

Topic:	Review of the Drug and Alcohol strategy , as part of the alignment by the Health and Wellbeing Board of commissioning strategies to Living Well in Staffordshire
Date:	10th December
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Report Type	For Information

1 Purpose of the report

- 1.1 In late 2014, the Staffordshire Health and Wellbeing Board accepted the proposal that it can be supported to manage its cycle of business by the establishment of a HWB Intelligence Group. This group is now up and running and has developed its programme of business for 2015/16.
- 1.2 The approach by the HWB Intelligence Group is now underway 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 well-being economy.
- 1.3 The Board is asked to consider this report and endorse the recommendations.

2 Methodology for assessing HWB 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 (completed)
- CCG commissioning plans (in this set of reports)
- Mental Health (in this set of reports)
- Children (for future review)
- Older People (and its former prevention counter-part of Help to Live at Home) (for future review)
- Carers (for future review)
- Drugs and Alcohol (in this set of reports)

3 Evaluation of the Drug and Alcohol strategy

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

High level evidence from the JSNA is used to develop the strategy and various public health data sources and the alcohol Health Needs Assessment. So as far as the evidence that is currently available this was used and evident in the strategy. **STRENGTH**

There is less evidence of how patients have been engaged and consulted but the review group is aware that engagement is extensive and embedded in approaches such as the asset based development (ABCD.) **STRENGTH**

There is good evidence of partnership working and provider engagement was used to find solutions to improve health and wellbeing outcomes. Contributions from the third sector and the community are also known to be included **STRENGTH**

3.3 Alignment to Living Well strategy

The strategy is very well aligned to Living Well and the principles of prevention and early intervention. The strategic lead has reported recently to the Board that the percentage of the overall spend directed to prevention has increased over the life of the strategy. **STRENGTH**

The strategy clearly outlines the approach to recovery and asset based community development. **STRENGTH**

The priorities of the strategy are targeted at prevention for those who do not use drugs and alcohol problematically; early identification and interventions for those with low level problems; and treatment and recovery for those who are dependent. Therefore it is clear how the cohorts of people and who is targeted for the overall approaches to each group. **STRENGTH**

It is not clear to what extent the existing local service is being challenged in the strategy, but it is known that the focus on prevention has increased, good outcomes are being reported to the Board, and a major re-procurement of treatment services has now bedded in with improving outcomes. We take this to signify a shift in how services used to be provided. **STRENGTH**

The strategy clearly articulates the shift to prevention and early intervention, and it supports local community initiatives to deliver improved health and wellbeing outcomes. **STRENGTH**

The main redesign of the drugs and alcohol approach is the refocus on prevention/early intervention, through to recommissioned treatment services, and in community asset based developments for recovery. There is an opportunity to share this learning with other strategic leads
OPPORTUNITY

3.4 Impact on population health and reducing health inequalities

The strategy is very ambitious and involves whole system changes.

STRENGTH

High level outcomes are articulated and there is an accompanying ADEB dashboard, the highlights of which have been presented at this Board.

STRENGTH

It addresses how to reduce health inequalities, and address how to approach the wider determinants of health with partners. It also applies the principles of evidence based commissioning. **STRENGTH**

3.5 Monitoring and evaluation

There are clear outcomes, and a strategy for sharing success and outcomes via learning seminars. This is excellent practice **STRENGTH**

There is less evidence of how people led feedback will be used within the monitoring approach. **OPPORTUNITY**

The governance machoism is clear for overseeing the implementation of the strategy, priorities, commissioning plans and monitoring progress. **STRENGTH**

3.6 Effective use of resources / value for money

There is a clear intention to support prevention and early intervention, with evidence having been provided of a shift in resources. **STRENGTH**

There are integrated arrangements for lead commissioning and aligned budgets. **STRENGTH** although other public sector funders (beyond social care and health) may be explored for further integration (e.g. police) **OPPORTUNITY**

3.7 Other comments

This is strategy which is very clear in its intent. The focus is to shift to prevention, early help and recovery (after treatment) which are working well from the performance reports. **STRENGTH**

4 Recommendations

- 4.1 The Board is asked to commend the development of the strategy, and the work involved in taking an approach across the whole system.
- 4.2 To further evaluate the progress of the development of the strategy and its delivery plans in the cycle of outcomes reporting to the Board.
- 4.3 To endorse the approach to the evaluation by the Intelligence Group.