

Topic:	Living My Life, My way, a strategy for disabled people in Staffordshire 2013-18, as part of the alignment by the Health and Wellbeing Board of commissioning strategies to Living Well in Staffordshire
Date:	10th September
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Report Type	For information

1 Purpose of the report

- 1.1 This paper reminds the Board of the proposed approach by the HWB Intelligence Group on how it exercises the responsibility to ensure alignment of strategies and commissioning intentions to the Living Well in Staffordshire strategy. This approach has been trialled by evaluating a single strategy and then been modified as appropriate. This approach is to enable the Board to better deliver improved outcomes for the people of Staffordshire and facilitate the integration of different parts of the Staffordshire health and wellbeing economy.
- 1.2 The Board is asked to consider this report and recommend that the approach that has been trialled is now applied to the other strategies and commissioning intentions of the system.

2 Methodology for assessing commissioning strategies and intentions

2.1 What strategies are in scope?

The scope may evolve and change over time but in the first instance the Intelligence Hub is supporting the Board with its obligations to review the commissioning intentions and strategies of the following:

- All Age Disability (trialled and the subject of this report)
- CCG Commissioning Plans
- Mental health
- Children
- Older people (and its former prevention counter-part of Help to Live at Home)
- Carers
- Drugs and alcohol

3 Evaluation of Living My Life, My Way

3.1 The strategy was evaluated and the observations discussed with the Commissioner. The areas looked at are as per Appendix 1. They are summarised below as areas of strength, and then opportunities for future development.

3.2 Use of evidence

As far as what evidence is currently available this was used and very evident in the strategy. **STRENGTH**

The needs data though is patchy and quite broad. Some is also quite old data. The children’s data is better as is it drawn from the Aiming High Programme. It would be an aspiration to get as good data for adults as we can access for children. We should be monitoring unmet need. Geographical data should be based on what the commissioning questions are to be answered.

OPPORTUNITY – to develop up to date and meaningful data across the whole spectrum as part of the next development of the Strategic Needs Analysis with the Observatory

National benchmarking, learning and evidence base for interventions.

OPPORTUNITY – is to develop these areas further in any future strategy / delivery plan between Commissioners and the Observatory

Engagement of the third sector, providers and people (and their families) is well evidenced in the governance and partnerships endorsed in the integrated commissioning approach between Staffordshire County Council and Health.

STRENGTH

3.3 Alignment to Living Well strategy

The strategy is very well aligned. **STRENGTH**

Material in the appendices could be reduced. **OPPORTUNITY** – in any refresh/updates.

In any update/refresh, as the Board and system is far more focused on prevention and early intervention compared to when the strategy was written, there is a place for reflecting the life course approach. This could include areas that can support prevention e.g. ante natal screening, addressing macular degeneration, support in Early Years to mitigate issues associated with disability, in inclusive settings. **KEY OPPORTUNITY** – in any refresh/update and in production of commissioning intentions.

3.4 Impact on population health outcomes and reducing health inequalities.

The strategy is very ambitious and explicit on outcomes. **STRENGTH**

3.5 Monitoring and evaluation

There are many actions and measures in the strategy. **STRENGTH**

Work is underway to ensure systems can measure outcomes for individual people. **OPPORTUNITY**- this learning will come to the Board and be included in the Outcome Reports which the Board see on a quarterly basis.

3.6 Effective use of resources/value for money

There is a clear intention to support prevention and early intervention. This will be monitored in detail by the All Age Disability Board and reported in summary to the Health and Wellbeing board. **STRENGTH**

Collaborative commissioning is underway and each theme has been evaluated for the merits on who the partners are and which budgets would benefit from pooling arrangements. **STRENGTH**

3.7 Other comments

As documents are reviewed, the Intelligence Group will get a picture of how different commissioning cycles work. But overall there are different approaches to the way commissioning is approached. Some areas have strategies, some have commissioning intentions, and some have delivery plans. In a system that aspires to be better integrated, we can anticipate there will need to be some greater alignment on what we produce and when. **OPPORTUNITY** –for the Board to consider in due course as further reports are presented.

It is not helpful to rate a strategy/commissioning intentions/ delivery plan on the usual red, amber, green basis. This is an opportunity for learning and raising awareness about different parts of the system can share and work together. By this we all benefit and our impact for the public is greater **OPPORTUNITY** – feedback on how the process is working and received will be interactive and not use a ratings system.

Some strategies were written with population cohorts in mind, rather than from a more preventative or whole population focus. As we refresh and develop new approaches, the Board will ask leads to consider these wider scopes for inclusion in their documents. **OPPORTUNITY** – for the scope of integrated commissioning and delivery over time for the Board to steer.

4 Recommendations

4.1 The Board is asked to commend the development of the Living My Life My Way Strategy.

4.2 To implement the opportunities noted above in relation to the future evolution of the strategy.

4.3 To endorse the approach to the evaluation by the Intelligence Group.

Appendix 1: Draft Proposed Evaluation Tool

	Comments	RAG rating
<p>1) Use of evidence</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Does the strategy use the evidence made available through the JSNA process? ▪ Has it considered and acted upon the views of local people? ▪ Has it considered the views of local practitioners / providers? ▪ Does the strategy make use of specialist needs assessments conducted for key target groups where relevant? ▪ Does the strategy make use of relevant national learning, benchmarking information and the experience of others with similar challenges? ▪ Does the strategy make use of the knowledge, guidance and evidence-base for relevant interventions? ▪ Is there evidence of partnership working in the development of the strategy? ▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes? ▪ How well are the contributions of the third sector and community structures reflected in the strategy? 		
<p>Recommendation</p>		

	Comments	RAG rating
<p>2) Alignment to Living Well strategy</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Does the strategy make reference to the Living Well strategy? ▪ Does the strategy align to the principles and enablers set out in the Living Well strategy? Does the strategy set out how it will deliver against the health and wellbeing priorities identified in the JSNA / joint health and wellbeing strategy? ▪ If yes which priorities does it address? ▪ To what extent is the balance of existing local service delivery being challenged? ▪ Does the strategy clearly demonstrate and distinguish between primary, secondary and tertiary prevention for key priorities and groups? (think about how strategy will target vulnerability, early intervention for at risk and prevention) ▪ Does the strategy clearly articulate the shift from responsive to preventative interventions? ▪ Does the strategy support local community initiatives to deliver health and wellbeing outcomes? 		
<p>Recommendation</p>		

	Comments	RAG rating
<p>3) Impact on population health outcomes and reducing health inequalities</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ How ambitious is the strategy? ▪ Does the strategy state explicit outcomes? ▪ If yes to above, is there an explanation of how these local outcomes relate to the national outcome frameworks? ▪ Does the strategy explicitly mention proposals on how it will reduce health inequalities and health inequities? <i>Include vulnerable groups</i> ▪ How clearly are health inequalities, and their relationship with other inequalities, understood and explained? ▪ Does the strategy have any adverse impact on health inequalities? ▪ Does the strategy clearly explain how it will work to address the wider determinants of health with other partners? e.g. housing, transport ▪ Does the strategy clearly articulate a shift from block commissioning of service outputs to outcomes for populations? 		
<p>Recommendation</p>		

	Comments	RAG rating
<p>4) Monitoring and evaluation</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Does the strategy include how it will monitor progress? ▪ Does the strategy clearly articulate how actions, impacts and cost-effectiveness will be reviewed? ▪ Are the objectives SMART: specific, measurable, accurate, realistic and timely? ▪ Will these support delivery of the HWB strategic outcomes and targets? (<i>think about scale, population impact, link to the HWB Board's performance outcomes framework</i>) ▪ Does the strategy include monitoring of public and patient experience (<i>e.g. through use of "I" statements, patient's experience of whole system integration</i>) ▪ Is there clear evidence that learning will be shared with the wider health and care economy? 		
<p>Recommendation</p>		

	Comments	RAG rating
<p>5) Effective use of resources / value for money</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Is there an appropriate balance and evidence provided of a shift of resources from responsive to preventative interventions? ▪ Is there clear evidence of a timeline for disinvestment from historic provision to preventative interventions? ▪ How well are resources combined and pooled? ▪ Is there clear evidence provided that the strategy has: <ul style="list-style-type: none"> ○ exploited all opportunities for collaborative commissioning and pooled arrangements ○ removed duplication and demonstrated increased alignment across organisations ○ evidence of effectiveness and efficiencies to the wider Staffordshire Health and Social Care Economy? ▪ Does the strategy make best use of integrating services to make best use of resources? ▪ Does the strategy set out how it will “make every contact counts” to ensure resources are used effectively across the health and wellbeing system? 		
<p>Recommendation</p>		