Topic:	**Mental Health is Everybody's Business, 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 wellbeing 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 Mental Health is Everyone's Business

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

National intelligence is used in the main to develop the strategy and some local quantitative data. So as far as the evidence that is currently available this was used and evident in the strategy. There is good evidence of partnership working and a good reflection of how individuals and communities are being engaged collaboratively to find solutions to improve health and wellbeing outcomes. **STRENGTH**

It is acknowledged that obtaining accurate data for mental health can be problematic. To supplement this, the commissioner references very good information about listening and engaging with people with mental health conditions, and that we are aware that there is an extensive engagement plan. **STRENGTH**

The use of benchmarking information could be enhanced, and references to the use of the voluntary and community sector were limited in the plan. However we are aware there wider engagement with the sector has taken place and locality commissioning has seen this embedded at a local delivery level with active support in communities. **OPPORTUNITY**

3.3   Alignment to Living Well strategy

The strategy is very well aligned to the life course approach **STRENGTH**

The strategy clearly outlines that its main focus is on adults. There are references to child and adolescent mental health (CAMHs) and there was a view that the strategy could be for all ages, or clearly reference inter-dependent strategies **OPPORTUNITY**

The root causes of mental health issues are acknowledged in the strategy and the need to influence across the pathways of support to other cohorts (e.g. the elderly, those with drug and alcohol issues, children and young people etc.) However a large proportion of commissioning priorities are for specific users.

In meeting the parity of esteem approach and embedding good mental health and wellbeing into our communities, it begs the question about whether a separate strategy for adult's mental health and standalone delivery can achieve that aim on its own. KEY OPPORTUNITY

It was not possible to evaluate the extent to which the existing service delivery is being challenged, although we understand that the delivery plans which accompany the strategy and the integration of the two current separate commissioning boards into one, is likely to be the place at which this is addressed. **STRENGTH**

The strategy articulates the shift from responsive to preventative interventions **STRENGTH**, but is less clear on "how" it will target vulnerability and early intervention for risk and prevention **OPPORTUNITIES**

The strategy supports local community initiatives to deliver heath and wellbeing outcomes, through for example, improved pathways and better links with schools, and those with long term conditions etc. **STRENGTH**

3.4 Impact on population health and reducing health inequalities

The strategy is very ambitious S**TRENGTH**

It references the development of an Outcomes Framework (which has now been presented and discussed at the Board) and it links to the other national outcomes framework requirements (e.g. Adult Social Care Outcomes Framework) **STRENGTH**

It is not possible to assess "how" the strategy will work to address the wider determinants of health with other partners, nor a shift from block commissioning of service outputs to outcomes for pupations. **OPPORTUNITY** to look at the commissioning/delivery plans.

3.5 Monitoring and evaluation

The governance which oversees the strategic delivery is clear and an outcomes framework is now developed. **STRENGTH**   Actions, impact and cost effectiveness are not addressed ion the strategy, but are included in the commissioning plans. **OPPORTUNITY**

The strategy supports the delivery of the Living Well Strategy, through identifying root causes of issues and creating links across the system to address prevention and early support **STRENGTH**

The engagement of the public and patients in monitoring the whole of their experience is well described and embedded **STRENGTH**

There is no clear mechanism referenced for sharing learning across the wider health and care economy **OPPORTUNITY**

3.6 Effective use of resources/value for money

There is a clear intention to support prevention and early intervention. This will be overseen by the commissioning board (s). **STRENGTH** However, the budget between social care and health is not pooled which would support the shift into wider and more preventative approaches. The commissioners are looking at the opportunities here as to what to pool for what outcomes.

The budget is not pooled, but there is a joint commissioning team for mental health who work together on contractual issues and specifications. They commission jointly funded services and co-create commissioning intentions. They have a single strategy and are implementing the plan together. **OPPORTUNITY**

Greater service integration would be a result of the broader collaboration and alignment which is underway The locality contributions to better wellbeing are noted but not further described as to how this could be operationalised. **OPPORTUNITY**

There is a clear cross over between the children's strategy, mental health, and the adults and older people's strategies and locality working. This review asks the question of how well these are understood and maximised **OPPORTUNITY**

3.7 Other comments

This is an excellent and aspirational strategy. The context (facts and figures) is very clearly set out. The cross cutting themes are stated, and the focus to shift from mental (ill) health to mental wellbeing **STRENGTH**

4 Recommendations

4.1 The Board is asked to commend the development of the Mental Health is Everybody's Business strategy, and the work involved in gaining sign up and ownership to this approach across the whole system.

4.2 To monitor and evaluate the opportunities achieved in the regular performance oversight by the Board.

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

Appendix 1: Draft Proposed Evaluation Tool

	Comments	RAG rating
1) Use of evidence *Prompts:* ▪ 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?		
Recommendation		

	Comments	RAG rating

2) Alignment to Living Well strategy
 	
Prompts:
 	
   ▪ 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?		

Recommendation		

	Comments	RAG rating
3) Impact on population health outcomes and reducing health inequalities ***Prompts:*** - 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? *Include vulnerable groups* - 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?		
Recommendation		

	Comments	RAG rating
4) Monitoring and evaluation ***Prompts:*** - 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? *(think about scale, population impact, link to the HWB Board's performance outcomes framework)* - Does the strategy include monitoring of public and patient experience *(e.g. through use of "I" statements, patient's experience of whole system integration)* - Is there clear evidence that learning will be shared with the wider health and care economy?		
Recommendation		

	Comments	RAG rating

5) Effective use of resources / value for money
 	
Prompts:
 	
- 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:
    o exploited all opportunities for collaborative commissioning and pooled arrangements
    o removed duplication and demonstrated increased alignment across organisations
    o 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?		

Recommendation		