

Towards a locality-based needs analysis framework

Background: As part of the process of considering the feasibility of developing an integrated locality-based framework to assess need as part of early intervention and prevention strategy development, the following information has been produced.

Aim: To explore the feasibility and value of developing a locality based needs assessment process.

Methods: A search was conducted for routinely data reported at ward-level. This was done by online searching and discussion with intelligence teams at the CCG and council.

Data available: The following datasets have been identified which are either reported at a ward level or at a GP practice level (approximated to ward).

Measure type	Measure description	Measure	Source
Demographics	Population by age band	0-4,5-9,10-14,15-19	ONS
Early Years & Development	Birth-weight (by ward)	% low birth-weight	PHE
	Breast-feeding rates	%breastfed babies at 6 and 12 weeks	PHE
	Immunisations (by GP)	DTP at 12m, MMR1, MMR2	COVER - PHE
	Development at age 5 (by ward)	% reaching satisfactory development at 5 years	PHE
Lifestyle and Behaviour	Excess weight and obesity (by ward)	% with excess weight, % with obesity at 4-5 years and 10-11 yrs	NCMP - PHE
	Teenage smoking (by ward)	Smoking prevalence aged 11-15 (modelled)	SDD Survey - NHS digital
Healthcare use	A&E attendance (by GP)	Visits per 1000 population (0-17)	HES and PHE practice profiles
	Emergency admissions (by GP)	All cause, gastroenteritis (0-4 years), respiratory, diabetes and epilepsy, per 1000 population	HES and PHE practice profiles
	Elective admissions (by GP)	Admissions per 1000 population (0-17)	HES and PHE practice profiles
	Admission due to injury (by GP)	Admission per 1000 population (0-17)	HES and PHE practice profiles
	Outpatient first attendances (by GP)	Attendances per 1000 population (0-17)	HES and PHE practice profiles
Socio-economic need	Child poverty (by ward)	% of children living in poverty	Dept. Of Comm and local gov.
	Unemployment (by ward)	% of working-age population claiming out of work benefits	NOMIS - PHE
	Children in Need (by ward)	No. of children unlikely to achieve/maintain a reasonable level of health or development or who is disabled	LBH
	Child Protection (by ward)	Number of children with a child	LBH

		protection plan	
	Behavioural Problems (by ward)	Number of children identified with behavioural problems	LBH
	Parenting skills support (by ward)	Number of households requiring parenting skills support	LBH
Education	Poor attendance at school (by ward)	TBC	LBH
	Missing education (by ward)	TBC	LBH
	Special Educational Need	TBC	LBH
Youth Offending	Offences	Number of knife-crime, violent incidents	LBH

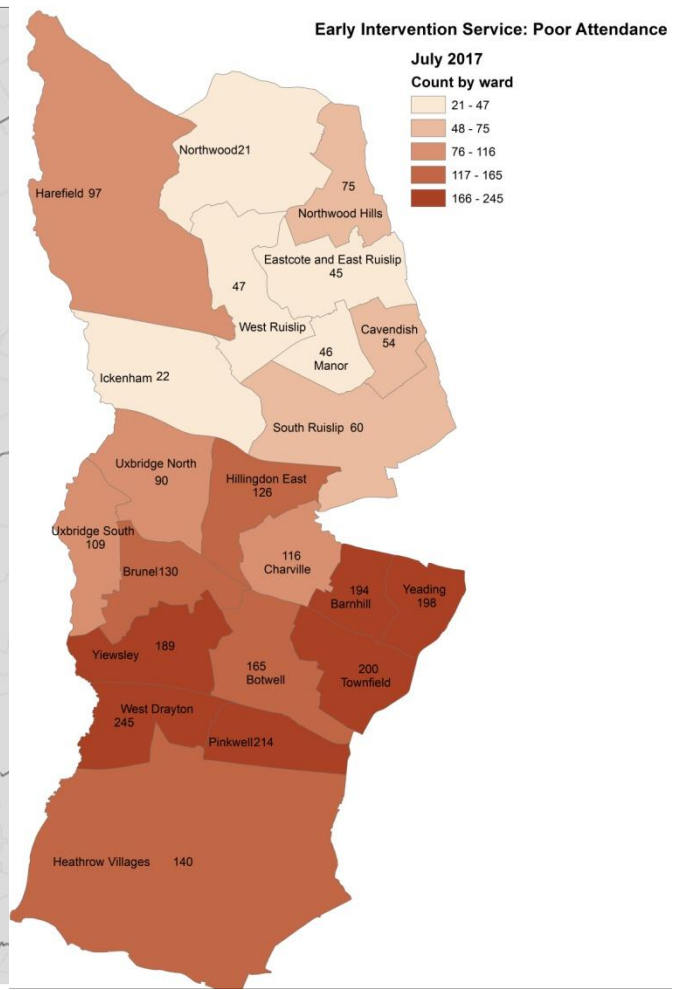
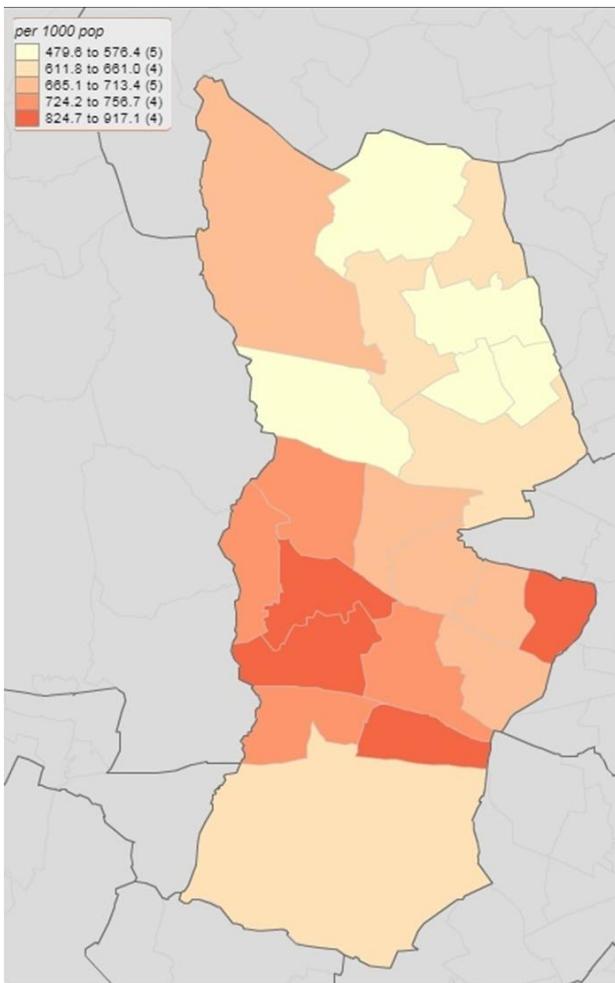
Other areas being investigated:

- Health visiting data by ward
- CAMHS data by ward

Example maps:

A&E attendance per 1000 (0-4yrs)

School poor attendance



Issues encountered

- Accurate data at a sub-borough level can be limited - where data is unavailable there is an opportunity to apply regional/national rates to local populations, however they will be estimates with potentially wide uncertainty.
- GP practice level data was approximated to the local ward but there will be inaccuracy as not all registered patients will live in close proximity to their practice.

Considerations

- Review of what data is most useful to planning children's services can form the basis of a routine locality needs framework that can aid surveillance, commissioning, service redesign and evaluation of interventions at local service hubs.
- Identify other routine data sources to incorporate into the framework
- Refine methodology to align GP and geographic data
- Develop a system that routinely enables issues and multiple risk factors to be considered and acted upon.