

Solihull Health and Well Being

Needs Assessment

Application pack

Welcome to application pack. You will find all of the documents you need here to apply for a needs assessment (NA) to become part of the rolling programme, to structure the needs assessment if approved and a quality assurance checklist to ensure that the needs assessment is fit for purpose.

Separate application guidance is available to help you complete the application form and structure the needs assessment.

Please note that the commissioning intelligence group (CIG) does not have all the resources to complete all the needs assessments/ detailed analyses. If you are requesting a needs assessment to be part of the Solihull NA rolling programme and it is approved, you will be considered, as the lead commissioner for that needs assessment, and will be expected to lead a working group and submit the final product to the NA CIG for quality assurance.

This pack contains:

- 1. Explanation and flowchart of process**
- 2. Application form**
- 3. Criteria for assessing applications**
- 4. Needs assessment workbook**
- 5. Quality assurance form**

Needs Assessment Process document

- **Making a request**

Any requests for a needs assessment¹ should be presented to the commissioning intelligence group (CIG). This request should be submitted on a standard request form that outlines the reason for the request, and the intended outcome – change in service, addressing inequalities etc. It should also detail any resource that can be provided to support the needs assessment.

- **Prioritisation**

The commissioning intelligence group will follow a transparent process to prioritise all requests for inclusion. Requests will be assigned as high or low priority after assessment against the following criteria:

- Does it support a priority area(s) of the Health and Wellbeing Strategy, CCG and other organisations priorities?
- Is it cross cutting across more than one theme of the HWBS?
- What is the population impact?
- Purpose / intended outcomes of the work

- **Resourcing**

If a request is assessed as high priority and cross cutting, the commissioning intelligence group will have the capability to co-opt people to join a small multi-disciplinary, multi-organisational group for the piece of work, which will be led by requestor of the needs assessment. This will include analytical / evidence support, commissioners / experts in the field, member(s) of the commissioning intelligence group, provider organisations and Healthwatch where they feel it is appropriate.

If a request is assessed as low priority, the commissioning intelligence group may be able to offer to provide some data / evidence to support the requestor, but they will be advised that the work would not form part of the annual work programme.

- **Content of the Needs Assessment**

A template and guidelines have already been drawn up to illustrate the areas that should be covered in a health and wellbeing needs assessment. This will include a summary page.

¹ A Health Needs Assessment is a systematic method for reviewing the health/wellbeing/ social care issues facing a population, leading to agreed priorities and resource allocation that will improve health/ wellbeing/ care and reduce inequalities

- **Quality Assurance**

Final drafts for comment and the final needs assessment should come back to the commissioning intelligence group. There will be a transparent process of quality assurance based on a checklist, included with this guidance.

- **Communications**

The process paper, template for making a request, criteria for prioritisation and quality assurance form will all be made available on the JSNA page of the Solihull website. This will also include record of commissioning intelligence group meetings throughout the year so requestors can see when discussions will occur.

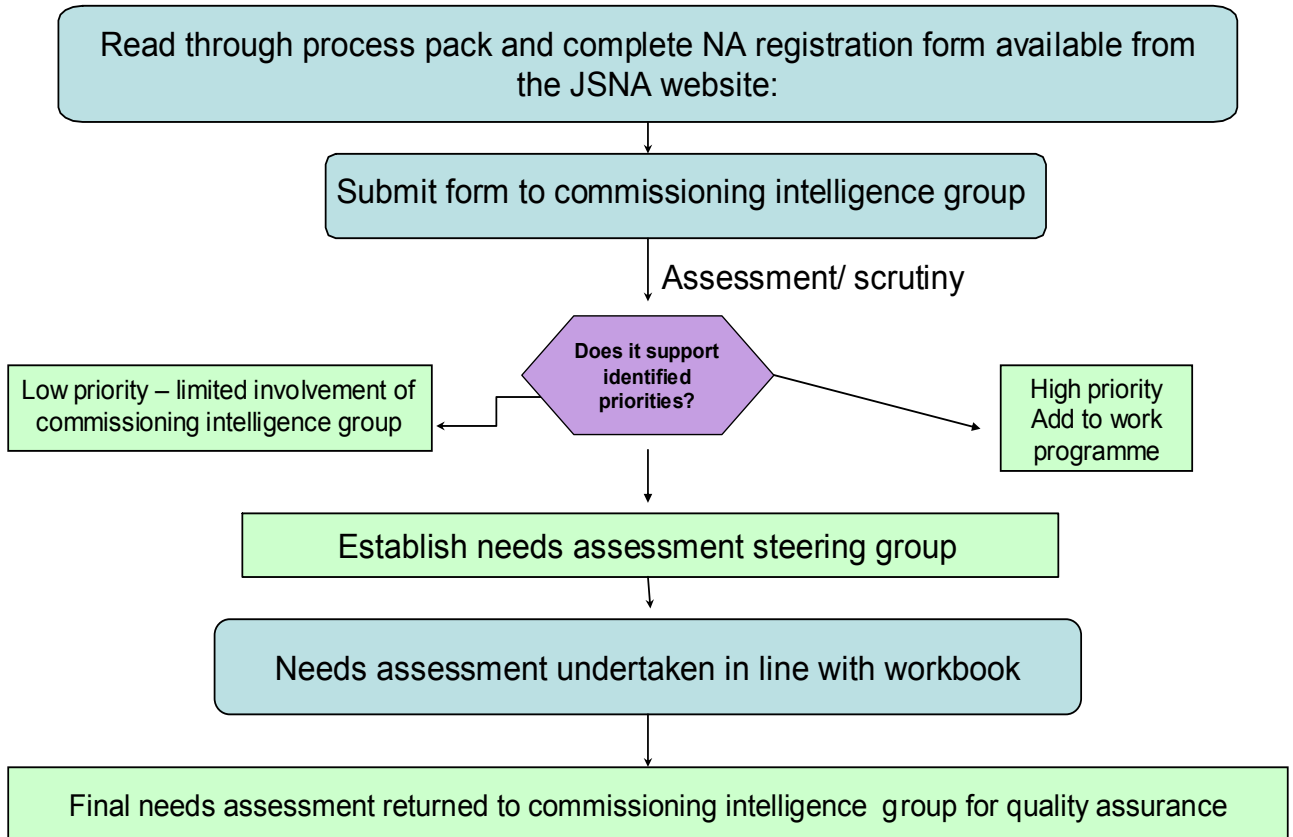
Summary pages from completed needs assessments will be circulated to JSNA steering group (JCOG/JCB). They will be included as items for discussion on agendas where advised by the commissioning intelligence group or as information items to assist the communication and awareness of results. The commissioning intelligence work plan will also be included in any newsletter for or from the Health and Wellbeing Board.

- **Other**

In addition to new needs assessments it is recognised that other agencies may from time to time generate specialist reports that could contribute to the evidence base on health and wellbeing. These will be reported to the commissioning intelligence group and, if agreed, links will be added to the Solihull JSNA website.

NA Application Process

The process



Solihull Needs assessment Application Form

Title of proposed needs assessment:

Date:

You can register a needs assessment into the Rolling Programme if you can answer 'Yes' to any of the following:

The needs assessment is linked to an impending commissioning or business development decision

There is a gap in our health & wellbeing knowledge

I need to develop a service strategy

I need answers to questions described in the Workbook

SECTION 1 – Originator's details

Name:

Job Title:

Email:

Department:

Tel. no.

Date:

SECTION 2 – About the assessment

Who is the commissioner that will use this needs assessment?

What is the timescale for any related commissioning / business development decision?

What is the likely impact of this issue on the population of Solihull and how many people is it likely to affect? (The impact may be related to health, or could be political, economic, social or technical)

1. Level of need – Volume

2. Level of need – Severity

3. Level of need – Trend

4. Level of need – Benchmarks

| | |
|--|-------------------------|
| 5. Does the topic have early intervention implications? Is it an emerging issue which is likely to cause further problems in the future? | |
| 6. What level of qualitative information do we have on the issue? | |
| 7. What is the scale of inequality? | |
| 8. What broader impact does the topic have on the local population? | |
| 9. What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit? | |
| 10. Estimated economic cost associated with tackling the topic in Solihull ? | |
| Brief Background: | Objectives: |
| | Scope: |
| Expected outcomes | |
| Any interrelated Deadline: | Explanation of deadline |

SECTION 3 – Project management

Is there a project group with representation from commissioners/ providers and the staff doing the needs assessment? Please detail members of the group and their role. Do you need support from the

commissioning intelligence group to establish the project group?

What resources do you anticipate needing to complete the needs assessment (people, equipment etc) and have you arranged for these?

SECTION 4 – Additional information

Please provide any information that might be useful.

To be completed by the CIG Team

Prioritisation Checklist

Current work Programme checked

Date Received:

Decision: Yes No

Priority score:

Action to be taken:

By Whom: **Date:**

Criteria for inclusion in NA Rolling Programme

The aim of the NA Rolling programme is that needs assessments drive commissioning decisions and business development.

These questions will be used by the CIG to screen applications for the NA rolling programme.

| Question | Yes/No/Partially |
|---|------------------|
| Importance of the issue | |
| 1. Is the needs assessment linked to an impending commissioning or business development decision? | |
| 2. If no, is there a compelling reason to include this needs assessment in the NA programme? | |

| | |
|--|------------------------|
| <p>3. Is the issue one with potential significant impact for the population of Solihull?</p> <p><i>NB impact could be on Health and or it could be Political, Economic, Social or Technical.</i></p> | <p>Consider is it:</p> |
| <p>Project Management</p> | |
| <p>4. Is there a project group with representation from commissioners/ providers and the staff doing the needs assessment?</p> | |
| <p>5. Have you identified the resources to complete the needs assessment eg people, equipment.</p> | |
| <p>Administration</p> | |
| <p>6. Is the NA rolling programme registration form complete?</p> | |

Notes

If answer to 3 is 0, it is unlikely that the needs assessment will be included in the NA programme.

After the screening programme the

Solihull's Needs Assessment template

1. **executive summary**
2. **What is the issue and why is it important for Solihull?** Include current key challenges/opportunities such as legislation changes.
3. **Which population is this needs assessment about?**
4. **What is the focus of this needs assessment?**
 - a. A specific population group; are services meeting current and future need? **OR**
 - b. A disease or condition; are services meeting current and future need?
5. **Using available literature, data and any other sources, what are the expected numbers, distribution and pattern by person, place and time?**
 - a. Person
 - i. Prevalence - How many people with X?
 - ii. Incidence - How many new people with X?
 - iii. Mortality - How many people die from X (if applicable)?
 - iv. What are the features of the population affected? Are some groups over or under represented?
 - v. Consider equality: age, gender, ethnicity, sexual orientation, faith, disability, deprivation/poverty/socioeconomic class and particular vulnerable groups including adults and children in need of safeguarding.
 - vi. Is there a gap in services in different geographies?
 - vii. Risk factors – are any groups more susceptible?
 - b. Place
 - i. Where are the people with the issue locally?
 - ii. Is it what is expected from regional and national comparisons?
 - c. Time
 - i. What are the trends – past and future over time?
 - ii. Is there anything that could change the need for services in the future e.g. population change, legislation?
 - d. How does our picture of services and burden compare nationally, regionally and with counties of similar characteristics?
6. **Existing services**
 - a. What are the services available? Include prevention, primary, secondary and tertiary services.
 - b. How do people access them?
 - c. Where are the services?
 - d. How does our picture of services and burden compare nationally, regionally and with counties of similar characteristics?
7. **Using data available from existing services, what are the observed numbers by person, place and time?**
 - a. How many people use the services (observed number with issue with need for service)?
 - b. What are the characteristics of the people who use the services (observed characteristics of people with issue who have a need for services)?

- c. Are any subgroups not accessing services and why?
- d. Do any population groups/communities have a differential experience of services?
- e. How does our picture of services and burden compare nationally, regionally, against any prescribed levels and with counties of similar characteristics?

8. Service user experience

- a. What are the experiences of people (incl carers or population groups) of using the services?
- b. Consider all categories of service user experience:
 - i. Access and waiting
 - ii. Safe, high quality, coordinated care
 - iii. Building closer relationships
 - iv. Better Information, more choice
 - v. Clean, friendly and comfortable place to be
- c. What are the views of non-service users?
- d. What do service users, carers or population groups think would improve services?
- e. What are the opinions of professionals on services in terms of met and unmet need?
- f. What do professionals think would improve services?

9. Evidence of Effectiveness

- a. Is current service provision effective?
- b. How much do services cost?
- c. What does the evidence suggest is the most cost-effective way of providing care?
- d. How will you know when services are right?

10. Information gaps

- a. What are the gaps in information?
- b. How might they be filled in the future?

11. Conclusions

- a. What is your *opinion* based on the evidence you have gathered. How well or otherwise do *you* consider services are meeting needs currently?
- b. Are some groups of people getting a raw deal? Compare the expected number and characteristics of those with issue with those observed accessing services to identify potential unmet need.

12. Recommendations

- a. What changes do you think are needed to get the best value services in place for the people that need them? Consider effectiveness and efficiency, disinvestment as well as investment.
- b. Consider the impact on the environment, or how services could be developed to support the sustainability agenda.

13. Glossary

- a. A glossary of terminology used.

NA Review Quality Assurance Checklist

The commissioning lead is responsible for filling this out to ensure that the needs assessment meets their requirements. It will then be sent with the needs assessment to the NA CIG for sign off before being published. Please score each statement between 0-5, with 0 meaning the NA has not considered this area and 5 meaning it has been fully considered. If the NA CIG approves the needs assessment, future refreshes can aim to undertake work to address areas that have a low score.

Title of needs assessment:

Date of completion:

What is the focus of this needs assessment?

Commissioning Lead:

Project group members:

| Question number | Review question | Complete |
|-----------------|--|----------|
| | Executive summary | |
| 1 | Is the needs assessment complete? | |
| 2 | Is it clear why this issue is important for Solihull including the national and political context? | |
| 3 | Is it clear which population this needs assessment is about? | |
| 4 | Is it clear what the focus of this needs assessment is? | |
| 5 | Have expected numbers, distribution and pattern by person, place and trends over time been considered for each population/condition group? | |
| 6 | Have potential inequalities been considered including: | |
| 7 | <ul style="list-style-type: none"> • Age | |
| 8 | <ul style="list-style-type: none"> • Gender | |
| 9 | <ul style="list-style-type: none"> • Ethnicity | |
| 10 | <ul style="list-style-type: none"> • Sexual Orientation | |
| 11 | <ul style="list-style-type: none"> • Faith | |
| 12 | <ul style="list-style-type: none"> • Disability | |
| 13 | <ul style="list-style-type: none"> • Deprivation/Poverty/Socio-economic class | |

| | | |
|----|--|--|
| 14 | <ul style="list-style-type: none"> • Geography / rurality | |
| 15 | <ul style="list-style-type: none"> • Adults and Children in need of safeguarding | |
| 16 | <ul style="list-style-type: none"> • Families / Parents / Children | |
| 17 | Have existing services been considered? | |
| 18 | Has patient and public opinion on those services been considered? | |
| 19 | Has this needs assessment been benchmarked against its predecessor if any? | |
| 20 | Has evidence of best practice and literature on the most effective ways of providing interventions been analysed? | |
| 21 | Has current service provision been compared to best practice? | |
| 22 | Have the outcomes we want to achieve been explicitly stated? | |
| 23 | Have gaps in information been explicitly stated and do these relate to recommendations for future service commissioning? | |
| 24 | Does the needs assessment have a comprehensive glossary? | |
| 25 | Is there a clear structure? (Intro, body, conclusion) | |
| 26 | Are there clear, actionable recommendations on what needs to change to get the right services available to the people who need them? | |
| 27 | Has a date for review been entered into the status report? | |
| 28 | Are there any inter-relations with other needs assessments that this needs to involve? | |

Comments

| | Score | High | Medium | Low | Zero | Score | Weighting | What's the evidence? |
|-------------------------|--|---|---|--|--|-------|-----------|----------------------|
| | Criteria | 10 points | 6 points | 4 points | 0 points | | | |
| Estimated Level of Need | Level of need – Volume | Topic covers an estimated <u>large</u> 'in need' population (>25,000 people). | Topic covers an estimated <u>medium sized</u> 'in need' population (10,000 – 24,999). | Topic covers an estimated <u>small</u> 'in need' population (<10,000). | - | - | 1.5 | |
| | Level of need – Severity | The population concerned have <u>'severe'</u> needs. | The population concerned have <u>'considerable'</u> needs. | The population concerned have <u>'moderate'</u> needs. | - | - | 1.5 | |
| | Level of need – Trend | Available evidence suggests <u>rapidly worsening</u> situation over time. | Available evidence suggests <u>worsening</u> situation over time. | Available evidence suggests situation has remained <u>stable</u> over time. | Available evidence suggests <u>improving</u> situation over time. | | 1 | |
| | Level of need – Benchmarks | Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier). | Available evidence suggests <u>above average</u> prevalence relative to comparator areas. | Available evidence suggests prevalence <u>in-line</u> with comparator areas. | Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas. | | 1 | |
| | What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit? | <u>Large</u> potential health benefits to be gained. | <u>Medium</u> potential health benefits to be gained. | <u>Small</u> potential health benefits to be gained. | - | | 1 | |

| | | | | | | | | |
|---------------------------|---|--|---|---|--|--|-----|--|
| Early Intervention | Does the topic have early intervention implications? Is it an emerging issue which is likely to cause further problems in the future? | <u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention. | <u>Some evidence</u> which highlights areas suitable early intervention. | <u>Weak evidence</u> that the topic has areas suitable early intervention. | <u>No evidence</u> to suggest that the topic contains areas suitable early intervention. | | 1 | |
| Consultation & Engagement | What level of qualitative information do we have on the issue? | <u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users. | <u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users. | <u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users. | <u>No evidence of views</u> from stakeholders, patients, residents and/or service users. | | 1 | |
| Inequalities | What is the scale of inequality? | <u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent. | <u>Some notable geographic or population-based inequalities</u> are apparent. | <u>Some minor inequalities</u> exist. | <u>Little or no evidence</u> of inequalities. | | 1 | |
| Wider Impact | What broader impact does the topic have on the local population? | A number of <u>significant, clear and obvious direct impacts</u> . | A <u>moderate direct and/or indirect impact</u> . | A <u>minor indirect impact</u> . | <u>Unclear, little or no impact</u> . | | 1 | |
| Cost Implications | Estimated economic cost associated with tackling the topic in Warwickshire | <u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs</u> both now and in the future. | <u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs</u> both now and in the future. | <u>Low levels (<£1 million) of estimated economic costs</u> either now/and or in the future. | - | | 1.5 | |