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Compendium of local evaluation arrangements in Health Action Zones

Linda Bauld and Jan Findlater

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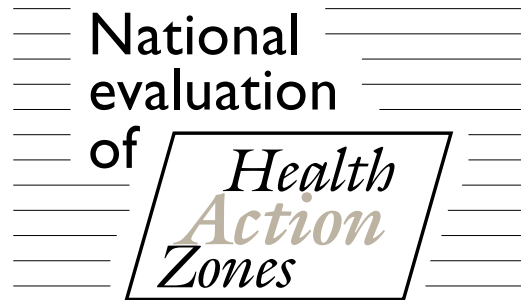
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Compendium of Local Evaluation Arrangements in Health Action Zones

Compiled by HAZ National Evaluation Team, January 2000

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This document is available at www.HAZnet.org.uk

CONTENTS

Introduction

Part One: First Wave HAZs

Bradford
East London and City
Lambeth, Southwark and Lewisham
Luton
Manchester, Salford and Trafford
North Cumbria
Northumberland
Plymouth
Sandwell
South Yorkshire Coalfields
Tyne and Wear

Part Two: Second Wave HAZs

Brent

Bury and Rochdale
Camden and Islington
Cornwall and Isles of Scilly
Hull and East Riding
Leeds
Leicester City
Merseyside
North Staffordshire
Nottingham
Sheffield
Tees
Wakefield
Walsall
Wolverhampton

HAZ National Evaluation Team: Contact Details

Introduction

The National Evaluation of Health Action Zones began in January 1999, and is being conducted by a team of researchers based at three universities and led by Professor Ken Judge at the University of Kent. Funding from the Department of Health for the evaluation has been confirmed until December 2002. In addition to research activities, there are a number of co-ordination and development tasks being undertaken by the team, in many cases in co-operation with the HAZ team at the NHSE. One of the most central of these is linking with local evaluators. *The national team has an important role to play in supporting and co-ordinating local evaluation efforts in order to facilitate shared learning.* This support and co-ordination function is being achieved in a number of ways:

- Providing input at local and national HAZ events; including helping to plan and run regional Learning Conferences
- Maintaining contact with local evaluators and taking a leadership role in developing an evaluation network
- Supporting local evaluators in their efforts to integrate the Theory of Change approach into their evaluation strategies.
- Developing a collection of local evaluation documents and materials which can be used as a resource by all HAZs

This document represents the first step in developing this collection of local evaluation documents. This material was obtained through a process of establishing links between the national team and those involved in local evaluation. Early work by Luton HAZ to bring together all those involved in evaluation (including the establishment of the Haz evaluation mailbox) provided an important starting point. In September 1999, a new research officer (Jan Findlater) joined the national team and began the process of establishing contact with evaluators in each HAZ. At that time many HAZs were still in the process of appointing lead evaluators or were tendering for external academic input. Within the last few months however, a great deal has been achieved across HAZs in developing evaluation frameworks making appointments and putting evaluation firmly on the agenda. As a result, Jan has been able to identify at least one evaluation contact for all the HAZs and has obtained material relating to their local evaluation plans. From discussions with local evaluators and the documents provided it is clear that there is a need for co-ordination, support and discourse not only between the National Teams and the HAZs but also among the HAZs. This compendium reflects this co-operative spirit and we hope it will prove to be a useful document.

As HAZ evaluation strategies develop, so to will the compendium. Since our initial gathering of materials, progress on evaluation has been achieved in a number of HAZs and thus some of the materials contained here may not provide the most up-to-date picture of local evaluation arrangements. However, based on the material we have received, this compendium contains:

- cover sheets for all 26 HAZs identifying an evaluation contact, budget details and general information on how local evaluation is being structured
- summary sheets compiled by Jan which attempt to fit information provided by the HAZ into a common framework This was possible for: Bradford, Luton, Plymouth, Sandwell, South Yorkshire Coalfields, Brent, and Cornwall & Isles of Scilly.

- excerpts or updates sent in from many HAZs, which we have scanned and included in the form in which they were sent
- Reproductions of portions of tenders, or excerpts from work programmes or implementation plans which describe the evaluation strategy each HAZ is intending to pursue.

This compendium needs to be viewed as a living document that will continue to be developed. In order to do this, the national evaluation team is dependent upon the assistance and co-operation of local evaluators. *Please forward any documents and supporting materials regarding evaluation to the national team.* We intend to make the current and future versions of the compendium available on HAZnet (www.HAZnet.org.uk). For this reason, electronic versions of documents are preferred wherever possible. (Please note that, particularly where we did not have electronic versions of pages reproduced here, they may not exactly match the original layout or content. We would appreciate being told of errors.)

We hope that this material, in conjunction with evaluation network meetings, will highlight the co-operation and interest all HAZs have shown in working together to develop a shared approach to tackling the challenges of evaluation.

Together we can learn to make a difference.

BRADFORD HEALTH ACTION ZONE: BREAKING BARRIERS – IMPROVING HEALTH

Contacts: Dr Janet Henderson, HAZ Evaluation Co-ordinator and Research Liaison Advisor/University of Bradford
Professor Jeff Lucas, Lead Evaluator
Alison Torn, Research Assistant

Bradford has set up a HAZ Steering Group for local evaluation as well as an Evaluation Board whose members are from different organisations experienced in evaluation.

Budget: The current budget, subject to negotiations is £100,000 per annum for three years.

Note: This figure may be subject to change as the Steering Group was intending to approach the Health Authority to discuss a new budget.

Evaluation: Each of the three boards dealing with evaluation function to administer the evaluation processes - selection, approval, and revision where necessary as well as evaluates each project.

Bradford Health Action Zone: Evaluation

Management

In Bradford the Health Authority has commissioned the University of Bradford to undertake evaluation. A team of three works closely with the HAZ team and are members of the HAZ Evaluation Steering Group. The Steering Group reports to the Partnership Board. There is also an Evaluation Board with members from different organisations experienced in evaluation.

Evaluation Strategy

In Bradford projects are managed by a senior health manager from the Health Authority and one from the Local Authority with evaluation built into the design, review, assessment and selection stages of all projects. The Bradford strategy of change supports the view that partnership work and continual and ongoing review and assessment of that work provide a sound framework for successful outcomes.

Evaluation for Bradford is utilised in the following way:

- a) All projects under the 14 activity areas are submitted for approval to the Steering Group. One criterion for approval is evidence that evaluation is built into the project
- b) Once the Steering Group approves a project, it is passed on to the Evaluation Team at the University of Bradford. This team assesses whether the project is 'fit to start' according to criteria that includes:
 - Overall objectives
 - Specific targets
 - Outputs
 - Activities

Each area is measured according to:

- verifiable indicators (i.e. such as resources)
- means of verification (i.e. baseline information, means of collecting information)
- assumptions (i.e. are there tasks to be completed to ensure activities are successfully undertaken).

This model is extremely useful for determining at an early stage:

- 1) The reasoning underlying the intervention
 - 2) Whether activities will lead to outcomes
 - 3) Whether resources are available for the activities
 - 4) Whether activities can be tested and measured in the short, medium and long-term.
- c) Each approved project is then discussed with the Project Leader so that suggestions for revision by the Steering Group and Evaluation Board can be considered. Where appropriate, the support available and needed by each project is evaluated.
- d) Generally, evaluation support is commissioned and part of the project.

Evaluation Challenges

With the evaluation process Bradford has established it is likely that any evaluation challenges will be identified in the early stages of project planning. This will enable the HAZ to realistically set targets, design activities and evaluate outcomes.

Evaluation within Projects/Activities

Evaluation is an integral part of the selection, planning and execution of all Bradford projects. Where appropriate Bradford is seeking to offer training/workshops in evaluation for those designing and implementing projects. The aim is to keep evaluation at the forefront of health initiatives and not simply as a testing method at the completion of a project. At the core of project work is the aim to disseminate lessons of evaluation, understand evaluation models and align evaluation with national efforts. This approach will no doubt strengthen the links between activities and outcomes by continually testing the soundness of the activity against the desired change/outcome.

The overall evaluation process Bradford is adopting attempts to ensure that all approved projects have a sound theoretical, practical and resource base.

The criteria in '**fit for start**' encourages each project to ask the following questions:

- a) Is this activity realistic – the underlying assumptions, the overall aim, etc.
- b) Is this activity achievable – for example are there any contextual supports needed other than the ones available and within the programme managers control
- c) Is this activity testable – Bradford has an extensive range of built in indicators of success?

Monitoring Outcomes/Impact

Outcomes/impacts will be initially measured under the evaluation heading: **Outputs**.

Bradford will ask questions such as:

- What are the expected outputs of the programme
- How many? When? Where? Who? (The question 'how' is found in the activities section in the 'fit for start' criteria)
- What sources are available and how will they be collected?
- What inputs are needed which programme managers cannot determine?

These output indicators are tested at four stages:

- initially
- as verifiable indicators
- as means of verifications
- as assumptions.

Bradford's 'Fit to Start' Framework

Narrative summary	Verifiable Indicators	Means of verifications	Assumption
<p>Overall Objectives</p> <p>What is the overall aim that the programme intends to contribute to?</p>	<p>How do we verify that the programme has contributed to achieving this aim?</p>	<p>What information exists which will help assist this?</p>	<p>What assumptions are being made regarding the appropriateness of the programme?</p>
<p>Specific Targets</p> <p>What are the specific targets that the programme hopes to achieve?</p>	<p>How can it be judged whether the programme has achieved these targets? Is it necessary to set up indicators?</p>	<p>What baseline info exists? Does this need to be mapped? Are systems for collection and comparison of information set up?</p>	<p>What assumptions have been made regarding: the working environment, tasks to be completed by others, etc.</p>
<p>Outputs</p> <p>What are the expected outputs of the programme?</p>	<p>How many? When? Where? Who?</p>	<p>What are the sources of info. available. How will the information be collected?</p>	<p>What inputs are needed which are outside of direct control of programme managers?</p>
<p>Activities</p> <p>What activities must be carried out to ensure that the expected outputs are achieved?</p>	<p>What are the resources (financial, human and material) needed to carry out the activities?</p>	<p>Notes on resources/budgets</p>	<p>Are there tasks to be completed by others in order to successfully complete activities?</p>

EAST LONDON AND CITY HEALTH ACTION ZONE: EVALUATION WORKSTREAM

Contacts: ELCHA is in the process of recruiting an Evaluation Facilitator (interviews during February). George Leahy, Health Economist, will manage the Evaluation. Dr Bobbie Jacobson is the Workstream Sponsor.

Preparation for a full evaluation strategy is still underway. Until plans are finalised ELCHA will be responsible for initial work, in conjunction with academic partners at Queen Mary and Westfield College. Ben Cave was involved in the initial groundwork.

A summary of his work to date is attached.

Budget: The evaluation budget was originally set at £140,000 for the period 1998-2000. However, the projected spend for that period is significantly lower and thus funds will be carried forward to 2000/2001. A budget for future evaluation is still being finalised.

Evaluation: East London and City have established an evaluation workstream. In addition, ELC has established a HAZ Evaluation and Monitoring Group made up of academics and researchers from partner organisations. This Group provides advice, expertise and guidance in relation to the activities of the evaluation workstream, as well as other HAZ programmes.

The main activities of the evaluation workstream are as follows:

1. To assist HAZ projects in conducting their own basic monitoring and evaluation by helping to establish baselines and offer input on evaluation approaches.
2. To explore different methods of measuring performance (ELCHA's 1999/2000 Public Health report included a review of available measures), including conducting a review of health impact assessment methodology.
3. To develop a detailed specification for a prospective longitudinal study of young people in the East end of London. The study will aim to evaluate the outcomes and impact of the HAZ on the lives of young people over the lifetime of the HAZ. East London intend to allocate the majority of their future evaluation budget to this study.

The attached sheet provides more detail of the evaluation workstream's activities. This information was obtained in November 1999 and no doubt progress has been made since then.

East London Response

Work plan - Ben Cave May 1999 – May 2000

Evaluation and monitoring work stream

There is a HAZ Evaluation workstream. Ben Cave is employed by Queen Mary and Westfield College. His work programme is laid out below. Queen Mary and Westfield College are strongly represented in the Evaluation workstream and are providing support to the HAZ.

Project and workstream managers are responsible for evaluating their own work. The evaluation work stream are currently acting as an evaluation resource and will put project managers who request evaluation assistance in touch with experts in that field. In addition ELCHA are in the process of recruiting an Evaluation Facilitator who will work closely with the work streams and project managers, in developing their evaluation strategies.

Ben Cave's work programme is as follows

1. Preparation of a scoping document for a population-based study of children and young people in East London. This will outline the scientific case for such a study and be used as the basis of a commissioning document. This study will generate information essential for evaluating the HAZ programme, across East London.
2. Developing evaluation and monitoring frameworks and methods
 - * attending quarterly project managers meetings to discuss models of evaluation
 - * for project areas where the evidence base is limited or where the evaluation methods are not developed we will advise about establishing innovative evaluation approaches for the workstreams to implement
3. Conduct an overview of the health impact assessment methodologies, consider their applicability in East London and develop a database of the literature as a reference base for HAZ related projects

LAMBETH, SOUTHWARK AND LEWISHAM EVALUATION AND MONITORING REQUIREMENTS

Contacts: Dr. Astier Almedom is the HAZ Research and Evaluation Manager.

Budget: The proposed budget, yet to be finalised, is £200,000 per year.

Evaluation: Lambeth, Southwark and Lewisham have an evaluation workstream lead - Dr. Almedom, the HAZ research and evaluation manager. The overall evaluation strategy is being developed and has gone to the HAZ Executive Group for comments. A number of activities relating to evaluation and monitoring have been undertaken over the past year, and these are outlined in the attached document.

LSL HAZ Evaluation and Learning – Update

HAZ research, development and evaluation workstream (led by Dr Ruth Wallis) merged with the learning networks (led by Judy Wolfram) prior to the appointment of the research and evaluation manager, Astier Almedom (September 1999). This workstream had advised on the HAZ project appraisal procedure, and maintained an overview of HAZ targets and priorities.

Astier Almedom now co-ordinates the evaluation and learning workstream. Recent outputs include:

- ◆ Mapping of evaluation activity at project level. This has highlighted the need to support and engage front-line staff in evaluation planning. There is variability in the level of support needed, both in terms of skills and funds. Projects with skilled staff have expressed interest in supporting/training those that do not.
- ◆ The evaluation and learning workstream is preparing a booklet to assist projects to evaluate collaboration. This was introduced to all HAZ projects at the first “Learning Event” on 22 Nov 1999. The idea is for projects to field-test the booklet and thus participate in its production and share ownership of it. Results of the evaluation mapping exercise were also fed back at the learning event (on collaboration). The next projects’ learning event will be held in March and will focus on evaluation.
- ◆ LSL HAZ participated in the first of HEA’s series of “Evaluation in Action” workshops. This has provided response to the HAZ projects’ immediate support needs on how to plan and design project evaluation. Astier Almedom chaired the workshop (18 January 2000), starting with a presentation of LSL HAZ examples. The “Evaluation Hotline” launched at that workshop is expected to benefit HAZ and other projects. The service is provided by the HEA and will run until mid-March.
- ◆ Astier Almedom is working on the overall HAZ evaluation and learning strategy. This includes frameworks for evaluation and learning at project, programme/workstream and overall HAZ levels. It will be presented to the HAZ Executive Group for discussion on 27 January.
- ◆ LSL HAZ is holding a seminar on the social inclusion mapping it had commissioned – also on 27 January. Follow up to this work will tackle the gaps in baseline data and information sharing/development of shared database(s).
- ◆ LSL HAZ is currently engaged in involving local academic institutions in long-term applied research into the social determinants of health. This will support HAZ evaluation and learning activities over the coming year and beyond.

Budgetary information will follow.

Submitted by Dr. Astier Almedom

LUTON HEALTH ACTION ZONE EVALUATION FRAMEWORK

Contacts: Dr. Noel McCarthy, Lead Evaluator

Budget: £14K (Natural neighbourhoods)

£1.5K (Social capital presentation) – these are committed resources

£57K (1998/99/00) – these are the resources to be invested and include money already spent.

Evaluation: Evaluation is being led by a strategic group who will ensure overall evaluation of the Luton HAZ.

Luton Health Action Zone: Evaluation and Needs Assessment

Management

A strategic group called the Evaluation and Needs Assessment group is undertaking evaluation in Luton. This group will oversee the Luton HAZ Framework for Measurement of Change which focuses on the following areas of work: Priorities, Collection of Baseline Data, Partnership working, Determinants of Health, Capacity of Health, Access to Health and Social Care, Key Health outcome measures and Reconfiguration of Services.

Evaluation Strategy

Luton sees evaluation as a learning process that needs to be developed throughout the lifetime of the HAZ. The evaluation cycle includes key steps:

- Health action planning
- Evaluation planning
- Measuring change
- Collecting data
- Interpreting data
- Reflection and recommendations

This cycle is continuous. It keeps as its focus the impact the HAZ is having on the health of the local population.

Disadvantaged groups in Luton will be identified through population health measurement and baseline data and targeted under the various workstreams. These workstreams will, in turn be evaluated by the **Evaluation and Needs Assessment** group.

For each HAZ workstream, the evaluation group aims to review:

- Objectives
- Tasks to be completed
- Intermediate milestones/outputs
- Target date
- Progress (update of work to date)

Evaluation will also be retrospective, looking at existing services and activities. Mainstream services will be drawn under the umbrella of the HAZ and incorporated into the evaluation process. The lessons learned from evaluation of existing services will inform future developments. It is hoped that more effective activities can be planned and implemented using this learning.

Evaluation Challenges

Luton is aiming to rule out competing strategies of change on an ongoing basis by using evaluation as a learning and development tool. More emphasis will then be placed on linking activities and outcomes.

Generally, evaluation of the Luton HAZ seeks to evaluate activities as they are implemented. Luton hopes to be able to identify which future interventions are plausible, doable and testable by introducing evaluation at an early stage. This will prevent the continuation of ineffective strategies (i.e. or services) that could conflict with the overall strategy of change. As the evaluation process matures and the indicators of change are put into place Luton hopes to identify any resource issues, or difficulties in linking outcomes and activities.

Evaluation within Projects/Activities

Luton's workstreams are targeting particularly deprived areas across the HAZ. Activities are focussed on addressing the health inequalities of people living in these areas. The evaluation group will seek to measure any change arising from interventions through tracking intermediate milestones and outputs. These milestones/outputs are identified initially as *tasks to be completed*.

For example, Luton identifies:

Objective: To reduce unemployment in the target areas of HAZ

Task to be completed: Target businesses in areas of high unemployment

Intermediate Milestones/outputs: Forum to include businesses based, and/or using a workforce from the targeted areas

(This is linked with the health at work initiative)

Generally, projects/activities *have been linked* with outcomes/outputs. Luton recognise the need to look at the context of activities asking whether there any outside influences which will prevent change, but also the avenues by which the output is to be achieved. Evaluation should link:

- Activity with output with the context of the HAZ initiative
- Then state the ultimate outcome of the particular project/activity as well as how it will be achieved
- This must then be tested and measured throughout.

Luton recognises the need for continual assessment/evaluation of its activities. The evaluation group aims to identify and develop ways of involving people from the target communities in needs assessment and evaluation. This will ensure those activities incorporate evaluation at every level.

Measuring Outcomes/Impact

As a Health Action Zone, the aim of all Luton's interventions is to create sustainable, improved health outcomes for the disadvantaged. Intermediate targets have been set in light of Luton's desired final outcomes. All final outcomes will be measured according to the extent in which they have met their target dates, ongoing progress and intermediate milestones/outputs as well as final baseline data and other measurements of population health.

Luton Health Action Zone Evaluation Group

Proposed terms of reference from November 1999

Aim: To support evaluation of the Luton HAZ so that:

- 1) Decisions on the continuation and extension of Health Action Zone initiatives can be based on the best possible evidence. This includes individual projects, new ways of working on mainstream activities such as partnership developed through HAZ and the overall impact of the HAZ.
- 2) Local learning can be disseminated in a useful way that will help planning elsewhere in Bedfordshire and outside it.

Key roles

- 1) To foster a culture within the Luton HAZ that ensures evaluation is a standard component of all projects and initiatives from the earliest possible stage in project planning.
- 2) To disseminate the overall approach to evaluation recommended by the national evaluation team throughout the Luton HAZ.
- 3) To keep updated with developments in evaluation at a national level and in other HAZs and to disseminate this through the Luton HAZ.
- 4) To support other strategic groups in ensuring that their overall work programmes and individual projects have a robust evaluation framework.
- 5) To support strategic groups and individuals involved in HAZ in obtaining suitable training and guidance in evaluation to enhance their current work and to develop local evaluation capacity.
- 6) To offer baseline data and advice on other available data sources.
- 7) To coordinate population surveys and research throughout the HAZ.

Membership

This should ensure representation for each strategic group and for a range of HAZ partner organisations. It should also ensure that the group possesses a broad range of the relevant expertise.

Representation

Organization

Bedfordshire Health

Luton Borough Council

Bedfordshire Health Promotion Agency

University of Luton

Community Healthcare Trust

Luton and Dunstable Hospital

General Practice

*Chair. ** Change manager

(With the departure of Gail Findlay in January 2000 Sue Chirico will represent the Health Promotion Agency. Paul Barton (LBC) and the consultant in public health medicine working with the HAZ will co-chair the group).

Current representative

David Davies

Noel McCarthy** (aligned to Healthy Environments)

Catherine Dolbear

Jenny Thompson

Paul Barton (aligned to Structural Inequalities)

Gail Findlay* (aligned to Capacity for Health)

Sue Chirico (aligned to Capacity for Health)

Fiona Brooks

Theo Clark (aligned to Health and Social Care)

Tim Prouse

Paul Singer

Expertise

The group needs to maintain expertise in:

- Evaluation methodologies
- Quantitative and qualitative research methods
- Information technology
- Available data sources

In addition it should have access to other expertise as needed which may require additional short or long term membership.

Changes to membership

Future changes to membership of those members with a representative function will be agreed by the evaluation group, the organisation being represented and the HAZ director.

Additional members may be invited to join by the group to extend expertise as needed.

Meetings

The group will usually meet on the first Thursday of every second month. All members will be invited. Members of any other strategic group will be welcomed at meetings.

Meeting agendas

These will be prepared by the change manager and chair(s) and circulated before meetings. Minutes These will be circulated by the change manager to the evaluation group members, change managers of each strategic group and the HAZ director's office.

Evaluation

The group will monitor its progress against its key roles and report this through the group work plan. This will be in a Theories of Change format which will demonstrate how the activities link to the overall aim of the group.

Submitted by Luton HAZ
December 1999

Evaluation group terms of reference 2

MANCHESTER, SALFORD AND TRAFFORD HEALTH ACTION ZONE: LOCAL EVALUATION FRAMEWORK

Contacts: Edna Robinson, HAZ Director
Beth Jones, Deputy Director and Evaluation Link for the HAZ
Dr. Chrissie Pickin, External Consultant involved in evaluation

Budget: £70,000 for the year 2000. The budget will be determined annually.

Evaluation: Evaluation has been discussed with the MST Partnership Board and the HAZ National Evaluation Team. Dr. Chrissie Pickin drafted an evaluation strategy document in October 1999 which presented three options for evaluation: **(see attached)**

Option One: Adopting the Theory of Change Approach and the nationally defined features of HAZ

Option Two: Adopting the 'development site approach'

Option Three: Adopt a less formative approach using outcomes as the focus.

There has been some discussion around these approaches and further research is being undertaken to explore each option in more detail. The next monthly Partnership Board meeting will discuss the options further and a decision will be taken.

Events: The Manchester, Salford and Trafford HAZ hosted the one day regional 'Learning Conference' on November 30/December 1, 1999. The event was well attended. A summary of the Learning Conference is available on HAZnet.

The Options for a Local Evaluation

Option One - adopting the nationally defined features of HAZ (figure 1) and the national evaluation framework (theories of change approach) and using it for the local evaluation of Manchester, Salford and Trafford HAZ.

In this case we would expect the local evaluation to specifically answer the following types of questions:-

Local Context - would need to make explicit

- the characteristics and capacity of local communities within Manchester, Salford and Trafford
- existing infrastructure and agency relationships
- politics of local organisations (including historical links and tensions)
- existence of other strategic partnership initiatives
- enthusiasm and skills of individual players in the local health and social care economy

2. Local framework

- partnership relationships
 - to what extent do all the partners within this HAZ feel able to influence the development and implementation of HAZ strategy?
 - what are the most effective ways of ensuring that any local HAZ partnerships are integrated within other local partnership processes?
 - strategy and priorities
 - can local stakeholders articulate a clear rationale for the strategies adopted by this HAZ?

3. Intermediate Outcomes

- Reshaping the health and social care system
 - has the HAZ promoted the development of closer relationships between health and social care agencies in ways that has yielded better services for users?
- Promoting Community Involvement/empowerment
 - What are the explicit purposes of community involvement strategies?
 - increased accountability,
 - improved health,
 - more sensitive services,
 - more cohesive communities
 - to enhance reciprocal learning?

What strategies are being developed to promote community involvement to achieve them?

What is the impact of community involvement on the achievement of objectives and goals?

- Tackling the Root Causes of Ill Health

Has this HAZ influenced changes in health related policies and practices locally that lie outside the traditional health and social care system?

In what ways do the local key stakeholders expect HAZ activities to achieve desired improvements in population health outcomes? Over what timescales?

4. Final Outcomes

What baseline indicators are being developed locally to describe health and well being?

To what extent can changes be attributed to specific aspects of this HAZ?

One concern about the theory of change approach is that it involves persuading stakeholders to articulate what are often uncertain and implicit notions about what they want to do and what may flow from the actions they choose. We know however that different stakeholders have different views and these have to be reconciled before a shared theory of change can emerge. Facilitating and encouraging stakeholders to engage in this process of articulation and negotiation can be very time consuming. An evaluation of all aspects of the local HAZ would probably therefore not be affordable and we may need to focus on certain aspects of the local HAZ programme. The national evaluation has adopted three ways of focusing down. These are:-

- Choosing projects e.g. Innovation fund projects
- Choosing themes e.g. Promoting community Involvement/empowerment
- Focusing on Partnership Boards

Selected HAZ sites will be chosen for different aspects of this work. Manchester, Salford and Trafford HAZ has agreed to be a site for the work focusing on promoting community involvement. In addition it is likely that at least one of our Innovation projects will be chosen for evaluation in view of the size of them The Partnership Board, we believe, has already been interviewed as part of the national work on Partnership Boards.

Our local evaluation could mirror this focus on Innovation projects; thematic working for example around community involvement; and exploring the working of the partnership board. It could take some aspects of them e.g. Community involvement work and the Innovation projects. We could adopt the framework but choose different areas. Possibilities include:-

- Partnership working below board level
- Partnership working between formal agencies and communities

This option would mean working very closely with the national evaluation team, supporting them and extending their work as appropriate.

Option two - Commission a process ‘formative’ evaluation on the development site approach proposed in another paper on this agenda.

It has been proposed that the HAZ locally moves to a development site approach. This is a radical move which has a lot of potential for learning. As such it lends itself well to being evaluated using a Theories of Change approach. This would entail:-

- Facilitating stakeholders to clarify a local description/model of our HAZ (building on the work of the national evaluation team but extending some of the concepts to account for the development site approach).
- Facilitate local stakeholders to **make explicit** the implicit notions about what they want to do **in detail**.
- To facilitate stakeholders within development sites to construct interim milestones, targets and final outcomes around the actions they have chosen and their explicit “theory of change”.
- To evaluate the relationship between these and provide regular, on going feedback to the Partnership/Executive board about progress.

The kinds of questions likely to be answered by this approach would include.-

1. What is the explicit rationale for development sites? What are they aiming to achieve?
 2. What are the explicit intermediate outcomes and how do they relate to the local goals of HAZ?
 3. How do the local intermediate outcomes differ from the national focus on the following?
 - Reshaping the health and social care system
 - Do the development sites intend to promote the development of closer relationships between health and social care agencies in ways that has yielded better services for users?
If yes, how?
 - Promoting Community Involvement/empowerment Do the development sites intend to promote better community involvement? What are the explicit purposes of community involvement strategies?
 - increased accountability,
 - improved health,
 - more sensitive services,
 - more cohesive communities
 - to enhance reciprocal learning?
- How do development sites promote community involvement to achieve them?

What is the impact of community involvement on the achievement of objectives and goals of the local HAZ?

- Tackling the Root Causes of Ill Health
Is a rationale for moving to development sites that it will better tackle the root causes of ill health?

Has moving to development sites influenced changes in health related policies and practices locally that lie outside the traditional health and social care system? In what ways do the local key stakeholders within each development sites expect HAZ activities to achieve desired improvements in population health outcomes? Over what timescales?

3. Context of Local Development Sites- would need to make explicit

- the characteristics and capacity of local development site communities
- existing infrastructure and agency relationships within development sites
- politics of local organisations (including historical links and tensions) within development sites
- existence of other strategic partnership initiatives within development sites
- enthusiasm and skills of individual players in the local health and social care economy within development sites

4. Final Outcomes

What baseline indicators are being developed within each development site to describe health and well being?

The role of the evaluator in options 1 and 2 would be that of an evaluator of complex community initiatives i.e. “to assist the various initiative stakeholders to gain clarity on the overall vision or ‘theory of change’ of the effort.... The evaluator can help an otherwise under-specified initiative to identify the interim outcomes or markers of progress that correspond, at least theoretically to the longer term outcomes” (*Making a Difference*, 1999)

Option three - adopt an outcome focused, less formative approach

This option proposes that we adopt a different framework and take a more experimental outcome focused design e.g. an experimental evaluation of certain HAZ projects using new cluster methodologies.

This would entail

- identifying a number of HAZ badged projects e.g. those focusing on interventions in children - breakfast clubs, fluoride in milk, sure start initiatives
- designing an experiment that compares the outcomes in the target group for whom these interventions are aimed with a matched control group either within another development site and/or outside of the HAZ's area.

This outcome evaluation will tell us a lot about the success of the specific interventions which we have decided to fund, it would be very different from the national approach to evaluation and as such will not be affected by their work but is less likely to provide detailed ongoing learning about why we have decided what we have and whether our theories are holding up on the ground

Conclusion

This paper has explored the national framework for evaluation being proposed by Ken Judge and his colleagues. It identifies two options for local evaluation which directly relate to this approach and as such should allow us to directly address, within the local- evaluation process, some of the criticisms he made at the review meeting. However in some senses they will overlap with the national evaluation who will be working on some areas of this evaluation within this HAZ anyway. An example of this is that we have volunteered to be a pilot site for the national work on evaluation community involvement strategies. Therefore a third option is offered which is very different from the national approach.

The Partnership/Executive Board are asked to

- a) identify any further options
- b) explore the pros and cons of each proposal
- c) suggest a way forward for the local evaluation process

Written by Dr. Chrissie Pickin

No firm decision has yet been made regarding which evaluation option MST will develop.

NORTH CUMBRIA HEALTH ACTION ZONE: EVALUATION

Contacts: Dr. Peter Tiplady, Director of Public Health, North Cumbria Health Authority and Lead Evaluator
Sharon Ombler-Spain, HAZ Director and Project Manager

Budget: Budgetary information forthcoming.

Evaluation: The following is an excerpt from the North Cumbria Implementation Plan (April 1998):

“Formal evaluation of HAZ/HimP initiatives will measure changes in health needs indicators over time and the extent to which each initiative has been effective in improving health. Since some of the anticipated outcomes are long term, even in relation to a 7-year HAZ plan, it will not be possible in all areas to detect direct health benefits in the shorter term. However, where there is evidence from elsewhere that success with a particular initiative will ultimately benefit health, more immediate output measures may legitimately be used as a proxy for evaluating success. An obvious example would be new initiatives to reduce smoking. It should be possible to measure changes in the number of smokers and/or number of cigarettes consumed year on year, even though resultant changes in lung cancer registrations and deaths might not be detected until several years later.”

Dr. Tiplady has developed evaluation considerably since the Implementation Plan and INFORMATION IS FORTHCOMING.

NORTHUMBERLAND HEALTH ACTION ZONE: WORKING IN PARTNERSHIP – EVALUATING NORTHUMBERLAND HAZ

Contacts: Jackie Axelby - Project Manager and Chief Executive of Northumberland Health Authority

Local Evaluation Committee: Kathryn Bailey - Health Performance Manager, HA
Dr Stephen Singleton – Director of Public Health and Programme Director for the HAZ Healthier Living Programme

Mrs Linda Ions – Chief Executive, Northgate and Prudhoe NHS Trust and HAZ Programme Director for the HAZ Partnerships in Education & Employment Programme

Ms Janet Bostock – Community Clinical Psychologist

External Evaluators: Helen Sullivan, Mike Smith, Terri Knight, and Marian Barnes - School of Public Policy, University of Birmingham

Budget: The budget is still to be clarified. At present £20,000 was allocated for 1998/99. There will be a larger allocation for 1999/2000 and subsequent years.

Evaluation: A team from the University of Birmingham was commissioned to undertake an initial, external evaluation in early 1999. The evaluators worked closely with the Northumberland HAZ and produced a document titled: *Working in Partnership – Evaluating Northumberland HAZ – Final Report May 1999 – Sullivan, Smith and Knight (the attached document contains excerpts from this report)*. Further evaluation on public involvement and possibly on reducing inequalities, will be undertaken by the external evaluators.

The **local evaluation committee** (i.e. Steering Group) is currently working on the development of an Evaluation Action Plan. This plan will address the key issues raised in the Birmingham report and will also address issues from the national evaluation report. Consultation has begun with the Programme Directors for the 9 HAZ Programmes in Northumberland. The aim is to define specific objectives in relation to the evaluation issues.

There will also be an analysis of the evaluation programme in order to identify any gaps or weaknesses. This will enable the evaluators to offer further support to programmes and projects.

Events: The Northumberland HAZ has hosted the Northern & Yorkshire “**Learning Conference.**” This regional meeting will take place on February 9/10 in Newcastle. A summary of the learning conference is available on HAZNet.

**WORKING IN PARTNERSHIP
EVALUATING
NORTHUMBERLAND HAZ**

FINAL REPORT

**Prepared by
Helen Sullivan
Mike Smith
Teri Knight**

**School of Public Policy
University of Birmingham**

May 1999

PART ONE - INTRODUCTION

1. THE EVALUATION

This report sets out the findings of an evaluation of the operation of the Northumberland Health Action Zone (HAZ) partnership in its first year. The evaluation was conducted by the School of Public Policy, University of Birmingham between January and March 1999. The evaluation focused its attention on the functionality of the HAZ partnership, its likely sustainability and the nature and potential 'added value' of the outcomes arising from the operation of the partnership.

1.1. Background to the evaluation

The School of Public Policy, led by the Health Services Management Centre (HSMC) has been invited to work with the Northumberland HAZ as external evaluators over its lifetime. The purpose of this relationship is to provide the HAZ with a source of independent assessment in relation to key aspects of its programme and performance accompanied by support and development interventions as and when required. The breadth and depth of experience contained in the School in terms of evaluation and organisational/partnership development coupled with the range of public policy initiatives that the School is currently engaged in linked to the Governments Modernisation agenda for the public services, means that the School is able to provide relevant support to the HAZ which is both particular to the Northumberland context but informed by the national agenda.

1.2. Approach and methods

The purpose of the evaluation was to identify ways in which partnership working in the HAZ could be supported, developed and embedded amongst the key stakeholders in Northumberland. Therefore the approach to evaluation was primarily formative with the focus on process - how the partnership was operating - as well as impact - the difference expected and realised as a result of the partnership. Two key questions formed the core of the evaluation:

- 1) How was the HAZ partnership in Northumberland operating?
- 2) What would help to secure its sustainability?

The framework for analysis employed in Northumberland drew on a range of perspectives and tools for evaluation. The framework sought to clarify the link between the evaluation of process (building partnerships) and the evaluation of impact (sustaining partnerships) through the specification of three dimensions for the analysis:

- 1) Dimension One: The internal workings of partnership, its 'health and well-being'

- 2) Dimension Two: The internal/external interface, specifically partnership and its implications for governance at a local and central level.
- 3) Dimension Three: The external development and operation of strategic partnerships in the emerging institutional environment

Each dimension of analysis will be evaluated within a specific analytical framework. These are outlined below and are summarised in Table One.

Dimension One: The internal workings of partnership, its 'health and well-being' will be assessed via *The Five Stages of Partnership* (Wilson and Charlton, 1997). This model of partnership provides a framework for examining the critical success factors in relation to partnership development and management and is appropriate for focusing on what is happening within individual partnerships.

Dimension Two: The internal/external interface, specifically partnership and its implications for governance at a local and central level will be examined with the aid of *The 'Partnership life cycle'* Lowndes and Skelcher, (1997). This framework considers the ways in which changes to the prevailing mechanisms for governing and providing services within the public sector can inform the development and operation of partnership. The authors consider how the shift from hierarchy to markets to networks has affected public sector organisations and apply the incidence of these different modes to what they term 'the partnership life cycle' to demonstrate how partnership behaviour is linked to the modes of governing that inform mainstream organisations. The Partnership lifecycle will be applied to the Northumberland HAZ to examine how it has developed and to consider its potential impact on the governance of Northumberland.

Dimension Three: The external development and operation of strategic partnerships in the emerging institutional environment will be explored using *The value bases of sustainability* Cropper, 1996). This is an evaluative technique which is explicitly aimed at assessing the sustainability of collaborative relationships by means of exploring aspects of value arising from and related to individual partnerships. It has previously been employed by a member of the team in an evaluation of another health partnership.

The evaluation made use of 5 distinct methods.

1. Documentary analysis of partnership activity in Northumberland and Northumbria.
2. Semi-structured interviews with up to 30 individuals connected/disconnected to HAZ exploring key issues of partnership working and added value.
3. A questionnaire survey conducted at 2 or 3 levels across a range of participants:
 - *Level 1* exploring partnership experience generally and the building of HAZ partnership. This questionnaire was sent to members of the HAZ

Development Group and Programme Boards, other interviewees and members invited to the Community/Voluntary Focus Group.

- *Level 2 Organisational culture diagnostic questionnaires.* This tool devised by Janet Newman of the University of Birmingham (1996) explores the relationship between strategy and culture within organisations. Developed for local authorities it can usefully be applied across the range of sectors. It is particularly helpful as a contributing element to an evaluation of partnership working as it allows perceptions of individuals about ‘working together’ to be compared and contrasted with the *organisational cultures of the agencies involved* in the partnership. This questionnaire was sent to the HAZ Development Group, Programme Board members employed by a relevant organisation (local authority, health, other key organisations) and other interviewees employed by a relevant organisation (as above).
 - *Level 3 The Learning Diagnostic.* Robinson and Mason’s evaluation of Northumbria’s Community Safety Strategy (1997) utilised an innovative Learning Diagnostic tool devised by Strathclyde University and operated by Keith Hunter at 101 Dimensions consulting. This tool focuses on the ‘working together’ aspects of partnerships and encourages participants to examine how allowed, willing and able they feel in their experience of partnership working. The tool helps to paint a picture of the perceived capacities of individuals in these areas and can help to identify blockages to the development of sustainable partnerships. This questionnaire was sent to HAZ Development Group and Programme Board members and a small number of other interviewees with a close involvement with the HAZ partnership.
4. A focus group with representatives of community and voluntary sector organisations along with community development workers to examine the experience of partnership working from the ‘bottom up’.
 5. *The ‘Wheel of Involvement’* devised by Mike Smith of the University of Birmingham (1999) is concerned with the distribution of power and influence within partnerships and how this affects the successful operation of partnerships. Designed to focus specifically on *the experience of voluntary and community groups in partnership working*, it has been used successfully in regeneration partnerships to explore the openness, transparency and accountability of their SRB partnership from the perspective of community and voluntary stakeholders.

Participants in the evaluation process comprised:

- HAZ Development Group - 3 level questionnaire, some members will be interviewed.
- HAZ Programme Directors and Board members - 3 level questionnaire and some members will be interviewed.
- MP - interview.

- Those interviewees not directly involved in the HAZ management processes will receive the 2 level questionnaire in addition to the interview.
- Community representatives - focus group and 'wheel of involvement' exercise

Table One: Summary Evaluation Framework

ANALYTICAL DIMENSIONS	ANALYTICAL FRAMEWORK	PRIMARY METHODS	OUTPUTS
<p>Internal dimension - health and well-being of partnership</p> <ul style="list-style-type: none"> • Participation • Power • Efficiency • Effectiveness • Communication • Added value • Appraisal 	<p>5 Stages of Partnership (Wilson and Charlton)</p> <ul style="list-style-type: none"> • Developing relationships • Agreeing mission and goals • Establishing structures and procedures • Action/review • Forward strategy 	<p>Interviews</p> <p>Q. Level 1</p> <p>Documentary analysis</p> <p>Focus Group</p> <p>Wheel of Involvement</p>	<p>Report:</p> <p>Building Partnerships</p> <ul style="list-style-type: none"> • strengths/weaknesses • opportunities/threats
<p>Interface - relationship to governance:</p> <ul style="list-style-type: none"> • legitimacy • accountability • involvement 	<p>Partnership Life Cycle (Lowndes and Skelcher)</p> <ul style="list-style-type: none"> • hierarchy • markets • networks 	<p>Q. Level 1</p> <p>Documentary analysis</p> <p>Interviews</p> <p>Focus Group</p> <p>Wheel of Involvement</p>	<p>Sustaining Partnerships</p> <ul style="list-style-type: none"> • current potential • key opportunities and threats
<p>External dimension - 'partnership as distinct entity'</p> <ul style="list-style-type: none"> • identity • leadership • new organisation • fit with context • resource acquisition • trust • rules of the game 	<p>Value bases (Cropper)</p> <ul style="list-style-type: none"> • Productivity • Efficiency • Security • Legitimacy • Adaptability • Shared purposes • Institutional Framework • Capacity • Conduct 	<p>Q. Level 1</p> <p>Documentary analysis</p> <p>Interviews</p> <p>Q. level 3, Learning Diagnostic - Working Together</p> <p>Level 2, Strategy and culture -organisational diagnostic</p>	<p>Sustaining Partnerships</p> <ul style="list-style-type: none"> • current potential • key opportunities and threats

1.3. How to use this report

It is intended that this evaluation is used in four separate but complementary ways:

1. The material contained in this report provides a baseline for the operation of the HAZ partnership which can be revisited at different points in the life of the programme to assess progress towards sustainability (Part Two pp 9-22).
2. Specific tools employed in this evaluation can themselves be used for the purposes of the development of the partnership. The findings of the Learning Diagnostic, the Organisational culture diagnostic and the 'Wheel of involvement' all provide the partnership with valuable data in relation to working relationships, organisational development and working with communities that could form the basis for workshops, training sessions etc. (Part Three pp 23 -41).
3. The report contains an analysis of the findings providing a coherent statement about the nature of the Northumberland HAZ partnership in relation to the health and well being of its current operations and its likely sustainability over time (Part Four pp 42- 50).
4. The report contains specific recommendations for action based upon the findings which emerged from the data, verified by means of the application of different tools in the evaluation (triangulated) and considered across a range of relevant stakeholder groups (Part Four p. 51-54).

PLYMOUTH HEALTH ACTION ZONE: LOCAL EVALUATION

Contacts: Dr. Elinor Thompson, a Consultant in Public Health is the lead for the local evaluation programme that is overseen by an Evaluation and Research Programme Board.

The HAZ team link is Rob Nelder and the Chair is currently Dr. Chris Branford White.

Budget: The budget is spread out over the Evaluation and Research Programme

Strand	Project title	Budget
Infrastructure	Learning communities	£30,000 (+£60,000)*
	Information management	
	i) Data audit	£20,000
	ii) Data processing	£20,000
Health Status/outcomes	Community needs assessment	£6,000
	Health & well being survey	£26,000
	City indicators	£0 (<i>cost absorbed</i>)
HAZ Processes	Partnership effectiveness	£30,000
	Innovative research	18,000

** To be devolved to individual programme boards for project specific theory based evaluations*

Evaluation: Plymouth evaluation consists of three strands:

- 1) Infrastructure
- 2) Health Status and Outcomes
- 3) HAZ processes.

Evaluation for strand 1& 2 will focus on these areas at three levels: project level, programme level and steering group level.

Strand three evaluation will look at partnership effectiveness that will include innovative research and experimental and observational studies.

Plymouth Health Action Zone: Local Evaluation

Management

Plymouth recognises the complexity of evaluating the HAZ. The evaluation strategy has been developed to encompass the need to include qualitative and quantitative measures of both process and outcome at city and programme/project level. It also allows the development of the infrastructures necessary to support sound evaluation.

The programme is run by an Evaluation and Research Board, which has a Chair who sits on the HAZ steering group, a lead who takes responsibility for the strategic direction of the programme and a HAZ team link who maintains links with developments across all the other HAZ programmes.

Evaluation Strategy

The evaluation programme is set out within a framework consisting of three strands:

Strand one – Infrastructure

The infrastructure strand consists of activities designed to enable other aspects of the evaluation to take place – for example, IT developments to support the analysis of routine data. There will also be emphasis within this strand to help communities develop the Theory of Change model. The Learning Communities project will enable a specifically appointed professional to work with HAZ programme and project teams to help them develop their interventions with a clear theory of change. This theory will be used to help set process and outcome measures. These project specific evaluations will form the basis of a process of reflective practice and learning within the HAZ.

Strand two – Health status and outcomes

This strand consists of the collection and monitoring of data looking specifically at inequalities in health outcome and health determinants. In the document: ***Joined Together: A review of existing community based health needs assessments and related research***, the Plymouth Evaluation and Research Programme Board have looked at the scope, methods and quality of 40 pre-HAZ needs assessments projects. This data was needed to avoid duplication and to ensure that HAZ programme boards and project teams would have access to the most up-to-date information.

Further work within this strand includes a Health and Well-being survey of Plymouth residents that will be completed by the end of February 2000.

There will be ward level data on a random sample of 16-74 year olds. The questionnaire includes the Euroqol instrument as well as questions on health service access, quality of life and social capital.

A project to develop, collate and monitor a set of high level indicators of health inequality across the city also falls within this strand.

Strand three – Processes

Within this strand an evaluation of the effectiveness of partnership working within the HAZ is being commissioned.

There is also a small budget set aside for innovative original research and a project currently underway, in which the University of Plymouth is assessing inequalities in the use and funding of primary care.

Measuring Outcomes/ Impact

The Plymouth Evaluation and Research Programme board recognises that the attribution of any identified changes during the lifetime of the HAZ to actual HAZ interventions will be very difficult.

The foci of the programme is on:

- a) identifying any changes - through project specific measures, health and well-being survey and city indicators monitoring
- b) understanding why changes have occurred – at project level
- c) Encouraging the development of a culture of systematic problem identification and intervention design and management - learning communities.

Each programme board will report on progress to the HAZ Steering group which will in turn ask questions regarding partnerships and processes at the programme level and take responsibility for developing the City Health Action Plan.

At the regional/national level it will be ascertained whether they have established the processes they set out to. Generally this is intended to be a complete evaluation process with each level feeding information to the other. As a learning process, outcomes and impacts will be utilised to inform future policy and planning at the city level.

Submitted by: Dr. Elinor Thompson
January 2000

Project	Aims	Milestones	Targets	Timescale	Budget	Lead
<p>5.1 Infrastructure <i>"what we're doing to make things work"</i></p>	<p>a) Learning Communities To spread learning within the community to enable stakeholder teams to design, implement and evaluate programmes and projects to reduce health inequalities</p>	<ul style="list-style-type: none"> • Agree project specification (June 1999) • Place advert (July 1999) • Interviews (September 1999) • Start project (October 1999) 	<ul style="list-style-type: none"> • Programme stakeholders confident of design and evaluation skills • Projects have clearly identified plans and evaluation criteria • Project evaluations conducted • Project outcomes collated by programme boards 	<p>October 1999 (start)</p>	<p>£30,000 (+£60,000*)</p>	<p>E. Thompson & C. Branford-White</p>
<p>b) Information Management</p> <p>i) Data Audit Conduct audit of all data held by all relevant partner agencies, including assessment of storage accessibility and availability to other agencies</p> <p>ii) Data Processing To set up data collection and audit mechanisms for each programme area to inform performance indicator monitoring</p>	<ul style="list-style-type: none"> • Agree project specification (June 1999) • Place advert (July 1999) • Interviews (September 1999) • Start project (October 1999) 	<ul style="list-style-type: none"> • Results of audit circulated to partner organisations • Systems based on shared information developed to facilitate the planning and monitoring of current and future HAZ and non-HAZ initiatives within the city 	<ul style="list-style-type: none"> • Programme stakeholders aware of single point of contact for information requests • Readily available data sets of time trends in key performance indicators produced 	<p>October 1999 (start)</p> <p>September 1999 (start)</p>	<p>£20,000</p> <p>£20,000</p>	<p>R. Nelder & J. Bradley</p> <p>R. Nelder & J. Bradley</p>

* to be divided appropriately for programme board evaluations

Project	Aims	Milestones	Targets	Timescale	Budget	Lead
<p>5.2 Health Status and outcomes <i>“how well we’re moving towards our goals”</i></p>	<p>a) Community Needs Assessment To use all available data from community based needs assessments to inform further developments</p>	<ul style="list-style-type: none"> Data from all community based needs assessments identified and analysed 	<ul style="list-style-type: none"> All relevant currently available data collated in a form usable to city health action planning and target setting 	September 1999 (finish)	£6,000	J. Chandler & R. Nelder
<p>b) Health & Well-being Survey In collaboration with other HAZs to develop, pilot and conduct a health and well-being questionnaire survey of citizens for baseline health status measures, specific sub-groups to be sampled</p>	<ul style="list-style-type: none"> Pilot study carried out and questionnaire amended in partnership with other HAZs with similar objectives 	<ul style="list-style-type: none"> Detailed picture of the health status of Plymouth residents including data on specific high need groups 	December 1999 (finish)	£26,000	E. Thompson & R. Nelder	
<p>c) City Indicators To co-ordinate a city-wide process to develop and agree common targets for health, well being and quality of life for all city regeneration initiatives</p>	<ul style="list-style-type: none"> 'Boundaries' of health indicator range agreed Health indicator categories agreed Appropriate health indicators agreed 	<ul style="list-style-type: none"> Set of health indicators to monitor changes in health status and health inequalities across the city agreed Specific high level health indicators contributed to city planning process 	March 2000 (finish)	Cost absorbed by project 5.3b(ii)	E. Thompson & R. Nelder	

Project	Aims	Milestones	Targets	Timescale	Budget	Lead
5.3 HAZ processes <i>“how well we’re working together”</i>	a) Partnership Effectiveness To work with the community developments programme to develop measures for assessing the effectiveness of partnership working in the city.	<ul style="list-style-type: none"> Project specification drawn up and agreed Project commissioned Partnership effectiveness criteria agreed Partnership effectiveness criteria assessed 	<ul style="list-style-type: none"> Assessment of the strengths and weaknesses of local partnership working with recommendations for the HAZ Steering Group on how to improve working 	September 1999	£30,000	E. Thompson & C. Branford-White
	b) Innovative Research i) To be developed To develop innovative action research to address health inequalities and evaluation mechanisms. Leverage additional monies into HAZ ii) To aid Policy Makers To help policy-makers identify ways of promoting a fair allocation of resources without exacerbating inequalities in access (through an analysis of inequalities in primary care service utilisation within Plymouth)	<ul style="list-style-type: none"> Develop partnership bids external research monies to fund innovative projects Examine variations in health service utilisations according to need at general practice level Identify systematic impact of supply variables on historical variations in resource utilisation Explore equity implications of alternative resource distribution formulae 	<ul style="list-style-type: none"> Projects funded and completed Recommendations to local policy makers of the most appropriate mechanism for resource distribution at primary care level 	December 1999 January 2001	£4,000 £14,000	E. Thompson & S. Asthana S. Asthana

Total Programme Board budget is £210,000. However this sum includes £60,000 which is specifically for Programme Board Evaluations within the Learning Communities Project.

SANDWELL HEALTH ACTION ZONE: TARGETS AND EVALUATION

Contacts: Sophia Christie, Project Manager and Trisha O'Neill, Communications Lead.

Jasbir Kaur the Programme Manager has overall responsibility for Service level agreements, monitoring of project impact via milestones, and the development of additional evaluation within projects.

Budget: Qualitative £238,783
Quantitative £86,520

In addition Housing, Health and Grow Well projects have funded research posts.

Evaluation: Sandwell is adopting a range of innovative approaches to evaluation. The main focus for evaluation efforts at the moment is the 'Creative Archive.' This multimedia programme aims to capture the local person's experiences of health over the lifetime of the HAZ.

In addition, evaluation is included within Sandwell's individual projects through performance management and other methods currently being considered by project leads. A number of baseline surveys have been commissioned. **Details of these surveys and other aspects of evaluation are attached.**

A seminar on the *theories of change model* has also been planned with Professor Brian Jacobs to generate interest in this evaluation approach and to be applied to the Work Well project in Sandwell

Sandwell Health Action Zone: Targets and Evaluation

Management

The Sandwell local evaluation team comprises a Research and Evaluation group made up of HA and LA researcher's, epidemiologists, performance managers, collectors of success indicator data and user consultants.

There is also an evaluation advisory group that meets with the HAZ and the evaluation programme manager

Evaluation Strategy

Sandwell is seeking to develop a strategic and consistent approach to change addressing the root causes of ill health such as housing, social exclusion, lifestyles, education and the delivery of services. Evaluation will be built into each project through monitoring. This monitoring will rely on both qualitative and quantitative approaches, bearing in mind that real indicators of change are not expected for at least ten years.

Evaluation Challenges

Sandwell has identified partnership working and environmental assessment as key factors in successful change. Priorities for action take into account: creating a physical and cultural environment, which promotes good health, promoting social inclusion, and contributing to regeneration for health improvement. Evaluation of the effectiveness of these approaches will be built in to the programmes. The aim is for local evaluation in Sandwell to lead to broader discussions between agencies and initiatives such as EAZ and new deal SRB, on avoiding evaluation fatigue and how to undertake this task without frustrating delivery organisations and the public.

Evaluation within Projects/Activities

Evaluation is built into each project. First, each project is developed following a review of the available evidence base; designing activities around proven strategies and recommended approaches. This ensures that a preliminary level of evaluation has taken into account various sources of information to ensure that the strategy of change is plausible.

Secondly, Sandwell poses key questions needed for evaluation:

- Are the resources available for any specific project/activity – i.e. 'Leverage section'
- What is the anticipated outcome
- Key activities needed to effect change

As Sandwell has identified there is a need for every project to utilise a number of evaluation tools in order to answer these questions. Each project plan is divided into separate areas such as: Purpose, anticipated outcomes, process measures, key activities, involving people, evidence base, leverage and sustainability. Built into these categories are tools for monitoring the progress of the project and its movement towards the ultimate outcome. As Sandwell recognises, links between activities and outcomes must be pursued. Measuring cause and effect (i.e. project interventions and outcomes) can provide the evaluator with the necessary information to understand the

links between the two. Ultimately, evaluation of projects/activities will look at whether there is progress towards the stated outcomes/targets.

Measuring Outcomes/Impact

Sandwell's evaluation documents make clear that evidence, in the form of statistical change, is not expected for at least ten years. In the meantime, they are looking to show evidence of changes in behaviour and attainment at interim stages for various target groups. *Anticipated Outcomes* will be measured through research and evaluation and demonstrated via *Process Measures*. For example, the Grow Well Project will seek the adoption of a 'corporate parenting plan' with specific responsibilities by partners including primary care groups. Outcomes will be evaluated on the basis of the success of this process measure and on the success of *Key activities* identified under the project. An example of a 'Key activity' evaluating tool is the Mapping exercise attached to the Grow Well project. This mapping exercise will identify duplication and gaps and in effect will evaluate the effectiveness of the work.

Outcomes are also dependent on successful *Leverage*. This means the support of different initiatives in the community and elsewhere to ensure successful outcomes.

Outcomes will also be linked with evaluation and measuring of sustainability. When evaluating each project/activity Sandwell hopes to explore whether outcomes are sustainable beyond the life of the project.



ADDITIONAL INFORMATION ON EVALUATION PROVIDED BY SANDWELL – OCTOBER 1999

Evaluation contains 3 elements:

1. Quantitative Surveys to give baseline information and follow up against HAZ targets.

Tobacco survey – Commissioned from the Schools Health Education Service in Exeter. Originally undertaken circa 5 years ago. This will provide contemporary information and will be repeated on a three-year cycle in 2003.

Regional Adult Lifestyles Survey – We buy into this survey Commissioned from MORI on behalf of West Midlands off ice of NHS Executive. It is to take place this year and is repeated every five years. It is a follow up to 1995 survey and is designed to collect data on health and lifestyle issues in order to provide baseline data for the region and Districts on specific Governmental strategy targets; Health of the Nation, Our Healthier Nation. This Survey will include a Black and Minority Ethnic Lifestyles questionnaire adapted by Walsall Health Authority.

Young People's Lifestyles Survey – Also commissioned from SHES in Exeter and sampling from every school in Sandwell. More detailed than MORI work for NHS Executive. Will also be followed up in 5 years' time.

ERDF (NDC) – A Survey to provide baseline information about the 4000 people community of Greets Green as part of the New Deal for Communities initiative. Will provide more detailed and local information.

2. Performance Management against milestones

Each HAZ initiative has an agreed Service Level agreement between Sandwell Health Partnership and the delivery agency. These are based on the proposals agreed with the NHS Exec and laid down within Sandwell's HAZ plan. They detail outcomes, activity, and milestones and lead officer responsibility and provide information for feedback on ongoing progress to the centre and an opportunity monitoring and review for the Programme Manager. This also includes a face to face mid-year review and annual review with the Regional Officer of the NHS Executive regional office.

In addition, each initiative has identified, or are currently developing, project impact evaluation for agreement by the Project Steering group. Sandwell's Improved Housing initiative has a dedicated research post built in to it. The research aim is to look at health gains in terms of reduction in deaths from hypothermia, asthma and infectious diseases for target groups, raising of educational attainment levels of

children with asthma, reduction in sickness and absence from school, workplace and reductions in the numbers of falls and accidents in the home, as a result of this initiative. The Grow well initiative also has dedicated research programme to assess impact of specific partnership initiatives with a focus on the effect of early year's intervention on educational and health outcomes.

3. Qualitative approaches

Creative Archive

The Creative Archive forms the core of Sandwell's local approach to evaluation. In partnership with c/PLEX (a multi-media arts centre) and Jubilee Arts (a community-based Arts organisation), this initiative seeks to capture the stories people tell about their health and illness and experience of being in Sandwell over the lifetime of the HAZ. Material will be collected through interviews with local people, participants in HAZ programmes, public sector and other professionals, video diaries, life histories, and community arts work.

All material will be digitally recorded and stored and become part of an interactive exhibition within c/PLEX, which can be adapted, changed and added to by people as they visit the site. It will also function as our major local source of impact evaluation and the steering group includes researchers with expertise in qualitative approaches.

Viewpoint Questionnaires

The local authority has established a resident's panel, who will receive 4 questionnaires a year exploring key strategic themes. The first of these included a health section, and it is planned that the fourth will focus on health issues, with each one incorporating relevant health-related questions. This information will be used in service review and development and to influence partnership decision-making.

Key contact – Jasbir Kaur – HAZ Programme Manager (0121 500 1647)

E-mail: jasbir.kaur@sandwell_ha.wmids.nhs.uk

Budget

Quantitative approaches to establish baseline: **£82760** in 1999/2000 and in 5 years time.

Qualitative: creative archive will have an annual operating budget of **£78,050**; it is anticipated that this will also lever in money from other organisations.

Submitted by Sandwell HAZ

October 1999

SOUTH YORKSHIRE COALFIELDS HEALTH ACTION ZONE - EVALUATION

Contacts: Evaluation Steering Group including: Paul Redgrave and David Meechan the HAZ Evaluation Lead

Budget: The following budgets have been approved:

Baseline social capital survey.....Total budget of £110,000
(recently commissioned with SRB partners from the Local Authority)

Database.....£17,000 in 1999/2000
(subsequent years to be agreed)

Children and Young People Evaluation and Development.... Year One: £32,000
Year Two: £63,000
Year Three: £64,000

Disability Programme Area Evaluation...£30,000 each year

There is also a draft proposal for Heart Health Programme Area Evaluation at:
Year One - £3,000 – Years Two and Three - £20,000

In addition, most projects have an evaluation component built in to the work that is not costed separately

Evaluation: There will be three levels of evaluation across the HAZ:

Level One – Evaluation of Local Projects

Level Two – Evaluation of the Programme area interventions

Level Three – Overall HAZ evaluation

(see attached)

South Yorkshire Coalfields HAZ – Evaluation

Management

A Steering Group that is overseen by the HAZ Co-ordinating Group is leading Evaluation in South Yorkshire Coalfields (SYC). The Steering Group meets regularly to discuss the progress and priorities of the overall HAZ evaluation strategy. This group will be further supported in its evaluation processes by evaluation officers assigned to each Programme Area through the support of academic participants.

Evaluation Strategy

SYC HAZ are adopting a three tiered approach to evaluation:

Level One: Evaluation of Local Projects

Level Two: Evaluation of the programme area interventions

Level Three: Overall HAZ evaluation

The intended forms of evaluation within the three levels include:

- **Level one:** statement of objectives, targets, milestones and protocol for community involvement. This will be undertaken through proposal forms and later with quarterly returns. Evaluators will also address the question of resources and finances.

There will also be an annual evaluation form. Evaluation at level one is intended to focus on local and specific HAZ wide projects

- **Level Two:** At this level the HAZ will look at quarterly monitoring forms and the results from level one. This information will then be compiled and a report produced which will inform the HAZ wide programme area leads and the HAZ co-ordinator.

There will also be the use of routine data to monitor key changes using various evaluation techniques.

- **Level Three:** This level will be made up of four parts
 - 1) information on individual projects, community evaluations and programme areas
 - 2) routine data available at ward level, for communities, general practices and primary care groups
 - 3) assessment of the overall impact of different projects in one location which will be useful at community level
 - 4) Assessment of organisational development and partnership working within the HAZ.

Evaluation Challenges

South Yorkshire Coalfields has recognised the need to have a comprehensive structure for evaluation that will then be refined to avoid duplication. To develop approaches such as the Theory of Change, academic support has been brought in. For example, Dr.J.Dunn produced the draft SYC HAZ Profile document that includes baseline information. It seeks to link “**top-level**” indicators of change with project and organisational development in order to identify which local projects are working.

This preliminary evaluation will enhance future project development, effective partnerships and a more coherent and effective relationship between the HAZ and its partners and other initiatives such as the HimP.

South Yorkshire Coalfields hopes to eliminate unnecessary interventions and duplication by collaborating locally with partners across the HAZ (i.e. SRB, Housing). They will also hope to draw on the experiences of other HAZs with similar health inequalities (i.e. Baseline Measure of Social Capital).

Evaluation within Projects/Activities

Within each South Yorkshire Coalfields' project there is the opportunity for training of project leaders in evaluation techniques. Training sessions for evaluators will shift the focus away from monitoring to more comprehensive forms of evaluation.

At present the evaluation tools of projects/activities being used in the SYCHAZ include:

- 1) Routine data – a database is in use and can be used at all three levels of the evaluation. For example, data is used to look at the relationship between the use of services proven to promote health and a community's need for such services
- 2) qualitative evaluation – through various techniques such as video diaries, focus groups, local surveys, interviews, etc. qualitative evaluation will be used to engage the local community, add a depth to projects and aid in the development of projects
- 3) Surveys – will be used to measure groups or communities involved in HAZ projects. Questions can illustrate specific dimensions of the health of the community – i.e. mobility, mental wellbeing, etc. In South Yorkshire, for example, questionnaires are already in use to evaluate specific measures of morbidity such as angina
- 4) Organisational development – various techniques will be used by the project leaders and HAZ co-ordinators to determine the effectiveness of partnership working and the pursuit of project goals.

The overall aim of this evaluation structure is to:

- 1) avoid duplication in evaluation
- 2) identify which projects are best able to meet their outcomes/outputs
- 3) assess the effectiveness of partnership development
- 4) provide an information base for future project work
- 5) involve the community in the strategy of change
- 6) Develop and refine indicators of health such as the “dimensions of well being and health” with its seven indicators of health.

Measuring Outcomes/Impact

To ensure that quarterly monitoring returns and other basic methods of evaluation are rigorous and have a theoretical basis, South Yorkshire Coalfields has, like many other HAZs brought in evaluation support from academic units. Academic partners may be involved in drawing on the Theory of Change and Realistic evaluation models in the future planning of projects and in identifying which elements of the SYC HAZ strategy of change *do not* lead to the desired outcomes/outputs.

Overall, the collection of routine data, surveys, and self-assessment by communities and local project leads will benefit from a theoretical base that seeks to explain the relationship between the context, change mechanism and outcomes of the HAZ. The evaluation links between projects and outcomes needs to be clarified and developed further. SYC HAZ has recognised this need and hopes that an ongoing dialogue with the National Evaluation Team will serve as a resource for all HAZs.

Areas of Co-operation For Local Evaluation of Health Action Zones

April 1999

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1 Introduction

- 1.1 The purpose of this paper is:
- to provide an up date on the joint work done by representatives of Luton, Sheffield and SY Coalfields HAZs (SYCHAZ)
 - to present an example of a framework for local evaluation produced by the SYCHAZ Evaluation Group
 - to propose a number of options for developing the work on evaluation and to seek views of other HAZs on these.

2 Background

- 2.1 There have been three national meetings over the past six months and several between Luton, Sheffield and SY Coalfields HAZs. The thinking around evaluation of HAZs is an evolving process at a national and local level.
- 2.2 At the national meetings there has been positive support from local HAZs for the approach taken by the national evaluation group. It was also agreed that there is a need to develop a package of indicators which we suggest as many HAZs as possible use as part of their local evaluation. The intention would be that these indicators would be measured at least twice, i.e. at baseline and at the end of the HAZs duration, and possibly at intermediate points as well. Particular attention would be paid to using the indicators to measure geographical differences and inequalities in health and how these had altered during the time period studied.
- 2.3 In this paper the work on the indicator set is put in the context of a framework for the local evaluation HAZs. This has been developed by SYCHAZ and describes a broad range of evaluation tools (this fits in well with the “theories of change” model outlined by the National Group).

3 The National Evaluation

- 3.1 It has been pointed out, HAZs are complex, open systems operating in a changing environment. They are complex as they involve a wide variety of community interventions. They are open in that there are other influences on the same areas, such as other projects like SRB. They are operating in an environment that is constantly changing, for example, changes in the local and national economy. This renders the familiar experimental approach to evaluating the outcomes of an intervention of little use and the problem of attributing an outcome to a particular intervention is particularly difficult. The national group are proposing what is termed “theories of change” as the theoretical base for the National Evaluation (see previously circulated papers).

4 A model of the framework for local evaluation

- 4.1 This model has been proposed by the SYCHAZ Evaluation Group and adopted by the local HAZ Coordinating Group. The section on use of routine data, including appendix A and the evaluation toolbox outlined in appendix B offer scope for co-operation between HAZs.
- 4.2 Definitions of terms: *Monitoring* refers to determining whether targets and time scales are being met, what the outputs of projects are and use of

resources. All projects will be required to complete quarterly returns. Programme areas will be monitored in the same way. *Evaluation* refers to the broader concept of measuring outcomes of interventions. The overall effectiveness will be considered taking into account the context of the project/programme. Judgement and analysis will be needed and comparisons made with other interventions or methods. Evaluation will be needed at three levels, see below.

- 4.3 *Level 1: Evaluation of local projects.* All projects are required to complete a proposal form outlining their strategic and project objectives, a breakdown of targets, milestones and a protocol for community involvement. Quarterly monitoring returns will have to be completed covering the financial situation of the project and data on the outputs of the project. In addition projects will be encouraged to undertake evaluation using a variety of tools described below and complete an annual evaluation form. This same level 1 methodology will apply to specific HAZ wide projects as well as the local projects.
- 4.4 *Level 2: Evaluation of the three programme areas.* Completed quarterly monitoring forms and the results of the evaluation of individual projects will be sent to local programme area coordinators. Working with the local HAZ coordinators they will aggregate results from all their projects and produce a report to go to the HAZ wide programme area leads and the HAZ coordinator. They will also be able to use routine data to check on changes in key variables and again will be able to use a variety of other techniques to evaluate interventions in their programme areas.
- 4.5 *Level 3: Overall HAZ evaluation and evaluation of local communities in which there are multiple interventions.* This will involve four component parts.
- Firstly, information on the individual projects, the programme areas and the community evaluations will be aggregated to gain a view as to which projects or programme areas have worked.
 - Secondly, routine data (see appendix A) will be available to check on changes in key variables related to the overall wellbeing and health of populations in the areas in which there have been HAZ interventions and to assess reductions in inequalities. These data will need to be available at ward level, for communities (groups of enumeration districts) and where possible for general practices and primary care groups.
 - Thirdly, those responsible for broader community development in particular areas will want to assess the overall impact of all the various projects in one locality. They will again have available a variety of tools to do this (see Appendix B).
 - Fourthly, assessment will be needed as to how well the HAZ as a whole has worked in terms of organizational development and bringing agencies together to tackle problems. This part of the evaluation of the processes involved will be undertaken partly by local co-ordinators but also by the National Evaluation Team.
- 4.6 Triangulation of these aspects of the evaluation will enable an opinion to be given on the overall success of the HAZ as well as its component parts. An example of how this framework will operate for a hypothetical project is shown in appendix C.

- 4.7 **Context of the HAZ.** The evaluation will have to take account of the context in which HAZ operates, as this will change over the projected seven years of its life. A combination of routine data and qualitative information on the economic and social position of the HAZ area will need to be recorded and recognized.

5 Evaluation tools available

- 5.1 Advice should be available to project and programme leads on the appropriate use of data, the different survey tools and qualitative methodologies. The use of these will need to be coordinated across the HAZ.

1. **Routine data.** Details of the variables collected by the SYCHAZ are shown in appendix A. In addition a considerable amount of data on general practices and primary care groups are available and will be included in the database. The database will be easily available and can be used at all three levels of the evaluation. Routine data is of particular importance in measuring changes in inequalities in health. Work looking at the relationship between the use of services which have been proven to promote health compared with a community's relative need for such services is being undertaken.
2. **Surveys** of groups or communities involved in HAZ projects. Various instruments are available. include measures of social capital and perceptions of public services. Data from recent lifestyle surveys is already available in some districts and can provide base line measures. It may be appropriate to carry out further lifestyle surveys or to use general health questionnaires, such as the EuroQol, to assess the outcomes of particular projects or programmes. Component questions of these tools can provide outcome measures for particular dimensions of health or wellbeing, e.g. mobility, mental wellbeing, etc. Questionnaires are available for specific measures of morbidity, e.g. angina.
3. **Qualitative evaluation.** Qualitative information will be needed to provide a richness and depth of understanding about projects. Various techniques are available including interviews, local surveys, focus groups, video diaries, etc. This type of evaluation often engenders most local interest and is an important component of project development. Where possible people from areas in which projects operate should be involved in the evaluations including on occasions in a paid capacity.
4. **Organizational development.** Again various techniques are available for assessing how well the different organizations and groups involved in the HAZ have worked together to solve common problems.

6 Dimensions of well being and health

- 6.1 The following dimensions can be considered for use at all levels of the evaluation.
- 1 Social capital measures
 - 2 General health measures
 - 3 Disease/symptom-specific measure
 - 4 General health determinant measures
 - 5 Service utilization and access measures
 - 6 Measures of perceptions of service availability
 - 7 Lifestyle measures
- 6.2 For each of these categories a small number of potential indicators have been identified which could either be collected from routine data or by quantitative or qualitative evaluation methods. Further details are given in Appendix B which provides an evaluation toolbox for use by project and programme leads. This indicator set is at a developmental stage and comments are welcome on its usefulness.

7 Social Capital

- 7.1 There is an increasing body of evidence suggesting that social support and social capital (those features of a community which promote cohesion and trust and a sense of belonging) have an important influence on health outcomes. The concept of social capital and whether it is possible to measure it has been discussed with Luton, Sandwell and Sheffield HAZs. Groups up and down the country are increasingly interested in using measures of social capital as an outcome of success of community based development projects. The Health Education Authority has commissioned a large piece of work on the issue.
- 7.2 Although improving social capital in those areas suffering the worst health is not a formal objective of SYHAZs it underpins everything the HAZ is trying to achieve. Therefore, there is a need for a baseline measure of social capital.
- 7.3 The concept of social capital is a relatively new one in this country and validated measures are in the process of being developed. Therefore, it is proposed that some work is commissioned to review methodologies for measuring social capital and to make recommendations for how HAZs should measure social capital particularly in areas with the poorest health outcomes.
- 7.4 Social capital should include the dimensions of:
- attitudes (value of self)
 - trust/perceived safety
 - participation in the local community
 - personal empowerment
 - perceptions of local public services, including health services

8 Recommendations

1. Links should continue to be developed between HAZs to generally share local experience and contribute to development of the work of the national evaluation team,

2. Consideration should be given to developing a HAZ indicator set along the lines suggested in this paper,
3. The local evaluation framework and the "tool box" outlined in this paper could be developed for use in other HAZs.
4. There is a need for a baseline measure of social capital. Work to develop a questionnaire for measuring social capital could be commissioned with other HAZs as soon as possible. Interested HAZs should let us know the answers to the following questions:
 - Is your HAZ interested in obtaining a baseline measure of social capital?
 - Do you know of any existing questionnaires/interview schedules which could be used to measure social capital in a HAZ context?
 - Would you be prepared to contribute a small amount of money towards a total of about £5K to fund a brief review of existing work in the area of measuring social capital?

TYNE AND WEAR HEALTH ACTION ZONE: EVALUATION

Contacts: Pam McDougall, Project Manager and overall contact for evaluation.

Dr. Judy Thomas, Director of Public Health, Sunderland Health Authority, providing public health input.

Five Local Partnerships and District Co-ordinators:

Newcastle: Dr. Martin White, Senior Lecturer in Public Health, University of Newcastle

Gateshead and South Tyneside: Professor Steve Jarvis, Dept. of Child's Health, University of Newcastle

North Tyneside: Liz Green, Healthy Communities Manager, Northumbria HC Trust

Sunderland: Geraldine Granath, Local HAZ Co-ordinator, Sunderland Health Authority (based at)

Budget: Central provisions for evaluation is £210,000 in 2000 and subsequent years. In addition local partnerships have made the following provision to support specific pieces of work:

	<u>1999/2000</u>	<u>2000/01</u>	<u>2001/02</u>
Gateshead	£ 6,500	£ 6,500	£ 6,500
South Tyneside	£10,000	£12,000	£10,000
Newcastle	£30,000	£45,000	£45,000
North Tyneside	£25,000	£25,000	£25,000
Sunderland	Budgetary information is forthcoming		

Evaluation: Within Tyne and Wear there are five local partnerships and associated programmes. Each local partnership takes forward the evaluation for their area. **(see attached)**

For example, in the district of Newcastle they will focus on the research and evaluation needs at local level. The gathering of HAZ wide data indicators are written into the proposal for the Health Measurement Unit at Tyne & Wear, so Newcastle aims to produce original information not replicate the HMU's work.

Newcastle also aims to establish a small Health Partnership Research Group drawn partly from staff involved in advising the implementation groups. This Research Group will develop an overall monitoring and evaluation strategy for Newcastle and liaise with other similar groups both locally and nationally. **(Dr. Martin White – October 1999)**

Tyne and Wear Health Action Zone: Summary of Evaluation

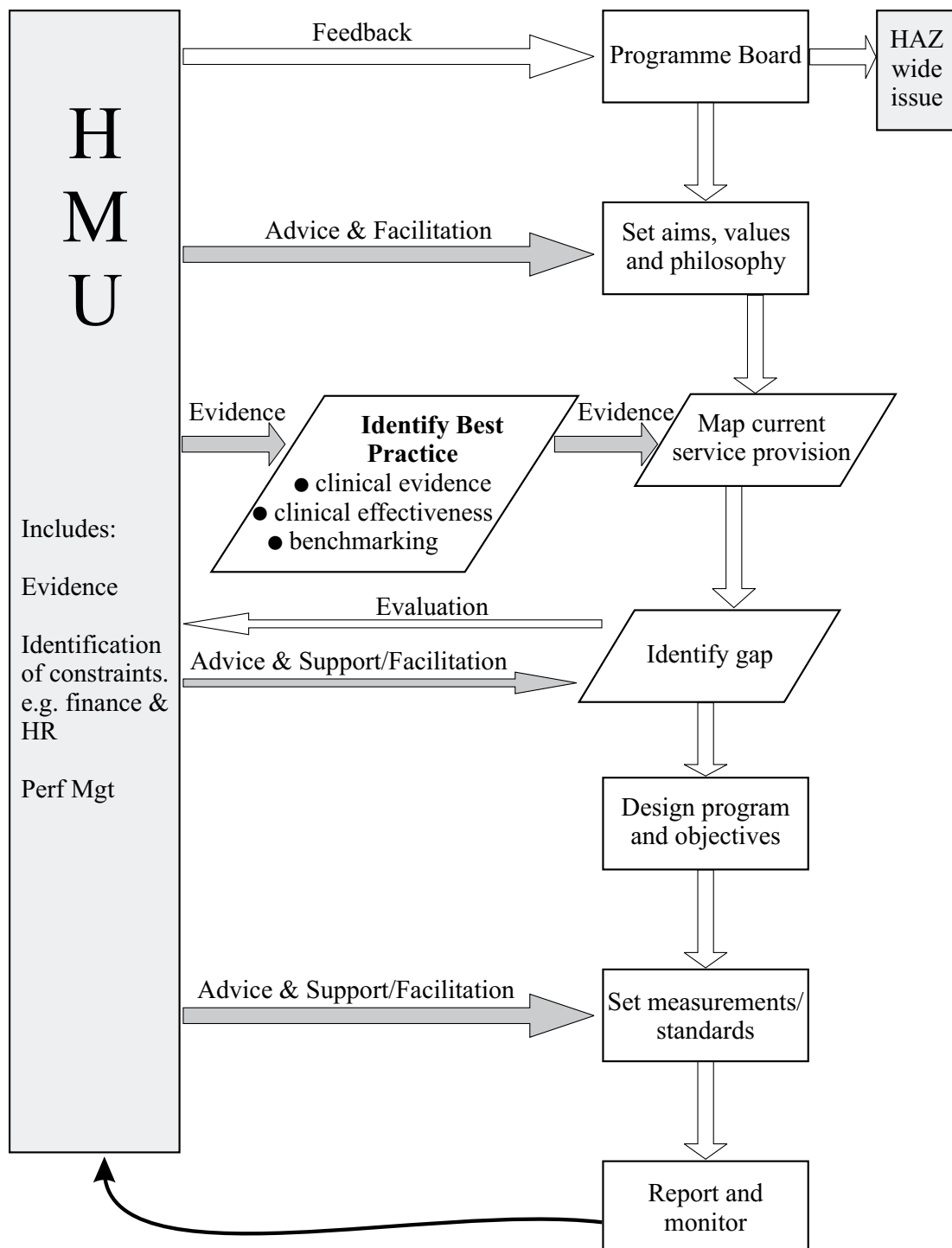
General Progress: The following points arose from the recent study day and are the basis of a paper to our Executive Group for February describing proposals to take forward evaluation work:

- The role of the Health Measurement Unit has been revisited in light of the need to establish a Public Health Observatory within each region
- The approach will now be to establish a programme of work to support HAZ objectives rather than setting up a structure (i.e. an HMU) This programme is to:
 - Develop a HAZ evaluation framework by April 2000
 - Provide training/capacity to support the framework implementation and co-ordination
 - Disseminate the practice of Health Impact Assessment across Tyne and Wear
 - Undertake specific evaluations/surveys
 - Establish/disseminate a methodology regarding community impact assessment
 - Establish a data set for monitoring inequalities on a small area basis and monitoring process
 - Develop research and development capacity – to develop new methodologies for evaluating the impact of initiatives on health inequalities.

Most of this work will be undertaken under contracts with local organisations and will be monitored by the Evaluation Group. It is likely that an Evaluation Manager will be recruited to provide management capacity to the process.

*Submitted by Tyne & Wear HAZ: Pam McDougall, Evaluation Lead and Co-ordinator
January 2000*

Role of Health Management Unit Draft Framework



Excerpt from Tyne & Wear Discussion Paper, November 1998

CONTENTS

Second Wave:

Brent

Bury and Rochdale

Camden and Islington

Cornwall and the Isles of Scilly

Hull and East Riding

Leeds

Leicester

Merseyside

North Staffordshire

Nottingham

Sheffield

Tees

Wakefield

Walsall

Wolverhampton

BRENT HEALTH ACTION ZONE: EVALUATION SPECIFICATION

Contacts: Patrick Vernon - Project Manager
Sarah Pearson – Health Authority Seconded and Lead Evaluator
Des O’Grady - Brent HAZ Evaluation Workstream Lead
Astier Almedom - Former Research and Evaluation Consultant

Structure of evaluation committee/groups still to be established. (Dec/99)

Budget: Funding levels are still to be agreed. Each workstream will have a proportion of its budget allocated to evaluation. The overall evaluation budget is not yet determined.

Evaluation: Evaluation will be incorporated into the 11 workstreams as well as constituting a separate workstream.

Brent Health Action Zone: Evaluation Specification

Management

The Health Authority – (Sarah Pearson) – is undertaking evaluation for six months working closely with the new HAZ Director – Patrick Vernon. This evaluation will involve working with the different workstreams to help identify performance indicators, set budgets and timetables.

Evaluation Strategy

To implement change Brent has developed eleven workstreams such as Workstream 11: Evaluation. The evaluation workstream will be responsible for monitoring progress and outcomes in Brent's other programmes.

Brent invested a lot of early effort in developing an evaluation specification document (**an excerpt is attached**) which served as a tool in the initial planning of workstreams. In order that workstreams and programmes would have a structure for measuring progress in the future specific questions were asked bearing in mind the theory of change model such as:

- what information is available on the subjects of interest for example employment, specialist services, etc.
- what information needs are anticipated throughout the seven year programme
- What general and specific questions should be asked about the actions being taken?

Preliminary evaluation by Brent at the planning stage identified a number of issues relevant to future assessments of progress, such as:

- language barriers exist between local authorities and health authorities making partnership arrangements on health somewhat difficult
- terms such as “community” and “family” are difficult to define and therefore lead to problems with partnerships but also problems for evaluators when compiling quantitative data
- Brent chose to adopt a simpler version of the theory of change/realistic evaluation model and set up training for staff engaged in evaluation in order that all sectors involved in evaluation – i.e. practitioners, academics, etc. could communicate more effectively

Following this early review, Brent has set up a broad evaluation framework for each workstream, which will review:

- Objectives/Targets
- Methods of Assessment
- Outcomes
- Lessons

This model will be useful in understanding what obstacles a project faces, whether or not a project is progressing, and final outcomes.

Evaluation Challenges

Brent's early work identified several constraints that could impede their strategy of change and offered recommendations for change in their evaluation specification document. In this report, the information is contained under the heading: LESSONS.

In the text constraints include, for example:

- Communication problems and language barriers – Brent has a large ethnic and refugee community
- Also communication problems between different agencies and partners, whose work structures, practices and terminology differ
- Rigid organisational structures not open to change.

This preliminary evaluation led to some recommendations, for example:

- Training is needed for staff in a number of key areas – communication skills, evaluation methods
- Communication methods must be utilised fully – i.e. Email, bulletins, away days
- Evaluation at every stage of the HAZ plan must be seen as a valuable tool to enable change and not seen as a threat

Evaluation within Projects/Activities

Brent has identified the link between projects/activities and desired outcomes. Brent aims to link the two through continual evaluation. Workstream leads and participants will be involved and learn to evaluate their own progress. Brent also hopes to recruit an evaluation workstream lead to overview and evaluate all work in the HAZ.

To undertake evaluation of each task/intervention, Brent intends to explore both qualitative and quantitative methods of assessment. It is not yet decided how this evaluation will come together but it is seen as underpinning the change to a “*Brent HAZ culture.*”

As identified in the planning stage, evaluation will only be effective if partnership and community communication improves and staff is trained in the principles of participatory planning, monitoring and impact assessment.

Measuring Outcomes/Impact

Brent identifies in Table 2: HAZ Strategic Evaluation four main outcomes:

- 1) harmony among different sections of Brent residents
- 2) narrower gap between deprived and wealthy wards
- 3) assessment of projects impact on collaboration across agencies
- 4) increased collaboration between different sections of the population and service users

These outcomes/impact will be evaluated continuously throughout the life of the HAZ. The “*harmony*” outcome will require a more specific definition to enable targets to be set and evaluation effective. **Outcomes 2,3 and 4 of Brent's Evaluation Specification** are realistic outcomes that bear a direct link with the activities and therefore may be more readily measurable.

Table 2 HAZ Strategic Evaluation

Objectives/targets	Methods of assessment	Outcomes	Lessons
1. Has health inequality been reduced?	Participatory needs assessment pre and post HAZ initiative; Prospective health impact assessment	Harmony among different sections of Brent residents; narrower gap between deprived and wealthy wards	Which change mechanisms promoted success of HAZ initiative? What obstacles hindered progress?
2. Are there changes in inter agency practice - shared data protocol and shared understanding?	Qualitative and quantitative, including case studies	How well is the project impacting on collaboration across agencies? Collaboration with different sections of the population and service users?	What are the obstacles? What conflicts have been encountered and what resolutions have been achieved?
3. Relationship to other agencies and programmes			How will we know when interests have been met?
4. Targeted group links to HAZ Leadership group; links to Council and Health Authority corporate objectives			Who is empowered to take the key decisions to ensure success?

5.2 Development of workstream targets and indicators

It was agreed towards the completion of this assignment that an evaluation proforma in which the HAZ priorities, objectives, and tasks/interventions are clearly linked with targets, outcomes and lessons should be sent out to all workstream leads for immediate attention. Table 3 with selected examples from workstream 5 and 6 projects was sent out. Here we have included examples from workstreams 1, 5 and 10 only. More detail on workstreams 6, and 11 is available from the evaluation workstream leads (see also Appendix C).

The following guidelines are intended for use by workstream leads and/or project staff for the following tasks:

- review and firm up overall workstream objectives
- review and firm up each project/successful bid
- identify targets and indicators of progress for Year 1 (and Year 3, Year 7 where applicable)
- set in place an evaluation plan including methods of assessment to be used for planning, monitoring and impact assessment.

**Brent HAZ Evaluation Specification – Almedom and O’Grady
August 1999**

BURY AND ROCHDALE HEALTH ACTION ZONE: EVALUATION

Contacts: Kate Lucy, HAZ Project Manager
Bury and Rochdale are proposing to set up a multi-agency steering group - the Strategic Evaluation and Learning Forum

Budget: Full budget details not yet available. Some resources have been allocated and are found in Bury and Rochdale Implementation Plan. (**see attached**)

Evaluation: A framework for evaluation is presently being developed. (**see attached**)

The following excerpts are taken from:

- 1) A. Framework for evaluation: Bury and Rochdale Health Action Zone – 1999 Mid Year Progress Report**
- 2) Evaluation and Performance Management: Bury and Rochdale Health Action Zone Project Plan – April 1999**

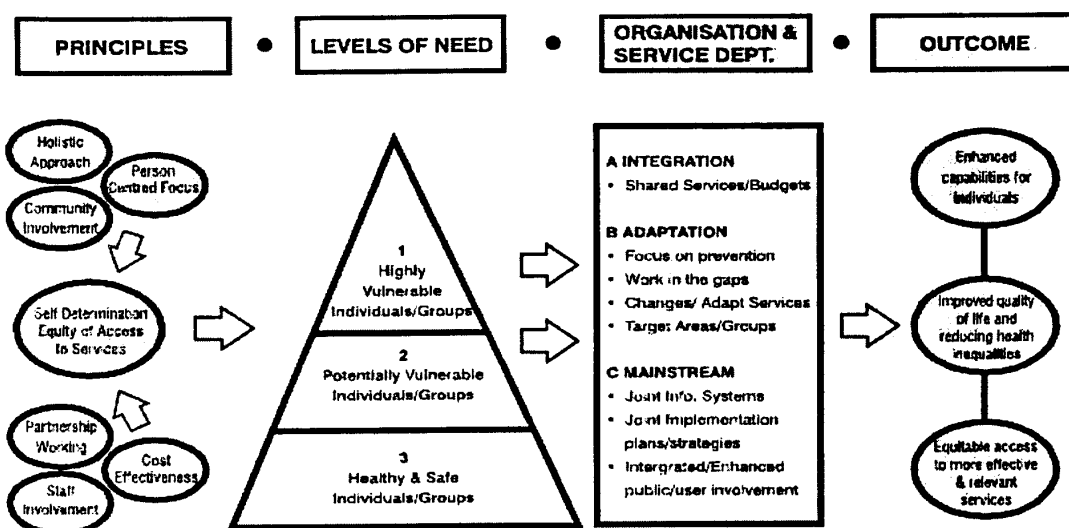
5. A framework for evaluation

Bury and Rochdale HAZ is in the process of developing a framework for evaluation. The process is at an early stage and requires broad consultation across partner agencies.

The framework is being developed within the context of the national approach to realistic evaluation. In this regard it will generate knowledge about mechanisms and outcomes relating to HAZ programmes and supportive workstreams. The emphasis will be upon assessing transformational processes as well as outputs.

5.1 Linking Frameworks - Goals and Principles

The emerging evaluation framework is intended to provide a mechanism for testing progress against our local strategic approach to improving health and our agreed goals, outlined in the HAZ Project Plan, Health Improvement Programme and HAZ purpose statements. The strategic framework for health improvement is shown below. We wish to evaluate the extent to which the principles are being operationalised, the match of action against level of need as well as formative and summative outcomes.



5.2 Targeting Resource

A multi-layered approach to evaluation is favoured which takes account of work undertaken in both the programme areas, and the supportive workstreams. It is recognised that this distinction is artificial and that useful learning will also be captured at the interface (for example, public involvement in achieving the goals of the ethnic minority health programme). Further local consultation is required on the target areas to evaluate. Initial ideas are outlined below:

5.2.1 Programme evaluation

Programmes include Children & Young People, Older People, Ethnic Minorities, Community Health Grants and Tobacco Control.

- All projects in each programme area are subject to continuous monitoring, with future funding dependent on progress towards explicit milestones. A project monitoring system has been set in place for all HAZ funded projects, which links to central requirements for quarterly returns.
- It is anticipated that the monitoring will result in a set of quantitative data.
- Key evaluation questions will be established for each programme.
- A selection of projects in each programme area will be earmarked for evaluation. These are likely to be the projects that are most innovative and have not been tested for effectiveness elsewhere. These will be subject to both formative and summative forms of evaluation using a mix of quantitative and qualitative approaches.
- These evaluations will seek to test the link between revised strategic objectives of each programme group and their programme outputs.
- Staff and Public involvement activities will input to these evaluation processes, which will operate in an iterative way to support stakeholders in shaping HAZ interventions.
- It is intended that a mechanism for capturing the views of the recipients of community health grants be developed next year. This will enable direct and progressive community impact on local services through structured community capacity building.

5.2.2 Supportive work stream evaluation

Supportive workstreams include promoting public involvement, communication and information, promoting healthy living and organisational development.

- Baseline information is being collected to enable evaluation of a range of supportive factors that we believe are likely to contribute to the success of the HAZ.
- The areas currently being mapped are Public Involvement and Partnership Working.
- Once the baseline is available we will be able to track progress against Programme goals.

5.3 A Joint Approach

Agreeing a joint approach to evaluative research in the HAZ is a key partnership development issue. In order to maximise the use of existing resources we will take a selective approach to evaluation and draw on the pooled resources of the Partnership.

Evaluation within the HAZ requires a dual approach. It is about assessing processes and outcomes, but also an exercise in enabling stakeholders to structure activities in the HAZ in ways that promote learning in the partnership over a long period of time.

We are attempting to bring together a number of resources that currently exist across the Partnership and new initiatives that are resourced from HAZ and SRB (5) funding streams.

The building blocks from which we intend to develop as a learning culture are:

- The newly formed Health Impact Assessment Unit. The Unit is jointly funded from the HAZ, Bury SRB and Rochdale SRB and will respond to partnership priorities.
- The R&D capacity within the health organisations which have begun the process of collaborative working and capability building.
- Linking into the R&D and information resource of the Local Authorities which has already begun to happen as a result of joint working on the Local Information Strategy.
- Building on existing links with academic institutions in order to support individuals, processes and initiatives across the district.
- drawing on the capacity of the newly formed Health Policy Unit within the Health Authority

In order to have an overview, and set strategic direction, it is proposed that a multi-agency steering group be established (Strategic Evaluation and Learning Forum)

There is local agreement to further join up HAZ with the two major area based initiatives

Work to maximise the links is taking place in the areas of joint public involvement and communications, tracking of joint funded projects and consideration given to the potential for joint performance management arrangements.

5. Finance

PROJECT/EXPENDITURE HEAD	1999/2000 £,000s	2000/2001 £,000s	2001/2002 £,000s
Realistic Evaluation			
Performance Mgmt	15	27	30
Clerical Support	5	9	10
Specific Projects	39	57	65
Learning Sets		18	20
Sub Total	59	111	125
Development Support			
Project Manager	36	38	40
Administration	14	15	16
Communications	15	30	30
Non-Staff	35	17	14
Sub Total	100	100	100
EXPENDITURE PROPOSALS	2096	2562	2562

NB: These amounts are indicative only, and subject to appraisal.

6. Evaluation and Performance Management

Purpose

We aim to develop appropriate evaluation mechanisms and systems for performance management. Such mechanisms will maximise the potential for learning.

Key Challenges

We recognise that a traditional approach to evaluation is inadequate, given the complexity of a Health Action Zone. We are dealing with an open system, where variables are difficult to control. Teasing out cause and effect is, therefore, difficult. Whilst it is understood that in developing these interventions, we have a responsibility to join up thinking and action, the problem of attribution remains. At a practical level the situation is further complicated by a range of different reporting requirements.

Throughout the project plan, references are made to following through the organisational development implications of a Health Action Zone approach. In order to pursue this agenda for change, we need to develop an approach whereby learning is turned into action.

Our Response

In the first year, we shall address the question, how will we know if the Health Action Zone has succeeded? Further work will clarify, with greater specificity, what we expect will happen as a result of investments made.

In this way, on-going evaluation will inform the development, planning and investment agenda of the Health Action Zone, Health Improvement Programme and other related priorities. Community involvement in the evaluation process will be a key feature of the approach. It will also require the direct involvement of staff groups.

We will develop a multi-layered response.

- On a project level, all projects will be monitored for progress, in line with the emerging performance management framework Arrangements for reporting will be agreed with the Regional Office.
- Learning from this work is critical to its success and therefore a dedicated learning facilitator will be appointed.
- The local evaluation capability will be enhanced by ensuring that selected innovative activities are evaluated. These are likely to be activities where the current base is weak or non-existent.
- At a Health Action Zone level, particular factors, which we assume to be critical to overall successes, will be evaluated. These will include partnership arrangements, and public involvement.
- On a national level, the partnerships will seek to engage with other zones and the national evaluation teams as appropriate.

Given the dynamic environment, and the partners intention to develop as a learning community, we expect to adopt a 'realistic evaluation approach', by which we mean a model which:

- Enables and encourages learning
- Involves those who will be affected by the intervention in defining the evaluation.
- Accepts that objectives and therefore expected outcomes will change over time as a result of collective learning.
- Links evaluation to performance management.
- Increases staff capacity in evaluation skills.
- Learning lessons, and improving performance year on year.

In this way, on-going evaluation will inform the development, planning and investment agenda of the Health Action Zone, Health Improvement Programme and other related priorities. Community involvement in the evaluation process will be a key feature of the approach. It will also require the direct involvement of staff groups.

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- On a national level, the partnerships will seek to engage with other zones and the national evaluation teams as appropriate.

6. Evaluation and Performance Management

Next Steps

In Year 1 we will:

- Establish a local process for developing the agenda, with due regard for involvement of local people and staff. Evaluation group to be established May '99.
- Map out current evaluation and development resources by June '99.
- Assess routinely collected data across partnership, for suitability as a base line, in tandem with information programme
- Agree which activities and HAZ functions will require significant evaluation.
- Establish various performance management requirements across partnership interventions and make proposals to co-ordinate, or bring together where appropriate.
- Develop national evaluation event (Autumn '99) in conjunction with Merseyside HAZ, Manchester, Salford and Trafford HAZ and the National Evaluation team.
- Offer staff training in realistic evaluation and theories of change from Jan 2000.
- Ensure dedicated support is in place by appointing a learning facilitator.
- Build on existing links with local academic institutions.

CAMDEN AND ISLINGTON HEALTH ACTION ZONE: EVALUATION

Contacts: Dagmar Zeuner, Consultant in Public Health and Lead Evaluator
Sarah Scobie, Senior Information Analyst

Budget: The 1999/2000 budget as proposed in the Strategy Plan (March 1999) is £125,000 for evaluation, research and development.

Evaluation: Text from the Camden & Islington evaluation progress report – November 1999:

“ Development of high level indicators to assess the overall impact of the HAZ on health improvement and inequalities

Work is ongoing to develop a comprehensive range of high level indicators and establish baseline estimates. Results from the Citizen’s panel survey are now available. This Survey addressed health-related quality of life and community issues. This survey was conducted jointly between both boroughs and the health authority. The 1999 Health Survey of England is underway and the local booster sample will contribute to the baseline picture of local health status. In addition, a community survey conducted within a large study of social capital and health (RFH/UCL and SCPR) will provide baseline measures of social capital in the HAZ.

Evaluating innovation

Evaluation of the newly established smoking cessation service is underway. The format was developed jointly between all four London HAZs and complies with requirements from the DOH.

Management of the evaluation programme

A lot of ongoing learning is achieved through networking with other HAZs in the country, liaison with the national evaluation team and collaboration with local academic departments. Additional health authority support for the management of the HAZ evaluation programme will come from two new consultants in Public Health medicine (appointed), an information analyst (advertised) and a dedicated research and evaluation co-ordinator (to be advertised shortly).”

6 – EVALUATION

6.1 Commitment

We are committed to developing an evaluative culture among the Health Action Zone partners and will put in place a programme of evaluation work to ensure that the impact of the Health Action Zone can be demonstrated

The Health Action Zone will be breaking new ground across a number of different fronts and will provide rich opportunities for innovative research and approaches to evaluation. For example, we will trailblaze the screening and monitoring of local targets for health inequality reduction. Our evaluation programme recognises the huge scope of the Health Action Zone. It will work at a number of different levels, and use a range of qualitative and quantitative methodologies, to address different impacts of the Health Action Zone. This portfolio approach to evaluation also recognises the different value systems and criteria for success which different partners will bring to the evaluation process.

Across all areas of evaluation we will harness the wide ranging expertise in social, environmental and health services research which exists locally, to provide an evaluation resource for Health Action Zone planners. Additional resources will be obtained through bids to national R&D funds. Examples of on-going activity on which we will build include:

- collaboration with UCL Department of Epidemiology and Public Health over a number of years, most recently in exploring local approaches to assessing inequality, and the Young People and Health Study
- a Randomised Control Trial (RCT) to evaluate supportive listening in the home, either by Health Visitors or community groups such as the National Childbirth Trust, as a tool to improve child and maternal health amongst the most deprived communities in the district. This trial is being led by the Institute of Child Health with the Institute of Education
- a programme of work on depression among older people in Gospel Oak with the Royal Free Hospital Medical School;
- a research group is being set up to evaluate the impact of the implementation of our mental health services strategy;
- an examination of local travel to school patterns carried out by the Institute of Child Health is being developed into a proposal (to the DETR) for an RCT to evaluate the effectiveness of school travel plans and travel coordinators;
- an action research study of the effect of community development and capacity building on the Abbey Estate Islington, by the University of North London.

Recognising the need to establish good baseline information at the start of the Health Action Zone programme we have commissioned a local boost to the 1999 Health Survey for England. We are in discussion with the Joint Health Survey's Research Unit at UCL/SCPR about how to maximise the use of the survey to address health inequalities and the underlying determinants of health locally. A complementary initiative is the establishment of Citizen's Panels by both Boroughs and the Health Authority, to address broader quality of life and community issues. This is the first Citizen's Panel to be conducted jointly by two local authorities and a health authority, and it will give us preliminary results in the coming weeks.

6.2 The evaluation programme

Overall impact of the Health Action Zone on health improvement and inequalities

We will examine the overall impact of the Health Action Zone on health status and quality of life through a series of high level indicators. A number of indicators have already been identified as targets (Work stream A, Tackling the underlying causes of ill health) where local data are already available or are anticipated from the Health Survey or Citizens Panels. We will undertake further work with local Health Action Zone partners, and in collaboration with Health Action Zone evaluators elsewhere, to develop a comprehensive range of indicators to assess change in health and inequalities.

Evaluating innovation

The evaluation programme will include a number of focused pieces of work to assess the impact of particular innovations, for example in how services are delivered or in ways of tackling the underlying causes of ill-health or ameliorating their effect on health. These may use control-intervention methodology to assess the outcome, as well as examining the impact of innovations on broader issues such as equity of service provision, and qualitative methods to assess the impact on individuals and on organisations.

There is extensive local expertise in the evaluation of innovative practice, for example, the MRC funded evaluation of the smoke alarm distribution scheme which is being undertaken by the Institute of Child Health.

The impact of the Health Action Zone on organisational change

A third stream of work will examine the way in which the Health Action Zone has led to change within and between organisations, and to identify examples of the impact of this change on the health of individuals and communities. For example, the extent to which health improvement and a reduction in inequalities have become “mainstream” goals of both NHS and other organisations, and the extent to which partnership working has penetrated organisations, for example in terms of information sharing.

This aspect of evaluation will require the rigorous use of qualitative methods, and we will wish to work particularly closely with the national evaluation team on this area.

6.3 Management of the evaluation programme

We will establish a local evaluation and research group, bringing together expertise from local academic centres and Health Action Zone partners. The role of the group will be to develop, commission and monitor a programme of evaluation.

The group will be supported by a Health Action Zone Research and Evaluation co-ordinator who will have responsibility for developing synergy between research programmes related to the Health Action Zone. A crucial role of the co-ordinator will be to bid for external funds to evaluate specific areas of the Health Action Zone plan, and to collaborate with the national evaluation team and Health Action Zone evaluators elsewhere.

In order to enable Health Action Zone partners to participate fully in the evaluation an early task will be to commission training for staff from partner organisations, to enable organisations to contribute effectively to the evaluation programme.

Camden & Islington Implementation Plan March 1999

CORNWALL AND ISLES OF SCILLY HEALTH ACTION ZONE: EVALUATION

Contacts: Jayne Howard, HAZ Co-ordinator
Pat Owen - A Public Health Scientist is the local evaluation lead
Local arrangements are still being set.

Budget: Approximately £53,000 for all projects. (Timescales not specified)

Evaluation: Evaluation in Cornwall and Isles of Scilly will operate at three levels:
project level, work programme level and overall HAZ level.

Cornwall and Isles of Scilly Health Action Zone: Evaluation

Management

Evaluation will be undertaken by a public health scientist in conjunction with an academic partner and with links with other HAZs and the National Evaluation Team.

Evaluation Strategy

Cornwall and the Isles of Scilly are focusing their overall HAZ programme around three main client groups: children and young people; elderly people, and community and primary care services in rural areas.

Evaluators will look at the three client groups from three levels:

- Individual project level
- Work programme level
- Overall HAZ level

In practice this will mean that each individual project will have responsibility for evaluation. Each work programme such as children and young people will also have evaluation built into its framework.

Cornwall and Isles of Scilly intend to make evaluation part of the planning and development of project work. Formal evaluation reports, however, will be produced after one year, three years, five years and seven years from the start of the HAZ.

Evaluation will seek to answer key research questions around the available evidence base, monitoring progress and measuring outcomes, such as:

- Partnership Work and Organisational Development: *What sources of information exist elsewhere* – for example, partnership approaches to planning of health and social care services; evidence of shared approaches to addressing issues of deprivation and health inequality, etc.
- Community Involvement in Healthy Living Initiatives: *Research under this heading will be seeking to draw on evidence of community involvement in the HAZ*
- Services that are responsive to rural population's needs: Again research will focus on evidence based changes to the provision of services in rural areas
- Children's Programme: *Evaluation is still being considered for this research area*
- Innovations Fund Fellowships: *Cornwall and Isles of Scilly mention this area as potentially contributing to the research base for evaluation*
- Restormel Health Visitor Healthy Living Project: *These projects would focus on evaluating objectives, monitoring and impact/outcomes.*

Evaluation within Projects/Activities

Cornwall and Isles of Scilly are taking a **strong project based approach** in their HAZ, promoting change through effective individual projects each of which will be required to specify clear targets. Each project will identify expected outcomes and outline how to assess the outcome. Throughout the life of the project, each will be required to submit quarterly monitoring forms regarding funds and progress. Academic support will be used for purposes of evaluating particular projects, although plans to take this forward are still being developed.

The next level in project evaluation will be the **work programme level**. Again, evaluation is seen as vital in assessing how overall programmes work and to encourage partnership working between individual projects and their particular work programme:

I.e. Teenage Pregnancy project and how it links to the overall Children and Young Persons work programme.

The final level in the projects/activities evaluation structure is the **HAZ level**. This is where projects/targets will be assessed in accordance with the three main crosscutting for the HAZ: partnership/organisational development; community involvement; and services.

Through this multi-layered approach, Cornwall and the Isles of Scilly hopes to be able to assess change and progress towards their goals in a consistent and meaningful way.

Measuring Outcomes/Impact

Cornwall and Isles of Scilly have not specifically identified how they will evaluate final outcomes/impacts at this early stage in the lifetime of the HAZ. They do, however, recognise the need to integrate outcome measures into their overall evaluation strategy.

For example, as noted in their tender for an evaluation lead: “the questions we want to address are complex and are not amenable to a purely quantitative or controlled trial approach so we would expect to see a range of research methods employed in the evaluation process.” As Cornwall and Isles of Scilly recognise, different evaluation methods can cause confusion unless they fit into a “synergistic evaluation framework.” (September 1999)

HULL AND EAST RIDING HEALTH ACTION ZONE: EVALUATION

Contacts: Dr. Dina Berkeley, HAZ Evaluation Lead/Public Health Research Unit,
University of Hull
Susan Holden, Research Associate, Public Health Research Unit, University of Hull

Budget: The budget as stated in the Implementation Plan:
Research and Information...£173,500 for 1999/2000
£280,000 for 2000/2001
£287,346 for 2001/2002

Evaluation Studies...£21,000 for 1999/2000
£18,500 for 2000/2001
£16,000 for 2001/2002

It is not stated whether this budget has been committed or has changed

Evaluation: Summary of evaluation as provided by Dr. Dina Berkeley, January 2000:

“Our approach to the Evaluation of our HAZ is a multifaceted one, involving the employment of both quantitative and qualitative research methodologies, as appropriate to each particular topic of enquiry. Our evaluation team is comprised of two full-time research persons with active contributions from our Evaluation Steering Group (comprised of appropriate representatives from the local Universities and the Health Authority). The scoping phase of our Evaluation work started in October 1999. We have, since, developed an Evaluation framework which we are, currently, in the process of detailing. We expect that, by the beginning of February 2000, we will start the implementation of our agreed upon Evaluation workplan.”

Further details on evaluation and budget is forthcoming.

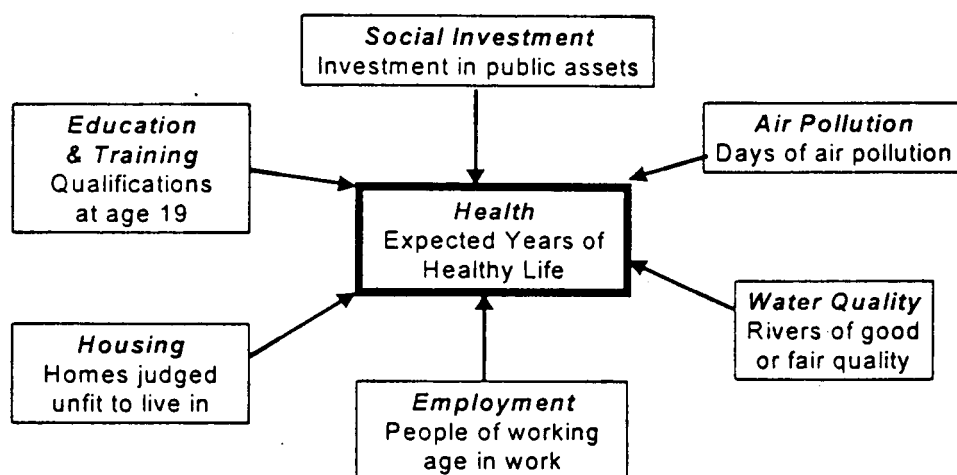
Implementation Plan for the Hull and East Riding Health Action Zone April 1999

4.5 Performance Assessment & Evaluation

Effective structures and systems will be developed to support process and outcome evaluation. The evaluation strategy will be based upon the comprehensive set of indicators developed for the HAZ. The logical framework (see Annex 5.1) will be the main tool for defining and assessing progress. The logical framework is structured to reflect a *hierarchy of objectives* where our health goal is seen as a result of effective action to improve the major determinants of health. The indicators identified reflect the proposed list of headline indicators of sustainable development recently announced from the Department of Environment, Transport and the Regions. These provide a common indicator set, which will further cement effective local partnership working. Figure 7 illustrates the relationship between the main outcome indicators.

In many areas there is a lack of appropriate information with which to set baselines and define targets. Definition of these will form an important early area of work within the Information Development Workstream. At the present time general areas have been indicated, within which specific quantified, quality linked and time-bound indicators will be developed.

Headline Indicators



Adapted from *Sustainability Counts*

Figure 7

Monitoring information will be gathered from HAZ specific and general sources. Evaluation will be built into the operation of each service modernisation initiative.

The main methods to be used include:

- Six monthly *Monitoring Reports* prepared by the HAZ Director for the Management Committee; these will focus upon financial, activity and output monitoring.
- The *Annual Report of the Director of Public Health* will contain specific sections relating to health inequalities and health status
- Specific *Research and Evaluation Studies* will be commissioned to examine programme and project areas and these will form part of the HAZ rolling plan.

There will be a formal *mid-point evaluation* in spring 2002 to allow for assessment and a review of strategy for the second half of the HAZ programme.

Senior management commitment across a range of organisations will be vital to success of the HAZ. The intention will be to integrate HAZ objectives into key performance management tools such as:

- PCG Accountability Agreement
- Service Level Agreements

4.6 Sustainability

HAZ sustainability will be ensured when integration of HAZ objectives and process into mainstream working is delivered. As HAZ contains relatively small amounts of financial resource there is not a significant issue of financial sustainability. What is critical is **organisational sustainability** – the degree to which changed working practices have become embedded. As such objectives are integral to the HAZ programme if the HAZ is effective it will become sustainable.

4.7 Risk Assessment

Risk exists at two main levels within the HAZ:

a) *Implementing activities and delivering outputs*: The assessment of the risks involved here is low. The HAZ is being developed out of a history of effective and developing partnership working; robust management arrangements are being put in place. Certain risks exist in implementing service development, where these are contingent upon external co-funding sources.

b) *Achieving impact upon health and health inequalities*: The risk of limited impact is higher. This will be reduced by achieving sustainable progress in key programme areas. However, it must be recognised that health is related to a wide range of social variables (most critically socio-economic deprivation). The HAZ cannot control the majority of these variables. Of necessity this makes HAZ a high-risk venture. The risk assessment column of the logical framework presents a comprehensive assessment of risks (see Annex 5.1). Effective management within the HAZ will ensure that, wherever possible, these risks are minimised.

LEEDS HEALTH ACTION ZONE: EVALUATION

Contacts: Adrian Booth, HAZ Project Manager

Interviews for a new evaluation co-ordinator were held in late January 2000 and an appointment will be made shortly.

Budget: £100,000 has been earmarked to support evaluation in 2000 and will be devolved to the workstreams/projects to facilitate the development of evaluation at project level with support from the local HAZ team.

Evaluation: Evaluation will be part of the mainstream HAZ/HimP process. A number of evaluation methods will be explored, taking into account the Theory of Change framework. The local HAZ team will act as facilitators for the overall development and clarification of the Theory of Change approach at project level. All evaluation will be linked in some way with the HAZ Performance Development arrangements.

A dedicated HAZ evaluation co-ordinator should be in post shortly. Academic partners will also be involved in the development of evaluation and as support. **(see attached – Leeds Health Action Zone Programme of Work – March 1999)**

7 EVALUATION

Introduction

A strong evaluation framework will form a central element of the Leeds Health Action Zone informing not only the local planning process but also contributing to the national knowledge on how best to improve health and tackle health inequalities.

Health Action Zones are about changing the whole ways we do things - changing the way we work with others, changing the way we work with local communities, changing the way services are developed and delivered. Evaluating the impact of these changes is vital if the most effective innovations and ways of working are to be sustained in the long term.

We must be able to measure local progress towards key goals and put mechanisms in place which allow for continual revision of local plans. This way we can make sure that the most effective services and ways of working are developed and extended.

Just as the Leeds Health Action Zone will be 'core business', the Leeds HAZ evaluation will be a core part of local action to modernise services and improve health. Leeds is fortunate to have a wealth of academic expertise and resources available within the city. Through the HAZ evaluation we will seek to maximise the added value these resources can bring to local policy and service development.

Adopting our Health Action Zone principles, we are developing a unique partnership between local academic and service organisations in Leeds. This partnership will work to develop a more integrated whole systems approach to local planning and evaluation. The aim will be to establish a collaborative framework to provide on-going academic support to the development and long term implementation of effective, integrated local services.

Evaluation is essentially about learning - learning about what works, why it works and in what circumstances. As the partnership develops, it is intended that it will act as a stimulus for learning and information sharing throughout the city and beyond. The Leeds Health Action Zone evaluation partnership (or 'partnership for learning') will seek to change the way we work so that a learning culture is established throughout mainstream services.

Leeds Health Action Zone Programme of Work March 1999

Who is the Health Action Zone evaluation for?

In developing our evaluation framework, we will attempt to address the needs of all those who have a stake in the Leeds Health Action Zone and its outcome;

- local communities - greater community involvement in local service planning and delivery is a core Health Action Zone principle. Local communities have a right to be involved in the evaluation process and have a say whether they feel local services are meeting their needs. Local communities also have a right to information on the effectiveness and efficiency of local services so that local service planners and providers can be held accountable.
- local service users - local service users have a particular experience and expertise regarding local services which must be a key part of any service evaluation. Service users also have a right to information on the effectiveness of local services.
- local service providers - local service planners and providers must play a key role in the evaluation process. The evaluation must be a learning tool that offers Health Action Zone partners a powerful means of focusing on local priorities, reviewing progress and identifying the most cost-effective approaches to service delivery. Information gathered should be shared within and across organisations.
- local academic organisations and institutions - have the expertise to bring the necessary academic rigour to the planned evaluation. Local academic organisations should be able to share and develop this expertise in collaboration with other Health Action Zone partners.
- central government - ultimately those providing local services must be accountable to central government and the tax payer to ensure services are provided as effectively and efficiently as possible and maximum health gain is achieved.

In addition, it is recognised that any knowledge and experience gained locally may be of benefit in other parts of the country and beyond. Information gathered locally will be disseminated as widely as possible. Close links will be maintained with the national evaluation team and we will endeavour to support their work as much as possible.

Key Principles

The founding principles of the Health Action Zone will underpin the evaluation framework. The following principles and values have also been identified as being of particular relevance to the evaluation.

- The development and on-going management of the evaluation framework will adopt an iterative approach, maintaining a constant dialogue with Health Action Zone partners.
- A culture of openness and information sharing will underpin the evaluation framework, ensuring shared learning across the Leeds Health Action Zone and beyond.
- Clear mechanisms to ensure financial accountability and
- 'academic' quality will be put in place.

- Strong links will be maintained both with the national Health Action Zone evaluation and other local Health Action Zone evaluations. Joint approaches and ways of working will be developed where appropriate. The evaluation programme should
 - be flexible and responsive to Health Action Zone participant needs;
 - be innovative and develop novel approaches;
 - provide timely, accessible and meaningful advice to support decision making;
 - be independent, critical and objective;
 - always meet agreed deadlines.

A whole systems approach

Too often in the past, evaluation activity has been seen as an ‘add on’ to mainstream services with external ‘academic’ research projects carried out in isolation from the rest of the service system. This type of piecemeal approach tends to have little impact on routine service planning and delivery and fails to consider the impact that changes in one area of service development may have on other parts of the system.

In an attempt to get away from any ‘service - academic’ divide and develop a more integrated approach to evaluation, we are developing a whole systems approach to the Health Action Zone evaluation framework. This whole systems approach identifies two overlapping areas of work:

- Support for local planning and service development
- Promotion of a learning culture across organisations

Support for local planning and service development

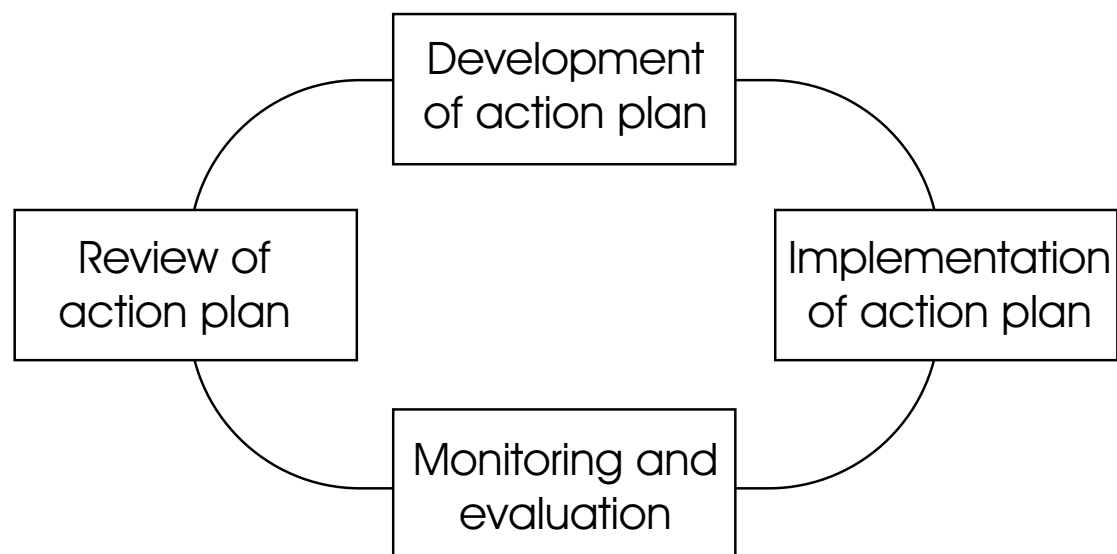
The Health Action Zone evaluation will be an integral part of local service planning and delivery in Leeds. Working in collaboration with other Health Action Zone partners, the Health Action Zone evaluation will seek to inform all stages of the local planning cycle (see Figure 2). This will include collaboration during the initial stages of pre- intervention planning through to the assessment of the impact of the intervention on health and health inequalities.

The aim will be to support Health Action Zone partners in the development and delivery of integrated local services and interventions that are responsive to the needs of local communities needs, are based on sound evidence, adhere to Health Action Zone principles and contribute to locally agreed targets and goals.

Key areas for collaborative work are:

- supporting the development of Health Action Zone workstreams;
 - supporting the review of progress towards locally agreed targets and goals;
 - evaluation of specific areas of work and innovations;
- supporting the promotion of cultural change across Health Action Zone partner organisations;

Figure 2 Planning cycle



Promotion of a learning culture across organisations

In parallel to the provision of on-going support to local service planning and development, we will also work to promote the development of a 'learning culture' across partner organisations. Much has already been achieved in the establishment of an information gathering and sharing infrastructure within the health service and other organisations. Our aim is to build on these achievements and work with others to 'create the right climate for learning'.

This work will include the further development of ways for disseminating information throughout and between organisations and improving channels of communication with service users and the public. We will also explore more effective ways of involving front line staff in the initiation and conduct of evaluation research.

A model showing the two approaches together with possible methods of investigation is shown in Figure 3 at the end of this section. Further details of the range of methods likely to be used in the Health Action Zone evaluation

Methods

The broad nature of the Health Action Zone and its evaluation requires the use of a variety of assessment methods and techniques. Some of these methods will have to be defined and developed as the Health Action Zone and its evaluation progress.

However, some general approaches can be identified at this stage. These include the more 'traditional' approach where quantifiable targets are identified at the outset and progress towards them reviewed at intervals, and complimentary approaches using qualitative techniques to explore issues such as partnership working and how local people feel about where they live.

A key role for the evaluation partnership, particularly in the early stage of the Health Action Zone, will to support HAZ partners in the identification of short term, intermediate and long term local targets. We will work with service providers, including front-line colleagues and local people, to identify

meaningful targets which are based on the best evidence available and can be readily measured. The aim will be to provide a clear and logical framework which makes explicit the expected role which specific actions and activities will play in achieving a given outcome.

A variety of methods and approaches to target setting will be considered including techniques such as theory of change or realistic evaluation. As befits the Health Action Zone approach, successful methods of target setting will be adopted into future mainstream activity.

Other approaches likely to be included in the evaluation portfolio include;

- health impact/evidence-based policy assessment
- development of alternative approaches to service planning eg non-biomedical models of needs assessment focusing on issues such as the epidemiology of play
- development of evaluation methods which cross agencies and sectors and take a whole systems approach to service changes

A Structure for the evaluation

It is therefore proposed that an Evaluation Steering Group and an Evaluation Management Group be established. The Evaluation Steering Group would be accountable to the Joint Management Team (see Section 8: Governance) and would be responsible for setting the evaluation strategy. Accountable to it would be the Evaluation Management Group, responsible for the commissioning and undertaking of the evaluation projects.

The following membership is proposed,

Evaluation Strategy Group

Senior level membership drawn from the following:

- University of Leeds
- Leeds Metropolitan University
- External Academic
- Leeds Health Authority
- Leeds Local Authority
- A Senior Finance Director, external to Leeds

The Chairman of this Group would need to be selected from its members. The involvement of an external Finance Director is to ensure the financial probity element of the evaluation work. Also in attendance would be the Chairman of the Management Group and the Health Action Zone Project Manager.

Evaluation Management Group

Membership to include:

Professor Rhys Williams (Chairman?)
Professor David Hunter
Dr Liz Scott
+ Local Authority representative
+ Primary Care and LMU Academics

The Health Action Zone Project Manager would be in attendance.

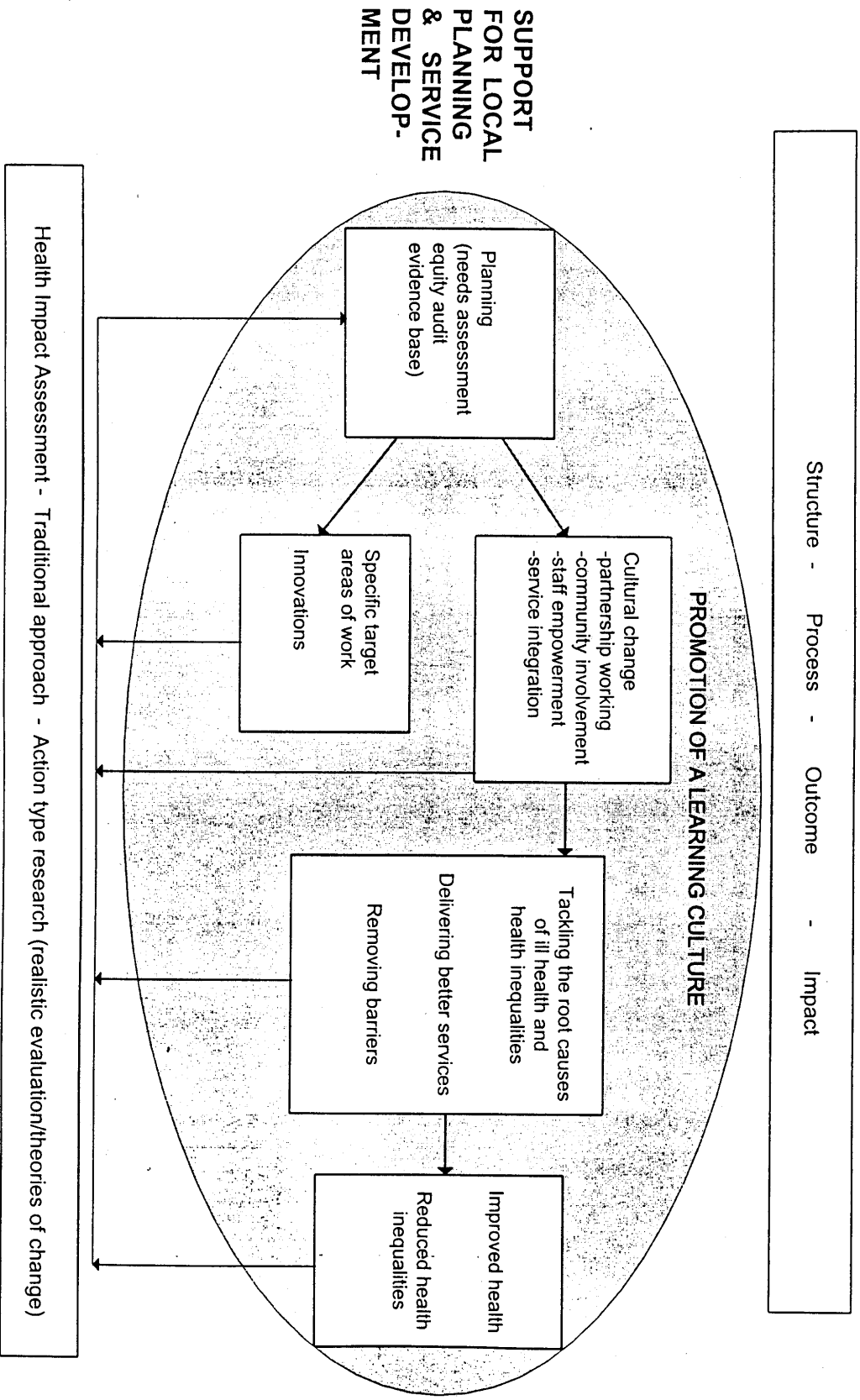


Figure 3

LEICESTER CITY HEALTH ACTION ZONE: EVALUATION

Contacts: Dr. Angela Lennox, MBE, St. Matthew's Practice, Prince Phillip House, Leicester and Local Evaluation Lead

Shaun O'Leary, Service Manager Learning Disabilities and Health Partnership, Leicester City Council Social Services Department and Local Evaluation Lead

Other members of the HAZ Operational Support Team include: Iain Harkess and Dr. Rashmi Shukla
Arthur Binns, Assistant Director and Project Manager

Budget: Still to commit to evaluation work, etc...£85,000 in 1999/2000
£218,000...in 2000/2001

Note: These figures are taken from the Leicester City Health Action Zone – Progress Report, October 1999. Discussions are underway to determine final figures.

Evaluation: Leicester City evaluators are still determining the focus of the evaluation. Both Dr. Angela Lennox and Shaun O'Leary have been active in developing evaluation plans for Leicester and attempting to ensure that evaluation figures prominently in ongoing discussions regarding the future focus of HAZ programmes.

There is an internal working group that recently met with academic partners to discuss research methodologies and approaches. An evaluation strategy is now being actively developed.

Attached is a short excerpt from Leicester's October 1999 Progress Report.

The following excerpts are taken from:

- 1) Section 13 Evaluation and Section 14 Information: Leicester City Health Action Zone Progress Report – October 1999**
- 2) Evaluation and Monitoring: Leicester in Partnership – Leicester City Health Action Zone, Implementation Plan – February 1999**

SECTION 13 EVALUATION

The National Evaluation Team for HAZ has successfully completed and published the results of its Phase 1 objectives which was to produce an initial monitoring and mapping exercise of all HAZs.

The National Team, headed by Professor Ken Judge, also produced a paper advising on the focus and format of evaluation that should be adopted as the HAZs evolve. Shaun O’Leary and Dr Angela Lennox are the Leicester representatives for the National Evaluation of HAZ and they have contributed to this debate. The team is awaiting a formal response from the Department of Health on the role of National Evaluation of HAZs during this next phase.

The Leicester HAZ embraces the need for changing organisations and changing practice in order to reduce inequalities in health. Local evaluation will therefore focus on how well Leicester achieves these objectives. However, the total funding for research is very small compared with the quantity and range of activities that it represents. Decision on how and where to focus evaluation efforts are still to be decided.

The National Evaluation Team has encouraged Leicester to concentrate on studying aspects of HAZ which are considered unique or a particular strength of the Leicester proposal. The team has also advised that the theoretical approach, developed by the Aspen Institute (USA) of ‘theories of change’ should be incorporated into research methodology.

The next phase of the local evaluation programme is to set up a team of research expertise from Leicester Universities. Shaun O’Leary, Dr Angela Lennox, Dr Rashmi Shukla and Iain Harkess will provide the HAZ Operational support to this team. The inaugural meeting is planned for the Autumn with the objective of identifying and developing an action plan for HAZ evaluation.

SECTION 14 INFORMATION

Proposals for Investment of HAZ Funds for Information

1. A Partnership Pathways Project for Children Under 5 in Beaumont Leys

A proposal to support a number of agencies working in partnership to identify where and how they can intervene to best impact positively on the health of children under 5 in Beaumont Leys. Using powerful modelling software the organisation will work together to identify early interventions that will reduce future demands on health care.

The project aims to improve communications between agencies by developing an Electronic Patient Record for children under 5 in the Beaumont Leys area.

Costs and Duration

January 1999 – March 2003

Total £447k

2. Ethnic Coding of Health Care Datasets

Aims

Enable the identification of Health Needs across ethnic minority groups

Identify language needs

Identify language requirements as patients move through the healthcare system

Coding of ethnicity on all datasets – FHSA patient register, Inpatient CMDS, outpatient CMDS, Fosse community activity, A&E datasets, etc

Methods

Requires a feasibility study into whether the ethnicity of a patient can be flagged as part of the various datasets

There is a group looking at ethnic coding on the inpatient contract minimum datasets and it will be necessary to tie into the work of this group

Need to ensure that any ethnic coding initiatives are consistent across all providers and all areas of healthcare

Problems

There is a need to investigate whether it is possible to hold ethnicity on the various datasets. If it is not, how do we get the data fields incorporated and what will be the additional costs for this?

Costs and Duration

There are no costs available for this project at present.

3. Improving data quality in General Practice to develop a good basis for Health Needs Assessment in General Practice

Currently 57 of the 63 practices in Leicester City have GP computer systems. These systems are designed to hold clinical information about all patients registered with these practices, using a common coding system to allow consistency of recording across practices.

This is potentially a very rich source of information about patients. GP databases are able to hold data on lifestyle factors such as smoking, diet, blood

pressure, diseases, etc. It is also a potential source for collecting information about ethnicity and other demographic factors. As the data contains the NHS number it is possible to extract information from the GP systems and link it to the secondary care databases showing their inpatient and outpatient activity etc. Data quality in General Practice can be very poor and there is a need to work with practices to develop this before a data collection scheme will be viable.

Resources

Data collection projects for general practice are very resource intensive. Initially the project would require a full time member of staff for a year.

4. Develop an analysis of the Health Inequalities across the Health Action Zone area

Develop a basis for the monitoring and evaluation of the HAZ on the health inequalities across Leicester City, with particular attention to the SRB and New Deal Areas

Develop a number of Health Needs indicators for use across the city

Establish links with the GIS Support unit for Trent and their work to establish measures for health inequalities

Work with the City Council to develop techniques for mapping health inequalities across the city for use in the Social Exclusion Atlas and for use by the HAZ team.

Cost and Duration

The project will last for the lifetime of the HAZ. There will be no staff costs associated with the project, there will be software and hardware costs and some training costs.

CHAPTER 6 EVALUATION AND MONITORING

The Leicester HAZ proposal encompasses a comprehensive evaluation study with the aim of assessing how far changing organisations, changing practice and investment in the programme priorities can reduce inequalities.

The evaluation can best be addressed through a combination of quantitative and qualitative research methods, enabling not only the documentation of successes and failures to be explored, but also providing an understanding of the reasons for these outcomes. The study will also establish evaluation methodologies for investigating integrated service delivery.

No ideal tool exists which will detect changes in the health of the target populations as a result of HAZ interventions. The situation is further complicated by the acknowledgement that most target populations are also receiving a variety of regeneration packages (SRB, New Deal for Communities, EAZ etc).

It is desirable to produce some measure of the health status of populations prior to the HAZ intervention and Leicester will work with the National Evaluation Team to develop a collaborative consensus on the use of population study tools and cohort analysis.

Process Evaluation will play an important part in the evaluation of HAZs. Exploring the effectiveness and of HAZ activities. Qualitative analysis will be required to explore why and how processes are succeeding or failing. Analysing the effects of partnerships on reducing inequalities, in addition to comparing and contrasting the type of partnerships formed will require collaboration between HAZs.

6.1 Project Specific Evaluations

Each project will be expected to undertake an appropriate evaluation. A variety of research methods will be used, where possible validated and reliable measures should be adopted to aid national comparisons.

6.2 Management of the Evaluation

The Leicester HAZ will commission/set out for tender a brief for local universities to carry out the multi-faceted evaluation of the programme as a whole.

An evaluation sub-group, responsible to the HAZ Board, will be established. This sub-group will oversee the study and seek opportunities for collaboration between Leicester HAZ neighbourhoods and other UK HAZ projects.

A formal review of the overall evaluation study will take place at 12,18,24 and 30 months to reflect how well the HAZ objectives are being studied in the various evaluation studies.

MERSEYSIDE HEALTH ACTION ZONE: PROGRESS ON EVALUATION – November 1999

Contacts: Marie Armitage - HAZ Co-ordinator
Charlie Barker, Deputy Director Sefton Social Services, Lead Evaluator
There is also an Evaluation Working Group.

Budget: Projected budget for years 2001 and 2002 - £360,000 each year.

Budget details as outlined in the Merseyside Implementation Plan 1, 1999-2002

Goal 4.2 – Lack of data on quality of life - £200,000 each year for 2001 and 2002.

Goal 5.1 – Embed HAZ principles into core functions of partner organisations - £100,000 each year for 2001 and 2002.

Goal 5.3 – Quality standards for HAZ interventions - £20,000 over two years (2001 and 2002)

Goal 5.4 – A learning environment within the HAZ - £100,000 over two years (2001 and 2002)

Currently in Merseyside, all projects are absorbing evaluation into their budgets.

Evaluation: Merseyside has attempted to build an evaluation focus into many of its interventions from the beginning. Currently, the HAZ Evaluation Working Group is developing an action plan for a comprehensive system of evaluation across the entire HAZ and other initiatives such as SRB, Surestart, New Deal and EU Objective One.

Evaluation will take place at different levels: small projects, local district interventions and Merseyside-wide interventions. The design of the Merseyside Implementation Plan, specifically goals and interventions and the appraisal form for interventions was informed by the Theory of Change model.

The Evaluation Working Group will be responsible for co-ordinating evaluation efforts both within programmes and at HAZ level. It will also be responsible for facilitating training among HAZ colleagues, community groups and other organisations to ensure and “promote the organisation development changes which health action demands.”

This group has also identified several further areas of action in order to embed evaluation into mainstream activity including: process issues, mapping exercises of potential complementary initiatives, research opportunities, training and development, and capacity building in ‘Theories of Change’ evaluation.

**Following excerpt taken from:
Merseyside Health Action Zone, Mid Year Progress Report for
Merseyside HAZ – October 1999**

Emerging findings from evaluation and the HAZs response to them

Evaluation of the HAZ is in its early stages and it is too soon to comment on any emerging findings at this stage, however there has been progress in the establishment of an evaluation working group. This will include an academic reference group for Merseyside HAZ drawn from a range of schools within the three universities, an information support group with specialist staff from Health and Local Authorities, and links with the national evaluation team through a Merseyside representative on the national steering group. Evaluation will be closely linked to performance management for the HAZ and it is intended that the approach will be to build capacity in the broad range of evaluation skills required to measure health action and improvement within partner organisations and community groups. This will ensure sustainability through embedding evaluation into mainstream activity.

A direct result of HAZ status has been the production of the first Merseyside Public Health Annual Report produced by the four District Directors of Public Health. The purpose of this document is to bring together information to provide a Merseyside-wide view of problems and solutions in order to build a better understanding of health on Merseyside to inform the public and policy makers. This Merseyside view has provided a limited baseline for HAZ which will be supplemented by specific research related to individual outcomes eg. Quality of life.

Consideration has been given to the evaluation of HAZ process issues including community and staff participation and partnership working and outcomes, targets and indicators for these will be developed later this year.

NORTH STAFFORDSHIRE HEALTH ACTION ZONE: A THEORY OF CHANGE (TOC) EVALUATION

Contacts: Brian Jacobs, Lead Evaluator and external consultant, Professor of Public Policy, School of Health, Staffordshire University

Budget: Not yet fully committed

Evaluation: Evaluation in North Staffordshire is currently underway using the Theory of Change framework. There have been several discussions around a range of evaluation issues and needs. In general evaluation will be used to provide a strategic overview of the HAZ. There will be a model project (i.e. pilot scheme using Theories of Change) in one of the workstreams.

Professor Jacobs has produced several documents on the Theory of Change and other methods for evaluation within the North Staffordshire HAZ. He is also assisting other HAZs (such as Walsall and Sandwell) to develop their evaluation framework.

North Staffordshire Health Action Zone Evaluation Summary

1. We are using the Theory of Change method for evaluation recommended by the National HAZ Evaluation Team. An Evaluation Group has been established in North Staffordshire to guide the evaluation and ensure consistency with performance management.

2. We are required by the National HAZ Evaluation Team at present to prepare for a 'light touch' initial evaluation of the HAZ as a whole. This will concentrate on some basic strategic issues. The guidance for the performance management of the HAZ together with statements by the National HAZ Evaluation Team have outlined the main elements of what we need to include:

- ✓ **a clear statement of what the HAZ is trying to achieve** in the long, medium and short terms (a Theory of Change statement);
- ✓ **meeting clear targets**, implementing agreed plans and achieving early wins;
- ✓ **achieving core objectives** and demonstrating core values;
- ✓ **developing a more rational and integrated strategic planning framework** linking the HAZ across health and local government and taking account of effective governance in the HAZ;
- ✓ **developing coherent and integrated accountability and performance regime within the HAZ;**
- ✓ **encouraging integration into mainstream services;**
- ✓ **developing strong community involvement.**

3. We have decided initially to select one element of the HAZ for detailed early evaluation. In North Staffordshire we have already initiated a model evaluation for one work-stream (Social Exclusion) and its associated projects. It is likely that we will also apply the Theory of Change approach to another initiative as a model. The model adopts the following standard format for each work-stream:

- ✓ **production of a thematic statement** (viewing problems, opportunities and commitments) for the work-stream;
- ✓ **definition of the baseline; identification of clear work-stream and individual project targets;**
- ✓ **a straightforward and understandable method of monitoring projects** for evaluation purposes and ensuring effective performance management arrangements are in place;
- ✓ **identification of early wins;**
- ✓ **monitoring good practice** for the purpose of learning;
- ✓ **encouraging project co-ordination** where appropriate;
- ✓ **establishing benchmarks where appropriate** (with reference to the Cabinet Office approved 'Business Excellence Model');
- ✓ **recording progress** on a database (to be established);

4. Research and dissemination involves proposed collaboration with Professor Ken Judge (Leader of the National HAZ Evaluation Team) looking at strategic issues in HAZs in the West Midlands and the development of the Theory of Change approach. We have been asked by the National HAZ Evaluation Team to make several presentations displaying the use of the model in North Staffordshire and also to contribute to the first national HAZ Evaluation and Community Involvement meeting in Birmingham. Within the HAZ, a '**Quick Guide**' to the evaluation will soon be available.

Brian Jacobs
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NOTTINGHAM HEALTH ACTION ZONE: FRAMEWORK FOR MONITORING AND EVALUATION

Contacts: Dara Coppel, Nottingham Health Authority – HAZ Evaluation Manager
A HAZ Evaluation Group is currently being set up in conjunction with local academic partners.

Budget: £60,000 for monitoring and evaluation

Evaluation: Nottingham will be seeking to incorporate the Theory of Change and Realistic evaluation models into the several main areas of action for their local evaluation. This evaluation will focus on the eleven workstreams that are made up of a minimum of 41 projects in the first year of the HAZ (see attached)

A framework for monitoring and evaluation, compiled by Dara Coppel, is attached.

A FRAMEWORK FOR THE MONITORING AND EVALUATION OF NOTTINGHAM'S HEALTH ACTION ZONE

October 1999

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AIM:

This paper is intended as a possible framework for the monitoring and evaluation of the Nottingham Health Action Zone.

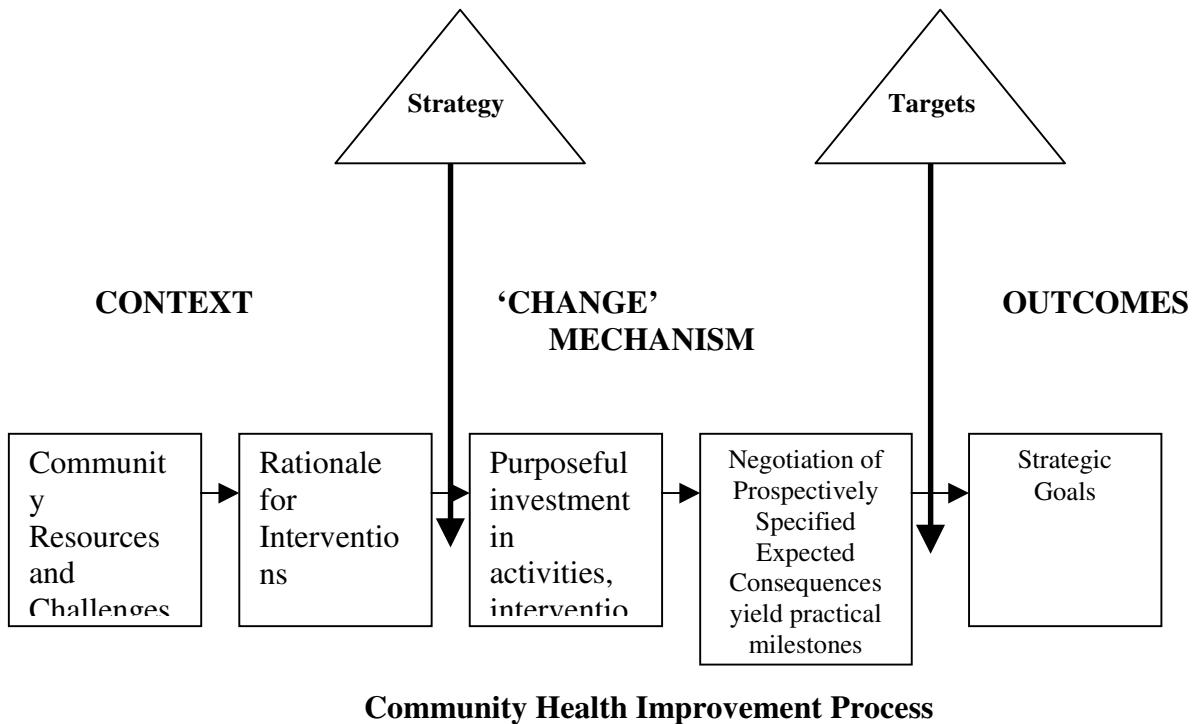
INTRODUCTION:

Health Action Zones are a national, seven-year initiative aiming to tackle health inequalities at a local level. Nottingham's Health Action Zone covers the whole of the Nottingham Health District. Within the district, the HAZ will initially focus on the needs of families – parents, children and young people living in the most disadvantaged communities in the district. The work programme is focusing on eleven workstreams namely; homelessness, accidents, vulnerable families, education, sexual health, affordable warmth, mental health, substance misuse, regeneration, tobacco control and domestic violence. During year one, a minimum of 41 community-based projects will make up the Nottingham HAZ Work Programme.

THE NATIONAL EVALUATION:

A national evaluation of Health Action Zones is currently being undertaken to promote shared learning and policy development. The National Evaluation Team has drawn on British and North American evidence about the evaluation of complex and comprehensive community-based interventions. Two methods in particular have guided their approach. Firstly, *realistic evaluation* methodology emphasises the need to explore the ways in which specific change mechanisms interact with the circumstances within local contexts to yield observed outcomes. Secondly, experience with using a *theory of change* approach highlights the importance of encouraging and motivating stakeholders to engage in quite difficult and time consuming processes. Figure 1 illustrates the approach that the HAZ National Evaluation Team are adopting.

Figure 1: REALISTIC EVALUATION and THEORIES OF CHANGE model of evaluating community-based interventions, as adopted by the HAZ National Evaluation Team



LOCAL EVALUATION:

Budget: £60,000 is available for the monitoring and evaluation of Nottingham HAZ.

Management: The HAZ monitoring and evaluation will be overseen by Dara Coppel but will be implemented by everyone involved at all levels e.g. HAZ central team, workstream leads, Health Authority public health workers, project leads, PCG HAZ links, local community etc. A HAZ Academic Evaluation group will be established to enable academic members to support the delivery of the following monitoring and evaluation framework.

There will be several main areas of action for the local evaluation in the first year of the HAZ (see Figure 2):

1. Monitoring of individual HAZ projects:

Monitoring refers to the process of follow-up activities to ensure that they are proceeding according to plan.

All projects will be required to complete a Partnership Agreement Form (PAF) which will provide in-depth information about the project. Feedback about the format of the form and the associated guidance will be sought after to ensure that all agencies, projects leads, workstream leads and HAZ central team members are in agreement about the form to be used in the future.

All projects will be expected to complete regular (simple) monitoring forms which outlines how they are moving forward with their project. Monitoring forms will request information on inputs, outputs, milestones, evaluation, community involvement, exit strategy and shared learning. These reports will reflect whether they are on schedule in accordance with their PAF.

2. Evaluation of individual HAZ projects:

Evaluation refers to the determination of effectiveness, efficiency and acceptability of a planned intervention in achieving stated objectives. All individual projects will be given support and encouragement to build evaluations into their project design.

A resource pack will be devised and disseminated (through workshops) to key HAZ leads about the concepts of evaluation and evaluation tools based on the principles of *Realistic Evaluation* and *Theory of Change* (Figure 1). Working examples of the Theory of Change will be discussed (see examples 1 and 2) and the advantages of using the model will be highlighted. The model will be promoted as a tool not only for evaluation but also for project planning and development.

A few projects will be identified for a more extensive research approach to evaluation

3. Evaluation of HAZ workstreams.

Each workstream will be expected to apply the Theory of Change model to their workstream as a whole. They will be required to aggregate results from individual projects within their workstream to ensure that the evaluations link the project with the desired outcome of the workstream. The workstream leads must determine key indicators that can be used to measure whether proposed outcomes will be met. They will need to use routine data to check on changes in key variables as well as used other evaluation techniques to collect unavailable data if necessary.

4. Overall Nottingham HAZ Evaluation.

Information from each workstream will be aggregated to assess progress and success amongst projects and workstreams.

Routinely collected data will be used to assess the profile of social, economic, environmental and health challenges facing Nottingham Health District. Changes in key variables which relate to the overall wellbeing and health of the populations in the

HAZ intervention areas can therefore be assessed. This will enable us to measure change. The collation of this data over a number of years will indicate socio-economic trends. Baseline indicators still to be proposed. Examples of *possible* themes to be included within a data set include: demography, deprivation scores, economic regeneration, social cohesion and exclusion, quality of life, education, and social capital.

5. Assessment of partnership working:

Partnership is a key element of the Health Action Zone approach. To secure health improvement, an evaluation of partnership working is needed. The assessment of partnership working links closely with one of the main objectives for phase 1 of the National HAZ Evaluation. There is a need also to assess how successful HAZ has been in developing ways of involving people from the target communities in needs assessment and evaluation.

Partnership working will be assessed at two levels. Firstly, partnership working will be assessed at a micro-level amongst 1 or 2 individual projects to determine benefits which accrue from the projects. Secondly, partnerships between agencies at a macro-level will be evaluated which will assess key characteristics of partnership working.

6. Dissemination of Learning:

A programme of dissemination needs to be arranged and implemented to share lessons learnt. This may include organising events/workshops, presenting at conferences, writing up follow up papers etc. It is important that this happens at a local level with all those involved in HAZ activities (all stakeholders), Nottingham Health Authority Public Health Directorate, Programmes of Care within Nottingham Health Authority, PCGs and all closely linked government / regeneration initiatives etc. It is also very important that lessons are shared at a national level with other HAZs and the National Evaluation Team. Clear links need to be well established.

SHEFFIELD HEALTH ACTION ZONE: EVALUATION AND RESEARCH

Contacts: Stephen Pintus, HAZ Director and acting lead evaluator
An Evaluation and Research Manager should be in post shortly. The post was advertised in mid January and interviews were held on February 17.

Budget: £50,000 for the year 2000 and every year thereafter

Evaluation: Sheffield's Evaluation Steering Group intends to develop a model of evaluation informed by the Theory of Change framework. This model will facilitate learning across agencies and sectors such as researchers, primary care groups, police, community and NHS Trusts. A range of methods will be developed for different aspects of the overall evaluation. An Evaluation and Research Manager will be appointed to develop this model of evaluation, offer support to projects, facilitate learning and dissemination, and strategically manage the overall evaluation strategy **(see attached)**

10. Evaluation

Evaluation and action learning will be at the centre of the work of the Sheffield HAZ. We have started our discussions on how best to achieve this with those leading the evaluation of Health Action Zones on a national basis, with colleagues in other local HAZs - particularly the South Yorkshire Coalfields HAZ - and with the two universities in Sheffield

Evaluation will be a process which depends on directly linking proposed **inputs** in defined **contexts** with credibly attributable **outcomes**. This means defining up front what milestones of change we would expect at different phases of each project or programme, and establishing targets which are achievable (rather than aspirational) in a given time frame.

Evaluation will be carried out at three levels and include a multiagency dimension where appropriate:

a) The content projects.

Each project is designed to address a specific health or health related problem e.g. housing and health; community based exercise; chronic bronchitis. Targets in relation to these specifics will be set. For **example**, in relation to chronic bronchitis, phased targets may be agreed as follows:

- *50% of general practices to have screened patients with bronchitis and registered those with lung volume less than 1 litre by December 99; 90% by September 2000.*
- *95% of registered patients to have received pneumococcal and influenza vaccine by November each year.*
- *30% reduction in hospital bed-day use by registered patients between December - March 2000 compared to 1998 baseline.*

As much use as possible will be made of routinely available health related information. Where necessary, and appropriate, cost-effective and potentially sustainable sources of new information will be developed and commissioned as part of the projects themselves. Links will be made to the modernisation agenda 'Information for Health' and the work on the Local Information Strategy (LIS).

b) Programmes Addressing the Strategic Aims

In the course of delivering health improvement and addressing health inequalities, the HAZ will tackle weaknesses in the current health and social care provision in Sheffield, as identified in the Strategic Aims. Initially there are five of these in the Health Action Zone programme. Evaluation of progress against each of them and learning the appropriate lessons from project experience will be fundamental to the working of the HAZ programme overall. An important component of this is the action learning approach which will be built into our programme.

The following **example** illustrates how this approach will be implemented:

Strategic Aim 2 concerns the establishment of more effective structures and processes to strongly bond together community actions and co-ordinated service planning and delivery. A small project team with academic and service elements will be established to concentrate on the action learning in this area and will work across and alongside the different content projects. The starting point for the team will be to work with the communities and front-line workers to establish a grounded perspective of what 'good' would look like if the projects were successful at a strategic level. This would establish the yardstick against which to test progress throughout the programme

c) The Health Action Zone as a Whole

Appraising the success of the Sheffield HAZ will be complex. We recognise that it will be difficult to attribute any changes we observe to the HAZ itself - other initiatives are already in place and more may be set up during the life of the HAZ. A rigorous controlled trial of the HAZ initiative is not easy to set up. However, we will draw on comparisons of processes and outcomes both before and after the HAZ and with other parts of the country, in order to illuminate how this important initiative has fared.

Sheffield Health Action Zone – Implementation Plan April 1999

TEES HEALTH ACTION ZONE: EVALUATION

Contacts: Paul Johnson, Director of Public Health and Lead Evaluator
John Kitson, Organisational Development Manager
David Chinn, Research and Development Evaluation Team

Note: Tees is currently reviewing the management arrangements for its Research and Development Team

Budget: There is no designated budget as of yet, however, for the years 2000/2001 £120,000 has been committed

Evaluation: Evaluation thus far will focus primarily on the effectiveness of workstreams, and a detailed evaluation strategy is forthcoming.
(see attached)

**Tees Health Authority, Health in Teesside Partnership Board
Implementation Plan 1999-2006
April 1999**

MONITORING AND EVALUATING PROGRESS

The overall progress of the Health Action Zone Plan will be monitored and evaluated by:-

- a) Ensuring all projects seeking HAZ approval or support have measurable goals, outcomes, milestones and build in sustainable capacity. This will be the task of the Health Action Plan Development Unit and Steering Group.
- b) The Development Unit regularly monitoring progress of workstreams and reporting to the Steering Group.
- c) Each year a Basket of Quality Indicators reflecting some 2-3 aspects of each of the major determinants will be compiled to give an overview of health and well-being.
 - In each Locality / Local Authority area
 - Across Teesside as a whole

This will enable year on year comparisons to be made and to evaluate how each locality is developing against, compared to its neighbours. The indicators in the Basket will be the subject of specific workstreams. However the Basket is intended as an overview across the key areas. Each indicator is linked to known inequalities (as highlighted in the recent Acheson Report) and to key health issues for Teesside. Full details are attached. **Full details are in Appendix D**

- d) As part of the Basket of Indicators, an annual survey will be undertaken to measure people's own perception of their health and well-being. This will build on the pilot work done by North Tees Community Health Council, and will be a major indicator of public confidence.
- e) A HAZ Evaluation Group comprising the Public Health lead professionals from the Health and Local Authority will review outcomes, results and mortality / morbidity figures. This group will be a major focus for evaluation of the effectiveness of workstreams, and identifying good practice for promulgation. It is envisaged that this group may commission some more detailed evaluation work by the University of Teesside during Year 1.

WAKEFIELD AND DISTRICT HEALTH ACTION ZONE: EVALUATION

Contacts: Ray Avery, Deputy Director, Action for Health, Wakefield HAZ and Lead Evaluator

Pete Alcock, Professor of Social Policy and Administration, Department of Social Policy and Social Work, Birmingham University

Budget:

Financial Profile

The budget given is that currently agreed with Enact, the partnership between The Department of Social Policy and Social Work University of Birmingham and The Federation of Community Work Training Group's Collective, who have been commissioned to evaluate the Wakefield and District Health Action Zone.

1999/2000	2000/2001	2001/2002
£19,500	Estimated £30,000	Estimated £30,000

Wakefield is currently discussing further work with Enact that will cover smoking cessation, social capital evaluation support/input to new bids being prepared.

In addition to this each project funded through the Health Action Zone has to demonstrate in a 'Project Partnership Agreement' pro-forma how it intends to evaluate. The budget for this is within each project's funding. In addition within the Action for Health Team and other HAZ appointments supporting the implementation of the Health Action Zone plan there is evaluation knowledge available to all projects.

Evaluation: Evaluation sits within an overall performance management approach. There will also be a small number of programmes that will receive a more extensive research-based approach to evaluation.

The attached document provides a summary of Wakefield's overall evaluation strategy and progress to date, and was submitted by Ray Avery in January 2000.

Wakefield Health Action Zone: Evaluation

Evaluation Strategy

The approach to evaluation within the Health Action Zone is outlined below.

It will form part of an overall integrated approach to delivering sustained success by improving performance and is set within an overall performance management framework which includes prioritisation, review, assessment and reporting. The approach to evaluation will mirror that of the overall performance management model. This encompasses a system of continuous improvement, of shared purpose and vision, agreement of clear and measurable objectives, targets and outcomes, review of performance and action taken to ensure improvements and feed into further target and objective setting over time.

This must be seen within the overall principles and core objectives of the Health Action Zone. These are:

Principles: -

- The right for everyone to the determinants of health.
- Quality of life.
- The reduction of inequalities in health, targeting resources and support to those most in need.
- Anti-discriminatory principles and equal opportunities.
- Sustainable development.
- Services that meet needs and are delivered to enhance health, dignity and well being.
- Accountability.
- Co-operative and joint working for added value and maximising services.
- Citizen, community, patient, carer and staff participation and social inclusion.
- Community development.
- Outcome focussed policy and practice.
- Evidence based practice.
- The need to work strategically.

Core Objectives:-**1 Build Community Participation and Capacity**

To renew local democracy, promote social inclusion and, in particular, community development for health.

2 Promote Positive Health and Prevent Disease

To enhance quality of life through the promotion of the positive health of individuals and communities and the prevention of disease and ill health.

3 Tackle the Root Causes of Ill Health

To identify and tackle the root causes of ill health, in particular, promoting regeneration and sustainable development.

4 Develop Integrated Health and Social Care Services

To develop modern, integrated, community-led, client-centred, evidence-based health and social care services which are accessible and which promote the health and dignity of users, in particular, further developing primary level services, to promote public health and reconfiguring other health and social care services to support this.

Structural Objective:-**5 Create a Wakefield District HAZ Culture and Infrastructure**

To establish structures and a culture within and across organisations which ensures that the capacity, systems and resources exist to meet the core objectives, which model Wakefield and District HAZ principles of good practice and achieve best value.

Essentially the evaluation will have a number of components:

- 1) An initial base line audit of existing strategies, programmes, services and key actions and views of these against HAZ targets and local problems.
- 2) Baseline indicators will need to be refined once the project plans are further developed as well as goals, values, causal mechanisms and outline indicators.
- 3) A set of routinely collected data will need to be agreed for each project and for the sum of the projects for the HAZ.
- 4) Causal mechanisms, indicators and targets will be further refined through expert and community deliberations and workshops.
- 5) Workstream or project implementation groups will plan the interventions required to influence the cause or mechanisms identified.

In summary, the programme of evaluation will encompass:

- 1) A base line audit
- 2) Determination of routinely collected data to form a jointly agreed set of indicators at base line

- 3) Further base line research, rapid appraisals and needs assessments
- 4) A degree of evaluation for each project undertaken by the project itself or with an existing academic partner or through peer evaluation with other projects communities professionals
- 5) In depth evaluation of a number of projects chosen to demonstrate the range and objectives of the HAZ
- 6) An overall assessment of the HAZ against its agreed overall indicators, targets and objectives

A summary of the theoretical framework has been drawn from the Enact proposal submitted and adopted by the Wakefield and District Health Action Zone, July 1999 is given below

- **Theoretical framework**

The Social Context of Health

- Socio-economic trends – these include employment, income and broader life chances for all citizens.
- Changes and developments in national welfare policy – policies for education, housing, social security and social care all influence local health outcomes.
- The distribution of income and wealth – it is well established that material inequalities are linked to experience of health and illness.
- Availability and Access to health care – the delivery of health services in local areas has a direct impact on local health standards.
- Local community activity and capacity building – active local communities can challenge social exclusion, which contributes, to poor health.
- Knowledge and activities of local citizens can improve individual life chances.

Thorough evaluation of the impact of the Health Action Zone will establish the broader context in which they are developed.

A Dynamic Model of Change

- Social change is dynamic
- Avoiding snapshot measures of activity
- Developing a longitudinal approach
- Baseline assessments
- Measurement of change
- Process as well as outcome
- Understanding knowledge, attitudes and patterns of participation amongst local citizens and agencies.

Such a model must be applied to the evaluation

Working with Local Citizens

- Public involvement and community empowerment
- Improving public accountability
- Improving Health
- Improving Service responsiveness
- Increasing public knowledge and support
- Accessing lay and experiential knowledge

The work will enable the involvement of citizens through work with user groups, community organisations and local service agencies.

A Social Model of Health

The evaluation of the Health Action Zone will operate within a model of socio-economic and environmental development, using appropriate quantitative and qualitative methods of investigation.

The evaluation will utilise a Theory of Change approach.

Realistic evaluation and Theories of Change

The evaluation will reflect the dynamic complexity of the Health Action Zone and its location within specific environmental, political, cultural and socio-economic contexts in order to understand not only what works, but also why, for whom and in what circumstances.

The evaluation presents an opportunity to contribute to learning rather than being a judgement after the event.

The application of the theories of change model will enable the evaluation team to make links between action and outcome in order to address the attribution problem. This will also allow local learning to take place within the Health Action Zone.

Levels of Change

This holistic approach to evaluation within the Health Action Zone requires a multi-dimensional framework to help analyse

- The areas of change (e.g. building healthier/safer communities)
- The levels of change (e.g. the individual, organisational, community and policy dimensions)
- Those factors over which particular initiatives (interventions) may have a high or relatively low – level of control. For example employment, poverty, the root causes of ill health.
- The context in which the initiatives take place

This represents a framework for the evaluation of the Health Action Zone rather than a fixed and unchangeable model. Evaluation is recognised as a dynamic process, which will reflect local circumstances as well as the wider social and economic trends.

● **Implementation**

The commissioned evaluation should:

- Evaluate the whole of the Health Action Zone
- Develop evaluation skills and processes within the Health Action Zone
- Support individual initiatives in evaluation
- Establish a culture of evaluation within Wakefield and District that remains after Health Action Zone status.

The evaluation programme commenced 1st October 1999

Local evaluation workshops programme January – March 2000

The first report will be prepared for March 2000

Ray Avery, 19th January 2000

WALSALL HEALTH ACTION ZONE: EVALUATION

Contacts: Karen Wright, Specialist Health Promotion Manager and HAZ Project Manager

Barbara Phillips, Evaluation Group

Brian Jacobs, External Evaluation Facilitator

Budget: Information not yet available

Evaluation: The Walsall HAZ and SRB team have been working together to develop a joint approach to health and regeneration evaluation. An evaluation workshop was held in November 1999 to engage all sectors and partner stakeholders in the development of a joint vision between health and regeneration.

Other approaches include the work by external evaluation facilitator, Professor Brian Jacobs. Professor Jacobs has been applying the Theory of Change to the HAZ Fellowship project, as a learning model.

EVALUATION

The evaluation framework is based on the *Theories of Change* model. It has been developed by partners in Walsall with the support of an external facilitator, Dr. Brian Jacobs of Staffordshire University, who is closely associated with the National HAZ Evaluation Team. The framework builds a picture of what we are trying to achieve, and how our success will be measured. The detailed plans are shown in Part 2 of this document. The evaluation has been designed to:

- Assess the HAZ in terms of the achievement of a number of targets that have been set within a framework that identifies the vision statements, strategic objectives, operational objectives and the desired short and medium term outputs for each theme
- Provide a learning framework through which we can understand how and why programmes work and what values the HAZ adds to other initiatives, such as SRB
- Contribute to the empowerment process
- Measure the performance of the HAZ in order that we can ensure value for money
- Test the effectiveness of different approaches to evaluation and in particular their relevance to evaluating community and organisational capacity building.

Evaluation is both a core aspect of the development of the HAZ as a learning organisation and one that can contribute to the empowerment process. Partners in Walsall are committed to evaluating not only the outcomes, but also the contribution of the HAZ processes in achieving sustainable change. This will include measuring the application of our principles to practice.

We recognise that it is only by addressing the determinants of health that we can affect behaviour and in turn achieve long improvements in mortality and morbidity statistics for specific conditions. Walsall's HAZ is therefore grounded in belief that we have to invest in building the capacity of both our communities and partner organisations to make a difference. We acknowledge that the underlying complexity of health and the range of approaches that will be used by the partnership to improve health render the evaluation process challenging.

The Scottish Health Board model for improving health status and the Health Promotion Planning: Logic Model usefully illustrate the complexity of relating the contributions of the specific HAZ developments to health gain. These models, amongst others will be used to inform our approaches.

In the past the methodologies used by health sciences are both insufficient and frequently incompatible with the core principles of health promotion, which is central to the HAZ. It is also true that no single evaluation method will be adequate in capturing the complexity of health and its improvement. It is necessary therefore to draw upon the skills of the social sciences, organisational change theory and participatory action research.

We will therefore not just use the more traditional methods such as questionnaires and focus groups. We intend to build the capacity of local people and other partners to identify baselines and to use evaluation tools that are appropriate both to the initiative and to the evaluation question. These are shown in more detail against each theme in Part 2. Examples include participatory appraisal, action learning sets and community arts methods. These methods are well established in the borough and are supported by

a network group which will be key to extending this work. We will be keen to share our learning and to work in partnership with other HAZs to take more innovative approaches to demonstrating the potential inclusiveness of evaluation and it's potential to contribute to the empowerment agenda. It also be should be stated that aspects of our work will be subject to external and independent evaluation.

We will be working to achieve the right balance between measuring the immediate, medium term and wider benefits over time, using the right balance of quantitative and qualitative measures. We have identified desired outputs, to measure our progress during the 7 year period. Some of the specific interventions to achieve these outputs have already been defined. In other cases the HAZ Steering Groups will be determining their local action over the next few months. A menu of possible initiatives, which are based on evidence where possible are provided to support their decision making. More detail is shown in the Framework for Action and Evaluation Section in Part 2.

Walsall Health Action Zone: Passport to Health 1996-2006
Initial Plan – Walsall Health Partnership
April 1999

WOLVERHAMPTON HEALTH ACTION ZONE: EVALUATION

Contacts: Joanna Richards, Lead Evaluator

Budget: A tentative budget of £50,000 for the year 2000. The budget will be set for the following years.

Evaluation: In Wolverhampton evaluation is built into each work programme. There are six workstream leaders that meet every six weeks to discuss evaluation. The need for a more comprehensive system is recognised and this group is aiming to develop it across the HAZ.

8. HOW WILL THE HAZ BE EVALUATED?

8. Outcomes, Processes and Targets

8.1.1 There is an overall set of health outcomes and targets by which we shall measure the success of the HAZ (See Table 1). These are indicative of the poor health we want to change over a seven year period in a borough with high levels of deprivation.

8.1.2 There are also process and output targets in each workstream to track our progress and which link to the overall outcomes. For example, we expect to increase influenza vaccination uptake by older people and so reduce winter admissions to hospital.

8.2. Evaluation

8.2.1 In selecting the actions we have appraised the evidence base, the reasons why the actions will work, the conditions which already exist to support the action and the expected outputs and outcomes. We have also consulted widely and build up a good base of interest in and commitment to the actions.

- There is good scientific evidence for some actions, while for others it is less rigorous but there are plausible mechanisms by which the desired changes will be achieved.
- The conditions for progressing the actions will be crucial. A key factor in success will be the involvement of local people and staff and their commitment to the HAZ. It will only work if people make it work and if the learning from each stage of the work is carried forward.
- There is still work needed to refine the output and outcome targets and to establish accurate baseline information and tracking.

8.2.2. We shall, therefore, set up an integrated evaluation process to comprise the following elements

- Information systems to monitor our outputs and outcomes accurately and immediately, for example, to measure teenage conception rates locally and quarterly rather than relying on national data which are often over a year out of date.
- Development of tools to measure outputs and outcomes, for example an assessment tool to measure risk of falls in older people
- Audit systems to track and adjust the progress of the HAZ; the actions, the milestones, the timescales and resource use.
- Approaches to local people's evaluation, for example by training 'community evaluators'
- Mechanisms to evaluate the HAZ process itself and the learning from the process as the HAZ is progressed.

8.2.3. The evaluation will need to have some independence from the work streams but be linked to the governance and management of the HAZ. Organisations with expertise such as Wolverhampton University are keen to be involved and we shall also draw on the experience of other programmes, for example the external evaluation of the Better Government for Older people initiatives and the community evaluation work of the Wolverhampton Network Consortium.

Keeping Well and Getting Better: A Health Action Zone for Wolverhampton - Implementation Plan, March 1999

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