



Better Data: Making the third sector business case for health improvement: Project Review - July 2014

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Background

In the UK, the third sector comprises a wide variety of organisations including registered charities, housing associations, self-help and community groups, social enterprises, mutual and cooperatives. The sector is a key driver for social and economic progress with a track record in supporting community based, person centred solutions that focus on building capacity, resilience and empowering individuals. Services are effective in impacting upon health inequalities, both through addressing wider social determinants, and by engaging with so called 'hard to reach' groups and those who may not access traditional, mainstream services, often within the most deprived communities.

However, despite the sector's potential to transform public service delivery, third sector organisations (TSO) receive just a small percentage – estimated at 2% or £13.7bn in 2011/12 – of government service delivery spend. It would appear therefore that the potential for value added that the sector affords in tackling key cross organisational priorities such as narrowing health inequalities, building social capital, and contributing local intelligence to inform needs assessment and service design, is perhaps not fully articulated by the sector, or indeed understood by public sector partners - as summarised in the Regional Voices briefing 'Working with the voluntary and community sector: A guide for health and wellbeing boards'

[www.regionalvoices.org/sites/default/files/library/Briefing on VCS for healthwellbeing](http://www.regionalvoices.org/sites/default/files/library/Briefing_on_VCS_for_healthwellbeing)

[boards.pdf](#)). The relatively small third sector market share also implies that whilst some third sector organisations are already well placed to deliver public service contracts, and have done so successfully for many years, other organisations need support to be in a position to tender for contracts.

In recent times, economic factors and the context of austerity have presented additional and particularly complex challenges for the sector. For voluntary and community organisations operating in health and social care, these challenges have been augmented by the scale and pace of organisational change precipitated by the Health and Social Care Act 2012. This has made it difficult for TSO with typically limited resource and funding to navigate and compete within new commissioning and delivery structures.

As a consequence, the third sector is not effectively harnessed as a resource. Given the widening gap in health inequalities, and the drive for financial efficiencies across the health and social care system, it is crucial that public sector partners and TSO explore opportunities to work better together to strengthen local involvement services, drive system wide efficiencies, increase patient choice and improve quality.

To address the issues outlined above, One East Midlands (OEM) and Public Health England East Midlands (PHE EM) worked together to design and deliver two 'Better Data' events in May 2014. By showcasing freely available resources from presenters representing PHE, NICE, local government and Fit for Work Leicester, the events aimed to boost learning around data and intelligence, and to demonstrate how use of such resources could enable the sector to better demonstrate impact to make their business case.



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The remainder of this paper provides some contextual information about the third sector, sets out an overview of the project, summarises learning and outlines the next steps.

Key facts

The sector employs a salaried workforce of 800,000 people in the UK in 161,000 organisations, with an estimated additional 12.7m people volunteering at least once a month (NCVO Civil Society Almanac <http://data.ncvo.org.uk>). Approximately 57% of the salaried workforce is employed in a diverse range of health and social care roles, including help line managers, counsellors, nutritionists, family therapists, community workers, nurse practitioners, cancer awareness nurses, health promotion advisors, project workers, for example in drug and alcohol services, and researchers.

The sector is highly qualified with 44% of employees possessing a degree level qualification or higher. In 2012/13 the sector contributed an estimated £11.8bn gross value added to the UK economy (NCVO Civil Society Almanac <http://data.ncvo.org.uk>).

A National Audit Office Report, 'What are third sector organisations and their benefit for commissioners' www.nao.org.uk/successful-commissioning/introduction/what-are-civil-society-organisations-and-their-benefits-for-commissioners, published in 2010, suggests that third sector organisations provide the following benefits for commissioners:

- Understanding of the needs of service users and communities that the public sector needs to address;
- Closeness to the people that the public sector wants to reach;
- Ability to deliver outcomes that the public sector finds it hard to deliver on

its own;

- Innovation in developing solutions; and
- Performance in delivering services.

Project outline

The Better Data project focused on the complex dilemma between the need to seek innovative solutions to ease health and social care pressures and costs, and perceived risks of investing in delivery models that may not demonstrate evidence based approaches and evaluation methodology in a way that resonates with commissioners. To bring a collaborative and expert focus to the project a multi agency steering group was established with representation from the following organisations:

- Public Health England (East Midlands Centre and Knowledge and Intelligence Team)
- One East Midlands
- ConnectMore Solutions
- Regional Voices
- Newark and Sherwood CCG
- NICE
- NHS England Area Team
- NHS Improving Quality Team
- Self Help Nottingham
- Derby City Council
- Cabinet Office.

At the inaugural meeting in March 2014, steering group members proposed delivery of two East Midlands 'Better Data' events targeted at a third sector audience, and with a number of places reserved for commissioners.

Event aims were to enable attendees to:

- Begin to consider the link between effective use of public health intelligence and ability to influence commissioning decisions and increase third sector provider market share;



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- Gain a clearer understanding of the importance of evaluating services and tracking outcomes;
- Find out how to access and use public health data published by Public Health England and NICE;
- Explore how the third sector might input more effectively into Joint Strategic Needs Assessments (JSNAs) and service planning; and
- Identify issues and barriers for the third sector in influencing public health commissioners, and begin a two way dialogue.

The events were delivered on 1 May 2014 in Leicestershire (33 attendees) and 9 May 2014 in Derby (51 attendees). Please see Appendix D for a summary of organisations represented. Details of presentations and workshops can be seen in Appendices A and B respectively.

Each event provided delegates with opportunities to hear presentations from PHE EM's Knowledge and Intelligence Team; NICE; a local authority JSNA author; and Fit for Work Leicester – a third sector organisation with a successful track record in using public health data and evidence base to positively influence commissioning decisions. A series of workshops enabled attendees to engage further to discuss issues, solutions and next steps.

To capture existing TSO practice around public health data and intelligence use, measure distance travelled and the impact of the events, delegates completed pre and post event surveys. Analysis of returns demonstrated that significant learning had taken place, and that delegates were committed to operationalising the knowledge gained. A headline summary of the information captured can be found in Appendix C.

Key findings

Feedback from delegates indicated that the

events had raised awareness of the need to utilise public health data and intelligence more effectively to evidence service need and impact, and to better demonstrate, add value to, and/or improve service delivery.

The majority of attendees were unaware of the breadth of resources referenced by presenters, and there was an appetite to continue this learning journey, with many requests for further workshops. Enthusiasm to engage with NICE via stakeholder reviews, working across commissioners to co-produce solutions and develop the evidence base was also identified as a 'quick win' by some.

Delegate comments indicated a perceived disconnect between the third sector and JSNA processes. Two main issues were cited:

- A perceived absence of mechanisms to enable the third sector to effectively contribute community level intelligence and insight to help drive more informed commissioning decisions; and
- Although there is a strong desire within the third sector to be recognised as part of the solution, enhancing local delivery by contributing to needs assessments, a lack of enablers within the system can mean limited opportunities for participation.

Next steps

Event evaluation evidenced a need for the learning journey around the use of data and intelligence to continue. A number of other next steps were also identified by delegates:

- Opportunities to promote further dialogue and collaboration between the third sector, public sector organisations and commissioners to build capacity;
- Further exploration of the potential for the third sector to contribute to developing new and innovative services; and



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- Identification of greater efficiencies in service delivery/design achieved through scaling up successful third sector approaches.

Four key action points have therefore been identified. These actions will be taken forward by OEM and PHE EM, together with the steering group.

1. Development of ‘Better Data’ training workshops

Building on the successful Better Data events in May 2014, delivery of two in-depth training and awareness sessions will be delivered. Each will comprise a number of workshops to allow delegates to focus in on the areas they want to explore further. Events are anticipated to take place late 2014.

Two workshops will focus in on PHE and NICE data/guidance, enabling participants to access and understand relevant data sets to make the business case for a service, linked to population need and evidence based practice. The workshops would also capture existing good practice to feed into the development and dissemination of case studies.

A third workshop should focus on exploring more effective mechanisms for engagement between TSO and JSNA processes, to enable the valuable needs-led intelligence captured by the third sector to feed more effectively into relevant forums and discussions.

Plans for a fourth workshop, showcasing good practice within the sector, will also be taken forward in conjunction with partners and the steering group, in particular National Voices.

2. Pilot studies

The development of ‘Better Data’ training workshops presents opportunities for the steering group to identify and work closely with a small number of TSO as part of a pilot study. Outputs would focus on co-production of realistic, sustainable solutions to enhance approaches to accessing and utilising data, and to evaluation. Learning from this pilot could potentially feed into the development of a toolkit for wider use across the third sector.

3. The ‘Better Data’ project and Health and Wellbeing Boards

Links with Health and Wellbeing Boards and associated third sector representatives will be explored, to understanding how project outputs might support the work of the Boards.

4. Support for the development of internet based technology

There is scope to utilise learning from the project to contribute to the development of PHE’s Health and Wellbeing Framework. A representative from the steering group will take this forward.

There is additional scope for the outputs of the project to inform future development of local authority web based data resources. The next stage of the project will seek to explore these links further, in partnership with stakeholders.



Appendix A – Presentations

A brief overview of each presentation is provided below. Electronic versions can be found at www.oneeastmidlands.org.uk/betterdataposteventpage.

The importance of Public Health Intelligence – Natalie Cantillon, Principal Public Health Intelligence Analyst, Public Health England East Midlands

This presentation provided an introduction to Public Health Intelligence and its connection with TSO activity. The presentation provided signposting and explanations of numerous open access data and intelligence sources. This included public health data and knowledge gateway, public health outcomes framework, health priorities and practice priorities.

JSNA – The who, what and why of the needs assessment underpinning your health and wellbeing strategy – Andy Muirhead, Senior Public Health Analyst, Derby City Council

Andy's presentation provided an overview of JSNAs and the development of Joint Health and Wellbeing Strategies, as well as the importance of data integration to understand the complexities of health and care delivery.

Using NICE resources to build a better business case – Deborah O'Callaghan, Implementation Consultant, National Institute for Health and Care Excellence (NICE)

An overview of NICE guidance and its suggestions for potential use by TSO wishing to build a business case for their services, and an outline of NICE stakeholder engagement mechanisms and how the third sector can get involved.

Making the case and proving the point – public health intelligence in practice – Mandy Wardle, Associate Director Public Health, Leicester Fit for Work

This presentation provided an illustration as to how organisations could understand and apply data to secure funding, develop services, evidence impact or initiate dialogue with commissioners and decision makers.

Appendix B – Workshops

1. Accessing, understanding and applying data. Facilitators: Richard Hazledine (ConnectMore Solutions), Greg Stafford (One East Midlands), Wendy Conibear (Nottingham City Council)

This workshop explored the use of freely available, existing local sources of statutory data and intelligence which TSOs can access to support their work. The session featured a real case study (Nottingham Insight) to consider how TSO and statutory partners could work together to encourage the use of existing public health data.

Workshop findings – At both events it was evidence that most TSO organisations were unaware of the freely available data sources to support their work. Where organisations were at least aware of data sources there was limited understanding of how to apply data. Some organisations were also concerned about the degree to which websites were ‘user friendly’ for a third sector audience.

The Nottingham Insight voluntary sector hub represented best practice across the East Midlands in terms of the development of a website specifically to support TSO organisations to efficiently access data and intelligence to support their work. The use of the hub is underpinned by a regular training session delivered by Nottingham CVS, which has been attended by council teams as well as TSOs.

2. Developing data to evidence need. Facilitators: Andy Muirhead (Derby City Council), Natalie Cantillon (Public Health England East Midlands)

This workshop considered how TSO and commissioners might work collaboratively to contribute community level data to JSNAs, with additional focus on the barriers facing, and opportunities for, third sector engagement in JSNA processes.

Workshop findings – A complex fragmented and inconsistent picture around TSO engagement in JSNA processes emerged. A consistent theme was the need for more work to be undertaken to enhance engagement processes, as well as ensuring the TSO voice is heard by Health and Wellbeing Boards.

3. Building a business case to help secure funding for your service. Facilitators: June Gomes (One East Midlands), Mandy Wardle (Leicester Fit for Work)

This workshop showcased existing good practice in the use of public health data and intelligence to support funding and develop the ‘business case’.

Workshop findings – The session revealed that attendees recognised the need to build a robust evidence base to secure funding, but were often unsure how to interpret and use such data to build a business case. There was a clear sense that the data and intelligence sources referenced by the two presenters (e.g. EQ5D) would be helpful contributions to the development of funding applications. There was also interest in quantifying delivery costs for existing NHS services, to build shared understanding and enable future efficiencies to be made through closer partnerships between the third sector and public sector organisations.



Appendix C – Analysis of delegate ‘distance travelled’ surveys

A key component of the Better Data event design was the need to gain a better understanding of current third sector practice around using and applying public health data and intelligence. Delegates thus completed pre and post event surveys to give a measure ‘distance travelled’ and event impact.

Analysis demonstrates that the events enabled the majority of delegates to make significant progress in their learning journey and some key headlines are included below:

- Before the events, 88% of delegates who completed a survey indicated they had previously accessed public health data and intelligence to support the work of their organisation.
- After the events, 100% of delegates who completed a survey reported improved knowledge of how to access public health intelligence (via the PHE Data and Knowledge Gateway). Respondents also indicated improved knowledge around using public health intelligence to evidence impact (98%) and need for a service (98%).
- Pre event, 29% of delegates who completed a survey indicated they had some knowledge of how to access and apply NICE guidance.
- Post event, 100% of delegates who completed a survey reported an improved knowledge of how to access NICE guidance. Respondents also indicated an improved knowledge of how to use NICE guidance to evidence need and impact (100%), improve service quality (89%) and support fundraising (80%).



Appendix D – Organisations represented at the events

Market Harborough – 1 May 2014

- Carers UK
- ConnectMore Solutions
- Derby City Council
- East Midlands Strategic Clinical Network
- Enable Group
- Fit for Work
- Guide Dogs for the Blind
- Headway Leicester, Leicestershire and Rutland
- Healthwatch Lincolnshire
- Joined Up Working
- LAMP (Leicester Mental Health)
- Leicestershire County Council
- MND Association
- Mustard Seed Associates CIC
- NICE
- Northampton Volunteer Centre
- Nottinghamshire Independent Domestic Abuse Services (NIDAS)
- Nottinghamshire Hospice
- One East Midlands
- Public Health England East Midlands
- Regional Voices
- Saffron Resource Centre
- Supporting Northampton Voluntary Activity (SNVB)

Derby – 9 May 2014

- Action for Blind People
- Age UK Nottingham and Nottinghamshire
- Community Action Derby
- Community Health and Learning Foundation
- ConnectMore Solutions
- Derby City Council
- Derbyshire Carers Association
- Derbyshire Dales Council for Voluntary Service
- Derbyshire Mind
- Derwent Housing Trust
- Derwent Stepping Stones

- Epilepsy Society
- Fit for Work
- First Steps
- Guide Dogs for the Blind
- Hardwick Clinical Commissioning Group
- Healthwatch Nottingham / Nottinghamshire
- Jigsaw Support Scheme
- Leicestershire Aids Support Service (LASS)
- Leicestershire Centre for Integrated Living (LCIL)
- NICE
- North Derbyshire Voluntary Action (NDVA)
- Nottingham CityCare Partnership
- Nottingham CVS
- Nottinghamshire Hospice
- One East Midlands
- P3
- Public Health England East Midlands
- Richmond Fellowship
- Ripplez CIC
- Royal Voluntary Service
- Sight Support Derbyshire
- South Derbyshire Community and Voluntary Service
- South Derbyshire District Council
- Southern Derbyshire Voluntary Sector Mental Health Forum
- Studio House
- Sustrans
- Multiple Sclerosis Society
- Network for Change
- Wellbeing Works CIC
- Women's Work Derbyshire
- Zest for Independence.