Health Transformation Programme Theory of Change

Context - why has the Theory of Change been refreshed?

A Theory of Change (ToC) is a live document; as Policy/Programme aims and objectives evolve, the ToC must do so too in order to ensure that the work taking within the Programme is aligned to the core aims and objectives.

The original Health Transformation Programme (HTP) ToC dates back to March 2021 and does not accurately reflect several key decisions that have been made at a Programme level, and the changing policy context in the time since. We have also developed our evidence base on issues relating to the ToC and need to ensure the ToC reflects that learning.

Qualitative interviews with senior stakeholders from across the HTP have been undertaken, and the findings from these interviews synthesised alongside strategic documents and analytical evidence were utilised to refresh the ToC.

Purpose and intended use of HTP Theory of Change

Theory of Change (ToC) is a tool commonly used to set out **how** and **why** a change is going to be achieved.

The Health Transformation Programme (HTP) ToC shows us, at a high level, what the Programme is changing (**inputs**), what it's trying to achieve through the change (**outcomes**), and how we will create the change (**mechanisms**).

The HTP ToC sits alongside other strategic products which explain in greater detail **what** HTP is doing.

The unique importance of the ToC is:

1. It provides everyone looking at the Programme with a consistent view of where HTP is going and how it is getting there

2. It is high-level, which means you can test a wide range of interventions against it, giving a consistent framework for logging what works and how

3. It is not activity focussed, which encourages ongoing transformational thinking about how we can achieve change.
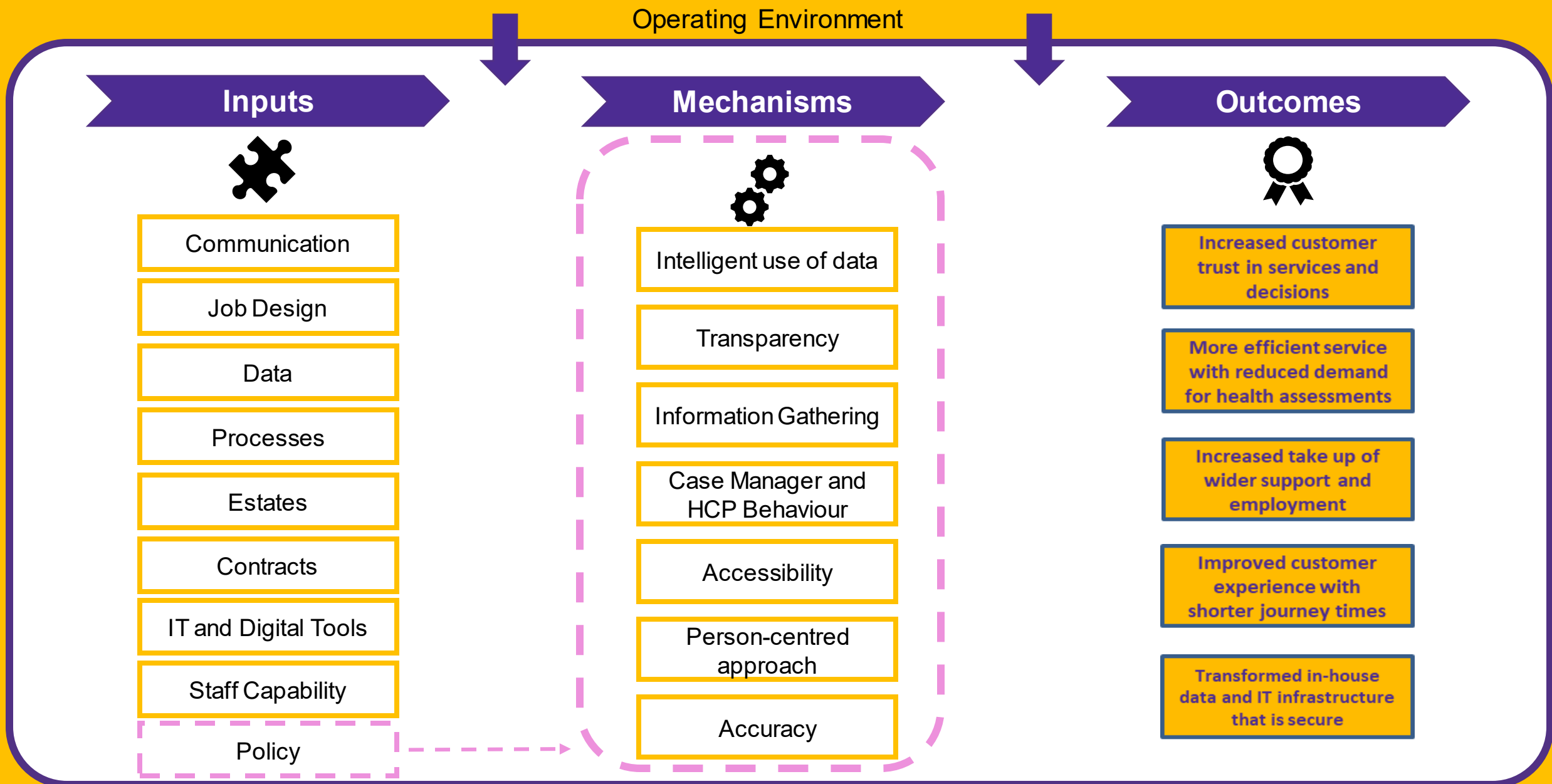
How can teams use the ToC to support their work?

A design team planning a tool or test can ensure and demonstrate that their test fits within the wider Programme by considering what outcomes their tool /test will contribute to, what mechanisms will be utilised to help achieve the change, and what inputs will play a part in their tool/test.

A planning team providing a forward look can consider and demonstrate where planned work will support achieving our outcomes, what inputs are being affected, and how mechanisms are being used to create change.

A research team can tailor their questions around outcomes to understand if we're achieving the intended change, use mechanisms to help understand how the change has been achieved, and consider inputs to help decide what played a role in achieving a change.

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HTP Theory of Change Logic Model

Operating Environment

Inputs

- Communication
- Job Design
- Data
- Processes
- Estates
- Contracts
- IT and Digital Tools
- Staff Capability
- Policy

Mechanisms

- Intelligent use of data
- Transparency
- Information Gathering
- Case Manager and HCP Behaviour
- Accessibility
- Person-centred approach
- Accuracy

Outcomes

- Increased customer trust in services and decisions
- More efficient service with reduced demand for health assessments
- Increased take up of wider support and employment
- Improved customer experience with shorter journey times
- Transformed in-house data and IT infrastructure that is secure

Operating Environment

As well as the inputs, mechanisms and outcomes identified in the logic model there are other influencing factors that don't occur as a direct result of HTP but are necessary conditions to drive a successful change.

The following themes were identified during stakeholder interviews as key enablers in HTP:

Flexibility	**Behaviour**	**Approach**
• Political appetite for change • Agile working • Adaptive systems and processes	• Ability, opportunity and motivation for multidisciplinary collaboration • Inclusive ways of working • Open mindedness to change	• Continuous learning • Whole system thinking • Use of expertise • Accountability

It is important to consider these factors when reviewing progress and team performance as, if they aren't present, we might face difficulties achieving change or contribute to unintended outcomes.

Definitions

Inputs

What we change - Inputs are the component parts of the service we deliver

Staff capability - The skills and knowledge possessed by the people we employ to deliver our services.

Job design - The way we create roles, ways of working, recruit and train people to ensure we have the right people in the right places doing the right thing

Communication - The method, style and content that we use to contact our claimants and communicate change both internally and externally

Data - All the information that feeds into the service which builds insight on claimants, performance and system development.

Estates - The physical spaces our claimants and staff use to deliver our services

Contracts - The agreement we have with providers about how they deliver our services

IT and digital tools - The online systems and technology that we need to deliver our services

Processes - The guidance colleagues follow to deliver the service

Policy - The legal and political boundaries within which we deliver our services, changes to policy could affect all mechanisms and outcomes

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Definitions (continued)

How we create change - Mechanisms are the behaviours and actions in place to deliver inputs and create transformative change

Intelligent use of data - Claimant data is shared across benefit lines (or more widely with GPs, NHS and across government), accessible when required and creates a holistic view of claimants.

Transparency - Claimants have clear access to information on their claim, their claim's status and understand the outcome of their claim.

Information gathering - Relevant information is gathered as early as possible in the claim journey and information requirements are tailored for the individual rather than casting 'a wide net'.

Case Manager (CM) and Health Care Professional (HCP) behaviour:

- **CM** - Signposting claimants to additional support, keeping in touch to understand specific needs and circumstances, explaining the claim journey, gathering information, collaborating with HCPs and explaining the reasoning behind a claimant's entitlement decision.

- **HCP** - Delivering assessments across multiple benefits and multiple channels, tailoring assessments to accommodate the claimant, asking open questions and then probing around the relevant information, collaborating with CMs, utilising specialisms effectively.

Accessibility - The services we provide are easy to use for all claimants from first point of contact, digital or otherwise.

Accuracy - DWP gets things right first time internally and throughout each claimant's journey; through better, holistic decision making, use of evidence, early communication and intelligent use of data.

Person-centred approach - The claimant's needs are at the centre of everything that happens to them at all stages of their claim and throughout any contact with DWP.

Outcome Logic Models

A thematic breakdown of each outcome and how they link with other parts of the Theory of Change

In slides 9-11 we have used interviews with senior colleagues to understand what could be done to help us reach our outcomes. These high-level summaries are not exhaustive and will grow as we learn about what works.

1. Increased customer trust in services and decisions

Inputs

Communication	Job Design
Policy	Staff Capability

Mechanisms

Transparency	Accuracy

Case Manager and HCP Behaviour

Person-centred approach

Intelligent use of data

What can we do to achieve this?

Improved experience
Intelligent use of data reduces duplication of information demands on claimants. This combined with a person-centred approach from staff demonstrates capability, reliability and empathy to drive customer confidence in our services and decisions.

Clarity throughout the journey
Trust is driven through clear communication, so claimants understand what is happening to them and why. CMs and HCPs can easily access the information required to do this when enabled by the right data and digital tools.

Colleague welfare and performance
Better job design leads to greater fulfilment and improved retention of staff. Greater colleague retention means more people have the right skills, experience and empowerment to support claimants and build their confidence in DWP.

Quality and Accuracy
Quality decisions are made based on thorough use of evidence and holistically consider the claimant. Auditing procedures are in place to ensure accurate outcomes and areas where the system works less well are reviewed (e.g. for fluctuating conditions).

How will we measure success?

Reduced failure demand

Improved claimant perception of system

! Trust is a difficult perception to measure. Do we really mean acting in a trustworthy way to build customer confidence?

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2. More efficient service with reduced demand for health assessments

Inputs

- Processes
- Data
- IT and Digital Tools
- Policy
- Job design
- Staff Capability
- Contracts

Mechanisms

- Transparency
- Intelligent use of data
- Person-centred approach
- Case Manager and HCP Behaviour
- Information gathering

What can we do to achieve this?

Demand
The amount of health assessments to be completed by HCPs decreases, through lessened demand or reduced need.

Intelligent routing/ segmentation
Customers are provided with a decision using segmentation and tailored triaging, so fewer instances occur where claimants repeat information to DWP.

Journey time
From application to decision, quicker decisions are made for simpler cases and a balance between speed and thoroughness is achieved for more complex cases.

Efficiency
Backlogs are lessened and bottlenecks prevented in key areas (i.e. assessments), so the system flows more efficiently whilst maintaining quality and accuracy.

Assessment
Assessments accommodate accessibility needs whilst being structured and thorough, with streamlined decisions.

How will we measure success?

Improved Departmental Expenditure Limit (DEL) efficiency

Workforce matches demand

Assessment quality

Fewer HCP Assessments

! - What are the potential implications of increased routing and to what extent can HTP do this without policy change?
- Is 'reduced demand' less demand entering the system or reduced need as people are assessed differently?

3. Increased take up of wider support and employment

Inputs

Communication

Job design

Staff Capability

Policy

Data

Mechanisms

Transparency

Person-centred approach

Intelligent use of data

Information gathering

Case Manager and HCP Behaviour

What can we do to achieve this?

Safety net (for work related benefits)
Provision is in place for claimants to gradually enter employment (or a programme of wider support) that is tailored around their health conditions if suitable for the claimant. If this does not work out, benefits can easily be re-accessed, creating a safety net to fall back on and preventing entering employment being seen as a risk.

Engagement
As claimants gain confidence in the Department and know they will not lose out if they enter employment and it doesn't work out, willingness to engage with DWP staff and take up of wider support programmes and employment increases.

Employment conversations
Greater emphasis and provision to increase knowledge/ awareness of employment opportunities and support programs exists in the disability space. In turn, more claimants can take advantage of these opportunities. Is there a possibility of creating a closer link or knowledge sharing with work coaches?

How will we measure success?

Improved claimant engagement with employment support

Claimants moving off or to lower levels of Employment Support Allowance/Universal Credit

There also may be improved independent living outcomes for claimants as a result of HTP but these are difficult to measure and claim as benefits.

! - How will HTP claim employment outcome benefits for PIP since PIP is a non-work-related benefit?
- To what extent can HTP claim benefits for improved employment outcomes where there is significant overlap with other DWP employment and health Programmes? Is it more about signposting?

4. Improved customer experience with shorter journey times

Inputs

Contracts	Processes
Communication	Estates
Data	IT and Digital Tools
Staff Capability	Policy

Mechanisms

Transparency	Accessibility
Information gathering	Accuracy
Intelligent use of data	Person-centred approach
Case Manager and HCP Behaviour	

What can we do to achieve this?

Intelligent routing and segmentation
Customers are provided with a decision using customer segmentation and tailored triaging, reducing instances where customers must repeat information to DWP.

Inclusiveness and claimant advocacy
The service is built to always be accessible and inclusive to all needs, is fair and advocates for claimants to have an assessment that best suits them. A range of different channels are available and claimant's preferences are recognised..

Joined up service
The service is streamlined, with information held in one place and no need for colleagues or claimants to have to contact multiple bodies (i.e. DWP and provider) to seek information.

Tailored journey times
Journeys will be tailored to the needs of the claim, reducing journey time where appropriate through efficient progression of claims. Where complex claims require a longer journey, satisfaction will be maintained through transparency communication.

Staff engagement
Colleagues working on claims understand the reasoning behind policy and procedures. Everyone is well trained and empowered to provide a high-quality service and actively engage with their role.

How will we measure success?

Shorter journey times

Improved payment accuracy

Improved customer experience scores

Uptake of digital channels

! Is there a risk of placing overly ambitious clearance times on staff? Could this impact quality and therefore customer experience? How will we ensure that our most vulnerable claimants are protected when using intelligent routing?

5. Transformed in-house data and IT infrastructure that is secure

Inputs

IT and Digital Tools	Processes
Data	Contracts
Staff Capability	Policy

Mechanisms

- Transparency
- Intelligent use of data
- Accuracy

What can we do to achieve this?

Seamless journey
Customer data can be accessed easily and is displayed concisely to enable colleagues to quickly find what they need.

Contracting providers
DWP owns its IT system and can invite others to deliver the service through contracts via established ways of working.

Becoming knowledge rich
Our systems gather accurate data that builds a holistic view of the claimants across benefits lines. Data is accessible to relevant users and can be used flexibly to answer a range of questions.

Automation and staff data capability
Having less reliance on manual processes will save valuable colleague time. DWP colleagues have the right skills to make effective use of the data we hold

Secure
Security and resilience is at the heart of transforming in-house data and IT infrastructure so that systems can adapt around claimant and policy needs. Systems are robust and do not fail.

Data sharing
Data is shared across Local Authorities, the NHS, across government and DWP benefit lines. This data mesh reduces the need for claimants to repeat information and joins up our service to support claimants.

How will we measure success?

DWP has autonomy over data

Data is used to serve a wide range of needs

! Legal and policy constraints may limit the usage of claimant data and hence the benefits of sharing

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Challenges

! Throughout all elements of the ToC and when considering how a change is going to be achieved, it is vital that customer safety and support is considered. The disability benefit system must be a safe place where we support our vulnerable and complex needs claimants. !

Trust → Trust is a very difficult perception to measure and is not directly under our control. If we want something more tangible that HTP may have impact on, do we mean creating trustworthiness to build customer confidence in our service and decision making?

Reduced journey times → Will placing overly ambitious shortened claimant journey times on staff (despite the aim being to do this via automation and intelligent use of data) will result in a reduction in accuracy throughout the system or a reduction in decision quality? Should complex and straightforward cases be treated differently? Will less waiting time reduce the presence of a buffer to manage fluctuations in demand, such as filling cancellations, and risk wasting staff capacity?

Increased use of routing → What implications might current policy have on the increased use of routing in HTP, will it be feasible without policy changes? How will we ensure our most vulnerable claimants are protected when using intelligent routing?

Challenges (continued)

Reduced demand → What do we mean by reduced demand? There are multiple interpretations of demand in the current system. Does the programme want to reduce the amount of demand (or claimants waiting) for an assessment, lessen the need for a full assessment with a HCP?

Employment take up → To what extent can HTP claim benefits for improved employment outcomes where there is significant overlap with other DWP employment and health Programmes? What is the impact of this on the business case benefits? How is HTP developing more effective signposting to other DWP support?

Data sharing → Is data sharing, across benefit lines within the department but also with the NHS/ Local Authorities/ other government departments, feasible? What policy, legal, ethical and security challenges do we face to enable this?

Decisions → How do we determine what the 'right' or 'accurate' decision is for a claimant when we know information can be subjective? How will the programme address this going forward? How do we measure being 'better' at this?

Interdependencies and Indirect Outcomes

This flow chart represents the dependencies between outcomes and allows you to interpret their relationships with each other. Positive change in one outcome may drive positive change in another outcome, but it is important to note that a positive change could also cause a negative change in another area. For example, shorter journey times could result in a negative change in customer trust, if claimants are concerned their claims are not thoroughly considered.
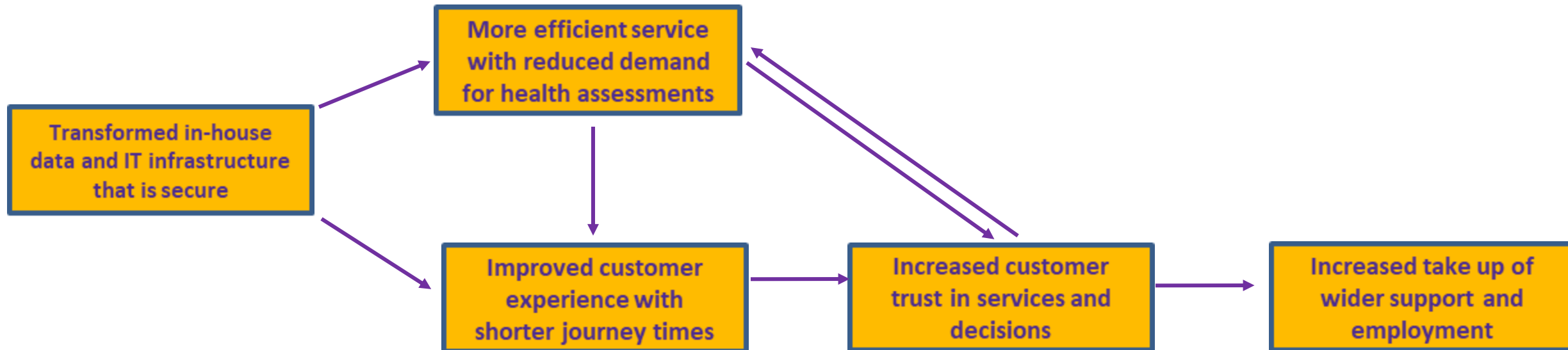
Indirect Outcomes

It is possible that **changes to Annually Managed Expenditure (AME)** and **employee satisfaction** occur as a consequence of HTP change. These are not targeted outcomes of HTP, but should be monitored and understood.