

# **DRAFT REPORT ON CONDUCTING A PILOT FOR 'PLACE BASED' JSNA METHODOLOGY IN NOTTINGHAM CITY**

## **CONCEPT**

### **Background**

Following the ascent of the Health and Social Care Act 2012, local authorities and CCGs have an equal and explicit duty to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS), through the Health and Wellbeing Board<sup>1</sup>. More recently, the latest amendments to the Health and Care Bill include a section which requires local authorities and their partnership committees to have regard to local needs in exercising their functions<sup>2</sup>.

Historically this Joint Strategic Needs Assessment Process has consisted of chapters of detailed information each based on a specific subject. The range of subjects cover clinical conditions, social phenomena, environmental issues, population groups and other areas. Over 50 such chapters have been compiled and updated for Nottingham since 2012.

### **Project**

This project looks at health needs from a different angle. Instead of the focus being on specific subjects this method will focus on place or locality. This will be a place based profile approach. It will take the form of an investigation into the populations of two pilot areas in the City of Nottingham.

### **Methods and Test of Concept**

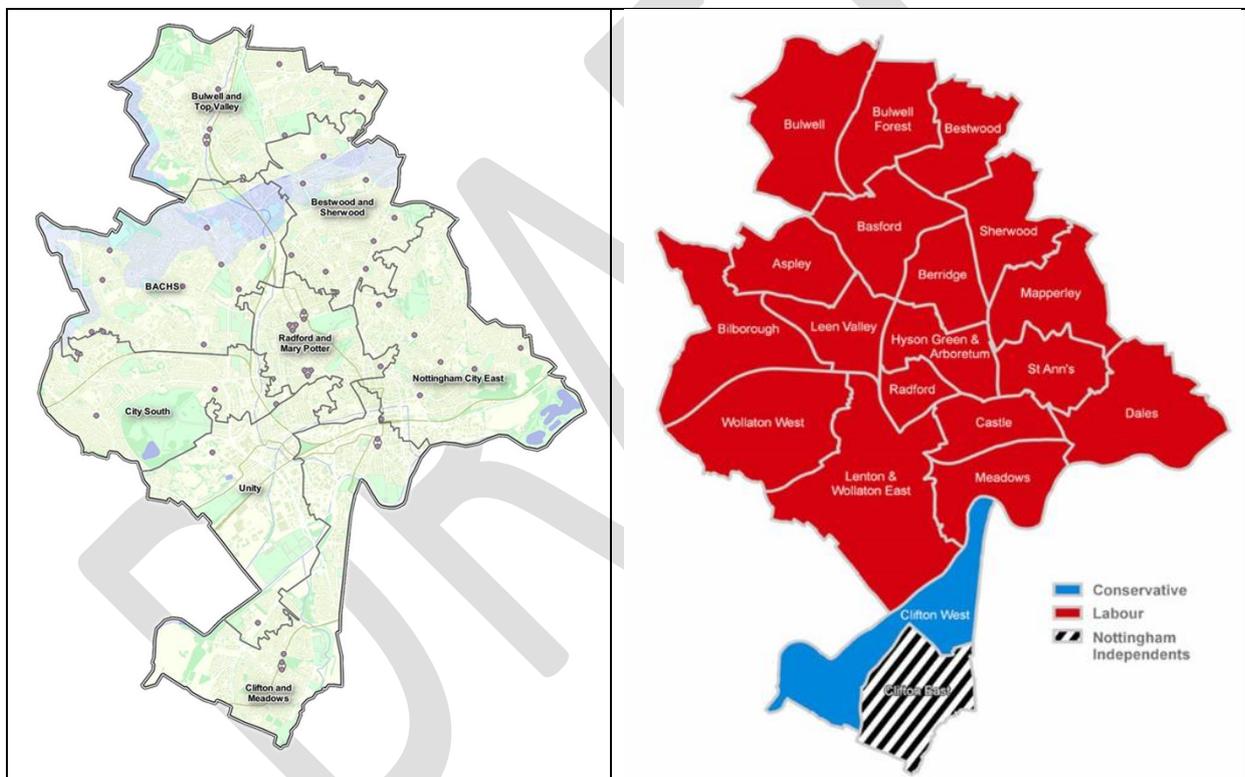
The profiles will be made up of existing and (as appropriate) new information. There are a various activities, at neighbourhood level, where local narratives are in existence and/or in development, particularly in these two target localities. These include such activities as provider surveys of families with low uptake of childhood vaccines, reports from meetings of different professional views of neighbourhood access barriers and assessments of wider determinants of health by neighbourhood teams, (such as profiling work being developed for Top Valley). When the 'current state' is gathered in and reviewed it will provide the picture as it stands. We will then be in a position to consider how best to go forward.

This should lead us on further, to a comprehensive 'drilled down picture of each of the two accelerator PCNs. It may include further enquiries, using methods mentioned above or other qualitative tools such as surveys, interviews, focus groups and more. The qualitative information will be enhanced with the quantitative population health statistics that already exist in our PCN profiles. The end products will then be mapped into, PCN specific, infographics and established on the internet as a (closed test bed) interactive web site. The results will be provided to the relevant PCN / ICP management teams to test them and to assess how they can be incorporated into future management. The conclusions of this review will deliver the finished product.

The test of the concept conclusions will inform us on how to go forward with regard to the other six PCNs.

### Process to date

Meetings held with various experts and potential stakeholders have led us to believe that a PCN geography is appropriate for this exercise. Figure 1 below shows the locations of the 8 PCNs in one map and that of the 20 electoral wards in the other. While they are not exactly co-terminus, the overlay of the two PCNs in question over their constituent electoral wards allows for a quite reasonable approximation of territories. This is important, as a key part of this development will be the input of Council neighbourhood development officers. Discussion with the Head of the neighbourhood development team has identified two such officers who will be able to match the two PCNs with local knowledge and networks.



**Fig 1.** Comparative maps of Nottingham City showing boundaries of PCNs (L) and electoral wards.

### PROJECT OUTLINE

This project will take the form of an investigation into the populations of two pilot areas in the City of Nottingham. The pilot areas proposed are the localities covered by two primary care networks. These are Nottingham City East PCN and Bulwell and Top Valley PCN. These areas have been chosen because they have significant areas of deprivation, they contrast somewhat demographically in terms of culture and ethnicity and they represent the two 'PCN Accelerator Sites' in the city. The

investigation will focus primarily on the users' view of health needs, directly and indirectly. This means enquiring about accessibility and barriers to care, as seen by individuals currently assumed to have high, unmet needs.

## **Approach**

The 'place based approach' means that specific localities are the subject of detailed investigation. The results of the work will be a representation of the target population in a format dominated by info-graphics. Our aim is that these reports will comprise text, images, data and other attributes displaying that population's needs in a way that is easy to view and relatively simple to understand.

Direct enquiry may involve approaches using qualitative methods such as focus groups, surveys, interviews and co –design exercises, etc. Indirect enquiry will involve collating extensive material already gathered from these neighbourhoods (see sources). In addition, scientific evidence and reports from other communities will be considered. These profiles will be enhanced with the existing quantitative information from PCN population health needs profiles.

## **Population Health Management**

There is a specific element in the Health and Care Bill<sup>2</sup> aimed at enhancing planning at the local level, through *population health management*. This project should assist the development of population health management by way of a broadened perspective on the health of the local population. It takes in the wider determinants of health and acknowledges the crucial role of communities and local people.

'Population Health Management' is an important tool for planning and designing new models of care. Planning is a continuous cycle commencing with critical health needs analysis. This is followed by evaluation of our current capability to respond to need, which identifies gaps in our existing services. New plans are designed to address the gaps. The broader our scope of needs analysis the more effective will be the new plans at improving health and wellbeing and reducing burdens of ill health. Moving our focus incrementally to incorporate more prevention will produce more effective plans and better use of resources.

## **Primary Care Network Planning**

The top priority for PCNs in the recently published NHS Plans for Primary Care Networks<sup>4</sup> is to improve prevention and tackle inequalities in the delivery of primary care. This requires an understanding of inequalities at the local level.

Specifically within the planning guidance PCNs are asked to work from October 2021 to identify and engage a population experiencing health inequalities within their area. They are then expected to co-design an intervention to address the unmet needs of this population, by March 2022. Thereafter they will be expected to deliver the intervention in 2022 -23.

This project will test the role of this type of place based JSNA within the PCN and hopefully provide initial steps in identifying local inequalities and some of the means for addressing them as required for primary care planning .

### **Time frame**

Initial work commenced in late May 2021 and it is planned to produce a preliminary report by the end of October, on this test of concept. We are using the two accelerator PCNs. Thereafter, it is hoped that, following responses to the report, the establishment of a programme of work to continue the developing the process and broadening it to encompass the remaining six PCNs will go ahead.

### **Next steps**

Preliminary exploration work led to identification of significant resources in the local area which when collated will provide an early outline. Local oversight and executive groups are now in place and helping to deliver initial product, after which there will be report production and feedback.

### **References**

1. Joint Strategic Needs Assessment, Nottingham Insight 2021  
<https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/>
2. Health and Care Bill Part 1 –Health Services in England: integration, collaboration and other changes, P31 Item 6; A Bill to make provision about health and social care, ordered by the House of Commons to be printed 6<sup>th</sup> July 2021.
3. NHS Integrated Care Systems, 2021  
<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm/>

Declan O'Neill CPH Nottingham City Council, 26 Aug 2021.