

Report to Rutland Health and Wellbeing Board

Subject:	Joint Strategic Needs Assessment and Health & Wellbeing Priorities
Meeting Date:	17th November 2015
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Presented by:	Karen Kibblewhite
Paper for:	Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

Strategic Objectives

- Meeting the health and wellbeing needs of the community

Background

Rutland's draft Joint Strategic Needs Assessment (JSNA) was presented to the Health & Wellbeing Board in July and was approved pending some minor amendments. The existing Joint Strategy for Health & Wellbeing runs to 2016 will need to be refreshed in light of the data and information contained within the JSNA.

Whilst the detailed chapters of the JSNA which will support the Strategy refresh are being completed, the Health and Wellbeing Board still need to drive forward the Health & Wellbeing agenda for Rutland and as such need to identify current priorities for focus.

Existing Priorities within the Joint Health & Wellbeing Strategy

The existing Strategy identified 3 themes, within which there were a number of priorities:

Theme 1: Giving children & young people the best possible start

Priorities: i) Vulnerable Families;
ii) Vulnerable Teenagers;
iii) Emotional health and wellbeing of children, young people and their families.

Theme 2: Enable people to take responsibility for their own health

Priorities: i) Obesity;
ii) Smoking;
iii) Alcohol.

Theme 3: Help people live the longest healthiest life they can

Priorities: i) Frail elderly;
ii) Dementia
iii) Cancer
iv) Depression and anxiety
v) Wider determinants of health

Potential Priorities

There are three key drivers for health and wellbeing work in Rutland currently:

- Health and social care integration
- Better Care Together (BCT)
- Better Care Fund (BCF)

As well as these and the workstreams contained within BCT and BCF, the JSNA Overview identified several additional areas for focus:

- 1) Planning care for an ageing population
- 2) Dementia
- 3) Carers
- 4) Obesity
- 5) Children’s oral health
- 6) Factors affecting access to information and advice, including access to preventative services.

The Board may wish therefore to concentrate on a thematic priority, for example ensuring that the considerations of integration run through all the work undertaken; or the Board may wish to identify a particular area of interest on which to focus some dedicated work over the next three to six months, for example alcohol or obesity.

Financial implications:

There are no specific implications of identifying priorities themselves, although there may be financial implications attached to specific pieces of work.

Recommendations:

That the Board:

Discuss the potential priorities and identify where they wish to focus over the next three to six months.

Strategic Lead:

Karen Kibblewhite

Risk assessment:

Time	L	The intention to identify an initial priority (or priorities) for the next three to six months is viable and is in line with good practice recommendations for high performing Health & Wellbeing Boards.
Viability	L	Once priorities have been identified, they will be woven through existing work and plans.
Finance	L	There are no additional financial implications of identifying the priorities themselves.
Profile	M	The priorities identified will drive the Health and Wellbeing Board’s work and will be public-facing..
Equality & Diversity	L	Full Equality Impact Assessments will be completed for individual pieces of work.