Engaging Partners in change using Outcomes Based Accountability

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What is OBA?
Why is it important?

- Structured way of thinking and taking action
- Focus on improving outcomes:
  - Communities
  - Programmes
- Starts with ‘ends’ and works backwards to ‘means’
- Moves from talk to action – *quickly*
- Simple and useful
- Plain language and common sense
- Inclusive – of agencies, individuals and communities
- Problem solving approach
- Minimum paper!
Partnership work

• Builds on existing ‘strong’ partnership relationships in Coventry
• Increased focus on outcomes rather than process and service measures
• Better data; better outcomes
• Simple methodology can be used in many areas:
  – Teen Pregnancy
  – LAC numbers
  – Alcohol reduction
  – Cleaner, greener Hillfields
Population accountability
- outcomes for children, families and communities

- Healthy births
- Healthy children and adults
- Children ready for school
- Children succeeding in school
- Young people staying out of trouble
- Stable families
- Families with adequate income
- Safe and supportive communities
Performance Accountability
For Programs, Agencies and Service Systems

1. Who are our customers?

2. How can we measure if our customers are better off?

3. How can we measure if we are delivering service well?

4. How are we doing on the most important of these measures?

5. Who are the partners with a role to play in doing better?

6. What works, what could work, to do better?

7. What do we propose to do?
Trying hard is not good enough.....

“If you do what you always did,

you will get what you always got.”

Kenneth W. Jenkins
President, Yonkers NY NAACP
The Importance Of Data

- Results culture— (sport, politics, economy)
- What is the context?
- Knowing your killer PIs
- Interpretation: reading or understanding data?
- Importance of secondary data
- Asking the ‘so what?’ question
- Making data accessible to all
**BE HEALTHY**

**OUTCOME 6**
Fewer under 25s are using class A drugs

**INDICATORS**
- Reduce the level of class A drug use within Coventry by targeting those aged 14-24 years.
- Reduce the number of young people admitted to residential care.
- Increase the number of under 16s who complete treatment successfully.

**THE TREND**
*2006 figures are for the 2nd quarter of the year*

1. 4.8% of young people aged 14-24 years were using class A drugs compared to 12% in 2005.
2. The number of young people admitted to residential care has decreased.
3. The number of young people completing treatment has increased.

**THE STATS**
- **10%** of parents agree that their children are not being taught about the risks of drug use (2007 survey). A survey in 2006 showed that 50% of parents agreed to be in Coventry schools, they have felt the issue of drugs is not serious.
- **14%** of pupils aged 11 to 18 report they have taken drugs, two in every 10 say they have taken cannabis combined.
- **12%** of children aged 11 to 16 years have admitted to smoking regular or occasionally.
- **5.4%** of young people aged 11 to 16 years said they had taken class A drugs in the last year.

*Latest figures on drug use in England show a sharp increase in the last year.*

**THE STORY BEHIND THE CURVE**

[Graphs and charts illustrating the trends and statistics related to drug use in Coventry.]
Coventry – annual data day

- Held late winter / early spring
- All partnership groups – strategic and operational; young people and parents
- Externally facilitated
- Review of the year’s outcomes
- Priority setting for the following year
- Young people’s / parents’ views influential
Benefits of good data

- Tells you what’s going on!
- Draws others in
- Saves duplication of effort
- Leads to better decision making
- Value for money / lever for resource
Questions to ask myself

(...in addition to the 7 performance accountability questions)

• What are my unit costs?
• Should I use measurement at a point or track?
• Qualitative or quantitative... focus groups or surveys?
• Absolutes or percentages?
• What’s important for me to focus on?
  – bottom right hand box –
• OUTCOMES NOT PROCESS
Drug/Alcohol Treatment Programme

<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did we do?</td>
<td>Number of persons treated</td>
<td>Percent of staff with training/qualification</td>
</tr>
<tr>
<td>Is anyone better off?</td>
<td>Number of clients off alcohol &amp; drugs</td>
<td>Percent of clients off alcohol &amp; drugs</td>
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<tr>
<td>- at discharge</td>
<td>- at discharge</td>
<td>- at discharge</td>
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<tr>
<td>- 12 months after discharge</td>
<td>- 12 months after exit</td>
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Next steps

• Continue to develop work with children’s services and C & YP commissioning board
• Action plans from Turning the Curve Days e.g. sensible drinking, teenage conceptions
• Progress reports to Local Public Service Board
• Grow the approach for the Local Area Agreement
• Report card format for quarterly reporting
• Infiltrate!