**NHS Highland**

## Community Health Needs Profiles

Afternoon parallel session

NoSPHN, Public Health CPD event,
26th May 2010
S. Vaughan

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## Covering:

- **Presentation (20m)**
  - Background to tool & RONC
  - Purpose of tool
  - About the tool
  - How it's been used
  - Feedback from users

- **Role-play exercise (20m)**
  - As a service planner, deliverer or assessor of health needs

- **Discussion (20m)**
  - Alternative ways to support community health needs profiling
  - Potential for wider use of the tool
  - Recommendations
    - > for further work
    - > usefulness to planning and public health communities

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## Background to RONC

- A response to changing the balance of care and future challenges of demography & w/force pressures

- The model:
  District Nursing + PH Nursing (HV + SN) + Family H Nursing = Single Community H Nursing discipline

- Model tested in 4 development sites (NHS Tayside, Lothian, Borders & Highland)- reported to government Spring 2009, evaluation 2010
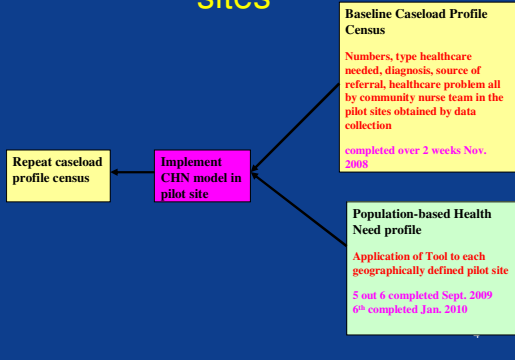
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## Processes in the RONC pilot sites

**Repeat caseload profile census**

**Implement CHN model in pilot site**

**Baseline Caseload Profile Census**

Numbers, type healthcare needed, diagnosis, source of referral, healthcare problem all by community nurse team in the pilot sites obtained by data collection

completed over 2 weeks Nov. 2008

**Population-based Health Need profile**

Application of Tool to each geographically defined pilot site

5 out 6 completed Sept. 2009
6th completed Jan. 2010

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## Background to the Local Tool

Pilot site requirement to produce a health needs profile to inform the configuration of the CHN team

**So:..........**

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## Purpose of the tool

- Enable CHN Teams to be self-sufficient in developing pilot site profile by:

  - Identifying routinely available data
  - Identifying the type of local information they could usefully gather
  - Providing a framework by type of health need
  - Identifying the indicators & the relevant comparators

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## Expectations from application of the tool

- A local health needs profile to which the actual case-load profiles, W/Force level & skills can be matched
- Identifies unavailable but potentially useful information
- Promotes working with other agencies (e.g. with primary care)

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## Context for the CH Profile tool

**Development site split into 6 pilot sites**

1. **Helensburgh & Lomond**
2. **Kintyre**
3. **Mid Argyll**
4. **Tain**
5. **Thurso**
6. **Badenoch & Strathspey**

*Required: Health needs profile of sites to influence the configuration of the CHN team*

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## Nature of the Local Tool

- Used to generate "need" under 4 categories ▶
- No workforce parameters
- Obtains absolute & relative measures with comparators (CHP/H.Board/Council/scotland)
- 5 main internet-based data sources with hyperlinks to different parts, a stand-alone guide to SNS provided
- Choice of ScotPHO vs SNS determined by Geography
- Highlighted unavailable information & indicated possible sources

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## 4 CATEGORIES OF "HEALTH"

1. General-Wider determinants

2. Potential for Health Improvement

3. Health Protection

4. Health Care

HEAT TARGETS SPECIFIED

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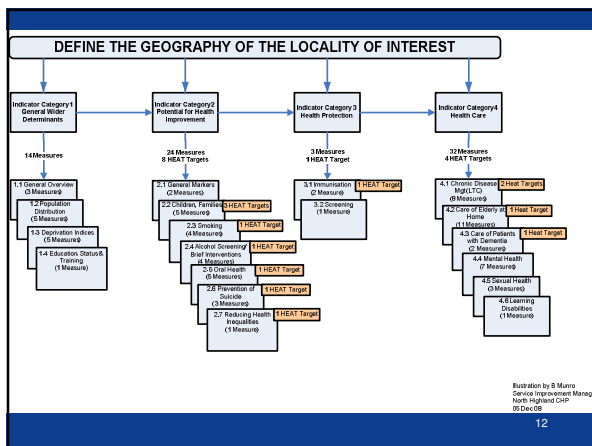- Highlighted unavailable information & indicated possible sources

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**DEFINE THE GEOGRAPHY OF THE LOCALITY OF INTEREST**

| Indicator Category 1 General Wider Determinants | Indicator Category 2 Potential for Health Improvement | Indicator Category 3 Health Protection | Indicator Category 4 Health Care |

14 Measures / 24 Measures 8 HEAT Targets / 3 Measures 1 HEAT Target / 32 Measures 4 HEAT Targets

Illustration by B Munro
Service Improvement Manager
North Highland CHP
05 Dec 08

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## An extract from the tool

| | |
|---|---|
| 1.2.2 Nos. of births & Birth rate | **Source**: SNS, ScotPHO<br><br>**Links**:<br>For SNS go to:<br>http://www.sns.gov.uk/default.aspx<br>For ScotPHO go to:<br>http://www.scotpho.org.uk/home/Comparativehealth/Profiles/chp_profiles.asp<br><br>**Description**:<br>*SNS* - numbers of births at local council level only by using advanced reporter.<br>*ScotPHO* - can get numbers & crude rate at CHP level only.<br><br>**Points to Note**: Crude rate not helpful, need fertility rate or age-standardised rates. Suggest you use local information with numbers being the important parameter in terms of workload. Trends in the maternal population (females aged 15 to 44 years) will be helpful in predicting future need. See age band section (1.2.1). |

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## Use of the tool

- 5 ($\leq$ 3 CHPs) out of the 6 pilot sites not been self-sufficient
- 3 reports (B & S; Tain; A&B x3) provided
- Exactly the same format-summary, legend, statistical sections
- NCHP site used tool (PHP) & reported
- Tool also applied at whole CHP level (report available[1])

[1]http://www.nhshighland.scot.nhs.uk/Publications/Pages/CommunityHealthNeedsProfileforthe.aspx

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## Feedback from pilot sites

Obtained using q'nnaire-(3/4 responses)

1) Prioritised indicators at HI planning day, resulting in HI plan; need for adding in local intelligence, identified what still is not known
2) Led to a core data set for localities for planning & monitoring plus highlighted need for more access to GP-based data
3) Confirmed the health inequalities and highlighted some specific improvements such as smoking cessation/broader team commitment to P.Health agenda

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## Drawbacks in the use of the tool

- P. Health facilitation & IT support required for CHN Teams to use the tool & to update profiles

- Most effective use made where teams have an event to work through the profile so need that commitment

- Practical difficulty using the tool due to different geographical "currencies" & comparators of information sources

- Historical problem of differing geographical areas: Primary care; Social Care: Community Nursing

- Difficult to reconcile the need for micro management within a pilot site (its heterogeneity) with the need to plan/ assess within the CHP as a whole

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## Summary/Conclusions

- Self-sufficiency has not been 100% accomplished due to limited IT & P.Health resource in the community
- Geographical definitions dictate the data source (e.g. ScotPHO vs SNS) which has an implication on availability & quality of data
- The future has to determine:
- the potential for wider use of the tool
- Determine the optimum use of PHealth resource in upgrading the tool/support to CHN teams

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## Examples of uses of the tool

- Health needs profiling:
- Inform resource distribution across the Health Board versus within CHPs
- Identifies good/effective practice
- Approach identifies some generic need to share information with LA and Primary Care
- As a monitoring tool to reflect HEAT targets/HI initiatives

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