

Building Evidence (strategic partners funded work) report findings: December 2015

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Executive Summary

- This paper summarises the development of the 'Better Data' agenda across England. The 'Better Data' agenda can be defined any initiative which enables third sector and public sector partners to effectively utilise and share available data, intelligence and evidence for the purposes of business planning, service design and service delivery to meet the assessed health and wellbeing needs of local populations.
- The paper presents the key findings from a series of telephone surveys designed to assess the presence health and wellbeing of data sharing between Public Health England and regional third sector infrastructure organisations in each of England's nine regions.
- The surveys revealed pioneering work already taking place between third sector partners and public sector organisations operating at the forefront of health and wellbeing notably in East Midlands, London and Yorkshire and Humber.
- The surveys also reveal an emerging appetite to share learning and stimulate further data sharing developments between third sector and public sector partners across each of England's nine regions.
- In regions where there were no specific initiatives designed to encourage data sharing between public and third sector partners it was evident that this adversely affected partnership working opportunities. My comparison where specific 'Better Data' events, activities and training sessions are hosted then a more progressive relationship between public-third sector partners working in health and wellbeing begins to emerge.
- The potential of the Better Data agenda has a 'strategic relevance' for specific implementation of priorities referenced in NHS England 'Five Year Forward View' and Public Health England 'Evidence into Action' strategy documents.
- At a time of widening health inequalities and financial austerity measures, the 'Better Data' agenda presents a realistic opportunity to stimulate an England wide approach to help increase the service efficiency and collaboration with local third sector partners.
- The on-going development of 'Better Data' agenda is also linked to the potential of third sector organisations to contribute their own community level data into strategic level needs assessments. The research undertaken to date would indicate that 'pockets of good practice' exist between public and third sector partners to utilise third sector data sources for the purposes of strategic needs assessments. Further investigation is required to establish the principles of best practice to facilitate the development of third sector source data to evidence need.
- Based on our research and on the evidence gained from the surveys our **'key recommendation'** is the development of a national approach to equip third sector organisation to access, understand and apply available tools and resources. This principally includes the PHE Knowledge and Intelligence gateway and NICE guidance.
- This recommendation supports the on-going commitment of Department of Health, NHS England and Public Health England to the third sector strategic partner programme and the need to ensure third sector providers operate as equal partners.

Background

Traditionally third sector and public sector organisations have not freely exchanged data and intelligence to help to design public services to meet the needs of local populations. The lack of data sharing is problematic given the widening gap in health inequalities, and the drive for financial efficiencies across the health and social care system. In future, it is crucial that public sector partners and third sector organisations explore opportunities to work more effectively together to strengthen local involvement services, drive system wide efficiencies, increase user choice and improve health outcomes.

A significant opportunity exists to consider how data and intelligence sharing could be facilitated between the sectors in future. These new approaches cannot be developed by the third sector in isolation but instead require the full commitment of a diverse range of public and third sector stakeholders.

Across England a diverse range of third sector organisations are grappling with the need to access **'Better Data'** in order to develop robust business plans and help inform the design of effective public services of the future. By use of the term **'Better Data'** we are making broad reference to any initiative which enables third sector and public sector partners to effectively utilise and share available data, intelligence and evidence for the purposes of business planning, service design and service delivery to meet the assessed need of local populations.

'Better Data' initiatives represent a clear **'Market Development'** opportunity to help stimulate future innovation in the integration, design and delivery of health and wellbeing provision.

Pioneering work has been taking place in East Midlands, Yorkshire and Humberside, London and elsewhere with colleagues from local Public Health England teams, local government, third sector partners and NICE experts to inform how and why the third sector should use publically available data and evidence. Indeed a cross sector approach to develop **'Better Data'** approaches appears to be a critical success factor affecting progress.

For example in the East Midlands progress was underpinned by a cross-sector steering group of third sector and public sector representatives enabling opportunities and barriers to progress to be effectively negotiated. See appendix D for further details of the membership of this steering group.

In the course of the most effective projects wider dialogue has often taken place about how third sector organisations should be able to contribute community level intelligence on local needs to help inform commissioning practice and strategic needs assessment – particularly Joint Strategic Needs Assessments (JSNAs).

Much of this work is still evolving across England and the full potential of these developments are yet to be fully harnessed. In June 2015, discussions between Regional Voices and Public Health England considered that there was a need to assess an England wide picture of the **'Better Data'** agenda in each of the nine regions in order to inform how further progress could be made. In response to this recognition, an independent survey was commissioned during the summer 2015 to assess England wide progress on the **'Better Data'** agenda.

This paper presents the findings of this survey and explores how the **'Better Data'** agenda could be evolved in future and its affinity with two key strategic policy papers namely

- NHS Five Year Forward View (NHS 5YFV)
- PHE Evidence into Action priorities as the part of the on-going drive to reduce health inequalities. (PHE EiAct)

Objectives

Based on discussions between Regional Voices, One East Midlands, Public Health England and the primary objectives of this initiative are as follows:

- Understand the diversity of third sector activities that are taking place under the banner of 'Better Data' agenda across all nine regions associated with the Regional Voices network and respective PHE Centres.
- Identify good data sharing practice between third sector and public sector partners which positively impacts on inclusive service design, delivery and commissioning issues.
- Share good practice and resources with Regional Voices' networks and the wider third sector through the Strategic Partners programme.
- Identify common 'obstacles', 'objections' and 'roadblocks' which frustrate the development of the 'Better Data' agenda and propose pragmatic solutions.
- Identify proactive third sector and public sector organisations with leading edge developments on the 'Better Data' agenda.
- Assess potential best practice for third sector organisations to contribute data for the purposes of joint strategic needs assessments and associated strategic planning tools.
- Develop a national picture of third sector programmes supporting the 'Better Data' agenda
- Develop a national picture of Public Health England programmes and Regional PHE Centre intentions/commitments to support the Better Data agenda.
- Integrate learning from phase one and two of the East Midlands 'Better Data' project within a national perspective of associated 'Better Data' activity.

Methodology

To help achieve these objectives outlined in the previous section of this paper Richard Hazledine, ConnectMore Solutions, was commissioned by Regional Voices to initiate a series of telephone surveys in order to build an England wide picture of progress on the Better Data agenda.

In this respect two telephone surveys were developed. The first telephone survey targeted the Regional Voices network of third sector infrastructure organisation funded by the Department of Health Strategic Partners programme. The initial survey sought to assess a number of themes including:

- How third sector organisations were currently supported to use publically available health and wellbeing data for the purposes of business planning, evidencing impact and fundraising.
- How third sector organisations felt they were currently able to contribute their own data and intelligence to help public sector partners compile their own strategic needs assessments and commissioning intentions.
- Specific points of contact and partnership working with colleagues at Public Health England

The specific questions contained within the Regional Voices partners survey can be found in appendix A.

The second telephone survey targeted at Public Health England colleagues identified as key points of contact through the first survey of Regional Voices partners. This survey sought to assess a number of themes including

- Current Centre engagement with third sector organisations on 'Better Data' approaches with third sector partners as defined within the Centre business plan.
- Existing Centre engagement with third sector partners for the purposes of data sharing
- The appetite to develop a national approach to promote 'Better Data' learning from best practice in other regions.

The specific questions contained within the survey can be found in appendix B.

Review of survey findings

The following section of this paper details the key findings associated with the Regional Voices and PHE Centre surveys. A more detailed version of the findings are presented in appendix C of this document.

SURVEY ONE - Regional Voices (RV) network partners

- Surveys revealed that where RV network partners have made a concerted effort to commit time and resources to develop the 'Better Data' agenda then significant progress had been made to proactively develop new working relationships with third sector partners
- When PHE and NICE training and events had been established then there was evidence of very strong demand from third sector partners.
- By comparison where no strategic commitment had been formed between the local PHE Centre or NICE partners at a regional level then available evidence would suggest the relationships between third sector and public sector partners were more fragmented.
- All regions recognised the potential value of the 'Better Data' agenda and were keen to promote shared learning across the network which built on the success of recent national training programmes.
- There is a paucity of good practice case studies available to illustrate how third sector organisations can access, understand and apply the wealth of available knowledge and intelligence contained within PHE knowledge and intelligence gateway and NICE guidance. This is a significant issue affecting progress.
- The survey findings surrounding best practice to empower third sector organisations to contribute data and intelligence for the purposes of strategic needs assessments and commissioning plans was inconclusive.

SURVEY TWO Public Health England Centres

- As expected the most advanced PHE Centres on the 'Better Data' agenda reflected those centres who had intentionally engaged with Regional Voices network organisations.
- There was also evidence to indicate that numerous PHE Centres were currently thinking through their approach to third sector engagement and were keen to build upon the progress in other regions
- In all regions active training sessions on accessing publically available health and wellbeing data tended to target local authority information analysts rather than third sector partners.
- All PHE Centres surveyed typically did not have a specific priority featured within their business plan around third sector engagement with publically available data and intelligence.
- All PHE Centres recognised a diverse range of potential barriers affecting the ability of third sector organisations to utilise publically available data and intelligence. These tended to be centred around limitations concerning the awareness, understanding and application of data.
- In terms of third sector organisations contributing data to support strategic needs assessments and commissioning decisions PHE Centres recognised a number of difficulties. All full list of barriers are referenced in the appendix C of this document.

Conclusions

In undertaking this research and previous work on 'Better Data', it is clear to the project team that there are a number of emerging themes to consider in any endeavour to progress the 'Better Data' agenda. These themes fall under three broad headings:

- **NEED – The need to satisfy third sector demand for publically available health and wellbeing data.** The evidence suggests that a massive demand exists from third sector organisations to access, understand and use available health and wellbeing data. Typically this demand is unmet due to lack of third sector awareness of resources and the associated skills to access, understand and apply existing data for the purposes of strategic planning. This is somewhat problematic in any endeavours to develop integrated approaches between third sector and statutory sector partners. Moreover in the current climate of 'austerity' statutory and third sector partners cannot deliver their services in isolation and hope that an 'integrated and efficient' service model evolves as a result. The 'integrated and efficient' service models which are required to deliver cost savings and promote health and wellbeing gains will begin to emerge when key partners work together to agree a shared view of local population needs. We believe that the evidence suggests that 'Better Data' agenda is uniquely placed to assist third sector providers and local commissioners to use all available data and resources to secure better outcomes, transformed services and efficiency in the current climate of constrained budgets.

- **WILLINGNESS -To share data to support third sector health improvement initiatives** – In areas where joint work has begun on 'Better Data' initiatives it is clear that a more progressive relationship between third sector and statutory partners begins to emerge. As a result of this survey there is a clear willingness from all partners to continue to progress and share good practice to promote learning. This needs to be spread across the country to ensure all regions can benefit from the collective learning to date. This is particularly needed to support a diverse range of health and wellbeing stakeholders (PHE Centres, Local Authorities, CCG's and New Care Vanguard) grappling with the most effective

ways to proactively and strategically engage with a diverse range of third sector providers within their region for the purposes of health improvement.

- **STRATEGIC DRIVERS – The Better Data agenda is consistent with key strategic drivers shaping the English Healthcare system.** The NHS 'five year forward view' and PHE 'Evidence into action' both contain clear aspects that inform and support the need to move towards more integrated, community focussed and preventative models of care and the importance of data and relationships in making this happen. Appropriately developed the 'Better Data' agenda can act as the catalyst to help inform the development of new models of service delivery and care.

These themes apply to all regions within England and the research undertaken to date would suggest that there is a requirement to consider an appropriate nationwide commitment to support the development of a more coherent approach to support the usage of health and wellbeing data within the third sector. Appropriately developed such an approach has the potential to positively improve service planning and strategic developments for the benefit of commissioners, service providers and service users.

The next section of this paper explores how the recommendations for the 'Better Data' agenda are strategically aligned with NHS Five Year forward view (NHS 5YFV) and PHE 'Evidence into Action' (EiACT) priorities.

Recommendations

Aligning 'Better Data' with the NHS England Five Year Forward View (2014)

The following recommendations have been developed to help illustrate how a national approach to build on the success of the 'Better Data' agenda so far would also complement the strategic priorities referenced within the NHS England Five Year Forward View. The scope to harness the potential of third sector partners to contribute to the priority of the NHS is significant.

- 1. Proactively stimulate innovation particularly at community level** – The research undertaken throughout the course of the survey process reveals a significant disconnect between the local knowledge and intelligence held at grass roots level by third sector organisations and the strategic knowledge and intelligence held within the PHE gateway, Local Authorities and NHS partners. There is significant potential for greater integration and data sharing to stimulate innovation particularly at community level. For example, from a PHE perspective Local Health profiles could be embraced by community level organisations to stimulate greater innovation and service development dialogue with local statutory and third sector partners.
- 2. Utilise publically available data sources to promote greater partnership & care close to home** – The early evidence would suggest that when focussed 'Better Data' training events and activities take place the foundations for effective partnership working between statutory and third sector partners is enhanced. For example in East Midlands third sector organisation Derventio Housing Trust have been working closely with Royal Derby Hospitals and Southern Derbyshire Clinical Commissioning Group to reduce

'bed blocking' issues associated with service users who are vulnerably housed. At a time when the NHS needs to reduce the burden associated with unplanned, emergency hospital admissions Derventio Housing have been actively using the Public Health Knowledge and Intelligence gateway and NICE guidance to help illustrate the impact and quality of their service provision.

- 3. Intentionally invest in 'Better Data' approaches to stimulate development of third sector social prescribing interventions to reduce pressure on the mainstream NHS** – As referenced within the Five Year Forward view 'social prescribing'¹ projects are a growth area of third sector health care provision. From a Public Health perspective 'social prescribing'¹ projects have the potential to address some of the wider determinants of health through local grass roots interventions that could complement mainstream NHS provision. To help stimulate the future development of this area any attempt to increase the accessibility of data and intelligence for local third sector organisations is likely to provide numerous benefits. The benefits not only relate to the increased scope for informed dialogue and market development activity with commissioners but also through the empowerment of local organisations to build the necessary 'evidence bases of need' which are pre-requisite of success for external grant funding. Such endeavours would not only reduce the burden on the mainstream NHS but would also promote greater shared understanding of the key issues between local third sector and statutory partners.
- 4. Initiate 'Better Data' approaches to help forge the 'new relationship with patients and communities'** – To help meet the need to forge new relationships with patients and communities there is a

¹ Social prescribing or 'community referral' is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services. Often these services are provided as part of a

model of partnership between third sector organisations (TSOs) GPs and wider partners working within the health and wellbeing arena.



requirement to introduce new stimulus to re-shape relationships. Historically third sector organisations have been very effective at community involvement and public and service user participation. This effectiveness could be boosted further through access to new sources of data and intelligence to help reshape relationships. The evidence of the surveys suggests that where 'Better Data' initiatives exist across England a more dynamic and progressive relationship between statutory and third sector partners begins to evolve.

5. **Take action to design 'Better Data' approaches to exploit the information revolution.** Throughout the Five Year Forward View it is clear that new ideas, intelligence and approaches are required to support preventative developments in health care and reduce health inequalities. Through a proactive strategic investment into the 'Better Data' programme there is scope to fully harness the potential of existing data, intelligence and evidence to support the development of focussed interventions to address need. There is a significant amount of community level intelligence held within the third sector which when used in conjunction with publically available data has the potential to foster more intelligent uses of public monies. For example there is potential to utilise PHE and NICE evidence to inform the development of large scale public service programmes delivered through third sector partners. The EU Structural Investment Fund (SIF) administered through Local Economic Partnerships would be a relevant example of such an opportunity as would some of the large scale Big Lottery Fund programmes. These programmes all typically have some impact on the wider determinants of health – education, employment, housing, diet.

Aligning the 'Better Data' agenda with PHE priorities - 'Evidence into action opportunities to protect and improve the nation's public health'.

The following recommendations have been developed to help illustrate how a national approach to further develop the 'Better Data' agenda could be aligned with the PHE paper 'Evidence into action: opportunities to protect and improve the nation's health'. This paper references six game-changers which are collectively designed to create a 'sustainable health and care service will be one that helps people to stay healthy, and not one that only treats illness'.

A number of these game-changers have synergy with the ethos of the 'Better Data' agenda as illustrated below.

1. **Progress the continued development of the 'Better Data' agenda to support place based approaches (second game-changer)** – The increased usage of PHE knowledge and intelligence resources has the potential to stimulate both third sector and statutory sector partner thinking about desired 'place-based approaches' to support the future development of future health and wellbeing provision.

A wider roll out of the 'Better Data' agenda could support the stated commitment to 'Develop local solutions that draw on all the assets and resources of an area, integrating public services and also building resilience in communities so that they take control and rely less on external support, Evidence into Action pg 22.

The 'Better Data' agenda can also be aligned with the stated priority to develop the 'evidence base of community development interventions'. Community development organisations using publically available data and evidence in addition to their own knowledge and

intelligence have the potential to further support the innovation of effective community development interventions.

- 2. Proactively align the ‘Better Data’ agenda to inform the development of evidence-based NHS preventative services and implement them at scale (third game-changer).** The ‘Better Data’ agenda has the potential to support the development of preventative services and innovation from third sector organisations across England. By developing the capacity of third sector organisations to effectively use available data there is the potential to develop local resilience systems, which empower local third sector providers to proactively reduce the burden on the mainstream NHS. For example, the earlier case study in point – Derwentio

Housing Trust, Healthy Futures service to reduce bed-blocking issues associated with vulnerably housed and homeless patients.

- 3. Intentionally develop the ‘Better Data’ agenda to promote greater transparency and dialogue on effective interventions that engage both statutory and third sector partners (fourth game-changer) –** The ‘Better Data’ agenda can help empower local third sector organisations to access the meaningful data and information. This empowerment has the potential to equip local communities and commissioners to increase inclusivity and strengthen decision making processes about how to improve health and wellbeing service provision, and increase accountability. In this respect there is a case to consider that local third sector organisations represent a significant untapped vehicle with the potential to get meaningful data and information out into the community.

Next Steps

Based on our research and on the evidence gained from the surveys our **‘key recommendation’** is the development of a national approach to equip third sector organisation to access, understand and apply available tools and resources. This principally includes the PHE Knowledge and Intelligence gateway and NICE guidance.

This approach would help both statutory and third sector partners capitalise on the opportunities outlined in this paper. The case to develop a national approach can be aligned with strategic drivers such as the NHSE Five Year Forward View and PHE Evidence into Action as described in the next section of this paper. Moreover such a programme would seek to build on the notable success made to date in London, East Midlands and Yorkshire and Humber to develop training sessions and events designed to promote usage of available tools and resources by third sector organisations. The benefits of national approach would be significant and would specifically seek to achieve the following objectives:

Objectives

- Provide access to awareness raising training session(s) to equip organisations in the use of PHE and NICE tools and resources.
- Sharing of good practice across PHE Centres to support third sector use of available knowledge and intelligence for the purposes of business planning, fundraising etc
- Create a level playing field to engage third sector partners across England to utilise available health and wellbeing data.
- Fast-track the development of the ‘Better Data’ agenda in regions yet to effectively engage third sector organisations in the usage of PHE/NICE data intelligence for the purposes of strategic planning.
- Inform the potential for great cross-sector collaboration to reduce health inequalities and boost the development of preventative services.



- Capacity build the capability of third sector organisations to proactively engage with Public Sector partners to help shape service development, prevention and integration issues and Joint Strategic Needs Assessments (JSNAs)
- Development of a 'shared interface' between statutory and third sector partners to reduce the frustrations and difficulties associated with different cultures and languages of statutory and third sector organisations.
- Inform how available data and intelligence can be used to support the purposes of business planning, inward investment and impact assessment by third sector organisations.
- Ensure strategic alignment between 'Better Data' and key strategic drivers – 'Evidence in Action' and Five Year Forward View.

Delivery

- A national 'Better Data' training course to be developed in conjunction with PHE, NICE guidance and third sector infrastructure organisation.
- Regional training delivery to take place in conjunction with regional PHE Centre and NICE Implementation consultants and a nominated third sector infrastructure organisation in each region.
- There is scope to consider a chargeable training course to help capacity build the ability of infrastructure organisations to lead on the delivery of training – as per situation in Yorkshire and Humber.

APPENDICES

Appendix A – Regional Voices partners survey questions

SECTION ONE – Supporting the third sector to utilise the wealth of available statutory data and intelligence resources on health and wellbeing.

1. How are third sector organisations currently supported in your region to access statutory data and intelligence sources for the purposes of business development/fundraising/investment activities?
2. What barriers do local third sector organisations currently face when attempting to access statutory data and intelligence sources for the purposes of business development/fundraising/investment activities?
3. What agreed commitments existing between third sector organisations and statutory partners to further explore how data sharing between the sectors could evolve in future? (Consider CCG's, PHE, LA's, HWBB's)
4. Who is your key point of contact at PHE level to progress discussions around data sharing?
5. What resources are used within your region to support the third sector organisation to utilise statutory data and intelligence? (this could be position papers, tool kits, policy documents, training programmes, documented case studies or similar to be collated electronically)
6. Do you have any best practice case studies to illustrate how third sector organisations in your region has effectively used statutory data and

intelligence for the purposes of business develop/fundraising/investment?

SECTION TWO – Supporting the third sector to contribute data and intelligence into strategic needs assessments and the commissioning cycle

1. How are third sector organisations with your region currently able to contribute their own data and intelligence to contribute to JSNAs? (assess what is best practice within the region)
2. What resources have you used or promoted to support third sector organisations to contribute data and intelligence within JSNA's or wider commissioning cycle? (again to collate set of resources to be held electronically)
3. How are third sector organisations within your region currently able to contribute their own data and intelligence within the wider commissioning cycle?
4. How easy is it for third sector organisations to contribute data and intelligence to contribute to JSNA's or the wider commissioning cycle – which statement do you most agree with?
 - 4 – Very easy open and transparent
 - 3 – Quite easy but certain parts of the system can still present problems
 - 2 – Typically this is very inconsistent – more arrangements need to be agreed locally
 - 1 – This is generally not very easy and is fraught with difficulties.
5. What in your opinion are the biggest challenges which prevent third sector organisations being able to contribute data and intelligence for strategic use by statutory partners?

6. How do you believe these challenges could be addressed in future?
7. Do you have any best practice case studies to illustrate how third sector organisations in your region have been able to contribute data and intelligence into JSNA's or the wider commissioning cycle?

access/utilise PH data & intelligence more effectively and/or to contribute intelligence into commissioning cycles / JSNAs?

11. How would you like to work in partnership with third sector partner in future to facilitate the development of data sharing, eg to enable third sector organisations to contribute their own data and intelligence within JSNA or the wider commissioning cycle? F

Appendix B – Public Health England Centre survey questions

1. How does your PHE Centre currently work with third sector partners?
2. Who are your existing key points of contact within the third sector?
3. Is third sector engagement referenced in the PHEC business plan and if so how?
4. How do LAs within your Centre geography engage with third sector organisations?
5. Has your PHE Centre done any work with third sector partners to improve the sector's access to / use of public health data (eg to showcase the benefits of using PHE Data Gateway; NICE)
6. If yes to above question – what has been the purpose and outcome of this work?
7. What do you think are the barriers to third sector accessing and utilising public health data and intelligence?
8. What do you think are the barriers that prevent third sector organisations fully engaging with / contributing to JSNAs or the wider commissioning cycle?
9. How do you think these barriers might be addressed or resolved?
10. Are you aware of any good practice examples of engagement with the third sector (could be PHEC or LA) and specifically around enabling the TS to

APPENDIX C

Full review of survey findings

SURVEY ONE - Regional Voices network APPENDIX C

- Surveys revealed that where network partners have made a concerted effort to commit time and resources to develop the 'Better Data' agenda then significant progress has been achieved with PHE, NICE partners and in some instances local JSNA leads to promote valuable data sharing. This is reflected in the work in East Midlands, London and Yorkshire and Humber.
- In these three regions specific training and events had been created in conjunction with PHE and NICE partners. When training and events had been intentionally created then there was evidence of very strong demand from third sector partners.
- By comparison where no strategic commitment had been formed between the local PHE Centre or NICE partners at a Regional Level then there was no obvious supporting evidence to indicate that third sector organisations within the region had the necessary awareness or capacity to utilise tools such as the PHE knowledge and intelligence gateway or NICE guidance. As result service integration opportunities were harder to assess.
- All regions recognised the potential value of the 'Better Data' agenda and were keen

to promote shared learning across the network which built on the success of recent national training programmes. In this respect approaches like the NCVO commissioning masterclass delivered by Involve Yorkshire and Humber were recognised to be leading practice. This masterclass session had contained a brief introduction to present the on-line version of the Public Health Outcomes framework which had whetted the appetite for more training of this nature.

- There is a paucity of good practice case studies available to illustrate how third sector organisations can access, understand and apply the wealth of available knowledge and intelligence contained within PHE knowledge and intelligence gateway and NICE guidance. This is a significant issue affecting progress.
- The survey findings surrounding best practice to empower third sector organisations to contribute data and intelligence for the purposes of strategic needs assessments and commissioning plans was inconclusive. Most regions reported difficulties in any endeavour to contribute data and intelligence into the health and wellbeing system.

SURVEY TWO Public Health England Centres

- As expected, the most advanced PHE Centres on the 'Better Data' agenda reflected those centres who had intentionally engaged with Regional Voices network organisations. This was reflected in discussions with Centres in Yorkshire and Humber, London and East Midlands
- There was also evidence to indicate that numerous PHE Centres were currently thinking through their approach to third sector engagement and were keen to build upon the progress in other regions.

In the North East, for example planning was already underway to consider how progress made in Yorkshire and Humber and the East Midlands could be used to inform the development of a similar project

to assist third sector organisations to embrace data and intelligence.

- In all regions, active training sessions on accessing publically available health and wellbeing data tended to target local authority information analysts. Whilst third sector partners were in theory able to attend training it was not necessarily promoted across available third sector networks.
- No PHE Centres surveyed had a specific priority featured within their business plan around third sector engagement with publically available data and intelligence. However, broad references were made to the need to assist partners to utilise data and intelligence in public health in order to improve health outcomes. Respondents also stated that third sector engagement takes place through key thematic groups, which would be utilising available data and intelligence.
- At a Local Authority level, the situation regarding third sector engagement on use of data and intelligence was unclear. Whilst there was evidence of engagement through Health watch and Health and Wellbeing Boards respondents were uncertain of how this engagement necessarily supported third sector partners to embrace available data and intelligence resources.
- All PHE Centres recognised potential barriers affecting the ability of third sector organisations to utilise publically available data and intelligence. These barriers included:
 - Different language and culture surrounding the operation of third sector and public sector organisations.
 - Too much data is potentially available from too many sources – where do third sector organisations start.
 - Data is not held in the right format or structure for third sector organisation to understand and easily apply within the context of the services they provide.
 - There are not necessarily established relationships on behalf of PHE and third sector organisations to facilitate an informed dialogue on matters

relating to data sharing, integration and service transformation.

- Whilst tools like 'Fingertips' and the PHE 'knowledge and intelligence' gateway have made it easier to access data not all third sector organisations have the capacity required to fully embrace the potential of these resources.
 - Concerns also exist about the willingness of providers to share commercially sensitive data, which could be otherwise used in a competitive tendering exercise to help secure contracts.
 - The core statistical skills of the third sector are insufficient to enable organisations to engage fully with PHE intelligence and enable them to understand, interpret and apply data.
- In terms of third sector organisations, contributing data to support strategic needs assessments and commissioning decisions PHE Centres recognised a number of difficulties. Many respondents reported that this enquiry would be better directed at Local Authorities. The specific feedback received from the PHE Centres included the following themes.
 - Lack of engagement with third sector organisations – it can be difficult for commissioners and JSNA authors to know how to engage a diverse range of third sector organisations.
 - The strategic assessment process is dependent on quantitative data as opposed to the qualitative data. This is likely to place some restrictions on the capacity of some third sector organisations to contribute data.
 - Data collected by third sector organisations has to be comparable with other sources of data in order to be meaningful and the data has to be both 'baselined' and collated in an approved systematic way.
 - Data collection by Local Authorities can often be very bureaucratic and prevent third sector organisations from getting involved in the JSNA development process through the

development of processes, which make it hard for grass roots organisations to engage.

- There can be conflicts of interest between commissioning organisations and provider organisations. In this respect, there was a perception that some Commissioners might feel it was inappropriate for providers to submit data that could in turn be used to shape procurement processes for which the same providers could be tendering for in future.

Appendix D – East Midlands 'Better Data' project – Cross sector steering group representation

Sarah Hassell, Health Improvement Manager, Public Health England

Natalie Cantillon, Knowledge and Intelligence Analyst, Public Health England

Andy Muirhead, Senior Public Health Analyst – Derby City Council

Deborah O'Callaghan, Implementation Consultant, NICE

Jo Whaley, Network Director, Regional Voices

Mandy Wardle, Associate Director Public Health, The Fit for Work Team

Cheryl Davenport, Director of Health and Care Integration, Leicestershire County Council

Richard Hazledine, Project Manager, ConnectMore Solutions

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Stephen Woollett (South West Forum)

Marsha Mile (South West Forum)

Sandra van der Feen (London Voluntary Sector Council)

Sharon Palmer (Regional Action West Midlands)

Margaret McLeod (Voluntary Sector North West)

Emma Baylin (Involve Yorkshire & Humber)

Jayne Quantrill (One East Midlands)

Simon How – Health and Wellbeing Programme Lead – East of England

Julia Yelloly – Local Specialist, Child and Maternal Health Intelligence Network – East of England

Tinotenda Chirewa – Health and Wellbeing Support Officer – East of England

Claire Sullivan – Deputy Director for Health and Wellbeing – North East

Catherine Parker – Health and Wellbeing Programme Lead – North East

Liz Steele – Health and Wellbeing Programme Lead – South East

Mike Daly – Programme Leader Health and Wellbeing – South East

Sarah Hassell – Health Improvement Manager – East Midlands

Public Health England Centres

Matt Hennessy – North West KIT (MHNW)

Russ Moody – South West Health and Wellbeing Programme Lead (RMSW)

Charlotte Wood – Health Intelligence Specialist. Northern and Yorkshire Health Intelligence team

Corinne Harvey – Consultant in Health Improvement - Yorkshire and Humber

Graeme Walsh – Principal Knowledge Transfer Facilitator –PHE London

Lola Abudu – Deputy Director Health and Wellbeing PHE West Midlands