

Applying an Impact Practice approach with the PHA's Healthy Living Centres Programme

This case study outlines how Inspiring Impact Northern Ireland piloted an outcomes focused approach with public sector funders by supporting the Public Health Agency (PHA) to apply an impact practice approach to one of its funding programmes.

The Healthy Living Centres (HLC) programme has been running for a number of years, building on an initial five-year investment from Big Lottery approximately 12 years ago.

The theme of this area of work is health and social wellbeing improvement through community development approaches.

1 | What was done?

The pilot sought to provide key programme staff with guidance and support to undertake the following tasks:

- Understand and apply the principles of good impact practice (See figure 1)
- A self-assessment of the current funding programme against the plan-do-assess-review cycle
- Develop a theory of change for the programme

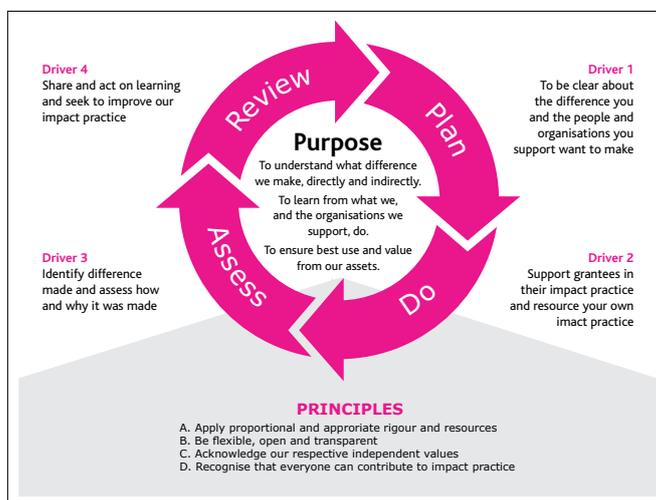


Figure 1

This was carried out over a four month period from December 2014 – March 2015. The pilot tested the online Measuring Up! resource to review how they currently plan for, deliver, assess and review information that will demonstrate whether the programme has an impact on the groups it supports. From here they then embarked on developing a Theory of Change for the programme which would set out in an overarching document what they hope to achieve with this funding programme.

2 What changes resulted?

This process highlighted the fact that legacy investment had been ad hoc, without a coherent set of identified outcomes. The discussion around the Theory of Change for the programme was able to challenge this and provide more clarity around the mission and purpose of the programme. The discussions regarding developing the Theory of Change coincided with the Healthy Living Centre Alliance taking the debate to their members and having frank discussions – that its not possible to do a huge

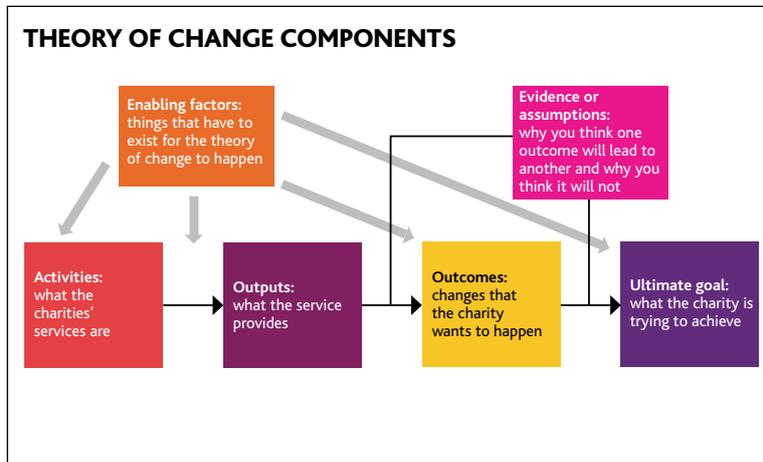


Figure 2

multitude of things well, particularly without a strong and clear rationale.

The PHA undertook the Measuring Up as an honest internal assessment of where the programme was at and where it was going. It highlighted where there were gaps in the work. This then led on to the Theory of Change and involving the HLCs in agreeing the key focus of the work and what needed to be done.

3 What benefits are likely?

The ultimate benefit is a more coherent and structured programme that will help the HLCs to deliver services against a more coordinated outcomes-focused model, focusing on four key areas of work.

In the medium to long term it is hoped that this will result in better outcomes for people receiving services but additionally a clearer sense of what works for what groups in what circumstances – so using evidence generated from monitoring against this outcomes and indicator framework to influence and develop future programmes.

4 Challenges encountered

The pilot was somewhat rushed and would have benefitted from more time to work through the different stages.

Involving grantees and partners in devising the outcomes is challenging and generated some difficult debates given in some cases some organisations were unlikely to be funded under the new framework.

The process also demonstrated how new monitoring tools would be required, as existing tools focus too heavily on measuring activity rather than impact.

5 What next?

PHA is using the Theory of Change to devise an outcomes framework for Community Development investments, although further discussions within the organisation will be necessary to expand it more broadly. Ongoing technical support would be useful in this regard. In Association with the Inspiring Impact process PHA and the Healthy Living Centres Alliance have been jointly developing and agreeing Key Performance Indicators on the 4 key themes identified through the Theory of Change process. There is a growing recognition between PHA and the Alliance that there is more to done in terms of utilising the Logic Model to advance other agreed areas of work.

Building on work undertaken to date on smoking cessation and Food & Nutrition themes, further work will be undertaken on other themes such as Physical Activity and Drugs & Alcohol to agree commissioning and implementation priorities most likely to inform improved outcomes. The lessons from this process are replicable to other PHA commissioning with providers.