August 2022

Evaluation of The Health Foundation's Strengthening Social Care Analytics Programme

Final report

SQW

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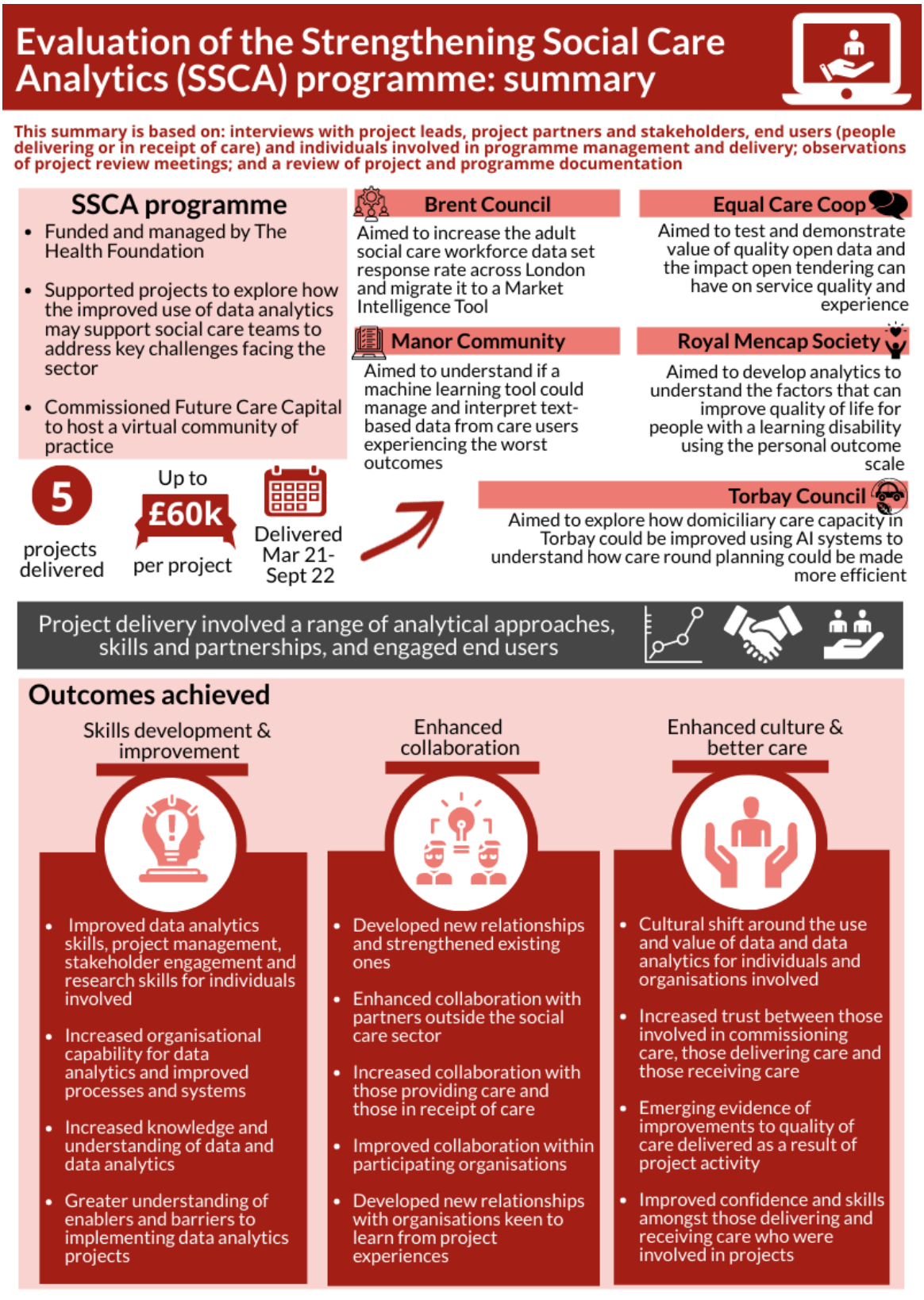
Executive summary



Facilitators experienced by projects

- Partner alignment of overall goals and organisational values
- A passionate and proactive project lead to lead delivery and establish partner relationships
- Forming suitable governance processes and sharing agreements
- Applying a flexible and responsive approach to project management and delivery
- Team members being well onboarded to the project with clear and defined roles based on expertise and capacity
- Leveraging additional investment from partner organisations
- Continuity in delivery team personnel

Barriers experienced by projects

- Changes in personnel within lead or partner organisations
- Competing priorities for those involved (particularly during Covid-19 waves)
- Difficulties in achieving buy-in or engaging with local stakeholders
- The impact of Covid-19 on primary research and data collection
- Organisational capacity and the availability of internal expertise
- Lack of clarity around timelines and partner roles

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Recommendations for future, similar projects

Project management, design and delivery

- Collaborate where required to secure the skills needed to deliver data analytics
- Adapt or refine pre-existing data analytics approaches where possible
- Implement a flexible, agile and responsive project management approach
- Develop clear information governance processes from the outset
- Implement strategies to maintain momentum in the event of key personnel changes

Engagement and communications

- Engage with those delivering care and those in receipt of care, in the planning stages of the project and throughout, to ensure the project is appropriate, to build trust and achieve buy in to the work
- Establish clear communication processes and strategies from the outset

Data collection

- Implement inclusive and accessible data collection processes for service users
- Work closely with organisations who hold or are responsible for collecting data during project planning stages, to understand data quality (and limitations)

Learning, dissemination and sustainabilty

- Capture and record contextual learning generated through the project so it can be shared
- Align sustainability and/or dissemination strategies with policy changes

Recommendations for future, similar programmes

- Provide targeted support and guidance for projects looking to form collaborations for grant funded projects
- Ensure that project leads (and organisations involved in direct delivery) can evidence they have the capacity to drive the project forward
- Continue to provide ad-hoc and/or light touch support to projects post-programme
- Provide ongoing support to projects to disseminate outputs and learning
- Continue to capture the outcomes and impacts of the programme

1. Introduction

The Strengthening Social Care Analytics programme

1.1 The Strengthening Social Care Analytics (SSCA) programme was funded by The Health Foundation. It was established in response to the pressures placed on the social care system by and during the Covid-19 pandemic. The programme had two key aims: to demonstrate and share learning about how data analytics can be used to improve social care; and to support providers and commissioners to tackle challenges affecting the social care sector in light of the pandemic. The programme provided up to £60,000 of funding to **five discrete projects.**

1.2 To achieve the aim of tackling the key challenges affecting the sector, the programme required the five funded projects to address at least one of the following key priorities:

- Improving the quality of social care for cohorts of people that experience the worst outcomes
- Building a resilient, safe workforce
- Understanding the lived experience of people needing social care.

1.3 Underpinning these three priorities were three interim outcomes:

- The development of new and improved skills
- Enhanced culture and collaboration
- Evidence of better care.

1.4 These outcomes were expected to be evidenced (at least to some extent) within the timescales of the programme. Each of the projects also detailed their own specific outcomes that they expected to achieve within programme timescales, tailored to their specific project design and activity.

1.5 Alongside the five projects, The Health Foundation commissioned Future Care Capital to host a virtual community of practice. The community of practice included a community discussion board and a resource bank, and delivered a range of events and webinars to its members. The community of practice was accessible to those involved (or with an interest) in data analytics in the social care sector.

The evaluation

1.6 In July 2021 The Health Foundation commissioned SQW, an independent research consultancy, to undertake a qualitative process evaluation of the SSCA programme. The evaluation ran to August 2022, and **aimed to understand whether (and how) The Health Foundation funding supported project teams to improve the use of data analytics**

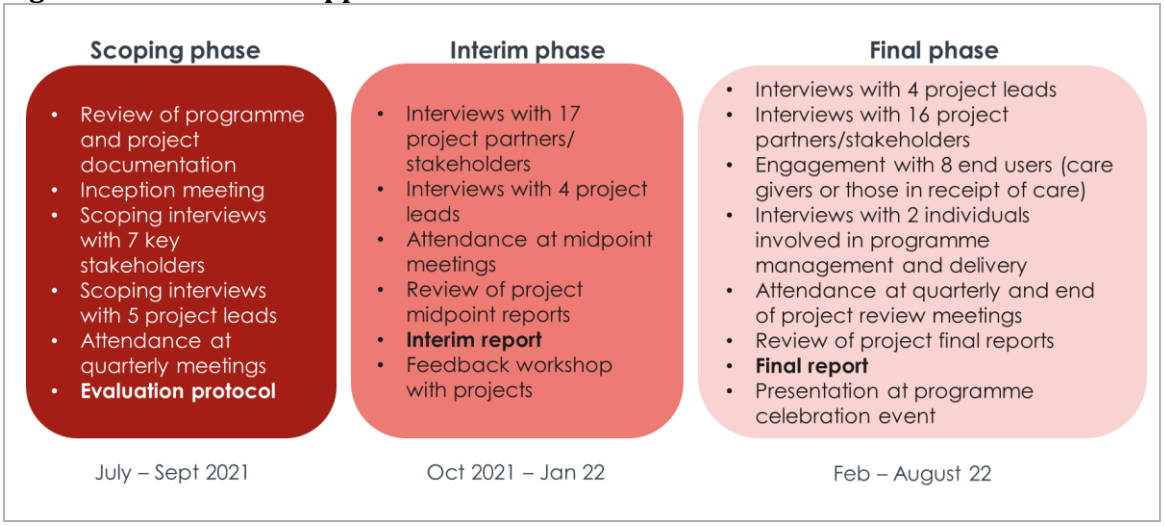
within social care. Underpinning this aim, the evaluation sought to answer four key questions:

- What analytical approaches have been used across funded projects?
- What lessons can we draw from the programme about what good social care analytics looks like, both within and between organisations in the health and care system?
- What, if any, are the benefits and unintended consequences in attempting to improve data analytics in social care?
- What are the facilitators, barriers and other contextual factors in implementing the projects?

1.7 The evaluation used a theory-based approach, influenced by realist evaluation, to understand not just *whether* the programme achieved its aims, but *why* and *under what conditions*. This was underpinned by a logic model (see Annex C) to test and substantiate whether the intended logic chain occurred.

1.8 The evaluation followed a three phase approach, presented in Figure 1-1. Further detail about the evaluation methodology is presented in Annex B of this report.

Figure 1-1: Evaluation approach



Source: SQW

Key considerations

1.9 This report should be read with the following considerations in mind.

- **Engagement with the evaluation varied between projects.** SQW worked closely with The Health Foundation and individual projects to ensure that key learning and insights were captured across all projects. However, the variation in engagement means that evidence presented in this report is richer for some projects than others. Engagement

issues occurred primarily due to constrained capacity amongst some projects and stakeholders.

- **Different partners, stakeholders and end users were consulted from each project**, reflecting the variety of project activities and foci. Partners and stakeholders consulted included data analysts, care providers, voluntary care sector (VCS) organisations and local authorities. End users included providers, care givers, and those in receipt of care, depending on the focus of the project. Some projects had a larger team of partners than others. Insights have been triangulated, and this report presents key findings for individual projects and thematically where most appropriate, to assess delivery across the programme.
- **Some project timescales were extended**. Not all projects have delivered on the same timescale, and one project was still being delivered at the time this report was written. Therefore, there may be learning emerging around the delivery and outcomes generated by some projects that was not available to inform this report.
- **Insights are self-reported**. This evaluation was qualitative, drawing on feedback from individuals involved in the programme and project self-completed reports, developed by project lead organisations. We were not able to independently verify the accuracy or completeness of feedback or documentation provided.
- **The report builds on findings from the interim evaluation report** submitted in January 2022, presenting findings from data collection activity undertaken during the final phase of project delivery. While there are new findings included in this report, overall the key messages remain consistent and do not challenge any of the findings outlined at the interim stage.

About this report

1.10 This report presents findings from the qualitative evaluation of the SSCA programme. It is structured as follows:

- Chapter 2: Programme development and delivery
- Chapter 3: Emerging outcomes
- Chapter 4: Programme learning
- Chapter 5: Conclusions and recommendations.

1.11 The report is accompanied by three Annexes:

- Annex A details evaluation acknowledgements
- Annex B sets out evaluation methodology
- Annex C presents the programme logic model and logic models for each funded project.

2. Programme development and delivery

2.1 This section outlines how the programme was developed and subsequently delivered, and provides a summary of each of the five funded projects. It also explores three key areas of project delivery: the analytical approaches used, skills required, and engagement with end users. It then provides an overview of the outputs generated by the programme.

Programme context and rationale

2.2 National attention was directed towards the challenges faced by people who used, commissioned or delivered social care services during the Covid-19 pandemic. A number of cases exemplifying the need for better data analytics in the sector arose in 2020 and 2021, linked to a lack of detailed, actionable and accessible social care data, which limited the ability of providers to effectively respond to the pandemic. **Data uncertainty combined with a lack of transparency and disparate collection and publication** processes limited understanding about the scale of the pandemic's impact in social care, ultimately **hampering the implementation of preventative measures**[1].

2.3 However, the need for improved analytics in the sector pre-dates the Covid-19 pandemic, and improving the use of data analytics in social care has the potential to revolutionise services, with expected benefits across various aspects of planning, delivery and use of social care[2]. However, the intricacies of the social care landscape create a multitude of challenges to successfully implementing data analytics approaches, and it is imperative that risks and potential disbenefits are considered[3]. Interventions supporting the development of best practice in this field are therefore particularly timely, because:

- Historic disparities in funding for the health and social care sectors have contributed to limited **innovation in social care data systems**[4], whilst innovation in health data surged during the Covid-19 pandemic
- **Barriers to accessing and linking publicly available datasets across social care exist** (e.g. fragmented approaches to using data, complex governance arrangements and varied scales of digital maturity, capacity and capability in providers)[5]
- There are **key gaps in data and evidence across the sector** (e.g. unknown quantities of unpaid carers means that the extent and skills of the workforce remain unknown)
- There is a **lack of comprehensive indicators** of social care service quality, poor alignment between different area-level monitoring processes, and few publicly available

[1] Science and Technology Committee, UK Parliament (2021) The UK response to Covid-19: use of scientific advice
[2] The Health Foundation (2020) Data analytics for better health: realising the potential for all
[3] The Health Foundation (2020) Data analytics for better health: realising the potential for all
[4] The Health Foundation (2020) Strengthening social care analytics during the pandemic and beyond
[5] Future Care Capital (2019) Data that Cares

datasets, which limit the ability to accurately assess social care provision and also create an incomplete understanding of service standards[6].

- **Increasing national recognition** is being given to the use of data in health and social care, and new policy developments have strengthened requirements for social care organisations to collect data digitally[7].

Programme development and delivery

2.4 The SSCA programme was launched in March 2021 following an extensive development process. The development process informed the programme priorities of improving the quality of social care for people that experience the worst outcomes, building a resilient, safe workforce, and understanding the lived experience of people needing social care. These **priorities were co-produced through workshops** held by The Health Foundation with people in receipt of care, care givers, providers, technology developers, local authorities, researchers and membership bodies.

2.5 Following the design stage, the programme delivered a **rapid recruitment phase**. The SSCA's five funded projects were selected based on a rigorous application process, which included service user involvement in project interviews. The application process was reported to be appropriate (and often thought-provoking) for applicants, with people in receipt of care asking questions which applicants may not have previously considered.

"In terms of the submission and the assessment process and the feedback, it was really good, positive, timely and [involved] appropriate questioning. We got a real sense that they understood what we were trying to do."
Project lead

2.6 Between project start and completion, projects were expected to participate in four quarterly review meetings with The Health Foundation, to discuss progress and any challenges faced. Projects were also expected to complete a quarterly review report, and submit a final report at project completion. Monitoring and reporting processes in place were praised for being **rigorous but not overly onerous**, with projects broadly agreeing that the process provided the right level of scrutiny.

2.7 The **virtual community of practice**, delivered by Future Care Capital and funded by The Health Foundation, was open to those involved in, or who had an interest in, data analytics in the social care sector, and engaged approximately 300 members. Members were engaged by inviting unsuccessful programme applicants to join, and has continued to grow organically. It hosted a community discussion board and resource bank, which the five funded projects were expected to contribute to. Future Care Capital delivered a range of webinars and events to

[6] Future Care Capital (2019) Data that Cares
[7] Department for Health & Social Care (2022) Data Saves Lives: Reshaping health and social care with data

share learning, which some projects participated in as speakers or panel members, and developed a range of blogs to support community of practice members. Events usually secured around 100 sign ups and a 50 to 70% attendance rate. Future Care Capital drew on their broader work to inform both blogs and events (e.g. their work around unpaid carers), and had begun to work with other organisations to develop content (including the Office for National Statistics).

The SSCA projects

2.8 While funded projects all sought to improve aspects of social care through data analytics, they approached this in varied ways, using a range of different analytics tools and focusing on different aspects of care. A summary of each project, and the analytical approaches used, is presented in Table 2-1 below.

Table 2-1: SSCA project summaries

Brent Council: Sharing Adult Social Care Workforce Dataset (ASC-WDS) across London	
Aim	To increase the ASC-WDS response rate amongst care providers in London and develop an agreed process for migrating the ASC-WDS into the London Association of Directors of Adult Social Services (ADASS) Market Intelligence Tool (MIT) on an ongoing basis.
Funding	£58.7k from The Health Foundation.
Delivery partners	Brent Council, Skills for Care, London ADASS Services, London School of Economics.
Approach	• Establishment of a steering group (the Adult Social Care Market Insight Board) to identify key questions commissioners and providers would like to answer, with representatives from local authorities (32 London local authorities and City of London, with at least one single point of contact (SPOC) identified for each borough), care providers, NHS England and Improvement London and CQC representatives, and the project team • Set up of data sharing permissions in ASC-WDS to allow providers to opt in (or out) of sharing their ASC-WDS data with others, so that providers and commissioners have a more comprehensive view of the workforce and the issues it faces • Delivery of a programme of communication and engagement to encourage buy in from commissioners and providers to the importance of using workforce data to address workforce challenges.
Fidelity to initial project plan	Project activities largely aligned with plans set out at the beginning, although they did face delays associated with the setup of sharing permissions in the ASC-WDS, which required more legal advice and time than anticipated. The project initially intended to report ASC-WDS data into the MIT, however the project discovered that this may not be appropriate due to not every London local authority having the Power BI license required. As a result, the project will finalise a data sharing agreement so that London School of Economics will access the data directly from ASC-WDS and produce reports based on this, whilst continuing to review the role of the MIT. Once the data is shared, econometric analysis will be completed to explore the links between workforce characteristics and service quality. These changes to plans impacted on project timescales, which have been extended to August 2022.

Equal Care Coop: Open Tendering and Open Performance	
Aim	To test and demonstrate the value of quality open data and show the impact that transparent and open tendering can have on the quality of a social care service and experience of people getting support, using the case of the Calderdale Circle contract.
Funding	£60k funding from The Health Foundation.
Delivery partners	Equal Care Coop, Open Data Services Coop, workshop facilitator.
Approach	• Delivery of four workshops (using participatory design methods) to engage key stakeholders (people receiving support, family members, care workers and social care professionals, including commissioners) and explore what is important to them in relation to care • Development of an open-source software tool (OCDSAdditions), to provide a blueprint for open access to social care contracts commissioned by local authorities, and enable comparison of contract models. The tool is an extension to the Open Contracting Data Standard (OSDS), an official UK government standard • Development of the Equal Care Coop Data Standard Metrics block and collaborative notebook which presents metrics to assess and compare social care contracts (based on learning from the workshops).
Fidelity to initial project plan	The project had to deviate from its original plan, as although the project was successful in applying for the tender with Calderdale Council, as Equal Care Coop were unable to fulfil the requirements of the tender given their size and model of care, leaving a data gap. Instead, the project used the original tender information published to Find a Tender to test the open-source software tool, and explored and documented the options for further publications as and when data becomes available for the Calderdale Contract (or other contracts delivered by Equal Care Coop).
Manor Community: Developing data analytics to improve how social care is monitored	
Aim	To understand if and how well a basic 'off the shelf' machine learning tool could manage and interpret text-based data from a target group of service users who are likely to experience the worst outcomes in care (i.e. those who are black and minority ethnic, those with learning difficulties or mental health conditions).
Funding	£60k funding from The Health Foundation.
Delivery partners	Manor Community, Logan Tod (data analytics consultancy), Bristol Black Carers and The Hive (care providers in the Bristol and South Gloucestershire area).
Approach	• Workshops with care providers and local authorities to identify target groups of service users, and co-produce a survey for primary data collection • Data collection through the delivery of a short, open question survey to those who are likely to experience the worst outcomes in care • Delivery of basic analytic tests on the survey data using Microsoft Azure, and presentation of the data using Power BI to examine how the machine learning tool interpreted the data and assess its success • Development of a research report detailing the evaluation of the methodology and the tool outputs, and a learning guide that blue-printed processes for the sector to implement the tool and develop necessary skills to use it.

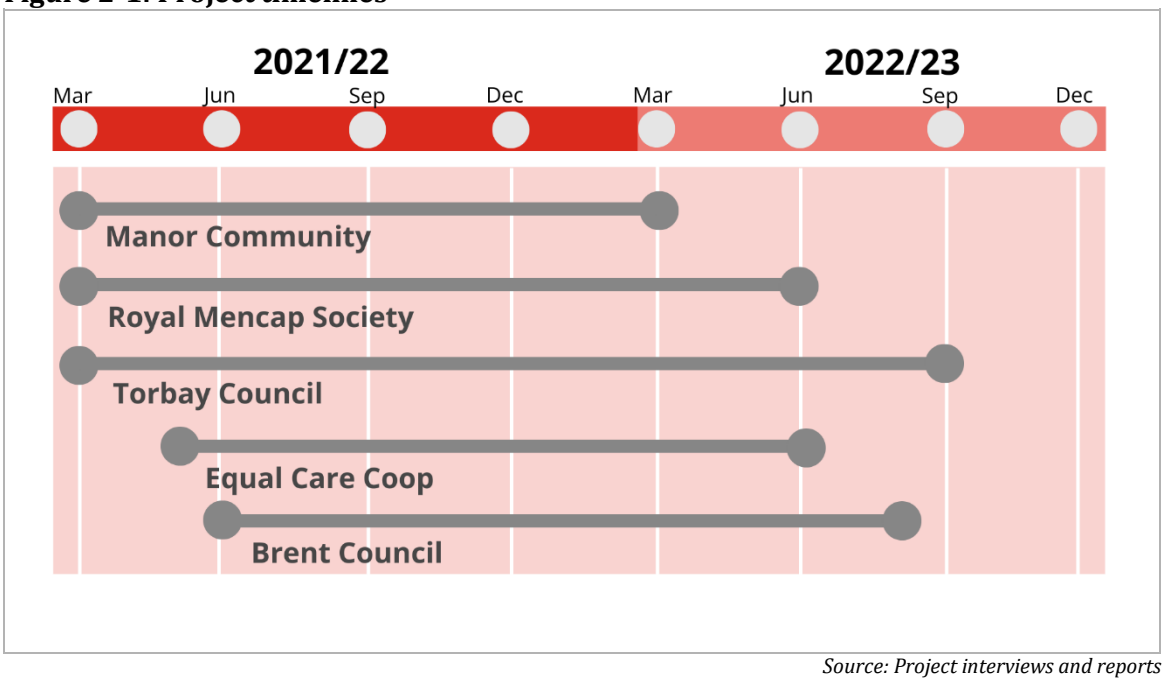
Fidelity to initial project plan	The project remained relatively in line with its original plan, however it was not able to complete secondary data collection from local authority partners as originally planned, due to capacity and data sharing issues.
Royal Mencap Society: Personal Outcome Scale	
Aim	To develop analytics that place people with a learning disability at the centre of practice across the social care sector and answer the question 'What are the factors that can improve quality of life for people with a learning disability?' using the Personal Outcomes Scale (POS).
Funding	£59.4k from The Health Foundation, and Royal Mencap Society contributions to internal staffing costs to deliver the project.
Delivery partners	No partnership for delivery, but involved various teams within the organisation such as the Data and Quality teams. Wider inputs included an externally contracted data engineer to support the development of the Mencap Data platform, and external support via the international POS Academic Network and Microsoft.
Approach	• Creation of a Mencap Data Platform, which involved building the data pipelines needed to bring the data into the platform, bringing contextual open data into a new datalake (a system or repository of data) environment, and setting up Databricks in Microsoft Azure to bring datasets together • Exploratory data analysis to identify what analysis was and wasn't feasible with the data available • Workshop with support staff, the Quality team and people in receipt of care, to gather ideas on what factors might affect quality of life and inform analysis • Data visualisation in a Power BI dashboard • Creation of Python notebooks to perform statistical testing on the factors associated with higher or lower quality of life scores.
Fidelity to initial project plan	Overall, Royal Mencap Society's project largely aligned with the project plan. The main deviation was as a result of the reduced number of POS interviews (455, compared with plans for 1,000) it was possible to complete due to the Covid-19 pandemic and associated workforce capacity issues within the social care sector. The reduced data available from POS interviews meant that although statistical tests could be completed, predictive modelling could not be undertaken; however this is planned as more data is collected through interviews. A key addition to the project plan has been the completion of text analytics using the qualitative information collected through POS interviews. This has resulted in creation of text analytics Python notebooks which can be reused on different projects, alongside informing improvements to POS interview training and data collection.
Torbay Council: Time to be More Caring	
Aim	To explore how domiciliary care capacity in Torbay could be improved using Artificial Intelligence (AI) systems to understand how care round/rota planning by care providers could be more efficient, and consider how any changes made would impact care givers.
Funding	£57k from The Health Foundation and £6k of pooled funding from Torbay Council and South Devon Integrated Care Organisation.
Delivery partners	Torbay Council, the 'Greener Care Collective', IT Specialist Consultant, Satalia (Data Analysts using AI systems) supported by Care City CIC (an innovation centre for healthy ageing), NHS Horizons and Medallia (Sentiment Data Analysts), Whole Systems Partnership, Healthwatch, a Stakeholder Engagement Consultant.

Approach	• Establishment of the 'Greener Care Collective', a board of 16 providers in Torbay, who were responsible for the project's direction and decision making • Data extraction and cleansing from five provider 'champions' involved in the Greener Care Collective • Mapping (using AI systems and data from provider champions) of the most efficient routes for care givers based on locations and needs of service users, including considering the potential for walking rounds. • Sentiment analysis using Living Lens AI software to understand the benefits and impacts of improving route efficiency for care givers, and those receiving care. Living Lens software captures and analyses video feedback, which will be collected from care givers and people receiving care in Torbay.
Fidelity to initial project plan	The Time to be More Caring project deviated from its original project plan due to new partners (Satalia and Care City, and NHS Horizons and Medallia) becoming involved in the project, which changed project activity plans, but not its overall aim. Following an extensive engagement process at the outset of the project, the Greener Care Collective was established to drive the programme; this was not originally envisaged, but feedback from providers around engagement and buy in meant that the project switched from a commissioner led approach to a provider led approach. These changes to plans impacted on project timescales, which have been extended to September 2022.

Project delivery

2.9 As outlined above, fidelity to initial project plans varied between projects, primarily as a result of barriers to project delivery (see Chapter 4 for further details). This resulted in varied project timescales, as presented in Figure 2-1.

Figure 2-1: Project timelines



Source: Project interviews and reports
Note: Equal Care Coop and Brent Council signed their contracts later than programme start, but both had begun project delivery.

2.10 The key areas of project delivery are explored in more detail below.

Analytical approaches

2.11 The five SSCA projects **deployed a diverse range of analytical approaches**, reflecting their various aims and the context in which they were being delivered. Analytical tools were primarily used to create automated systems to enhance the processing or analysis of different forms of data, or to provide linkages between pre-existing systems or databases.

2.12 The **majority of approaches were informed by existing systems** that the lead organisations and/or partners had previously observed or deployed in other environments. For example, Equal Care Coop partnered with ODS to extend the existing Open Contracting Data Standard, and Torbay Council partnered with Satalia to draw on their AI mapping software. Projects have not sought to undertake any early stage R&D activity, which is not surprising given the skills, funding and time required to do so and the programme's focus on developing practical solutions quickly for real-time issues. While the SSCA funding has largely been used to adapt or refine pre-existing data analytics approaches, it should be noted that the systems and tools used by projects are largely being used in novel ways, to solve issues specific to the social care sector.

2.13 Projects **continued to develop their analytical approaches as they progressed**. Some projects maintained fidelity to their initial planned approaches, others made minor changes to the approaches initially set out, whilst other projects made more significant changes to their project approaches, in response to wider challenges and opportunities. There were a number of factors which influenced the analytical approaches used by the projects, both initially and during project delivery:

- The **availability of and access to data** influenced the analytical approach used. Where projects met challenges in accessing data, the approach broadly adapted; for example, Royal Mencap Society's move to qualitative analysis as a result of lower volumes of data, and Manor Community's decision to only test the analytics tool on primary data, as opposed to additional secondary feedback data from local authorities.

- **Information governance processes** influenced the analytical approaches used. Overall, information governance requirements were considered well planned for and resourced, with some projects seeking guidance from data protection authorities or legal advice. For example, Brent Council's partner, Skills for Care, engaged their data protection officer and legal team to ensure the correct wording and GDPR requirements were incorporated into their new data sharing.

- **Engagement with end users** influenced the analytical approaches used by some projects. For example, Equal Care Coop had to carefully consider how their thematic analysis of workshop feedback would be undertaken, as they wanted to ensure that those involved could express what was important to them. Key decisions around Torbay Council's analytical approaches were made by the providers involved in the collective, rather than centrally.

Skills

2.14 Projects drew on a range of skills for delivery. This was primarily influenced by the capabilities and capacity of the lead organisation, with the majority having limited internal technical expertise, and therefore they **developed partnerships with specialist organisations who had the specific skills** needed for the project.

2.15 Key skills required by all projects were data analytics skills, including data cleaning and collation, data analysis and interpretation (e.g. sentiment analysis), data visualisation and coding/programming language skills (e.g. in python and SQL). Data analytics skills were sourced by project lead organisations both internally and externally. Where data analytics skills were not available within project lead organisations, project leads brought together a consortium which could deliver the skills required; only Royal Mencap Society had the analytical expertise in-house to support project delivery. They reported that the recruitment of a new data analyst with skills in text analytics (external to the project) widened the skills base in house and enabled the project to analyse the qualitative information collected through the POS interviews. However, there were no instances of recruitment into project lead organisations to deliver the SSCA projects specifically, likely due to the short timescales and funding available.

2.16 In addition, some projects required **software engineering skills and expertise** to support data analytics approaches, including the development of AI systems and market intelligence tools. Data engineering expertise was predominantly drawn from partner organisations, some of whom had not previously operated within the social care sector.

"We benefited from different perspectives, learning from other markets and industries. And benefited from their analytical time and capacity. Reaching out to some of the companies meant that we got more bang for our buck and a broader team."
Project lead

2.17 Project interviewees also outlined the importance of **project management skills, including relationship facilitation and stakeholder liaison**. Projects have generated high levels of collaboration between partners (see Chapter 3), which was attributed to effective project management. Where collaboration between partners was most successful, project partners specifically reported that lead organisations had invested time into building shared knowledge of the project and its context from the outset. In addition, stakeholder liaison required 'soft skills' and management, to achieve buy-in and develop trusting relationships. Project management skills were also deemed vital for delivering the projects efficiently (in terms of time and budget).

2.18 Several projects required **research skills, to experiment, trial and evaluate the efficacy of approaches**. These included skills in research design, facilitation, learning dissemination and evaluation. Some projects involving specialised research approaches partnered with academic organisations or organisations with relevant experience and insight (e.g. workshop facilitators), whilst other lead organisations had pre-existing capabilities in research and

evaluation. The rationale for partnering with research specialists was predominantly to improve the rigour of research, or to ensure high quality engagement during primary data collection (i.e. participatory design methods, tailored focus groups). Royal Mencap Society provides a two day internal training course specifically to develop the interview skills of those involved in data collection activities via POS interviews. This training was already available at Mencap, but it was improved and refined throughout the project e.g., through consolidating how interview responses should be recorded.

End user engagement

2.19 Projects had varied engagement with 'end users' (i.e. direct beneficiaries of the project). This included:

- **People in receipt of care:** three of the five projects engaged directly with people in receipt of care to collect primary data (Royal Mencap Society, Manor Community and Equal Care Coop). Some of the projects engaged with people in receipt of care to inform project delivery (e.g. through scoping or engagement workshops). Torbay Council engaged with Healthwatch to draw on the service user perspective, rather than engaging with people in receipt of care directly, to offer efficiencies and avoid burden or duplication. Indirectly, the Brent Council project secured service user feedback via the local providers who fed back to the project team via various forums.
- **Care givers:** the three projects who collected data from people in receipt of care also engaged care givers to support data collection. Torbay Council plans to draw on care giver experiences when collecting primary data to inform their sentiment analysis.
- **Providers:** the two projects led by commissioners (Brent and Torbay Councils) drew on provider expertise to inform decision making within their projects. Torbay Council set up the Greener Care Collective to put providers at the heart of decision making for the project. Brent Council partnered with London ADASS to help navigate the relationship between them as a commissioner and local providers. The project established the Adult Social Care Market Insight Board which functioned as the Project Steering Group and included care providers as one of the key stakeholder groups.

2.20 Emerging outcomes experienced by end users as a result of engagement is further explored in Chapter 3.

2.21 To enhance and increase engagement with end users, some projects **drew on specialist expertise**. For example, Equal Care Coop involved specialist workshop facilitators, whilst Royal Mencap Society used internal inclusion consultants to support engagement with seldom heard people in receipt of care.

2.22 People in receipt of care and care givers interviewed stated that they **enjoyed participating in project activities**. People in receipt of care reported they were made to feel comfortable and importantly, it made them feel that they were being listened to. Providers engaged were

also reported to feel listened to and empowered by their involvement in project decision making.

"I think everybody was a bit nervous when they are going in [to participate in a project] but that is natural. We went in and we were made to feel comfortable, they were chatty and so approachable."
End user

2.23 Overall, the **SSCA programme was credited with galvanising projects to engage with end users** more than they may have done typically. However, it was noted by some project **interviewees that they could have done more**, particularly in terms of involving people in receipt of care in the design and development phase of the project.

"The programme wanted strong patient and public involvement – I think this was achieved. The projects have been pushed [to engage with end users] further than they would have done otherwise."
Programme interviewee

2.24 In addition, it was reported that **communications could have been improved between projects and end users who participated**. It was noted by both project interviewees and end users that more information could have been supplied to the end users providing data. Feedback on one project suggested that people in receipt of care and care givers could have benefited from a more detailed briefing, as there was limited understanding as to how their data was to be used. For another project, it was suggested that people in receipt of care who were involved would have liked more feedback after they had participated, to understand what the outcome of their involvement was. However, it should be noted that feedback on a third project was broadly positive, with the information supplied informing a good understanding of how their data was used.

Project outputs

2.25 Overall, projects have either developed, or expect to develop, the outputs initially planned. The types of outputs that projects have developed to date include:

- **Reports, case studies and blogs** outlining learning around undertaking data analytics in social care, including end of project reports (four out of five projects had developed these reports at the time of writing) and blogs for the community of practice
- **Toolkits and step-by-step guides** to support the replication of project approaches (e.g. blueprints)
- **Data visualisation tools** (e.g. Power BI dashboards)
- **Data collection tools** (e.g. data templates, research tools)
- **Open code and methodologies** (e.g. Python notebooks)

- **New or improved analytics platforms** (e.g. databricks, consent box in ASC-WDS)
- **Workshops and webinars** to share learning and project findings.

2.26 However, the extent to which these outputs were disseminated varied between projects, and at the time of writing, the **level of published outputs had not been as expected**. Some projects had disseminated key outputs. For example Royal Mencap Society have published code and methodologies in GitHub, and held webinars to share findings; Manor Community were active in the community of practice, sharing broader findings and learning around delivering data analytics projects in the social care sector. While other projects have also shared some learning via community of practice blogs, they have not yet disseminated analytical outputs or learning reports (although most do expect to).

2.27 Some projects also reported that they no longer expected to develop outputs initially planned. This was predominantly due to an increased understanding of the resource and requirements needed to publish or disseminate key outputs. For example, Torbay Council engaged Satalia whose software is proprietary, so they could not share methodologies or code for commercial reasons, and Equal Care Coop was unable to resource the number of 'call-offs' required, resulting in a data gaps. This means that overall there will be fewer outputs shared, including less open code, than was anticipated.

Progress against programme aim 1: to fund exemplar projects which will demonstrate how data analytics can be used to improve social care and share their learning with other social care analytics teams

Evaluation evidence indicates that the programme has successfully achieved its aim of funding projects which demonstrate how data analytics can be used to address a wide range of different issues within the social care sector. The five projects have tested the use of analytics and shown it to be possible to generate relevant insights both within and for the sector. As a result, projects have been able to consider how improvements can be made to address some of the issues they were facing, although at this stage, there is less evidence to suggest that social care has been improved as a result.

The programme has also resulted in some learning from projects being shared with other social care analytics teams, predominantly via the community of practice. That said, this has not been achieved to the extent originally expected, as a result of issues related to capacity and proprietary rights, in addition to progress being slower than expected for some projects. There is scope for continued learning share in order to maximise achievement of this aim.

3. Emerging outcomes

3.1 This chapter presents outcomes experienced and expected by the SSCA projects, in addition to a summary of outcomes achieved by the SSCA programme as a whole. It is based on qualitative feedback from interviews with project leads, partners and end users (providers, care givers and people in receipt of care), interviews with programme level managers/stakeholders, observations of project review meetings with The Health Foundation, and project documentation (including end of project reports).

Project outcomes

3.2 The SSCA programme required projects to report against three key 'interim' outcome areas each quarter. These were:

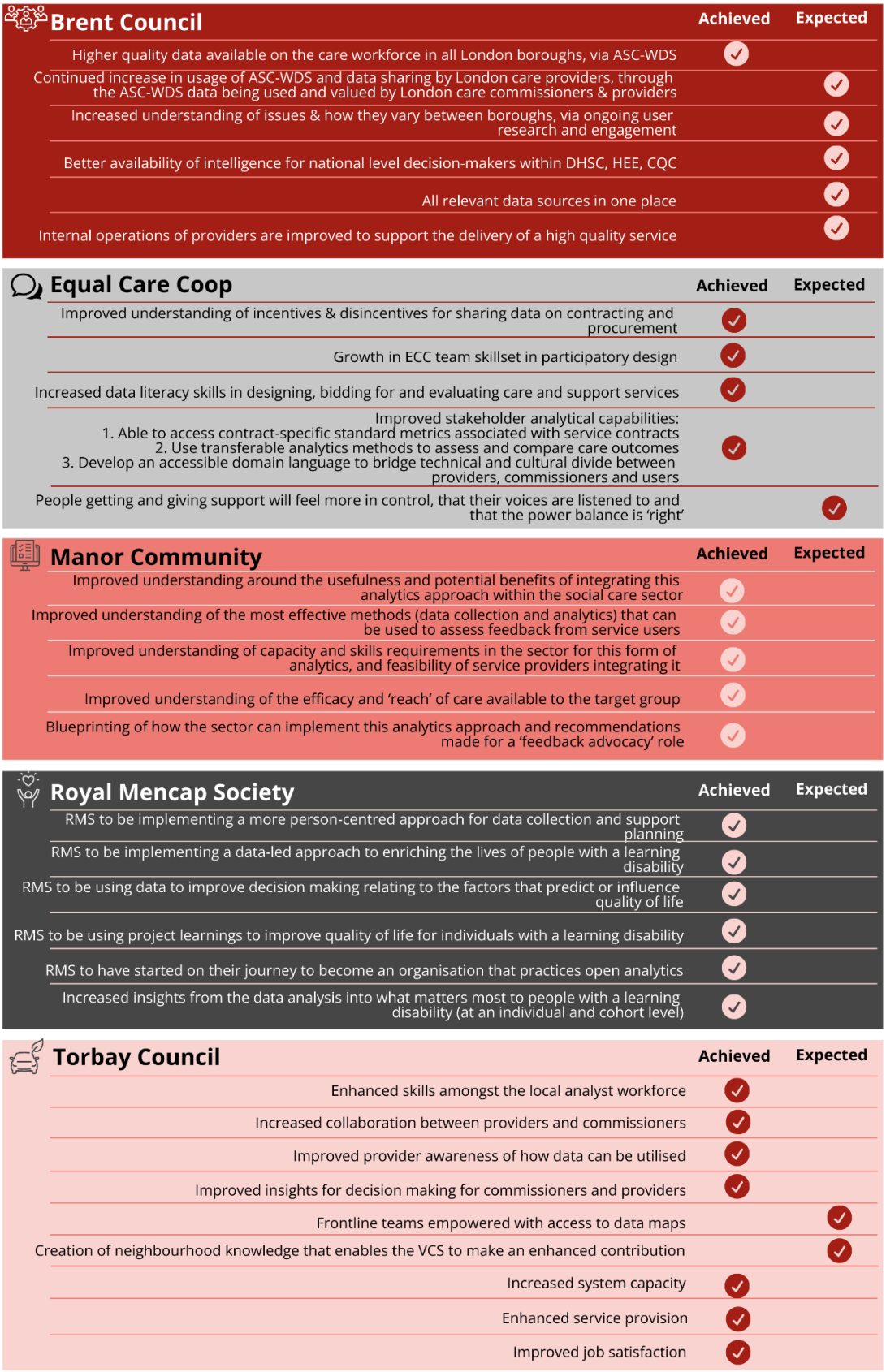
- The development of new and improved skills
- Enhanced culture and collaboration
- Evidence of better care.

3.3 It was expected that achievement against the three interim outcomes would support the projects to tackle the longer-term challenges affecting the social care sector. Having the right skills, partnerships and culture in place was seen to provide the foundations to tackle the key challenges of improving the quality of care and building a safe and resilient workforce, and provides understanding of lived experiences.

3.4 Underpinning this, the five projects each detailed the specific outcomes they expected to achieve. Figure 3-1 presents these outcomes for each project, and provides an overview of which outcomes were reported to have been achieved, and which outcomes had not yet been achieved (but were expected to be achieved in future), based on evaluation evidence.

3.5 It should be noted that progress against outcomes varied between projects, given that some projects finished delivery in March 2022, whereas others remained ongoing at the time of reporting.

Figure 3-1: Summary of outcomes achieved and expected for the five SSCA projects



Source: SQW; evaluation evidence

Programme outcomes achieved

3.6 The following sections present progress made by projects in achieving the interim outcomes that were agreed for the programme.

Outcome 1: The development of new and improved skills

3.7 Organisations involved in projects benefited from skills development. Many project interviewees highlighted improvements in data analytics skills, project management, stakeholder engagement and research skills. Given that most projects involved a consortium of partners, those involved reported that they had benefited from improved skills in areas of partner expertise, as a result of close working relationships and informal knowledge transfer.

3.8 Interviewees reported that as a result of enhanced skills, they were able to **increase their organisational capabilities and improve their own processes and systems**, leading to increased capacity. For example, Royal Mencap Society were reported to have *"transformed"* their analytical capability, and an interviewee reported that as a result of project learning, Manor Community had increased their capability to undertake data analytics projects.

"[The project has] led to an increased capability on our side for working on these types of projects in the future."
Project partner

3.9 Interviewees reported increased knowledge and understanding of data and data analytics:

- Both Royal Mencap Society and Manor Community reported that they had developed their understanding of the analytics tools they were using, which had contributed to the development of individuals' skills.
- Equal Care Coop reported that their project demonstrated the dual importance of making structured data visible, and of providing direct avenues for data to be collected, produced and shared back.
- Brent Council has facilitated improvements to the ASC-WDS, providing project stakeholders with insights into the time/resource demands of providers to complete it. As a result, Skills for Care have changed the scope of data they can share with local authorities, and improved the data shared regarding ASC-WDS engagement, allowing local authorities to better promote ASC-WDS in their area.
- An interviewee involved in the Torbay Council project stated that it had enabled providers in Torbay to look at their data in more depth, developing their understanding of what their data shows.

"This has supported us in further external work in the social care sector, with one particular project where we are working with a Council to support them to develop their analytics capabilities in analysing resident feedback. The processes we are using are very similar, and

therefore SSCA has enabled us to develop our own businesses offer and improve the impact we can make on other projects."
Project partner

3.10 Projects contributed to the development of learning more broadly. Interviewees reported that in addition to enhanced learning around data and data analytics, they had a **greater understanding of the enablers and barriers to implementing these types of projects**, which would support their capabilities in future. One programme interviewee also reported that the projects had highlighted where the gaps are in the data, in terms of its availability, accessibility and content.

Outcome 2: Enhanced culture and collaboration

3.11 Enhanced collaboration across and beyond the social care sector was achieved through all five SSCA projects. This included with partner organisations who were involved in the delivery of projects, some of whom project lead organisations had not worked with before. Projects were able to **develop new relationships, in addition to strengthening existing ones**, with some interviewees stating they expect to work together in future as a result. This included Skills for Care and London ADASS; as a legacy from the project, they are establishing a workforce sub-group to continue to deliver the remaining project activities and seek to further increase the response rate to the ASC-WDS.

3.12 Projects have **enhanced collaboration with partners from outside of the sector**. This included Open Data Services Coop (who partnered with Equal Care Co-op) and Satalia (who partnered with Torbay), both of whom had not worked with the social care sector previously. Organisations outside of the sector were reported to have enhanced their knowledge and understanding of the sector, and therefore are more likely to consider further collaboration with the sector in future.

"It is a new domain for us, we haven't done work in social care before. We have since been looking at different domains, people are keen on the environment and climate and [further work in] social care, and health is another one that I think would be interesting for us to develop into."
Project partner

3.13 The projects have given organisations the **opportunity to collaborate with those both providing care and those in receipt of care**. As outlined above, projects sought to engage with care givers and service users in various ways, leading to multiple outcomes:

- Manor Community and Royal Mencap Society collaborated with care givers and those in receipt of care to collect data and test data collection methods. Project interviewees reported that collaborating with these groups enabled co-investment in the project, and improved their understanding of what the organisations do, in addition to how data analytics can solve issues within the sector.

- Torbay Council's Greener Care Collaborative has given providers the opportunity to work together and offer up collective propositions regarding the project, which has been a significantly different approach to other projects delivered. While it was noted that good relationships already existed between the providers, the project gave them the opportunity to collaborate within a formalised forum.
- Brent Council worked closely with commissioners across London, establishing a strong network of single points of contact (SPOCs) to help deliver the project. A common purpose and sense of community was subsequently reported, enhancing collaborative relationships across the social care sector in London.

3.14 There is also evidence of **improved collaboration within organisations**, particularly project lead organisations.

- The Royal Mencap Society project was delivered by various teams and individuals within the organisation, including data analysts, data engineers, the Business Intelligence team and the Quality team. While they had worked together before, it was reported the project bought them closer and supported increased engagement with data analytics across the organisation, including for those less involved with the project. This included those involved in bid writing, to understand whether processes could be replicated for other projects. The text analysis code will also be used internally within the organisation to analyse a forthcoming staff survey.
- Torbay Council's Adult Social Care team has engaged with other departments within the local authority to understand opportunities for collaboration and shared learning. This has included colleagues in Public Health, where opportunities to expand the project to include VCS organisations involved in domiciliary care activity have been explored.

"It has given people [within the organisation] that sense of contributing to this and being a part of it. That joined up bit, working as a collaborative… it feels like this has made an in-road in connecting with other parts of the organisation to link up to this and identify how they could help tackle [the issue]."
Project lead

3.15 The SSCA programme has enabled lead organisations to **develop relationships with wider organisations who were keen to learn from project experiences**, but were not involved in direct delivery. For example, those involved in Brent Council's project are now sharing learning directly with East of England ADASS and South West ADASS who want to deliver a similar project, and Manor Community have developed a relationship with a care provider in the North of England who is hoping to implement a similar system. It was noted that this offers potential for further collaborative work in future.

"[The project has] led to further connections and we have developed relationships which may lead to further work."
Project lead

3.1 There has however been **less collaboration and engagement between SSCA projects than expected**. There have been some instances of relationships being developed and learning being shared between projects, for example, Brent and Torbay Council have discussed insights into their projects with each other. Positively, some project leads did feel they had **developed a stronger relationship with The Health Foundation and Future Care Capital** as a result of the programme. Most project leads came together to attend an Interim Evaluation Workshop, which was welcomed as an opportunity to reflect with peers. However, some project leads reported that while they would have liked to connect with other projects to a greater extent, they did not have the capacity to do so due to workload pressures.

"I haven't formed connections with other projects, I should have but I haven't. I would be interested in talking to [other projects] though."
Project lead

3.2 As a result of the SSCA programme, some organisations involved in project delivery have experienced a **cultural shift around the use and value of data and data analytics**. Interviewees reported that this was as a result of a greater awareness and understanding of the benefits of using data and data analytics to support improvements in social care. Overall, project interviewees highlighted that achieving a cultural shift is challenging, and takes a long time. However, there were some key examples reported by projects, including:

- Royal Mencap Society reported being on a *"journey"* towards being an organisation that practices open analytics, and that using data has started to become embedded within the organisation.
- Torbay Council's project was reported to have *"opened providers' eyes"* to the value of using data to support the development of rotas and rounds. It was noted that providers were often asked for data without fully understanding what the data was being used for, or how it would benefit them. The project has enabled providers to be involved throughout, resulting in a cultural shift in their perceived value of data and how it can be used.
- Brent Council stated that providers are now more aware of the importance of data. This was illustrated by one project partner who stated that providers used the ASC-WDS as they understand that for the sector to work, data and information needs to be provided.

"Part of the reason the project hasn't got off the ground in the past, is we haven't had time to do the data piece. It is time consuming. But I think now we have had the ability to get that early intelligence, it has been a powerful way to drive change. Previously, it was just anecdotal. Data tells a powerful story."
Project lead

3.3 In addition to a cultural shift around the use of data, interviewees across all projects felt that there had been **broader cultural shifts, specifically around increased trust** between those involved in commissioning and delivering care and those receiving care. For example, Equal

Care Coop facilitated environments where people in receipt of care could be open and honest about their experiences. It was reported that this had improved trust in the sector from those in receipt of care, including seldom heard groups of service users (who were reported to be typically less trustful of the sector).

Outcome 3: Evidence of better care

3.4 Similar to efforts to create culture change, improving the quality of care delivered was considered by many interviewees to be a longer term objective. However, there is anecdotal evidence to suggest there have already been **improvements to the care delivered** as a result of project activity.

- All interviews undertaken by the Royal Mencap Society project generated reports detailing qualitative and quantitative information. The data have been used by the project teams to update support plans and facilitate opportunities bespoke to clients, to support their quality of life.
- Providers in Torbay have already begun to implement changes to their rotas, implementing more efficient neighbourhood (i.e. local) rounds and walking rounds. This is credited with leading to wider benefits for care givers, reducing the amount of fuel used and impacting on care giver wellbeing.

"It is transformational in the sense that we are now using data to support people properly. It is a real change in culture and the data really allows us to see that change, it is a really positive thing."
Project partner

3.5 In addition, some projects have **realised broader outcomes for care givers and those in receipt of care**, as a result of their engagement with project delivery.

- Equal Care Coop delivered a range of workshops. One workshop surfaced reports of issues experienced by care recipients from ethnic minority backgrounds, which led to a whistleblowing report being developed which is currently being investigated. The women who participated in the workshop have established their own a self-help group and a separate WhatsApp chat to take *"things into their own hands"* and challenge issues.
- Service users who participated in either the Royal Mencap Society or the Manor Community project stated that they had developed their confidence and skills as a result of participating (e.g. through providing data), and had the opportunity to reflect on their own experiences of care.
- Care givers involved in interviewing those in receipt of care felt they had developed new skills through undertaking the data collection activity, and benefited from meeting new people and sharing their stories as part of the project.

"It helped me in every way – confidence, learning things, speaking to people."

End user

Broader outcomes

3.6 In addition to the core outcomes explored above, there have been broader outcomes experienced, particularly benefiting the organisations involved in delivery.

3.7 It was noted that engagement in the project has **impacted on the reputation and visibility** of the project lead organisations. One project lead stated that the organisation is now seen as one which uses data analytics and publishes code, which was felt to be attractive to potential employees. Another lead reported that the project had enabled them to demonstrate their activities and values to a wider audience, including through the community of practice, providing reputational benefits.

Additionality

3.8 Projects reflected on whether they would have achieved the outcomes they had without the funding and support received from The Health Foundation. Projects reported that **they would not have been able to implement the approaches without the funding, or at least not in the same timeframe or to the same scale.**

3.9 Many interviewees reflected that while the work undertaken was something they had aspired to do, without the programme they would not have had the resource for the capacity and skills required. It was noted that the funding and the "kudos" of The Health Foundation support had enabled them to engage with the right partners.

3.10 Furthermore, the fact the programme had associated deadlines and reporting requirements was noted to provide motivation and help to maintain momentum, while the funding attached to the projects was reported to give the work a *"heightened focus"* and increased priority within participating organisations.

Progress against programme aim 2: to support social care providers and commissioners to tackle challenges affecting the social care sector in light of the pandemic.

While the five projects were disparate in nature, and used varied approaches, each project aimed to tackle at least one of the key challenges identified by the programme. These challenges are reflected in the project level outcomes (see figure 3-1), which projects have reported progress against.

The evaluation findings show that progress has been made towards the three interim outcomes identified by The Health Foundation, and that progress would not have been achieved to the same extent without the programme. It remains expected that achieving these interim outcomes will lay the foundations for projects (and the programme overall) to be able to tackle the three identified challenges affecting the social care sector.

There is some evidence to suggest that projects have already begun to tackle these challenges. For example, Royal Mencap Society have used data to improve the quality of care provided for those in receipt of care through developing personalised action plans directly addressing recipients' needs. Torbay Council have implemented changes to their rota, which has led to evidenced improvements in caregiver wellbeing and is beginning to reduce travel times and costs.

However, in order for all projects to effectively tackle the identified challenges affecting the sector, progress towards these interim outcomes needs to both continue and be sustained.

4. Programme learning

4.1 This section presents facilitators and barriers to implementation experienced by projects. It also outlines emerging learning at a programme level, and considers the sustainability of projects and programme legacy.

Project facilitators and barriers to implementation

4.2 The programme aimed to demonstrate and share learning around how data analytics can be used to improve social care, and to support providers and commissioners to tackle challenges affecting the sector in light of the pandemic. As presented in sections two and three, the programme has made progress towards achieving these aims. In addition to understanding whether and how the programme had achieved its aims, the evaluation also sought to understand the underlying contributory mechanisms and factors.

4.3 Project leads, stakeholders and end users outlined a number of factors that facilitated the successful delivery and completion of projects, as well as contextual influences that contributed towards progress with programme aims. Consultees also reflected on and identified several barriers that challenged project delivery or the achievement of aims and expected outcomes. These facilitators and barriers are summarised below.

Facilitators

4.4 The primary facilitator for successful delivery of the projects was the quality of **partnership working**, as reported by the majority of consultees involved in delivery. A central tenet to the SSCA programme was that it enabled collaboration between different organisations, so it is not surprising that the appropriateness of expertise provided by each partner and efficacy of the relationships formed proved key to delivering activities and achieving outcomes.

4.5 Consultees reported a range of sub-components to successful partnerships, which included:

- Having a **flexible approach to project management and planning**. All projects faced a number of barriers during delivery (discussed in detail below), with Covid-19 and access to external inputs being particular examples of challenges that led to delays. As such, the flexibility of the lead organisation to modify planned activities, delivery timings and even some of the partner relationships, was key. All organisations involved had to be responsive to change and willing to adapt their approach. Features underpinning the success of any changes to project plans were regular communication, strategic leadership and maintaining focus on outputs, an effective early onboarding process that outlined potential risks, and open mindsets from all partners involved.
- Partner **alignment in terms of overall goals and organisational values** (e.g. in supporting improvements to the social care sector; having a willingness to explore and test new ideas; or having strategies centred around implementing new data analytics

approaches). The majority of engaged organisations also shared a view that not only was their SSCA project an investment in a new data analytics approach/system, but also an investment in the development of staff and organisational skills and capacity, which further supported buy-in.

- Individual **team members being well onboarded to the project**, resourced effectively and having high overall engagement and commitment. It was also noted that team members worked most effectively when roles were clearly defined and designated, and individuals were able to adapt their distinctive expertise, skills and experience (i.e. data analytics, research methods, project management, access to and ability to engage with service users) in a way that directly met the project's needs and aims.
- Having **continuity in delivery team personnel**. Although resourcing issues and changes to staff were not 'mission critical' for any projects, those that did face these challenges were more likely to experience delays and disruption to planned activities (discussed within barriers below).

"We shouldn't see deviation from the plan as a failure. It has been important to manage the expectations of the team toward focusing more on achieving the outcomes of the project, rather than following the initial plan exactly."
Project lead

4.6 Forming suitable **data governance processes and sharing agreements** was another important enabler of successful delivery, particularly during data collection phases, or for activities involving accessing or sharing systems with external partners and care providers. For projects conducting primary data collection, ensuring responses were anonymised and participants were given clear briefings to capture informed consent was important for maintaining a process that adhered to GDPR regulations. For those conducting secondary data gathering and analysis, there were reported to be more challenges faced. Key facilitators to successful data transfer and extraction processes included 'soft' and 'hard' support. The former included dissemination, planning and relationship building, whilst the 'hard' support included technical support such as directly providing an analyst with skills and resource to complete the extraction. This was credited with relieving pressure on external organisations and enabling the project team to lead the process.

"We were able to keep the data governance compliance relatively simple by ensuring that all respondents were anonymised, and we collected low volumes of text which was below the threshold to necessitate clearing certain GDPR regulations."
Project partner

4.7 Another key facilitator for projects that relied on engagement with external subjects or wider stakeholders such as service users, other partners or providers and commissioners (to generate data or access wider inputs), was that engagement from the project lead was well targeted. There was a strong impetus on lead organisations to establish relationships and

disseminate the rationale for external engagement effectively; having a **passionate and proactive project lead** was a common feature of success here. However, the typical limiting factor experienced by almost all projects, regardless of the quality of their engagement, was the willingness and capacity for the subjects to engage with the project. Key enablers were often whether external subjects recognised value of the project and understood or aligned with its potential benefits.

"Having a good level of engagement from partners across the social care sector has been vital for supporting our data collection, which was supported by our role in encouraging them to be involved, but also their own internal willingness to engage."
Project lead

4.8 Several project leads reported that **receiving funding from The Health Foundation has facilitated additional downstream activities**, which in turn enabled projects to achieve further outcomes or deliver activities at greater scale. This was in part due to the SSCA programme being highly collaborative, but also because funding from The Health Foundation gave projects a significant level of validation within the sector. Several projects benefited from this during and after delivery. Two leads reported being able to lever additional investment from partner organisations as a result of their interest in being involved in a project linked to The Health Foundation, and their anticipation that increasing their contribution to the project would lead to further benefits for themselves. Success in securing funding from The Health Foundation also increased partner confidence in seeking further funding.

"Receiving funding from The Health Foundation in itself gave us approval during delivery, and validated that what we were trying to achieve was well aligned to the sector's needs and future direction."
Project partner

Barriers

4.9 The most substantial barrier experienced by projects related to **changes in personnel within lead or partner organisations**. In some cases, key personnel left project teams and could not be replaced, meaning planned activities had to be modified or abandoned entirely. In most cases projects were able to recruit replacement staff members, but this process did lead to unexpected delays and directly contributed to the need for some projects to be extended. Personnel changes were primarily due to staff leaving for new roles in other organisations; some partners withdrew their planned engagement due to changes in staff capacity or a delayed recognition that they could not provide support initially expected.

4.10 For replacement staff that were newly recruited, there was a mixture of opinions on how well role handovers were completed. One interviewee reported that they received just one briefing on the project which was not sufficient, and did not feel well informed overall.

"Changes to personnel on our team have made us really re-think how we are delivering against the project plan. We lost a member of staff with the driving vision and skills in collecting data, so things have had to change."
Project lead

4.11 The Covid-19 pandemic also created a range of barriers to delivery, and these were often the most unanticipated challenges. The SSCA programme was delivered during pandemic restrictions, meaning projects incorporated methods that adhered to social distancing requirements.

- This was reported to have **limited some primary research activities**, with projects having to adapt to virtual data collection in some cases, which slowed progress.
- It also meant **project teams were not able to meet in person**, which challenged communication and the ability to build relationships within some project teams. One stakeholder reported limited engagement with the project lead, which hindered their ability to gain a clear understanding of the project's context, whilst another reported it limited the ability to quickly troubleshoot problems that arose during the project's early stages.
- For organisations that had a care delivery function, intermittent Covid-19 restrictions (including during the Omicron wave) also led to a **need for some staff involved in SSCA to focus attention to other priority activities**, diverting focus away from the project. It also created widespread staffing shortages, which compounded some personnel recruitment issues.

"Covid-19 has made interviews really hard to complete, and it has made the data collection stage of the project much longer than we hoped."
Project lead

- More widely, **changes to data requirements for providers associated with Covid-19** were noted by one project to have likely diverted capacity away from completing relevant data submissions for the project.

4.12 The majority of project lead organisations reported that **organisational capacity and the availability of internal expertise was a barrier to aspects of project delivery**, particularly those involving more intensive or specialist inputs such as data collection (i.e. surveys or interviews), developing analytics systems, and the production of reports. Additionally, activities that were less critical to the achievement of core project aims, such as publicising outputs and collaborating with other SSCA projects or the community of practice forum, were deprioritised and overlooked in some cases. This was exacerbated by the impact of the Covid-19 pandemic on the social care sector, as described above.

"We have been facing a number of staffing issues, and recruiting employees for this project was very tough."

Project lead

4.13 **Achieving successful engagement with some partners was challenging**, with many relationships being newly established for the SSCA project. Interviewees reported it was often difficult to identify data analytics-focused partners with suitable expertise, with some projects even onboarding partners but having to re-arrange after realising the partner's ability to contribute was insufficient. Some lead organisations also found it **difficult to engage with commissioners or local authorities**, who were reported to be less bought in to the experimental nature and small scale of some projects. It was also noted that some care providers showed reluctance to engage with data analytics, with leads believing this was due to many social care organisations being unfamiliar with this type of activity, potentially seeing it as risky or having limited awareness of the potential benefits of engaging.

4.14 For the majority of projects, leads reported that incorporating flexibility into the management approach was a positive (as described above), however a small number of stakeholders and partners did find that **some projects were slightly unclear in terms of timelines, and offered limited explanations of partner roles**. This was reported to limit their ongoing understanding and awareness of project status, particularly after they had completed their contribution, which led to a level of disengagement with the project and potential for missed benefits and outcomes.

4.15 Some projects **relied on inputs or engagement from public sector organisations**. These projects at times reported being challenged by procurement rules, delays to external engagements or contractual processes being more complex or drawn out than initially anticipated. Again, this led to delays in project processes, and the extension of some activities.

"Because of the delay in receiving the (external) contract as planned, it has been very difficult to complete the analysis to the level we had expected."
Project lead

Programme learning

4.16 Both programme and project level interviewees provided reflection and feedback on the SSCA programme, commenting on project support and monitoring processes, programme inclusivity, shared learning opportunities and the community of practice.

4.17 Overall, the **level of support provided by the programme was considered appropriate**. It was noted that the programme was delivered in a way which minimised the monitoring burden, for example through quarterly review meetings, and producing report templates to make reporting easier and quicker. This meant that time was freed up to focus on delivery, which was highlighted as particularly beneficial given the capacity challenges faced by those involved in projects. However one project felt that given the timescales, just having two review points (mid-point and end) would have been more appropriate, rather than four.

"I think it was at the right level, not overbearing, we have met [with The Health Foundation] about once every couple of months, this is a right level of scrutiny."
Project partner

4.18 Projects particularly appreciated the level of flexibility offered by The Health Foundation. As outlined above, projects faced significant challenges, which led to delays. The Health Foundation offered **flexibility both in terms of extending project timescales, and allowing projects to reprofile funding and activity**. This enabled projects to extend or adapt delivery to ensure they could still meet the aims of the project.

"Being able to talk to The Health Foundation, offer a proposed solution, ask if we could reprofile and work in different way… they have been understanding throughout. They have enabled us to get there, they've been super. Had they been rigid, we could never have done this."
Project lead

4.19 Support from The Health Foundation has also **improved project awareness of broader opportunities**. For example, Royal Mencap Society stated they were signposted to another data analytics funding opportunity by The Health Foundation, which they applied for and were awarded. Other projects were informed about opportunities (both delivered by The Health Foundation and elsewhere) during quarterly and end of project review meetings.

4.20 Some project interviewees commented that the programme was felt to be **inclusive and accessible for smaller or *"grass roots"* organisations.** It was felt that these types of organisations may not typically have the opportunity to deliver data analytics projects, as programmes with a data analytics element can often be geared to academics and focus more on high level strategy or research, rather than practical application.

4.21 Perspectives varied as to **whether the programme should have enabled more opportunities for projects to come together and share learning**. Some interviewees felt that it would have been beneficial to have more opportunities to engage with other SSCA projects, to share learning around best practice and mutual challenges. However, others felt that additional events would have been challenging to attend given existing capacity issues. In addition, it was noted that the projects were different in terms of their focus and progress, and therefore opportunities to share learning may not have added much value.

"It would have been helpful to link to other projects through The Health Foundation but there is a price in terms of time."
Project partner

4.22 The SSCA **community of practice has enabled learning to be shared amongst a broader audience**. Projects have been encouraged to share learning and outputs to support others seeking to solve similar issues, and events held by Future Care Capital have been well attended (as cited earlier). The community of practice is also facilitating conversations

between members about key issues facing the sector. However, there were a number of learning points raised by both programme and project interviewees:

- Projects welcomed the community of practice as it gave them the opportunity to engage with learning across the sector and gave them a space to disseminate findings, but reflected they had probably not engaged as much as they could have done given capacity pressures. This was echoed by programme interviewees, who felt it took time to convince projects to contribute, and that engagement varied between projects, with some engaging more intensively than others. It was noted that having one person (e.g. the project lead) with direct responsibility and resource to contribute to the community of practice was important for engagement; if no one 'owned' the task, there was generally less engagement.
- While the platform was reported to be straightforward and functional, some considered it to be *"old fashioned"*. It was felt that the platform could have been more engaging, to attract more users and improve user experience; this is learning that Future Care Capital plans to take forward to other similar work.
- The community of practice required registration to access the forum and content. Initially, this was reported to be an onerous process; once someone had submitted their contact details, they had to wait to be registered. This has since been streamlined to improve accessibility. The closed nature of the community was considered appropriate given that members talked openly about their experiences, and therefore privacy was important. However, it was noted that this approach may have hampered its reach and levels of engagement.
- Not as many practical outputs have been shared on the community of practice as initially hoped for in project applications, although this could (at least partly) be due to delays to project delivery timescales. However, it was suggested that there could be more support provided on how outputs can be shared openly to overcome any reluctance to share (for example, code) or any misconceptions around licencing.

"Engagement and dissemination within the community of practice has been good. I'm happy to have worked with Future Care Capital, and the findings we are gathering seem to be well received."
Project lead

4.23 All projects emphasised the importance of the programme in enabling the delivery of data analytics to support improvements in social care. However, they reflected that in a sector which has little additional resource or capacity to engage in data analytics, **further support and funding would be highly valued**.

"This is a project that is contributing to the broader goal of improving evidence-based decision making in social care and interacting with local stakeholders. That is a very important objective;

more resource is needed for these types of projects. It is an area of the care system requiring more investment."
Project partner

4.24 In particular, projects stated they would appreciate continued engagement with The Health Foundation post-programme, to share post-project learning and keep abreast of any further opportunities that may be available to them. It was felt by some project interviewees that **undertaking evaluation over the longer term** would enable them to share further evidence of around outcomes and impacts, to fully understand the success and sustainability of their project. No projects had planned to undertake an impact evaluation themselves, which one project partner interviewee highlighted as a missed opportunity.

Sustainability

4.25 Programme and project interviewees reflected on the potential for projects and approaches used to be sustained and replicated. At a programme level, **the community of practice is expected to be sustained**. At the time of writing, Future Care Capital was in the process of searching for follow-on funding, to keep the platform open and accessible post-August 2022. This would allow outputs and learning shared by projects to be accessed by members, potentially supporting replication of projects or approaches more broadly.

4.26 At a project level, opportunities for sustainability are more mixed. Some project leads/consortia plan to **continue delivering aspects of their projects** post-funding, to test and develop data analytics approaches. Projects who undertook software engineering processes reported that their approach would be sustained; now software has been developed and built, it can be used in future.

"The team may follow-up on the outputs and really start actioning the recommendations. We are now very able to implement and talk about this topic."
Project lead

4.27 In addition, there is **evidence that project approaches will be replicated**. Some project lead organisations (Royal Mencap Society, Manor Community and Torbay Council) plan to apply approaches, tools developed and learning to other work being undertaken within their organisation. Some partner organisations reported that they will use tools and learning to support others in the social care sector; this was particularly reported by those partner organisations who had not operated within the sector before. A number of project lead and partner interviewees reported that they were already in conversations with other organisations to share their learning and support the implementation of approaches. For example, London ADASS delivered presentations to other ADASS regions on data and market insights more broadly, including learning and future plans in relation to the SSCA project, with a further event scheduled. It was noted however that evidencing the use of approaches elsewhere would be difficult.

"What was nice, was putting in a scalable system of practice. And that meant we could learn a significant amount about how to scale these operations and who we would do it for. And how we would go about doing it is a lot clearer."
Project partner

4.28 The ability to sustain and replicate approaches used may have broader implications for the social care sector. It was noted that recent policy developments have strengthened requirements for social care organisations to collect data digitally. Some of the projects have developed *"fundamental building blocks"* for client level data to be collected more efficiently and digitally. In addition, projects have improved data collection processes locally, and have improved the awareness of the importance of data and data analytics amongst local stakeholders. Sustaining these outcomes will be important in light of policy changes, and replicating approaches could result in similar outcomes elsewhere, **improving the capacity and capability of the sector to cope with new policy requirements**.

4.29 However, interviewees outlined key risks to sustainability and replicability.

- While having a strong project lead was considered important for projects, it also creates a **risk to sustainability if the project lead moves on**. To a certain extent, this has already occurred with one project; as the project lead moved on, their knowledge and enthusiasm for the project left a gap, although stakeholders are confident that outputs developed may encourage the continuation of the project approach.

"We recognise that a lot of it relies on [the project lead] and the project has built up around one person's resilience."
Project partner

- There have been **fewer practical outputs developed than expected**, particularly in terms of open code and methodologies that can be replicated and easily implemented elsewhere (although it should be noted that some projects have shared this successfully). One project reflected that they should have created an open source piece, which would have generated greater reach and impact more broadly. However, they did not have the time or resource to do so.

- Projects predominantly focused on building and testing analytical approaches during the SSCA programme. While some projects did undertake implementation work, for others **implementation beyond testing was out of scope**. Capacity and resource pressures limited the extent to which learning and approaches can be fully implemented within their organisations, impacting on internal sustainability and the depth of evidence generated for sharing.

"We enjoyed it and were super grateful for the funding. It was very unique that there were co-production methods, and the funding involved grass-roots organisations. If they could do more of it that would be great. The barrier for us is funding, it's not for not wanting to do more, it's just having the resource to continue it. But this is as far as we can go."

Project lead

5. Conclusions and recommendations

5.1 The evaluation sought to understand whether (and how) The Health Foundation funding supported project teams to improve the use of data analytics within social care. Overall, the evaluation findings indicate that the SSCA programme has contributed to filling a significant gap in the sector, providing funding to exemplar projects to demonstrate how data analytics can be used within social care to improve delivery and/or service user experience, and supporting those involved to share their learning. This has been achieved through a number of mechanisms which have supported change to occur, which we reflect on in this section.

5.2 Key to the success of projects has been the involvement of established organisations within the sector alongside new players in this space, both from inside the social care sector and outside of it, and valuable new insights have been generated and shared as a result.

5.3 The programme was welcomed as being timely, relevant and effective in doing what it originally set out to. The programme was considered to be well managed, efficient and effective in enabling projects to progress towards their individual stated aims. Programme monitoring should also be praised for ensuring accountability and scrutiny while keeping the burden minimal. Given the capacity pressures in the sector, the benefits of this pragmatic approach for project leads and partners should not be underestimated.

5.4 The programme modelled effective end user engagement, through involving end users in both the programme development process and interviews, setting the tone for projects. The programme also made a conscious effort to ensure projects incorporated elements of end user engagement into their plans, resulting in more engagement with end users than would have happened otherwise. At project level, engagement with end users has been mixed. Some projects actively involved end users as decision makers and contributors, with communication and feedback loops central to project activity. This has been credited with generating widespread benefits for both the projects and end users involved. However, there remains room for improvement, with some elements of communication lacking. Projects need to ensure plans (including communication and feedback loops) are fully thought out from the outset, to ensure that end users involved in projects are fully briefed, and understand how their contribution will be used.

5.5 The programme facilitated solid new links between social care organisations and specialist organisations, who have provided the skills necessary for project delivery which are not routinely available within social care organisations. This highlights the need for collaboration (in many cases) with others not typically involved in the sector, to deliver projects which operate outside of the 'norms' of social care. For replication it will be important to reflect on how to ensure the sector has the capacity to pursue new partnerships, and how involvement can be appealing for specialist organisations, especially when funding is tight and capacity is constrained. That said, the Royal Mencap Society project has shown that partnerships aren't always necessary to deliver data analytics projects. For this project, internal skills availability,

organisational buy-in and clarity of purpose have been key, as have internal partnerships across teams with the necessary skills to contribute to project delivery.

5.6 Alongside the five projects, the programme funding of Future Care Capital's community of practice has engaged around 300 people with interest in data analytics in social care, and has been welcomed by projects for supporting dissemination and learning. Positively, projects have evidenced progress towards key programme outcomes, including the development and improvement of new skills, enhanced culture and collaboration and enabling better care to be delivered. It is also highly likely that following project completion, exciting outcomes will continue to emerge. Capturing evidence of these will be important in understanding programme impact, and understanding the facilitators will be key in supporting sustained learning generation. It is encouraging that further funding is being sought to sustain the community of practice, particularly given that project delivery remains ongoing, and outcomes and learnings have not yet fully emerged.

5.7 Linked to this, it is important to reflect that project progress has not been linear; numerous challenges and barriers have been faced by projects, resulting in delays and changes to projects' expected logic chains. However, the flexibility of the programme has been a notable enabler in helping projects adapt to challenges, bring new partners on board and pivot their activity to capitalise on new opportunities.

5.8 Despite the challenges and delays encountered, all projects have moved forward with activity, sustaining progress and momentum. New partnerships have been formed, skills developed, and collaborative relationships developed between leads, partners and stakeholders. This should be praised, particularly in light of the wider pressures on the sector throughout the duration of the programme. The dedication and enthusiasm of individuals has proved key to this, alongside organisational buy-in and a genuine desire to test new approaches to analytics.

5.9 Linked to this latter point, a range of analytical approaches have been developed and tested, with varying levels of risk and reach. For the most part, projects have been able to accelerate relatively quickly to generate innovative uses for different analytical approaches. The programme has illustrated the real potential for the sector to use data analytics more widely, with the diversity of project foci and activities illustrating the range of different uses available and links with priority issues affecting social care providers, commissioners and those in receipt of care. How ready and able the sector is to embrace the learning emerging and replicate some of the approaches trialled remains to be seen; interest in the community of practice indicates strong interest in this area of work, but workforce, capacity and funding constraints all pose major ongoing risks to wider replication.

5.10 This issue may be confounded by the lower than expected outputs delivered by the projects, leading to a smaller pool of tools and resources to inform replication. In particular, projects experienced challenges in developing and sharing open code, as a result of commercial reasons and poor data quality. That said, projects did expect to develop more outputs beyond the timescales of the programme (and evaluation).

5.11 Whilst the programme overall should be considered a success, at this point the projects have not solved immediate issues affecting the social care sector. However, they have laid solid foundations and provided insights to inform improvements to care moving forwards. These foundations are likely to prove valuable in light of new policy developments which have strengthened requirements for social care organisations to collect data digitally.

5.12 As projects come to an end, increased focus on sustainability will be required. Reliance on key individuals may prove vital in sustainability, as it has in project delivery. However, overreliance poses a significant risk. Sharing intelligence and succession planning will be key, to avoid organisational memory loss or stalled momentum. The community of practice may help with this, if it can be sustained post-programme.

5.13 Overall, the SSCA programme has made good progress towards its expected aims. It has funded exemplar projects to demonstrate the use of data analytics in social care, and (although to a lesser extent than expected), has facilitated shared learning. Perhaps most importantly, the programme has supported social care providers and commissioners to develop the knowledge, understanding and tools with which they can tackle some of the varied challenges affecting the social care sector in light of the Covid-19 pandemic. This has resulted in increased capabilities in the sector and real-time benefits for those involved (in addition to emerging benefits for some end users). Projects have been able to do so with relatively small amounts of funding (with some able to leverage further resource).

5.14 However, there remains more work to be done; the projects largely focused on testing analytical approaches, less so on implementation and incorporation of projects into business as usual operations, even at a localised or team level. There is a risk that pressures will affect project sustainability, as organisations lack the capacity and capability to implement all they have developed. Further funding for the sector to progress data analytics may well prove useful, particularly given that the challenges being experienced within social care show no sign of being resolved any time soon.

Recommendations

5.15 The recommendations below build on the recommendations outlined at interim stage. They have been refined or developed based on new evidence emerging since and feedback provided. Recommendations are presented at both project and programme level, and are designed to inform future similar programmes and projects. Given the timing of the evaluation, some recommendations outlined below could also inform the sustainability of SSCA project and programme outcomes.

Project level recommendations

Project management, design and delivery

5.16 **Recommendation 1: Collaborate where required to secure the skills needed to deliver data analytics.** Collaboration may be required with one or more partners (including from existing networks or from outside of the sector) with appropriate expertise and capacity, to ensure the right skills and knowledge can be utilised. This includes technical analytical skills, alongside research skills, project management skills and expertise in engaging with service users.

5.17 **Recommendation 2: Adapt or refine pre-existing data analytics approaches where possible**, to reduce the time associated with early-stage R&D activity, and to be able to draw on partners with existing expertise and knowledge outside of the sector. This is likely to enable greater progress within short-term funded programmes, but may however limit innovation; balancing these considerations (alongside wider sector pressures and funder expectations) will be key.

5.18 **Recommendation 3: Implement a flexible, agile and responsive project management approach** to adapt to unexpected challenges, delays or barriers. This is particularly important given the pressures on the sector. This should include resourcing for communication with partners throughout, and be balanced with a clear project plan, vision and direction.

5.19 **Recommendation 4: Develop clear information governance processes from the outset** and communicate these processes to all partners involved in data collection. Seek expert guidance on information governance where appropriate, including legal advice. Allow sufficient time to achieve the necessary data sharing agreements or to implement processes as required; contingency time may allow for any slippage or unexpected challenges in this regard.

5.20 **Recommendation 5: Implement strategies to maintain momentum in the event of key personnel changes.** Projects often relied on the drive of a key individual; to sustain delivery and dissemination, insights and enthusiasm need to be shared amongst a broader team. Projects should also implement succession plans, including clear handovers, to ensure project delivery continues effectively should postholders announce an impending departure.

Engagement and communications

5.21 **Recommendation 6: Engage with those delivering care and those in receipt of care, in the planning stages of the project and throughout, to ensure the project is appropriate, to build trust and achieve buy in to the work.** This is particularly important for commissioner-led projects working with providers who are required to share their data and give time to projects. Engagement needs to be accessible, meaningful and genuinely inform project activities, and communication processes need to be effectively planned. Coproduction takes time to implement meaningfully; existing forums or networks could perhaps be utilised

for this purpose. Consider whether there are any specific skills needed for this activity, and how to ensure inclusivity by engaging effectively with seldom heard or priority communities, or with providers wary of competition or how their data will be used. Be clear on the expected benefits from their involvement and from the project more broadly.

5.22 Linked to this, ensure that end users engaged in project development and delivery are clear on how they are contributing to the project, including how their data will be used. This includes developing clear briefing materials tailored to the end user involved, to clarify their contribution, and giving them an opportunity to ask any questions. The feedback loop should be closed by sharing any findings, outputs or learning from end user engagement back with those involved in a timely and accessible manner.

5.23 **Recommendation 7: Establish clear communication processes and strategies from the outset**, with clear milestones communicated to partners (and updates when changes are made), to ensure clear understanding and a shared project vision. Two-way communication is vital to enable any challenges to be understood and mitigating actions taken. Linked to this, ensure that the project purpose, and its potential benefits, are well communicated to those not involved in direct project delivery, including leaders, and to local providers and commissioners, to achieve buy in and engagement.

Data collection

5.24 **Recommendation 8: Implement inclusive and accessible data collection processes for service users**. This includes focus on the language used in data collection tools (as well as focus on the research processes themselves); tools should be piloted prior to use. Work with those delivering care in the planning stages to understand the most appropriate and inclusive ways to collect data.

5.25 **Recommendation 9: Work closely with organisations who hold or are responsible for collecting data during project planning stages, to understand data quality (and limitations)** to mitigate any issues as early as possible. Agree clearly the expectations around their role, timescales involved, volume and foci of the data required, and the communication materials to be used with intended data subjects.

Learning, dissemination and sustainability

5.26 The following two recommendations could also be applied to the current SSCA programme and projects.

5.27 **Recommendation 10: Capture and record contextual learning generated through the project so it can be shared** (e.g. via a community of practice or other online forum for the sector) alongside practical toolkits and methods. Regular meetings with partners throughout project delivery could be a good forum for capturing emerging learning, but noting, acting on and sharing this will prove key.

5.28 **Recommendation 11: Align sustainability and/or dissemination strategies with policy changes**, to capitalise on opportunities for reach and sustainability which may support projects to consider potential funders, and what their business case or evidential needs/processes are. Sustainability should be considered early in the project to align with commissioning cycles or funding rounds, and to capture evidence aligned with commissioner needs.

Programme recommendations

Project support

5.29 **Recommendation 12: Provide targeted support and guidance for projects looking to form collaborations for grant funded projects,** for example good practice guidance or top tips on collaborative working, based on learning from previous funding programmes, or signposting where relevant, rather than developing new resources.

5.30 Encourage projects to generate partnerships with organisations outside of the sector where relevant, to generate innovation and draw on new ideas and skills, for example through introductory events to bring together those without pre-existing relationships or awareness, but with interest in working in this space.

5.31 **Recommendation 13: Ensure that project leads (and organisations involved in direct delivery) can evidence they have the capacity to drive the project forward.** This could be incorporated as part of the application or interview process (e.g. asking specific questions, or requiring a statement of capacity from project lead organisations). Exploring succession planning or reserve capacity, and contingency plans in place, may also prove useful.

5.32 The following three recommendations could also be applied to the current SSCA programme and projects.

5.33 **Recommendation 14: Continue to provide ad-hoc and/or light touch support to projects post-programme,** to support project implementation and sustainability (for example through additional funding focused on implementation), or ad-hoc and/or light touch engagement, including to inform projects of any wider opportunities (e.g. funding or partnership opportunities) that may be relevant to them.

5.34 **Recommendation 15: Provide ongoing support to projects to disseminate outputs and learning** through The Health Foundation networks, in addition to their own networks and the community of practice, and consider other potential contacts and/or stakeholders who may benefit from insights emerging. Linked to this, we recommend that the community of practice be sustained to enable projects to share their learning and any new outputs. This will be particularly important post-programme, as projects are still ongoing. It will also enable The Health Foundation to keep abreast of project developments, and collect evidence around project sustainability and any additional outcomes achieved.

5.35 **Recommendation 16: Continue to capture the outcomes and impacts of the programme**. This could be through using relatively informal and light-touch processes, perhaps through checking in with the projects at key points to gather evidence any emerging impacts and sustainability, and drawing on broader networks (including the community of practice) to explore programme reach and (potential and actual) replication.

Annex A: Acknowledgements

A.1 This report has been compiled by an SQW team comprised of Lauren Roberts, Jane Meagher, Carolyn Hindle and Sam Gillan.

A.2 Our thanks go to the SSCA programme team at The Health Foundation, project leads, project and programme partners and project end users (including care givers and those who receive care) who have taken part in fieldwork and contributed to data collection activity over the course of the evaluation period, without whose input this report would not be possible.

Annex B: Evaluation methodology

B.1 In July 2021 The Health Foundation commissioned SQW to undertake a qualitative process evaluation of the SSCA programme. The evaluation was originally commissioned to run to May 2022, but was extended as a result of extensions given to four of the five projects, and ran to August 2022 to capture as much learning as possible.

B.2 The evaluation aimed to understand how The Health Foundation funding has supported project teams to improve the use of data analytics within social care. The evaluation sought to answer four key questions, set out in the table below.

Table B-1: Evaluation questions

1. What analytical approaches have been used across funded projects?
• Why were these specific approaches selected? • What skills were required or developed in the commissioner or provider organisation to conduct the analysis? • How difficult was it to develop or recruit the expertise and skill required? • How did availability, access and quality of data influence the analytical approach selected? • What information governance processes were required and how did they influence the approach?
2. What lessons can we draw from the programme about what good social care analytics looks like, both within and between organisations in the health and care system?
• Have the perspectives of those who use services influenced the way the data was collected and used? • Have teams shared more information/data within and beyond their organisations during the projects? Has there been any connected analysis between social care and other local authority functions? • What are the lessons for the wider system and decision-makers about how to influence change in the social care sector with data (e.g. NHSX, Department of Health and Social Care (DHSC), Care Quality Commission (CQC), commissioners and NHS Digital)?
3. What, if any, are the benefits and unintended consequences in attempting to improve data analytics in social care?
• Has the programme contributed to a cultural shift regarding sharing information, open analytics and the way data is collected and used? • Were beneficial connections established between projects?
4. What are the facilitators, barriers and other contextual factors in implementing the projects?
• For example, did the commercial interests of providers/commissioners constitute a barrier? • What have project teams learned about how best to overcome these barriers to implementation?

Source: SSCA Evaluation Protocol

B.3 The evaluation used a theory-based approach, influenced by realist evaluation, to understand not just *whether* the programme has achieved its aims, but *why* and *under what conditions*.

This was underpinned by the programme logic model (Annex C) to test and substantiate whether the logic chain had occurred.

B.4 Evaluation delivery followed a three-phase approach. Delivery was purposefully flexible to account for programme and project progress and wider contextual factors (e.g. Covid-19 uncertainties and pressures in the social care sector).

- **Scoping phase (July – September 2021)**, which began with an inception meeting, followed by a review of programme and project documentation, scoping interviews with seven stakeholders, scoping interviews with the five project leads, and observations of the first quarterly monitoring meeting between the project leads and The Health Foundation. This phase culminated in the development of an evaluation protocol, which included project and programme logic models.
- **Interim phase (September 2021 – January 2022),** which involved:
  - interviews with 17 project partners (e.g. data analysts, data engineers, individuals involved in project design and delivery, individuals involved in data collection) and stakeholders (e.g. local authority representatives, local care providers) across the five projects
  - interviews with four of the five project leads
  - observations of the project mid-point meetings and third quarterly meetings between projects and The Health Foundation
  - a review of project mid-point reports.
  - The interim phase culminated in an interim report which was shared with The Health Foundation in December 2022. A feedback workshop was held in January 2022, in which interim findings were presented to the project leads, and gave them an opportunity to share their feedback.
- **Final phase (February – August 2022),** which involved:
  - interviews with four of the five project leads
  - interviews with 16 project partners/stakeholders across the five projects
  - interviews with eight project 'end users' across three projects (i.e. those who the project will directly benefit), including care givers and those in receipt of care
  - two programme-focused interviews with those involved in programme management and delivery at The Health Foundation and Future Care Capital
  - observations of the project end of award review meetings between projects and The Health Foundation
  - a review of project final reports and outputs, where available.
- The final phase has culminated in this final report. Key findings will be disseminated at a **SSCA Celebration event** in November 2022.

B.5 Analysis of qualitative data for both the interim and final phases was conducted using MaxQDA (qualitative analysis software), using a systematic coding framework based on the research questions, to draw out key themes.

Annex C: Logic models

C.1 During the evaluation scoping phase (July-September 2021), logic models for each of the five SSCA projects were developed by SQW, with input and feedback provided by project leads. These logic models have subsequently been updated, based on learning from interviews, observation of the end of award review calls and where they are available, projects' final reports to The Health Foundation. These logic models have informed the programme logic model, presented below.

Figure C-1: SSCA Programme Logic Model

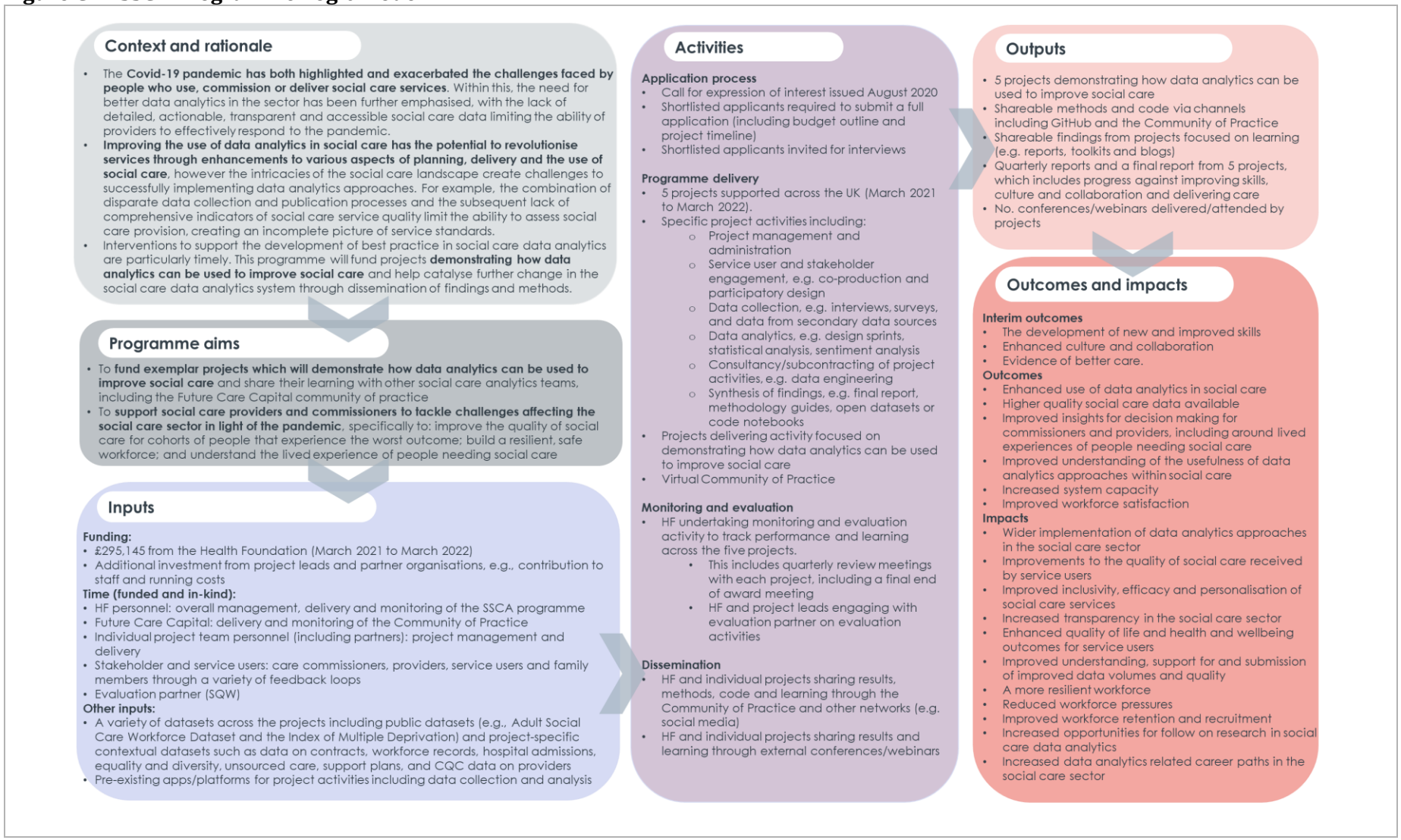


Figure C-2: Brent Council project Logic Model

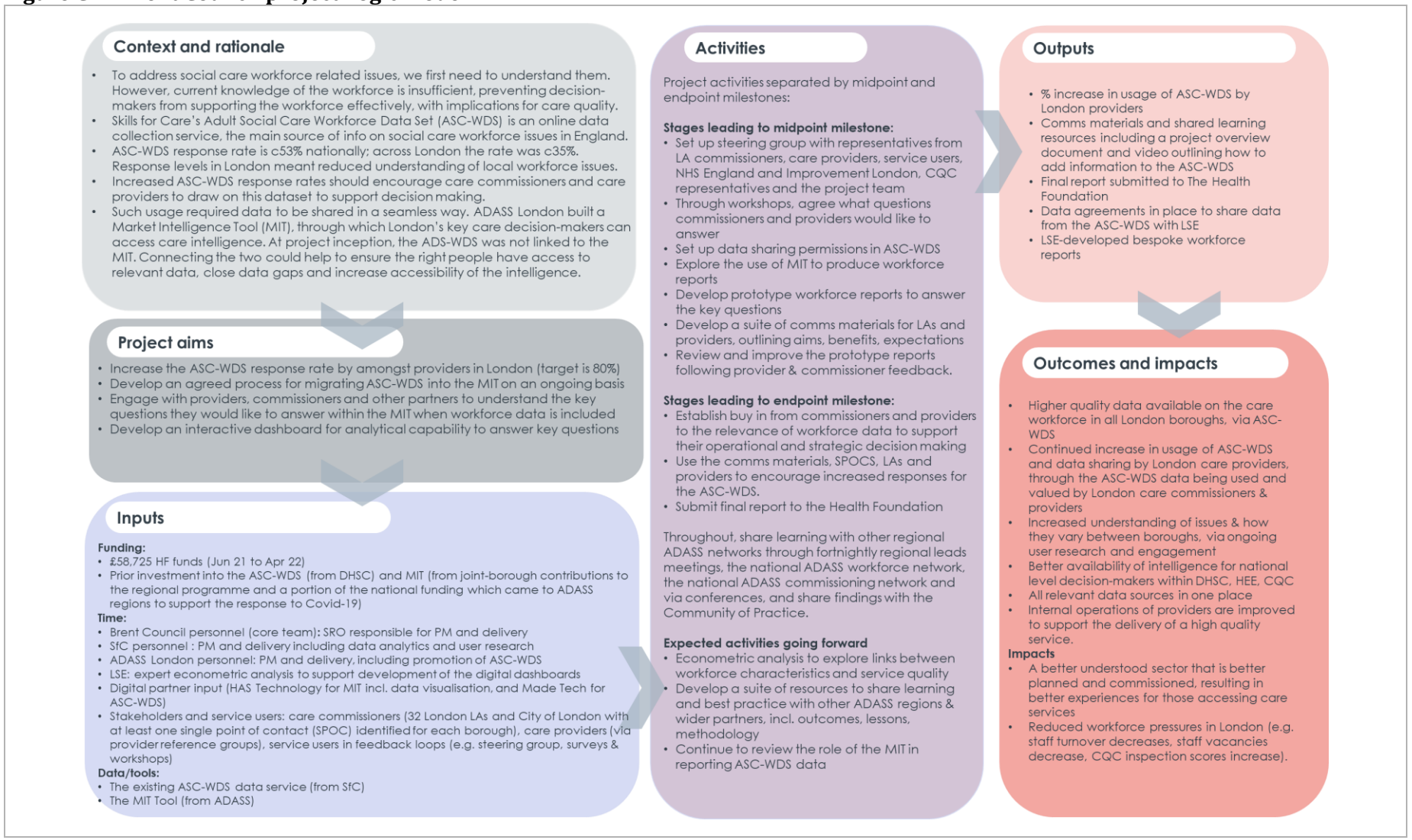


Figure C-3: Equal Care Co-op project Logic Model

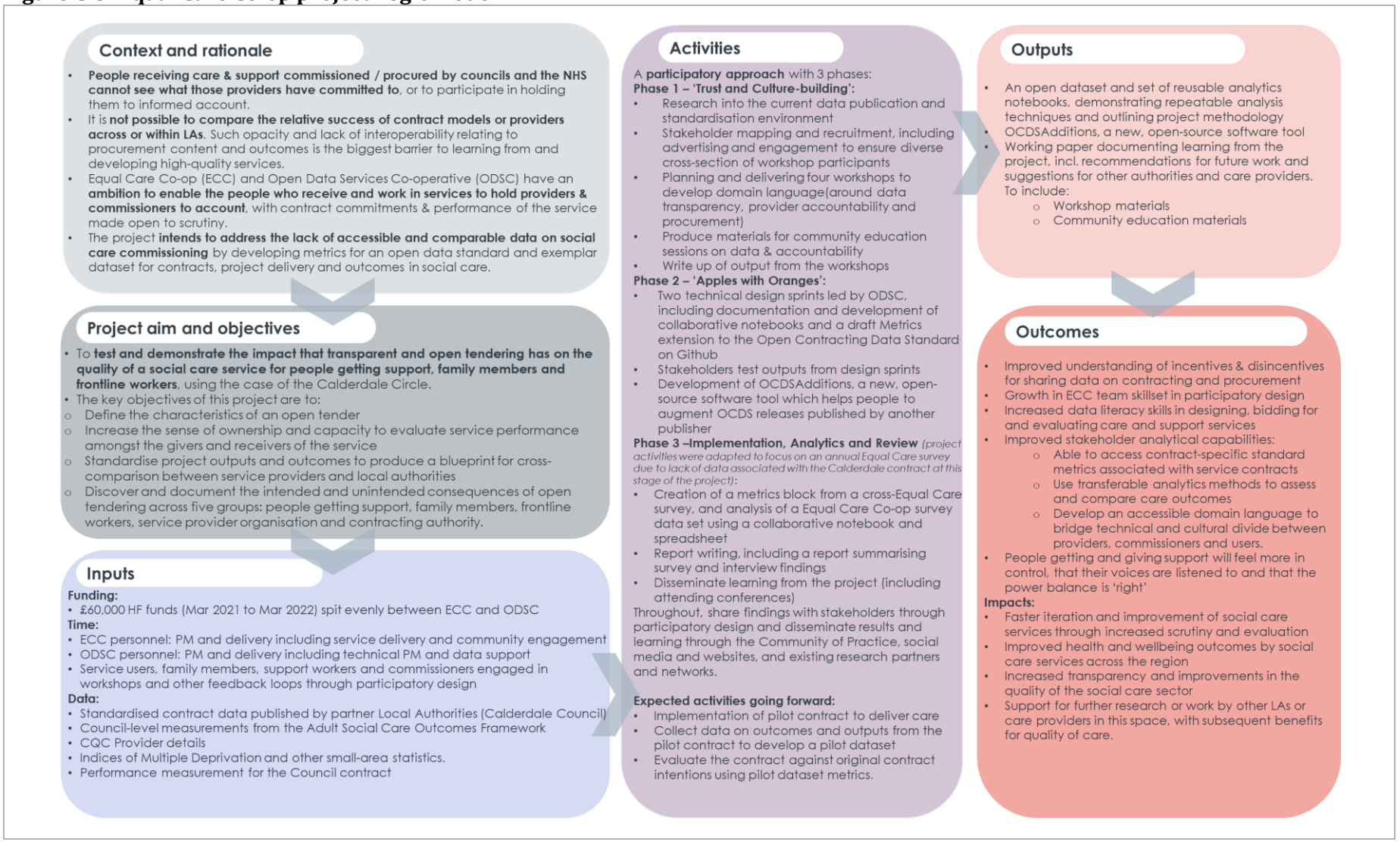


Figure C-4: Manor Community project Logic Model

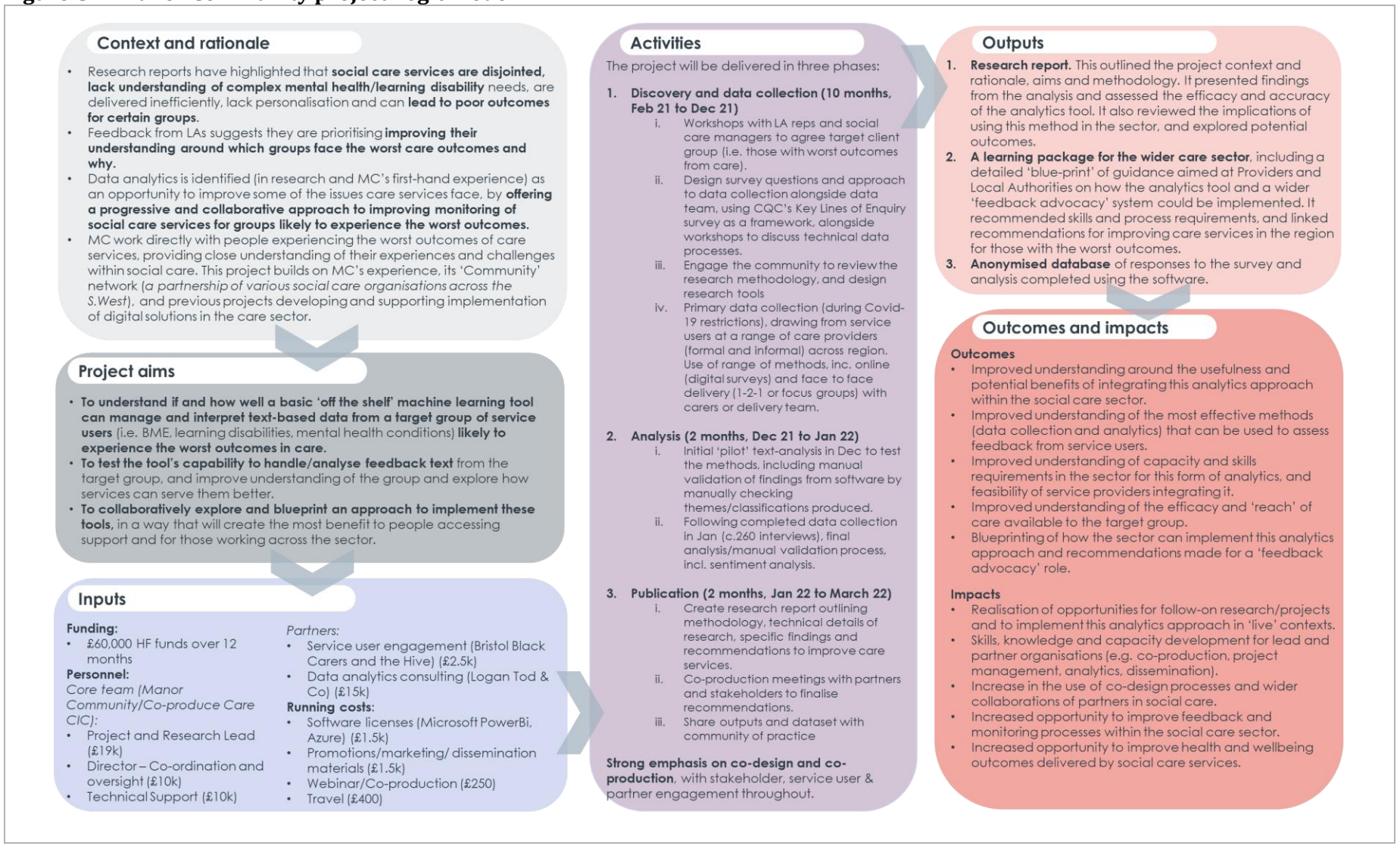


Figure C-5: Royal Mencap Society project Logic Model

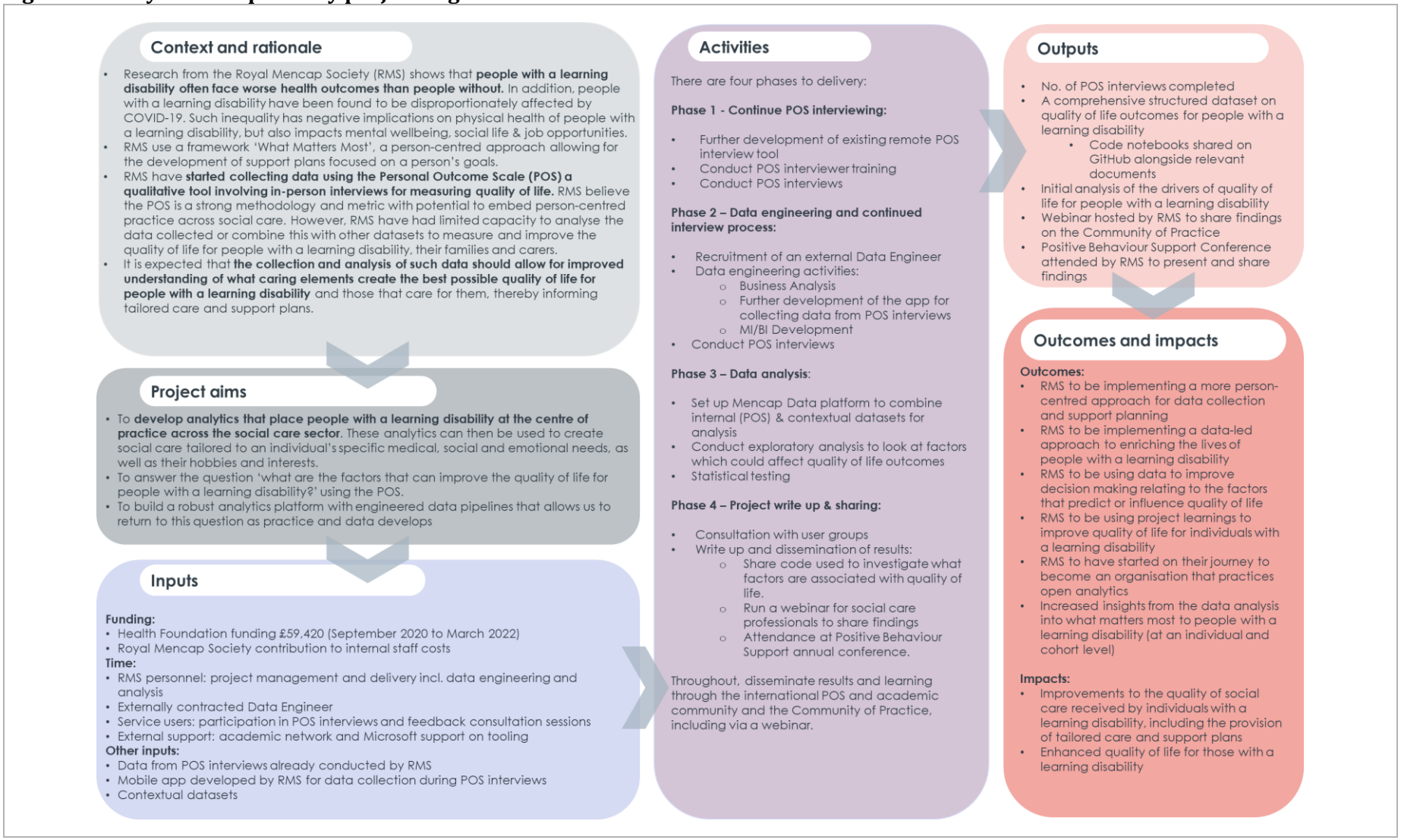
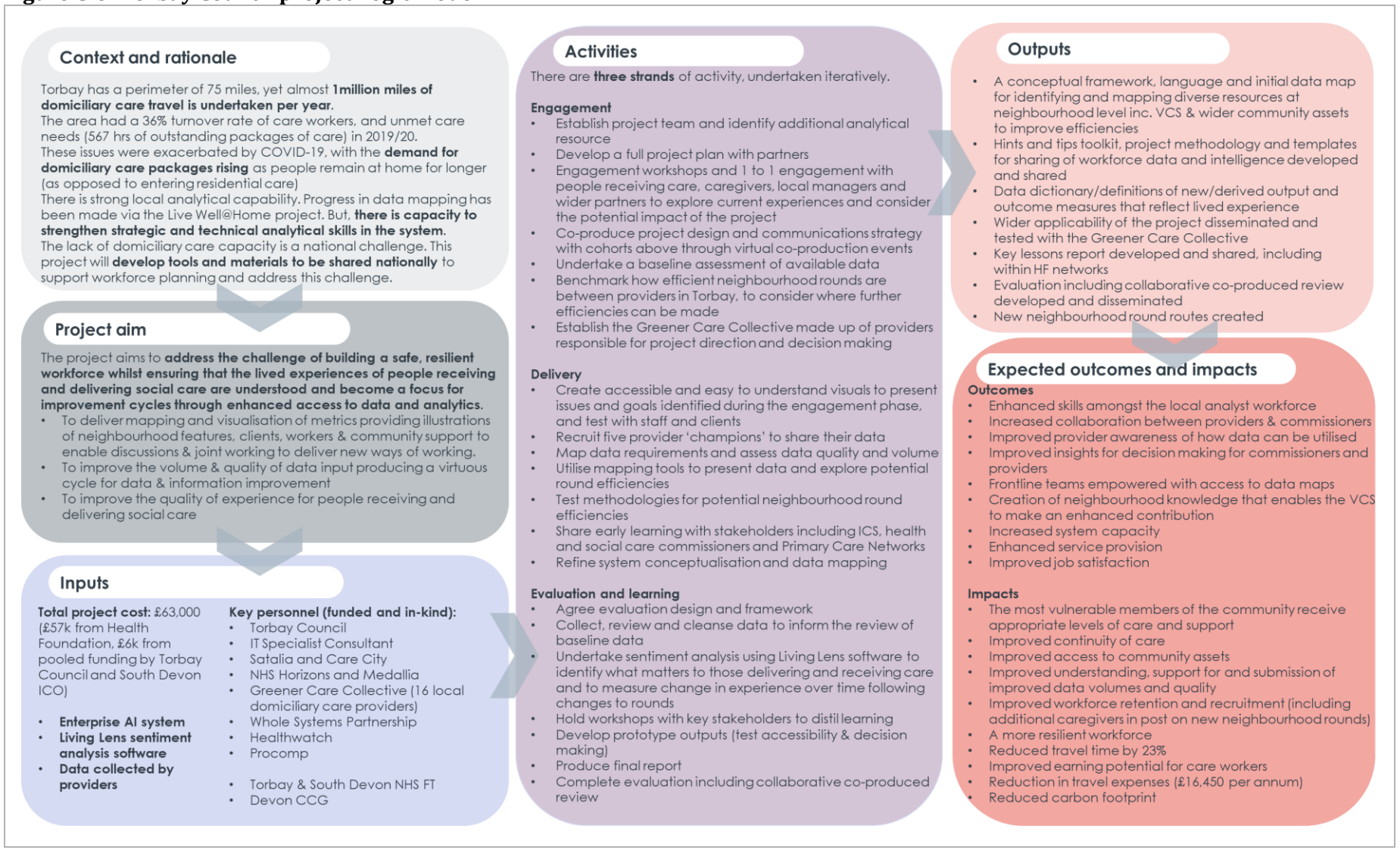


Figure C-6: Torbay Council project Logic Model



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