

Making a
difference
toolkit

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About this toolkit

Each local Healthwatch service has been set up to find out the public's views on health and care.

Our work is driven by the belief that understanding local people's experiences of health and care is key to providing effective support. A belief that is backed up by a considerable body of evidence.¹

How we achieve this goal may vary from area to area but, whatever our approach, every Healthwatch is committed to making a difference.

Why showing impact matters

Demonstrating that we are making a difference is key because:

- It shows local people that sharing their experiences with us is worthwhile.
- It increases the trust of local partners and makes it more likely they will act on what we recommend and what the public has told us
- It demonstrates to taxpayers and our funders that we provide value for money and our work is worthy of investment.

How this toolkit aims to help

Demonstrating the difference you make can be difficult. There is currently no set of standard outcomes that you can use to show the result of your statutory activities and some of the work of Healthwatch can take time to translate into impact. This means that the full value of your work can go unrecognised.

Theory of change

There are many tools for understanding how organisations make a difference. One that is widely used by the voluntary sector is called 'Theory of Change'.

A Theory of Change describes how an organisation makes a difference. It usually includes the inputs, activities and outcomes that are required to achieve an organisation's overall goals.

It is normally presented as a diagram and is supported by a narrative that explains how the organisation achieves change.

This toolkit aims to help you develop your own Theory of Change, as well as helping you:

- Understand how you make a difference by being clear about the outcomes or changes you have achieved and how this is helping to deliver your mission
- Measure and communicate the effectiveness of your work.
- Identify what is working, and what is not, so you can adjust your approach and target your resources
- Demonstrate the credibility of your work, increase public trust and encourage partners to act on your insight and recommendations
- Evidence the outcomes you achieve to those who fund you

¹ [Public Engagement in Health: A Literature Review \(2018\) SERIO](#)

The use of this resource will also help Healthwatch England understand and report on the collective impact of the Healthwatch network and continue to make the case for investment.

Who is this toolkit for?

Healthwatch staff or volunteers who:

- Want to improve their knowledge and understanding of Theory of Change
- Are involved in helping their Healthwatch establish an approach to evidencing and communicating your impact

Ideas on how this toolkit can help



What this toolkit contains

This toolkit includes:

- A step by step guide to understanding and measuring the differences you make
- A range of resources to help you put this learning into practice

What will you learn?

This toolkit aims to deliver the following learning:

- Why demonstrating impact is important
- An introduction to outcomes and the Theory of Change
- Setting priorities and how they link to outcomes
- Steps you need to take to develop your a Theory of Change
- How you might use a Theory of Change to communicate effectively
- How to involve your board, volunteers and other colleagues

Resources

This toolkit is also designed to support the Quality Framework.

The Quality Framework aims to help local Healthwatch assess and improve the effectiveness of their work. The Framework does this by looking at six domains of activity and indicators which show whether a Healthwatch is operating effectively.

This toolkit can help you assess yourself against two of these domains and their indicators:

- Leadership and Decision-Making;
- Influence and Impact.

This toolkit references where it supports individual indicators. A copy of the Quality Framework on a Page can be found in the resources section (p.19). The full Quality Framework is available on request.

Getting started

Understanding the challenges

Before you start, it is useful to think in more detail about the challenges you face when it comes to demonstrating the difference you make. Thinking about these challenges can help you think about ways you can then address them.

We are about changing the hearts and minds of others - using the insight we gather from the public to make a case for improvement. However, demonstrating this is not always straight forward:

- Whether our evidence or recommendations are acted upon by services is not directly in our control. We need a commissioner or a provider of a service to act and make changes.
- We need to find out how the changes that result from our work have affected people's lives to understand their overall impact.
- We're one of many players who may be involved in seeking change, so understanding our impact can be difficult.
- We're a small fish in a big sea. We have limited resources, but our remit covers all health and social care and those we work with are often large, complex organisations.
- We must balance our independence and holding power to account with acting as a critical friend and working constructively with health and care decision-makers.
- The part we play in the policy process may not be credited. Not everyone is comfortable with claims that their decisions have been influenced by others.
- We're not always clear what change we're seeking to achieve until we have begun the process of investigating an issue. Only then can we begin to identify what changes we are seeking to achieve.

With all this and more in mind, the process of determining where we focus our energies and resources is crucial. We must have the difference we want to make in mind at the very start of the prioritisation process, checking that what we work on is linked to our overall purpose or mission.

Resources

To help you, this toolkit includes a priority-setting tool and how this links to outcomes as part of this toolkit (pg.20).

Understanding the process

The process this toolkit uses to help you define the difference you want to make is based on the Theory of Change.

The process you will follow will help you explore and then explain how your chosen approach works and help to organise your thinking, so you can understand how your various work priorities link through to the changes you are seeking to achieve.

The process will help you think about what you are seeking to achieve (**your goal**) and the **activities** and the changes (**outcomes**) you need to make happen towards potentially achieving longer-term **impact**.

Our model has eight steps to help you understand how to build a Theory of Change.

1. **Identify goal:** What do we want to achieve in the long term?
2. **Set priorities:** Where do we want to focus and why?
3. **Define outcomes:** What changes are we seeking to achieve?
4. **Set indicators:** How will we know if a change has happened?
5. **Identify activities:** What will we do and with whom to make change happen?
6. **Identify inputs:** What do we need to carry out our work?
7. **Identify assumptions:** What assumptions lie behind the approach we are taking?
8. **Communicate:** Who needs to know how we make a difference?

At the end of the process, the aim is to be able to build a picture which articulates how you make a difference.

Making a difference at a glance



Resources

This process supports the Quality Framework 'Influence and Impact' domain, especially helping you answer the question 'How do you know whether you've had an impact?'

Applying the process

This approach can be used to understand change resulting from a project or it can be applied to the whole work of your Healthwatch.

If you are seeking to understand your organisational wide impact, you may want to consider developing your Theory of Change before developing a new strategy or business plan.

The theory you develop is unlikely to be right the first time because the reality we work in is complex.

We cannot always know what we are seeking to achieve when we embark on a piece of work. A project may need to be scoped before committing to fully undertaking it. Initial research can also highlight that some projects do not merit being taken forward. This complexity important for funders to understand and appreciate.

Therefore, it important to build in opportunities for you to reflect on, review and learn from what you do and to share your findings with your funders and other stakeholders.

Most organisations who develop, use and then reflect on their Theory of Change tend to make adaptations as their knowledge and insight grow, and as assumptions that underpin their work are tested.

Eight steps to developing your theory of change

Step One - Identify your goal

The first step is to identify what you are seeking to achieve in the long term - whether for the whole of your organisation or a project.

Your goal (what you want to achieve) is ultimately linked to the impact of your work (what you ultimately achieve).

In the context of your organisation, your goal is normally described through a:

- **Vision statement** - where do you want to be in the future
- **Mission statement** - the role your organisation will play in achieving your vision

A Healthwatch example:

- **Our vision:** Health and care that works for you
- **Our mission:** To find out what matters to you and help make sure your views shape the support you need.

Resources

This step supports the Quality Framework 'Leadership and Decision-Making' domain, especially helping you answer the question 'What is your approach to strategy and business planning?'

Step two - Set your priorities

Priorities are the areas of work that you decide are the most important for your organisation to work on to achieve your goal.

The potential for achieving change is one of the factors you should consider when deciding your priorities. If your priorities relate to a project, make sure they are also aligned to the overall goals of your Healthwatch.

Priorities are important because:

- they tell you where you will focus and the rationale behind this; and
- when used together with your organisation strategy and business plan, your priorities should help you decide whether to take on or turn down a request for a piece of work.

A Healthwatch example:

- Primary care (e.g. access to GPs)
- Children and young people (e.g. transition through Children and Adolescent Mental Health Services - CAMHS)
- Mental health (e.g. support for carers)
- Services working better together
- Adult social care (e.g. residential care homes or care at home)

Resources

You can't have an impact on everything - use the priority-setting tool in the resources section so you can clearly show others how and why you have selected your priorities (pg.20).

This step also supports the Quality Framework 'Leadership and Decision-Making' domain, especially helping you answer the question 'What is your approach to the decision-making process?'

Step three - Define your outcomes

Once you have established your priorities, you are now ready to consider what outcomes you expect to achieve for each priority.

Outcomes are the changes that will result from your work. Outcomes show the distance travelled.

It's useful to start where you hope to end up (your long-term goal) and work backwards to identify the outcomes that happen along the way and are needed for long-term change to happen.

Types of outcomes

Outcomes can be about

- Changes to practice
- Changes to health and social care services (e.g. Redesign of a patient transport service)
- Reassurance that services are doing the right things
- Improved prevention where future mistakes are avoided
- Learning where commissioners and provider organisations develop new insights into the way people experience services
- Changes to behaviour (e.g. patient insight results in dementia awareness training for care staff which improves practice)
- Changes to individuals (e.g. choice of and access to services and knowledge of rights through advice and information)
- Identifying and defining new problems
- Consensus building and securing support amongst stakeholders/commissioners to prioritise and work on an issue
- Getting issues on the agenda that weren't there before
- Policy setting

Outcomes at different levels

It can be useful to set the outcomes you want to achieve at different levels.

A Healthwatch example:

Whole system: Through work on hospital discharge, we look at how the patient is treated in the hospital together with home care after they leave the hospital - this involves complexity and different organisations working together.

Service: By looking at community occupational therapy - we examine people's experiences and recommend how the service can be improved.

Community: We investigate the experiences of a particular section of the community - LGBT, geographical, employment status are all examples

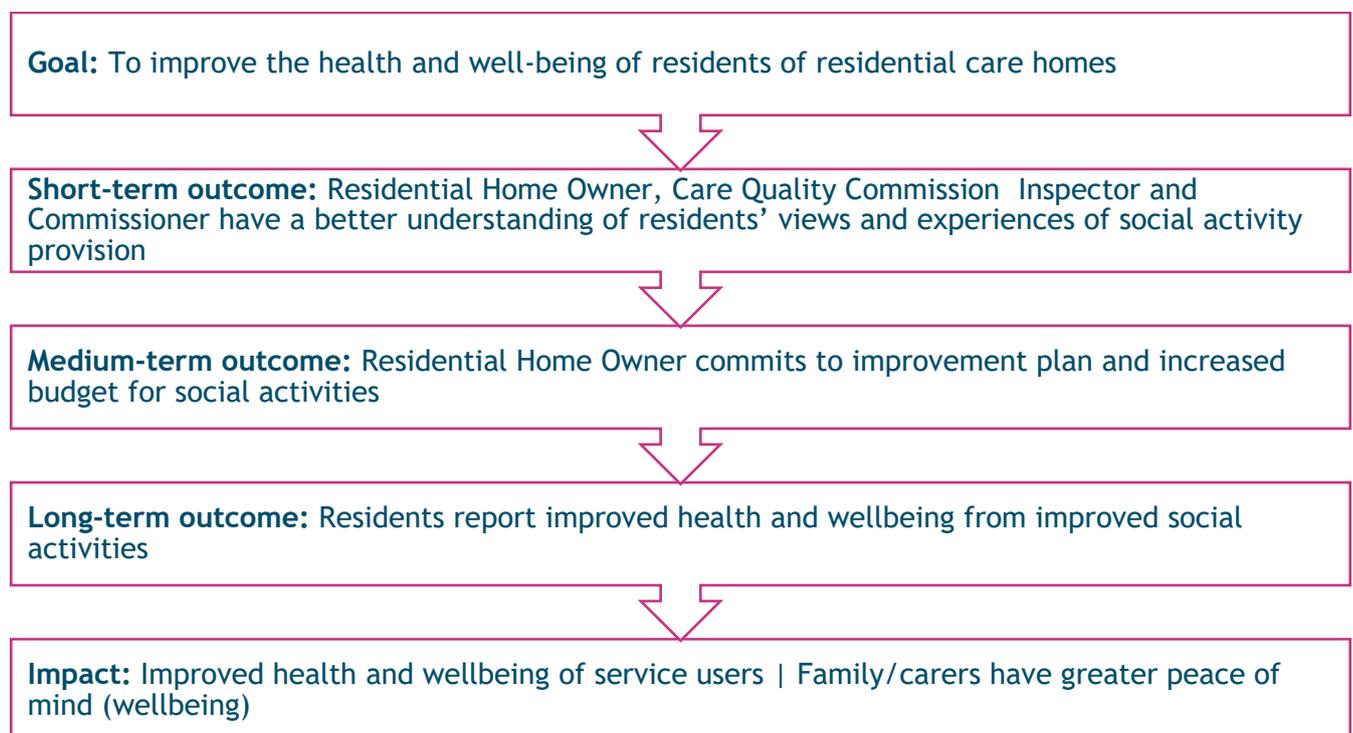
Group: An Enter and View investigation of a care home highlights residents, family and carers experiences

Individual: Provision of advice and information helps someone access and make choices about the care they need

Thinking about timeframes

Outcomes can be linked with short, medium and long-term outcomes. This can be useful in understanding the steps you may need to take to reach your overall objective and achieve long term impact.

Let's take an example. We've decided investigate the social activities provided within a residential care home as part of an Enter and View visit. Let's assume that we'll find things that need to improve. Several short and medium-term changes are likely to have to happen before care home residents benefit from improved social activities. Here are the outcomes from that work.



Policy and influencing outcomes

It is worth considering the policy process and our role in influencing policy and practice. There are many steps in the policy process before you reach the goal of services improving the lives of people. And, at every stage, there are outcomes you can consider.

Problem identification and definition

We are often in the position where we have been alerted to an issue or a gap in understanding through our public engagement and advice and information work. We first need to investigate to understand if there is a problem to be addressed. Using our analytical skills, we define the problem, work out who are the key players to influence and how to get the issue on their agenda.

Outcome:

- We understand there is a problem that needs addressing by us or others

Analysis and solution

Having gathered people's views and experiences, we deploy our analytical skills, policy know-how and understanding of policy and the health and care system to frame the issue within the local context and identify potential solutions. This is often set out in a report with recommendations.

Outcome:

- Potential policy and practice solutions are identified.
- Decision-makers and structures are identified to inform influencing.

Agenda setting

We use our position in the community, statutory footing and stakeholder relationships to get an issue on the agenda where it can be discussed and addressed.

Outcome

- Commissioners have a better understanding of the needs of the local population.
- Organisations agree to prioritise an issue and investigate it.

Stakeholder engagement and consensus building

We map stakeholders and consider which, such as those from the voluntary and community sector organisations, need to be around the table. Our ability to build relationships and our position within the community are important.

Outcome:

- We broker relationships and support consensus around problem definition and solutions, including the potential that the solution could be delivered in partnership.

Policy formation

This is the stage in which policies are created or changed. This may involve engagement with senior leaders, service managers, politicians and voluntary and community representatives. We can often broker the necessary relationships because of our independent role. Political and tactical skills are needed.

Outcome:

- Health and care organisation policy/practice informed by our insight and recommendations.

Policy adoption

This is the stage when the policy is enacted or brought into force. New or changed policies are often adopted by means of a decision made by a local authority cabinet, Clinical Commissioning Group or NHS Trust.

Outcome:

- We hold health and care organisation to account for enacting policy

Policy implementation

This is the stage when the policy is put into practice. In analysing this stage in the policy-making process, one needs to examine how, when and where particular policies have been implemented. In this stage, the content of the policy, and its impact on those affected may be modified substantially, or even negated.

Outcome:

- We support the involvement of people in the design of services they use and in implementation of policies that affect them.

The final stage in the policy-making process includes monitoring, analysis, criticism and assessment of existing or proposed policies. This covers the appraisal of their content, implementation and effects. We may be involved in going back to the people originally investigated to find out if the changes have led to the desired outcomes.

Outcome:

- We carry out or inform evaluation of people's experiences of policy/service change and its impact on health and well-being.

Resources

We have provided more examples of typical Healthwatch outcomes that you can refer to in the resources section (pg.24).

About Information, advice and signposting

Up until now, we have largely focused on influencing others to act on our evidence. Our role of providing information, advice and signposting is different in that it seeks to achieve outcomes for an individual.

Measuring outcomes about providing advice, information and signposting can be difficult to track, as you need to follow up with the individual to find out whether they acted on the advice given and whether it led to improved access or experience of a service.

When it comes to advice and information work, you could measure whether people understand their choices and rights about health and care; you could also measure how satisfied they feel with the service you have provided.

Outputs versus outcomes

It's a common mistake to confuse outputs with outcomes and vice versa. An output, like producing a report, by itself does not result in change. It could sit on a shelf. It is only once it is read and understood by the reader that change takes place, the first of which could be a learning outcome for the commissioning organisation or provider.

Resources

There is an exercise in the resources section to help you think through outcomes versus outputs (pg.27).

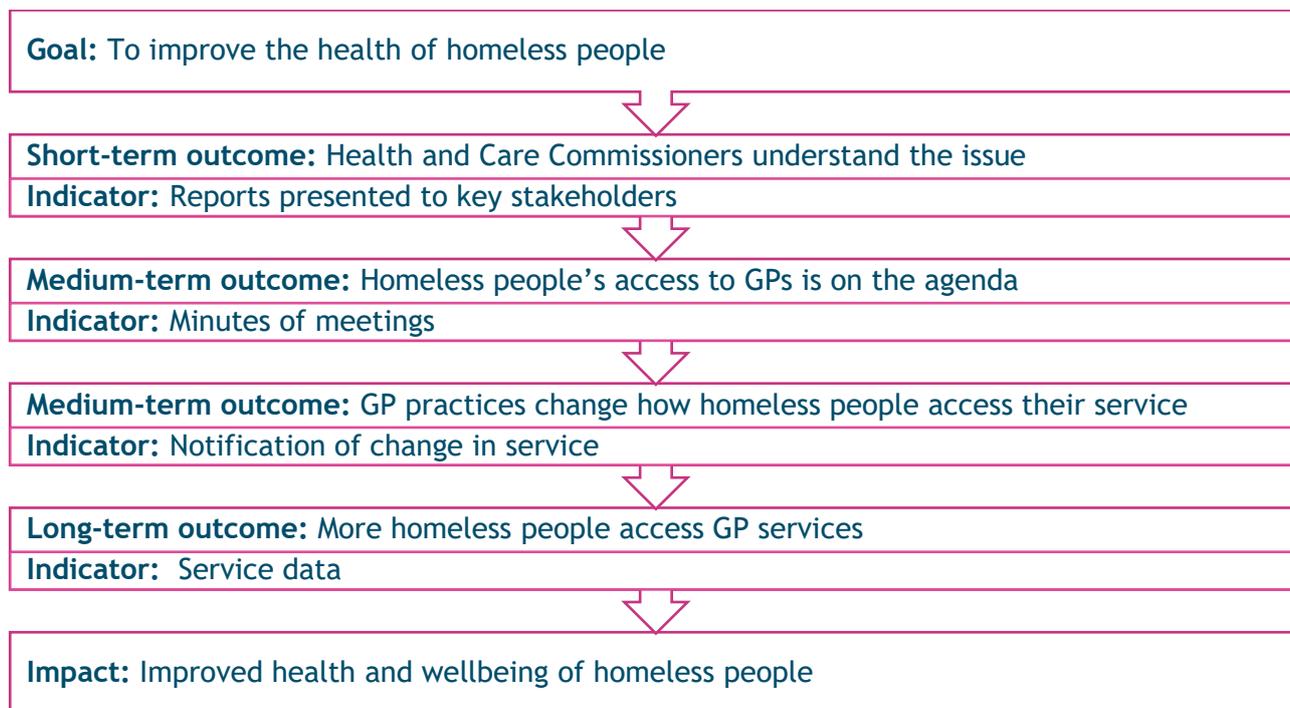
Step four - Set your indicators

We need to measure change to know whether we are achieving outcomes.

Measuring outcomes can be challenging. In many instances, it is easier to count outputs as they are usually obvious and tangible.

We may contractually be required to deliver 'x' number of sessions and speak to 'x' number of people and carry out 'x' number enter and view visits, but what is it about these outputs that can be collected to evidence change?

When thinking about how you measure outcomes it is useful to think about the alignment of the outcome to your goal. Good outcomes will be aligned to the overarching goal and connect to how your Healthwatch will achieve its desired impact. Start with the specific goal you want to achieve, then think about what indicators will tell you if you are achieving this. Here is an example.



Resources

There are more examples of techniques you can use to evidence change in the resources section (pg.29).

This step supports the Quality Framework 'Influence and Impact' domain, especially helping you answer the question 'How do you know whether you have had an impact?'

Step five - Identify your activities and methodology

This involves identifying your activities: what you do and who you work with.

You should be familiar with the range of activities you carry out to gather views and influence. Important here is not just what you do but how you do it - your methodology.

Examples of Healthwatch activities:

- To reach your target group. This may require particular know-how (e.g. How would you target male drug users?)
- To gather views (e.g. surveys, focus groups, interviews etc.)
- To present your evidence (e.g. report, video, press release, case study etc)

Resources

There is a template you can use in the resources section to help identify your activities (pg.30).

Step six - Identify your inputs

Your inputs are what you need to carry out your activities. Identifying your inputs can help you understand your specific contribution to achieving change - which is key to good communications and making your case for funding.

Examples of Healthwatch inputs:

- Your staff and volunteers
- Knowledge and networks
- Plans, policies and insight from health and care organisations
- Materials
- Funding

Resources

There is a template you can use in the resources section to help identify your inputs (pg31).

Step seven - Identify your assumptions

When starting you may need to assume certain factors. These assumptions are the stated and unstated thinking behind what we do. It is important to identify these factors as they can affect your ability to achieve change and influence your outcomes.

Examples of possible assumptions include:

- Services will benefit from greater patient involvement and feedback.

- Services will change if presented with clear and robust evidence.
- Homeless people will be willing to share their views

Once identified, your assumptions need to be tested and revisited when carrying your activities to check they are valid.

Examples of Healthwatch assumptions:

- People will want to share their views.
- People understand the purpose of the work we are carrying out.
- We are asking the right questions and/or speaking to the right people
- Others will want us to achieve our goals
- We understand the policy context
- Our approach will give us the right evidence we need
- We are credible - decision-makers listen, take us seriously and act
- We are clear about the key messages we need to communicate
- We have enough capacity, the right skills, and enough money to deliver the project in the time frame.
- We have the right networks (e.g. geographically and considering seldom heard groups).

Resources

There is a template you can use in the resources section to help identify your assumptions (pg.32).

Step eight - Communicate your effectiveness

Organisations need to have the confidence to claim and report on outcomes. There is a real danger of spending time planning outcomes, recording progress and compiling reports that simply gather dust. Showing the difference we make is critical to our work.

It is important that you feel able to show how your work makes an impact and demonstrate that investing in the work of Healthwatch can lead to valuable outcomes.

To help achieve this, it is important to have a communications plan that shows how you make a difference- on your website, social media and through how your staff and volunteers speak about you. Here are some ideas as to how you can report and use outcomes:

Don't wait to be asked.

Find ways of telling key stakeholders about the outcomes you have delivered or contributed to.

More than a report.

Numbers only give part of the picture. Use the voice of people who shared their experiences with you. Try to get into regular dialogue with commissioners, funders and others to explain not just what you have done, but how you did it and the learning that will inform your future work.

Make sure you report back to participants and the public.

Not only is it the right thing to do but they are also more likely to share experiences again and become advocates for you - word of mouth is a powerful marketing and volunteer recruitment approach.

Establish your audience.

Don't just report to the people who already know what you do. Identify other stakeholders (e.g. policymakers, service managers, commissioners, practitioners and potential partners) who might be interested in your experience and who might help with building your profile.

Spot early outcomes or milestones.

In projects that might take a longer time to deliver the outcomes, try to identify early outcomes or milestones that show that things are moving in the right direction.

It won't always be flawless.

Be able to talk about occasions when outcomes have not been achieved, where there have been setbacks or when your original idea and thinking about what would work was not accurate. We need to create an atmosphere where we can talk openly about things that did not go to plan and learn from them for future work.

Resources

Use the ['How to plan your communications'](#) guide to help you develop a communications plan.

This step supports the Quality Framework 'Influence and Impact' domain, especially helping you answer the question 'How do you help local people and stakeholders understand what Healthwatch does and the value you bring??'

Resources to help you

The following section contains resources and exercises you can use at each step of the eight-stage process to build your Theory of Change.

Tool - Quality Framework on a page

Context	We recognise that Healthwatch are operating in very different environments and this will affect their ability to make a difference for local people		
Enablers	Leadership and Decision-Making		
	<ul style="list-style-type: none"> • What is your approach to strategy and business planning? • What is your approach to the decision-making process? • How do you demonstrate your independence and your ability to hold health and social care services to account? • How would you describe your governance processes? 	<ul style="list-style-type: none"> • How does the Board/Advisory group oversee your effectiveness and management of resources? • How does your Healthwatch approach safeguarding, confidentiality and data security? • What is your approach to your equality duty? 	
Enablers	People		Sustainability and Resilience
	<ul style="list-style-type: none"> • How do you ensure staff and volunteers understand your approach and what people should expect from you? • To what extent do people understand their roles and responsibilities in the organisation and feel supported and valued? • How do you recruit, induct, support and develop your staff? • To what extent do volunteers feel supported, valued and involved in your work? 	<ul style="list-style-type: none"> • How do you manage the commissioning process? • How do you develop and sustain relationships with key individuals? • How do you monitor your finances? • How do you consider potential changes in relation to your sustainability? • How do you provide a suitable working environment for staff and volunteers? • If you generate additional income, how do you plan, manage and account for it? 	
Approach	Collaboration		
	<ul style="list-style-type: none"> • How do you prioritise and work with key local and regional partners? 	<ul style="list-style-type: none"> • How do you collaborate with other Healthwatch? • How do you work with Healthwatch England and CQC? 	
Core work	Engagement, Involvement and Reach		
	<ul style="list-style-type: none"> • How do you understand, prioritise and reach different sections of your community? • How do you gather the views of local people? 	<ul style="list-style-type: none"> • How do you involve local people in the work of Healthwatch and support partners to involve local people? • How do you provide local people with the Healthwatch statutory advice and information they need to navigate and access health and social care services? 	
Purpose	Influence and Impact		
	<ul style="list-style-type: none"> • To what extent are you known and trusted as a credible voice on behalf of local people? • To what extent would stakeholders in the local health and care system recognise Healthwatch as a system leader and credible partner? • How do you help local people and stakeholders understand what Healthwatch does and the value you bring? • How do you know whether you've had an impact? 		

Tool - Exercise to help you set your priorities

Once you have decided your goal, you need to decide which priorities you need to focus on to achieve your goal.

This is a critical phase and should be led by your board or advisory group.

There are a lot of factors to consider when choosing the right priorities.

Your goal

With our purpose clearly in our minds, we've got to think of all the issues we could tackle and think about where we might have the best chance of success. There are several things to think about here:

- the strength of relationships within organisations
- the likely willingness of organisations to act on our recommendations;
- factors which could support or hinder our impact (e.g. a service has indicated a willingness to work with us to change or the organisation we need to influence is going through significant internal change).

Your horizon

Don't just think of what is happening today, think about what's coming down the line (e.g. big or small changes that may affect people's health and care)

Your independence

We're here to listen to the public - if they tell us something that other organisations are not looking at we may decide to act.

The role of others

Should it be you that investigates an issue or is another organisation better placed to do it? Or is this work that could be done in partnership?

Scale

Just how ambitious you seek to be is dependent on the resources you have or can access through a partnership

Remit and outcomes

Children, young people or adults? Our remit is broad, you can't do everything all the time. So it is important to be clear about where you can have the greatest impact (e.g. can you land your evidence at the right point in a commissioning cycle for a service?)

This following four-step exercise aims to help you determine your priorities and focus your work where you can make the most impact.

Step one - Make a long list

Make a list of all the things that you could do over the next year or so. These might consist of ongoing work, work you are committed to doing or projects you would like to do. Think about:

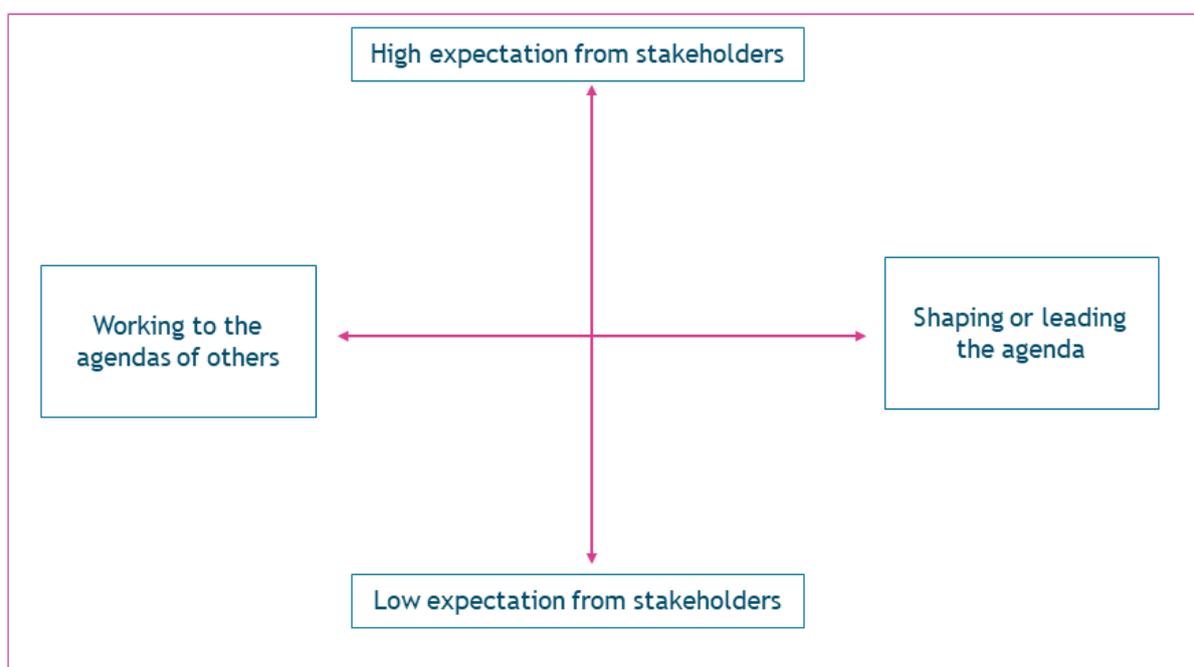
- Local issues or concerns
- Local developments in health and social care e.g. a new service strategy
- Issues that you know need further work on e.g. a gap in current provision.
- National priorities and developments that could have a local impact

Now try to organise your list using the following questions:

- Can any of the issues be clustered together?
- Are there links?
- How many activities do we realistically have the resources to deliver?

Step two - plot your results

Plot each activity onto the following grid.



How to use the grid

The vertical line

This is about other people's expectations of you. Think about what 'stakeholders' expect you to do. Possible stakeholders might be commissioners of Healthwatch and health and care services, partners, local people and groups you work with.

Issues where there is a high expectation for you to act are likely to be placed more highly on this line (e.g. a funding or contractual commitment or an issue which local people feel you are responsible for tackling).

The horizontal line

This is about whose agenda are you working too. Think about whether you are reacting to another organisation's agenda or plan or you are taking the initiative and shaping your agenda (e.g. your research tells you that a particular community has problems accessing appropriate health services and you decide to do something about it).

Key questions

Once you have plotted each issue, consider the following questions:

- Have you got the balance right between being responsive to other people's agenda and setting the agenda yourself? Will you be taken seriously if you only prioritise issues which don't fit with other people's agendas?

- What do people expect of you? Do you need to better manage expectations?
- Are there any issues that you must do and have little choice in? Does this impact on your independence?

Step three - shortlist your priorities

The next stage is to shortlist your priorities. A useful way of doing this is to score each activity on a scale of one (low) to four (high) against a set of key questions. You can use this worksheet which we have populated with an example.

Key questions	Activities			
1 = low 4 = high	<i>Review of patient discharge from hospital</i>	<i>Health needs of recently arrived communities</i>	<i>Planned reorganisation of pharmacy services</i>	<i>Development of new local care service</i>
Do stakeholders want us to do this	4	1	2	4
Does this fit with our stated role?	4	4	3	3
Does this fit with our strategy?	2	4	3	1
Do we have the skills to make an impact?	4	2	2	3
Do we or can we get the resources to do this?	4	1	3	1
Does this fit with our other commitments?	3	4	2	1
Can we make a real difference?	4	1	3	3
Total score	25	17	18	16

Step four - Decide where you can make a difference

Now you need to get final agreement and consensus on issues to focus on. This requires clear decision-making and the leadership to avoid taking on too many projects and to stick with your agreed priorities. Four elements are useful here.

Describe the issue as an outcome, not an activity.

In plain language describe the intended result. Use the language of “improve” and “change”. Describe the ends, not the means. Once you are clear about the outcome, you can then start planning the work involved in getting there.

Check others understand

Check that your staff, volunteers and partners understand and support your priorities. Explain your intended focus to commissioners and ensure that they are on board.

Consider the commissioning cycle

Will your findings arrive at the right time to influence the development of a service? You may decide to carry out the work regardless if it fills a gap that may have been overlooked.

Manage expectations

Think through how you are going to explain how you have arrived at your choices and why you are not working on an issue that your community or partners believe is important.

Tool - Examples of outcomes

Here are some outcomes that could typically be seen from the work that we do.

Changes to practice

- Our recommendations led to GP staff receiving the appropriate training in working with patients with visual impairment. This means the GP newsletters and communication materials are more accessible for this group of people.
- In response to the recommendations that we made, the GP service has created new guidelines for staff that write patient leaflets.
- In response to our report, the Clinical Commissioning Group and council have run seven workshops for council and NHS staff on how to use plain English in their communications.
- Because of our recommendations, the GP service has developed a representative service user panel to co-produce all patient information, as well as make changes to the service.

Changes to health and social care services

- Our project led to the service implementing a new care pathway that reflects the service user views. The service plans to evaluate this to make sure it is meeting patient need in twelve months.
- Because of our recommendations, the service has implemented a single point of contact to simplify access for service users and referrers.
- Our intelligence gave providers and commissioners a better understanding of the reasons behind service user A&E attendance behaviour and led to the development of a year-round GP in A&E service.
- Following our report, service users are reporting a better experience when using the service.
- Because of our recommendations, the service has procured new equipment to speed up/improve access/decrease waiting times for patient diagnosis and treatment.

Reassurance

- We have carried out follow up work on a previous project and are now able to provide reassurance to commissioners and service users that recommendations have been implemented and the service has improved as a result.
- Based on the information we received from a group of recent service users, we can assure commissioners and providers that a significant majority of service users find the service accessible/timely/responsive etc.
- Follow up work we have undertaken with members of a specific community has shown that the work to publicise the service has resulted in improved knowledge and understanding of this service.

Prevention

- The intelligence provided by us has stopped a service from having its funding cut / removed because it was able to highlight the value of the service for patients.
- Because of our Enter & View activity, an issue was raised immediately with the provider and prevented a safeguarding issue occurring.

- Concerns about shortfalls/lack of delivery in services were escalated by us to providers/commissioners, resulting in an immediate improvement in the quality of service to the patient/service-user.
- Our intelligence highlighting shortcomings of the current service due to lack of money supported the commissioners' successful bid to improve the level of per hour funding for domiciliary care.
- Following an information and signposting call, we highlighted to the provider that the assessment pathway is not being correctly followed. The service has taken action to correct this.

Learning

- Through the intelligence we shared, the service commissioner and/or provider now has a better understanding of what gaps and challenges they need to address with the contract/future service specification.
- Due to the evidence provided by us, the commissioners and/or provider now has more knowledge about the areas where services are not meeting quality standards.

Changes to behaviour

- Because of our activity, service staff have been given appropriate training to better communicate with people with protected characteristics. The service plan to follow this up over the next twelve months to check that staff have changed their behaviour accordingly.
- Our engagement contributed to the increased confidence and ability of people to influence the local health and care system.
- Because of our recommendations, the service has designed and delivered targeted promotion about the benefits of cervical cancer screening within BAME communities and as a result uptake of screening has increased by 10%.

Changes to individuals

- Following our public event, services users reported that they felt more empowered to challenge services if needed and 10% said they would be more likely to get involved with future service design.
- Due to the information Robert received via our advice service, he has been able to make a more informed decision on his care.
- Because of our training and support, our volunteer can confidently represent the views of local people at high-level meetings.
- With our support, Rhona raised her issues directly with the service. This resulted in them acting to resolve her complaint and to make sure this does not happen to other people in the future.

Problem identification and definition

- Because of our activity, we have identified areas for service improvement to be considered in future commissioning decisions.
- By doing initial scoping activity we now know that a problem exists which needs further work by them or another organisation.

- We have built consensus and secured support amongst stakeholders and commissioners to prioritise and work on an issue.
- Because of our activity, relevant stakeholders have come together to work on the solution and/or produce an action plan to drive service improvement.
- Because of the gaps we identified in the way that services were engaging residents and service users, relevant stakeholders have supported the development of a new citizen panel for the community.

Getting issues on the agenda that weren't there before²

- Our report has led to the issue being prioritised for discussion at the next CCG/council board/steering group meeting.
- We represented the public voice at the Overview and Scrutiny meeting and were able to raise issues that had not previously been discussed, leading to the service provider being requested to address those issues.
- Because of our intelligence, the local Health and Wellbeing Board has agreed that the issue will be a priority area for the coming year and that they will track progress every quarter.

Patient and public Involvement

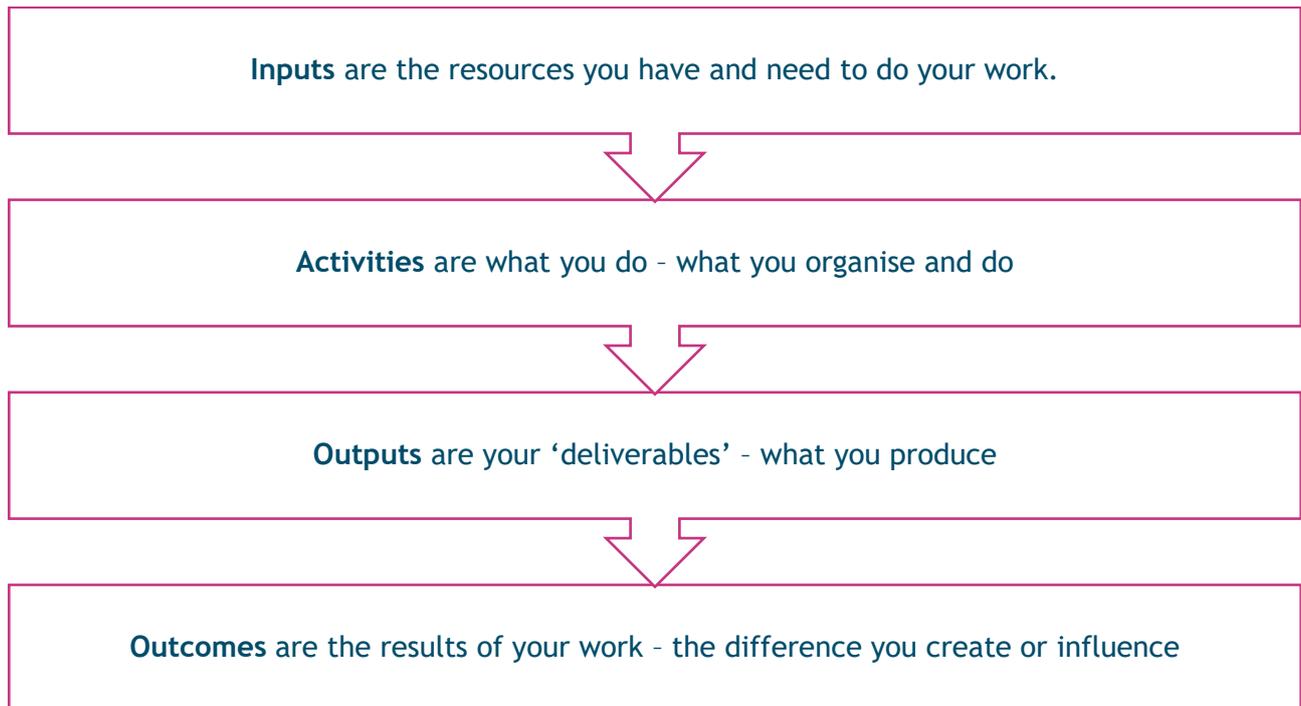
- Our project led to the service provider setting up a patient reference group to ensure that the patient voice is part of future decision making.
- Our project resulted in a co-ordinating group being established to strengthen and provide a structured forum/pathway for listening to the views of patient, service users and the public, making sure it is incorporated in service design and delivery.
- We highlighted the need for meaningful engagement and involvement of service users, relatives/carers and the public and supported commissioners/providers to develop and implement ways to do this.
- Because of issues we highlighted in the chosen approach to the service redesign, commissioners supported us to run additional public involvement events to inform those involved in the redesign process.

² Because an issue has been discussed it might not be actioned. These outcomes are more likely to be intermediate outcomes.

Tool - Exercise to understand outcomes and outputs

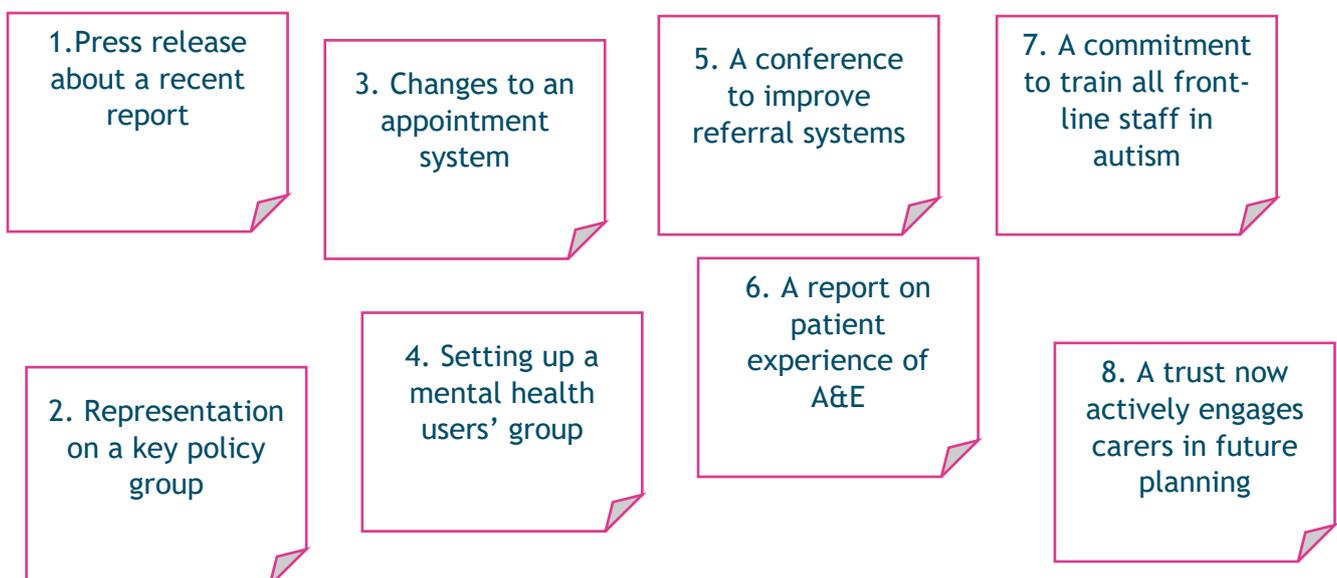
This exercise aims to help you get a working definition of outcomes and clarify some of the key terms you may use in your Theory of Change.

From inputs to outcomes



The activity

Listed below are eight items. The task is to identify which are outputs or outcomes.



Making a difference

Where would you put each item? Write them into the boxes below

Inputs	Activities	Outputs	Outcomes

Suggested answers

Inputs	Activities	Outputs	Outcomes
	<p>Representation on a key group is an activity but your involvement may result in outputs and outcomes.</p>	<p>A report is an output. It could sit on a shelf.</p> <p>A conference is an output. If you carried out an evaluation, you could measure people's level of understanding and commitment to change.</p> <p>A media release is an output but could be an outcome if it results in good local press coverage. However, an article alone cannot indicate whether awareness or attitudes have changes so in isolation this would be a weak outcome.</p>	<p>Changes to an appointment system is an outcome but only an intermediate one. You've got a change, but you don't know whether patients view it positively or not</p> <p>Setting up of mental health users' group is an outcome but based on the assumption that such groups lead to positive change (e.g. peer support or influencing services)</p> <p>Autism training commitment is an outcome but only an intermediate one. Will it be enacted? Will the training lead to positive change in practice?</p> <p>Carer involvement is an outcome with the assumption that such involvement leads to better services.</p>

Tool - Evidencing change

Here are some examples of techniques to help you measure outcomes

Technique	Description
Follow up reviews, including whether recommendations have been implemented and what has been the impact	Regular and planned follow-ups to see what difference there is and has the outcome been sustained.
Distance travelled	Three, six and twelve-month reviews.
Case study sampling	Detailed follow up with a sample of people to record change.
Third-party feedback	Asking other people in the system to record the difference that they observe.
Asking users to record the distance travelled	Asking people to log where they were at the start and where they are now.
Diaries and record-keeping	Regular snapshots to record progress.
Using success criteria	Identifying at the start the intended outcomes and then asking people to score the success at key points as a way of measuring the difference made.
Practice change	Identifying through supervision and observation changes in practice by professionals.
System change	Recording changes in policy and strategy as a result of your intervention.

Tool - Activities template

Use the table below to think about what you do and who you work with.

	What do you do?	Who do you work with?
Reach your target groups?		
Gather views from people?		
Present your evidence?		

Tool - Inputs template

Use the table below to think about what you need to carry out your activities.

Your staff and volunteers?		
Your knowledge and networks?		
Your plans, policies and insight from health and care services?		
Your materials?		
Your funding?		
Anything else?		

Tool - Assumptions template

Use the table below to describe the assumptions that lie behind your approach.

The people you engage with?		

The organisations you work with?		

Your organisational capacity?		

The skills within your organisation?		

Your understanding of an issue?		

The way in which you communicate?		

Tool - Theory of change diagram

Use this diagram to help populate your own Theory of Change.



Glossary of terms

Element	Description	Examples
Theory of Change	A tool to set out your aims, outcomes and approach.	A Theory of Change to explain your work with hard to reach groups.
Long-term goals	The overarching point of what we do. The bigger picture and overall purpose behind what we do.	What's the overall big picture. Healthwatch England's statement is: "People get health and social care support that works for them - helping them stay well, get the best out of services and manage any conditions they face".
Outcomes	The difference that we make. The changes, benefits, learning or other effects that result from what the project or organisation makes, offers or provides. You might have long term, medium term and short-term outcomes which may be interlinked to each other.	For example: <ul style="list-style-type: none"> • Patients experience fewer delays with patient transport • Carers get extra help through being identified and supported by hospital staff • Prisoners report improved access to community dentistry services • More members of the public get information on care homes and other services (through provision of online database) • Service managers have greater understanding of patient's experiences and make changes leading to a better service • Commissioners involve people effectively when planning, commissioning and designing services • People report that they can make choices about services through accessing advice and information • People report that services better meet their needs and are easier to access
Impact	Changes or effects that follow from outcomes that have been achieved.	Improved health and wellbeing of service users.
The people we need to influence and work with.	Who are the key people and agencies that we need to have on board to carry the outcome through and create lasting change.	Key players might include: <ul style="list-style-type: none"> • Senior managers • Clinical leaders • Patient groups • Regulators • Commissioners

		<ul style="list-style-type: none"> • Citizens • Community, Voluntary and Faith Sector organisations
Methodology	Our services, model and how we work.	<p>The tools and techniques that we use to do our work. Examples might include:</p> <ul style="list-style-type: none"> • Surveys • Focus groups • Complaint analysis • Visits
Inputs	The resources we need to do our work.	<p>As well as adequate funding to resource our organisation we also might include:</p> <ul style="list-style-type: none"> • Local knowledge and networks • Contacts and credibility with patients and citizens • National support, identity and independence
Assumptions	The implicit ideas that underpin our work.	<p>The stated and unstated thinking behind what we do. Examples of possible assumptions might include:</p> <ul style="list-style-type: none"> • That services will benefit from greater patient involvement and feedback. • That services will change if presented with clear and robust evidence
Measurement and feedback	<p>How we monitor and report on what we do:</p> <ul style="list-style-type: none"> • Is it output, or outcome focused? • What do people need to know about methodology? • How do we get feedback from the people we have worked with? 	<p>The methodology we use to evidence our work. For example:</p> <ul style="list-style-type: none"> • Surveys • Satisfaction levels • Interviews • Audience reach

Thank you

We would like to thank everyone in Healthwatch who helped develop this guide.

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