Briefing
August 2014 Issue 273

NHS CONFEDERATION

Comparing apples with oranges?

How to make better use of evidence from the voluntary and community sector to improve health outcomes

Who should read this briefing?

- All those involved in developing Joint Strategic Needs Assessments, including health and wellbeing board members and commissioners.

What this briefing is for

- To show how using evidence from the voluntary and community sector enhances Joint Strategic Needs Assessments and helps commissioning decisions that better meet the needs of local populations.

Key points

- Using different types of evidence from the voluntary and community sector can support the development of a constructive Joint Strategic Needs Assessment on which to base sound strategy development and commissioning decisions.
- Voluntary and community sector organisations hold unique evidence about local community assets and needs.
- Voluntary and community sector knowledge can be combined with data collected by statutory bodies to offer a richer, more accurate picture of communities.
- Health and wellbeing boards need to look more creatively at how they are using evidence from the voluntary and community sector.
- The voluntary sector can provide routes into engaging with marginalised and more disadvantaged groups.
- Service providers are well placed to discuss how services could be delivered better.
- Local and regional 'umbrella' organisations can support the voluntary sector to use their evidence more effectively.
- Recommended actions are shown on page 11.

Produced in partnership with Local Government Association and regional voices for better health

Introduction

This briefing gives an overview of the knowledge, expertise and insight that voluntary and community sector organisations hold about their local communities and diverse groups of people within these, as well as the different ways this knowledge can be used to enhance Joint Strategic Needs Assessments (JSNAs) and commissioning. Drawing on examples from around the country, it aims to support health and wellbeing boards in thinking about the way they currently use voluntary and community sector evidence and to help them consider the different ways they could be using it.

In some areas voluntary and community sector evidence has historically been excluded from JSNAs, for different reasons, including not 'fitting' with the larger datasets or not being rigorously tested. However, additional intelligence from the voluntary and community sector can complement statutorily collected data and information from forums – such as Healthwatch and patient participation groups – to offer a richer, more accurate picture of local communities.

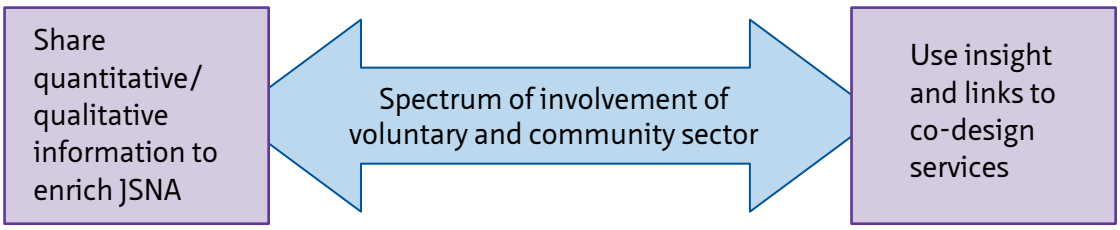
Unique evidence

The voluntary and community sector can provide rich information about the needs, concerns, aspirations, challenges and assets of a range of voices within the local community. The evidence varies from robust, evaluated data to insightful, aggregated stories from service users (see Figure 1).

There is a wide range of different types of evidence held by the voluntary and community sector:

- Service providers can share data and insight from experience.
- Specialist organisations can act as advocates for particular community interests, sharing their understanding.
- Knowledge of routes to engagement with particular communities can be shared.
- Support or 'umbrella' organisations (see page 8) can help commissioners link with local voluntary and community sector organisations. They can also support the voluntary and community sector to develop its use of evidence.
- The voluntary and community sector can work alongside commissioners to analyse issues and co-produce solutions, developing the evidence base in partnership.

Figure 1. Different types of evidence and involvement from the voluntary and community sector



Service provider data and insight

At the very minimum, service providers record outputs for funders – for example, activities undertaken and the number and type of beneficiaries – which can demonstrate existing need and changes in demand. Many monitor **outcomes** from services/interventions, in other words the changes, benefits, learning or other effects of the work. Outcomes can be **externally evaluated**, which can be a more robust source of evidence; this can show the effectiveness of different approaches. Some measure 'impact' – the long-term change that occurs as a result of an intervention – social, economic and environmental change. Tools for measuring social impact include '**social return on investment**'[1] and '**social auditing**'.[2]

Voluntary and community sector service providers are also well placed to discuss how services could be better delivered, from their experience. Concerns may be raised about the possible conflict of interest of providers in advising commissioners, but providers have valuable insight and should have the best interest of beneficiaries in mind and measures can be put in place to manage potential conflicts. The NHS Confederation publication *Stronger together*[3] suggests clarity of roles and transparency are important in addressing possible conflict of interest. Provider forums can be another way of looking at services strategically rather than individually.

"Voluntary and community sector service providers are well placed to discuss how services could be better delivered…"

Case study: Impact measurement

The 'Impact Hub' in the South West[4] is a good example of collaboration between the voluntary and community sector, health services and universities to develop the evidence base around health interventions.

In the Proving Our Value project, the University of the West of England has worked with local GP practices and the Wellspring Healthy Living Centre in Bristol to demonstrate the impact of social prescriptions for people with low-level mental health issues.[5] One outcome of this evidence is that social prescribing has been written into the health commissioning framework for Bristol.

For more information, contact:
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Case study: Housing associations

Housing associations hold data invaluable to health and wellbeing boards, and are a key strategic partner in addressing health inequalities.

Lettings data includes household composition, demographics and equalities information. Housing associations hold data on neighbourhoods, and residents' experience of place. They may also record 'hidden health data' from excluded groups such as hostel population, incidence of chronic tuberculosis, liver disease and disability. Surrey and Nottingham JSNAs have been enriched with added information from housing associations.

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Specialist organisations – advocates

The voluntary and community sector is different in every area; it is highly diverse, and encompasses small volunteer-led projects and large nationwide charities.[6] Not all organisations deliver health and social care services; many voluntary and community sector organisations have specialist interests and advocate for particular community interests, such as people with certain health conditions or specific equalities groups. It can be useful to think about what voices haven't been heard or who isn't using services and to actively engage an organisation which works with that community. Their insight into community needs, experience and aspirations can be useful when aiming to address particular inequalities or transform services.

It may be that there isn't such an organisation in the local area, especially for smaller groups such as Gypsies and Travellers or for people living with HIV, so you may need to look further afield to find specific evidence.[7]

"There is huge richness in the voluntary sector because they know the communities better than we ever can."

Shahed Ahmad, Director of Public Health, Enfield Council

Case study: Specialised input into JSNA to shape services

In Bristol, the Royal National Institute of Blind People (RNIB) worked closely with commissioners to provide up-to-date epidemiological evidence for the JSNA on the prevalence of sight loss and the most cost-effective interventions for reducing blindness. This led to an improved JSNA section on sight impairment which was used to support the case for the new patient support service in Bristol Eye Hospital and to defend cuts to the rehabilitation service. The RNIB has developed the Sight Loss Data Tool to help health and wellbeing boards map the local needs of blind and partially sighted people and those at risk of sight loss in their JSNA.[8]

For more information, contact:
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Case study: Health and poverty insight

Citizens Advice Bureaux are well placed to support health and wellbeing boards examine developing issues in their area, especially around the social and economic determinants of health and health inequality, using systematically collected customer insight data.

Local bureaux data can be used in the 'Health and Poverty Tool', integrating statistics to demonstrate key local issues including those related to education, employment and working conditions, housing and neighbourhood conditions and standards of living. In Shropshire, the *Health and poverty report*[9] has had real impact – the council is using it as part of the JSNA and joint health and wellbeing strategy, and the local clinical commissioning group has also expressed an interest in using it as part of its strategy.

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Routes to public and patient engagement

The voluntary and community sector has known links into communities experiencing health inequalities and with particular equality groups, and can provide statutory agencies with routes towards engaging with marginalised groups.

Many organisations have been in place for a long time and know how successful previous interventions have been – a useful source of advice. Some communities tell organisations they have 'consultation fatigue', and voluntary and community sector know-how can help to avoid this pitfall.

For example, advocacy organisations and disabled people's user-led organisations can provide particularly good links to people with disabilities and networks of black and minority ethnic organisations, and can support intelligence-gathering from black and minority ethnic communities experiencing particular health issues.

Case study: Building research capacity in the voluntary and community sector

Wakefield Council has been working closely with the Wakefield District Wellbeing Consortium to support community engagement. The voluntary and community sector organisations, which are members of the consortium, work with communities through focus groups, interviews and, where appropriate, more innovative participatory research techniques, such as using games, art and drama as tools to collect information. The capacity of the voluntary and community sector organisation to do research has been increased and the council gets useful information back.

For more information, contact:
Helen Laird
Engagement and Capacity Building Team Manager
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"The voluntary sector is in contact with the most vulnerable groups in the district; people who don't access traditional health and social care services. Those contacts are valuable. They are in the right place to engage the right people. And they are more in tune with community values and motivations."

Helen Laird, Engagement and Capacity Building Team Manager Public Health, Wakefield Council

Health and wellbeing boards: using voluntary sector evidence to design local solutions

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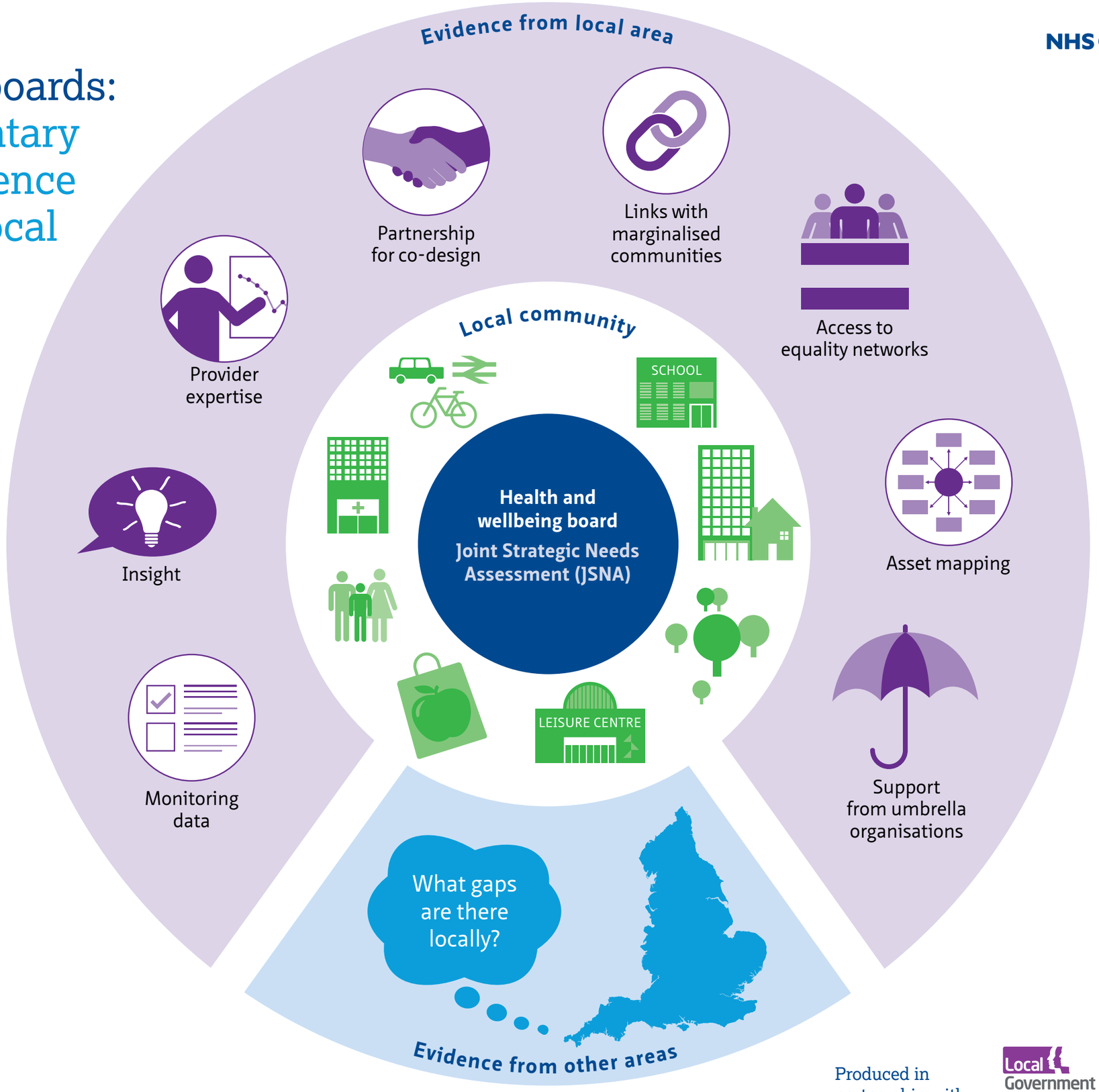

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Umbrella organisations

Voluntary and community sector organisations can struggle to engage with commissioners, particularly smaller organisations which may focus on providing a service directly to their community or interest group, rather than on working strategically with statutory bodies.

In most areas there is a local support and development organisation or council for voluntary service (CVS) which can support the wider voluntary and community sector (and the communities they work with) in engaging with health and wellbeing boards and with the JSNA. In each region there is a regional voluntary and community sector umbrella organisation. Both local and regional umbrella organisations can support the local voluntary sector to use their evidence more effectively, as shown in the following case studies.

Case study: JSNA voluntary and community sector compact development

The JSNA team in Manchester has systematised voluntary and community sector involvement in the JSNA, by working closely with MACC (the voluntary and community sector support organisation in the City of Manchester), Healthwatch and the local clinical commissioning group patient and public advisory groups, to develop a JSNA protocol and JSNA voluntary and community sector compact.

The protocol allows voluntary and community sector organisations to input into, and shape, the JSNA, which uses all types of evidence from the sector, from systematically collected data to individual anecdotes. The protocol has given the JSNA team access to a wider range of evidence than it would have had otherwise, with links to ground-level work. It also helps the voluntary and community sector to understand what the council is trying it do; it helps avoid misunderstandings. It has led to mutual understanding about what they can achieve together.

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"Frontline organisations often tell us they are so busy providing a service that they can feel there is no time to get involved with strategic issues. CVS Cheshire East continues to develop a systematic process to enable voluntary, community and faith organisations to feed in evidence about what is working to meet health and wellbeing needs, and what gaps in services remain."

Louise Daniels, Third Sector JSNA Coordinator, CVS Cheshire East

Case study: Rapid reviews – building a collective story

A way of understanding in more depth an issue on your patch can be to conduct a 'rapid review', that brings the information that voluntary and community sector organisations hold together, to build a common narrative.

Two examples have been developed in Yorkshire: the rapid review team working with food banks in Sheffield[10] and organisations working with pressured parents in Wakefield.[11] This included 'hard' data, such as how many people use the service, the pathways, how people find a service, etc; and softer data: stories about people who use the service. After the data capture, a narrative was developed including qualitative and quantitative data, analysis and recommendations, and it is envisaged that this will inform the JSNA and health and wellbeing strategy.

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"This seemed a sustainable way of working with the voluntary sector, to get information useful to the health and wellbeing board and wider partners. It is less pressured getting everyone in one room than asking for lots of reports."

Helen Laird, Engagement and Capacity Building Team Manager Public Health, Wakefield Council

Co-production – embedding voluntary and community sector evidence

There is often a lack of evidence on how to tailor known effective public health interventions locally to impact specific health inequalities. Engagement with voluntary and community sector organisations, and the communities they support, to design and even deliver approaches to improving health outcomes allows interventions to build on the community's existing strengths and aspirations, and means the community will have ownership of the intervention, increasing likelihood of success. (See the diagram 'Health and wellbeing boards: using voluntary sector evidence to design local solutions' on pages 6 and 7.)

"You need community ownership of services to impact on health inequalities. When it comes to deprived populations, you won't get the outcomes unless you co-design. You need to co-design to make a difference."

Shahed Ahmad, Director of Public Health, Enfield Council (previously at Newham)

Case study: Co-production impact on smoking rates

Newham public health team wanted to know why a mosque-based smoking cessation service wasn't working. They talked with the community and found that people didn't want to work with outsiders. As a result, the team trained the community to deliver the services themselves, which resulted in a 50 per cent drop in smoking rates.

For more information, contact:
Shahed Ahmad
Director of Public Health, Enfield Council
(previously at Newham)

Case study: Co-production for wellbeing

Dudley Council Office of Public Health works with local communities and Dudley Council for Voluntary Services to develop projects to build resilience and enable local people to achieve longer, healthier and more fulfilling lives.

Development work has been from the grassroots, talking with communities about what *they* want to address and how. One example has been the development of a self-sustaining community hub, where communities lead activities to address the needs that they identify that promote wellbeing. For example, young children in the area have set up a baking club that brings parents and children together to develop cooking skills.

For more information, contact:
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Healthy Communities Volunteer Coordinator
Dudley Council Office of Public Health

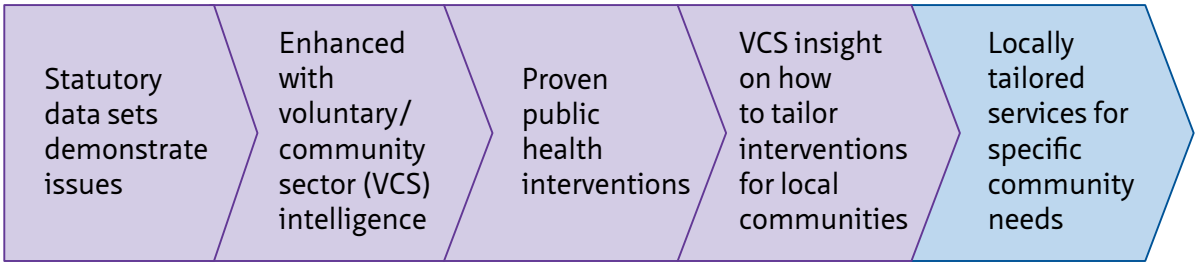
Conclusion and recommendations

Using different types of voluntary and community sector evidence can support the development of a constructive JSNA on which to base sound strategy development and commissioning decisions (see Figure 2). We recommend the following actions:

- If there's an issue you would like to delve into more deeply, think about how you could work creatively with the voluntary and community sector to do so.
- Work with, and resource, umbrella organisations to explore innovative approaches to engage with patients, the public and specific communities.
- Engage voluntary and community sector organisations with decision-making forums such as health and wellbeing boards and clinical commissioning groups.
- Use voluntary and community sector links to work with disadvantaged communities to decide together how to improve health outcomes – think about what evidence you don't have in the JSNA and whose voices haven't been heard.
- Co-design solutions with the voluntary and community sector to target inequalities.

For more information on the issues covered in this briefing, contact **Matthew.Macnair-Smith@nhsconfed.org** or **Jo.Whaley@regionalvoices.org**

Figure 2. Co-design – gathering evidence on how to solve the issues



"It is important to work with the voluntary and community sector to develop links with the community through building on existing relationships that they have, to use their knowledge of the local community and how best to work with them, and to explore different ways of working and addressing particular issues."

Peta Curno, Healthy Communities Volunteer Coordinator, Dudley Council Office of Public Health

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The Local Government Association is the national voice of local government, working with councils to support, promote and improve local government. For more information, visit **www.local.gov.uk**

Regional Voices champions the work of voluntary and community organisations to improve health, wellbeing and care across England. For more information, visit **www.regionalvoices.org/developments**

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