

Appendix 1: Measuring impact and benefit in Prevention at Scale Programme

The PAS workstreams have well-defined project milestones for 2017/8 and 2018/19. Progress to date against implementing these milestones is good, with most on track for delivery. The real question is over time, what impact will they make in the wider system, and how do we measure the benefits that will arise from Prevention at Scale?

We are starting to be able to measure some outputs from these projects directly, as part of a set of metrics we collect. Using the Living Well example, we can identify how many additional people are supported within the service. What is harder to measure is the impact of embedding behaviour change within the wider system. For example, in the workforce projects being developed with other system employers:

- what will be the impact of training an additional number of frontline staff to have healthy conversations
- can we identify and measure how many people may be supported to change their behaviours as a result of this activity?
- Over time, what does the evidence suggest will be the benefit of these changes, if maintained (in outcomes, and reduced cost)?

This short briefing sets out a proposed approach that we aim to develop over the next couple of months to be able to capture the impact and benefit from wider changes in the system as a result of these Prevention at Scale projects.

The excerpt below shows the current milestones for the Living Well workstream.

Prevention at Scale

Milestones	17/18	18/19	19/20	20/21	21/22
<i>Living Well</i>					
Scale up individual behaviour change through: <ul style="list-style-type: none"> • Launch of digital platform of Live Well Dorset (LWD) • Number of referrals generated from health checks and primary care doubled • Number of people supported by LWD doubled 		Qtr 1 Qtr 3	Qtr 2		
System wide approach to supporting staff health and wellbeing in place		Qtr 1			
Workforce plans and training plans complete		Qtr 1			
Review point 1 of workforce plan implementation		Qtr 2			

They are helpful markers of when project outputs are expected to be finished. But they don't provide an indication of system impact and benefit.

The diagram on page 2 is a proposed approach to developing an impact and benefits evaluation framework to start to provide better information to Boards about the wider impact in the system of these projects. Board members are asked to note and comment on the proposed approach.

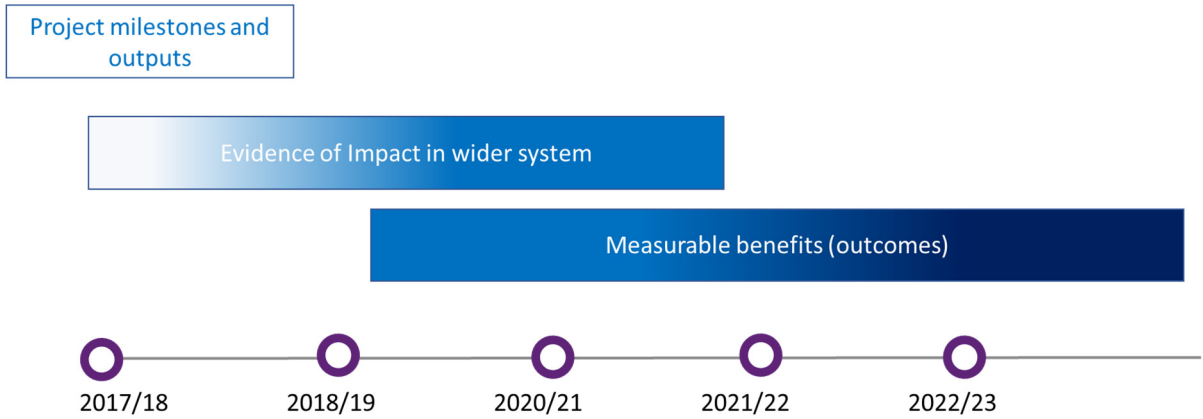


Diagram 1. Proposed approach for an impact and benefit evaluation framework.

The table below shows how this approach could be developed to measure the benefits arising from embedding LiveWell Dorset more clearly within the Dorset Integrated Care System over the next 5 years. The data are for illustrative purposes only at this point.

	2017/18	2018/19	2019/20	2020/21	2021/22
Project outputs	Transfer LWD in-house	Develop training capacity and capability Launch digital offer	Embed coaches more directly with localities and GP at scale New Health Check model at scale begins		
Evidence of impact in system		Digital offer routinely used to register people with service LWD train 500 frontline health and care workers in system 2-week wait lung cancer pathway all offered smoking cessation support Workforce plans for all large employers	CQUINs targets for acute hospitals agreed – all will use LWD to refer clients for alcohol and smoking Increase in health checks and numbers supported to change behavior		

Measurable benefits / outcomes	6,500 people supported 3,000 weight (59% lose 5% or more) 2,000 smoking (50% quit) 1,000 physical activity (750 become more active) 750 alcohol (60% drink less)	Numbers of people trained, Additional numbers of people referred from system for support	Clear data on % of people successfully making changes, reported back to GP practice systems	% of people making changes as a result of health check as recorded on GP registers	Modelled estimate of cost benefits arising from people supported to make changes
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