STRATEGY MAPPING WITH THE PUBLIC SECTOR SCORECARD - THE MISSING LINK FOR ADDRESSING OBESITY

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INTRODUCTION

Achieving the objectives of many public and voluntary sector organisations involves changing people's behaviour. Whether they wish people to drink less, drive more carefully, reduce substance abuse, lose weight, improve sexual health, commit less crime, apply for jobs, or stop smoking, they cannot actually force people to make such changes. So how can organisations make sure that their strategies will actually change people's behaviour in the direction they want? Also how will they know whether they have been successful?

This paper will describe how the Theory of Planned Behaviour (Ajzen, 1991) was incorporated into the Public Sector Scorecard (Moullin, 2002) to ensure that strategy maps incorporate the missing link between activities and behaviour change. It will also describe the strategy map developed for Sheffield Let'sChange4Life, a £10 million programme addressing obesity in children and families in the city, and how this was used to develop strategy and evaluate performance.
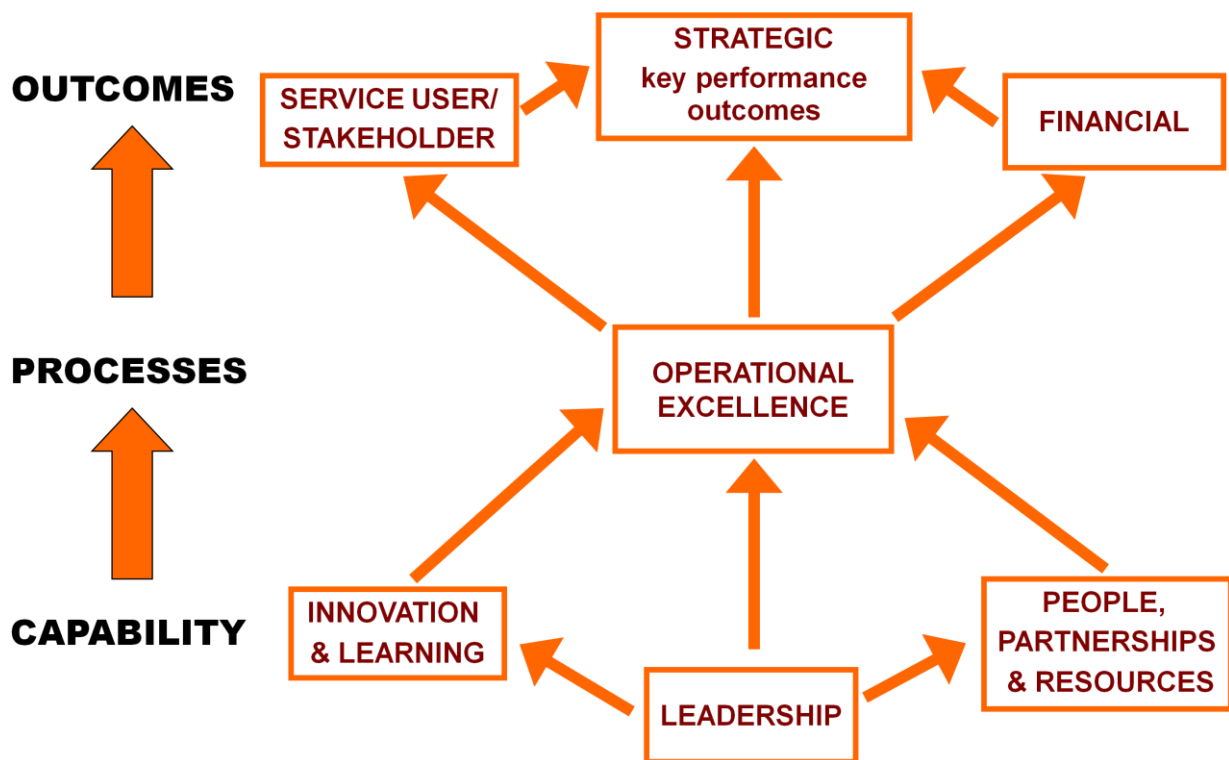
THE PUBLIC SECTOR SCORECARD

The Public Sector Scorecard is an integrated quality improvement and performance measurement framework which extends and adapts the balanced scorecard to fit the culture and values of the public and voluntary sectors (Moullin, 2009, Penna, 2011).

While the balanced scorecard has been used with varying degrees of success in many public sector organisations (e.g. Martin et al, 2002; Radnor and Lovell, 2003, Niven, 2003) its language, architecture and methodology very much reflect its private sector origins.

Even though several attempts have been made to refine the balanced scorecard for the not-for-profit sectors (e.g. Irwin, 2002, Lawrie and Cobbold, 2004), Gurd and Gao (2008), reviewing the use of the balanced scorecard within healthcare, conclude that *'current applications do not tend to show the health of patients as being central to the development of the BSC; the balance is tilted towards the financial not the health outcomes'*.

The PSS avoids this by focusing on the outcomes required by organisations and their stakeholders. It has three building blocks: **outcomes** (these include key performance outcomes, those desired by users and other stakeholders, and financial outcomes such as value for money) the **processes** that achieve those outcomes and **capability**, the capacity and organisational factors that enable staff and processes to achieve the desired outcomes - see Figure 1.

As with the balanced scorecard, strategy mapping is a key output of the PSS. However while Kaplan and Norton (2001) define the strategy map as *'describing how shareholder value is created from intangible assets',* with the Public Sector Scorecard it is described more simply as *'depicting the relationships between capability, process and outcome elements'* (Moullin, 2009).


Figure 1. The Public Sector Scorecard.

This paper focuses on a significant development for strategy mapping which arose when the two authors came together to evaluate Sheffield Let's Change4Life, a three-year £10 million programme addressing obesity in children and families in the City, part funded by the Department of Health. This collaboration led to identifying and addressing a missing link in strategy maps for the public and voluntary sectors by incorporating the Theory of Planned Behaviour into Public Sector Scorecard strategy maps.

THE THEORY OF PLANNED BEHAVIOUR (TPB)

The Theory of Planned Behaviour (Ajzen, 1991) is a validated theoretical framework for studying the determinants of physical activity in adults and children (Biddle and Nigg 2000). The theory suggests that the immediate determinant of behaviour is intention, but this is directly driven by three major constructs: attitude, subjective norm, and perceived behavioural control - see Figure 2.
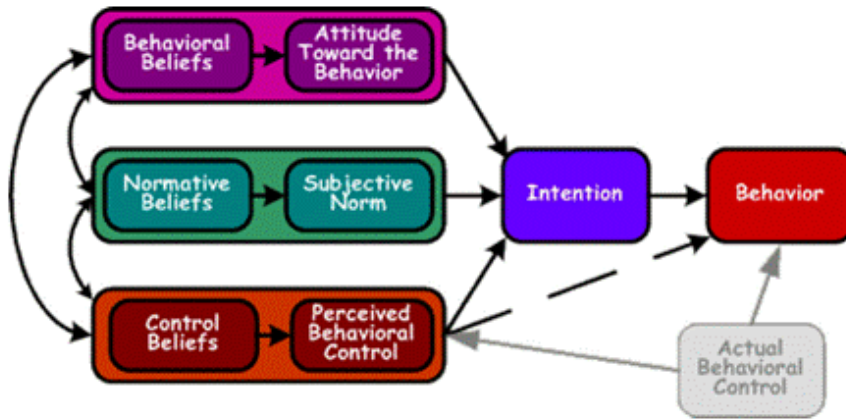
Figure 2: The Theory of Planned Behaviour Model

Intention represents the motivational factors that influence behaviour (Ajzen, 1991) and the model purports that the stronger intention, the more likely an individual will perform a given behaviour. Attitude is defined as the degree to which an individual has a favourable or unfavourable evaluation of the behaviour. Subjective norm measures the importance others hold about performing or not performing a given behaviour and one's willingness to comply to those referents. Perceived behavioural control describes the perceived ease or difficulty an individual has for performing a given behaviour.

DEVELOPING THE STRATEGY MAP

The main relevance of the TPB for strategy mapping is that when developing a strategy which requires people to change their behaviour, it is important to recognise that the organisation needs to address a number of issues simultaneously: people's beliefs on how important it is to make the change, their attitude and those of others around them to the change, their perceived ability to make the change, and overcoming the barriers that they face.

Figure 3 shows how the TPB was incorporated into the strategy map for one of the eight strands of Sheffield Let's Change4Life which was to increase breastfeeding. This strand included two activities - a peer support scheme and breastfeeding-friendly awards – shown in the bottom row. The row above corresponds to attitude, subjective norm, and perceived behavioural control from the TPB. Progress on these elements is likely to result in more women intending to breastfeed. However to translate that into actual breastfeeding, it is important to identify and address the barriers women face.

While in theory (e.g. Niven, 2003, p36) a well designed strategy map and balanced scorecard should link together in a chain of cause-and-effect relationships, in practice this is done poorly and a typical strategy map for breastfeeding would contain just the top and

bottom rows of figure 3. However this would give no indication of *how* the interventions would lead to increased breastfeeding or whether or not they have been successful.

There were two main benefits of the strategy map in figure 3. Firstly it helped the programme focus on each of the various areas which will influence behaviour. Secondly, it aided the evaluation by supplementing the data on breastfeeding maintenance rates by asking the women whether they were more positive about the idea of breastfeeding, whether they saw it as a socially approved behaviour, and whether they felt more confident about being able to breastfeed when the time came.
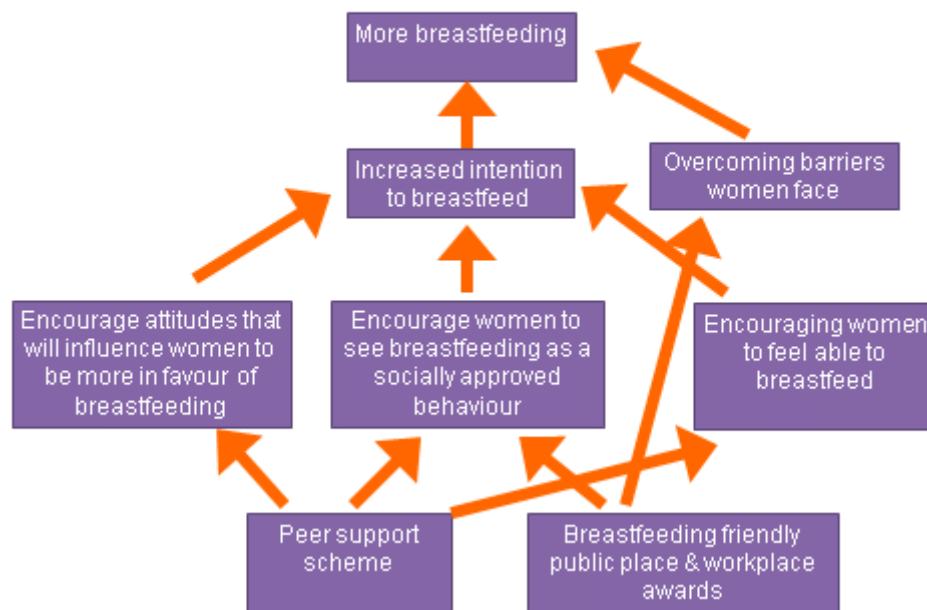
**Figure 3: Using the TPB to understand increases in breastfeeding rates**

Another example of the usefulness of the approach was when evaluating a workshop on diet and exercise provided for workers at a Sheffield steel manufacturer. While feedback from participants was quite positive, one senior manager commented that the company did not have space for a canteen on site - but there was a convenient mobile burger bar parked outside the factory gates every lunchtime! Clearly, unless that particular barrier is overcome, one workshop was unlikely to lead to a significant change in obesity levels of workers or their families.

The strategy map for the Sheffield Let's Change4Life project as a whole is shown in Figure 4. This was developed following interactive workshops with the Programme Board, operational leads and stakeholders of the eight programme strands, and Sheffield Youth Council. The first two rows show the main outcomes required for the project. The main desired outcome was to reduce obesity, while other key outcomes which will contribute towards this overall outcome include better diet and nutrition and increased physical activity. Satisfied stakeholders, sustainability and value for money were also key aims.

The third row shows the Theory of Planned Behaviour outputs and outcomes in relation to changing people's behaviour - a greater desire to adopt a healthy lifestyle; favourable attitudes; confidence in their ability to change; and overcoming the barriers they face - while rows 4 and 5 refer to the desired outcomes and outputs of the eight strands of the

programme. The penultimate row shows the main elements that need to be in place to support the individual strands in achieving the desired outcomes, all of which need to be underpinned by effective leadership and support from the programme board.

The strategy map was used both to help managers and strand leads focus on the desired outcomes, and to monitor and evaluate performance.
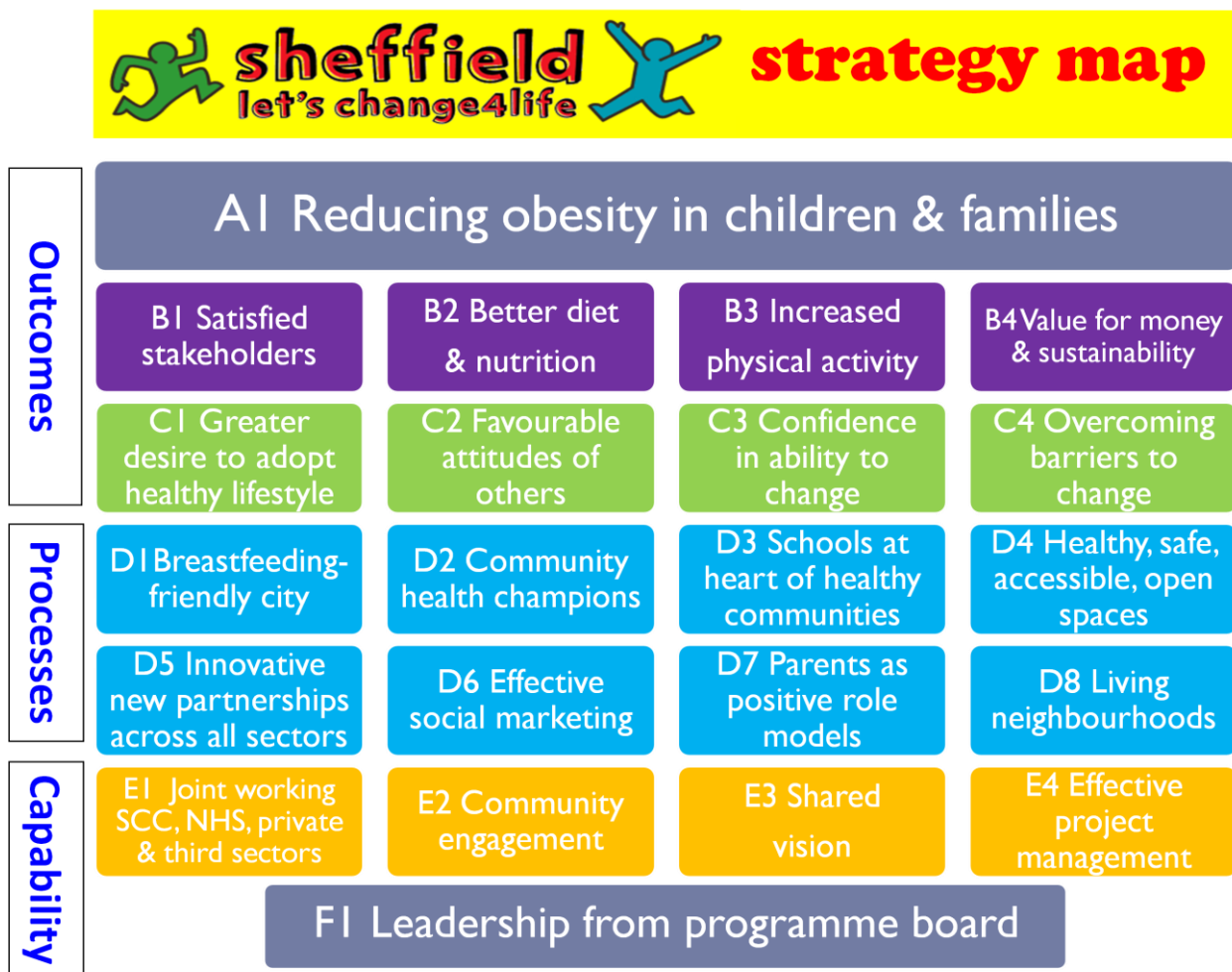
Figure 4. Strategy Map for Sheffield Let's Change4Life

Carol Weir, programme director for Sheffield Let's Change4Life (SLC4L), commented that:

The SLC4L Strategy Map was a very useful tool in terms of explaining and evaluating the programme. The format of the map was easy to understand and was used to great success with deliverers of the programme, as well as other stakeholders, leadership across the City, and the public. It visually told the story of SLC4L, what we were trying to achieve and how. It also helped all those involved, at any level, understand the outcome and process measures the programme was trying to achieve, and therefore being evaluated against. It provided an 'at a glance' understanding of SLC4L.

CONCLUSION

The outcome-focused Public Sector Scorecard is an effective framework for helping public and third sector organisations monitor and improve their services and focus on delivering desired outcomes including value for money. The approach to strategy mapping described here, incorporating the Theory of Planned Behaviour, is likely to be of benefit to any organisation which wishes people to change their behaviour - not just those addressing obesity - both in developing strategy and in evaluating performance. In particular it provides the missing link between outputs and outcomes for behaviour change.

REFERENCES

Ajzen, I. (1991) The Theory of Planned Behavior. Organizational Behavior and Human Decision Processes, 50(2), 179-211.

Biddle, S. J. H., & Nigg, C. R. (2000). Theories of Exercise Behaviour. *International Journal of Sport Psychology, 31,* 290-304.

Gurd, B. and Gao, T. (2008) Lives in the balance: an analysis of the balanced scorecard (BSC) in healthcare organisations. *International Journal of Productivity and Performance Management*, Vol.57(1),pp.6-21.

Irwin, D. (2002) Strategy mapping in the public sector. *Long Range Planning*, Vol. 35(6), pp.637-647.

Kaplan, R.S. and Norton, D.P. (2001) *The Strategy-focused Organisation*, Harvard Business School Press, Boston, MA.

Lawrie, G. and Cobbold, I. (2004). *How a public sector agency re-invigorated its Balanced Scorecard.* 2GC Active Management, Maidenhead.

Martin, J., Haines J., Bovaird, T. and Wisniewski (2002). Developing a Balanced Scorecard in Somerset and Social Services Community. In Neely, A. and Walters, A. (ed.) *Proceedings of the Performance Measurement Association Annual Conference,* Boston, pp. 749-756.

Moullin, M. (2002) *Delivering Excellence in Health and Social Care*, Open University Press, Buckingham.

Moullin, M. (2009) Using the Public Sector Scorecard to measure and improve healthcare services. *Nursing Management*, September 2009, Vol. 16, No.5, pp.26-31

Niven, P.R.(2003) *Balanced scorecard step-by-step for government and non-profit agencies.* John Wiley and Sons, Hoboken, NJ.

Penna, B. (2011) *The Nonprofit Outcomes Toolbox: A Complete Guide to Program Effectiveness, Performance Measurement, and Results.* John Wiley and Sons, Hoboken, New Jersey.

Radnor, Z. and Lovell, B. (2003) "Success factors for implementation of the Balanced Scorecard in a NHS multi-agency setting", *International Journal of Health Care Quality Assurance,* Vol. 16 No.2.