

Evaluation of Quality For Health



1. Introduction and Headlines

This briefing summarises the findings of an evaluation of Quality For Health that was carried out by Professor Mark Gamsu, Jennie Chapman, Sue Cook and Judy White from Leeds Beckett University during the period November 2015 to June 2016.

Quality For Health is an innovative and determined attempt to take a systematic approach to supporting the development of the voluntary and community sector that will enable them to demonstrate that they can be trusted to meet agreed quality standards.

This is particularly important at a time when strategies such as the NHS England 5 Year Forward View recognise that commissioners need to look to the voluntary sector to make a greater contribution to improving health and wellbeing through closer working with the statutory health and care system.

Our limited evaluation of Quality For Health has shown that while it is early days, this initiative has attracted a wide range of voluntary and community organisations many of whom have been able to describe how Quality For Health has helped them to improve their services and governance.

2. What is Quality For Health?

We were commissioned to evaluate the effectiveness and impact of Quality For Health. This is described by Voluntary Action Calderdale and Calderdale CCG (who commissioned it) as follows:

"Quality For Health is a brand new, innovative, unique, quality assurance system for the Voluntary and Community Sector, developed by VAC and endorsed by Calderdale CCG. It is the only quality assurance system in the country designed to support the Voluntary, Community and Social Enterprise Sector to demonstrate the outcomes for their health services through rigorous external assessment."

From our work we think that Quality For Health has three aims.

- To support individual voluntary and community organisations take a holistic approach to organisational improvement which will benefit the people who use their services.
- To improve the quality of the voluntary and community sector offer generally in a place - in this case Calderdale.
- To help health and care commissioners to better understand and have confidence in the voluntary and community sector offer.

This should mean that the statutory health and care sector are more likely to develop partnerships with and potentially increase funding to the voluntary and community sector.

3. How it works

In summary Quality For Health works as follows:

It offers a framework which has nine elements, or Quality Areas, that provide an holistic lens through which all aspects of an organisations service delivery and governance can be assessed. These elements are addressed in 9 Quality Areas:

Quality For Health - Quality Areas

- 1 – Service User experience
- 2 – Safety and Safeguarding
- 3 – Effectiveness
- 4 – Health Promotion
- 5 – Equality and Diversity
- 6 – Leadership and management
- 7 – Governance
- 8 – Outcomes and Impact
- 9 – Connectivity

Organisations who sign up to the process commit to reviewing all elements of their organisation and aim to test themselves against one of the following three levels:

Level 1 - a minimum standard for any voluntary organisation delivering health services

Level 2 - able to demonstrate a track record of accomplishment, innovation and creativity

Level 3 - a leader and innovator in the sector with strong and robust processes

Organisations are able to access training and support including:

- Specific training on each competency level
- Networking meetings
- One to one support
- Access to a substantial evidence base

Organisations gather evidence to demonstrate that they meet the criteria required for the relevant level they are aiming to be accredited for.

This evidence is then assessed by a team managed by Voluntary Action Calderdale and if the standard is adjudged to have been met the appropriate level of accreditation is awarded.

4. What we did

Our evaluation took place during a comparatively early stage of Quality For Health roll out. At this time over 30 Calderdale voluntary organisations had signed up to participate and one had been through the whole process.

- We sent a baseline survey to all participating organisations to establish what they hoped to achieve from using Quality For Health
- We interviewed a range of local decision makers to understand their ambition for Quality For Health
- We conducted in-depth interviews with eight voluntary organisations to understand their experience of participating in Quality For Health
- We built on our findings through a workshop with an invited group of voluntary organisations who had use Quality For Health

5. What we learnt.

Strengths

“Makes you proud of what you’re doing, however, helped to identify those things that weren’t in place”

There was a clear view from all participating organisations that the framework and its 9 component areas did all aspects of organisational activity. The framework was sufficiently robust and coherent to fit small and large organisations; and those providing different services.

The training and support offer provided by Voluntary Action Calderdale was well received. The one to one support being viewed particularly positively.

“When we looked at it though, we panicked at first as it looked like a lot of work but everything was there to support us”

Organisations who gathered evidence to meet one of the Quality For Health levels felt the process made them more aware not just of areas where they needed to improve but also reminded them of areas where they already had expertise - this validation helped them to feel more confident.

“The process of gathering the evidence gave us confidence through identifying that there were a number of areas that we were already good at”

Challenges

While we were not in a position to comment in detail on the assessment process (because only one organisation had completed it) we did feel that this process needed to be completely separate from the support offer and that assessors should be external to Voluntary Action Calderdale and ideally should not be based in the district.

We considered that the comprehensiveness of the Resource Bank could actually work against its use. While it is helpful that all of this material is available, participating organisations should probably be signposted to a much smaller reading list which can provide a gateway to wider material if they do wish to follow this up.

“The resource bank is amazing but we don't have time to do that much background reading. Something more focused would be better for smaller organisations.”

Similarly while organisations who had participated in the training were consistently positive about it some organisations would have preferred a training offer that was more flexible and that placed a greater emphasis on peer support and problem solving.

6. Calderdale issues

There are wider challenges in Calderdale generally that could affect the effectiveness of Quality For Health and therefore attempts to improve the voluntary sector offer in health and care. We highlight three key areas.

Strategic Relationships

It would appear that the local authority and the Clinical Commissioning Group have different approaches to the commissioning of voluntary sector development support. There are in effect two infrastructure organisations one commissioned by the Clinical Commissioning Group (Voluntary Action Calderdale) and the other by the local authority (North Bank Forum).

It is increasingly understood that the voluntary and community sector could make a bigger contribution to health and wellbeing and that there also needs to be more integrated commissioning in health and care. If Quality For Health is to be successful in Calderdale it needs to be supported by both lead commissioners.

At a time when there is a growing recognition that there must be more joint commissioning of health and care services between the NHS and local government it is particularly important that there is a clear and positive leadership at a system level that fosters partnership working

Commissioner Expectations

Some voluntary organisations we interviewed did appear to feel that gaining the Quality For Health kite-mark would fast track them through commissioning processes. We did not see any evidence that this is or could be the case. The Clinical Commissioning Group may wish to consider whether it needs to clarify or strengthen the way in which it communicates its understanding of the purpose of Quality For Health.

Sustainability

When we spoke to local voluntary and community organisations they were clear that despite being positive about participating they did not feel that their organisation could or would pay for Quality For Health.

Of course, these organisations had already invested considerable volunteer and paid staff time in attending the training and gathering evidence for the assessment. It does feel that continuing support for Quality For Health is a wider sectoral issue and is therefore the responsibility of commissioners.