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INFORMATION, ADVICE AND BROKERAGE

PART 3

SEEING THE BENEFITS

Understanding and monitoring
the benefits of information, advice
and brokerage services



Summary of key messages

SUMMARY OF KEY MESSAGES

- Local health and social care economies should specify the benefits they hope to achieve from improved information and advice, and link these to identified local priorities.
 - Providers should be encouraged to develop their services (and associated monitoring systems) so they are demonstrating their contribution.
 - Monitoring systems based solely on outputs (even where combined with good quality monitoring) do not help to assess the impact of information and advice services.
 - It seems essential to develop more rigorous frameworks, and an approach which places more emphasis on outcomes. However, these need to be proportionate, and tailored to specific situations.
- In developing new frameworks, commissioners need to take account of the capacity of provider organisations to collect and collate data - and also of the potential impact for customers. (Where data cannot be collected routinely, bespoke or time-limited evaluations may sometimes be indicated).
 - Providers should be encouraged to work collaboratively, and pool their expertise and resources where necessary, to improve the local evidence base.

INTRODUCTION

Part 1

Local commissioning partners aim to derive a range of specific benefits from information, advice and brokerage. As discussed in our report, *Shaping the future*, these are – or should be – intrinsically linked to the desired benefits of their wider prevention strategies, and to other identified local priorities and areas of risk.

Many of these benefits *could* contribute to budget reductions – albeit indirectly, and perhaps over a medium to long-term time frame. However, all of the benefits (including the financial benefits) are notoriously hard to identify and measure.

This short paper discusses the issues faced by commissioners and providers, and offers some pragmatic suggestions about how monitoring could be improved. It includes (in section 4) a checklist of questions that could be asked of information and advice providers.

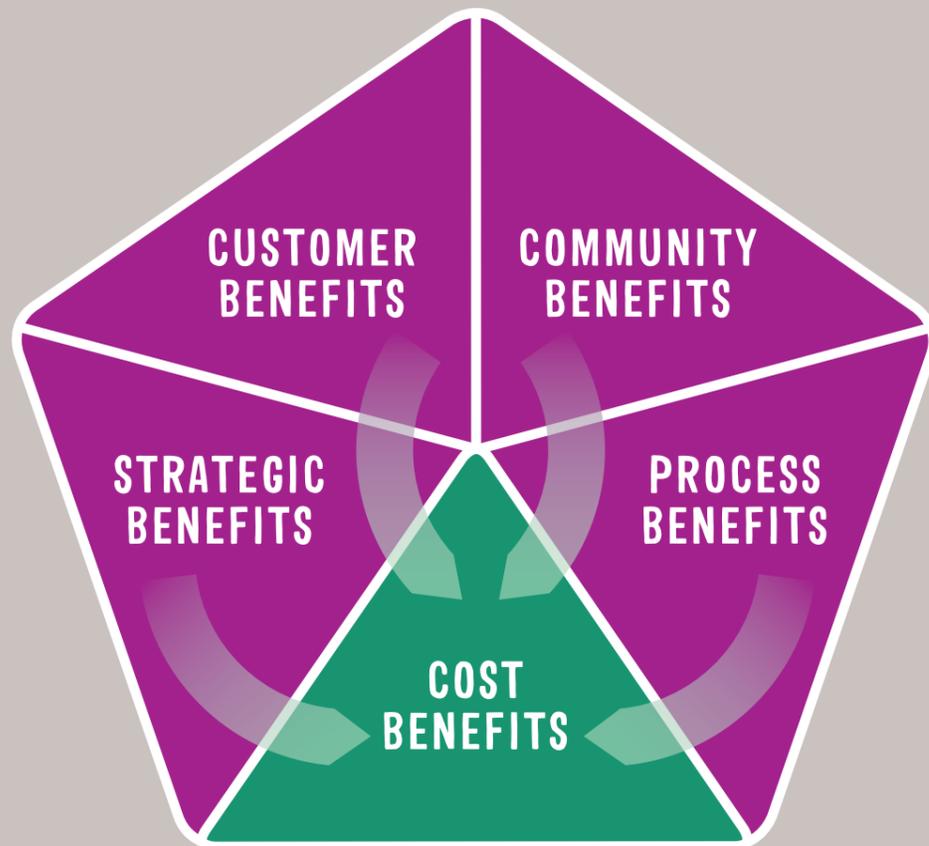
SPECIFYING THE BENEFITS

Part 2

Appendix A lists the kinds of benefits that councils are hoping to achieve from improved information, advice and brokerage, and categorises them under five headings.

In practice, it may be impossible to isolate the impact of information and advice (including

relevant stand-alone services) from other preventative interventions. However, the development of clearer strategic benefits frameworks might make it easier for local health and social care economies to clarify their expectations of funded information and advice agencies. For example:



- some organisations may be achieving high quality standards but not necessarily reaching the people who most need this kind of service. *(They are achieving customer benefits but not necessarily realising the required strategic benefits);*
- some organisations may have good customer feedback but find they are either duplicating the work of others, and/or missing opportunities to signpost elsewhere. *(They are achieving customer benefits but need to work more collaboratively to contribute to process improvements);*
- some may be good at responding to individual queries but miss opportunities to reduce the strains for carers and families. *(They are achieving customer benefits but missing opportunities to deliver wider community benefits);*
- a few support planning and brokerage providers may be good at empowering people but have slow and expensive internal systems. *(They are achieving customer benefits but not contributing to process or cost benefits).*

As suggested in our report, *Shaping the future*, local information, advice and brokerage providers are likely to find it necessary to combine their skills and infrastructure, and to build new partnerships that add value (or reduce costs) to the system. Commissioners should aim to play a facilitative role – co-designing new approaches and ensuring that all partners and stakeholders own and understand the vision and desired benefits.

Service specifications should emphasise the achievement of specific benefits and encourage providers to demonstrate (rather than just assert) their added value to the local health and care economy.

“Organisations must seriously question the value they add”

[Service provider]

MEASURING THE BENEFITS: SOME DILEMMAS

Part 3

It is notoriously difficult to measure the impact of information and advice, or of preventative services generally.¹ In particular, commissioners aspire to achieve a “return on their investment”, but wonder if this can ever be demonstrated.

“We believe we’re investing to save – but how can we prove it? That’s the holy grail! Perhaps that will never be possible... we’ll never really be able to quantify what we’re saving...”

[Council officer]

In spite of these serious methodological challenges, there is a practical imperative to assess the effectiveness, including the cost-effectiveness, of existing information and advice provision. This work may be hampered at local level by a dearth of performance information; conundrums about what to measure, and a lack of organisational capacity and/or commitment, have historically been a particular problem in this part of the sector.

Many information and advice providers are now under pressure to implement more rigorous monitoring systems – and in the current economic climate, an increased focus on performance measurement is surely justified.

However, our study highlighted some ongoing debates and controversy about this issue. Some of the “hot topics” are discussed below.

(a) The proportionality of monitoring systems

The risk of requiring providers to collect too little data is offset by the opposite risk – of requiring too much. Our study included some examples of reporting arrangements that were becoming too onerous, or had significant systems implications, and/or involved expense for providers that was out of proportion to the total value of the contract. In some cases, this can re-bounce for customers – for example, in the required collection of excessive detail in support plans, and/or customer feedback mechanisms that are out of proportion to the service offered.

“We give customers one piece of information, then ask for ten pieces of information in return!”

[Service provider]

(b) Quality standards

Customer feedback always emphasises the importance of quality. This relates to a range of aspects - from the friendliness of receptionists, telephonists and all other customer-facing staff, to the timeliness of their response, to the reliability and accessibility of the information they offer. This feedback has led some councils to ask whether common standards should be introduced. Some good national models and frameworks – such as the Department of Health Information Standard and Customer Services Excellence standard (see below) – do exist and are surely appropriate for certain kinds of service. A caveat is that most of the small and informal organisations featured in this study could not achieve such standards without significant extra investment.

USEFUL RESOURCE: Customer Services Excellence

<http://www.customerserviceexcellence.uk.com/aboutTheStandardCSE.html>

“Customer Services Excellence” is an accreditation scheme promoted by the Cabinet Office, to promote continuous improvement within customer-facing organisations. The standards and criteria are based on research evidence, and cover the following areas:

- Customer insight
- The culture of the organisation
- Information and access
- Delivery
- Timeliness and quality of service

The website encourages organisations to use the standards for learning and self-assessment; there is also the option of applying for formal assessment by licensed accreditation bodies. The scheme is open to any organisation, and a wide range of services has achieved accreditation.

USEFUL RESOURCE: Information Standard

<http://www.theinformationstandard.org/about>

The Information Standard is a certification programme for all organisations producing evidence-based health and care information for the public. Any organisation achieving The Information Standard has undergone a rigorous assessment to check that the information they produce is clear, accurate, balanced, evidence-based and up-to-date. The Information Standard is an independent certification programme that is commissioned by NHS England and run by Capita on their behalf.

(c) Outputs and outcomes

Most monitoring of this type of organisation is still based primarily on outputs eg activity levels and/or quite rudimentary quality monitoring. During this study, providers pointed out that too strong an emphasis on outputs, and especially activity levels, by commissioners could lead to superficial or misleading conclusions, and poor decision-making².

For the commissioners and providers involved in this study, the development of viable alternative monitoring systems was proving fairly elusive, although there were some good emerging attempts to monitor individual outcomes, which vary in interesting ways (see the case study box below). In this complex

area, proportionality is an especially important principle, since the advantages of outcome-based tools can be offset by a potential irritation factor if too many detailed and intrusive questions are asked – especially in the context of preventative services that may have a relatively brief involvement with their customers. Also, the system is still challenged to find a practical way of aggregating the findings from outcome-based tools, or of using tools to compare the effectiveness of one approach with another.

INTERESTING PRACTICE: Outcome-based monitoring of preventative interventions

Since December 2013, *Lancashire's Connect4Life* service has resolved to ask 5 simple questions of people exiting from the service.

1. Through Connect 4 Life, how involved / connected with your local community do you now feel, eg through joining a new group?
2. Following your involvement with Connect 4 Life, how happy and satisfied with your life overall do you now feel, compared to previously?
3. Following your involvement with Connect 4 Life, how would you rate your physical health and well-being, compared to previously?
4. Through Connect 4 Life, do you feel that you now make a greater active contribution to your community, compared to previously?
5. Through Connect 4 Life, do you feel that there has been a benefit to your family?

INTERESTING PRACTICE: Outcome-based monitoring of preventative interventions

Cornwall's independence action planning approach – which is being introduced for slightly different purposes - explores outcomes under four main domains, each of which is associated with specific questions. At present people are asked to score themselves against a set of 10 questions soon after their introduction to the service, and again when they exit the service.

- **Domain 1:** Enhancing quality of life for people with care and support needs:
- **Domain 2:** Delaying and reducing the need for care and support
- **Domain 3:** Ensuring that people have a positive experience of care and support
- **Domain 4:** Ensuring adults whose circumstances make them vulnerable are safeguarded and protected from avoidable harm.

USEFUL RESOURCE: Measuring outcomes of information and advice

<http://www.pssru.ac.uk/ascot/>

The Personal Social Services Research Unit (PSSRU) has researched the outcomes that might be expected from information and advice services. Its study – “*Measuring the outcomes of information and advice – final report*” (2010) – includes a useful discussion of how outcomes can be categorised and assessed. It points out, for example, that information and advice may produce short-term, intermediate term or longer term outcomes. The report also includes the tools such as questionnaires that were developed as part of this research project.

The PSSRU has also produced the Adult Social Care Outcomes Toolkit (ASCOT) measure, designed to capture information about an individual's social care-related quality of life (SCRQoL). The measure is designed to be applicable across a wide range of user groups and care and support settings.

(d) Assessing the cost benefits

Some of the organisations in this study could produce a rough “unit cost” for their service, usually measured by dividing the budget by the number of advice “episodes” or plans completed. However, attempts by commissioners to use or compare these were always met with the objection that unit costs might depend on many variables including the duration and depth of involvement with each person, and needed to be considered in combination with other evidence such as the added value of volunteers, levered funding opportunities and so on.

It can be equally challenging to measure whether reductions in the costs of individuals’ services are being achieved. For brokerage, it is sometimes but not always possible to compare the support cost before and after the intervention. Such systems appear entirely appropriate and useful in certain cases. However, they are impossible to replicate for “universal” services whose aim is to prevent needs from arising rather than – say – substitute one form of response for another. And for all services, systems should take account of the fact that people’s support costs change over time; so the impact of preventative measures, or indeed of support planning that focuses on optimising people’s independence, can only really be assessed over the medium to long term.

To address this, Cornwall and its partners are currently attempting to compare the annual costs of the health and care services received by people in the Newquay Pathfinder project with a wider control group, and to look at whether the early good outcomes are sustained. They hope to develop this methodology further, whilst recognising that the intensive data collection carried out for this exercise makes the method unsuitable except for very specific evaluations. As described below, they know that systems improvements, including the development of shared personal records, will be an important building block for improved evaluation.

“Benefits for whom? It’s no good if adult social care only cares about its own budget and wants the savings back by tomorrow”.

(Service provider)

Overall, it remains exceptionally difficult to measure any “cash-releasing” or “cost-avoidance” savings achieved by these types of preventative services - and the advantages of sophisticated monitoring systems are always offset by their costs and added burdens. It is also imperative to recognise that the benefits may accrue to more than one part of a council or to more than one agency, including the NHS, regardless of which agency has made the investment.

(e) Methods for evaluation

For these kinds of services, the academic literature tends to advocate the use of holistic evaluation methodologies such as the “Social Return on Investment” (SROI) approach which take account of wider community and environmental outcomes.³ Methods like “participatory appraisal” and “appreciative inquiry” have also been recommended, especially for innovative services that emphasise co-production, or are quite experimental in their approaches⁴. However, this study found no instances of these approaches being used to inform council re-commissioning exercises.

A PRAGMATIC WAY FORWARD

Part 4

The list below illustrates the questions commissioners are likely to need to ask when monitoring or reviewing their information, advice and brokerage services, and the data that are often required.

The list is not intended to be prescriptive. It will be necessary to make choices about

what is most important locally and for each organisation, and to develop proportionate approaches to data collection. In cases where data are exceptionally hard to capture (eg health and care outcomes, including reduced use of care services) councils may decide that separate time-limited research and evaluation exercises are justified.

What questions would commissioners like to answer, to assist with planning and development?

What data could usefully be collected by service providers?

How well are web-sites being used, and what is the feedback from customers?

- Number of "hits"
- Percentage of these which are new users
- Accessibility/navigability of the web-site
- Customer feedback (routinely collected, and/or as part of time-limited research exercises such as mystery shopping)

Which local services do most people turn to, for information and advice?

- Number of new contacts, and analysis of these
- Number of specific enquiries, and analysis of these.

Do local services tend to cater for particular groups (eg younger people/older people/carer/specific ethnic minorities)

- Client characteristics, eg:
 - Age range
 - Disability/health issue (physical disability, learning disability, mental health etc)
 - Ethnicity
 - Self/carer

Are there particular geographical areas that are poorly served?

- Locations of information/advice sessions
- Postcodes of customers

How does local "signposting" work – what do we understand about the routes people typically follow?

- Source of referral – ie self/other agency (specify)
- Onward referral to other agency (specify)
- Impact for other agencies (specify, where understood – eg reported increase/decrease in certain types of work for key partners)

What main sources of information are used by information providers: is there duplication of effort?

- Use of bespoke or shared databases
- Production of standard leaflets and written information – and how they are generated/shared
- Methods for collecting, quality assuring and updating the information
- Use of agreed and/or accredited sources
- Use of own sources (ie extent of local knowledge)

What topics can local services address well, and what topics are beyond their scope? What do we know about demand and unmet need?

- Categorisation of queries (eg benefits/health/housing/employment/education/community support/residential care, etc)
- Types of query resolved/not resolved

Can these services demonstrate high standards – eg in relation to the quality and timeliness of their response, staff training, external accreditation etc.

- Quality standards and measures
- External evaluation (if applicable)
- External accreditation (if applicable)

Are customers satisfied with these services (and in what ways do they feel they have been helped)?

- Routine follow-up calls
- Routine satisfaction surveys
- In-depth surveys

Do local services explicitly aim to help people improve their own problem-solving skills, and to manage their own health, care and support?

- Case examples, to illustrate how the organisation is helping people to stay independent, and find low-cost solutions to their issues.

What other evidence is available (if any) that these services are achieving good outcomes?

- Evidence collected routinely or as part of time-limited exercises – eg
- Customer reported outcomes before/after advice
- Use of quality of life scores (eg ASCOT)

What “added value” can these services provide?

- Additional achievements – eg good partnership working, extensive local contacts and networks, leveraging new sources of income, empowering people, marketing, development of volunteering including peer support

Are these services using efficient processes and systems (including IT solutions wherever feasible)?

- Efficient record-keeping
- Efficient internal transfers (ie between staff)
- Efficient monitoring processes
- Skill mix (including use of volunteers etc)

What is each organisation’s budget and how is it funded?

- Budget
- Income (including sources)
- Charging (if applicable)
- Unit costs (if known)

Additional questions (for Support Planning and Brokerage services):

Are these services maximizing people’s independence and supporting them to achieve good outcomes?

- Routine use of outcome-based support plans, ideally including systems to collate data

Are these services adopting an “asset-based” approach, and encouraging innovative and alternative solutions?

- Support plans that identify and optimise the resources available from informal sources

Are these services identifying market gaps/unmet need?

- Recording of unmet need

Are these services demonstrably helping people to find cost-effective solutions?

- Cost of plan before/after support planning intervention
- Cost of plan compared with cost of plans for others with equivalent needs

Are support plans completed/services arranged within reasonable and agreed timescales?

- Timescales for completion of support plans/arrangement of services

**INTERESTING PRACTICE:
Newquay Pathfinder: evaluation methodology**

Cornwall is applying a detailed methodology for assessing the benefits of its Newquay Pathfinder service, and its early monitoring (based on small samples) suggests encouraging results. The data collection includes:

- People’s reported **health and wellbeing** (using the Warwick/Edinburgh tool); this shows an exceptional (26%) level of improvement;
- A **staff survey**; this shows that 95% of the staff feel they have improved their practice and motivation (albeit within a small team);
- **Levels of activity** across primary care, community care, acute care, social care and the voluntary sector including:
 - Hospital admissions;
 - GP attendances;
 - Other community health activity;
 - Social care packages;
 - Voluntary sector activity

Early analysis suggests that on average, individuals needed less intervention, including fewer GP attendances and hospital admissions, during the first year of the project, compared with the previous two years. The council is currently comparing activity for this group with county averages for people with the same characteristics, and is also aiming to quantify the cost reductions using standard unit costs; early results suggest – for example – a 30% reduction in spend on non-elective hospital admissions for the pathfinder group in the first year.

The learning from this pilot is being used to inform an ambitious multi-agency plan (in the context of Cornwall being a national integration pioneer site) to develop:

- **Shared predictive modelling tools**
- **A single outcomes framework**
- **A shared hub for intelligence**
- **An integrated performance monitoring framework**

APPENDIX A

1. CUSTOMER (INDIVIDUAL) BENEFITS

- Improving customer satisfaction
- Making information and advice more convenient and accessible
- Improving service quality (eg accessibility, accuracy and usefulness of information, timely and friendly responses)
- Being more holistic (eg responding well to people with multiple types of query)
- Targetting situations/circumstances where most needed
- Improving individual outcomes – e.g:
 - Reducing anxiety
 - Enabling and empowering (eg helping people to navigate systems and improve their problem-solving skills).
- Maximising people's income
- Improving individual health and well-being
- Increasing social inclusion.

2. COMMUNITY BENEFITS

- Realising people's individual assets (eg helping them to make a contribution as volunteers)
- Realising family assets (eg strengthening family links and supporting informal carers so they are better able to cope with multiple pressures)
- Connecting people to each other (eg using social media and other channels for peer support)
- Developing community assets (eg by building local organisational capacity, mapping and developing sources of information, advice and support in communities)
- Having a more informed and engaged population.

3. PROCESS BENEFITS

- Increasing web-based access to information, advice and support
- Supporting more people to "self-serve"
- Reducing unnecessary referrals to councils and the NHS (eg by making information and advice accessible through alternative channels and locations)
- Optimising collaboration between information providers (ie to eliminate duplication, ensure effective signposting and make better overall use of expertise)
- Developing shared databases, to eliminate duplication and reduce maintenance costs
- Resolving more queries at the first point of contact, and reducing the overall number of repeat referrals to all agencies
- Reducing hand-offs between teams and services
- Maximising the use of IT to streamline processes (eg through the use of shared records, improved referral systems etc)
- Reducing bureaucracy (eg by ensuring that assessment and support planning processes and documentation are flexible and proportionate)
- Optimising the use of capital assets (including buildings) and infrastructure
- Making best use of the skills of the workforce including volunteers (eg by effectively "triaging" so people are referred to the person with the right expertise to meet their needs)
- Developing new skills, including the skills of volunteers and people who are "experts by experience".

4. STRATEGIC BENEFITS

- Increasing people's health, wellbeing and independence
- Reducing health inequalities
- Promoting informed choice
- Preventing or delaying the need for formal interventions (eg by intervening earlier with "at risk" groups)
- Avoiding inappropriate admissions to residential and nursing home care
- Identifying and offering cost-effective alternatives to other expensive service interventions
- Reaching self-funders, and reducing the number of people who need state support because their funds have dried up
- Using "feedback loops" so that gaps are identified and services continuously improved.

5. COST BENEFITS

Many of the above benefits may also contribute to savings to the health and care system. For example by:

- Reducing unnecessary referrals into the formal health and care system
- Reducing the number of people who need state-funded support and/or reducing the amount of state-funded support they need
- Reducing the number of self-funding people who need state support because their funds have dried up
- Reducing staffing budgets (eg by improving skill mix and maximising the use of volunteer advisors)
- Achieving process efficiencies.

ENDNOTES

- ¹ This challenge is discussed, for example, in *"Measuring the outcomes of information and advice – final report"* pub. PSSRU 2010.
- ² See *"Advice Services – what next?"*, pub. New Economics Foundation, 2011.
- ³ The use of an SROI approach to evaluate advice services is illustrated in two publications by the NEF and Advice UK: *"Outcomes from Advice"* (2010) and *"Advice Services: What Next? Reflections from the BOLD project"* (2011): www.neweconomics.org/publications/entry/advice-services-what-next

- ⁴ See: *"A Glass Half-Full - How an Asset Approach Can Improve Community Health and Well-being"* pub. IDEA 2010. www.bankofideas.com.au/Downloads/GlassHalfFull.pdf



Think Local Act Personal (TLAP) is a national strategic partnership of more than 40 organisations committed to supporting the continued implementation of personalisation and community based health, care and support.

This report belongs to a set of three designed to support local areas to improve their provision of information, advice and brokerage for people who need social care.

Seeing the benefits is part of a suite of resources commissioned by the Department of Health in partnership with the Local Government Association and Association of Directors of Adult Social Services to support local government in implementing the Care Act 2014.

To find out more, visit www.local.gov.uk/care-support-reform.

Seeing the benefits -Part 3 discusses what **benefits** might be delivered by information, advice and brokerage services, and how these might be measured.

The report is supported by five more detailed case studies available on the TLAP website at www.thinklocalactpersonal.org.uk

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