Health literacy toolkit

**Template for developing a business case for a health literacy project**

**Why create a business case for health literacy?**

If you have an idea for a health literacy project or intervention, it is likely that you will need to make the business case for your idea, to gain commitment for support and / or resources for delivery.

A business case enables others to understand the scope of the work needed, as well as the financial and human resources required; and the risks and benefits involved.

This template sets out the rationale for undertaking health literacy work, and has been pre-populated with a number of generic headings, along with some suggested narrative for some sections. The template can be amended and customised as necessary to reflect local needs and priorities.

The template Business Case could be utilised by staff in a number of different settings, including but not limited to Acute Trusts; Primary Care; Social Care; Sustainability and Transformation Partnerships; Accountable Care Systems; Local Authorities.

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| **Project Name:** |  | | |
| **Date:** |  | **Release:** |  |
| **Project Manager:** |  | | |
| **Senior Responsible Owner:** | **The SRO main responsibilities are to be personally accountable for the outcome of the project, provide direction and leadership for the delivery and implementation and manage the interface with key stakeholders.** | | |

1. **Document Version Control**

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| **File path/File name** | | |  | | | |
| **Version No** | **Issue Date** | **Author** | | **Quality Review/ Change Date** | **Reviewed By** | **Brief Description of Action/Changes** |
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### Project Definition (Purpose)

**Give a short description of the purpose of the project.**

The World Health Organisation’s (WHO) report [Health Literacy Toolkit for Low and Middle-Income Countries](http://apps.searo.who.int/PDS_DOCS/B5148.pdf?ua=1) defines health literacy as:-

“….the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health. Health literacy includes the capacity to communicate, assert and enact these decisions’’.

Health literacy is a two-sided issue, reflecting both the individual’s ability to understand and use information to make decisions about their health and care, and a ‘systems issue’ – reflecting the complexity of health information and the health care system. As society, communication and technology grows ever more complex, people increasingly receive confusing messaging and misinformation about health and behaviour change, as well as needing to engage with complex health care systems. The ability to be health literate is thus a growing challenge and most people will identify some health literacy needs; even those with proficient literacy skills will have better health outcomes if the information that they receive is clear and concise.

However those with low levels of literacy and numeracy (and by definition therefore those likely to be most affected by health inequalities) also have a lower level of health literacy. There is evidence that those with lower levels of health literacy experience significantly more negative outcomes across a range of health indicators, and are more likely to develop negative health behaviours and suffer from premature mortality.

Being able to understand health information (and make subsequent decisions based on this understanding), and engage with health care structures and systems is therefore vital to a person's well-being. Evidence suggests that health literacy interventions at both strategic and practitioner level can impact positively upon health behaviours and health outcomes in those with low health literacy. However, unlike the USA, and indeed Scotland, where health literacy is embedded widely in policy and practice, in England no such focus exists and more work is required to make the ‘business case’ for such interventions.

**Please insert the local purpose of the project.**

### Strategic Drivers for Undertaking the Project

Define the reasons for undertaking the project, who requested it and how does it fit with political, organisational, health and social care and public health strategies and objectives. You would also like to consider your organisational strategic drivers.

**Why is health literacy important?**

Health literacy is essential for successful access to care and use of services, self-care of chronic conditions, and maintenance of health and wellness. Health literacy is fundamental to healthcare that requires individuals to have a more active role in

decisions and management.

**What are the consequences of poor health literacy?**

Low health literacy compromises people’s ability to understand their health needs and to navigate complex healthcare systems, with profound consequences for their health – for example studies have shown that those with poor health literacy had a higher incidence of diabetes-related problems and a higher risk of hospital admission.

It is also reported that people with lower levels of health literacy ‘receive a less efficient mix of health services, are more frequent users of emergency services and make less use of planned and preventative care’ thus incurring higher healthcare costs[[1]](#footnote-1).

**Health inequalities and health literacy**

Although, as it has already been noted, anyone could have limited health literacy, people with limited financial and social resources are more likely to do so. In turn, limited health literacy can reduce opportunities for people in vulnerable and disadvantaged groups to develop the capabilities needed to be actively involved in decisions about their health and care, meaning that they have the poorest health outcomes. For many vulnerable or disadvantaged people, a lack of financial and social resources can reduce opportunities to develop the capabilities needed to be actively involved in decisions about health and the conditions that affect their health. This results in a widening of the health inequalities gap. Increasing health literacy awareness and practice therefore has the potential to help reduce health inequalities.

Health inequalities are estimated to account for over £5.5bn in healthcare costs to

the NHS in England each year.[[2]](#footnote-2)

**What is the scale of the problem?**

According to the Royal College of General Practitioners, health information is ‘too complex’ for more than 60% of working age adults to understand and a recent study by Rowlands et al (2015) to identify the mismatch between the population’s health literacy and the skills needed to navigate and understand the health and care system demonstrates that up to 61% of the English working age population is unable to effectively understand and use health information. Additionally, many health information producers say that they lack the tools and skills to develop appropriate resources and initiatives to meet the needs of people with low literacy.

**What is the cost to the system of low health literacy?**

The scale of the potential savings arising from sound and effective health literacy approaches is huge. The Wanless Report (2002)[[3]](#footnote-3) estimated that if the public were fully involved in managing their health and engaged in prevention activities then savings could reach £30 billion a year for the NHS alone.

Engaging groups that are at risk of limited health literacy in enabling them to become more literate therefore has the potential for positive social and financial impacts. Examples of cost savings to the system include people feeling more able to seek out information to help them better manage their own health and wellbeing; reduced re-admissions / GP visits because people know and are able to follow the correct course of treatment, or advice, or health strategy that is right for them and feel empowered to implement such approaches.

**Organisational drivers**

[Next Steps on the Five Year Forward View](https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/) outlines objectives for the NHS to achieve in meeting its mandate and fulfilling the strategic vision of the Five Year Forward View, and explores at a high-level how those objectives might be delivered. including the need to ‘get serious’ about prevention, given that there will be an estimated £[30 billion shortfall in NHS funding by 2020.](https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

Based around new models of care, a key tenant of the report is the need to ‘empower’ patients by enabling services to better support families, carers and communities in promoting wellbeing and independence and in better management of illness and long term conditions (LTCs).

The PHE / Centre for Workforce Intelligence Fit for the Future review[[4]](#footnote-4) reports emerging themes around developing a stronger social movement for health to support individuals and communities wider influence over decisions affecting their health and wellbeing; improving health literacy awareness could be a key tool in achieving such outcomes.

Good health literacy is essential to self-care and self-management of LTCs. Around 70% of the total health and care spend in England is on LTCs. Additionally, the number of people living with more than one LTC is projected to increase from 1.9 million in 2008 to 2.9 million by 2018. Therefore, raising levels of health literacy via personalised care and improved information provision will deliver short as well as longer term benefits to individuals, communities, health services and the economy.[[5]](#footnote-5)

**Why is health literacy part of the solution?**

Health literacy is widely regarded as an important empowerment tool with the

potential to reduce health inequalities, and there is growing recognition of the need to embed effective health literacy approaches to both improve health outcomes and reduce health inequalities. Examples include publications by the Royal College of General Practitioners; briefings by the Patient Information Forum, National Voices and the Association for Young People’s Health, all of which have highlighted the issue of limited health literacy, and suggested priority actions. The recent establishment of the multi-agency NHS England led national Health Literacy Collaborative also forms an important part of the collective, system-wide call to action.

Please insert local strategic and operational drivers for the project. These may be linked to your organisational strategy or your local STP plans.

### Project Objectives

Give the key objective(s) of the project, use SMART descriptors and what is intended to be achieved.

### Project Deliverables

Give the key deliverables of the project you want to achieve.

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| No | Deliverable | Details and Comments |
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### Project Benefits and Dis-benefits

### Expected Benefits of Achieving the Project

What are the primary benefits of achieving this project - include when the benefits are expected to be realised and how they will be evaluated, they should focus on the end user and the education and training aims of the organisation. It is important that your benefits are measurable compared to the baseline data. It is advisable to work with your academic partners to support you with establishing these measures.

You can use this table below to structure your benefits.

A benefit is the desired result of a project that was created to meet a particular operational need. For example, a project designed to reduce the time it takes to process an order has benefits such as improved customer service, increased sales, and reduced frustration for sales staff who have to deal with customer complaints.

**One or more outcome/benefit per objective**

| **Expected Outcome** | **Timescale** | **Benefit Description** | **Measure** | **When Realised** |
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### Expected Dis-benefits of Achieving the Project

Outcomes perceived as negative by one or more stakeholders. Dis-benefits are actual consequences of putting the change in place. For example, a decision to merge two elements of an organisation onto a new site may have benefits (e.g. better joint working); costs (e.g. expanding one of the two sites) and dis-benefits (e.g. drop in productivity during the merger and increased travel costs). Dis-benefits need to be valued and incorporated into the investment appraisal.

You can use this table below to structure your benefits.

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| **Expected Outcome** | **Timescale** | **Dis-Benefit Description** | **Measure** | **When Realised** |
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### Scope of the Project

What is to be included /excluded in the scope of the project to be delivered.

**Included**

**Not included**

1. **Project Methodology**

**Project Roles and Team Structure**

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| --- | --- | --- | --- |
| **Role** | **Name** | **Title** | **Organisation** |
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### Governance of the Project

### Timescales for Delivery of the Project and its Milestones

The period over which the project will run (summary of the Project Plan). Key project milestones should be included where known at this stage. Additional lines may be added as required. It is useful to have a separate more detailed project plan.

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| **No.** | **Milestone – Decision/Delivery Point** | **Target Date** | **Comments** |
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### Project Dependencies

Internal and external dependencies that interface with the project and influence the autonomy of the project to deliver.

### Key Stakeholders

Who has a vested interest or is directly affected by delivery of the project, it could include suppliers, end users, sponsors, related organisations or internal staff. The list should be high priority organisations/groups. A detailed communication and engagement plan should be developed in addition to the business case.

It would be beneficial to map your stakeholders on the grid below:

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| --- | --- |
| **KEEP SATISFIED**  High  **INFLUENCE** | **MANAGE CLOSELY** |
| **MONITOR**  **(MINIMUM EFFORT)**  Low | **KEEP INFORMED** |

Low

High

**INTEREST**

1. **Risk Assessment**

Gives a summary of the key risks associated with the project together with the likely impact and mitigating plans should they occur.

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| --- | --- |
| Categories | (including but not limited to) – strategic, political, financial, legal/legislative, external/internal dependency, organisational/operational, reputational, stakeholder, service delivery, technical, delivery implementation |
| Likelihood | 1 rare, 2 unlikely, 3 possible, 4 likely, 5 almost certain |
| Impact | 1 negligible, 2 minor, 3 moderate, 4 major, 5 catastrophic |
| RAG Rating | Using the chart calculate the risk score for the risk |

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| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **RAG RATING MATRIX** | | | | |
| 5. Almost Certain | 5 | 10 | 15 | 20 | 25 |
| 4. Likely | 4 | 8 | 12 | 16 | 20 |
| 3. Possible | 3 | 6 | 9 | 12 | 15 |
| 2. Unlikely | 2 | 4 | 6 | 8 | 10 |
| 1. Rare | 1 | 2 | 3 | 4 | 5 |
| **Impact** | 1. Negligible | 1. Minor | 1. Moderate | 1. Major | 1. Catastrophic |

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| **Risk Description** | **Category** | **Likelihood** | **Impact** | **RAG Rating** | **Impact Date** | **Mitigating Action** | **Risk Owner** |
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1. **Cost Breakdown (including VAT, where applicable)**

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| **Cost Requirements** | **Total Cost** |
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| **Total Project Budget Requirements** | **£** |

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### Project Delivery Options & Recommendations

In this section compare the aggregated benefits and dis-benefits of the project and on-going incremental operations and maintenance costs. The investment appraisal should address how the project will be funded.

Give value-for-money/benefits/quality/outcome focused reasons for your recommendation.

**Proposal Summary**

**Option 1 – Do Nothing**

**Option 2**

**Option 3**

**Recommended Option**

1. **Equality Impact Assessment**

It is good practice to evaluate your project in terms of equality.

This section is useful to ensure that your project is developed in consideration of the requirements of the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf), the [NHS Constitution](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf) and other relevant policies.

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

* Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act.
* Advance equality of opportunity between people who share a protected characteristic and those who do not.
* Foster good relations between people who share a protected characteristic and those who do not.

It may specifically benefit and reduce barriers for different equality characteristic groups including but not restricted to those included in the Equality Act 2010:

* age
* disability
* gender reassignment
* pregnancy and maternity
* race – this includes ethnic or national origins, colour or nationality
* religion or belief – this includes lack of belief
* sex
* sexual orientation.

Additionally other relevant specific groups should be considered when developing policy or changes to services, including but not limited to; children and young people, travellers, asylum seekers, students, homeless and offenders.

1. All Party Parliamentary Group Primary Care and Public Health Inquiry Report into NHS England’s Five Year Forward View: Behaviour Change, Information and Signposting [↑](#footnote-ref-1)
2. The Marmot Review 2010 [↑](#footnote-ref-2)
3. Securing our Future Health: Taking a Long-Term View, D. Wanless (2002) [↑](#footnote-ref-3)
4. Fit for the future: a review of the public health workforce, Public Health England 2015 [↑](#footnote-ref-4)
5. The Richmond Group of Charities [↑](#footnote-ref-5)