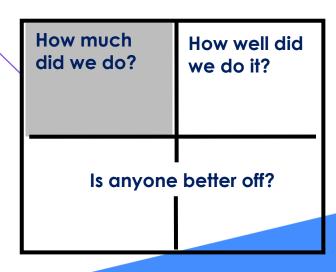


Choosing Performance Measures

Upper Left Quadrant

How much did we do?

- Number of service users
 - > (e.g. Vulnerable mothers)
 - > (e.g. Children with disabilities)
 - > (e.g. Children with speech and language delay)
 - >Etc.
- Number of Activities
 - > (e.g. Number of website hits)
 - > (e.g. Number of activity sessions)
 - > (Number of newsletters published)
 - > Etc.



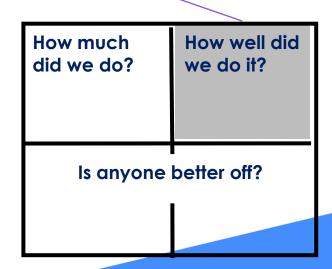


Choosing Performance Measures

Upper Right Quadrant

How well did we do it?

- % Common measures
 - > (e.g. % staff turnover rate)
 - > (e.g. % qualified/trained staff)
 - > (e.g. % staff morale)
 - > (e.g. % service user satisfaction)
- % Activity specific measures
 - > (e.g. % actions timely and correct)
 - > (e.g. % service users completing activity)
 - > (e.g. % of actions meeting standards)





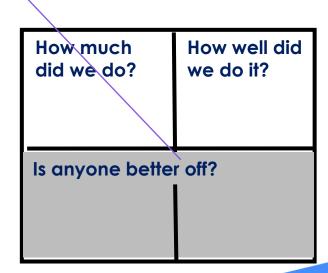
Choosing Performance Measures

Lower Quadrants

Is anyone better off?

Expressed as a NUMBER (for QUANTITY of benefit) and as PERCENTAGE (for QUALITY of benefit)

- Number/percentage (Skills/Knowledge)
- Number/percentage (Attitude/Opinion)
- Number/Percentage (Behaviour)
- Number/Percentage (Circumstance)





Finding Performance Measures for Benefit

Skills/ Knowledge

- e.g. Qualifications
- e.g. Accreditation
- e.g. Test scores
- e.g. Parenting skills
- e.g. Knowledge about benefits systems

Attitude/Opinion

- e.g. % of students expressing high ambition
- e.g. % customers felt they were helped with their problems

Behaviour

- e.g. School attendance
- e.g. Tenants paying rent on time
- e.g. Practising safe sex
- e.g. Coming off drugs

Circumstances

- e.g. Graduates into decent paid jobs
- e.g. Tenants in stable housing
- e.g. In receipt of full benefit entitlement



Identifying performance measures

Exercise: Using the five step method



Identifying Performance Measures The Five Step Method

How much did we do?

Number of customers served (By service user characteristics)

Number of Activities (By type of activity)



How well did we do it?

% Common measures

% Activity measures

2

Is anyone better off?

(Quantity)

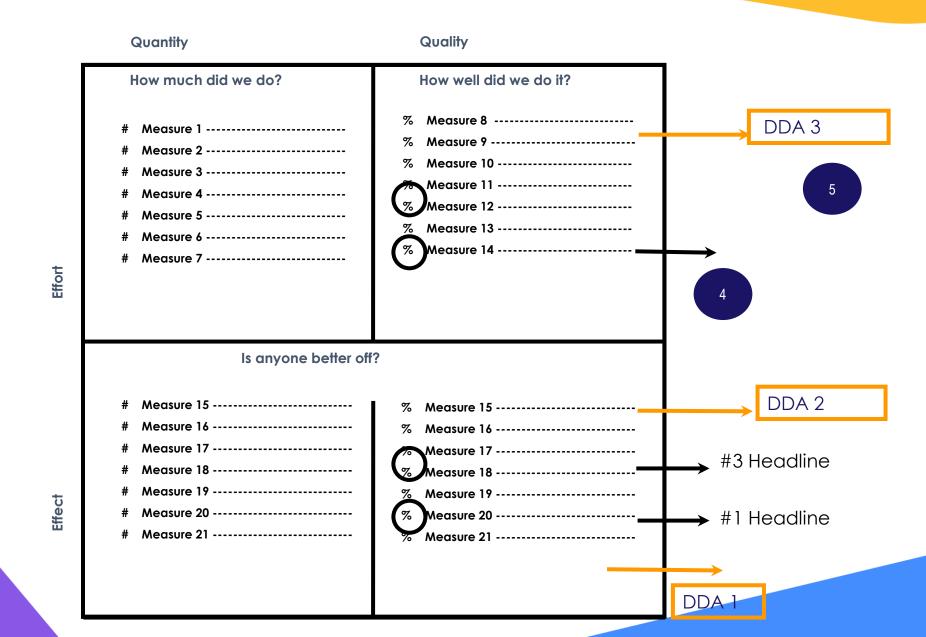
3

(Percentage)





Choosing Headline Measures and the Data Development Agenda





Summary of Performance Measures

Types of Measures found in each Quadrant

How much did we do?

No. Clients/ customers served

No. activities (by type of activity)

How well did we do it?

% Common measures

e.g. client staff ratio, workload ratio, staff turnover rate, staff morale, % staff fully trained, average waiting times

% Activity-specific measures

e.g. % timely, % clients completing activity, % correct and complete, % meeting standard

Is anyone better off?

Number/Percentage

Skills / Knowledge

Attitude / Opinion

Behaviour

Circumstance



Young people have better relationships with their support networks and communities

How much did we do?

No. of cyp involved

No. adults engaged

No of community groups engaged

No. activities & type with cyp

No. activities & type with adults

No. activities & type with community groups

How well did we do it?

% of participants satisfied with project

% likely to continue referring yp in future

% Activity-specificmeasures, e.g. % timely;% participation rates for all

<u>Is anyone better off?</u>

An increase in the number & proportion of cyp reporting better relationships with support networks and communities

An increase in the number & proportion of adults from community groups/networks who report better relationships with young people

An increase in the number & proportion of young people involved in activities with community groups/networks

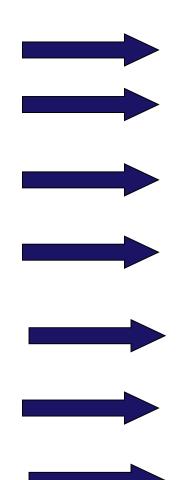


The 7 Performance Accountability Questions



- 2. How can we measure if our customers are better off? _____ LR
- 3. How can we measure if we are delivering services well? _____ UR
- 4. How are we doing on the most important of these measures?

 Baseline &
- 5. Who are the partners that have a role to play in doing better?
- 6. What works to do better, including no-cost and low-cost ideas?
- 7. What do we propose to do?





<u>Service</u> :		
Performance Measure Baseline	Performance Mea (Lay definition)	sure
Story behind the	<u>baseline</u>	
	(List as many as	needed)
<u>Partners</u>		
	(List as many as	needed)
Three Best Ideas	– What Works	
2No-co: 4 Off	,	Sharp Edges

4. ---- Off the Wall



THE WELSH EPILEPSY UNIT

Service Description: The Welsh Epilepsy Unit is a tertiary referral centre for specialist epilepsy services in South Wales. The immediate catchment population covered is 700,000 but many referrals are also taken from elsewhere in Wales. The Unit offers a multidisciplinary approach to epilepsy care and offers a very broad range of services to people with epilepsy, their families and carers.





DEFINED SERVICE USERS: Patients with a first suspected seizure or unexplained blackout

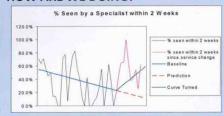
HEADLINE PERFORMANCE MEASURES

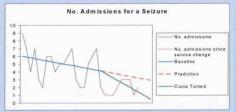
- 1. % seen by a specialist within 2 weeks (NICE guideline)
- 2. No. admissions to hospital for a seizure
- 3. Average waiting time to see a specialist
- 4. % did not attend (DNA) first seizure clinic

DATA DEVELOPMENT AGENDA

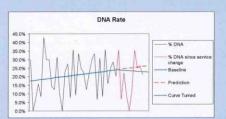
- 1. Seizure frequency
- 2. Death rate
- 3. % prescribed incorrect medication
- 4. % who report they feel satisfied or better off

HOW ARE WE DOING?









STORY BEHIND THE BASELINE

Limited clinic capacity with unpredictable demand

Small team – unable to cover absence to prevent clinic cancellation

Low frequency of clinics causing delay if appointment not suitable for the patient

Clinic booked by Epilepsy Unit admin staff – if admin staff on leave the clinic slots are not filled

Consultant triage's fax referrals - delay if unavailable

Patient anxiety and concern re implications of a diagnosis e.g. driving

Stigma attached to Epilepsy

Patients put off by unit name - diagnosis seems pre-determined

Nurses unable to refer for EEG leading to delay in diagnostics and confirmed diagnosis New nurse led emergency unit assessment service for first seizure patients has improved performance measures but out of hours service reverts to old pathway

Primary Care does not have fast track access for first seizure clinics

Primary Care are not made aware if a patient DNA's so can't follow up

PARTNERS WHO CAN HELP US

Emergency Unit, Radiology, Neurophysiology, Medical Records, A&C staff, Consultants, Specialist Nurses, Ambulance Trust, Cardiology, Psychology, Care of the Elderly, Neurosurgery, Prison, Voluntary Sector, Practice Nurses, GP's, Family members/witnesses, Drug & Alcohol Services, Occupational Health, Referral Management Centre, Obstetrics, Management, Communications Department, Patients

WHAT ARE WE GOING TO DO TO DO TO IMPROVE PERFORMANCE?

- 1. Change the name of the "Epilepsy Unit" to the "Alan Richens Unit"
- Develop nurse led first seizure clinics to cover when Consultants unavailable
- 3. Develop dedicated fast track clinic for Primary Care referrals
- 4. Enable specialist nurse referral for EEG
- 5. Develop process to inform Primary Care of DNA

SUMMARY



THE LINKAGE between POPULATION and PERFORMANCE

POPULATION ACCOUNTABILITY

Healthy Births

Rate of low birth-weight babies

POPULATION OUTCOMES

Children Achieving

Percent achieving good GCSEs

NEET rate

Percent of young people who are NEET

Contribution relationship

PERFORMANCE ACCOUNTABILITY

Job Training Programme for 16-24 year olds

# persons	Unit cost
receiving	per person
training	trained
# who get	% who get
living wage jobs	living wage jobs
	CUSTOMER OUTCOMES

Appropriate responsibility



Different Kinds of Progress

- 1. <u>Data</u>
 - a. <u>Population indicators</u> Actual turned curves: movement for the better away from the baseline.
 - b. <u>Service performance measures</u>:

customer progress and better service:

How much did we do? How well did we do it? Is anyone better off?

2. Accomplishments: Positive activities, not included above.

3. <u>Anecdotes:</u> Stories behind the statistics that show how individuals are better off.



OBA in a Nutshell

2 - 3 - 7

2 - kinds of accountability plus language discipline
Population accountability — Outcomes & Indicators
Performance accountability — Performance measures

3 - kinds of performance measures.

How much did we do?

How well did we do it?
Is anyone better off?



7 - questions from ends to means in less than an hour. Baselines and Turning the Curve

Measuring Impact Resource: NLCF

 https://www.tnlcommunityfund.org.uk/funding/managingyour-grant/over-10k



Evaluation

Please complete the evaluation now by copying and pasting this link into your browser (link in chat)

https://iasp.tfaforms.net/15

Put OBA for LINKS in the first box: Title of Activity

Many thanks for your participation at today's workshop





For more information...

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Thank you



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