

Health Needs Assessment for Commissioners
A development event for PCT staff, organised by Gateshead
Centre for Enabling Health Improvement 14th October 2004

“The PCT should review the structures that support the commissioning role and should include organisational development for staff responsible for commissioning”

“Action is required to ensure that the use and management of information to support local development and commissioning is improved”

Gateshead PCT CHI review February 2004

“Commissioning effectiveness should be measured in terms of how local health needs and inequalities are being addressed over time. The PCT acknowledges that more detailed information would improve its focus. This could be achieved by engaging key people in commissioning (public and patients, PEC, GPs, Acute Trust, Public Health)

The PCT should:

- *Review the role of public health in commissioning so that they have reasonable opportunity to influence commissioning strategy (by end Jan 2005)*
- *Develop a resourced and realistic plan for addressing existing weaknesses in commissioning arrangements leading to the approval of a formal commissioning strategy (by March 2005)”*

Audit Commission:
Review of Commissioning Arrangements in Gateshead PCT:Action Plan
October 2004

Introduction

In response to CHI recommendations Gateshead Centre for Enabling Health Improvement (CEHI) organised a development session for commissioners and senior managers in Gateshead PCT. This report outlines the training content and outcomes arising from that event.

Aim of the session

To give an overview of health needs assessment in relation to commissioning for health (care)

Objectives of the session

1. Introduce the theory underpinning health needs assessment (HNA)
2. Explore the relationship between HNA & commissioning
3. Explore the measurement of need including the importance of defining populations
4. Review the current strengths & weaknesses of HNA in Gateshead PCT
5. Identify next steps in developing needs based commissioning

Format

Christine Brown introduced the session and Mark Lambert gave a final overview. The session incorporated a variety of teaching methods including power point presentations, group discussions, group exercises and reflection on personal experiences.

Health Information Advice

Expert staff from IM&T and HILS explained to delegates how best to benefit from these services. All delegates were given a Fact Sheet outlining how to access health related information about the Gateshead population. Further copies are available from CEHI.

Audit

Dr. Mark Walton (SHO in Public Health, Gateshead PCT) presented an audit of a selection of Gateshead based HNAs. The identified strengths were excellent reference to local and national strategies; apposite data about population characteristics and the fact that an action plan was included in 70% of documents. The audit identified weaknesses regarding absence of a precise definition of the population, not specifying when and by whom actions would be carried out, and lack of an evaluation plan.

Key learning points re Health Needs Assessment (copies of power point slides are appended)

Principals underpinning population based commissioning. Money, staff, skills, are all limited and therefore need to be used as efficiently as possible to enable the population to achieve longer or healthier lives.

What is need? Need is defined as capacity to benefit. It is different to demand and supply. In practice, the concepts are poorly differentiated. In an ideal world, we would hope that population needs would match their demands which in turn would be matched by the services and resources supplied. We can only achieve this by educating both public and professionals about interventions which can appropriately meet population needs rather than simply responding to demands or professionally driven supply.

How does Health Needs Assessment relate to commissioning? Commissioning is a process which enables more population needs to be met. Health needs assessment (HNA) is a rational planning tool which can provide much of the relevant background information for strategic planning. HNA undertaken in isolation is of extremely limited value.

Guidelines for HNA. HNA should be undertaken with a clear purpose. The purpose guides subsequent definitions of the population and needs that are assessed. Poorly defined populations generate results which are too general to be useful. Populations should be fully defined in terms of three dimensions i.e. time, person, place.

What do we mean by health needs? Health Needs are multi dimensional. They would be defined differently by patients, carers and other groups. Some needs can be defined objectively, some more subjectively. A comprehensive HNA takes account of all the different perspectives and includes consideration of the following items of information:

1. General description of the health issue being assessed
2. Description of the population being assessed
3. Description of the relevant health status of the population being assessed including any trends
4. Description of the population care or services currently provided
5. Policies and regulations effecting future service provision
6. Best practice guidance i.e. services or treatments
7. Further for treatment effectiveness
8. Local priorities effecting future service provision
9. Comparison with service provision else where
10. Stake holder views

Organisational capacity & capability for HNA. HNA can be time consuming. Planning processes should schedule time for HNA. In the NHS, public health

specialists have traditionally undertaken HNA. The latest NHS reforms have led to major reductions in public health specialists in PCTs. Currently, the public health directorate in Gateshead does not have the capacity to undertake a comprehensive programme of HNA for the Gateshead population. However, the directorate could support the HNA process in a variety of ways eg prioritisation, specification, commissioning, quality assurance, signposting to resources.

Evaluation of the event

24 people attended the event from a variety of departments in the PCT(see appendix). The majority of delegates reported that they had enjoyed and benefited from this training. Nevertheless it was clear that its impact had been compromised due to lack of time. The programme was very full and the trainers felt obliged to finish early so that many of the delegates could attend another PCT meeting which unfortunately overlapped with this event.

Taking HNA forward in Gateshead PCT

Following the event, delegates were asked to complete and return a postcard or form setting out three suggestions to take HNA forward in Gateshead PCT. There were fifteen responses. The full list of suggestions is appended, the most popular suggestions (8 delegates) were as follows:

- Identify HNA “champion” – championing the needs perspective within the planning process
- Clear cross directorate model for commissioning
- Integrate public health into planning & commissioning
- Continue to raise profile of public health department
- CEHI liaise with IT to identify projects in process
- Public Health to vet all HNA at a regular meeting
- Specific information on roles of individuals in public health dept.

There was also enthusiasm for more training (4 delegates):

- Identify other training needs
- Practical theory /training on HNA
- Further event in 6 months
- Similar event soon based on NHS issues

Conclusions and recommendations.

HNA is a rational planning tool which can inform a strategic commissioning process with the aim of securing care or services to meet more needs in the population. HNA can be time consuming and should be planned carefully in order to generate the most useful results. It is most effective when it is undertaken in collaboration with key stake holders and where there is a clear plan which outlines the population and needs to be considered. Current arrangements for specialist public health mean that the public health department would not be able to undertake a comprehensive programme of HNA for the

Gateshead population but could support the HNA process in a variety of ways. The methods by which this could happen need further exploration initially within the senior management team with reference to suggestions from PCT staff.

Jackie Gray, Public Health Directorate, December 2004

Appendix 1:

Gateshead PCT staff ideas regarding next steps for HNA in the organisation

Comment	No. of responses
Look at how we share current work: ie g drive availability	1
Joint team events around joint topics/ in future involve partner organisation eg la/lea/police etc	2
Identify other training needs/ practical theory/training on HNA/ further event in 6/12/ similar event soon based on NHS issues	4
Regular updates for commissioners	1
Identify HNA 'champion'/ championing the needs perspective within the planning process/ clear cross directorate model for commissioning/ integrate public health into planning & commissioning/ continue to raise profile of public health department/ CEHI liaise with IT to identify projects in process/ Public Health to vet all HNA at a regular meeting/ specific information on roles of individuals in public health dept.	8
A more detailed look at my own area of work and HNA	1
Process for prioritising the priorities against the population needs	1
Info pack on basic demography for all lead officers as quick reference guide	1

Delegate List

Sue Shilling	Head of Public Health Operations
Ros Taylor	Lead Officer
Pat Elms	CEHI Manager
Clare Beard	Public Health Practitioner
Richard Healicon	SpR Public Health
Joe Murray	Intermediate Care Co-ordinator
Amanda Potts	Lead Officer - Health Promotion
Jan Carter	Practice Liaison Manager
Caris Vardy	Lead Officer - Mental Health
Christine Brown	Director of Strategy and Modernisation
Guy Blackburn	Information Analyst
Tony Wellstead	Lead Officer – Cancer and Palliative Care
Kim Mansfield	Lead Officer – CHD
Sue Austin	HILS Manager
Julie Bloomfield	Lead Officer – Children
Maggie Woodward	Healthy Community Collaborative
Jan Glister	Lead Officer - Disabilities
Lisa Dodd	Primary Care Facilitator
John Hooker	Practice Liaison Manager
Cathy Glover	Practice Liaison Manager
Sue Blennerhasset	Lead Community Capacity

Jackie Gray

Consultant in Public Health

Mark Lambert

Director of Public Health

Mark Walton

SHO Public Health