

Service Based Assessment

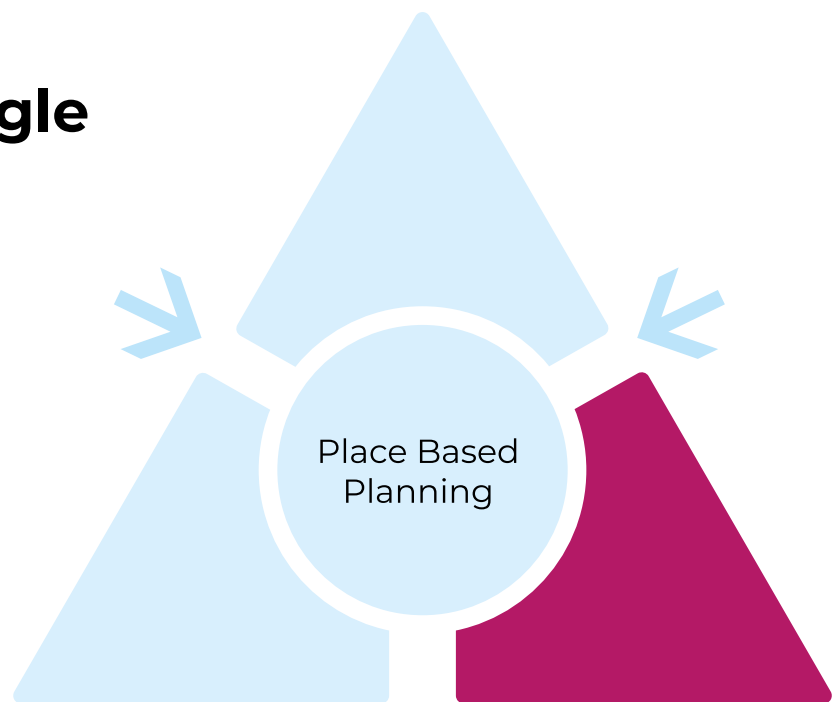
Service Based Assessment

Population Intervention Triangle

Section 2 to 3

Service based
Interventions

Use the template provided
below to map how existing
powers can be utilised to
influence health outcomes



SERVICE LEVEL INTERVENTIONS TEMPLATE

RELEVANT POLICY

Example: commissioned weight management service, grant funded community dance group for older people etc.

RELEVANT PARTNERS

Example: how are services funded, which organisations commission and manage them? Are there duplications? How are they currently monitored? Are they performing to expectations?

RELEVANT INFORMATION

Notes on whether services tackling issues complement or compete, are appropriately funded, whether there are gaps etc.

Service Based Assessment

Where interventions have the potential to generate population-level change, this is often not achieved for a number of reasons, broadly:

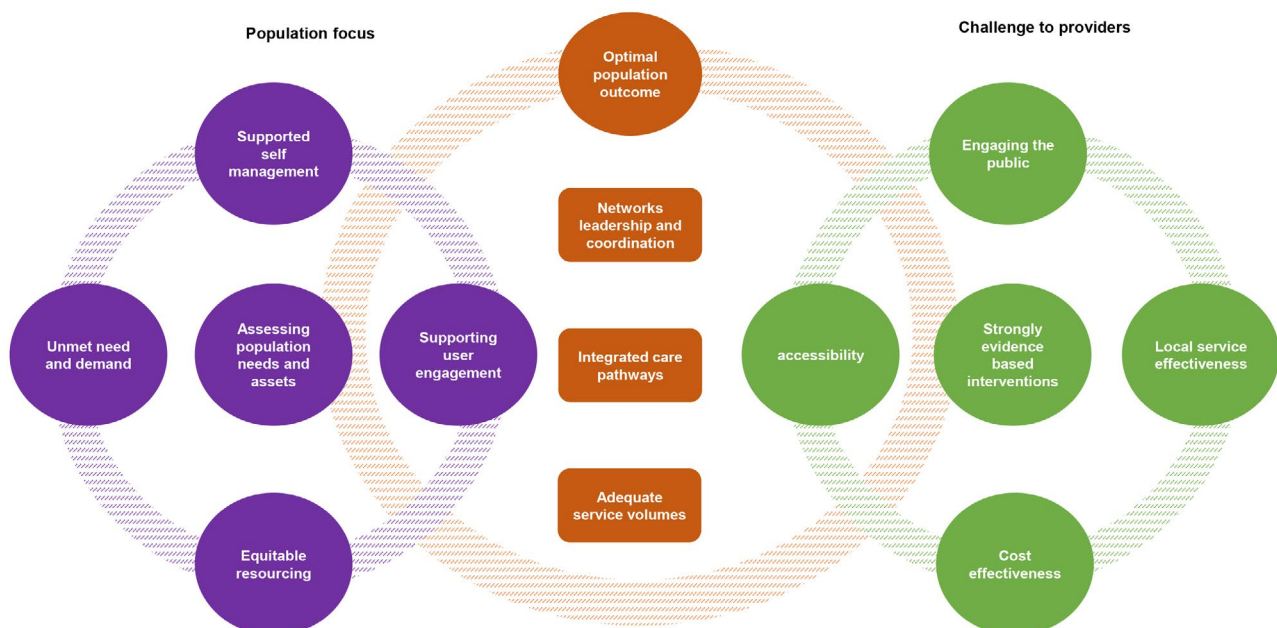
- unwarranted variability in service quality and delivery (effectiveness; efficiency and accessibility)
- variability in the way the population uses those services (based on knowledge, skills and health-seeking behaviours and resources) - and so variable needs for support to use those services appropriately

Therefore, high-quality services on their own can reduce unwarranted variation in outcomes.

However, they will not reduce inequalities at a population level unless they also identify and (with partners) give graduated and targeted support to the populations in greatest need, who are not using those services to best effect.

POTS – population outcomes through services

If you are an NHS provider looking to assess your services, you may also wish to undertake the below assessment to deepen understanding. This is not required at this stage but is something which may add value. For further information please follow this link [POTS](#)



If you are interested in using a detailed POTS workbook to assess service delivery in your area, contact health.equity@phe.gov.uk.