

CAMBRIDGE UNIVERSITY SCIENCE AND POLICY EXCHANGE (CUSPE)
HEALTHY FENLAND EVALUATION

To: **Health Committee**

Meeting Date: **October 17 2019**

From: **Director of Public Health**

Electoral division(s): **Fenland**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **What is the Committee being asked to consider?**

Recommendation: **What is the Committee being asked to agree?**

- a) The Committee is asked to note and discuss the Healthy Fenland Fund (HFF) Evaluation Report findings.
- b) To consider allocating funding to commission an external evaluation based on the findings of the evaluation report.
- c) Consider the implications for the evaluation of public health and other Local Authority programmes

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1. BACKGROUND

- 1.1 The Health Committee has previously received reports on the progress of the Healthy Fenland Fund (HFF). This initiative is funded from Public Health reserves and reflects the Health Committee's commitment to improving health outcomes and inequalities in Fenland. The aim of the Programme is to contribute to improvements in the health and wellbeing of communities in Fenland through supporting the development of strong and resilient communities that are fully engaged in identifying and addressing their needs.
- 1.2 The Programme was commissioned from Care Network following a competitive tender and the contract commenced in January 2016. It is funded for five years with a total value of £825,000, of which £500,000 is from a public health earmarked reserve, and has two mutually dependent elements. The "Fund" can be accessed by communities who want to use their assets to engage their members in developing activities that they think will improve their health and wellbeing. Care Network sub-contracted with the Cambridgeshire Community Fund to administer the Fund. Care Network was also commissioned to provide a small team of community development workers to engage with communities and support them to strengthen their assets and develop skills for identifying and addressing their health and wellbeing needs. This included supporting them to make bids against the HFF and also to other sources of funding.
- 1.3 A comprehensive report on the progress of the HFF was presented to the Health Committee in January clearly identified the impact that it is having on communities in Fenland. For example 74% of HFF groups have gone on to be self-sustaining, after receiving development and funding support from the community development team.
- 1.4 HFF is based on an Asset Based Community Development (ABCD) model. There is a body of academic work which has been undertaken to develop evaluation tools for capturing impact and outcomes but there are different approaches and issues such as fully capturing impacts and outcomes. Although evaluation information has been collected, a need to produce a more formal framework was identified if the full impact and range of outcomes of HFF are to be robustly demonstrated. Some progress had been made in capturing HFF's impact upon engagement and strengthening of community assets. However capturing impacts upon health outcomes has been difficult.
- 1.5 Public Health was invited to bid for support from the Cambridge University Science and Policy Exchange (CUSPE). This is a policy research programme which brings together researchers in Cambridge, Cambridgeshire County Council and elected councillors. The bid was successful and two researchers were assigned to develop an evaluation framework tool for the HFF. This would aim to meet the ideal evaluation benchmark of being reproducible, unbiased and comprehensive.

2. MAIN ISSUES

- 2.1 The Evaluation Report includes the following.
 - A literature review.
 - Information secured from similar programmes.

- Piloting some evaluation techniques identified through the literature review and from other similar projects through the use of questionnaires and focus groups with individuals involved in HFF activities.
- 2.2 The study identified the following key questions that any evaluation framework would need to address
- 1) Is the HFF working as expected e.g. the grant application process?
 - 2) Is the HFF reaching the target population?
 - 3) Is the HFF achieving the desired outcomes?
- 2.3 The Report recommends a number of elements for inclusion in any future evaluation framework.
- **Questionnaires:** containing open questions tailored to the type of activity being assessed, with separate questionnaires for group leaders and participants. People from the area, but not involved in HFF-supported activities should be considered. Questionnaires should be translated into other languages when required.
 - **Focus groups and interviews:** should be conducted with group leaders and participants involved in HFF-supported activities and also with the administration team behind the HFF.
 - **Case studies:** of individuals and of HFF-supported groups as a whole.
 - **Indicative economic value analyses:** with a focus on social value, value of volunteering and, if possible, cost savings made by other service providers.
- 2.4 The Report also provides some detailed recommendations relating to the design and implementation of the evaluation

Set reasonable outcomes for the area of the initiative.

The study identified the main aspects to take into account from evaluations of similar initiatives as being:

- rural projects can rarely achieve the number of beneficiaries or cost effectiveness that similar projects in urban areas can, and
- the time needed for these initiatives to show results in terms of changes to service use is greater in rural areas.

These could influence the number of people expected to take part in HFF-supported initiatives or the savings expected by other service providers, such as GP surgeries. This should be considered when starting the evaluation through the setting of reasonable

expected outcomes from the outset, such as the number of individuals reached, health improvements to individuals and identification of community assets.

Identify barriers to the initiative.

- There are major barriers affecting the ability of individuals to participate in activities supported by the HFF still. Those identified through discussions in the focus groups and with individuals working in Fenland include both physical aspects (i.e., transportation) and attitude aspects (i.e., reluctance to enter in a group where they do not know anyone). The Report recognises it is a challenge to address all of these barriers, as they are influenced by a wide range of policies and organisations.
- Some communities within Fenland remain 'difficult to reach' such as the migrant communities and transient population. It is recommended that a section on the ability for the HFF to engage with these populations at present and in the future is included in any evaluation.

Changes to the distribution and content of the questionnaire.

- It is recommended that the questionnaire is distributed to all participants to ensure the highest number of respondents possible as it is likely that only a small proportion of people will actually complete them.
- The focus group information should be used to develop the questionnaire to ensure improved information is secured. For example to encourage people to think more about their health a question stating 'What does healthy mean to you?' could be included.
- Also recommended is a more thorough monitoring of the newly supported groups, with a questionnaire distributed at the beginning, middle and end of the activity to track the progress in health and wellbeing of the participants. It may also be beneficial to distribute a questionnaire 6 months after the end of the funding period to assess the sustainability of the projects.
- Language barriers for migrant communities may be overcome through the use of translated questionnaires or the presence of translators.

Consider all the different stakeholders.

- Based on other studies the importance of capturing a wide range of different viewpoints is seen as important. Time constraints meant it was not possible to conduct questionnaires, interviews or focus groups with the administration team or stakeholders involved in the HFF. This would enable perspectives on the administration processes of the HFF and strategic value to other organisations to be evaluated.

- It is also recommended that emphasis should be put on focus groups conducted in different areas of Fenland and with more groups to ensure the richness and diversity of groups supported by the HFF is highlighted as much as possible.
- Also recommended are questionnaires, focus groups and/or one-to-one interviews with people in Fenland not involved in the HFF or taking part in supported activities, to assess any differences in terms of health and wellbeing. Also, it would be beneficial to understand if other people are aware of the HFF, the groups or activities supported and to find out what, if anything, is preventing them from taking part.

Conduct one-to-one interviews with participants and group leaders.

- One to one interviews with participants and group leaders could be conducted to follow up on specific points emerging from the focus groups, such as the health benefits. One important point which emerged from the pilot study is that the health benefits associated with the activities are not always realised when completing a questionnaire, but the awareness of health benefits emerges more clearly during a conversation.

Consider the possibility of including an economic evaluation.

- A pilot economic value analysis was beyond the remit of this Report but it recommends that a comprehensive evaluation could include an assessment of the social value gained by the actions of the HFF. A guide to Social Return on Investment, published by the Cabinet Office is considered to be a good basis for an assessment of social value¹.
- Also recommended is an investigation into local service use, for example changes to the number of GP visits by individuals and the community as a whole. It is acknowledged that it may be difficult to link any observed changes directly to the HFF but it could give an indication of the health status of the whole population in a particular region, which would be valuable to an evaluation of health and wellbeing initiatives.

- 2.5 The Report notes that its preliminary data does suggest that the desired outcomes of the HFF are being realised. The most notable HFF impacts were a stronger sense of community and an apparent improvement in physical and mental health. However, it advises there are many further aspects of the HFF that need to be measured, such as changes to local service use, for a comprehensive evaluation to be achieved.
- 2.6 This evaluation clearly identifies some of the challenges that evaluation of ABCD and similar programmes present. It articulates clearly the need for an evaluation framework to be in place before any programme commences and provides some guidance on the tools that could be used to undertake any evaluation of these community based interventions.

¹ Nicholls, J. *et al.* 2012. A guide to Social Return on Investment.

- 2.6 However the Report states that due to the small and limited resources of the HFF administration team it is unlikely that there would be sufficient resources 'in-house' to complete a thorough evaluation of the HFF.

It observes that to obtain the best and most objective results, it is good practice to have a separate team performing the evaluation to the team running the project. In addition to keeping the workload manageable for the personnel, this will avoid conflicts of interest between the administration team and the evaluation of the initiative.

Consequently it recommends that any evaluation is outsourced to an external organisation to ensure a comprehensive and unbiased evaluation. Based on the feedback obtained from the questionnaire and focus groups, a company which focuses on case studies and alternative evaluation methods may be the best approach for the HFF evaluation.

- 2.7 The Report's findings indicate when and how any evaluation could be undertaken and the associated resource implications for public health and other Local Authority programmes. These factors need to be considered to ensure that interventions reflect and contribute to the evidence base along with securing the best value from the available resources.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The following bullet point set out details of implications identified by officers:

Improving the health and wellbeing outcomes of the residents of Fenland is central to the Healthy Fenland Fund

3.2 Thriving places for people to live

The following bullet point set out details of implications identified by officers:

The Healthy Fenland Fund focuses on developing community assets and strengthening communities to ensure that the opportunities for them to grow and flourish are maximised.

3.3 The best start for Cambridgeshire's children

The following bullet point set out details of implications identified by officers:

Developing and strengthening community assets will support families and carers to ensure their children have the opportunities to develop and achieve.

4. SIGNIFICANT IMPLICATIONS

Report authors should evaluate any further significant implications using the seven sub-headings below. These significant implications should also be evaluated using the

questions detailed in the table below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

Further guidance and a checklist containing prompt questions are included at Appendix 2.

4.1 Resource Implications

The report above sets out details of significant implications in **2.3**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers:

- HFF is monitored to ensure that any equality and diversity implications are identified and that appropriate action is undertaken.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- HFF secure regular feedback from individuals and communities involved.

4.6 Localism and Local Member Involvement

The following bullet point set out details of significant implications identified by officers:

- HFF reflects the differing needs found in Fenland and is tailored to address these through consultation with residents, stakeholders and partner organisations.

4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- The HFF evaluation presents growing evidence of its impact upon the health and wellbeing of the population
- The Programme also targets those most vulnerable and in need to address inequalities and improve the outcomes for these population groups.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMilan
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	Location
The Marmot Review: Fair Society: Healthy Lives 2010: Cabinet Office	http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

The Department of Work and Pensions: Wellbeing and civil society 2013

<https://www.gov.uk/government/publications/wellbeing-and-civil-society>

Public Health England: A guide to community-centred approaches for health and wellbeing 2015:

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

Public Health England: Health Matters – community approaches to health 2015 & 2018

<https://publichealthmatters.blog.gov.uk/2018/02/28/health-matters-community-centred-approaches-for-health-and-wellbeing/>

NICE Guideline 44 Community engagement: improving health and wellbeing and reducing health inequalities 2016

<https://www.nice.org.uk/guidance/ng44>