

Report to Rutland Health and Wellbeing Board

Subject:	Joint Strategic Needs Assessment
Meeting Date:	23rd July 2015
Report Author:	Karen Kibblewhite, Head of Commissioning
Presented by:	Karen Kibblewhite, Head of Commissioning
Paper for:	i) Comment on the JSNA Overview ii) Comment on and agreement of the detailed chapter subjects and the timescales for completing them.

Context, including links to strategic objectives and/or strategic plans:

Strategic Objectives

- Meeting the health and wellbeing needs of the community

Background

Rutland’s last Joint Strategic Needs Assessment was completed in mid-2012 and the data contained therein is now largely out of date. We also need to develop a clear strategy for commissioning in Rutland, which is contingent on having an up-to-date understanding of what the population’s needs are.

JSNAs should be designed to be a user friendly document, which encompass a wide range of indicators to inform need. They are a means of capturing the key data in one place and designed to elucidate levels of need across communities – they are not designed to provide solutions to needs levels.

Approach

As agreed by the Health & Wellbeing Board in February 2015, we are creating a JSNA format which is stored as a series of online data and documents, and which can be refreshed as new data becomes available. This approach was agreed by the Health & Wellbeing Board in February 2015 and will enable us to make clear, evidence based decisions. The overall JSNA will be structured as follows:

- a) Overview document
- b) Online tableau data
- c) Online detailed chapters covering specific themes

Overview - The Overview document is a concise report of the key headlines from this online data, with explanatory narrative. This will create a user-friendly document that then directs people to the more detailed data available on any given area in the tableau. It will provide the evidence base upon which the Commissioning Strategy will be developed. The draft Overview report is attached for comments.

Online Tableau Data - The Public Health Team have put together an online ‘tableau’ for data, which will allow any partner to access the most recent data available across a range of Public Health, Adult Social Care, Children’s and other local indicators. This data will be refreshed on an ongoing and periodic basis as new data becomes available.

Detailed Chapters - The key issues identified within the Overview document will form the basis each drill-down detailed chapter. The detailed chapters will be developed so that they can be used as stand-alone documents as well as part of the JSNA. They will use nationally comparable data, local datasets, and key stakeholder consultation to inform recommendations about needs and future provision. The themes for the chapters will be approved by the Health & Wellbeing Board and timetabled to be undertaken over a period of two years.

Consultation

A working draft of the JSNA Overview was shared with internal stakeholders and CCG colleagues for comments in June. Following the initial comments, a further draft has been shared with wider stakeholders. The deadline for these comments was 21st July.

A draft was also presented at People (Adults & Health) Scrutiny on 9th July for comments and feedback.

Financial implications:

The JSNA will inform future commissioning of services by ensuring that services are targeted to meet our identified needs. By identifying our priority areas, it should enable the Council and other partners to make best use of their resources. The costs of undertaking the JSNA itself are within existing workloads and resources

Recommendations:

That the HWB:

1. Comment on the JSNA Overview.
2. Comment on and agree the detailed chapter subjects and the timescales for completing them.

Comments from DMT/SMT:

DMT approved the document.

SMT approved the document with some additions.

Strategic Lead: Karen Kibblewhite

Does the report need to go to informal cabinet? Y

Key decision: N **Has portfolio holder been briefed?** Y

Risk assessment:

Time	M	The timetable proposed is viable. The requirement to have something in place is key to ensuring there is a basis for our commissioning moving forward.
Viability	L	This is reliant on capacity within the Public Health Intelligence Team and at RCC. This will be mitigated by the timetabling of the detailed chapters.
Finance	L	There are no additional financial implications of undertaking the JSNA itself – the work is within existing resources and workload.

Profile	M	The JSNA is a key document which drives the Health and Wellbeing Board's work.
Equality & Diversity	L	<p>An Equality Impact Assessment (EIA) screening has been completed. A full Equality Impact Assessment (EqIA) has not been completed because the JSNA cover a range of different groups in Rutland, including those with protected characteristics, and the impact of this needs assessment will be better targeting of services to those who need them most.</p> <p>As individual chapters are completed they will be subject to an EIA screening.</p>

Proposed JSNA Chapters

It should be noted that the JSNA is an iterative document and will be added to as more data becomes available. It is therefore suggested that whilst an initial timetable for the chapters is agreed, that this is reviewed periodically to ensure that any emerging issues can be added and priorities be brought forward.

It is envisaged that three to four months will be needed per chapter for data collection, analysis and drafting depending on the scope of each, prior to consultation and sign-off. Where work has already started or is aligned to other workstreams, there may be some overlap.

Chapter	Timescale
Children and Young People's Mental Health	Started May 2015
Substance Misuse	Started June 2015 (aligned with re-procurement of services)
Sexual Health	Started July 2015
Learning Disabilities	Started July 2015 (part of BCT workstream – 6 month timescale)
Residential and Domiciliary Care	August 2015 (aligned to re-procurement)
Children's health provision 0-19 years (aligned with the transfer of Health Visiting)	October 2015
Frequent attendees to Primary Care	November 2015
Children's oral health	December 2015
Special Educational Needs and Disability	March 2016 (to follow Learning Disabilities)