

Implementing and evaluating behaviour change programmes with the Public Sector Scorecard

Max Moullin and Rob Copeland explain how the Public Sector Scorecard can be used to evaluate public health programmes.

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 control whether people 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 and importantly how this success was achieved?

These were the questions asked when the two authors came together to evaluate Sheffield Let'sChange4Life, a £10m programme addressing obesity in children and families in the city, part-funded by the Department of Health. The resultant collaboration led to a significant development in addressing and evaluating behaviour change programmes by incorporating the Theory of Planned Behaviour (Ajzen, 1991) into the Public Sector Scorecard (Moullin, 2002).

The Public Sector Scorecard

The Public Sector Scorecard (PSS) is an integrated service improvement and performance management framework that adapts and extends the balanced scorecard for the public and third sectors. The PSS has been used in central and local government as well as healthcare and is consistent with Lord Darzi's recommendation that "NHS services must develop quality frameworks that combine relevant indicators, defined nationally, with those appropriate to local circumstances."

Originally developed in 2001, the Public Sector Scorecard (PSS) is a workshop-based ap-

proach working with managers, staff, service users and other key stakeholders. The model focuses on the outcomes that matter to service users, the processes that deliver these outcomes, and the organisation's capability to support its people and processes to achieve the relevant outcomes.

The PSS has three phases – strategy mapping, service improvement and measurement and evaluation (see Figure 1).

Strategy mapping

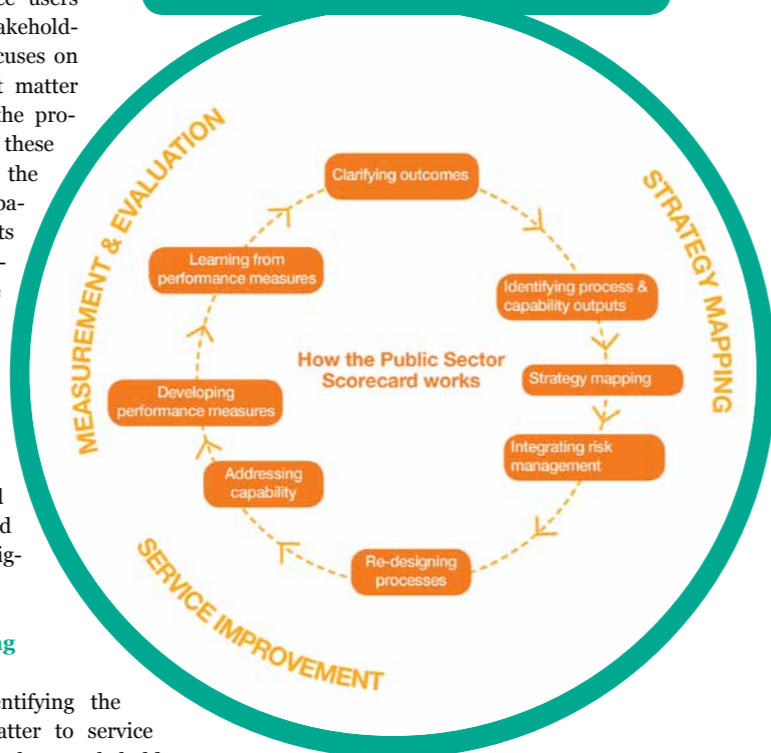
This involves identifying the outcomes that matter to service users and other key stakeholders, including value for money, in a workshop setting, together with the outputs that the various processes involved need to achieve in order to deliver these outcomes. Following this the group would be asked to identify the capability outputs that are needed to ensure that staff and processes are able to achieve the outcomes and process outputs required. These aspects might include effective team and partnership working, sufficient resources, and supportive leadership.

The links between capabilities, processes and outcomes are then illustrated in a strategy map, which is an important intermediate output of the PSS. The draft strategy map will then be refined following a risk management workshop by considering the reduction of a key risk as a desired outcome.

The processes by which risks are reduced, eliminated or mitigated are then reviewed, together with the risk management culture, and added to the strategy map.



Figure 1. How the Public Sector Scorecard works



Service improvement

In this phase the strategy map is used as a prompt to examine how effective the current processes are in achieving the outcomes and outputs and how they can be improved. The views of workshop participants will be supplemented where appropriate by using tools such as process maps, systems thinking and lean management – for example to highlight areas of duplication, processes that could be simplified or accelerated through better communication, and eliminating non-productive activities such as talking to patients who ring up because they have not received a service they were promised (Moullin, 2008).

In addition, with the help of workshop participants, the organisation needs to focus on addressing the capability outputs in the strategy map and in particular how management can support staff and processes so that they can achieve the outcomes required.

This could involve extra resources in a particular area, improving staff morale, and clear supportive leadership. It might also involve ensuring a culture of improvement and innovation rather than a blame culture, which is essential to make full use of the PSS.

Measurement and evaluation

This phase begins by identifying possible performance measures for each element of the strategy map. These will be filtered to take account of data quality issues and to ensure that potential perverse effects are minimised. Analysing and learning from performance measures provides insight into how well organisations are performing in the different areas of the strategy map. Taking action to address areas needing attention is also needed!

Using the Public Sector Scorecard to evaluate behaviour change programmes

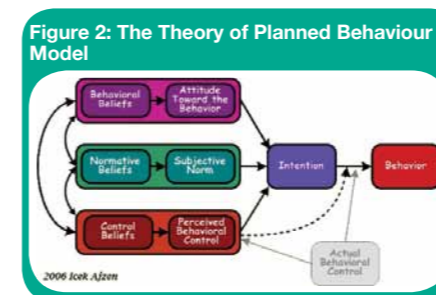
As with the balanced scorecard, the strategy map is a key output of the PSS. However while Kaplan and Norton (2001) define the strategy map as "describing how shareholder value is created from intangible assets", with the Public Sector Scorecard it is described more simply as "depicting the relationships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

It follows therefore that a well-designed strategy map for a behaviour change programme such as reducing obesity needs to incorporate the factors that will influence behaviour change.

This was recognised in the evaluation of Sheffield Let's Change4Life. Only if we could establish the success or otherwise of the various activities in the programme in addressing the factors that influence change would we be able to provide the insights required. The approach used was to incorporate the evidence-based Theory of Planned Behaviour into the Public Sector Scorecard.

The Theory of Planned Behaviour

The Theory of Planned Behaviour has often been used to study health-related decision making in adults and young people. It has also been found effective as a model for predicting physical activity behaviour. 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).

Attitude is defined as the degree to which an individual has a favourable or unfavourable perception of the behaviour. Subjective norm refers to the perceived 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 (confidence to perform) or difficulty (perceived barriers to overcome) an individual has for performing a given behaviour.

Incorporating the Theory of Planned Behaviour into PSS Strategy Maps

The main relevance of the TPB for strategy mapping is that when developing a strategy for a programme or organisation that aims to support people to change their behaviour, it is important for the programme 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, their perceived ability to make the change, and overcoming the barriers that they face. Strategy maps were developed both for the Sheffield Let's Change4Life programme as a whole and for each of its eight strands.

Figure 3 shows how the TPB was incorporated into the strategy map for the strand promoting 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 was identified as being likely to result in more women intending to breastfeed.

This strategy map helped the programme focus on each of the various areas which will influence behaviour. It also 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.

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, a single information giving workshop would be unlikely to lead to a significant change in obesity levels of workers or their families.

Overall Strategy Map for Sheffield Let's Change4Life

The strategy map for the Sheffield Let's Change4Life (SLC4L) programme as a whole is shown in Figure 4 overleaf. This was developed following interactive workshops with the Programme Board, operational leads and stakeholders of the eight programme strands, and Sheffield Youth Council.

Rows A and B 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.

Row C contains the Theory of Planned Behaviour outputs and outcomes: a greater desire to adopt a healthy lifestyle; favourable attitudes; confidence in their ability to change; and overcoming the barriers they face – while elements D1 to D8 refer to the desired outcomes and outputs of the eight strands of the programme.

Continued overleaf >

Figure 3: Strategy map for SLC4L Breastfeeding Strand

