

HEALTH AND WELL-BEING BOARD

24 MAY 2022

DATA AND INSIGHTS FOR ACTION

Board Sponsor

Interim Director of Public Health

Author

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Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	

Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board (HWB) is asked to:
 - a) Set up a time limited “Data for Action” working group reporting to the HWB, the purpose of which is to progress data for action and embed community insight and intelligence into system wide decision making processes; and
 - b) Note progress to date relating to the:
 - JSNA work programme and top line indicators;
 - Worcestershire Insights Hub;
 - Statutory Pharmaceutical Needs Assessment; and
 - community intelligence qualitative research.

Background

2. Public Health embeds evidence-based approaches within its everyday practice. Decisions are made upon the best available scientific evidence, using data and information systems systematically, applying theoretical frameworks, conducting evaluations and audits and disseminating what is learned.

3. A range of tools are produced in Worcestershire's Public Health team to systematically analyse the available evidence, such as the Joint Strategic Needs Assessment¹ (JSNA), JSNA summaries², the Pharmaceutical Needs Assessment, and an interactive web-resource Worcestershire Insights (Instant Atlas)³. These tools are largely quantitative, bringing together data and metrics from both local and national sources to provide an overview of Worcestershire and how it compares locally and nationally. Other bespoke tools have been locally developed over the course of the COVID-19 pandemic such as a multiagency outbreak monitoring and management system called 'Nimrod'. An update on JSNA development is given in *appendix 1*.
4. In the last six months the Public Health team has also increased its use and collection of qualitative data. Qualitative data is non-numerical and includes insight into the lived experiences, views, qualities and characteristics of Worcestershire's residents and those working in the County. This approach provides us with evidence about what it is like to live and work in Worcestershire and gives us some insight into some of the barriers there may be to accessing the support and services available, what may better enable self-management, or where and how residents want to receive support.
5. A range of qualitative approaches, or "community intelligence" approaches have been led by the Public Health Engagement Team (PHET), for example the HWB's consultation on its Health and Wellbeing Strategy has included a detailed ethnographic community research study, 30+ community focus groups and detailed questionnaires. This evidence is currently undergoing analysis, once available the findings will be shared with the Board and system partners.
6. This broad approach to community intelligence gives us an opportunity to gain a deeper understanding of our population when it is used in tandem with our existing quantitative tools such as the JSNA and Population Health Management (PHM). A mutual symbiotic relationship where community intelligence identifies areas that can be explored further using our quantitative data tools, and our quantitative tools identify areas that need further insight which can be provided through community research. Each method playing to its strengths and driving forward insight and intelligence into the needs of our population. This approach will be as useful for County wide initiatives, as it would at local level, for example through the District Collaboratives and utilising Asset Based Community Development

Data for Action

7. **"The ultimate purpose of collecting the data is to provide a basis for action or a recommendation."** W. Edward Deming.
8. If used effectively community insight and intelligence, used in tandem with the JSNA and PHM approaches, can help remove barriers to access, enable self-management/support, target resources where required and enable a more integrated system that better suits and enables the local population.
9. Developing this dual approach requires working through a number of complex issues at both strategic and operational levels, enable us to collectively harness the

¹ [Joint Strategic Needs Assessment | Worcestershire County Council](#)

² [JSNA Summaries | JSNA Summaries | Worcestershire County Council](#)

³ [InstantAtlas Worcestershire](#)

benefits of combining qualitative and quantitative evidence as community intelligence. For example, but not limited to:

- i. Strategic: System-wide agreement that qualitative and quantitative data, insight and intelligence will be considered at the point of decision making.
- ii. Strategic: Recognising qualitative research as having equal weight to quantitative research and data.
- iii. Strategic: Champion the use of qualitative research across the system
- iv. Operational: Methods for data-sharing
- v. Operational: Avoiding duplication
- vi. Operational: Embedding a cyclical process of identifying areas where further insight is required

10. To make this vision a reality it is requested that a Data for Action working group is created, reporting to the HWB, to work through the strategic and operational issues outlined above.

Legal, Financial and HR Implications

11. There are no legal, financial or HR implications arising from this report. Any future financial implications with regard to procurement of a new self-service data system will be considered by Worcestershire County Council as required.

Privacy Impact Assessment

12. There is no required privacy impact assessment at this stage.

Equality and Diversity Implications

13. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

Appendix 1 - JSNA Progress updates

Proposals for Worcestershire's JSNA were presented to the HWBB in October 2021 including the following areas as follows:

- a. Self-service data
- b. Automated reports
- c. Strategic needs assessments
- d. Local level reports and needs assessments
- e. Health service dashboards
- f. Engagement and insight
- g. Population health management

a. Worcestershire Insights (self-service data)

A platform has recently been launched in Worcestershire to provide professionals and the public with easy access to health, wellbeing and wider determinants data. The first phase of build is now complete and we will continue to increase promotion and engagement around this platform.

Worcestershire Insights is available at: <https://data.worcestershire.gov.uk/>

b. Automated reports

A library of core reports have been integrated into Worcestershire Insights. These reports are automatically updated with current data and include thematic areas such as health and wellbeing, crime and community, children and young people, deprivation and poverty, economy and employment. Automated reports can be found at the above link.

The COVID-19 pandemic has required a system wide response, with data and intelligence (for professional and public purposes) offering information for action. One success story has been the publication of online dashboards for Worcestershire COVID cases and vaccinations, which have been accessed in some months more than 46,000 times. There is a clear case for engaging the public through data provision, helping people to make the best decisions about their own health.

c. Strategic needs assessments

Strategic needs assessments continue to be developed needed (and prioritised). Recent examples of joint strategic needs assessments include a stroke needs assessment and mental health needs assessment.

JSNA outputs are available at: <https://www.worcestershire.gov.uk/jsnapublications>

d. Local level reports and needs assessments

Throughout the COVID-19 pandemic, district based incident management teams (IMT) have been meeting regularly to review data and intelligence, using this to

inform data-driven action and response. IMT structures are re-aligning through 'district collaboratives' which will drive forward action towards other priorities. A number of workstreams aim to supply data directly at level, including district profiles & primary care network profiles. In addition, a recent food poverty needs assessment has recently been completed for Worcester City to help underpin initiatives to tackle food poverty.

e. Community Engagement and insight

An update on the progress made by the Public Health Engagement Team is provided in *appendix 2*.

f. Population health management

Population Health Management requires a partnership approach and seeks to help frontline teams understand current health and care needs and predict what people may need in the future. Historic and current data is used to understand factors driving good and poor health outcomes in different population groups. Health and care services can then be tailored to improve outcomes, using 'information for action'. There are several opportunities to pilot PHM in practice including areas such as frailty, diabetes and obesity.

Appendix 2: Public Health Engagement Team (PHET)

1. Public Health Engagement Team (PHET)

The Public Health Engagement Team (PHET) was formed in October 2021 as a pilot engagement programme to support the development of Public Health's approach to community intelligence. During the first six months in post the team have carried out core COVID-19 impact workstreams, piloted new ways of working and begun to strategically align a longer-term vision with the wider system.

The PHET focuses on the commissioning, delivery and analysis of qualitative research - to improve our understanding of the needs of our communities, employ best practice guidance from NICE⁴ and PHE⁵ and create system-wide accessible community intelligence.

2. Structure:

- The PHET sit within the Empowering People portfolio in Public Health
- Contributes to system engagement network

3. Workstreams:

The core workstreams sought to understand the lived experience of people who live and work in Worcestershire and the impact COVID-19 has had on them. The workstreams below demonstrate the variety of engagement delivered from November 21 – April 22.

- COVID-19 Impact Focus Groups x 30 (community grants process)
- Ethnographic Study (formal tender / commissioned delivery partner)
- Health & Wellbeing Board Strategy Consultation 2022 – 2032 (Public Health led)
- Community Profiles (PHET led)

Workstream headlines:

- Engagement reach of 2500+ people who live and work in Worcestershire
- 270+ research participants / 2300 + survey participants
- 7 detailed ethnographies (case studies)
- 30+ focus groups
- A range out of outputs informing community intelligence

Intelligence collected from this work is informing a suite of community intelligence that will add insight to the COVID-19 recovery phase, redesign or development of services and Public Health functions, such as JSNAs and the Health & Wellbeing Board Strategy 2022 – 2032, and wider system work.

⁴ [Overview | Community engagement: improving health and wellbeing and reducing health inequalities | Guidance | NICE](#)

⁵ <http://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

4. Next steps:

- Review pilot evaluation recommendations
- Continue to champion qualitative research – starting with a second round of COVID-19 impact research focusing on health and care workforce

5. Wider system context:

Structures that were put in place for the COVID-19 response enabled consistent communication between partners, sharing engagement findings and successfully targeting interventions at specific communities⁶. This work, mainly through District Incident Management Teams (IMTs) and the CCG's Vaccine Inequalities Programme (VIP), has enabled PHET to build on previous engagement, further developing relationships with system partners and community representatives.

In January 2022, the system-wide benefits of community engagement were ratified as the Integrated Care System (ICS) developed strategic and operational groups forming the Worcestershire Engagement Network (WEN).

6. PHET Approach:

a) Communities of interest, experience, engagement

To better understand the lived experiences of our population the PHET have initially focused on engagement with communities of identity, experience and interest. Framing our work like this can add value to, and not duplicate, successful place-based programmes like the work carried out at district authority or community level or through the Asset Based Community Development (ABCD) programme.

b) Best practice delivery and guidance across the system

The PHET are guided by principles of best practice, relevant guidance for community engagement and proven community-centred approaches in health improvement and reducing health inequalities.

New approaches and engagement techniques have been piloted by the PHET with learning and best practice shared. This work aligned with wider system developments and looked to support the aims of the Integrated Care System's Core20PLUS5 approach to reducing health inequalities. Locally, it supports the areas of focus for the 'Working with People and Communities' Engagement Strategy.

As the team develops and tests new ways of engaging in Worcestershire, they will look to provide best practice guidance and share learning across the system. Collaboration and joined-up working is key to mitigating the over saturation of groups willing to engage with the health and public sector.

c) Ongoing engagement with the community - You said, we did

Fundamental to the approach of the PHET is to share findings and actions not only across the system but with the communities themselves. A supportive culture and attitude combined with clear communication, pre-planned and appropriate activities is key to facilitating ongoing and beneficial engagement⁷.

⁷ [evidence-review-5-community-engagement-barriers-and-facilitators-pdf-2368403681 \(nice.org.uk\)](#)