

9 Local public health intelligence

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To plan and intervene effectively in ways which will improve health and reduce inequalities, it is literally vital for public sector and other local organisations to have a comprehensive understanding of the populations they serve and the factors that influence their health and well-being. To undertake strategic planning, they need an overview of their populations as a whole, but also a detailed understanding of the profile of different groups, including the groups who are most vulnerable and disadvantaged. There are many sources of information designed to help local areas understand and analyse their health needs and assist in planning to meet them. Directors of Public Health are required to produce an annual report which will give an overview of the health of the local population. Local authorities themselves produce a considerable amount of information for many purposes, much of which relates to the social determinants of health. Much of this is disaggregated by wards or even smaller geographical areas (such as Lower Super Output Areas which nest within ward boundaries) and is also used to produce socio-economic profiles of different groups, such as older people, young people, disabled people and people from different ethnic groups. Some sources of intelligence about local populations relate specifically to health and social care. None of these provides all the health intelligence that strategic planning requires, but together they provide a very extensive set of complementary information. The main sources of information are outlined and briefly discussed below.

Joint Strategic Needs Assessments

All areas (ie those covered by social services authorities and their relevant PCT) have a Joint Strategic Needs Assessment (JSNA) for the area. The JSNA is an increasingly important tool for planning and commissioning health and social care. Starting with what is known about the area's population and about current service provision, "it seeks to identify gaps in health outcomes with particular attention to the needs of less well served segments of the population" (Hughes, 2009). The Department of Health believes that the intelligence and data in JSNAs "ought to provide a robust local test of whether a fair and equitable approach is being taken to meet the health and well being needs of local people" (IDeA Healthy Communities website, 2010). As JSNAs are relatively new (in their third year of preparation at the time of writing) they may not yet be in a position to

provide such a test. However, they should already be an important source of evidence to inform planning for health, including planning for early intervention and prevention.

At this early stage, most JSNAs concentrate on information that supports planning specifically for health and social care services, as distinct from services that relate to the wider determinants of health. Nonetheless, the intention has always been that JSNAs should include general demographic, social and environmental information, as well as health profiles; that they should be used to underpin and inform planning that is designed to tackle health inequalities and their broad determinants (DH 2007, Annex A); and that they should reach "outside the health and social care community to engage wider partners" (IDeA Healthy Communities website, 2010).

Using the JSNA to look at the wider determinants of health

The 2009 JSNA for Cumbria has a chapter on "Living conditions and health inequalities". This chapter uses maps and statistics to give an overview of relative deprivation and wealth across the county, showing where the most deprived populations are concentrated, but also notes that the majority of people in relative poverty (56 per cent) live outside these deprived areas. The JSNA also shows the correlation between deprivation, poor health outcomes and life expectancy. The strategy considers what is being done locally to impact on four major areas that affect people's health:

- services to support mothers and children
- the education system
- creating the conditions for decent employment opportunities
- access to quality housing.

Embedding this information in the JSNA enables health and social care specialists to make the links with policy and service areas well beyond their own specialisms. It also enables those working in areas outside health and social care to understand better the impact of their own work on health, and thereby fosters an integrated and

coherent approach to tackling the social determinants of health.

Cumbria JSNA, 2009: <http://www.cumbria.nhs.uk/YourHealth/PublicHealthInformation/Cumbria%20JSNA%202009.pdf>

The Health Inequalities Intervention Tool

To support PCTs and local authorities, the London Health Observatory has produced a Health Inequalities Intervention Tool (HIIT). The tool allows users to look at the gap in life expectancy between the most deprived quintile (MDQ) in the local authority selected and a range of comparators. It also allows them to model the impact of four interventions on life expectancy in the local authority and the most deprived quintile of the local authority selected. The interventions considered are smoking cessation, measures to reduce infant mortality, high blood pressure and the use of statins to reduce cholesterol which causes heart disease.

To some extent the interventions currently covered by the HIIT are oriented to NHS activity and to intervening once a health condition is established, rather than to tackling the “upstream” causes or wider determinants of ill health. However, many local authorities are involved in smoking cessation programmes with their PCT and in interventions to try to reduce teenage pregnancy which can result in low birth weight and poor life and health chances for the children of teenage parents. Any local authority striving to achieve its Local Area Agreement targets will be focusing on these issues. This tool can help local authorities understand the potential impact of their activities in these areas and, as such, assist in developing strategies with a maximum impact on health and health inequalities.

The Health Poverty Index

The Health Poverty Index (HPI: www.hpi.org.uk) is a web-based tool covering all local authority districts in England. It allows geographical areas and different ethnic groups to be compared in terms of their ‘health poverty’. It provides a single, high level, visual summary of an area’s status in terms of health poverty, drawing on over 60 indicators of health and its wider determinants.

The HPI was developed to underpin work on reducing inequalities by informing policy development, service planning and resource allocation. Rather than being a tool for monitoring inequalities and evaluating the effectiveness of interventions, the HPI has been developed as an essential summary at the start of the decision-making process as part of assessing needs and facilitating discussing within local

partnerships on local priorities.

Currently, users are able to select and compare an area against England as a whole, similar areas in terms of ONS family classification, or another local authority. It is also possible for HPI users to compare areas against the Spearhead Group of local authority areas. A Health Poverty Index workbook has also been developed which guides the user through some of the features of the tool and demonstrates how the tool can be used.

Local Health Profiles

In June 2006 a set of community health profiles for England were first published. Local authority health profiles are designed to show the health of people in local authorities across England. They cover all but two of the 388 local authorities, including county councils, district councils, unitary councils and London boroughs. (City of London and Isles of Scilly are not covered due to data limitations.) The profiles have been produced by public health observatories and have been updated every year. This means that they can now be used by local authorities for historical comparisons and to evaluate progress. They cover a very wide range of indicators, including deprivation indicators and those covering many of the wider determinants of health, as well as “lifestyle” indicators like local rates of obesity, physical activity, smoking in pregnancy and breastfeeding and long- and short-term medical conditions like diabetes and hip fractures. Regional profiles were also created for the first time in 2008 to provide a ranked comparison of local authorities and counties within each region.

These health profiles can be used by local authorities and the health service to highlight the health issues for their local authority area and to compare them with other areas. The profiles are designed to show where there are important problems with health or health inequalities. The profiles can be used with other local information, such as the Audit Commission’s Area Profiles, to target action to improve the health of local people. The Profiles can be found at: www.apho.org.uk/resource/view.aspx?RID=50202

References

Department of Health (2007), *Commissioning Framework for Health and Well-being, Annex A – Joint Strategic Needs Assessment*: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_072605.pdf

Hughes, L. (2009), *Joint strategic needs assessment: progress so far*, IDeA

IDeA Healthy Communities website (2010) discussion on JSNAs: <http://www.communities.idea.gov.uk/c/980146/forum/thread.do?id=2534518>