Developing meaningful metrics for VCSE impact

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8th July 2026

Event outline

- Introduction and purpose of session
- Setting the scene
- Guest presentation – North East & North Cumbria – Lisa Taylor
- Guest presentation – West Yorkshire – Paul Carder & Pip Goff
- Q&A
- Sum up and next steps


SHARED PURPOSE
Shared Purpose is a values-driven UK-based consultancy business.
We bring organisations and people together and support them to deliver their shared purpose.
We work with charities, social enterprises and public sector bodies.

Key question for today

- How can we design metrics that will enable a better understanding of the value and efficacy of VCSE-delivered services?

- 171 people booked – clearly an important topic

What are we concerned about?

- How do we measure the collective contribution of the VCSE sector?
- How do we create shared metrics that work across organisations?
- How do we demonstrate value to NHS and public sector partners?
- How do we collect meaningful evidence without creating unnecessary reporting burdens?

- 47% of you **ARE** developing methods for capturing VCSE data

Lisa Taylor

Health & Wellbeing Programme Director, VONNE

North East & North Cumbria VCSE Partnership Programme

Initial stages

- VCSE Partnership Programme approached with opportunity for £75K funding to support health and wellbeing outcomes in communities from the Assura Community Fund, administered by Cheshire Community Foundation
- Offer taken to Partnership Programme Executive Group for discussion
  - Peer-elected VCSE leads from 10 Programme thematic networks
  - Peer-elected LIO leads from all geographies in Integrated Care System footprint
  - Leads from external VCSE networks
  - ❖ Group containing the broadest range of VCSE representation in our region
- Collective decision made to ask for funding to address systemic issues, rather than go down the traditional delivery route

Biggest systemic challenge with no current identifiable resolution

- **Evidencing VCSE impact within health commissioning**

Group agreed an outcomes monitoring framework would be a good solution

- **Approached ICB to work in partnership to resolve this issue**

ICB created a team to support the development of this work, including input from contracting and commissioning team, sitting within remit of the Director of Policy, Involvement and Stakeholder Affairs

- **Decided approach – workshops to collect information to base framework on**

The ICB and VCSE groups met separately to discuss their ideas for the workshops, then met together to agree the workshop content, scope and delivery plan

In addition, researched monitoring tools and learning from across the country.

Broad reach which recognises value of VCSE input

Considerations for workshops to ensure maximum opportunity for organisations of all sizes to attend:

- **Connectivity** – held in person
- **ICS-wide participation** – held in 5 diverse areas across whole ICS footprint to minimise travel for smaller organisations
- **Reimbursement** – VCSE participants were reimbursed for their valuable time
- **Accessibility** – online workshop held so organisations who were not able to attend the in-person sessions were still able to contribute (and be reimbursed)
- **Content** – simple format to encourage discussion
- **Sharing information** - outputs captured and shared with all attendees – both for individual workshops, and a collective summary of combined workshop

What we asked

From the conversations with both VCSE and ICB groups, it became apparent that just creating a framework was not going to be effective as there were underlying issues that needed to be resolved.

To help us create a solution that addressed all parts of the problem, we tailored our sessions to explore 3 specific areas:

- **What good looks like**
- **Relationships**
- **Data and evidence**

We then collated and analysed our findings…

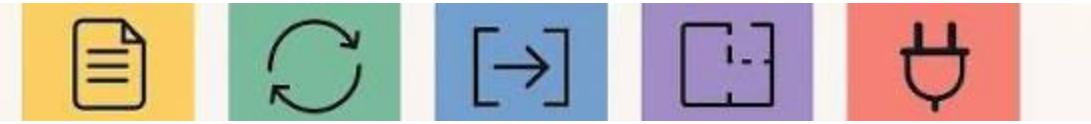
Framework – first draft created by Victoria Nunn (Assura Coordinator)

- Layers of complex information gained from workshops and conversations across VCSE and ICB
- How to weave this into one complete system that commissioners can use but that will be useful to VCSE organisations, as well as supporting the non-data-led outcomes stated by ICB and VCSE colleagues

“The framework does not require organisations to use a single standard scale, survey, database, or reporting system. Instead, it provides a translation layer between the evidence VCSE organisations already collect, or can collect proportionately, and the commissioning conversations that evidence may need to inform.”

Core design principles gained from workshop intelligence

- Proportionate by default
- Flexible measurement, shared interpretation
- Four measurable outcome areas are enough
- Qualitative evidence is core evidence
- Prevention and maintenance count as outcomes
- Comparison without false equivalence
- NHS and system partners share responsibility for system-level evidence



Measurement

At its centre are four shared measurable outcome areas:

- Mental wellbeing and emotional health
- Loneliness, social connection and belonging
- Quality of life, independence and stability
- Access, navigation and connection to support

These areas reflect the strongest convergence between the October 2025 workshops, the March 2026 online workshop and the Assura project research report. They are broad enough to apply across different VCSE services, but specific enough to support shared interpretation. Within the framework, each has its own evidence routes, commissioning relevance and caution to ensure they are used correctly.

Commissioning interpretation layer

VCSE organisations cannot evidence outcomes such as system demand, social value and economic impact on their own. They may be able to show that a person avoided crisis, stayed well, maintained independence, accessed support earlier, reduced isolation or did not need further help.

Confirming whether this also led to changes in NHS or statutory service use, requires access to appropriate data, linkage, shared records, anonymised analysis or commissioner-led evaluation.

For this reason, the framework treats system demand, social value and economic impact as a **commissioning interpretation layer**, not as a fifth shared measurable outcome area.

Framework also contains:

- Evidence base and routes
- System conditions required for adoption
- How it should be used (step by step process)
- Examples of use
- Risks and safeguards
- References (to evidence statements about VCSE)

Current progress

- Reviewed by small group of Executive Group members
- Shared with ICB Director
- Recent involvement of ICB Director of Health Equity and Inclusion to further support development and connectivity
- Funding period has ended and phase 1 deliverables achieved
- Proposal for phase 2 funding has been submitted

Next steps

Relating to new health commissioning structures falling out of the 10 Year Plan:

- Strengthen relationships with VCSE at all levels of system
- Refine and embed the framework
- Increase system-wide understanding of VCSE sector
- Secure cross-system buy-in

Phase 2 draft proposal builds on extending the feedback to the framework and testing it out with different commissioners and organisations.

Paul Carder & Pip Goff

West Yorkshire Heath & Care Partnership

Principles and rationale for a core outcomes set in the community:

1 - Organisations collect data on the same outcomes, using the same tools (with adaptations as needed)

2 - Data is shared to a central database.

3 - Evidence of impact of VSCO activities over time.

4 - Link with health and social care data to provide further evidence of impact.

5 – Help to secure further funding for activities.

6 - Identify need and/ or inequalities to target resources.

What would we want from an Evaluation is something that tells us about:

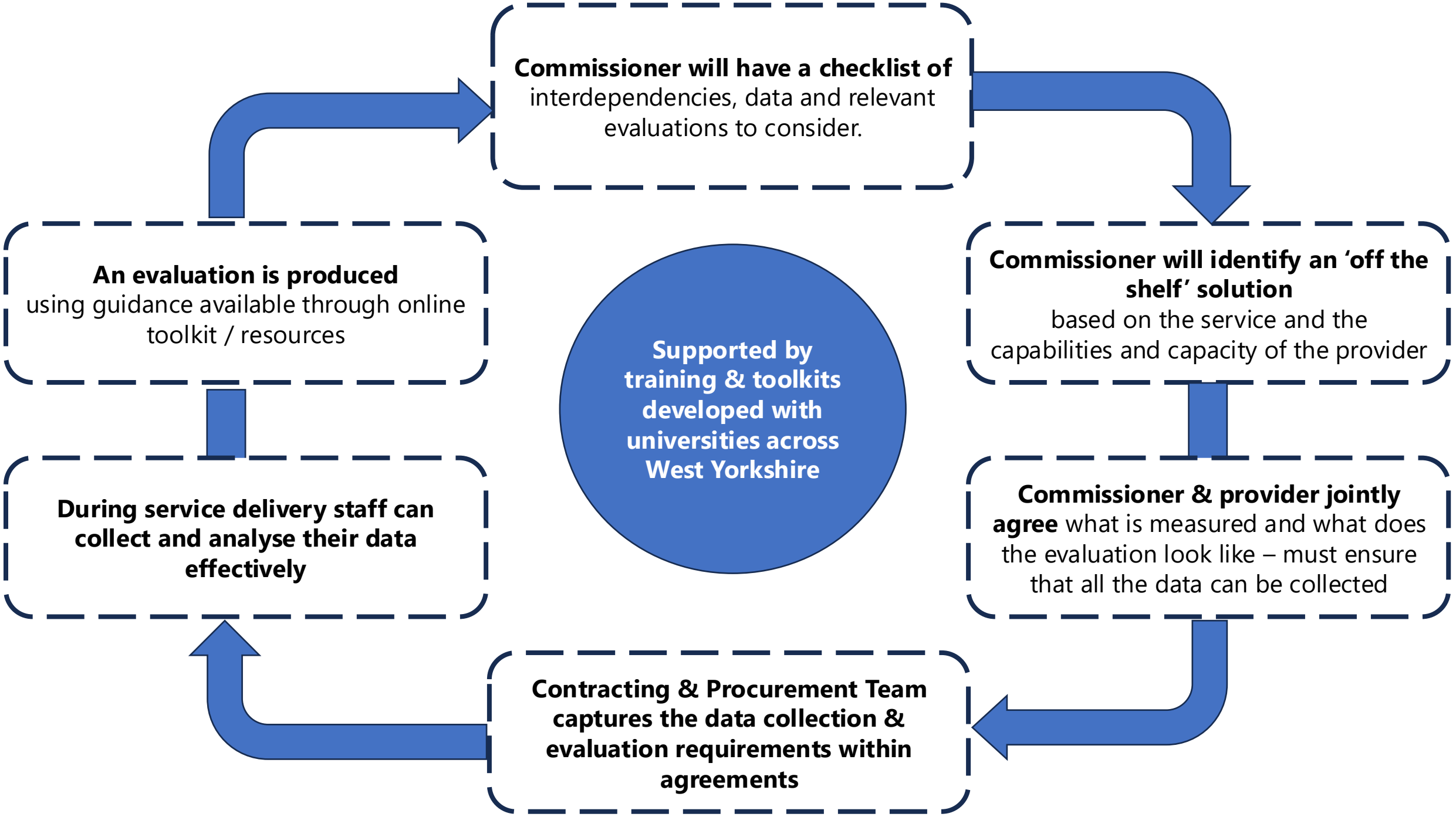
- the health and wellbeing of the population
- the experience of the people going through health and care
- the economics and service utilisation
- the experience of the staff delivering the care
- the scalability of the intervention & why it may have succeeded / failed

(We have worked with 4 local Universities: Huddersfield, Bradford, Leeds & Leeds Beckett to develop training in these areas)

What did communities & VCSE organisations tell us?

EQ5D5L and **SWEMBS** are the most appropriate tools:

- minimising administrative burden
- being understood by communities at greatest risk of health inequalities
- if they are built into a conversation about a person's health and wellbeing
- to enable personal value, allocative value and technical value evaluations


Commissioner will have a checklist of interdependencies, data and relevant evaluations to consider.
Commissioner will identify an 'off the shelf' solution based on the service and the capabilities and capacity of the provider
Commissioner & provider jointly agree what is measured and what does the evaluation look like – must ensure that all the data can be collected
Contracting & Procurement Team captures the data collection & evaluation requirements within agreements
During service delivery staff can collect and analyse their data effectively
An evaluation is produced using guidance available through online toolkit / resources
Supported by training & toolkits developed with universities across West Yorkshire

Ongoing challenges for all partners (not an exhaustive list)

- Should we evaluate everything – capacity is a problem?
- What are the rules we want to follow when we do evaluate?
- Admin burdens in different sized organisations
- Admin duplication in a Large volume of organisations
- Consistency of collecting the data in the tools identified when they are built into a conversation about a person's health and wellbeing
- Getting the right training for our VCSE partners and statutory partners
- Ensuring the right IT across all organisations
- Ongoing change within the NHS and LA's
- Data sharing and IG
- Competing priorities – (E.G. INTs, NNHIP, 10 Year Plan, becoming a strategic commissioner etc)