



Health and Wellbeing Board

6 November 2013

Report Title

Progress Update on Joint Health and Wellbeing Strategy Priority: Alcohol and Drugs

Cabinet Member with Lead Responsibility

Councillor Sandra Samuels
Health and Wellbeing

Wards Affected

All

Accountable Strategic Director

Sarah Norman, Community

Originating service

Community/Public Health

Accountable officer(s)

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Recommendation

That the Health and Wellbeing Board:

- Notes the update in relation to the implementation of the key performance indicators in the Joint Health and Wellbeing Strategy 2013 – 18.
- Notes the plan by the Alcohol Strategy Strategic Leads group to develop a highlight reporting system (dashboard) to streamline the reporting of indicators to monitor progress with the Wolverhampton Alcohol Strategy 2011-2015. This will make reporting more meaningful by reporting by exception those areas that are off track, those areas that are on track and those areas doing very well.
- To agree the proposal that the Wolverhampton Alcohol Strategy is the key implementation plan for the alcohol strand of the Joint Health and Wellbeing Strategy priority area for drugs and alcohol and that the implementation plan for drugs will be through the NACRO contract overseen by a multiagency Joint Commissioning Board

1.0 Purpose

1.1 Alcohol and drugs is one of the key priorities in Wolverhampton's Joint Health and Wellbeing Strategy (JHWBS) 2013-18, approved by the Health and Wellbeing Board at its September 2013 meeting. This report is to:-

- Provide members of the Board with regular updates regarding the key performance indicators used in the JHWBS to monitor performance for this priority and to outline plans to provide more meaningful reporting of the Wolverhampton Alcohol Strategy.
- Proposals are made to clarify the relationship between Wolverhampton's Alcohol Strategy and the Joint Health and Wellbeing Strategy Alcohol priority, which is that the Alcohol Strategy is the implementation plan for the alcohol element of the Health and Wellbeing Strategy Alcohol and drugs priority.
- Arrangements for monitoring the drugs strand of the priority are also outlined.

2.0 Background

2.1 Wolverhampton Joint Health and Wellbeing Strategy 2013 -2018

The Joint Health and Wellbeing Board approved Wolverhampton's Joint Health and Wellbeing Strategy at its board meeting on 4th September 2013. One of the top five priorities identified by the Board was Alcohol and Drugs, with the following key high level targets to monitor progress:

- Reduction in 3 year average alcohol related mortality rates per 100,000 all ages population from a baseline of 19.6 in 2008 – 2010.
- Improvement to the top quintile of performance nationally for :
 - Percentage of drug users in treatment who complete treatment and do not represent within 6 months (opiates)
 - Percentage of drug users in treatment who complete treatment and do not represent within 6 months (non-opiates)

2.2 Wolverhampton Alcohol Strategy 2011 - 2015

The Shadow Health & Wellbeing Board endorsed the Wolverhampton Alcohol Strategy 2011 – 2015, associated action plan and performance management framework on 5th September 2012 and agreed to receive periodic progress reports.

The Board received a comprehensive update on the progress of the strategy at its meeting on 3rd July 2013 which considered performance outturn against action plan for 2012/13 and presented a revised action plan for 2013/14.

2.3 Joint Commissioning Group – NACRO contract for substance misuse

Following a 10 month procurement programme Wolverhampton City Council commenced an initial three-year contract with substance misuse and crime reduction charity NACRO to deliver a new, consolidated drug and alcohol treatment service for young people and

adults on 1st April 2013. The contract is delivered by NACRO in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Aquarius.

NACRO provides a culturally sensitive whole person and recovery focussed integrated system of care and treatment for: adult drug users, adult alcohol users, young substance users and those affected by familial misuse.

Operational delivery is being met through the NACRO contract and performance framework, which has a payment by results (PBR) element, within the contract. A multiagency Joint Commissioning group has oversight of the NACRO contact and oversees the performance of the contract and outcomes as determined by the needs assessment completed by public health.

3.0 Progress Against Delivery

3.1 Performance Update - Wolverhampton Joint Health and Wellbeing Strategy 2013 -2018
Public Health England (PHE) estimates show that there are 2,135 opiate/crack users and 5,264 dependant drinkers in Wolverhampton. Currently there are 1,393 adults in effective drug treatment, 61 young people receiving treatment for addiction and 553 adults in alcohol treatment in Wolverhampton. The performance indicators used in the Health and Wellbeing Strategy outlined in section 2.1, mirror national benchmarks set around achieving successful outcomes for those in treatment.

Nationally validated performance feedback on drug and alcohol treatment from PHE is received quarterly and the summary from the latest release shows that:

Indicator	Current performance
Reduction in 3 year average alcohol related mortality rates per 100,000 all ages population from a baseline of 19.6 in 2008 – 2010	Latest annual reporting for 2010-2012 shows a 3 year average mortality rate of 15.9 per 100,000 all ages population. This reduction is to be cautiously welcomed, and continued monitoring will establish if this downward trend is sustained
Improvement to the top quintile nationally for the percentage of drug users in treatment who complete treatment and do not represent within 6 months (opiates)	When considered as a percentage of the whole treatment population, the overall figure for Wolverhampton for successful completion rate of opiate (and alcohol users) has remained static. Clients being treated for non-opiate use have decreased.
Improvement to the top quintile nationally for the percentage of drug users in treatment who complete treatment and do not represent within 6 months (non-opiates)	The partnership needs only to increase by an additional 10 clients to meet the cluster top performers but an additional 50 non-opiates would be required. The re-representation rate needs some focussed attention to ensure clients are not being pushed out of the system too quickly.

In future updates, reporting will be by exception.

3.2 Performance Update - Wolverhampton Alcohol Strategy 2011 - 2015

In future updates, reporting will continue to be by exception as in previous Board updates, however, the Alcohol Strategy Strategic Leads group is developing a highlight reporting system via a dashboard to streamline the reporting of indicators to monitor progress with the Wolverhampton Alcohol Strategy 2011-2015. This will consist of fewer, but more meaningful indicators which will highlight those areas that are off track, those areas that are on track and those areas doing very well. However, in order to do this effectively, the 4 goal leads for the key strategy areas will need time to collect and incorporate the data – which is not available until some weeks after each quarter end. It is anticipated that the next Board update due in March 2014 will report on data available to end of December 2014 (i.e. up to Quarter 3, 2013/14).

3.3 Implementation of the Drug and Alcohol Priority

In order to clarify the relationship between these work streams, it is proposed that the Wolverhampton Alcohol Strategy is the key implementation plan for the alcohol strand of the Joint Health and Wellbeing Strategy priority area for drugs and alcohol and that the implementation plan for drugs will be through the NACRO contract overseen by a multiagency Joint Commissioning Board

4.0 Financial implications

4.1 There are no direct financial implications arising from this report.

4.2 Any actions arising from both Strategies will be delivered within the approved budgets held under Public Health, other mainstream budgets held by services and external agencies that are responsible for delivery of specific actions.

4.3 The NACRO contract value is £5.5 million which is funded from Public Health grant.

[AS/18102013/K]

5.0 Legal implications

4.1 There are no direct legal implications arising from this report. However, a number of the actions contained within the Wolverhampton Alcohol Strategy Action Plan will require specific legal involvement on an individual, case by case, basis.

[JH/181013/I].

6.0 Equalities implications

6.1 The broad aims and objectives of the Joint Health and Wellbeing Strategy and Wolverhampton Alcohol Strategy are intended to reduce the harmful impact of alcohol (and drugs) on health & wellbeing and reduce health inequalities.

7.0 Environmental implications

- 7.1 There are direct environmental implications arising from this report as several actions contained within the Alcohol Strategy and action plan seek to improve environmental conditions, particularly within the City Centre.

8.0 Human resources implications

- 8.1 There are no direct HR implications of this performance update report.

9.0 Schedule of background papers

- 9.1 Papers to Health and Wellbeing Board

REPORT TO THE SHADOW HEALTH AND WELLBEING BOARD – Wolverhampton Alcohol Strategy 2011 – 2015. 5TH September 2012

REPORT TO THE HEALTH AND WELLBEING BOARD – Joint Health and Wellbeing Strategy Update. 1st May 2013

REPORT TO THE HEALTH AND WELLBEING BOARD – Alcohol Strategy – Progress Update. 3rd July 2013

REPORT TO THE HEALTH AND WELLBEING BOARD - Wolverhampton Joint Health and Wellbeing Strategy 2013 – 2018 and JSNA. 4th September 2013

- 9.2 Papers to Licensing Committee

REPORT TO LICENSING COMMITTEE – Wolverhampton Alcohol Strategy 2011 – 2015. 27th June 2012

REPORT TO LICENSING COMMITTEE - Wolverhampton Alcohol Strategy 2011 – 2015. 27th June 2012- Update Report. 13th February 2013

REPORT TO LICENSING COMMITTEE – Alcohol Strategy: Progress Update. 22nd May 2013

- 9.3 Papers to Cabinet

REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 21st February 2012

REPORT TO CABINET – Section 75 Agreement With Wolverhampton City PCT. Wednesday 11th April 2012

REPORT TO THE CABINET (RESOURCES) PANEL – Substance Misuse Procurement Programme. Tuesday 27th November 2012

- 9.4 Papers to Health Scrutiny Panel

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REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse
Services Consultation Findings. Thursday 12th April 2012

REPORT TO HEALTH SCRUTINY PANEL – Wolverhampton Substance Misuse Service
Contract Award and Mobilisation. Thursday 7th February 2013